

Implementation of an Interdisciplinary Professional Governance

Structure at a Critical Access Hospital (CAH)

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Introduction

- Professional governance is an organizational structure which has existed in the healthcare arena for many years.
- Healthcare systems with this structure can move from traditional scientific reasoning with linear relationships, determinism, and reductionism to systems of complexity with integration, ingenuity, and innovativeness.¹
- Professional governance structures tend to be established in larger community and urban hospitals and are not as prevalent in the rural environment or a critical access hospital (CAH).²
- CAHs have fewer staff and less resources to effectively embrace professional governance because of lack of available time and associated costs.²

Purpose

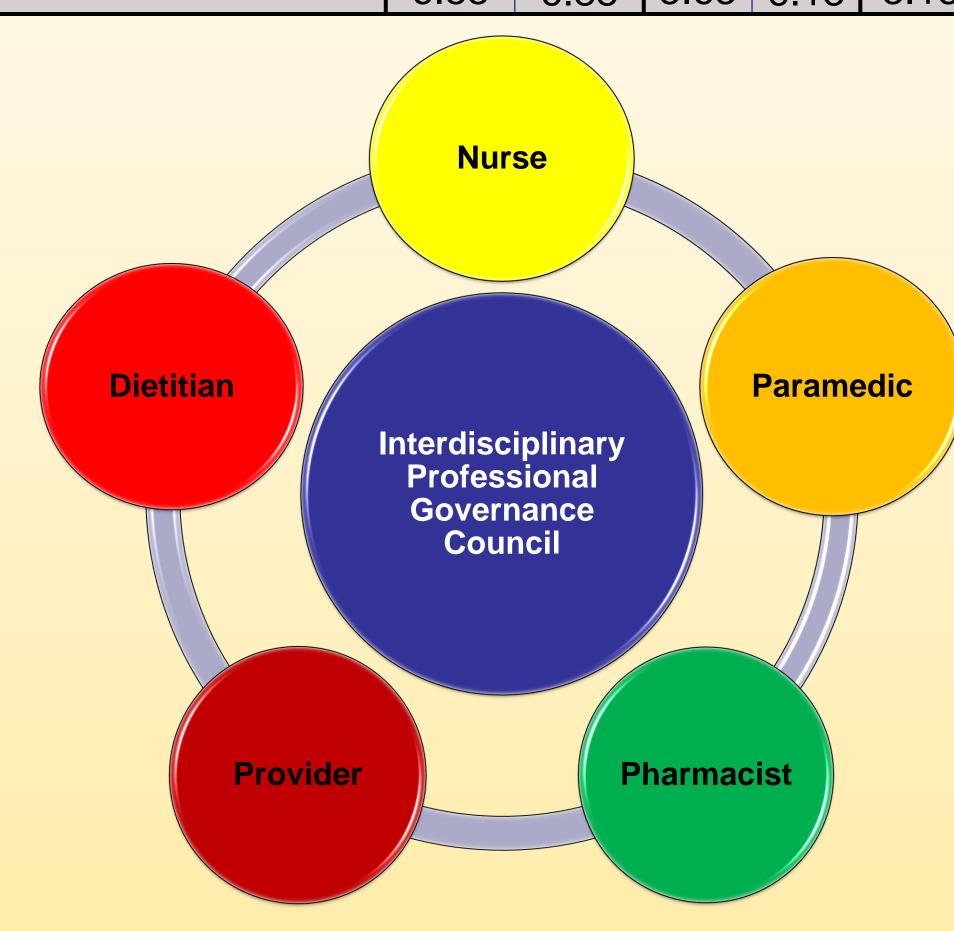
- The purpose of this project was to promote systems integration, partnership, equity, ownership, ingenuity, and accountability between nurses and other healthcare disciplines.
- Objective 1: Create an interdisciplinary professional governance council and structure which strategically aligns across multiple levels in the organization.
- Objective 2: Foster interdisciplinary team effectiveness.
- Objective 3: Improve clinical employee engagement.

