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Our Shared Governance Journey

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In 2005, UC San Diego Health had a nursing council called the Nursing Clinical Action Network (NCAN). This was a committee of direct care nurses from all units that had led the efforts to represent the professional practice of nursing for years. NCAN recognized the need for broader representation of direct care nurses in decision making and embraced the Magnet Model as a method to achieve nursing excellence.

In 2006, with the new Chief Nursing Officer (CNO) Margarita Baggett, NCAN representatives and managers met to talk about a strategy. At that time, the 2005 Magnet Accreditation Manual required we address the 14 Forces of Magnetism.

Originally conceived in 1983,^[1] the 14 forces of magnetism establish the essential elements or building blocks of excellence in nursing and the provision of high quality care. The Magnet™ program grew out of 41 hospitals selected as “Magnets” by the American Academy of Nursing during the nursing shortage in the 1980s.

A quick review demonstrated we needed to initiate a shared decision-making model to address Force #2 specifically, but to meet the other Forces as well.

The 14 *Forces of Magnetism* are summarized below with details on shared governance highlighted:

1. Quality of nursing leadership

2. Organizational structure: The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. The Chief Nursing Officer typically reports directly to the Chief Executive Officer and serves at the executive level of the organization. The nursing organization has a functioning and productive system of shared decision-making/governance.

3. Management Style: Nurse leaders use a participative management style, empowering nurses at all levels of the organization. Feedback is encouraged and valued. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

4. Personnel policies and programs: Personnel policies and programs, created with the involvement of nurses at every level, support professional nursing practice, work/life balance, career development, and the delivery of quality care.

5. Professional models of care: A professional practice model describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organizations (patients, families, and community).

6. Quality of care

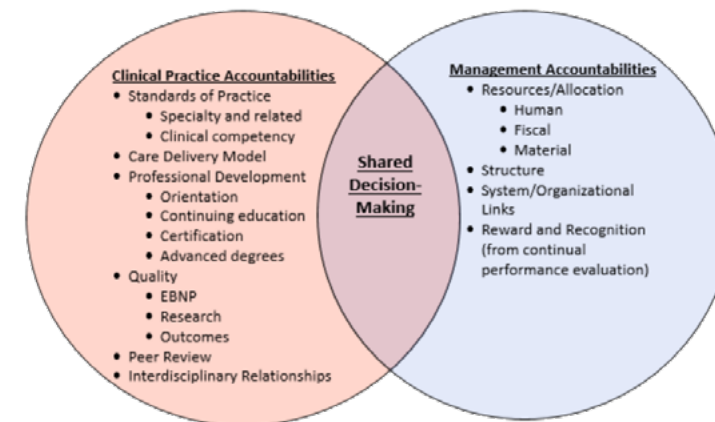


Ellen Nyheim, MSN, RN
I have been a nurse for over 40 years. I started as an ADN and returned to school twice! My clinical days were spent in the ICU as both a staff nurse and manager. I received my CCRN in 1978! Since coming to UCSD 25 years ago, my focus has been in quality improvement and partnering with all nurses on the Magnet Journey. I am happy to say we are poised to be re-designated for the 3rd time! I am proud to be part of an organization committed to improving the professional nurse and patient outcomes.

- 7. Quality improvement**
- 8. Consultation and resources**
- 9. Autonomy**
- 10. Community and the hospital**
- 11. Nurses as teachers**
- 12. Image of nursing**
- 13. Interdisciplinary relationships**
- 14. Professional development**

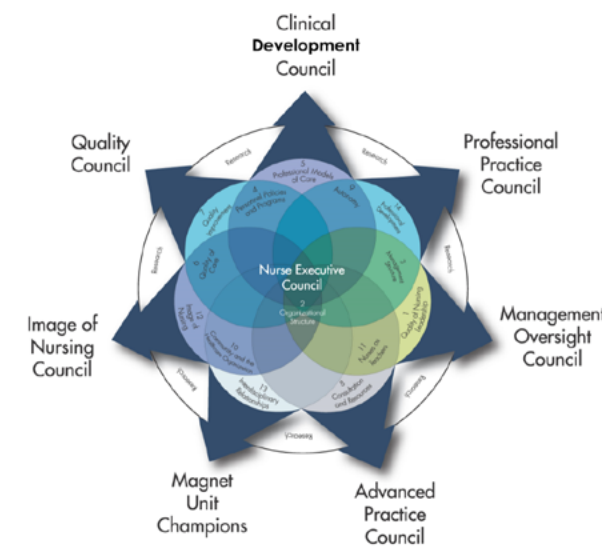
In January 2007, our Shared Governance model was discussed, councils defined, and initial definitions of shared decision making were discussed using the framework designed by Tim Porter-O’Grady, DM, EdD, ScD(h), FAAN, the leading expert on Shared Governance. Figure 1 is how we defined decision making in our model.

