Professional Governance Reduces RN Turnover Rates

Overview

Nursing is a challenging profession and many healthcare organizations have a high rate of nurse turnover. The average nurse turnover rate ranges from 8.8 to 37 percent. There are significant costs and consequences associated with turnover. According to the 2016 National Healthcare Retention & RN Staffing Report, the average cost of nurse turnover ranges from $37,700 to $58,400. Hospitals can lose $5.2 to $8.1 million annually.

Problem

Challenge: For calendar year 2015, the Salem Health (SH) RN-APRN turnover rate was 6.04 percent.

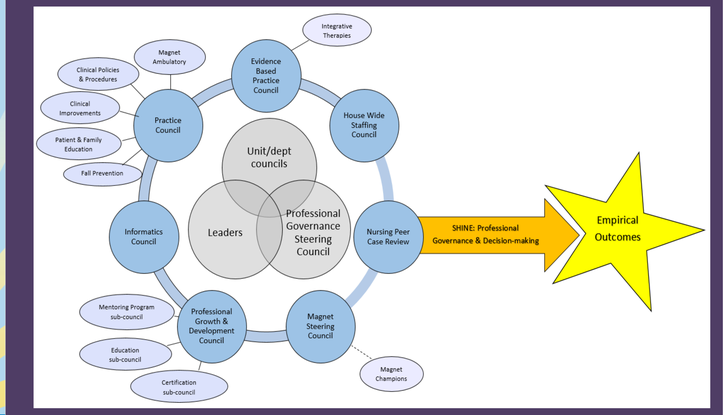
Background

In the clinical setting, engagement of clinical nurses and the interprofessional team in shared decision-making optimizes empowerment and the sharing of expertise. Original Magnet research and subsequent studies demonstrate that shared-decision making using the elements of ownership, partnership, equity and accountability will result in clinical nurse retention.

In 2015, shared leadership at SH consisted of:

- Three organizational-wide councils: Practice Council (PC), Evidence Based Practice Council (EBP) and House wide Staffing Council (HWSC). Decision-making was minimal and most often transferred to the existing nursing leadership group comprised of all operational leaders and no clinical nurses.
- Total of 34 unit councils (previously called specialty practice teams). Members were predominantly front line interprofessionals and met monthly. Most clinical practice discussions resulted in recommendations to the unit management team to decide.

2018 Professional Governance Re-design



STRUCTURE Interventions

Strategic Priority: In 2015, Sarah Horn, MBA, BSN, RN, NE-BC, RNC-NIC, Chief Nursing Officer, set a strategic priority to enhance the Magnet culture through shared leadership and shared decision-making and promotion of the professional practice model, SHINE – Salem Health Interprofessional Nursing Excellence.

Professional Governance (previously shared leadership) Redesign: In January, 2016, Sara Wargnier, BSN, RN, ONC, PC chair and clinical nurse in Orthopedics, recommended a redesign for professional governance:

- New charters for three existing committees to expand the SHINE professional practice model structure to include Professional Growth and Development Council (PGD), Informatics Council (IC) and Professional Governance Steering Council (PGSC).
- Expansion of unit/department councils to include all clinical units and clinical departments, both inpatient and outpatient.
- New position for a full time Clinical Excellence Coordinator (CEC)
- New position for a full time Clinical Excellence Specialist (CES)

Professional Governance (PG) Day: To meet on the 4th Tuesday of every month:

- Organizational-wide councils in the morning and unit/department councils in the afternoon.
- PG education session and networking lunch to meet in the middle.

Advanced scheduling improved attendance from 50% to 80%.

Identification of Clinical Problems for Shared Decision making: For problems with organizational-wide scope, the action request form (ARF) is electronically submitted on the SHINE SharePoint site and PGSC processes approximately 40 ARFs each year, often using clinical nurses as key stakeholders and using Lean tools and methods.

PROCESS Interventions

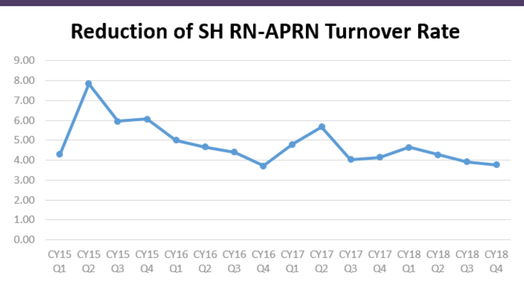
Measurement of Engagement: Five domains for participation, knowledge, production, communication/spread and recognition.

Range=0-20	October 2016 through October 2018
Unit/department Councils	Organization-wide Councils
Baseline average 10.0 Current average 14.2	Baseline average 12.5 Current Average 16.3

Enhancement of Shared Decision-making: In October, 2017, the Director of Magnet and Clinical Excellence, Barbara Merrifield, MSN, RN, worked with Nancy Dunn MS, RN, CEC, Jessica Reese, BSN, RN, CMSRN, clinical nurse, Medical Telemetry Unit and PC chair, and the PGSC to improve the process for shared decision-making and placement of operational leaders in all councils (90% clinical nurses/interprofessionals and 10% management).

Elements of Shared Decision-making	Who Decides?
Ownership • Recognition that each person's job performance is linked to the success of the organization. • All staff commit to making a contribution, to assure value of the work. **Partnership** • Between frontline and operational leaders to share in decision-making. • Members have key roles in fulfilling the mission, vision and values of the organization. **Equity** • Staff contribute based on scope of practice, talents, and strengths to achieve empirical outcomes. Each opinion has value and equal weight. **Accountability** • Willingness to invest in decision-making and express ownership in organizational decisions. • Assure accountability for clinical excellence to the frontline level.	**Professional Governance** ✓ Clinical practice standards and policies ✓ Patient quality, safety and experience ✓ Education, professional development and staff engagement ✓ Research and innovation ✓ Workflow and environment improvements ✓ Content **Operational Leadership** ✓ Budget (capitol, operating and labor) ✓ Strategy (with input from staff) ✓ HR issues (hiring, performance issues, pay, benefits ✓ Lean accountabilities ✓ Non-clinical policies ✓ Context

Results: Two percent reduction



Conclusion

Professional governance improves cross-council communication, effective shared decision-making, increased staff engagement, improved empirical outcomes and clinical nurse satisfaction.

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