



Journey to Better:

Transforming Shared Governance Post-Pandemic

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Objectives

- Participants will be able to describe at least one strategy to increase participation in Shared Governance post-pandemic.
- Participants will be able to describe at least one structural element that can positively increase the functioning of Shared Governance within an organization.



What is Shared Governance in Healthcare?

”A dynamic partnership between leadership, nurses, and other healthcare professionals that promotes collaboration, facilitates deliberation, and decision making, and fosters accountability for improving patient outcomes, quality, and enhancing work life.”

-ANCC Magnet Application Manual, 2021

4 Key Principles:

- Partnership
- Equity
- Accountability
- Ownership

(Guanci & Medeiros, 2018)



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Welcome to our organization!

 **Health**
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Pre-Pandemic: Shared Governance



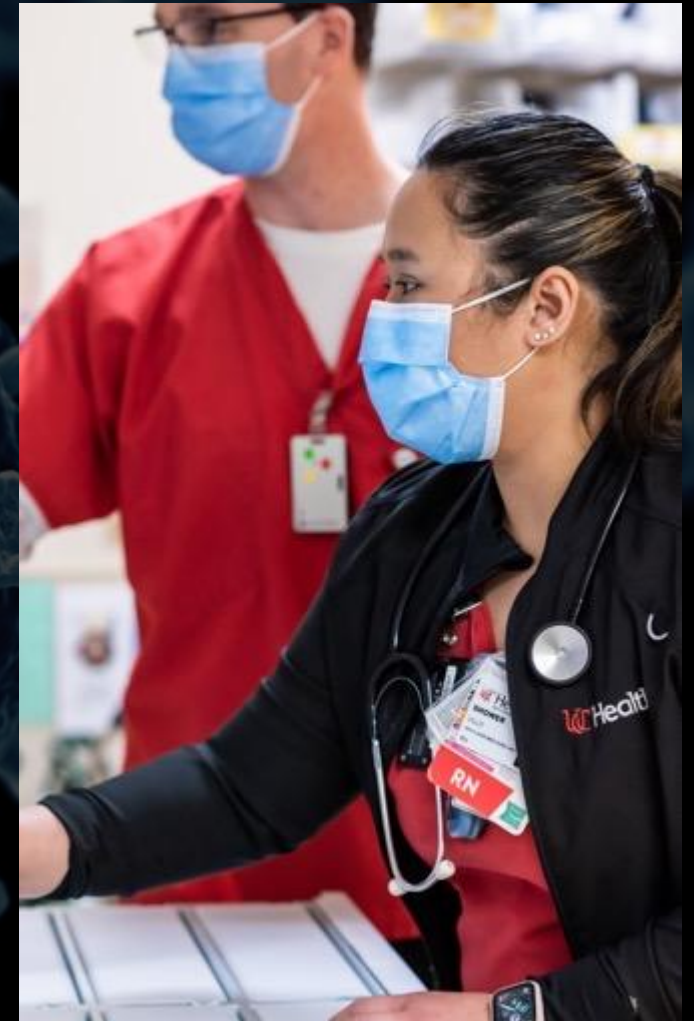
January 2020:

- 4 House Councils
 - Professional Practice Council
 - Professional Development Council
 - Evidence-Based Practice
 - Nursing Practice Council
- 18 Unit-Based Councils
 - 12 Nursing units
 - 6 Allied Health departments

Shared Governance During the Pandemic: March 2020-July 2023



- **March 2020:** All SG activities paused
- **May 2020:** Microsoft Teams added
 - Professional Development and Professional Practice were the only councils meeting regularly
 - Limited attempts by UBCs to use Teams
- **January 2023:** Discussion about revitalizing SG work begins
 - Council leaders' workshop in development
 - Protected time explored
- **July 2023**
 - Massive leadership restructuring from top down, including CNO
 - 4 out of 7 units had new & inexperienced leaders





Shared Governance: Post-Pandemic

2023 Gap Analysis

Key issue: Lack of Accountability

No accountability creates a vicious pattern of:

