Professional Governance: The First Steps

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Administrative Support: Kissy Vasquez

Administrative Support: Kelli Obazee

Agenda and Housekeeping Items

- 12:30-4:30pm
- Group activities and iPads
- Please silence pagers, cell phones
- Downloadable handouts online
Learning Objectives

- Understanding of the nursing strategic plan at UCLA Health
- Describe Transformational Leadership
- Responsibility Authority Accountability Model (RAA) and expectations
- Describe how Relationship-Based Care is used as a care delivery model and an operational framework to improve patient outcomes and patient/staff satisfaction.
- Explain UPC structure, process and reporting outcomes.
- Relate structure and purpose of a UPC Meeting.
- Articulate steps of a successful UPC meeting.
- Explain professional governance restructuring, facility and system councils.
- Identify the necessary steps for practice council project development
- Tableau, project submission

Pre-Course Quiz

[Online Poll](onlinepoll.ucla.edu/polls/2051)

Professional Governance Vision

Nursing excellence is at the forefront of UCLA Health's outstanding patient care.

UCLA Health Nursing empowers the professional nurse to recognize their unique gifts, to give voice to ideals, to strive for personal, professional, and academic excellence, and to accept the challenge of the human experience.
Empowered U

We are empowered through established structures and processes to achieve higher levels of professional development, participate in decision-making, teach and develop others, and contribute to the community.

Alignment of Models
Relationship-Based Care

Relationship-Based Care

- Relationship-Based Care is a philosophy and care delivery model developed by Creative Health Care Management.
- It uses the power of human connection to create caring and healing environments in which patients and their loved ones are truly the center of caring practice.

Review of the Team

www.chcm.com
Shared Governance is Professional Governance

- **Professional governance** is a structure and process.
- **Team Members** participate fully in all activities that have an impact on their work.
- Each member’s performance becomes the **obligation of peers**.
- **Ownership and responsibility** for patient care and patient outcomes are now team processes.
Unit Practice Councils
Structure and Charter

Purpose
The primary purpose of the Unit Practice Council is to plan, implement, and continuously improve the unit/department-specific Relationship-Based Care (RBC) delivery model and related outcomes. Focus is patient and family centered care.

Scope
Promoting the professional practice of nursing as an intellectual discipline by continuously improving patient outcomes and patient safety.

What is the Purpose of the Practice Council?

Improve patient/staff outcomes and patient safety through:

• EMPOWERING
  • frontline leaders

• DEVELOPING
  • plans based department’s needs and goals

• LEADING
  • plans through consensus-based decision-making process that includes communication with 100% of staff and supported by leadership.
## Practice Council Composition

**Staff from all levels of care and shifts**
- RNs, CCPs/Technicians, ACP/ACCP, Unit Director/ANII,
  - Clinical Nurse Specialist/Educator, health care team, PT/OT,
  - Outpatient providers, techs
- should representative of 10% staff

**UCLA Health RBC Leads:**
- Ann Bindra: Nursing Professional Development Specialist
- Maria Madden: Relationship-Based Care Educator

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## Unit Practice Councils

### Membership Terms

**Commitment**
- 2-year minimum
- 4-year maximum*
- Opportunity to reapply and serve beyond 4-year commitment allowed if roles not fulfilled

**Succession Plan**
- Exiting officers mentor oncoming officers
  - Chair will serve as mentor to Co-Chair
  - Chair will transition to Facilitator role

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## Unit Practice Councils

### Meeting Structure

**UPC Meetings**
- Monthly in the work environment
- Maximum of 4 hours

All meetings are “working meetings” consisting of:

**First part of meeting**
- Approval of minutes/review agenda (template on Website)
- Report feedback from staff
- Review ongoing projects

**Second part of meeting**
- Divide into workgroups

**Third part of meeting**
- Report back to UPC group about progress
Unit Practice Councils
Roles

- Chair
- Co-Chair
- Facilitator
- Recorder
  - The above 4 roles must be filled by a Nurse
- Member (with potential lead role)
  - Social
  - Communicator
  - Researcher
  - Quality Improvement

Unit Practice Councils
Roles and Responsibilities

Chair and Co-Chair
Serves as a member on
- New Transformational Leadership Councils
- Organizes and disseminates meeting agendas