ACCOUNTABILITIES FOR SHARED DECISION-MAKING

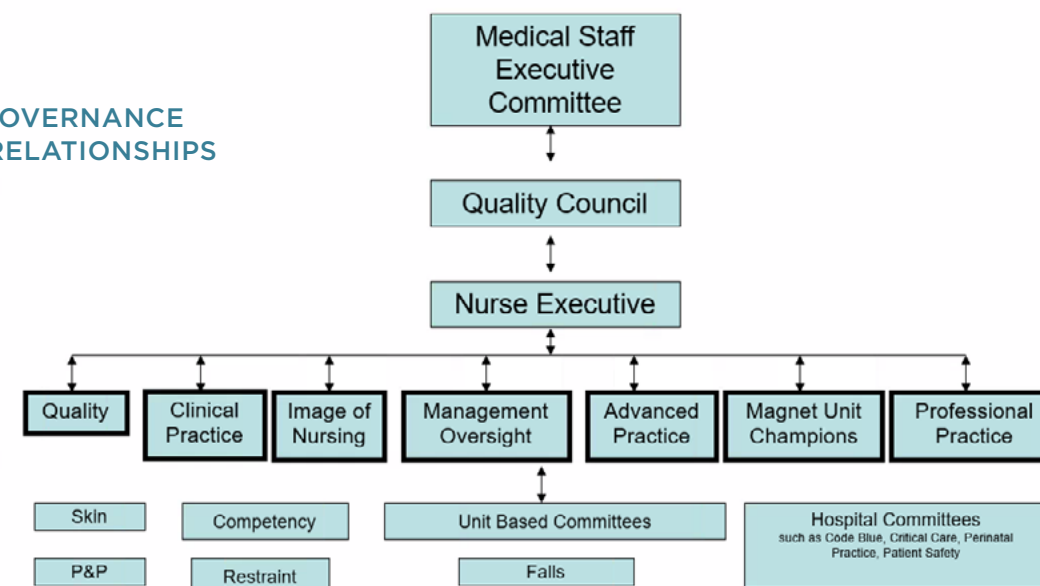


Shortly after, a graduate student doing a leadership practicum, assisted in developing our model graphically. It was used to introduce the Nursing Philosophy to the organization. It demonstrates the intersection of the 14 forces within the Councils created.

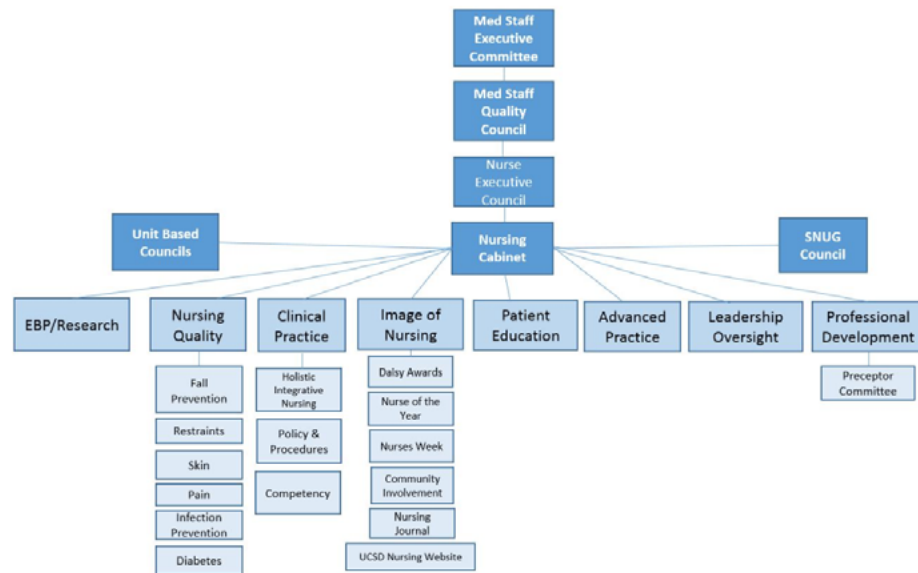
14 FORCES OF MAGNETISM



SHARED GOVERNANCE REPORTING RELATIONSHIPS



2021 SHARED GOVERNANCE ORGANIZATIONAL STRUCTURE



We have found the real heart and soul of shared decision making is done at the unit-based practice council level. The guiding principles of accountability, equity, partnership, and ownership have created a culture where outcomes are created at the point of care! Our next steps are inviting other disciplines to partner with us formally in these councils.

