Impact of Unit Practice Councils on Culture and Outcomes

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This article describes positive outcomes in culture, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, employee engagement, and clinical quality as a result of using shared governance, specifically unit practice councils (UPC) or staff councils, to implement Relationship-Based Care (RBC).

Changing the culture of any organization is well known to be a long process, taking sustained focus and work. However, changing the culture and work environment of individual departments can occur fairly rapidly if we establish an effective structure and a spirit of shared leadership. This article will highlight the power of unit-level shared governance councils to produce profound impacts on patient/family outcomes and staff engagement. Effective staff councils also serve to develop leadership skills in frontline staff and to inspire commitment and ownership in their departments' outcomes.

Shared governance encompasses a formal council structure that involves frontline staff members in decision making. My colleagues and I work through unit-based shared governance councils, which we call unit practice councils (UPCs), to implement major changes in practice and relationships using the Relationship-Based Care (RBC) Model (Koloroutis, 2004). RBC is a principle-based philosophy and delivery system that promotes the creation of compassionate therapeutic relationships with patients and their loved ones and a healthy work environment for colleagues.

The outcomes these UPCs achieve are quite remarkable. We see improvements in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, National Database of Nursing Quality Indicators (NDNQI) and other employee surveys, retention and other nurse-sensitive indicators, and other measurable clinical outcomes. Executives report stronger interdepartmental cooperation and (ultimately) improved financial results as staffing stabilizes and patient care is better managed and coordinated.

These outcomes are driven by staff as they engage in meaningful changes on behalf of patients. For example, K. Vidal (personal communication, July 9, 2012), director of nursing practice development at University Hospitals Case Medical Center in Cleveland, Ohio, recently asked a staff nurse in one of the units with the

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highest performing HCAHPS scores to explain their secret to success. The nurse responded, "The manager lets the nurses solve the problems," attributing the unit's success directly to the decentralization of power on the unit. She went on to describe that it is the manager's honesty in sharing issues with the staff and supporting their attempts at resolution that engages staff in wanting to be part of the solution.

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As UPCs work to implement RBC in their departments, they make decisions about how to implement changes in ways that will work in their unique setting, such as evidence-based caring behaviors for patients and families, learning what is most important to the patient and family, systems for Primary Nursing and continuity of care, coworker appreciation systems, making bedside report effective and consistent, systems for interdisciplinary rounds, quiet time, hourly rounds, and supporting each other in self-care, to name a few. The creativity and innovation of staff are always remarkable but never surprising. No one understands the staff's challenges and the challenges of their patients better than they do, so no one is in a better position to come up with relevant, effective solutions.

PREDICTORS OF EMPLOYEE SATISFACTION AND ENGAGEMENT

The body of knowledge about predictors of employee engagement and retention and also about the relationship of employee engagement and retention to the patient experience is growing. A comprehensive guide to workforce practices that drive hospital quality, generated by the Agency for Healthcare Research and Quality and the Health Research & Educational Trust, identifies high-performance work practices for health care. Staff engagement and frontline empowerment practices are cited as factors that promote the ability and motivation of frontline staff to improve the quality of care (McHugh, Garman, McAlearney, Song, & Harrison, 2010). These authors emphasize the importance of creating structures such as shared governance and staff practice councils that allow employees to influence decisions that matter. These councils should give frontline staff greater latitude in decision making related to how their work is organized.

Decentralized decision making is a core component of Magnet research, although not all organizations fully realize the benefits of staff councils at the unit level. In years of experience implementing RBC, we see that the strongest impacts come from UPCs that have a clear understanding of their scope of responsibilities and the support of their manager. Top leadership must fully understand and actively support the empowerment of caregivers to make decisions for the patients and families in their care. When this support is solid and visible, the outcomes achieved by unit level councils can be rapid and significant.

The Press Ganey company, a leader in patient and employee surveys, has data from hospitals of all sizes across the United States. They are able to identify factors that impact the patient experience as well as that of employees. Studies by Press Ganey demonstrate some noteworthy correlations between employee satisfaction and HCAHPS scores. According to Press Ganey (2010), " . . . as employee engagement, satisfaction and partnership increase, so will the likelihood that employees will recommend their facility" (p. 4). They further identified a strong relationship between employee likelihood to recommend a facility and patient likelihood to recommend it (a key component of HCAHPS).

