MEDVAMC Shared Governance Revamp

Michael E. DeBakey VA Medical Center
Clinical Practice Office
2020

Organizational Culture

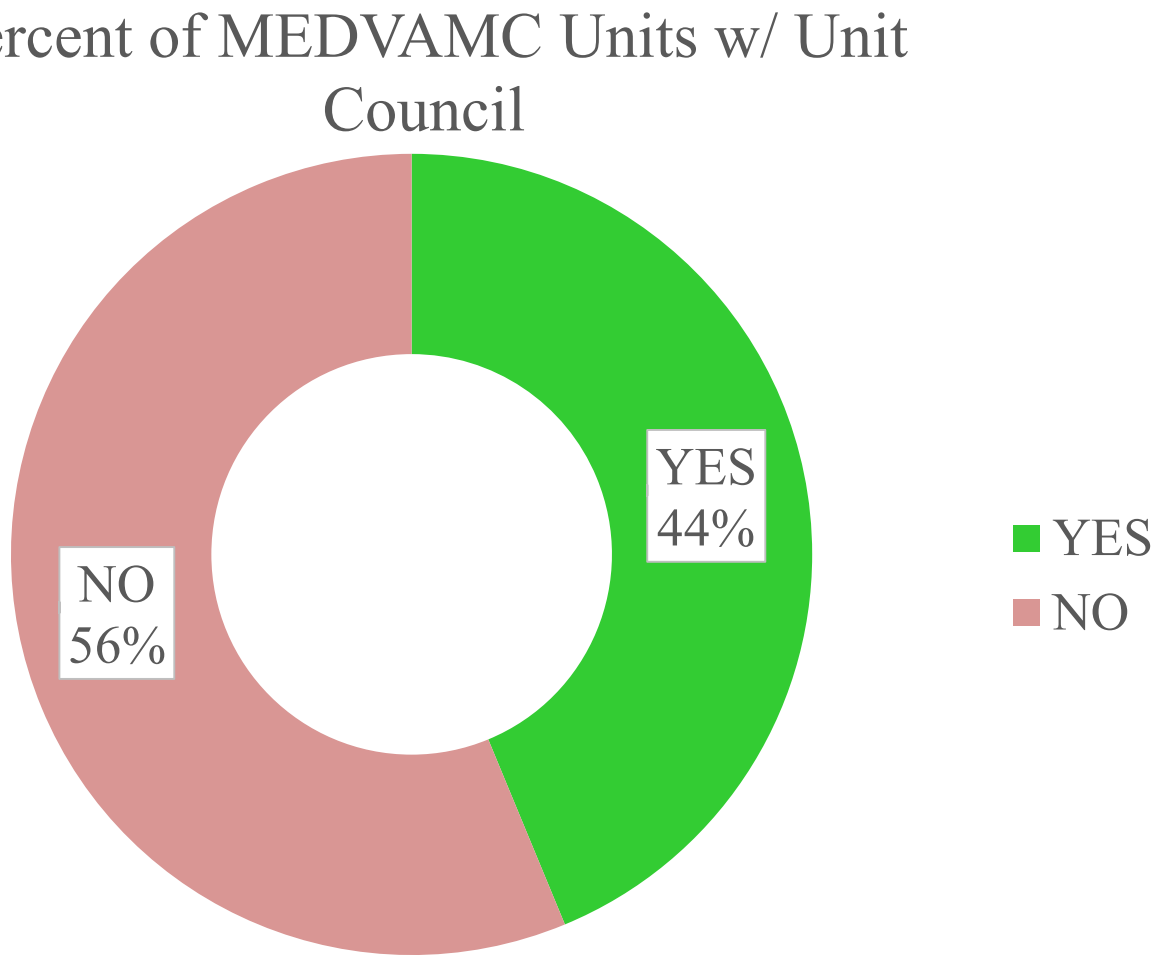
- **Mission**- To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow and his orphan by serving and honoring the men and women who are America's Veterans".
- **Vision**- To provide Veterans the World Class benefits they deserve and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability and stewardship.
- **Philosophy**- ICARE Values
  - Integrity, Commitment, Advocacy, Respect, Excellence

Background of the Issue

- The MEDVAMC shared governance model has gone through many changes since its inception.

- The previous bylaws were outdated, and evidence-based updates were needed to assess whether our current shared governance practice meets the needs of our staff and patients.