Our Shared Governance model has been refined several times over the years. A Cabinet was formed to integrate the work of all the unit-based councils. Most recently, the Cabinet has been active in improving the engagement of nurses and celebrating innovation and excellence through “What’s New in the U” conferences.

Adapted from the 2005 Magnet Application Manual. American Nurses Credentialing Center, (2004). The Magnet Recognition Program, Application Manual 2005. Silver Spring, MD



Stephanie Chmielewski, BSN, RN, PCCN, HNB-BC has been working as a Registered Nurse on the Trauma Progressive Care Unit at Hillcrest Medical Center since 2014. Before working at UC San Diego Health, she worked as a Registered Nurse at the Cleveland Clinic in Cleveland, Ohio. She earned her Bachelor of Science in Nursing degree from Xavier University in Cincinnati, Ohio. Stephanie’s team voted her as “Nurse of the Quarter” in 2016 and 2020. She was recognized as the 2020 UC San Diego Health “Clinical Nurse of the Year,” and she also received the Exemplary Professional Practice award. Stephanie is a dual graduate degree student at Xavier University

pursuing her Master of Science in Nursing and Master of Science in Criminal Justice. She enjoys the San Diego sunshine and spending quality time with her family, friends, and dog Leela. Stephanie is passionate about traveling and has visited six continents. She rescheduled her 2020 expedition to Antarctica due to the COVID-19 pandemic. Stephanie is looking forward to exploring again when the world has healed.

My nursing journey has been a personal and professional experience in serving the health of others. This work began with my first nursing job at the Cleveland Clinic in Cleveland, Ohio, and continued when I relocated to San Diego, California. I started working at UC California San Diego Health in May 2014 on the Trauma Progressive Care Unit. My colleagues encouraged me to join the Unit Based Quality Council (UBQC), and I attended my first meeting in December 2014. I was seen diligently taking notes, as I experienced a genuine interest in the topics and tried to stay awake after working the night shift. With my enthusiasm for improved quality and evidence-based knowledge, I was eventually nominated to the Chair role, which I served from September 2016 until April 2018.

Unit-based participation is so vital because nurses can advocate for change processes at the bedside. Problems are identified, plans are created, implementation occurs, and patients and staff benefit as a result. Unit-based collaboration with various interdisciplinary teams is paramount to increasing education and safety initiatives. Unit-based improvement projects contribute to stellar outcomes that benefit the whole hospital system at-large.

A unique requirement of the UBQC Chair is to attend monthly Nursing Shared Governance Council (Nursing Cabinet) meetings. Chairs from hospital-wide units and departments attend, facilitating communication at all levels of nursing. The Nursing Cabinet enhances decision-making at the clinical nurse level. Through a report-out, I learned about the Clinical Practice Council (CPC), and I was excited to branch into greater hospital-wide participation. I began attending the Clinical Practice Council meetings in September 2017. The CPC addresses clinical practice changes within the organization through interdisciplinary partnerships to implement system-wide process improvements. The council also discusses and supports updates to nursing clinical practice guidelines



Kristina James MSN, RN, CNL, PCCN is a Registered Nurse on Jacobs Medical Center 4FGH Surgical Oncology PCU. She earned her MSN from the University of San Diego. She has worked at UC San Diego Health since 2013. She received Rookie of the Year in 2014 and Nurse of the Year for her unit in 2019 and 2020. She has served as the Chair/Co-Chair for Clinical Practice & Informatics Council, Nursing Cabinet, and UC Irvine Health/UC San Diego Health Shared Nursing Governance Council. Through these roles she was able to facilitate the development and dissemination of the Nursing PPM and Mission, Vision, and Motto. In her free time, she enjoys keeping active with barre classes, spending time outdoors, and traveling to new places.

I began my shared governance journey like many of my colleagues by joining my Unit-Based Practice Council (UBPC) as a New Graduate nurse upon the encouragement of my assistant manager. At UBPC, staff representatives share updates from hospital-wide committees, new education is rolled out, and unit-level issues are discussed.

After six months participating in

UBPC meetings, the opportunity to attend the Falls Prevention Committee arose. I quickly fell in love with the group and the way we were able to positively impact patient outcomes with our fall-prevention strategies.

