

NOTEWORTHY NURSING

Revitalized Professional Practice Model Introduced

By Karen A. Grimley, BSN, MBA, RN, Chief Nursing Officer



It is my great pleasure to announce the kick-off for our revitalized Shared Governance Professional Practice Model (PPM)! In this newsletter, you will read about our new Councils and the increased opportunity for UC Irvine nurses to be professionally involved.

Over the past six months, I have met with many of our current Practice Council members in discussions about how our PPM could be structured to best support the engagement of staff nurses, support service nurses and nurse leaders in creating world class patient care and a wonderful workplace.

Many of you responded to an online survey several months ago to learn what nursing hold dear to their practice. The values most highly rated included Compassion, Caring, Safety, Competence, Mutual Respect, Personal Integrity, Patient Centered, Advocacy, Critical Thinking and Accountability. These values have been incorporated into our new Nursing Philosophy which reads:

UC Irvine Professional Nurses strive to provide safe, competent, compassionate patient care which is based on mutual respect and personal integrity. Our Nurses practice within a caring, patient centered environment, using advocacy, critical thinking and accountability in evidence based practice. As members of an academic medical center, our nurses participate in research and in the support of professional nursing

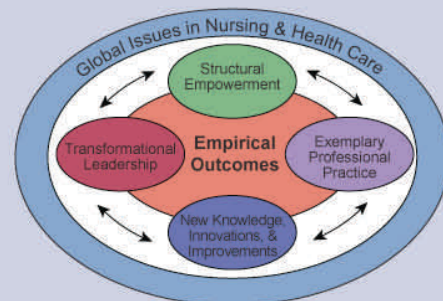
Please join with me in celebrating our ongoing journey in the pursuit of nursing excellence!

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2009 MAGNET MODEL



CULTURE OF EXCELLENCE

Transformational Leadership

Quality of Nursing Leadership
Management Style

Structural Empowerment

Organizational Structure
Personnel Policies and Programs
Community and the Healthcare Organization
Image of Nursing
Professional Development

Empirical Outcomes

Quality of Care

Exemplary Professional Practice

Professional Models of Care
Consultation and Resources
Autonomy
Nurses as Teachers
Interdisciplinary Relations

New Knowledge, Innovations, and Improvement

Quality of Care
Quality Improvements

THE STORY BEHIND THE REVITALIZATION OF THE PROFESSIONAL PRACTICE MODEL

STRUCTURAL EMPOWERMENT

“Nurses throughout the organization are involved in self-governance and decision-making structures ”



Why Revitalize the Current Structure?

by Donna Grochow, MS, RNC, WCC Director, Nursing Quality, Research & Education

Organizational structure is an important correlate of behavior in organizations. In nursing, shared governance provides the empowerment structure for the achievement of meaningful professional behaviors and outcomes. When staff and management make decisions using the shared governance principles of partnership, equity, ownership, and accountability, the process of authentic shared decision-making occurs. The outcome of this shared decision-making process is shared leadership.

Although shared governance is not a new idea—it has been implemented in some organizations since the late 1980s—many frameworks need to be revisited to ensure that accountability and authority for decision-making is within the shared leadership framework. The process to revitalize our shared governance is doing just that. Even though shared governance has been in place here for many years in the form of the Professional Practice Councils, there is more that can be added. The practice councils have provided strong evidence that empowering direct care nurses to share in decision making surrounding their practice leads to quality outcomes and engaged staff. Now it is time to add this empowerment to all of the other nursing councils. The new Professional Practice Model will include nursing throughout the organization in the decision-making councils.

The Development of a New Professional Practice Model-

by Donna Grochow, MS, RNC-NIC, WCC Director, Nursing Quality, Research & Education

Note that a variety of effective shared governance models exist. There is NO ONE right model of structure for shared governance. Each organization must design a model that fits with its organizational culture, resources, and goals. With this in mind, a review of the literature was undertaken along with a review of the current structure. Maintaining components of the current structure, new elements were added including more diversity in the membership and the addition of direct care nurse representation on all nursing councils. The nursing strategic plan and Professional Practice Model also now incorporates plans and goals to support the Magnet components to ensure a successful re-designation journey in 2012.

Designing the optimal structure was a challenging undertaking. There is an inverse relationship between the size of a decision-making group and the effectiveness of its decisions. Therefore, the goal was to make sure that deliberative bodies were small enough to facilitate effective decision-making and large enough to be appropriately inclusive. There is no hard and fast rule regarding size; however, experience has shown that effective membership is 7 to 15 persons. The design team worked to put a structure together that meets the needs of nursing, relates to the principles of shared governance and aligns to the needs of the organizational culture. Bimonthly meetings with nursing leadership and the practice council membership were held to discuss shared governance principles, the strengths and weaknesses of the current structure and to review the proposed changes. The framework is now complete and ready for implementation.

“When staff and management make decisions using the shared governance principles of partnership, equity, ownership, and accountability, the process of authentic shared decision making occurs.”

