A Pathway to Clinical Shared Leadership Integration and Sustainment

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Introduction
Clinical Shared Leadership has been at MUHC since 2018 and has formal structure of executive council, expert councils, division councils, and unit and clinic councils. Prior to that it was called Shared Governance and only had unit councils. With a growing system integrating with a community hospital and consolidating to one Columbia campus, the need to assess our Clinical Shared Leadership programs became a priority.

Inquiry, Purpose
Problem
Integrating an academic medical center and a community hospital can present cultural challenges as care and resources may differ between facilities.

Inquiry
What is the best way to solicit information from CSL participants from both campuses to integrate effectively and?

Purpose
Give each campus an ability to steer clinical decision making with equal input.

Literature Search
Databases searched: CINHAL, PubMed,
Keywords: academic medical center community hospitals merger AND shared governance

Recommendations
Initial Recommendation
Two possible tools may be used for to evaluate shared governance perception for staff. PES-NWI evaluated several components of staff satisfaction (31 items). The IPNG specifically relates to shared governance (Cost $500.00). Both surveys could be used for both MUHC and/or CRMC but needed to be compared to cost and time.

Final Decision
With cost and time being a concern for survey adoption, modification of the American Nurses Association: Questions to ask about shared governance models in nursing was utilized. The questions were modified from open ended to a five-item Likert scale. Demographics were also developed to accompany the survey.

Stakeholders
• Clinical Shared Leadership participants
• Clinical Shared Leadership, Executive Council
• Capitol Region Medical Center, Shared Governance participants
• Nursing leadership
• The Office of Professional Practice

Return on Investment
Return on investment is not a direct measure for this project, but Clinical Shared Leadership has been found to improve nursing quality of care, improve nurse retention, and provide a professional development pathway for nurses to learn leadership skills in a supportive environment.

Nurse Survey and Results
Nurses are encouraged to participate in CSL. Nurses are able to become involved in CSL processes. Nurses are able to influence the outcomes of the processes. The CSL process is effective. My organization communicates CSL. CSL improves nursing care delivery in my practice. I feel CSL within my organization is a priority. My organization has outcome data to support my CSL. My organization uses the outcome data to implement changes in nursing practice.

Themes
The articles referenced were guidelines, quality improvement, descriptive, comparative, cross-sectional, and tool development or evaluation.

Tools that were quantitative had costs associated with them or were greater than 30 items.

Methods
IRB approval was sought and granted for a quality improvement project: Project #2100668. Qualtrics survey was used to facilitate the survey and collect results. The survey was distributed by QR code, flyers, email, SBAR, tiered huddles, MU Healthcare Today and nursing leaders throughout both campuses. Survey results were collected for one month, with a push of promotion given on Clinical Shared Leadership, Super Tuesday.

Results
Demographics
Mean Age: 46.3 years
Mean length of nursing career: 18.5 years
Mean length at MUHC: 10.4 years
Current CSL Officer: Yes: 11 / No: 36

Discussion
Planned Systemic Interventions:
• Work to increase Gen X, Z, and soon to be in CSL
• Engage Nurse Residents in CSL
• Work with unit leaders to understand the importance and impact of CSL to build support

Jefferson City Integration Interventions:
• May 2024: Propose and select a CSL structure for the Jefferson City Campus, Executive Council
• June 2024: Host a CSL retreat for the Jefferson City Campus, Executive Council
• June 2024: Elect CSL leaders in for the Jefferson City Campus
• July 2024: Hold first CSL meetings for the Jefferson City Campus

• Reevaluate CSL, January 2025
• Select next area of CSL focus for building and sustainment
• Potential areas: Ambulatory, Procedural, In-patient, Prehospital care

Limitations:
• Length of time survey offered
• New integration of health system and communication methods
• Non-validated and reliable survey
• Survey did not ask questions focused on integration and influence

References


Jefferson City Campus, Executive Council

January 2024
CSL Council

April 2024
CSL Retreat

June 21/24
Election of CSL leaders

July 2024
Hold first CSL meetings

January 2025
Reevaluate CSL, January 2025

January 2025
Saturday, January 14, 2025
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