CREATING AN EFFECTIVE STRUCTURE FOR UNIT PRACTICE COUNCILS

It's not unusual for unit-level councils to flounder from lack of clarity about their responsibilities and level of authority for decision making. The members also need foundational education on core skills for running councils effectively. Beginning education should inspire them about their potential impact and include content on council responsibilities and scope, levels of authority, leadership roles, communicating with all their peers, taking minutes, leading change, decision-making methods, and systems of accountability. The council should represent all of the roles in the department and should have sufficient membership to facilitate verbal communication with all their peers between meetings through a communication network. A membership of 15%–20% of the entire staff is ideal.

The manager should serve as an advisor and coach to members, being present for a part of each meeting, but the manager should not lead the council; it's essential that the staff are trusted to make the best decisions.

One of the keys to success of unit level councils is meaningful projects. Implementing RBC is done largely through UPCs. Council members are given time and coaching to develop an action plan for their own departments on how they will implement the principles of RBC. This work gets to the heart of why many of them went into health care. Council members make decisions that help them move away from "tasks" to a focus on professional practice and compassionate care. In addition to relationships with patients and families, RBC also focuses on relationships with colleagues and with self. UPCs plan innovative changes to strengthen teamwork, mutual respect, open communication, and self-care.

DEPARTMENT-LEVEL IMPACT AND OUTCOMES

To capture the staff's point of view about the impact of unit-level staff councils, I recently met with frontline staff at several hospitals who described the experience of serving on a UPC as a part of implementing RBC. I also interviewed an executive leader. Figure 1 contains examples of their direct quotes.

ORGANIZATION-WIDE IMPACT AND OUTCOMES

Here are examples of typical outcomes in organizations that use UPCs as a component of implementing RBC.

F. Miller (personal communication, June 27, 2012), an assistant vice president at Avera McKennan Hospital in Sioux Falls, South Dakota, reported that the work of their UPCs in implementing RBC contributed to higher scores on patients recommending the hospital, reduced ventilator-associated pneumonias, reduced central line–associated bloodstream infections, and higher nurse satisfaction scores, as measured by the NDNQI survey.

A comprehensive cancer center in the Midwest is implementing RBC in all their ambulatory departments as well as their inpatient areas. Baseline data was collected before they began their work. After only one quarter with the staff councils working toward RBC, all six departments had significant improvements in their Press Ganey mean scores for the two questions selected by each council to track the impact of their action plans.

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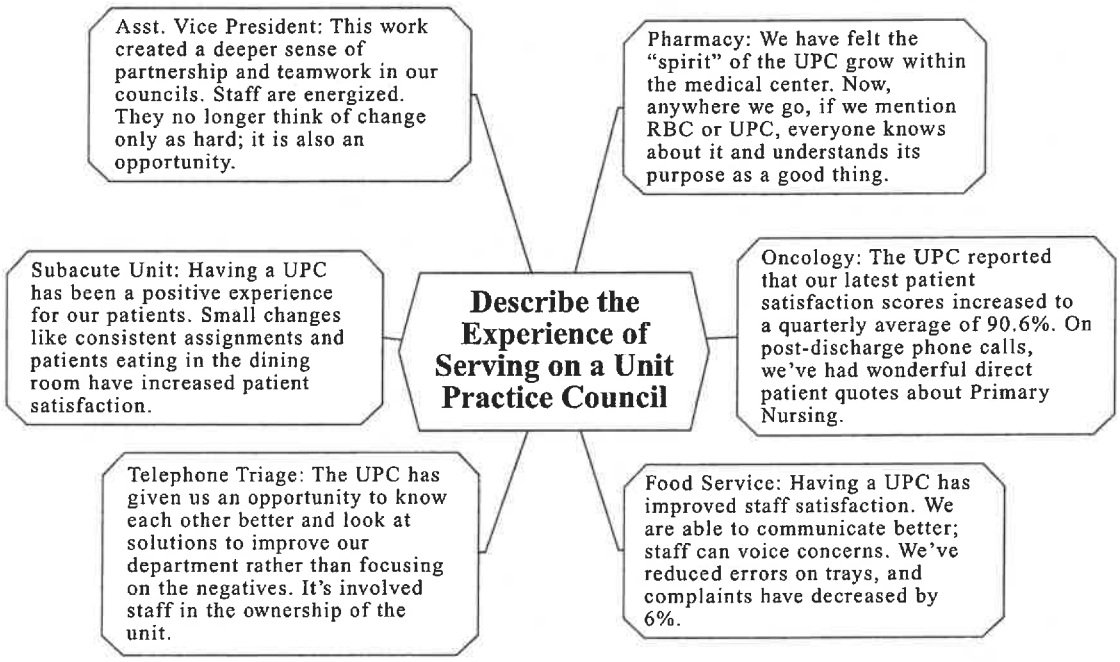

Figure 1. Experience of serving on a unit practice council (UPC).