SHARED GOVERNANCE PRINCIPLES AND PROFESSIONAL PRACTICE MODEL

STRUCTURAL EMPOWERMENT

“Nurses throughout the organization are involved in processes that establish standards of practice and address issues of concern”



Shared Governance: Definition and Benefits

by Charlene Miranda-Wood, MSN, RNC Nurse Manager, Nursing Quality, Research and Education

Patient safety and quality of care are a major concern of our society as well as all health-related regulatory bodies. A report by the Institute of Medicine (IOM, 2004) identified nursing as the essential element to the patient safety equation. The IOM report noted that the quality of patient care is directly correlated to the degree to which hospital nurses are active and empowered participants in making decisions about the patients' individual plans of care. The vital role of nursing in the delivery of high-

quality clinical care and patient satisfaction is now an accepted fact.

Shared governance is the structure that formally empowers nurses at all levels to actively participate in the review of professional practice, quality and safety outcomes at both the organization and unit- levels.

Through this process, quality and safety become key agenda items at each council meeting. The membership designs the steps necessary to improve out-

comes using this peer review process.

Effective accountability, shared governance structures, and peer review are critical components of addressing variations and often inadequacies in the quality of health care and the healthcare experience across regions and settings.

Both the patient and the nurse benefit from a shared governance culture.

“The quality of patient care is directly correlated to the degree to which hospital nurses are active and empowered participants in making decisions about the patients' individual plans of care.”

UC IRVINE MISSION:
Discover, Teach, Heal

UC IRVINE VISION: *To be amongst the best (Top 20) academic health centers in the nation in research, medical education, and excellence in patient care*

UC IRVINE VALUES:
Accountability, Respect, Integrity, Innovation, Service through Teamwork excellence

Shared Governance: Professional Practice Model Bylaws

by Charlene Miranda-Wood, MSN, RNC Nurse Manager, Nursing Quality, Research and Education

Revision of the bylaws was the last of the revitalization process. Bylaws are an essential part of the shared governance process because they define the relationships and operational characteristics of the nursing professional and the organization. In order to be comprehensive, the bylaws need to thoroughly in address how the shared governance system operates and must incorporate the

hospital mission, vision and values as well as the nursing philosophy into one document.

Once all of this was done, the bylaws were reviewed by the discipline of nursing through the Professional Practice Councils, Nursing Standards and the Nursing Executive Council.

The construction of these bylaws required focused

work. With the final approval of the Nursing Executive Council, the bylaws become an important part of the structure and new culture of this organization.

The revised bylaws can be found on the Nursing Policy and Procedure SharePoint or at the following link: [Professional Practice Model & Bylaws](#)

New Professional Practice Model Revealed

by Donna Grochow, MS, RNC, WCC Director, Nursing Quality, Research & Education

EXEMPLARY PROFESSIONAL PRACTICE

“ The Professional Practice Model is a schematic description that depicts how nurses practice, collaborate, communicate, and develop professionally ”

Professional Practice Model: 7 Councils

The Professional Practice Model was designed to incorporate shared governance in all of the nursing councils. The following rules of shared decision-making have been incorporated into the Professional Practice Model Bylaws:

- Determine appropriate membership and limit to approximately 7-15 members
- Ensure diversity of views at the table
- Define decisional authority through guidelines from shared vision/goals
- Ensure 90% of all decisions happen at the point of care
- Identify resource support: fiscal & human

In keeping with the principles of shared governance, most of the shared governance councils will be chaired by direct care nurses.

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Coordinating Council

The role of the **Coordinating Council** is to synchronize the work of all the councils and to provide high level oversight for inpatient quality and safety which includes the nursing sensitive indicators, core measures, patient satisfaction, staff engagement and fiscal accountability. This council also provides oversight of communication between councils and the nursing staff and mediates any conflict that arises for the councils. The CNO is a Coordinating Council member and is responsible for the shared governance budget development by coordinating projected expenses with all council chairs. The CNO reports any system-wide issues that may affect nursing and provides updates on new organization-wide goals and strategic initiatives. The Coordinating Council stays apprised of regulatory changes and any new work that emerges outside the strategic plan, to ensure that the work is assigned to the appropriate councils for action and implementation. The CNO is not necessarily the chairperson of this council. This decision is made within the group at the first meeting and eventually is included in the bylaws.

New Professional Practice Model Revealed

EXEMPLARY PROFESSIONAL PRACTICE

“ The Professional Practice Model is a schematic description that depicts how nurses practice, collaborate, communicate, and develop professionally ”

Nursing Leadership Council

The role of the **Nursing Leadership Council** is to provide operational leadership to nursing and to provide input and recommendations to the CNO. The council examines the delivery of patient care as it is

affected by the availability of human, fiscal, material, support, and systems linkage resources. This council is responsible to plan and lead the Nurse Manager meetings as well as promote leadership pro-

fessional growth and succession planning. A key initiative of this council is to promote systems that ensure a health work environment including coordinating the annual Nurse Week celebrations.



