Riverside Medical Center encourages RNs from all practice settings and in a variety of roles to actively participate in various organizational decision-making groups at a unit level and/or organizational level. Our challenge historically has been to free up staff nurses’ time from direct patient care in order to support this process—and starting in 2006—we planned to achieve this goal. Membership and participation in each of these Councils or committees highlighted in this document is paid staff time, which means the charter, purpose, and results of these groups is approved and supported each year through our budgeting process, senior executive team, and our Board of Directors.

**Organizational Level – Patient Care Council Structure**

In the fall of 2006 as part of our organizational budgeting process, we chose to dedicate resources to support development of the Patient Care Council to drive clinical practice and nursing engagement within Riverside Medical Center. By October 2006, the process for populating the Councils with direct care staff nurses began as supported by Senior Management and our Board of Directors. Charters describing the Councils and requesting nursing representatives from all specialty areas were distributed to Nursing Leaders organizationally. Managers and Team Leaders personally shared the new Council purpose and structure with nurses, and in turn, nurses requested to join the Councils with approval determined by their nursing leader based upon being a role model of practice in good performance standing, and based upon being committed to the vision, time and active participation required as a Council member. In January 2007, facilitated by the CNO, David Duda and Magnet Coordinator, Vicki Haag, the Patient Care Council launched their first-ever monthly meeting with 61 Council regular and ad hoc members not only from Nursing, but from Pharmacy, Respiratory, Radiology, Human Resources, Dietary, Education, Information Services, Laboratory, and Library Services, and other nursing departments across our health care continuum (e.g. Home Care). The overall Patient Care Council is comprised of four individual Councils: Evidence Based Practice and Research Council, Professional Development Council, Quality and Safety Council, and Practice Council.

At the kickoff meeting, each Council member participated in training on meeting participation, group decision making guidelines, and dealing with group dynamics. Then, each Council separately met to get to know one another, review the individual Council charter and goals of their Council, and determined meeting ground rules for their team. Since 2007 through 2010, the Patient Care Councils have met each month jointly for start-up announcements and presentations, break out for individual council meetings, and then rejoin at the end of the Council Day for a collaborative report-off of work completed within all four Councils and describe plans for the next month to allow for communication sharing and report back to the departments/units they represent.

**Purpose and Structure of Patient Care Council’s Four Sub-Councils:**

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**SE 1: The structure(s) and processes(es) that enable nurses from all settings and roles to actively participate in organizational decision making groups such as committees, councils, and task forces.**
The purpose and structure of each Patient Care Council sub-Council is described below.

**Evidence-Based Practice/Research Council Key Tasks/Responsibilities:**
- Educate and inform Riverside staff of evidence-based practice (EBP) and research implementation
- Develop approval process and practices for implementing EBP and research projects
- Consult with departments and units to plan, develop, implement, evaluate, and incorporate EBP and research into practice.
- Partner with area schools to integrate EBP and research into collegial relationships.

**Practice Council Key Tasks/Responsibilities:**
- Establish, implement, and monitor exemplary communication processes related to shift-to-shift report, hand-off communications, medication reconciliation, etc.
- Develop and monitor interdisciplinary and peer practice review protocols.
- Implement nursing and ancillary case reviews.
- Review, pilot, and or implement new equipment, policies, and procedures, involving staff from nursing and ancillary areas.

**Professional Development Council Key Tasks/Responsibilities:**
- Promote a continuous learning environment at Riverside HealthCare
- Establish a process and structure for allocating monies for professional advancement (certifications, degree completion programs, etc.)
- Develop structures and processes for recognizing and rewarding professional advancement.
- Develop structures and processes for promoting the image of professional nursing, internally and externally.

**Quality & Safety Council Key Tasks/Responsibilities:**
- Review, plan, develop, and implement quality and safety practices
- Monitor, evaluate, and improve clinical processes and outcomes
- Promote ongoing performance improvement processes and practices
- Reduce errors through problem solving (i.e., medication errors, falls, restraints)
- Review Unusual Occurrences

**Patient Care Council Membership Structure and Process**

This Patient Care Council that launched in 2007, continues in meeting for one day per month, and as when the Council first started, it still has the same four sub-Councils. However, some of the names have changed although the areas of participation are generally the same as shown in the annual rosters as summarized below.
**Evidence-Based Practice/Research Council Membership includes:**