Note. RBC = Relationship-Based Care.

A residential nursing home in northern Kentucky reported that having a UPC significantly influenced findings on their "all employee survey." This facility trusted their UPC to undertake many significant changes to implement RBC. The results of the next survey showed a statistically significant improvement in 14 of 16 indicators of employee satisfaction.

A Veterans Affairs (VA) medical center in Ohio implemented shared governance two years ago. They did comprehensive education for their leadership team through the workshop *Leading an Empowered Organization* and have systematically been using UPCs, six at a time, to implement practices on the unit level that will begin to establish a culture of RBC within the organization. One of their executive leaders chairs a coordinating council and tracks all outcomes, including HCAHPS scores. He recently shared his organization's newest patient satisfaction scores and proudly reported that for the first time, they scored in the green (above the VA benchmark) for patients' "willingness to recommend the hospital." Several other scores have been trending up as well, including communication, responsiveness of hospital staff, and pain control. Their outpatient pharmacy had an overall satisfaction rating of 94% of patients rating the service a 9 or 10 (on a 10-point scale)—the highest score of the last year and significantly over the benchmark.

Successful organizations budget time for councils to meet, ask them regularly about system barriers or issues that are beyond their scope, and measure the outcomes achieved.

Unit-based shared governance councils led the redesign of day-to-day patient care practices during implementation of RBC in 35 patient care units at New York Presbyterian Hospital/Columbia University Medical Center. Over five years, the mean scores in each of the 15 questions in the nursing section of the Press Ganey inpatient survey improved between 2 and 6 points (Persky, Felgen, & Nelson, 2012). These authors also describe a major impact on organizational culture and on caring among caregivers for patients, colleagues, and themselves.

Crittenton Hospital Medical Center in Michigan reported that their annual nurse turnover rate declined from 14% to 3% after implementing RBC using UPCs. Over the three years of implementation, their overall inpatient satisfaction scores went from the 7th to the 83rd percentile.

KEYS TO SUCCESSFUL COUNCILS

RBC is implemented largely though the work of frontline staff members, with carefully structured coordination and support from a steering council. Experience in many organizations has demonstrated factors that predict sustainable change and improved outcomes. The following are four key success factors.

Integrate council work with organizational mission, values, and goals.
Top leaders should help all employees understand how the work of the councils supports the top strategic goals. The message should be clear and repeated in many situations. A structure to affirm and celebrate successes should be in place to reinforce the importance of staff decision making.

Create a balance of top-down guidance and bottom-up decision making.
When administration and middle management are involved in guiding and reviewing the work of UPCs, this creates an environment for shared governance. Successful organizations budget time for councils to meet, ask them regularly about system barriers or issues that are beyond their scope, and measure the outcomes achieved. An interdisciplinary steering group can serve this function well.

Give managers a clear understanding of empowerment and their role in supporting staff councils.
The leadership style of the frontline manager or supervisor can make or break staff councils. Managers must model positive relationship skills such as building trust, open and honest communication, and recognition of accomplishments.

Implement well-designed strategies for sustaining changes.
It's easy to allow shared governance structures to flounder as other priorities and urgent change take the focus away from the work of the councils. Effective sustaining methods should include a system of reporting accomplishments regularly to key leaders, internal experts to mentor new members as council membership rotates, and managers skilled in using staff councils for all types of change.

CONCLUSION

Our experience has shown that when leaders are willing to trust the wisdom and creativity of staff and provide them with both the time and the education to make meaningful changes in their work environment and relationships, significant cultural change begins. The outcomes are both qualitative and quantitative and extend not only to the perceptual experiences of patients and employees but also to clinical standards and safety outcomes. If organizations are willing to extend shared governance to all disciplines, transformation of the culture at large will be more successful and rapid. Many organizations have some shared governance structures, but they often fail to reach their full potential. Success depends on clear responsibility and levels of authority for decision making, manager support, and regular meetings in which councils are expected to present accomplishments—thus building a sense of accountability for outcomes.

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