Methods

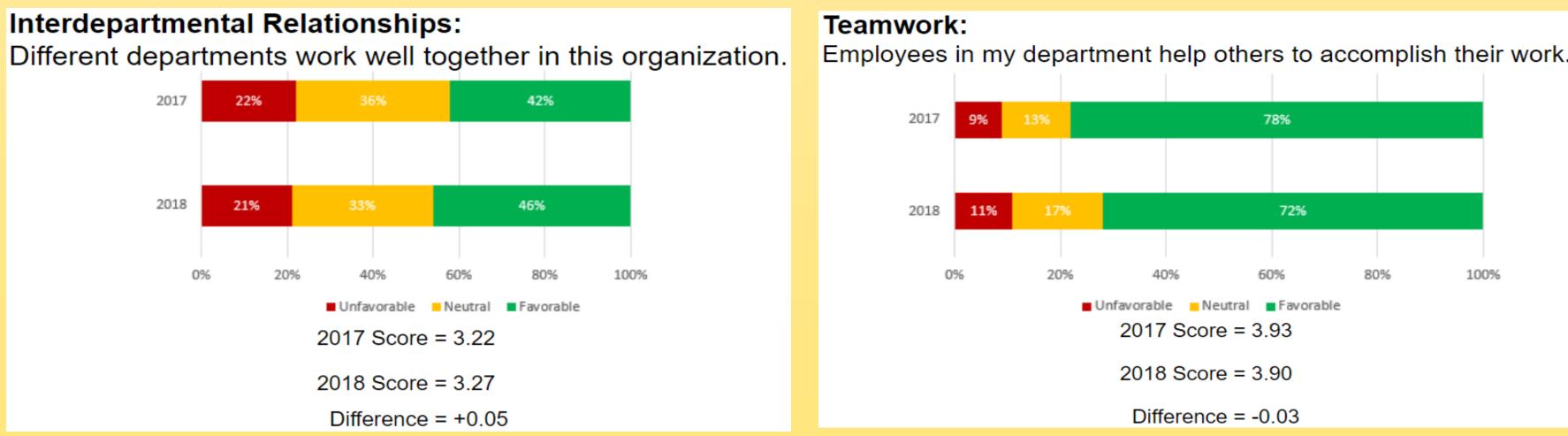
- Project was deemed not human subjects research.
- Kotter's eight-step change model was utilized to create a burning platform for change, formulate the council effectively, and plan for the sustainability of this organizational structure into the future.³
- The Interdisciplinary Professional Governance Council was formed with 10 members from various healthcare professions with leadership approval.
- Regular monthly council meetings began in October 2018.
- General Theory for Effective Multilevel Shared Governance (GEMS) Nurse Practice Council effectiveness scale (NPCes) self-assessment ^{4,5} was administered December 2018 and in March 2019.
- Initial survey results used to improve council team effectiveness and organizational alignment. Resurvey assessed areas of improvement and identified areas of focus for structure sustainability.
- Modified employee engagement survey distributed in December.