RNs:
- Direct Care
- Ancillary Depts.
- Team Leader
- Clinical Resource Management

ANCILLARY/OTHER:
- Rehab Services Therapist
- Librarian

**Practice Council Membership includes:**

RNs:
- Direct Care
- Ancillary Depts.
- CNS
- Infection Control
- Radiology
- Cancer Center
- Team Leader

ANCILLARY/OTHER:
- Ambulance EMT/Paramedic
- Respiratory Therapist

**Professional Development Council Membership includes:**

RNs:
- Direct Care
- Resolve Center
- Home Health
- Educational Services
- Miller

ANCILLARY/OTHER:
- Dietitian - Ad hoc
- Director, Educational Services
- Vice President, Human Resources - Ad hoc
- Recruiter, Human Resources

**Quality & Safety Council Membership includes:**

RNs:
- Direct Care
- Ancillary Depts.
- Team Leader
- Quality Improvement
ANCILLARY:
- Pharmacist
- Radiology Tech
- Lab MT or MLT
- Respiratory Therapist

To share the developmental opportunity and perspective that being a member of these Councils provides, membership on a Council is expected to last for a minimum of a 12 month term, with a more experienced leader from the organization assigned as Facilitator of the Council, and a Chairperson and Co-Chairperson assigned who are in staff level roles to lead each of the four Councils. The Facilitator mentors the staff member Chairpersons in order to develop their leadership skills in running a meeting-including decision making and managing conflict/group dynamics. The Chairperson is responsible for running the meeting with assistance from the Facilitator and the Co-Chairperson. At the end of the 12 month term, Council members are asked if they wish to continue for another 12 month term, step off the Council to give someone else the developmental opportunity. In the case of the Chairperson, the Chairperson may transition off the Council or to a member role, with the Co-Chairperson then assuming primary meeting leadership duties for the Council, and a new Co-Chairperson appointed from existing Council members.

The goal each year of all four Councils making up Patient Care Council has been to have about 50% turnover of members to provide for that development each year. What we discovered in many Councils is it takes 12 months to move the Councils to a norming stage of team development because of meeting frequency, and the volume of work and knowledge required for assignments being completed each month. As a result, we do not force turnover each year but allow each Council with their Facilitator and Chairpersons to evaluate progress and encourage turnover by inquiring if staff want to transition off the Council to give someone else an opportunity. As our Councils have matured—it has been increasingly challenging to have turnover as the staff are engaged and enjoying the opportunity to make a difference.

**Structure of Patient Care Council Day and Communicating Results**

Each month, Patient Care Council Day begins at 8AM with all four Councils convening in Johnson Lecture Hall at the Medical Center. The first hour of the meeting includes updates on a variety of topics ranging from national conference updates presented by the staff nurses Riverside sent to the ANCC National Conference, to hearing the Nursing Strategic Plan from our of VP of Nursing Services, to an update and Question and Answer time on organizational and economic concerns from our COO/CNO, to updates on online clinical databases and voting/giving recommendations as Councils regarding which one to purchase (for example, Nursing@Ovid was selected by the Councils in 2009 for 2010 implementation). Then, the Councils break out individually to work on their Council agenda items. Typically, the final 30 minutes of the meeting all four Councils along with Nursing Leadership reconvene back in Johnson Lecture Hall...
together, and each Council has one staff RN report off on their accomplishments for the day and key messages for all Council members to take back to their units/departments. From there, the key points are shared at unit meetings/huddles, shared with nursing leaders at Patient Care Forum, and submitted to the Nursing Newsletter in a Magnet Update. Finally, each year, each Council prepares a posterboard (photo shown below) highlighting their role and that year’s accomplishments and staffs a booth at the annual Nursing Excellence Poster Fair so employees, leaders, local nursing schools, physicians and community members may be informed about our progress.

In addition, each Council prepares an annual report with the Council members then presenting an update to the Senior Executive Team in the Board Room which is well-received each year as evidenced by applause from the senior executives following the presentation and financial support each year approved to fund the continued efforts of these Council members in support of meetings.

