Objectives

• Describe the process used to redesign an organization’s nursing shared governance structure from the bedside to the boardroom.
• Identify the impact a strong shared governance structure may have on nurse and patient outcomes.
MUSC Health Overview

• Charleston, South Carolina
• Academic Medical Center
• 750+ Inpatient beds
• 4 Inpatient facilities
• Over 100 outreach locations
• 6 Colleges
• Over 13,000 clinicians, faculty, staff and
• Over 3,000 Registered Nurses
Background

- Magnet® journey
  - Lack of understanding of shared governance
  - Minimal emphasis on healthy work environment principles
- Shared governance structure ineffective
  - Inconsistent structures and processes
  - Decisions related to nursing practice deferred to leadership
Re-Imagination of Nursing Shared Governance

- Task force, included nurses from
  - Across the care continuum
  - At all levels of the organization
- Out with the old, in with the new
  - Evidence review
  - Selected councilor model
  - Developed conceptual framework
Tools to Support Shared Governance

• Templates created
  • Council charter
  • Agenda
  • Meeting minutes
  • Action logs

• Interactive educational sessions
  • Leveraged learning management system
  • Focused on empowering clinical nurses ownership of practice
Tools to Support Shared Governance

- Intranet
  - Shared Governance website

- Tableau for data transparency
Create SMART goals

- **Specific**: What do you want to do?
- **Measurable**: How will you know when you've reached it?
- **Achievable**: Is it in your power to accomplish it?
- **Realistic**: Can you realistically achieve it?
- **Timely**: When exactly do you want to accomplish it?
## Action Log

**Council Name:** Sample Unit-based Council  
**Goal:** Increase the percentage of certified RNs by 25% by June 30, 2017

Legend:  
- ☐ = action complete  
- ◼ = timeline will be met as stated  
- ☐ = action is behind planned timeline but is back on track.  
- ☐ = action will not meet timeline and assistance needed

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
<th>Status</th>
<th>Comments: addresses which principle of HRO?</th>
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<tr>
<td>Identify appropriate certifications for unit population.</td>
<td>Sally Smith with help from NPDF</td>
<td>July 2016</td>
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<td>Identify staff eligible for certification and include in performance review discussion</td>
<td>Nurse Manager</td>
<td>Sept 2016</td>
<td>☼</td>
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<td>Purchase review materials for staff to use and/or identify prep course options</td>
<td>Sally Smith with help from NPDF &amp; NM</td>
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<td>Form study groups to help staff prepare</td>
<td>TBD</td>
<td>January 2017</td>
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<tr>
<td>Register RNs for certification exam</td>
<td>Nurse Manager/NPDF</td>
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Evaluation of Re-Imagination

- Council chairs and leaders monitored activities and outcomes
- Revised the shared governance bylaws as the new structure matured.
- Created structures and process to share accomplishments
  - PowerPoint template for sharing at unit and organization level.
  - Nursing Showcase provided clinical nurses the opportunity to share best practices.
- Monitored performance of:
  - Nursing sensitive clinical indicators (patient outcomes and experience)
  - Nurse engagement
Results: Nurse Engagement

Our organization values are reflected in our Nursing Professional Practice Model

- MUSC RNs: 4.08, Implementation 4.12, 2015; 4.22, 2018

Nurse leaders share a clear vision for how nursing should be practiced in this organization

- MUSC RNs: 3.88, Implementation 3.86, 2015; 3.99, 2018
- National Benchmark: 3.95, 2015; 3.91, 2016; 3.88, 2017; 3.89, 2018
Results: Nurse Engagement

My work unit uses evidence-based practice in providing patient care

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I am involved in decisions that affect my work

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Results: Nursing Sensitive Indicators

Percent of MUSC Inpatient Units Exceeding Nursing Sensitive Indicators Benchmark for Majority of Quarters*

- **CAUTI**: 89.5%
- **CLABSI**: 75.0%
- **HAPI Stage 2+**: 78.8%
- **Injury Falls**: 65.8%

Reflect 8 quarters of data: Oct 2016 – Sep 2018
Results: Nursing Sensitive Indicators

Percent of MUSC Inpatient Units Outperforming in Patient Satisfaction

- Responsiveness
- Pt Centered Care
- Courtesy & Respect
- Care Coordination

Percent of MUSC Ambulatory Areas Outperforming in Patient Satisfaction

- Service Recovery
- Courtesy & Respect
- Careful Listening
- Pt. Centered Care