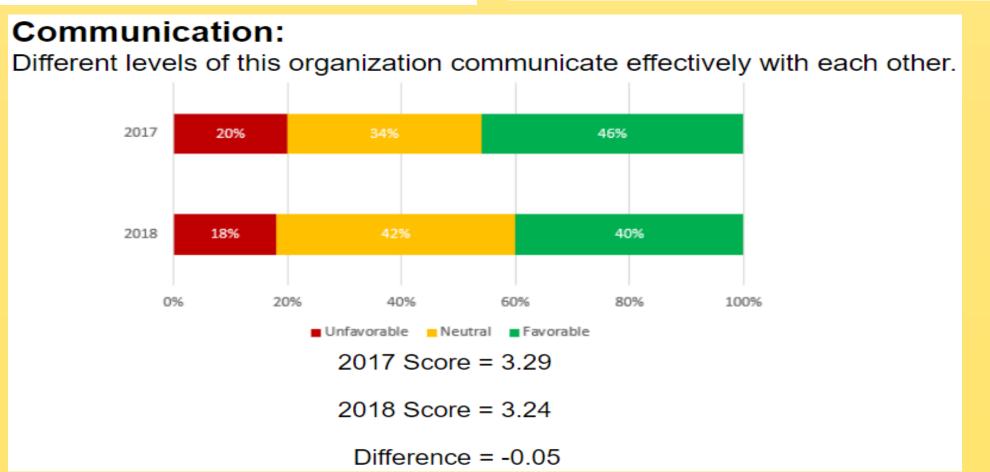
Outcomes

GEMS NPCes	Individual		Unit		Department		Organization	
High-End Attributes								
Target Score: Greater than 5	Dec	Mar	Dec	Mar	Dec	Mar	Dec	Mar
Implement steps that lead to measurable								
patient safety improvement.	5.25	5.75	4.5	5.13	3	5	2.88	3.88
Self-Identifies and takes on a wide range								
of patient care improvement effort.	6.63	7.5	5	6.5	3.25	5.38	2.38	3.75
Recognized throughout the nursing								
division as providing leadership on								
clinical practice issues.	5	5.5	3.75	6.38	3.13	5.25	2.39	4.13
Advances professional practice and								
improves communication and								
professional respect for clinicians from								
others.	6.88	6.88	5.63	6.13	3.13	5.13	2.25	3.88



GEMS NPCes Team Effectiveness		
Target Score: Greater than 5	December	March
Team Foundations Stage	7.42	7.75
Empowering Stage	7	6.96
Aligning Stage	6.17	6.63





Evaluation

- Objective 1: Favorable, steady progress with implementing a council and structure which strategically aligns across multiple levels in the organization. Strong council alignment at the individual level with initial survey. Vertical alignment improvement at all levels with resurvey.
- Objective 2: Solid development of interdisciplinary team effectiveness with strong team foundation, empowerment, and aligning stage scores in both surveys.
- Objective 3: Slight increase in clinical employee engagement scores with interdepartmental relationships and slight decreases in the areas of unit-based teamwork and communication.
- Limitations: Due to timing, engagement surveys were distributed on different software platforms and limited data comparison.

Conclusions

- Implementing an interdisciplinary professional governance structure helped improve Regional Medical Center's employee engagement scores in the area of interdepartmental relationships between the clinical departments and demonstrated strong team effectiveness among the interdisciplinary council members.
- Whether in an urban hospital or CAH, charging clinicians with making decisions about their work creates an integrated partnership which can vertically align across all levels of an organization to promote equity, ownership, ingenuity, and accountability.
- Results were shared with RMC's administrative and leadership teams.

References

- Perez, B. & Liberman, A. (2011). Toward the adoption of complexity science in health care: implications for risk-taking and decision-making activities. *Health Care Manager, 30*(1), 71–85.
 Allen-Gilliam, J., Kring, D., Graham, R., Freeman, K., Swain, S., Faircloth, G., & Jenkinson, B. (2016). The
- impact of shared governance over time in a small community hospital. *Journal of Nursing Administration*, 46(5), 257–264. doi: 10.1097/NNA.0000000000000340
- White, K. M. & Dudley-Brown, S. (2012). Change theory and models. In M. Zuccarini & D. Bigelow (Eds.),
 Translation of evidence into nursing and health care practice (pp. 49-60). New York: Springer Publishing
 Company.
 Bogue, R. J., Joseph, M. L., & Sieloff, C. L. (2009). Shared governance as vertical alignment of nursing group
- power and nurse practice council effectiveness. *Journal of Nursing Management, 17*(1), 4-14. doi: 10.1111/j.1365-2834.2008.00954.x.

 5. Joseph, M. L., & Bogue, R. J. (2016). A theory-based approach to nursing shared governance. *Nursing*
- Outlook, 64(4), 339-351.

 6. Hess, R.G. (2017). Professional governance: Another new concept? Journal of Nursing Administration, 47

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