Recognition of Patient Care Council Participation
Patient Care Council participation brings many rewards—a chance to make a difference and improve care and processes for staff and our patients, a chance to build relationships with other professionals on our interdisciplinary team—developmental opportunities by virtue of working in this team. Finally, participants who attended 80% or more of each year’s Council Days earn an invitation to the annual Nursing Celebration where a dinner is held in their honor, the CEO, COO/CNO, VP of Nursing Services, and Magnet Coordinator, Vicki Haag, individually recognize them for being part of our journey by awarding a journey pin and recognizing publicly by reading their name. (Photo shown below of Barb Peters, MHU RN being recognized by Vicki during the 2008 Celebration for her achievements during the year).

Unit-Based Structure for Decision Making – Unit-Based Council Structure

In the fall of 2006, Riverside also chose to approve resources to support paid time for direct care staff to meet in clinical areas in Unit-Based Councils to support collegial shared decision making. These Councils (also known as UBCs), are smaller than Patient Care Councils and were developed to gain staff input and foster decisions to improve care, practice and the work environment by meeting monthly. These UBCs meet in a centralized meeting day and location (Johnson Lecture Hall) each month for two hours following the Patient Care Council meeting.

Part of each UBC meeting is global announcements and updates provided to all the UBCs, followed by breakout meetings for each UBC individually, with a final 30 minute report-off with all UBCs re-convened together in Johnson Lecture Hall to share what each area is working on, foster collaboration across units, and provide for communication takeaways to share at unit meetings.

UBC Membership
In order to launch the UBCs, Directors, Managers and Team Leaders personally shared the new Council purpose and structure with nurses, unit secretaries, and techs in their units, and in turn, staff requested to join the Councils with approval determined by their nursing leader based upon being a role model of practice in good performance standing, and based upon being committed to the vision, time and active participation required as a Council member. More specifically, the commitment and purpose of each UBC requires:

- Develop and support a unit/department culture that incorporates shared decision-making in all aspects of patient care
- Continue improving your unit/department’s provision and outcomes of quality and safe patient care
- Investigate, evaluate, and implement evidence-based practices at the unit/department level
- Promote a continuous learning environment in your unit/department
- Assess, identify, plan, implement, and evaluate current and new practices and policies for patient care at the unit/department level
- Promote a positive practice environment in your unit/department.

When our UBCs first launched, they met separately and individually on units. In 2007, we found that in some cases, UBCs met infrequently and yet, were working on similar projects. The synergy achieved by the Patient Care Council we decided to replicate starting in January 2009 by having all UBCs meet together following the Patient Care Council meeting—and by having a joint report-off/update time to share information across areas.

UBCs actively meet from the following units

1. Emergency Department
2. 2ICU
3. 3Tele
4. Miller Rehabilitation@Sojourn (formerly known as Miller Center)
5. Home Health
6. Cardiac Services
7. 4Rehab
8. 2Med-Surg
9. 5ICU
10. 5Tele
11. 4Med-Peds
12. OPS (Outpatient Surgery)/PACU
13. OB
14. Special Procedures Lab
15. Mental Health Unit (MHU)/Girls Specialty Unit (GSU)
16. 3Ortho-Neuro

UBCs Drive Professional Engagement and Let it Shine at the Annual Poster Fair
The highlight of most UBCs’ work each year is preparation of a poster board that outlines their accomplishments and contributions towards improving quality of care at Riverside Medical Center for the entire year. In 2009, we had 19 posters on display in the South Lobby with participants made up of the Patient Care Councils, UBCs and Miller Rehabilitation at Sojourn. Unlike the Patient Care Council’s posterboards, this is a competitive event for the UBCs with awards given for best projects—and announced by Nursing Senior Management at the Nursing Excellence Celebration Dinner the same evening following the Poster Fair. In addition, each Council prepares an annual report with the Council members then presenting an update to the Senior Executive Team in the Board Room which is well-received and some staff have shared their projects with our Board of Directors – such as the 5Tele Falls project which started in 2008 and has now been implemented in all inpatient units in 2010.

Highlights of the 2009 projects are described below as chosen and implemented by the staff on each UBC.