- We're told what to do
- We're not given time to do it
- We're not recognized for doing it
- Members feel unvalued
- Members drop out or call in **absent**

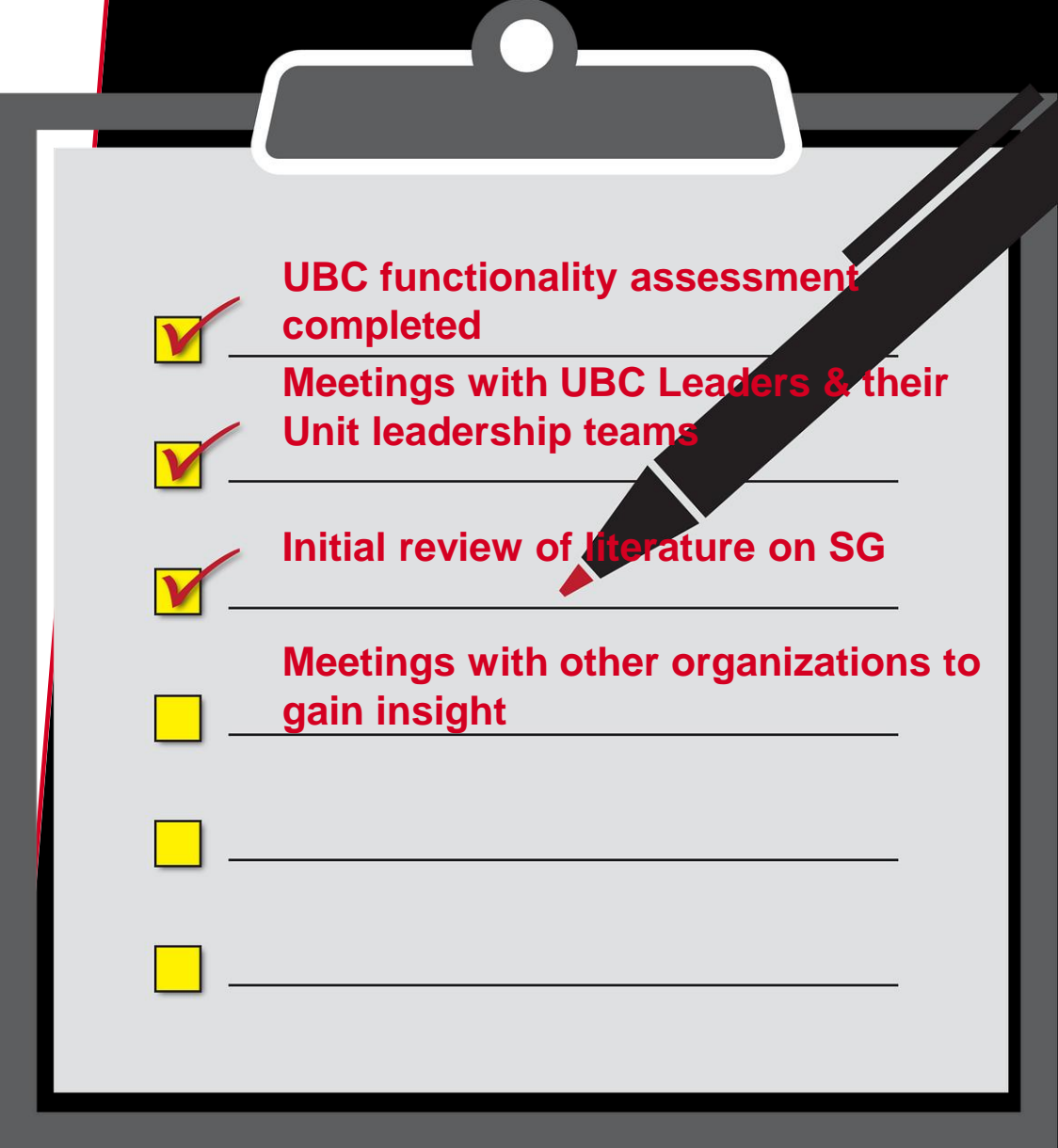
Shared Governance Revitalization

let it
go

Setting the Stage

- **Fall 2023:** New CNO with a vision for Shared Governance
- **Spring 2024:** New Magnet Program Manager brought in for support
- CNO established New Professional Practice Chair & Chair Elect positions
 - Appointed with 16 and 8 hours each protected time to focus on SG revitalization

