Shared Governance: Stop Telling Your Team and Start Asking

Matthew S. Pavlichko, MS, RRT-NPS
Director, Cardiopulmonary Services
Levine Children’s Hospital
Carolinas HealthCare System
Charlotte, NC
Disclosure

- Mr. Pavlichko has disclosed affiliations with Teleflex Medical and Mallinckrodt Pharmaceuticals.
- Referencing to, or marketing of related products will not be included in this presentation.
- Mr. Pavlichko has disclosed a relationship with the NCSRC. Discussion and content of this lecture are the opinions of Mr. Pavlichko and not necessarily the opinions of the NCSRC.
Objectives

• The learner will identify its role in increasing teammate engagement
• The learner will be able to identify the benefits of incorporating a shared governance program into their department
• The learner will understand the common models and structure of shared governance
• The learner will identify tools and resources to make a shared governance program successful
History?

- Traditional Scientific Management
- Bureaucratic
- Centralized decision making

Bureaucracy is the art of making the possible impossible—Javier Pascual Salcedo
Typical RT Department Hierarchy

CEO
COO
EVP
Facility President
VP
VP Patient Services
CNO
RT Director
RT Manager
RT Manager
RT Manager
Supervisor
Supervisor
Supervisor
Supervisor
Supervisor
Supervisor
Respiratory Therapists
Patients
What a Hospital Really Looks Like

- Pyramid Scheme held together by Red Tape
Patient’s First!

- CEO
- COO
- Facility President
- Vice President
- Director
- Manager
- Supervisor
- Employee/Teammate/RT
- Patients
What if you were patient centric rather than focused?

Shared Governance
Build a foundation
What bureaucracy can do for you!

• Give you a foundation (5P’s)
  – Purpose
  – Parts
  – People
  – Processes
  – Productivity
Now you are ready to build

Patient Experience

Quality/Safety

Lack of COMMITMENT

Fear of CONFLICT

Absence of TRUST

Inattention to RESULTS

Status and Ego

Low Standards

Ambiguity

Artificial Harmony

Invulnerability

P. Lencioni
(2002)
Engagement & Trust

• Firm belief in the integrity, ability, or character of a person or thing – Webster’s Dictionary

• Believe in the Shared Purpose

• How many of you “Connect to Purpose”
What is Shared Governance?

• “Shared governance is a **system of management** and leadership that **empowers all staff** in decision-making processes” - Geoghegan & Farrington (1995).

• “Shared governance is a model of nursing practice designed to integrate **core values and beliefs** that professional practice embraces, as a means of **achieving** quality care. Shared governance models were introduced to **improve** nurses’ work environment, **satisfaction, and retention**.” – Anthony, M. (January 31, 2004)
Theory

• Organizational
  – Theory arose from HR
  – Transformed to business and management in quality
  – Many models and theories then developed

• Managerial Leadership
  – Transfer of power = empowerment

• Sociological
  – Professionals want autonomy
  – Independent thinking
  – Diversity of thought
Evidence of Success

• Evidence is more qualitative and anecdotal, limited quantitative
  – Some direct and indirect financial impacts
    • Process Improvements
    • Engagement = less sick days, less turnover
  – Improvement of Work Environment
  – Employee Satisfaction

• More research (multi-center) needs to be done

• Does it make sense??
  – Belief vs. Data
Where/When does it fit?

• Power
  – Redistribution of Power?
  – How much power should Shared Governance have?
• Is there administrative commitment?
  – HR
  – Executive Leadership
  – Department Leadership
• Is there employee commitment?
• Is the foundation set?
Disclaimers

1. Mr. Pavlichko loves nursing and in no way are his next comments meant to be mean or disrespectful.
2. Mr. Pavlichko is not affiliated with any political party. The views of this lecture are his but do not throw stuff at him.
3. Mr. Pavlichko watches ESPN and has no opinion about any 24 hour news organizations.
4. Mr. Pavlichko loves America.
Creating Structure

• Key points to remember when setting up SG.
  1. Inclusive
  2. Diverse
  3. Fairness
  4. Empowering
  5. Time
  6. Tools and Resources
  7. Communication – Closed Loop
Typical Nursing Structure