**Best Unit Collaboration Goes to 2 Med Surg for Walking Rounds Poster**

![Image of 2 Med- Surg team members (l to r) Jenny Rogers, Kortney Schmidt and Debbie Kleszynski.](image)

**Members:** Debbie Kleszynski, RN; Candice Bylak, RN; Kortney Schmidt, RN; Andrew Higgins, RN; Jenny Rogers, RN

**Project Type:** Evidence-Based Practice

**Purpose:** Improve the hand-off process during shift change by implementing walking rounds.

**Background:** Report in the nurses’ station was becoming a concern among staff. Report was lasting at least an hour. Many interruptions were occurring. Nurses felt they were not getting a complete report. Noise was also an issue since nurses from both shifts were in the nurses’ station during report time. Design: The
UBC developed a history form that is passed from shift to shift so all nurses have a complete patient history. UBC members developed and distributed guidelines so a standardized method would be used. The UBC moved report out the nurses’ station and implemented walking rounds. The oncoming and off-going nurse checks on each patient together, introducing the oncoming nurse and addressing pain together with the patient. Any questions or concerns of the patient and/or family can be addressed at this time.

**Measure(s):** Team leaders ask patients during team leader rounds how the patients feel about walking rounds. The UBC is also collecting information from staff pre- and post- implementation of walking rounds, using a survey.

**Results:** Patients are reporting they like being able to see their oncoming nurse at the beginning of the shift. Patients have reported they are “very impressed by this” and that they “feel very safe” knowing their nurse has seen them at the beginning of the shift. Nurses have reported an overall decrease in the length of report, and that seeing all of their patients at the beginning of the shift helps them prioritize their care. Although nurses report there are still interruptions, the interruptions have decreased. The noise level has been dramatically reduced. Physicians have commented they like this process.

**Conclusions:** This continues to be a work in progress. The UBC’s ultimate concern is to provide their patients with the very best care. Their goal is to continue to develop their comfort level in giving their shift report with the patient, and providing the patient with a more active role in their plan of care. This project has been so well-received, that other nursing units at the hospital have taken this best practice and are working with their staff to implement it in 2010.

**UBC/Department:** 3rd Telemetry (picture to the right of Joy Shea, RN with UBC Poster)

**Members:** Joy Shea, RN; Liz Fosen, RN

**Poster Title:** Patient Education

**Project Type:** Quality Improvement

**Purpose:** To better educate patients and provide easy access for staff.

**Background:** UBC members felt that nurses often dismissed the importance of patient education. Patient satisfaction scores showed this was an area for unit improvement.

**Design:** The UBC created a binder bin system, which makes education pamphlets and information easily accessible to nursing staff.

**Measure(s):** Patient satisfaction scores. Telephone call-backs.
Results: In progress. Staff report appreciation of the binders.

Conclusions: To be determined. However, patient satisfaction scores overall for this unit during 2009 have been at the 89% percentile rank or greater compared to the national Press Ganey benchmark. This outcome cannot be solely attributed to this project due to implementation of hourly rounding, key words, discharge callbacks and other initiatives during the same timeframe also designed to improve the patients’ perception of care. In addition, readmission rates were a non-issue prior to implementing this project—and remain a non-issue post-implementation.

**UBC Project - 2 ICU: Enhancing Patient Care with Improved Communication**

**Members:** Teri Goldenstein, RN; Marisa Harpin, RN; Jill Kramer, RN; Coleen McCabe, RN, Rachel Whitlock, RN

**Poster Title:** Enhancing Patient Care with Improved Communication

**Project Type:** Quality Improvement

**Purpose:** Provide improved communication between families and 2ICU staff.

**Background:** There were no solid guidelines for the 2ICU visiting plan.

**Design:** A RN visited another hospital in Kentucky to gather information. She discussed guidelines, which seemed appropriate for Riverside’s specific unit. The UBC organized specific guidelines.

**Measure(s):** The UBC collected data from other facilities and staff.

**Results:** By using a better standard of guidelines, the staff may have better communication with each other and their patients.

**Conclusions:** In progress.

**Recognition of UBC Participation**

The final component of UBC’s structure is recognizing contributions of all UBC members. UBC members who attended 80% or more of each year’s Council Days earns an invitation to the annual Nursing Celebration where a dinner is held in their honor, the CEO, COO/CNO, VP of Nursing Services, and Magnet Coordinator individually recognize them for being part of our nursing excellence journey by awarding a Discovery pin and recognizing them publicly by reading their name.