Initial Assessment & Planning

- 
- UBC functionality assessment completed
 - Meetings with UBC Leaders & their Unit leadership teams
 - Initial review of literature on SG
 - Meetings with other organizations to gain insight
 -
 -

Key Themes Identified

Overcoming Barriers &
Enhancing Facilitators



Increasing Engagement



Continuous Improvement

Theme 1: Overcoming Barriers & Enhancing Facilitators



Key Barriers Identified:

Clinical Staff:

- Time
- Structure
- Lack of clear vision & expectations
- Lack of communication & confidence in the SG system

Formal Leadership:

- Understanding of SG & how it works effectively
- Productivity
- How to be a champion for SG
- Lack of vision & expectations

Facilitators for Overcoming Barriers

Formal Leadership:

- 1:1 meetings with both managers & unit-based council leaders to clarify roles and expectations
- Clear accountability from directors and CNO, with transparent communication encouraged
- Open invitations to Shared Governance Workshops
- Discussion about structure & expectations based on each area's unique needs
 - Perioperative and Procedural UBCs created out of smaller UBCs to support productivity

Facilitators for Overcoming Barriers

Clinical Staff:

- Offered scheduled workshops
 - 1:1 workshops available as needed
- Updated Toolbox on intranet
- Encouraged protected time & proactive planning with managers
- Literature review & best practice sharing with council leaders to think outside the box:
 - Perioperative UBC: 1 leader reports out to PPC
 - ED & Pharmacy: Rounding meetings
 - Endoscopy: Quarterly instead of monthly

Theme 2: Engagement



“Shared Governance
isn’t a priority.”

Strategies for Increasing Engagement

Leadership Engagement:

- “Proceed until apprehended!”
- Managers each assigned to a Quality Committee to revitalize
- Focus from Nursing Executive Leadership Council on increased prioritization of SG
 - Managers & unit leaders started to identify UBC leaders
- Florence Prescription
 - More open communication from formal leadership

