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# The Voice of UCSD Nurses

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The centerpiece of UC San Diego Health System nursing shared governance model is the Clinical Practice Council. While each council makes a unique and essential contribution to nursing excellence, the Clinical Practice Council combines these elements together to ensure that UC San Diego nurses deliver evidence-based, patient and family-centered care in an environment that empowers nurses to drive change in practice at the point of care.

## Why Have a Clinical Practice Council?

Historically, decisions that impact nursing practice have been made by people in high level positions without recent clinical experience, and those decisions have trickled down to the front line care providers who had no voice, no seat at the table. There is an old adage that says, "If you're not at the table, then you're on the menu." Having a shared governance structure and the Clinical Practice Council (CPC) takes direct patient care nurses off the menu and gives us a seat at the table.

The mission of the CPC is to guide clinical practice that values and empowers UCSD nurses by ensuring evidence-based practice, patient and family-centered care, and nursing autonomy. The purpose of the CPC is to promote and provide collaboration and shared decision making across the organization in matters related to nursing practice, patient care, and patient outcomes. The CPC fulfills its mission and purpose through reviewing

proposals for changes in practice and consulting on interdisciplinary issues that impact patient care.

## Bringing Our Philosophy to Life!

One of the first orders of business for the CPC was to draft the UCSD Nursing Philosophy. This turned out to be a several month long process that started in November of 2007, with the final version unveiled during the Nurse Week awards ceremony in May of 2008. A small task force penned the first draft, which was sent to all staff nurses via e-mail with a call to action. The task force envisioned staff nurses from all over the UCSD system responding with input and edits. The result was four replies...clearly another tactic was needed.

The second strategy involved large versions (2 ft. x 3 ft.) of the document posted on nursing units with a marker attached and a request for nurses to read and mark changes directly on the document. We also asked CPC representatives to present the draft at staff meetings. This approach hit the mark! Nurses crossed out phrases and wrote in new ones; they added concepts, and generally made clear the collective philosophy of our UCSD nursing community. They also suggested changing the format of the document.

The final step was taken during 2009 Nurse Week. Two different formats of the same document were printed on large poster board, and nurses were asked to vote on their preferred format at the Nurse Week breakfast. The result is the UCSD Nursing Philosophy as it



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stands today. It is the shared expression of what nursing means to us as a community. You can find the UCSD Nursing Philosophy on the UCSD Nursing web site. You may also notice it posted at almost every elevator.

### **UCSD Professional Practice Model for Nursing Practice**

The second major outcome of the Clinical Practice Council (CPC) was the formation of our Professional Practice Model for nursing practice. Again, a task force laid the groundwork by searching the literature and examining various practice models and nursing theories to find one that matched our newly established Nursing Philosophy. This model outlines the principles that guide nursing practice at UCSD at every level from the direct patient care nurse to the unit nursing manager to the Chief Nursing Officer. No matter what your position this model provides the foundation for your work.

Every UCSD nurse should be familiar with the starfish logo by now. You may have seen it during new employee orientation, on nurses' badges, on posters throughout our facilities. So what is it all about? Sure, each arm of the starfish has a blurb next to it depicting the five elements of the model- Professional Values; Compensation for Professional Achievement; Management Approach; Patient Care Delivery Systems and Outcomes; and Professional Relationships- but how do these things relate to our work from day to day? And what about Patient and Family-Centered

Care that is at the center of the starfish? Let's look at these elements in terms of how we can recognize each of them in our day-to-day practice.

#### **Professional Values**

Our professional values are based on the four tenets of professional nursing: 1) patient advocacy; 2) lifelong learning; 3) shared decision making; and 4) peer review. In addition to these principles, the American Nurses' Association (ANA) Scope and Standards, along with the California Nurse Practice Act, provide the foundation for our practice.

Patient advocacy is arguably the most important thing we do as nurses. When we contact a physician requesting orders to improve pain management we are advocating on an individual level.

When nurses bring a proposal to the Clinical Practice Council they are advocating for a practice change that will benefit our patients and families.