Keeps UPC focused on assessing unit needs, developing and implementing action plans and meeting strategic goals
- Meets with Unit Director and plan agendas

*Extra hours may be given to members to work on projects as needed during the month.
Unit Practice Councils
Roles and Responsibilities

Recorder
• Record minutes
• Record decisions in the minutes template
• Maintain parking lot items
• Ensures minutes are emailed to the Unit Staff, Unit/Department Director, and Clinical Nurse Specialist/Educator

Facilitator
• Keeps group on track/time keeper
• Encourages input from all members, reinforces behavioral expectations
• Makes suggestions to Chair about group process
• Assists group to reach consensus
• Suggests use of parking lot when appropriate
• Chair will transition to this role

Research Officer
• Explore evidence-based practice and ways to improve patient care.
• All RNs will have access to Tableau.

Quality Improvement Officer
• Report out on monthly data
• HCAHPS scores, Tableau, Unit Dashboard (sepsis, falls, pain satisfaction scores, etc.)

Social
• Responsible for planning special events
• Recognizing staff who have obtained their certifications
• Provide support to those staff members who may be experiencing undue hardship
• Foster positive relationships amongst staff

Communicator
• Update UPC bulletin board
• Ensure communication tree is updated and topics sent out each month
Unit Practice Councils
Roles and Responsibilities

Member
- Learns about Relationship-Based Care
- Maintains communication with assigned communication network (tree)
- Offers ideas from colleagues in communication network

Unit Practice Councils
Roles and Responsibilities

Unit Leadership
- Provides guidance and support by attending all UPC meetings
- Serve 2 year term on a system or facility council
- Develops a shared vision for RBC with UPC and staff
- Solves unit systems issues that are beyond the scope of the UPC
- Provides time for UPC to meet by adjusting the schedule to cover meeting times
- Provides guidance and reviews content of presentations, posters/abstracts and reports for completeness
- Follows up with attendance and accountability concerns

Unit Practice Councils
Roles and Responsibilities

Unit Leadership
- Mentor Council members to foster understanding of UCLA Health nursing standards, application to practice, and their role in professional governance
- Assist with dissemination of information from Council
- Assist Council members with organization-wide practice changes that affect patient outcomes
- Empower staff to become nursing leaders
- Facilitate interprofessional collaboration when needed
- Remove barriers to the Council’s success
Keys to Implementing Relationship-Based Care

- Trust the staff
- Council of first line staff decide how to bring RBC to life in their department
- Leaders support and encourage, but do not direct

Guiding Structures

- Bylaws
- Charter

https://www.uclahealth.org/nursing/professional-governance-resource-toolkit
The Council is accountable for the outcomes and must review and evaluate the effectiveness of the implementation. Key Points:

1. Why is this important to me?
2. Establish a baseline
3. Track and trend the data.
4. Collect a minimum of 3 data points post-interventions
5. Reassess and implement changes as needed.
6. Repeat this process until it becomes part of the unit culture.
7. Celebrate successes

Unit Practice Council: Accountability

Practice Councils have Level 3 Authority RAA = Responsibility, Authority & Accountability
Four Levels of Authority:

Level 1
Collect Data

Level 2
Collect Data, analyze, make recommendations

Level 3
Collect data, analyze determine actions, PAUSE to communicate, act

Level 4
Assess and act, informing others after taking actions

Practice Councils have Level 3 Authority RAA = Responsibility, Authority & Accountability

When and what decisions can we make?
Data has been used to identify a need for change.
Examples: quality indicators, core measures, surveys, audits
• A two-way communication process has been established with 100% of the staff.
• A consensus-based decision process was utilized in determining the action plans.
• Collaborative planning has occurred among DPC/UPC, staff and leadership.
• As a group, the UPC has been given the authority to make changes on issues that affect the patient and nursing practice but may be limited by budget constraints.