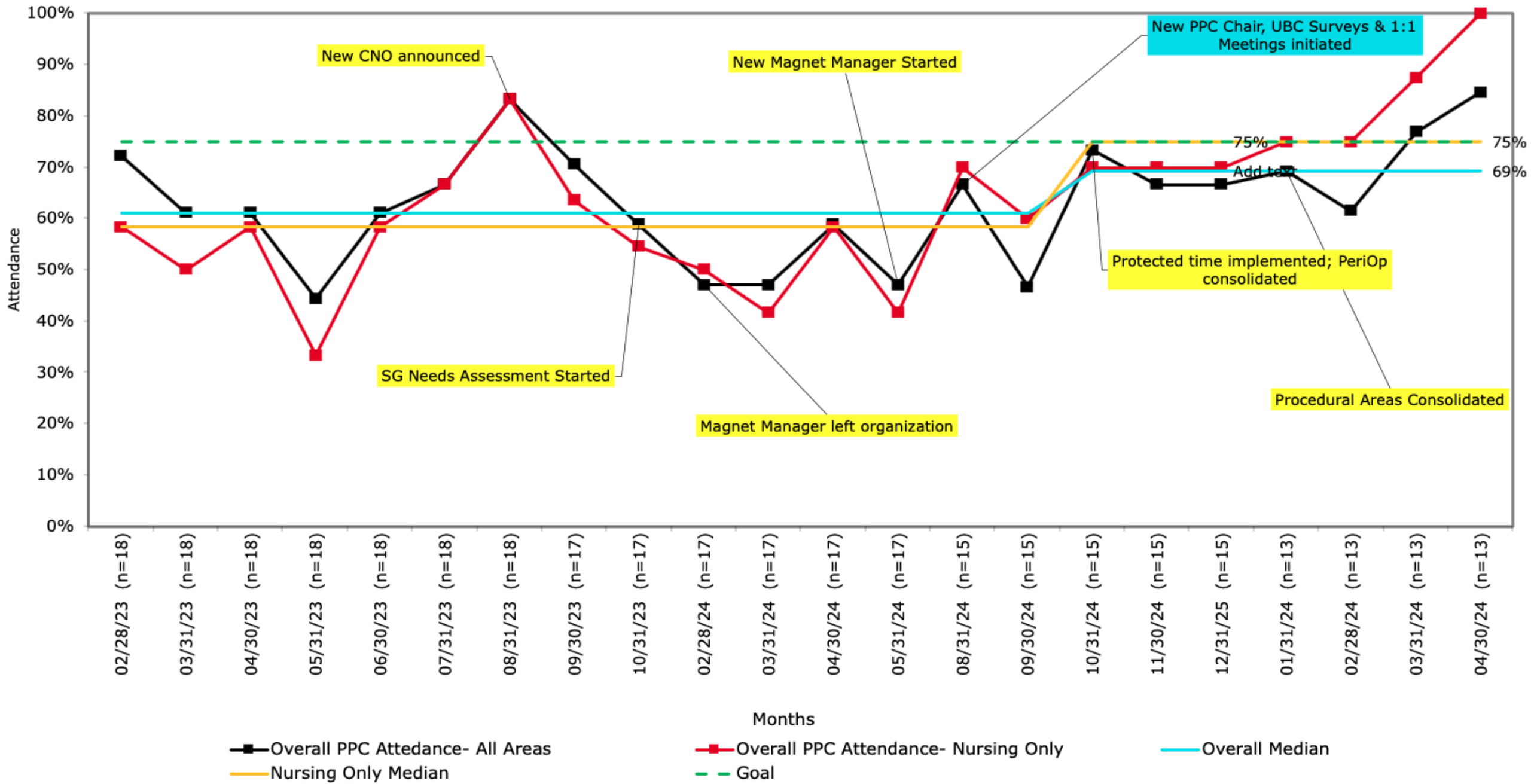
How do we model the behaviors we want to see to change the culture?

Strategies for Increasing Engagement

Clinical Staff Engagement:

