Patient Care Practice Council —
Shared Governance Model

Learn about this Shared Governance Model designed to improve care at the bedside and about a comprehensive approach to improving patient outcomes and patient care processes through data trending and nursing peer review.

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SAINT JOSEPH
Regional Medical Center

MIDAS+ User Symposium
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Improving Care at the Bedside

Nursing and Patient Care Practice Council (NPCPC)
A Shared Governance Model and Nursing Peer Review

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Mission and Vision

The Patient Care Practice Council serves to promote and facilitate a holistic approach to the delivery of compassionate and competent patient-centered care in a preferred workplace culture. This preferred culture embodies the principles of shared governance and decision making, evidenced-based practice, staff ownership, responsibility and accountability.

NPCPC Shared Governance Scope

- Nursing/patient Care Peer Review
- Core Measure analysis and improvement- Patient Care
- JCAHO standards compliance nursing-and patient care focused/dependent standards
- Nursing strategic plan Development
- Nursing Practice Standards Development
- Resource Management Recommendations: Equipment/education/Staffing/productivity/work processes
- Relationship building-colleagues and interdepartmental
- Nursing/Pt. Care risk ,pt. relations data analysis action planning
- Patient Satisfaction trending/action planning
- Professional/Staff Development
- Oversight of Research activity
- Culture building
- Organizational Strategic Planning and visioning
- Determining and incorporation of "best practices"
- Quality and Outcomes evaluation, measurement, and improvements
- Magnet Steering Committee
Patient Care Practice Council — Shared Governance Model

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**Values that support the Model**

- Participation of Staff/ inclusion
- Coordination between individuals and groups
- Building communication tree
- Respect
- Transparency and openness

**Patient Care Practice Council**

Composed of staff level representatives from each nursing unit and/or clinical department;

**Person Centered Relationships**

- **Primary Purpose:** to promote a person-centered culture with collaborative relationships between members of the health care team.

Examples: Person-centered culture, developing and enhancing healthy person-centered relationships, building the community of nurses and clinical staff.

**Professional Development**

- **Primary Purpose:** to meet the educational needs for nursing staff and patients.

Examples: Education, clinical competencies, knowledge creation and knowledge sharing, professional advancement, preceptor program, research generation.

**Resource Management**

- **Primary Purpose:** to promote responsible and creative use of resources.

Examples: Staffing, supplies, equipment, work processes, productivity, value analysis.

**Quality Outcomes and Peer Review**

- **Primary Purpose:** to evaluate, measure, and improve the quality of nursing care delivery.

Examples: Skin breakdown, fall prevention, patient satisfaction, restraints, performance improvements.

**Nursing Practice Standards**

- **Primary Purpose:** to establish and maintain the standards of nursing practice and the research/evidence-based policies and procedures which lead to high-quality patient outcomes.

Examples: Policies, procedures, standards of practice, evidence-based practice/research utilization, documentation, care plans/forms, patient education, infection control, core indicators, other diagnosis-specific standards.

**Interdisciplinary Committee Relationships:**

- PI Functional Teams
- Patient Care Leadership
- Unit Patient Safety Officer
- Network Clinical Outcomes Council
- Medical Staff Executive/Credentials Committee
- Nursing Unit Standards/Other Committees

**Keys to Success**

- Organizational understanding and acceptance of a shared governance model
- Leadership Support and long term financial and administrative commitment
- Staff buy-in and commitment to structures and processes
Current State

- No current “formal" process for staff accountability
- No formal tracking/trending of patient care trends and issues by department or individual
- No formal mechanism to address/resolve trends/issues
- Lack of Evidenced Based Practice
- Patient Care Staff level distant from organizational planning and development

Desired State and Deliverables

- **Improved Patient Care Outcomes:** Core Indicators/Mortality
- Evidenced Based Practice: Patient/Physician Satisfaction
- Preferred workplace culture: Turnover rates/Gallup
- Staff accountability/responsibility: Gallup/Turnover rates/Productivity
- Professional Development: Outcomes, Certifications, Physician Satisfaction, Gallup, Advanced Practice ratios
- Shared Governance: All of the above
Strengths