Percentage of MEDVAMC units with SG



2020 RN Satisfaction Survey Response

	Nurse Manager Ability, Leadership, and Support of Nurses	Nurse Participation in Hospital Affairs
Total Units Surveyed	43	43
Met National Benchmark	21	20
Did not meet National Benchmark	22	23
Percentage	**48.8%**	**46.5%**

Step 0: Problem/Clinical Inquiry

- What is the best practice for sustaining a strong Shared Governance model in a large complex medical facility?

Step 1: PICOT Question

- P: Hospital
- I: Best practice for SG
- C: Current Practice
- O: Organizational outcomes

- In hospitals, how do best practices for shared governance compared to our current practice affect organizational outcomes.

Step 3: Levels of Evidence Synthesis Table

Article #	1	2	3	4	5
Level I: Systematic review or meta-analysis					
Level II: Randomized controlled trial					
Level III: Controlled trial without randomization					
Level IV: Case-control or cohort study					
Level V: Systematic review of qualitative or descriptive studies		x			
Level VI: Qualitative or descriptive study, CPG, Lit Review, QI or EBP project				x	x
Level VII: Expert opinion	x		x		

LEGEND: X = Applicable

Necessary Shared Governance Structures Synthesis Table

↑, ↓, —, NE, NR, ✓ (select symbol and copy as needed)	1	2	3	5
Shared Governance Mentors	✓			✓
Unit Based Council	✓	✓		✓
Defined flow of communication	✓	✓	✓	✓
Evaluation/Sustainment Model	PDSA	NPCes	PDSA	
Elected Chairs for councils	✓			✓
Defined competencies of SG		✓		
Who to Educate		Leadership Training for all Levels		Emphasis on training front line managers and council chairs

SYMBOL KEY
↑ = Increased, ↓ = Decreased, — = No Change, NE = Not Examined, NR = Not Reported, ✓ = applicable or present

LEGEND:

Step 3: Outcomes to Evaluate the Effectiveness of Shared Governance Synthesis Table

↑, ↓, —, NE, NR, ✓ (select symbol and copy as needed)	2	3	4	5
RN Retention/Recruitment (organizational)	✓			
Departmental goal attainment (Careline)	✓			
Quality of Care/ Patient Safety (Unit Level)	✓	✓	✓↑	✓
Job satisfaction/ empowerment (Individual)	✓	✓	✓↑	✓

SYMBOL KEY

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LEGEND

Step 4: Evidence-based Recommendation(s)

Based on the evidence the MEDVAMC shared governance structure should include the following:

- Mentors available to staff for establishment and implementation of SG process
- Active Unit Based Practice Councils representative of all nursing areas
- A clearly articulated communication process that flowing from Unit Based Councils to Leadership Councils and vice versa
- Elected chairs for each council
- Education for leadership, managers and council chairs on their roles in the SG process
- A PDSA model for ongoing evaluation of the SG process (frequency varies annually, biannually)

Step 4: Evidence-based Recommendation(s)

Based on the evidence the MEDVAMC should evaluate the effectiveness of the shared governance process using:

- Quality of Care/Patient Safety metrics (NDNQI, SHEPP, etc.)
- Job Satisfaction/Empowerment metrics (NDNQI RN Survey, AES, etc.)

Though not largely supported, some organizations also utilize RN Retention rates as an indirect organizational measure of the impact of the SG process.

Known Barriers to Shared Governance

- Protected Time for members
- Staff buy-in
- Leadership ability to relinquish control
- Lack of training on SG for staff
- No specified outcomes for SG
- Lack of follow-through
- Inadequate resources
- Poor communication

Step 4: Implementation Plan

- **Strategy #1**: Created a steering committee for the revamped MEDVAMC Shared Governance
- **Strategy #2**: Public announcement of commitment to Shared Governance by Leadership
- **Strategy #3**: Developed a shared governance model that reflects organizational values

Step 4: Implementation Plan

- **Strategy #4**: Educate all chairs, nurse managers and executives on their roles in shared governance

- **Strategy #5**: Clarify the roles of each council and their relationship to each other

- **Strategy #6**: Secure commitment from nursing leadership to ensure protected times for shared governance activities