Relationship-Based Care Delivery Model:
UCLA Principles for Nursing

Elements of Relationship-Based Care Delivery Model

• Element #1: Caring and Healing Practice
• Element #2: Responsibility for Relationship, Decision-Making and Plan of Care
• Element #3: Schedules, Assignments and Work Allocation
• Element #4: Communication with the health care team
• Element #5: Leadership/Management
• Element #6: Process Improvements
Transformational Leadership Cycle: Model The Way

- Learn by doing & reflection
- Begin Where You Are
- Lead with Purpose
- Create Awareness
- Inspire a shared vision
- Go with the energy

Lewin’s Stage Model of Change

- Unfreeze
  - Ensures that employers are ready for change
- Change
  - Execute the intended change
- Refreeze
  - Ensures that the change becomes permanent

DEVELOPING ACTION PLANS

1. Assessment
2. Record baseline
3. Incorporate staff recs

Choose project
Educate staff on proposed action plan
Form action plan

Discuss with UD/CONS/Educator
Conduct literature review
Share with everyone
### Meeting: Santa Monica Transformational Leadership Council  
**Date:** 4/5/2018  
**Start:** 7:45 AM  
**Finish:** 9:15 AM

**Purpose:**
TL5 How nursing leaders guide unplanned changes

**Location:** Boardroom

**Chair:** Ann Bindra, MSN, RN  
**Co-Chair:** Maria Madden, BSN, RN

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**Agenda**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Reporting</th>
<th>Discussion Summary</th>
<th>Minutes</th>
<th>Committee / Progress</th>
<th>Accountable (Who / When)</th>
</tr>
</thead>
</table>

1. **Review/Approve Minutes**  
   - (5 min)  
   - Maria Madden  
   - Review and approve minutes from March meeting

2. **Magnet Council and General Updates**  
   - (25 min)  
   - Ann Bindra  
   - Exemplary Professional Practice  
     - Subcommittees: Nursing Pharmacy, Falls, Pain and HCAHPS  
   - Structural Empowerment  
     - Nurse’s week  
     - Demographic Information Form (all staff required to update and submit form with current degree/certifications)

3. **New Knowledge, Innovation and Improvements**  
   - (Next meeting on Tuesday, April 17th)

4. **Magnet Newsletter and Website update**  
   - Member
   - Magnet Newsletter Title
     - Vote on top three Newsletter choices
       - Chronicles of Nursing Excellence  
       - SM-UCLA Nursing Network Newsletter  
       - SM-UCLA Nurse’s Post

   - TL members voted and elected Chronicles of Nursing Excellence as our newsletter name. The newsletter is aimed to strengthen communication between nurses at all levels. (TL 2)

   - SM-UCLA Magnet Website in production. Tentative launch: May 2012. Committees and UPCs will be able to post recent activities and projects on the intranet and discussion forums. It will also allow staff to view Magnet documents as they are uploaded. This shows transparency and clear communication within the system. Secure access will be via a bruin login. (TL 3)

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**Workgroups (40 min)**

1. **TL5 – (Subcommittee: List all members)**  
   - F/U Items:
     a. Assignment of specific content

   - Workgroup Follow-up
     - TL5 – (Subcommittee: List all members)
       - F/U Items:
         a. Assignment of specific content

   - Analyses and documentation of the transitional move exemplifies how direct care nurses provide input to nursing leaders for the purpose of improving patient care areas and work environment. Sharing this information demonstrates clear visibility, accessibility and open communication channels between direct care staff and nursing leaders. (TL 10 EO)

2. **TL6 – (Subcommittee: List all members names)**  
   - F/U Items:
     a. Flyers  
     b. Program

   - UPC summit will facilitate leadership development, mentoring activities and performance management. UPC Chairs from all the units collaborated to form a list of topics defining knowledge needed to improve effectiveness and efficiencies of UPCs. Nursing’s mission, vision and health system plans will form the foundation of the workshops. (TL 3 EO).

   - Summit will take place on May 1, 2012. The contents of workshops have been finalized, and the final program will be emailed. Participants will be the UPC chair, co-chair, two additional staff members, CNS and UD. UPCs are expected to submit a poster for the poster exhibit, present poster to the nursing leadership operation group and contribute cards for the Ring of Knowledge. Four CE units will be awarded. Due date for forwarding poster template to Jodie is April 23. Posters will be professionally printed and therefore no late submissions will be accepted.

3. **Subcommittee to upkeep quarterly newsletter: Planning and assignments for May distribution**  
   - F/U Items:
     a. Outline of content  
     b. Featured units for this edition  
     c. Templates for articles

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**Next Meeting**

**Next meeting:** Thursday, May 3, 2018.  
**Location:** Boardroom

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Communication

How will you communicate to your staff?
What solutions do you have?

Let's Talk more about Communication!!

