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Neonatal Intensive Care Unit (NICU) Shared Governance Council- Meeting Communication Challenges to Empower a Unit

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With nearly 140 nurses, NICU is the largest unit of the UCSD Medical Center organization. There are currently 17 unit-based teams:

- Bereavement
- Clinical Practice
- Communication
- Developmental
- Documentation
- Family-Centered Care
- Family Education
- Infection Control
- Lactation
- Night In-Service
- PICC
- Picnic
- Policies and Procedures
- Shared governance
- Skin
- Staffing
- Volunteers

Although the NICU's large staff allows for a significant number and wide range of teams, the unit faces the challenge of monitoring and coordinating their efforts. The NICU Shared Governance Council hopes that the improvement of communication among teams will lead to a reduction in redundant work and improved quality and service outcomes.

With the start of the Magnet Journey in 2007, there was a strong movement to implement shared governance throughout the organization. Given the unit's challenges of communication and coordination, implementing a council focused on overseeing these needs quickly became a hopeful solution. The council was formed with a mission to guide both quality and service initiatives in the unit by acting as a hub for communication among teams as well as between teams and nursing management. The NICU was familiar

with this type of council given its long-standing Core Group that includes involvement from nursing leadership, physicians, neonatal nurse practitioners, and all other ancillary personnel. In an attempt to emulate the Core Group model, the first Shared Governance council consisted of a chair from each unit-based team. The goal was to develop a monthly report on team activities so that they could be reported to the Nurse Executive Council, where accomplishments from each unit were highlighted.

Teams shared their PDSAs and action plans, but meetings were not interactive and information was not being brought back to the other nurses. Communication continued to be a challenge with such a large council and eventually lack of attendance became a concern. The unit's level of progress remained as it was prior to the implementation of a Shared Governance



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Council. There were several successful projects, but a lack of shared work and coordination. In a second attempt to improve communication, the unit held its first annual retreat in 2011. The meeting was attended by two co-chairs from each team, nursing management, and the divisional manager. The retreat was designed with two main goals. The first goal was to share organizational and divisional strategic plans, including information surrounding structure, operations, regulatory requirements and budgetary issues. The second goal was to encourage the participation of attendees in prioritizing and designing the NICU's action plans for the upcoming fiscal year. The retreat received positive feedback from those who participated, so the event continues annually.

While the retreat provided a single opportunity to align management and team goals, the lack of attendance and

efficiency at Shared Governance meetings remained a challenge. In 2012, iShare was becoming popular throughout the organization and presented as a tool that could be utilized to improve communication. The website provided an opportunity to restructure the Shared Governance Council. Only those members who wished to participate in Shared Governance as a council member rather than a team representative would remain. Instead of attending monthly meetings, teams became responsible for uploading bylaws, attendance sheets, minutes, PDSAs, 90-day action plans, and dashboard data to iShare. Shared Governance members became responsible for auditing iShare compliance each month. In addition to the availability of iShare and council restructure, the communication team's development of a monthly newsletter

improved information sharing among the unit. The newsletter includes information from the entire neonatal division, including nursing management, respiratory therapy, pharmacy, lactation, and occupational therapy.

Although the NICU Shared Governance Council will undoubtedly continue to undergo changes, the current utilization of iShare, annual retreat, and monthly meetings for council members have proven to be steps toward the goal of improving communication among the teams. The Shared Governance Council remains hopeful that the persistent search for solutions to communication challenges will be met with the better fulfillment of its purpose to empower staff and coordinate the improvement of quality care and patient satisfaction.