Also of note, the UBC participants are expanding the practice of nursing beyond Riverside. Four of our UBC poster abstracts were submitted for consideration of inclusion at the 17th National Evidence-Based Practice Conference at the University of Iowa School of Nursing. The Iowa selection process included a blind review in which the names of units and hospitals were removed. The abstracts were for the posters from
the following UBCs: MHU, Home Health, 2 Med/Surg and 5ICU. **On December 14th, we learned that all 4 of the posters were accepted!** The four posters will be converted into professional quality posters and some of our UBC members will attend the conference and present their posters in Iowa City, Iowa on April 22nd and 23rd, 2010. In addition, we received notice in February 2010, that our Emergency Department’s UBC poster was accepted for the 16th Annual Evidence-Based Practice Research Symposium at Memorial Medical Center in Springfield, IL to be held later this year.

**Additional Committees and Taskforces**

Direct care RNs and Leader RNs also serve or lead numerous Riverside Medical Center committees as requested. Time to participate is supported and funded by our organization in order to create a culture of ownership and engagement. A few of these committees are listed here:

- Environment of Care Committee (focuses on TJC compliance for safety)
- Patient Safety/Medications Committee (focuses on Medical Safety of IV/Med Admin Processes including our electronic technology/barcoding)
- Bedflow Committee (looks at how patients are admitted and beds freed up across units including ED to support patient flow and be placement and remove bottlenecks)
- Disaster Preparedness Committee (chaired by an RN, this team assures compliance with TJC emergency preparedness, and plans and conducts disaster drills up to and including utilization of our surge hospital)
- Ethics Committee
- Palliative Care Committee
- Program and Education Committee (plans for medical residents and CME events)
- Restraint/Falls Committee
- Employee Safety Committee (examines employee injuries and looks at how to reduce injuries)
- Minimal Lift Committee (conducted peer review of minimal lift equipment in 2009 and also chaired by an RN)
- Culture and Communication Committee (works on assuring assertive communication between all staff and the medical staff)
- Infection Control Committee
- Quality Improvement Committee (looks at quality data and shares it with the Board and Medical Staff)
- Patient Care Forum (clinical leaders meet monthly to focus on a team on clinical care topics)
- Nurse Recruitment and Retention Committee
- Senior Management Meeting—we have five vice presidents/senior presidents who are RNs in our facility (includes our COO/CNO). This meeting drives the organization’s strategic direction and our CNO/COO is a regular participant at our Board of Directors’ meeting.
• Advanced Practice Nurse Committee – led by LaRee Shule, APN, this committee meets monthly and is open to both Riverside-employed and community-based APNs to support their nursing practice and drive research.

• CHNN (Community Health Network Nurse) Committee - We are also expanding meetings to support nursing practice discussions beyond the acute care. Specifically, in 2009, we launched the CHNN (Community Health Network Nurse) meeting. This meeting pulls together our COO/CNO, Regional Directors, and RNs from our physician practices to connect them to our system. This team is newly formed, and conducted elections for nurses to lead this team with election results announced in 12/2009 as follows: Robin Major, Chair and Lisa Waskosky, Co-Chair. To promote connectedness to hospital structures for nursing practice and to shift to a systemic look at the care environment, the CHNN Co-Chair began serving on the Patient Care Council in January 2010 – specifically on the Practice Council.

• Patient Satisfaction Committee is chaired by our VP of Nursing Services and looks at Inpatient and ED Patient Satisfaction Data with an interdisciplinary team of nurses and ancillary staff from all surveyed areas working to improve results...

• And many others!

**Nursing Leads the Way for Shared Decision Making at Riverside**

Like many organizations, we historically have had many teams, committees, councils and taskforces with primarily managers and leaders in these groups—but not direct care-level RNs. Since 2006, we have committed significant support and resources to add the Patient Care and UBC Council structures to provide for more engaged staff through shared decision making, with Councils made up of leaders and direct care nurses and ancillary staff working together.

The outcomes in owning care delivery processes, further described in SE1 EO, were also described in this SOE via the examples of our UBC posters. Implementing shared decision making has been, and is, worthwhile and rewarding to both patients and direct care nurses. In our annual employee opinion surveys (whether from the Riverside organizational Employee Opinion Survey or the NDNQI survey as described in TL 4 and 4EO, and TL 7), we have noticed improvements in nursing units on feeling engaged—or involvement in decisions that impact their work. Due to the positive results experienced by nursing, we continue to drive shared governance (also called ‘shared decision making’ organizationally) into other areas—with nonclinical leaders today asking nurses about UBCs so that they can develop similar groups in areas such as Environmental Services, the Ambulance, Rehabilitation Services, and Admitting.