Email Distribution Lists for the Facility and System Level councils

UPC's should create an outlook group contact

Contact Marina Lawson for support with creating an email group

Unit Practice Councils
Reporting Outcomes

World Café Event beginning June 2019

End of Fiscal year, prior to new members selection
New member selection begins in May and new members will start in July. This will allow unit goals and projects to align with UCLA Health fiscal year goals.

Professional Governance
U Guide Innovation- Tool
Change Request Workflow

Coordinating Council Review Rubric

Let’s Talk about Outcomes
UNIT & HOSPITAL LEVEL OUTCOMES

Outcomes help us understand if our results are:

- above average
- below average

- Patient Satisfaction
- Quality Indicators
- RN Satisfaction
- Other Metrics

Identified by your Practice Area

HEALTH SYSTEM EXECUTIVE TEAM

ORGANIZATIONAL GOALS OVERSIGHT TEAM

Unit Dashboard
How to initiate a Project
From the Mednet homepage in the center column

View Analytics
- OHIA portal
- Capacity
- MOVERS
- Tableau server

- A database for all current and ongoing projects
- All nursing and UPC members to have access
  - Contact Tracy Guy and Bryant Duong if you do not have access

How to initiate a Project
https://www.uclahealth.org/nursing/2018-world-cafe

From the By-Laws appendices
- Lean Quality Improvement Tools A3
- Lean Quality Improvement Tools A4
- Hybrid EBO QI Tool A3 EBP Focus PDCA
- PG Council Meeting Minutes Templates
Resources for Strengthening Leadership Skills

- CORE
  http://www.uclahealthtraining.org/CORE/
- Human Health Human Resources (leadership courses)
  http://hr.uclahealth.org/
- Advisory Board
  - Frontline nurse leaders Leadership Academy
  - Leadership assessments free personality test
  - Annual self-appraisals and peer feedback
  - Association of California Nurse Leaders http://www.acnl.org/
- Harvard Business Leadership Assessment
  https://hbr.org/2015/06/assessment-whats-your-leadership-style

"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."

Margaret Mead
### Transformational Leadership Councils

**Scope**
- Strategic Planning
  - Effectiveness, efficiency, performance
- Advocacy and Influence
  - Guide change process
- Visibility, Accessibility, and Communication
  - Establish methods for nurses to access formal nurse leaders
- Oversight of Quality and Safety
  - Monitor activities and outcomes of each facility council and UPCs.

**Membership**
- Unit Practice Council (UPC) Chair (from each unit/department)
- Unit Director (UD)
- Clinical Nurse Specialist (CNS)
- Assistant Unit Director
- Facility Council Chairs
- Nursing Quality Outcomes/Magnet Coordinator
- Analyst, Patient Experience Representative (ad hoc)

**Leadership:** Clinical Nurse UPC Chair and Co-Chair

**Executive Sponsor:** Chief Nursing Officer

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### Exemplary Professional Practice Councils

**Scope**
- Professional Practice Model
- Care Delivery System
- Interprofessional Care
- Accountability, Competence, and Autonomy
- Ethics, Privacy, Security, and Confidentiality
- Culture of Safety and Quality of Care

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*UCLA Health*
Exemplary Professional Practice Councils

Membership
- Professional Nurses at the direct care level (ANI,CNI/II/III)
- Unit Director
- Clinical Nurse Specialist
- Assistant Unit Director
- Subject Matter Experts (SME) for nursing quality/safety indicators

Leadership: Clinical Nurse Chair and Co-Chair

Administrative Sponsor(s): CNS and UD/Manager

New Knowledge, Innovations and Improvements Councils

Scope
- Research
  - Coach nurses, use published research findings
  - Support human rights
  - Disseminate knowledge
- Evidence-Based Practice
  - Translate knowledge into nursing EBP
- Innovation
  - Discuss, review and support innovations/acceptance of technology
  - Participate in design and use of space to support practice

Leadership: Clinical Nurse Chair and Co-Chair

Administrative Sponsor: CNS or UD/Manager
Structural Empowerment Councils

**Scope**
- Professional Engagement
- Commitment to Professional Development
- Commitment to Community Involvement
- Recognition of Nursing

**Membership**
- Professional Nurses at the direct care level (ANI, CNI/II/III)
- Unit Director, Clinical Nurse Specialist
- Assistant Unit Director
- Nursing Professional Development Specialist (NPDS)
- Center for Nursing Excellence (The CENTER) NPDS
- Nursing Quality Outcomes/Magnet Coordinator

**Leadership:** Clinical Nurse Chair and Co-Chair

**Administrative Sponsor(s):** NPDS and CNS or UD/Manager
Empirical Outcomes Council

Scope

• To review identified system outcome measures and make/approve recommendations for strategic intervention to optimize performance.