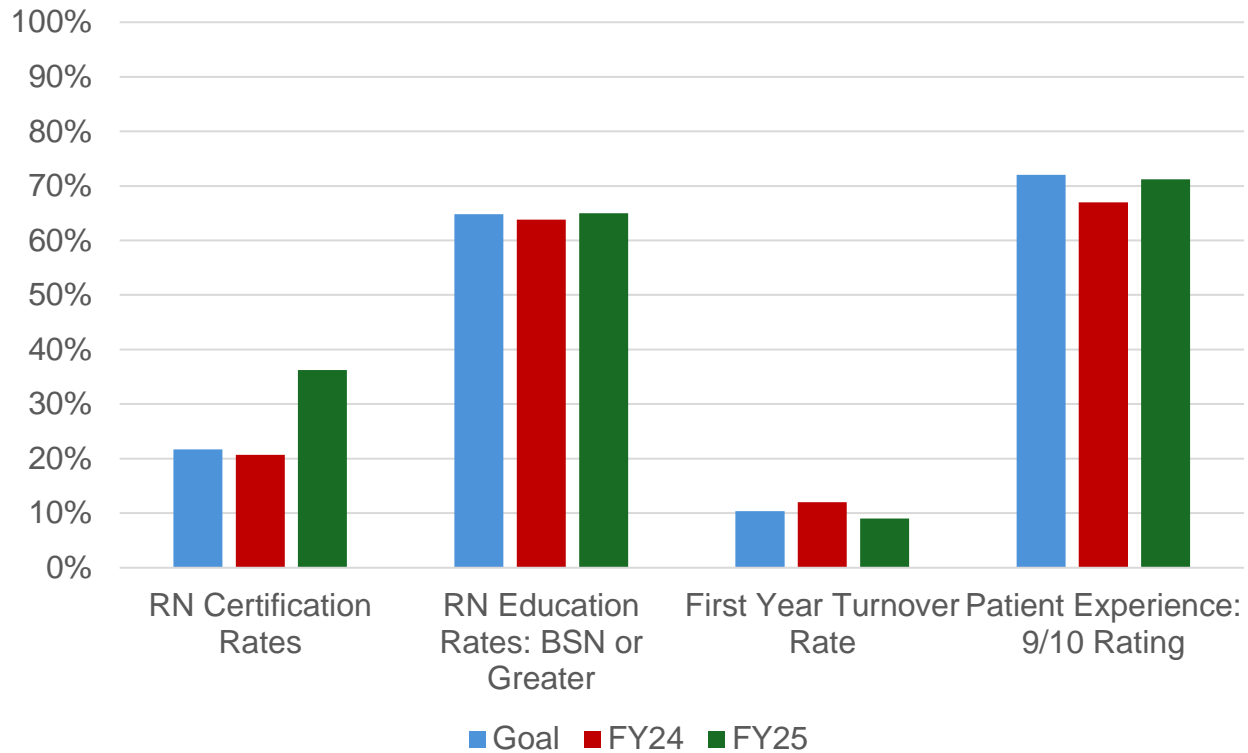
- PI Awareness Workshop, Tableau access requested
- Updated reporting process & increased meeting time
- Rolled out SBAR Process:
 - SBAR proposal to CNO added protected time within FTE for UBC leaders
 - Clarified with leadership
- Started Daisy & Nursing Excellence Committees; sent invitations to Quality Committees
- Paused Professional Development due to continued lack of engagement

Shared Governance- Professional Practice Council Attendance



Outcomes

Shared Governance Influenced Outcomes



Shared Governance Outcomes

- Falls, CLABSI, Serious Safety Events, CDIFF- are all meeting or exceeding the target goal
- CDIFF: 11 in FY24; 3 in FY25 as of April 24
- Falls: ICU 283 days and counting without a fall, Stepdown 200 days and counting
- Falls: House-wide decreased from 2.79 to 1.88 per 1000 patient days



4/5 Inpatient units are
exceeding NDNQI
Nurse Sensitive
Indicator Magnet
Benchmarks in all
areas

Theme 3: Continuous Improvement



Systematic Review of the Literature Cohort:

- Identify and overcome barriers
- Education & workshops
- Access to education & resources
- Council Day structures
- Importance of leadership buy-in & support
- Leadership as mentors for SG leaders
- Protected time for SG leaders

Current Structure after Revitalization

4 House Councils

- Coordinating Council
 - Oversight for all SG activities
- Professional Practice Council
 - Policy
 - EBP & Research
 - Nursing Excellence/Magnet
- Engagement Council
 - Professional Development
 - Staff Recognition
- Quality Council
 - HAPI, Pain, & Falls
 - PI Initiatives

13 Unit-Based Councils

- 8 Nursing
- 5 Allied Health

Strategies for Continuous Improvement

What we did:

- Monthly Shared Governance Cliff Notes
- Created Tableau Dashboard access
- Connected to PI Partners & Health Sciences Librarians
- Proposal for a Council Day pilot
- Reinforced Protected Time for SG leaders
- Created an SBAR QR code & did staff education on creating evidence-based recommendations using PICO
- Increased accountability
- Creating the vision
 - Cohesive & continuous messaging from leaders
 - Asking the hard questions

Key Takeaways

It's not just meetings, it's a mindset



- Take the time to listen and understand your barriers from both direct care staff and formal leadership teams.
- Target interventions to the specific barriers your organization faces.
- Ask for & incorporate feedback regularly.

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Q & A

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