#### **Compensation for Professional Achievement**

Are you a Clinical Nurse II (CN-II) interested in being promoted to CN-III? Do you hold a certification in your chosen specialty? If so, you know firsthand that UCSD recognizes and rewards your achievements. Every nurse at UCSD has the opportunity to advance through the system based on professional achievements. By working to grow professionally you make a contribution to nursing excellence. In return the UCSD clinical ladder, along with certification pay, provide compensation for your achievement.

#### **Management Approach**

In the years before UCSD adopted nursing shared governance we all followed the rules that were laid down by management. With our shared governance and Professional Practice Model nurses at all levels of the organization gained a voice and we are all now able to share in decision-making. Through shared decision-making we have a management approach that is horizontal [more equal partnerships], not vertical [orders handed down].

#### **Patient Care Delivery Systems and Outcomes**

The best way to see how this element of the Professional Practice Model comes to life is to read the articles in this journal on unit-based councils. There you will find how different units are exemplifying patient care delivery systems and outcomes at the point of care. A patient care delivery system may be a team approach or involve primary nursing, or may be a combination of strategies to ensure excellence in patient care. The delivery system in your area is simply a description of how you operate. The outcomes can be found in our nursing dashboard. Outstanding skin care that results in reducing pressure injuries to a rare occurrence is just one example. What other examples do you see in your area?

#### **Professional Relationships**

Last but not least, our professional relationships are evident throughout our work. We engage in professional



Clinical Practice Council Meeting

The following are some of the practice changes that have been endorsed by CPC. This list is not all-inclusive, rather it is a sample of the work reviewed and promoted by our Clinical Practice Council .

- RN-MD Paging Standards (developed by a team of MDs and CPC RNs)
- Revisions to the Patient Assessment Data Base (PADB)
- Standardized procedure for transporting IMU patients within the hospital
- Limb Alert bracelets to protect patients from undue harm
- Safe patient handling equipment
- IV bolus from smart pumps
- High risk medications ordered only within established protocols
- CAUTI prevention - urine specimen collection process
- 3:00 Wipe Down of all clinical areas
- CUROS caps for CLABSI prevention
- Rewriting of standardized insulin orders
- Key vs. code for PCA access
- CHG daily bathing for all hospitalized patients
- Changes to standardized enteral tube feeding times for patients with diabetes
- Annual review of all updates to nursing guidelines

relationships every time we consult with a physician, pharmacist, administrator, social worker, food service, environment care service, or the EPIC help desk, just to name a few. If you have worked on a project in an interdisciplinary team you have engaged in professional relationships.

### **What About Other Clinical Practice Council Outcomes?**

In the first seven years of nursing shared governance at UCSD the Clinical Practice Council (CPC) has reviewed numerous proposals for changes in nursing practice. Some of these have been born out of CN-III promotion projects; others have come from physicians, pharmacy services, and nursing management.

When a proposal is presented to CPC, it is examined in terms of the following questions. What is best for patients and families? What is the evidence basis? How will this affect nursing in terms of workload, workflow,

autonomy? Who are the other stakeholders, and how will this affect them? Have all stakeholders been involved in the planning process? How will this be rolled out, and how will training and education take place? Who will be responsible for the different aspects of this proposal? Asking these questions ensures that changes in practice are well thought out, and that shared decision-making is preserved.

Following discussion of all aspects of each proposal, CPC may endorse the proposal with recommendations or as presented.

### **How To Get Involved**

The goal of the Clinical Practice Council is to have representation from all clinical areas, both inpatient and outpatient. The Council meets from 8:30 to 10:30 a.m. on the fourth Thursday of every month, with the exception of November when the meeting is held the third Thursday and December when there is no meeting. Meetings rotate

between Hillcrest [even months] and La Jolla [odd months] to meet the needs of nurses at both sites. All UCSD staff members are welcome to attend meetings as a guest, and nurses who do so can then determine whether this Council is a good fit. If you are interested in attending a meeting or joining this Council please contact the current Chair, Toni Birch Moseley RN at [tbirch@ucsd.edu](mailto:tbirch@ucsd.edu), or Co-Chair, Shannon (Sigurdson) Hall RN at [ssigurdson@ucsd.edu](mailto:ssigurdson@ucsd.edu).