**Shared Governance Structure**

- Professional Development Council
  - Staff Co-Chairs, Advisor, Staff nurses, APN, Educator
- Professional Practice Council
  - Staff Co-Chairs, Advisor, Staff nurses, APN’s, Educator
- ResearchVEBP Council
  - Staff Co-Chairs, Staff nurses, PhD Advisor, APN’s, Educator
- Core Council
  - Council Co-Chairs, Advisors, CNO
- Quality Council
  - Staff Co-Chairs, Advisor, Staff nurses, APN
- Management Council
  - Manager Co-Chairs, Managers, Directors, CNO, Staff Nurse
- Unit/Service Council
- NAAC
- Standards Committee
- Geriatric Resource Nurses
- Med. Safety Committee
- Diabetes Resource Nurses
- Education Committee
- ASPN Peer Council
- DAISY Award Committee
- Safe Handling Committee
- Safety Nurses
- Code Team Committee
- Skin Team

Carolina's HealthCare System
Levine Children's Hospital
Typical Nursing Structure

AnMed Health Nursing Services
Shared Governance Model

Leadership Council

Nurse Manager Council

Unit Council

Informatics Council

Practice Council

Quality Council

Professional Development Council

Research Council

Directors Council

Revised 2014
U.S.A.

• Our government...
  – 3 branches
    • Executive – President – Department Leader
    • Legislative – Congress – Shared Governance
    • Judicial - Supreme Court - HR

  – President may veto, but can also be impeached
  – Congress members can also be impeached
  – President has executive order power
  – Voting is a must!

  – Congress has subcommittees to work on specific government needs
Time, Tools, and Resources

• If you are not going to commit time, tell your team
  – Diversity requires time
  – Development requires time

• Tools & Resources
  – Templates
  – Charters
  – Bylaws
  – Agendas
  – Minutes
  – Clerical support
  – Meeting support
Other Responsibilities/Expectations

• **HR**
  – Support shared governance, its people, its processes, and its leaders

• **Management**
  – Create time for the process
  – Ensure proper communication
  – Be transparent
  – Breakdown barriers
  – Measure effectiveness
  – DON’T SAY NO!!!!!!!!!!!!

• **Shared Governance**
  – Communicate to teammates
  – Elicit Feedback
  – Prioritize
  – Represent your constituents – not yourself

• **Employees/Teammates**
  – Get involved
  – Be informed
  – Give feedback
  – Hold Shared Governance and Management Accountable
#1 Responsibility

C-SPAN
LCH Model

Shared Governance

Director

Education
Resources
Scheduling

NICU QI
PICU QI
ED QI
Communication to staff
Increased trust should lead to…

• Teammate Engagement
• Rapid Improvement
• Quality Improvement
• Process Improvement
• “Owners not Renters” – Quint Studer
• Empowerment
• Increased Productivity
• Less Turnover
• Less Sick Days
• Developmental Opportunities
Can Shared Governance help you address...

- Patient Experience
- Quality/Safety
- Teammate Engagement

- Inattention to RESULTS
- Avoidance of ACCOUNTABILITY
- Lack of COMMITMENT
- Fear of CONFLICT
- Absence of TRUST

P. Lencioni (2002)
Inclusive/Patient Centric

Central Division

Matt

Development

$$_$

Growth

Marketing Policy

CF

Tech.

ED

LEAN

Resources

Comp.

Reports

Neo.

Shared Governance

Jamie

PICU

Float

Nikki

NICU

Tim

Floor

Detra

Floor

Shelia

Charlet

PICU

Nicu

Positions

Asthma

Rehab

Orient.

Research

CPCC

Quality

L&D

Education

T.E.

Comp.

Positions

 дети

L&D

Quality

Reports

Neo.

Shared Governance

Patients & Families (PG)

Drag and drop the icons to the appropriate positions.

CHS

Central Division

Development

Growth

Marketing Policy

Tech.

ED

LEAN

Resources

Comp.

Reports

Neo.