Mock Code Station at 2011 Annual Competency Skills Workshop

Professional Development Council

The role of the **Professional Development Council** is to promote and support the professional growth of UC Irvine nurses. The council conducts regular assessments of education needs and plans for

the annual and ongoing education of the nursing staff. The council supports competency based education built on evidence-based practice. One of the primary initiatives of the Professional Development

Council is to create support systems for certification goals and educational achievement goals. The council will collaborate with the Leadership Council in planning the annual Nurse week celebrations.



NurseWeek Luncheon

Quality and Research Council

The role of the **Quality and Research Council** is to provide an infrastructure for nursing quality and the advancement of nursing research which includes: the generation of ideas & discussion for research; identification of research challenges; and the clinical utilization of research.

The council promotes a spirit of clinical inquiry and provides a venue for the review and discussion of nursing quality indicators.

A key initiative of the council is to develop a Nursing Research Fellowship program and implement a Nursing Research Day.



Simulation training introduced to orientation and Annual Competency training.

New Professional Practice Model Revealed

EXEMPLARY PROFESSIONAL PRACTICE

“ The Professional Practice Model is a schematic description that depicts how nurses practice, collaborate, communicate, and develop professionally ”

Nursing Practice Council

The **Nursing Practice Council** defines the parameters of professional practice standards, the model of care, the behaviors of the practitioner for professional practice, and the goals for consistency in clinical practice. The council promotes evidence-based practice and pro-

vides oversight for the development, review and revision of practice standards & policies, including standardized nursing procedures, nursing plans of care and patient teaching. The council will oversee nursing peer review and assist the Professional Development Council in the planning, de-

velopment and teaching of the Annual Skills Competency Day.

Most of the practice work will flow to the division and unit level councils so these councils will each have a representative membership on the Nursing Practice Council.

“The Nursing , Division and Unit Practice Councils promote shared decision making and evidence-based practices”

Division and Unit Practice Councils

The role of the **Division Practice Council** is to implement practice standards, share best practices and promote shared decision making. The council will serve as the communication link between the unit councils and the Professional Practice Councils and provide a forum for ensuring divisional consistency of standards of practice and process improvement.

The role of the **Unit Practice Councils** is to promote shared decision making for unit activities, support evidence-based practice and pilot projects for care improvements, professional growth, and healthy work environments. The unit councils will promote positive patient outcomes through accountability for evidence-based practice and quality improvement and encourage profes-



NICU Unit Based Practice Council celebrating the decrease in central

sional growth of bedside staff through positive acknowledgements of achievements of individuals and the team

Both councils will assist in the planning, development and teaching of the Annual Nursing Competency Skills Workshops.

Council Membership Opportunity

Membership for each of the councils is currently in the process of being assembled and staff nurse participation in each of the councils is essential.

All interested staff members are encouraged to apply for membership.

To apply for membership, complete and submit the application on the page 7

or watch your email for additional application instructions and deadlines.

Council Membership Opportunity

Would you like to be involved in one of the following Nursing Councils?

Coordinating Council

Purpose: This is the highest level council that provides oversight for all of nursing practice.

Meets 1st Thursday of each month from 9-10am

Membership opportunity: 2 Staff Nurses

Research and Quality Council

Purpose: To promote a spirit of inquiry and a supportive climate for nursing quality and research.

Meets 3rd Thursday in even months from 2-4pm

Membership opportunity: 1 Staff Nurse from each division

Professional Development Council

Purpose: To promote & support professional growth of UC Irvine nurses

Meets 3rd Thursday in odd months from 2-4pm

Membership opportunity: 1 Staff Nurse from each division

Practice Council

Purpose: To promote evidence-based practice, define practice standards & policies and enhance nursing peer review

Meets 3rd Thursday each month from 12noon-2pm

Membership opportunity: Staff nurses will be selected from division/unit council members

Division Councils

Purpose: To implement practice standards, promote shared decision making, share best practices

Critical Care and Medical-Surgical meet 3rd Thursday from 9am-12noon

Members: Staff nurses from each unit

Unit/Department Councils

Purpose: To promote shared decision making for unit activities and ensure evidence-based practice

Meets at various times per unit decision

Members: 6-12 unit staff nurses

Nursing Newsletter Editorial Board

Purpose: To identify scope and themes of newsletter content and to solicit, review and author articles.

Meeting time to be determined by membership

Members: Staff nurses from all areas

Application

RN Name: _____ AD ___ BSN ___ MSN ___ Years RN Experience

Unit: _____ Unit Manager: _____

___ CN 1 ___ CN II ___ CN III ___ CN IV

Which Council (s) would you like to join?

- ___ Coordinating
- ___ Research/Quality
- ___ Professional Development
- ___ Practice Council:
- ___ Division Council
- ___ Unit/Department Council
- ___ Nursing Newsletter Editorial Board

**Please email this completed application to
Susan Christensen (christe1@uci.edu)**