Eager to learn more about how hospital-wide decisions were made, I joined the Clinical Practice Council in February 2015. I was impressed by the amount of knowledge the group

possessed and how we were able to make a difference in nursing practice. At first it was intimidating being surrounded by such experience, but I quickly realized we were all there for the same reason, our passion for nursing. I was able to find my voice on Clinical Practice Council and I felt proud to be able to represent my colleagues when making decisions that affected us. After a year and a half with Clinical Practice Council, I was elected Co-Chair. This was a great opportunity to learn more about how nurses are connected throughout our health system and helped me identify our subject-matter experts. In March 2019, I was elected as the Clinical Practice Council Chair. As Chair, I was responsible for facilitating discussions about best practices and updates to Nursing Clinical Practice Guidelines. One of my responsibilities as Clinical Practice Council Co-Chair and Chair was to attend Nursing Cabinet and report out on the updates from Clinical Practice Council.

While I was Clinical Practice Council Chair, I was invited to help create the first inter-facility shared

governance council with UC Irvine Health (UCI). Since both facilities utilize the same EPIC charting system, the UCI/UCSDH Shared Nursing Governance Council was established to set up a forum for both campuses to come together and make consensus-based changes.

Due to my passion for shared governance, in January 2019 I was elected Nursing Cabinet Co-Chair. As Co-Chair, I was able to transition our UBPC Chair Report Outs from monthly Nursing Cabinet meetings to a more global environment. Nursing Cabinet now hosts a twice-annual event for all staff to attend. This transition has allowed units to showcase their Performance Improvement and Evidence-Based Practice projects for a larger audience. It has also allowed more time for shared decision-making to occur at Nursing Cabinet meetings.

The work each of the hospital-wide shared governance groups does has been pivotal in creating the open culture within our nursing staff. Having representatives from inpatient units and outpatient settings has allowed us to address issues that

arise at the unit-level and come up with a collaborative solution. Some great examples of this collaboration are seen with the changes we have been able to implement in EPIC to streamline charting, as well as improvement in discussions and dissemination of best practices and changes to our Nursing Clinical Practice Guidelines. Most recently, due to our strong collaborative efforts we were more quickly and easily able to create open dialogue with leadership and frontline staff during the COVID pandemic. The goal of each group is to have a representative from every unit to ensure adequate representation. Unit representatives serve as a bridge between their colleagues and the rest of our health system. They serve as a two-way vessel for information flow. It is so easy to get involved! Ask your UBPC Chair and Co-Chair how you can participate at the unit-level or go to the Nursing Resource Hub and reach out to the Chair of a hospital-wide group that interests you. It is incredibly rewarding to be able to shape the nursing experience here at UC San Diego Health!

and educates staff on new equipment and services. The Clinical Practice Council includes three sub-committees, the Policies and Procedures Committee, the Palliative Care Committee, and the Holistic Integrative Nursing Committee. Each committee is imperative to serving the ever-changing and growing needs of UC San Diego Health patients, families, and hospital staff.

I was nominated to the Co-Chair role of the Clinical Practice Council in May 2018. As the Co-Chair, I assisted with organizing monthly interdisciplinary meetings with the Chair and conducted the meetings when the Chair could not attend. I collaborated with the Chair and the interdisciplinary teams, transcribed meeting minutes, facilitated group communication, and assisted with dissemination. I also assisted with writing and revising the UC San Diego Health Nursing, Mission, Vision, and Motto.

As a result of my passion for excellent outcomes and my organizational skills, I was nominated to serve as the Clinical Practice Council Chair in June 2019. As the Chair, I organize monthly agendas, conduct interdisciplinary meetings, facilitate communication, and the review minutes transcribed by the Co-Chair. I was instrumental in the Informatics Committee's re-integration to create the "Clinical Practice and Informatics Council." With the assimilation of nursing informatics support, the council can identify and solve problems at a much more efficient pace. As the Chair, I collaborated with nurse educators to update, revise, and edit the Pain Clinical Practice Guidelines. I also edited the Ultrasound-Guided

Peripheral Insertion Guideline and Ultrasound-Guided Peripheral Insertion Competency Based Orientation for clinical nurse staff. I identified the need for increased accountability and safety during online meetings, which were essential during COVID-19 precautions. With the Clinical Practice and Informatics Council's support, we created the "Zoom Etiquette" guidelines and worked towards system-wide dissemination.