- Multiple Advanced Practice/degree nurses/ patient care providers (14% of RN population w/ Masters Degrees and 39% w/ Bachelors)
- Local Schools/students seeking projects/experiences
- Current culture of safe/quality care
- Medical Staff Leadership and peer review process well-designed and implemented
- Midas Patient Data Base
- Leadership desire for Magnet Status
- VP of Patient Care with strengths in PI/Risk/Patient Safety

Weaknesses

- Nursing and patient care staff traditionally in a passive organizational role
- No current formal process to support staff responsibility and accountability for actions/patient care outcomes
- Medical Staff perception of nursing/patient care providers as a respected partner
- Self respect/self image of staff/care providers as an organized body
- Interdepartmental conflict and issues
- No mechanism to track and trend issues as well as reflect resolution or progress toward goals
- No connection between identified trends and issues and departmental/individual Performance improvement/education/staff development efforts
Opportunities

- Empowerment of nursing staff/patient care providers
- Promote and elevate staff and patient satisfaction
- Alignment for Magnet status
- Decrease RN and staff turnover
- Serve as a preferred employer of choice
- Promote nursing/staff recruitment

Threats

- Lack of support/ buy-in, staff, directors
- Lack of collaboration- medical staff
- Any major changes in current leadership structure/ philosophies

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Engagement and Business Outcomes

- Increased Productivity
- Lower Turnover Costs
- Reduced Medical Errors
- Fewer Malpractice Claims
- Lower Absenteeism
- Decreased Mortality and Complication Indexes

Tracking Information using Midas +

- Focus
- Profile
- ReporTrack Reports
- SmarTrack Rules: focus and worklist
Nursing Patient Care Practice Council

Membership will include:
- One representative and one alternate from each nursing area - except 2 from Medical Surgical
- Two management representatives
- Clinical Educator
- Risk Coordinator
- Director Organizational Outcomes
- Chair of Clinical Outcomes Council (ex-officio)
- One at large representative – ad hoc for Clinical Departments: Laboratory, Radiology, Radiation Oncology, Cardiopulmonary, Pharmacy, Rehabilitation
- Consultative ad hoc Members: (as needed basis) Medical Staff Service Chiefs/President, Infection Control, Case Manager/Social Work, Human Resource Director, Non-Clinical Directors
- Leader-chair: Vice President Patient Care Services
- Clerical support
Profile: Clinical Excellence

Sub Teams

- Patient Care Peer Review Committee
- Unit Specific Standards/PI teams
- Focus Groups/Ad-hoc committees as the need is identified
- EBP Team - (Evidenced Based Practice)
  Comprised of organization wide Masters prepared RN’s
Peer Review Committee

- Confidential and Peer Review Protected
- Executive Session of Council
- Minutes kept confidential
- Internal and External peer review
- Participative model

Peer Review

- Individual, unit, and organizational trending and benchmarking
- Internal or external
- Results entered into focus study
- Organized by Risk Manager

- Recommendations made based on review results
  - Education
  - Remediation
  - Mentorship
  - Ongoing monitoring
  - Improvement Plan
Peer Review Data Feeds

- Risk and Patient Relations
- QAE
- Medical Staff Peer Review
- Physician, Director or staff referral
- Coding
- Unit Patient Safety Officer Network
- Referral from MEC or other hospital teams
- Hospital and nursing indicators
- Other

Worklist Rule - Focus

[Diagram showing a worklist rule with fields for Encounter ID and Focus, with options for selection like encoder or encoder value.

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Worklist Rule - Focus

Focus Study: Clinical Excellence

- Department
- Quality of Management
- Patient Outcome
- Problems Identified
- Disposition
- Rapid Response
- Shift/Day of the Week
- Age Range of Patient
- Medical versus Surgical Patient
- Multiple Reviews
- Overall Quality of Care: 1-5 scale
- Reviewer and Committee comments
SmarTrack Worklist

Accountability

- Report based on an individual’s reviews: patient’s outcome, quality of management, rapid response, overall rating of care (1-5 scale)
- Confidentiality
ReporTrack Report

Evidenced Based Practice

- Currently under construction
- Mentorship Sponsors - Advanced Practice Nurses
- Organizational Research - patient care practices
- Coordinate projects & priorities for advance practice students & other nursing students
- Clinical Ladders
- Annual research symposium
- Newsletters
- Support to the Practice Council
- Order Set Development
- Staff education
Summary

Better Outcomes = MIDAS + Quality + Accountability + Focus our Education

Questions