• To assure that nursing performance and related outcome metrics align with the strategic priorities of the organization and the nursing department.

Empirical Outcomes Council

Membership

• Magnet Program Director
• Professional Development Specialist
• Nursing Quality Improvement Specialist
• From each entity:
  • UD/Manager, CNS, Transformational Leadership Council chairs, Nursing Quality Outcomes/Magnet Coordinator, Nursing Quality Analyst

Leadership: Clinical Nurse Chair and Co-Chair
Executive Sponsor: Member of Chief Nurse Executive Council

Practice Council

Scope

• To foster exemplary patient care through the development, review, revision, approval, and dissemination of clinical nursing policies, guidelines, and practice alerts
• To ensure that policies and guidelines are based on the latest research and evidence.
• To oversee and provide input by clinical nurses in collaboration with nursing leadership on the approval process for nursing policies and guidelines.
Practice Council

**Membership**
- Chairs/Co-Chairs from the Exemplary Professional Practice Council
- Unit Director
- CNS
- Nursing Professional Development Specialist
- APRN/NP
- Nurse Scientist/EBP Specialist

**Leadership:** Clinical Nurse Chair and Co-Chair

**Executive Sponsor:** Member of Chief Nurse Executive Council

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Research and Innovation Council

**Scope**
- To support, encourage, and facilitate nurses’ participation in research activities (utilization and conduct) so that optimum patient outcomes are achieved.
- The RIC functions under an operational strategic plan that promotes system-wide, multi-disciplinary research, evidence-based practice, innovation and technology adoption.

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Research and Innovation Council

**Membership**
- Chairs/Co-Chairs
  - from the New Knowledge & Innovation Council (4)
- Nurse Scientist
- Unit Director
- CNS
- Nursing Professional Development Specialist
- APRN/NP
- Nursing Informaticist

**Leadership:** Clinical Nurse Chair and Co-Chair

**Executive Sponsor:** Member of Chief Nurse Executive Council
Professional Development Council

Scope
• To increase current clinical nurse education levels and professional certifications
• To promote professional nursing clinical advancement and career development
• To ensure that educational activities are relevant to the advancement of nursing excellence.
• To increase meaningful recognition of nurses
  - DAISY, Nurses Week

Professional Development Council

Membership
• Chairs/Co-Chairs
  - from the Structural Empowerment Council (4)
• Unit Director
• CNS
• Nursing Professional Development Specialist
• APRN/NP
• Nursing Informaticist
• Leadership: Clinical Nurse Chair and Co-Chair
• Executive Sponsor: Member of Chief Nurse Executive Council

UCLA Health Professional Governance Model

Coordinating Council
Professional Governance
Coordinating Council

Scope of Activities
- Nursing Strategic Planning
- Collaborates in the strategic planning process in alignment with organizational
- Provides oversight and support for professional governance councils to assure
  ongoing effectiveness
- Establishes methods for effective two-way communication between clinical
  nurses
- Charters new workgroups and makes referrals to councils/others for
  performance
- Assures accountability for council deliverables

Professional Governance
Coordinating Council

Scope of Activities, continued
- Advocates for resources to support nursing practice and outcomes.
- Engages in policy and legislative activities in alignment with mission, vision and
  strategy.
- Visibility, Accessibility, and Communication
- Facilitates leadership visibility and accessibility for nurses at all levels.

Members
- CNEC members (8)
- Unit Director from each system council (4)
- Clinical Nurse Specialist from each system council (4)
- Chair from each system council (4)
- Transformational Leadership Chairs from each entity (4)
- Leadership: Elected Chair and Co-Chair
- Executive Mentor: Chief Nursing Executive
POST- Course Quiz

onlin epoll.ucla.edu/polls/2050

Evaluation Link

References

- 2013 American Nurses Credentialing Center (ANCC)