Serving in leadership roles at UC San Diego Health has given me the opportunity and the confidence to improve my nursing practice and my communication skills. Through my hospital-wide involvements, I have networked and created professional relationships with nurses and interdisciplinary team members across the system. Collaboration and teamwork are at the helm of nursing, and they are essential to creating positive change and results. I feel comfortable asking for assistance when the need arises, either at the unit or hospital-wide level. I also feel supported and connected to other hospital system leaders, from management to the Chief Clinical Officer, Margarita Baggett. My advice to nurses who are thinking about getting involved at the unit or system-wide level is - please take the leap of faith. You will not regret it!



Lilian Canamo

Lilian graduated from the University of Central Florida with an undergraduate degree in Nursing. She continued her education at Johns Hopkins University, graduating with a Master of Science in Health Systems Management. She is currently pursuing her Doctor of Nursing Practice at the University of San Diego, concentrating on Data Science and Nursing Informatics.

Lilian began her career at UC San Diego Health in 2017 and has spent the majority of her frontline nursing experience caring for the trauma step-down population. Lilian seeks to teach and lead others, apply innovative frameworks, and find solutions to shape the nursing profession. She is the Chair of the UCSD Nursing Research and Evidence-Based Practice Council and orchestrated the 2020 UCSD Annual Nursing Conference. She has also presented at several national platforms, including the Sigma Theta Tau International.

I became interested in the Nursing Research and Evidence-Based Practice Council (NREBP) after witnessing my colleagues achieve their clinical nurse three status. I wanted to expose myself to other projects and research to grasp how to better appraise literature, stay in the loop with organizational hot topics, and create a networking bond with other nurse leaders who are strong in quality improvement and evidence-based practice as a future resource.

When I joined the NREBP council, my personal goal was to start an evidence-based practice project at my home unit. The NREBP council also serves as an avenue to our San Diego Evidence-Based Practice Institute; thus, a perfect structure to join a program to learn the processes the NREBP speaks to and applying it at the bedside. I wanted to gain knowledge at a macrosystem level as to what factors affect healthcare programs or interventions to launch at the bedside.

The main components of the NREBP program are:

- Showcase nursing art and completed research, quality improvement, and evidence-based practice projects at the annual conference
 - Hold (2) journal clubs on nursing hot topics with keynote speakers and open to all of UCSDH members
 - Guide nurses interested or currently implementing nursing projects in all settings
 - Select candidates to participate in the San Diego Frontline Line Leaders Academy and Evidence-Based Practice Institute
 - Celebrate article publications by UCSDH nursing staff members
- As part of the council, I held the Chair-Elect position from 2019-2020 and currently the Chair for 2020-2021.

What did you find challenging about it?

The most considerable challenge of this committee was not only ensuring it continues to run virtually during the pandemic but ultimately ensuring the growth of this committee continues to expand to more frontline nurses at a variety of departments.

What did you learn from the program?

From the NREBP Council, I learned how to appraise and critique abstracts, posters, and presentations. This program guided me on what an excellent nursing product looks like and how to teach others to improve writing or presentation skills.

How has your participation in the program impacted you?

This program has truly exposed me to different nursing clinical problems that I would not commonly see at my home unit. This program has given me a larger perspective of the nursing practice in general and a better appreciation of the work it takes to make any difference in patient outcomes. This group gave me a better insight into the difficulties of making a change, the factors that affect a program to initiate at a multi-system and interdisciplinary level, and a strong sensitivity to how nursing changes to improving patient outcomes.

How has your participation in the program impacted your nursing practice?

By joining this group, I learned about the evidence-based practice process, programs, and structures out there in San Diego to guide learning, apply the framework, and ultimately what it truly means to change and improve patient care. My nursing practice now takes into consideration that any gaps identified should be followed through with strong evidence-based solutions. Nursing practice is more than just what was taught in nursing school but the adaption of what other healthcare systems have found to be not only successful but safe.

What are your next steps (for example, dissemination, leadership advancements, project sustainment)?

The next step we plan on achieving is expanding and engaging more nursing membership from various departments and making processes more comfortable to allow nurses to utilize the council as a presentation practice platform and consulting service to sustain projects.

Why would you recommend the program to others?

I would recommend this program to others. I had some but somewhat limited exposure to the evidence-based practice and quality improvement process during my bachelor's degree. It was great to see that this council places a lot of effort into assisting others in the process and putting together an annual conference in showcasing both the art and science of nursing. The program puts into a full circle and pushes the nursing practice barrier in all settings and the true philosophy of nursing.

CALL TO ACTION

If you're just getting started, join your Unit-Based Practice Council

If you're looking to become more involved at the organization-wide level look into joining one of the councils mentioned above that fits your interest