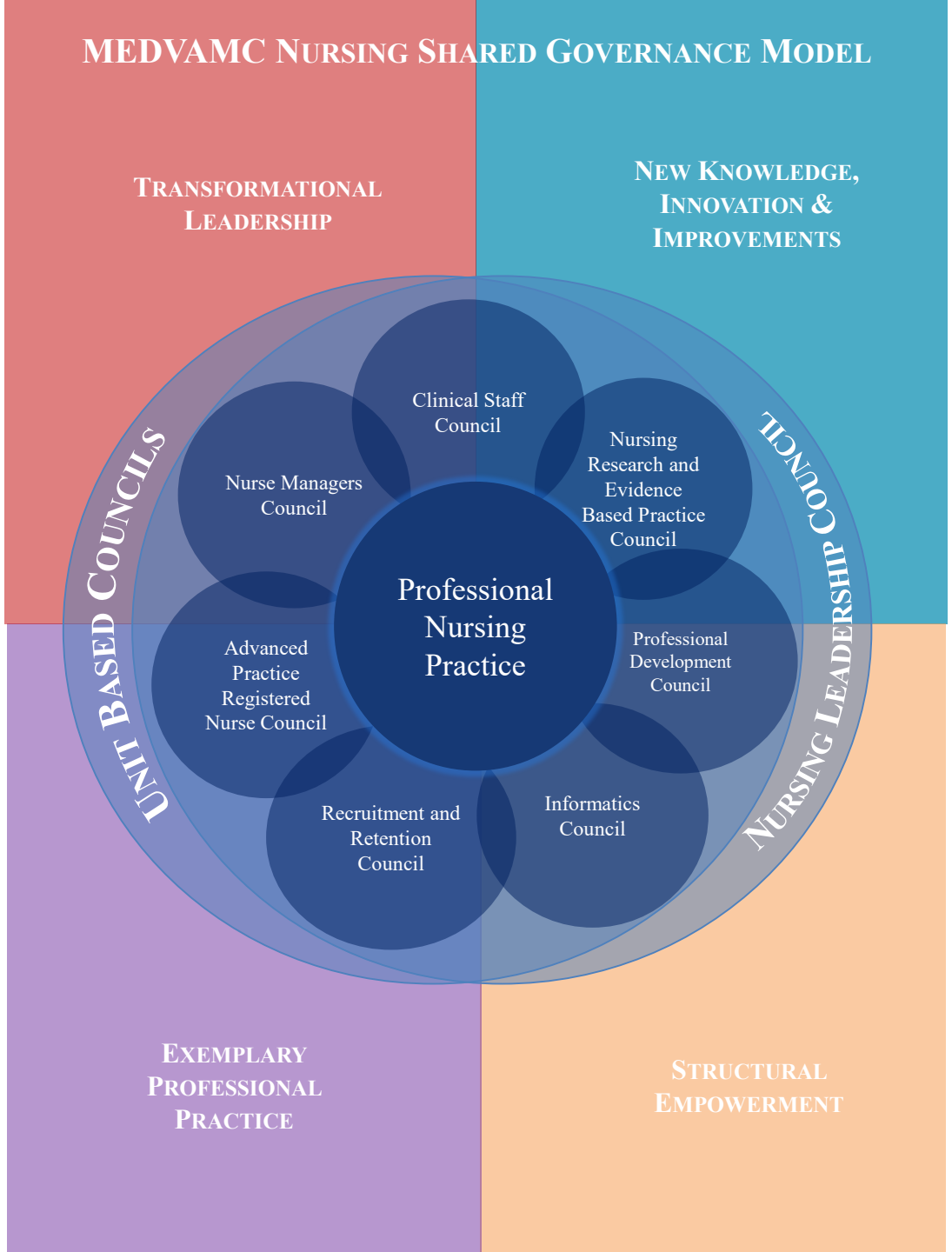
Protected Time

Nurse Manager Commitment

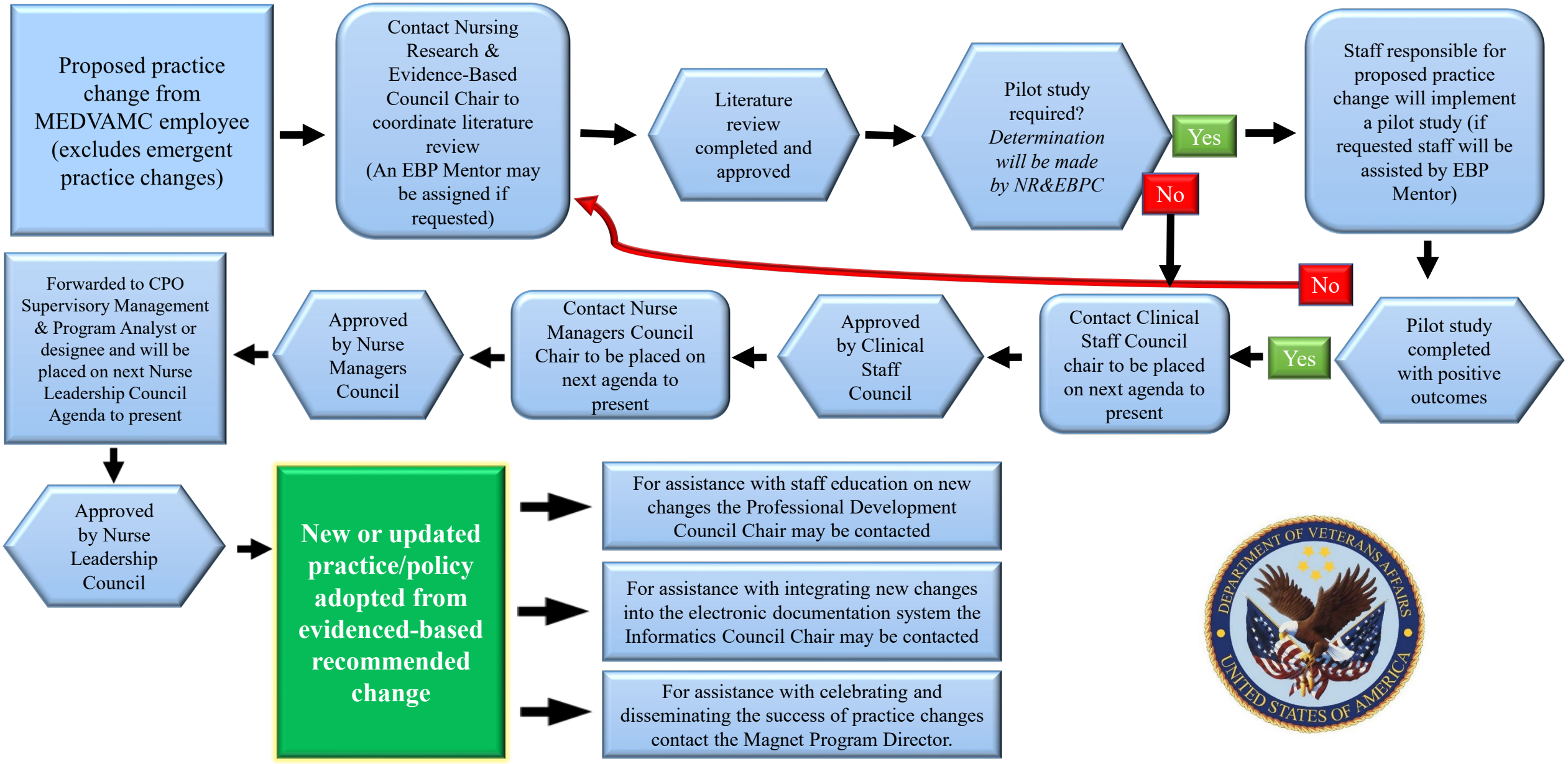
- Allow the chair protected time to attend monthly Clinical Staff Council meeting (4 hours)

- Allow 4 hours for chair to participate in unit-based projects, initiative, planning, data collection, etc.
  - (4 Hours) This process will be guided by your unit level needs, careline needs and organizational needs.

MEDVAMC Nursing Shared Governance Model



MEDVAMC Shared Governance Communication Flow Chart



Step 5: Evaluate the outcomes

- Quality of Care/Patient Safety metrics (NDNQI, SHEPP, etc.)
- Job Satisfaction/Empowerment metrics (NDNQI RN Survey, AES, etc.)

Role of the Nurse Managers

- Key Action #1: Have a thorough understanding of the concept of Shared Governance
- Key Action #2: Willing to allow staff to drive practice change at the unit level
- Key Action #3: Be supportive of staff in participation in shared governance and other professional development activities
- Key Action #3: Be there for staff as a liaison in the Shared Governance journey

Role of the Executive Leader

- Key Action #1: Completely committed to the concept of shared governance and all that it implies.

- Key Action #3: Provide guidance and support in addressing organizational barriers to culture and practice change.

Role of the ADPCS

- Key Action #1: The ADPCS will be the key driver and champion for the implementation of Shared Governance within the organization.

References

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6. Porter-O'Grady, T. (1992). Shared Governance Implementation Manual . Atlanta: Mosby Inc.