

In 2018 our hospital implemented a nursing shared governance structure. We wanted to provide an environment where the nurse's voice is heard and the avenue to impact positive change in their nursing practice. Our structure is unique because the unit based shared governance council is the driver and in our schematic is placed on top of the shared governance model. Information is fed to and from the unit based shared governance council to the following nursing shared governance councils: New Knowledge and Innovation, Professional Practice and Development, Quality & Safety, Chief Nursing Officer (CNO) Advisory Council, Recruitment/Recognition & Retention and Advanced Practice Registered Nurse (APRN) Council. The information from these councils then flows to and from Nursing and Hospital Committees, Nursing Leadership Council, Executive Nurse Council and System Council. Our shared governance day is the third Wednesday of each month. Per directive from the CNO, managers are encouraged to over staff on shared governance day in order to have unit representation at every council.

Over the past two years our Emergency Department (ED) nurses have been involved in the shared governance council and has affected many avenues of change in nursing practice and structure. The best way to demonstrate autonomous collaborative decision-making venues is to break down our councils and share highlights from our committee work:

ED Unit based shared governance council – This council meets the 2<sup>nd</sup> Monday of every Month and is the heartbeat of the unit. Clinical nurses volunteer to be on the unit council. There is a RN chair and RN co-chair who are elected for a 2-year term. Council members use a survey in order to get the pulse of what is important to the rest of the department. One of the many exceptional changes from the unit council was a suggestion to change the staffing model and to have the autonomy to do so! Instead of 3 RNs on the 11am-11pm shift, we changed to 2 RNs on 11am-11pm and 1 RN on the 1pm-1am shift. This has made a positive impact on nursing practice/patient flow.

New Knowledge & Innovation - The focus of this council is to spark innovative ideas and adopt evidence-based practice as well as nursing research ideas. We are fortunate to have a dedicated nurse researcher to help guide nurses from formulating PICO questions to analyzing data and disseminate information. In 2020, our Assistant Director of the ED became a Primary Investigator (PI) for a Mindfulness Research Study for Nurses. As the PI, she presented the study and asked for the council member's voluntary participation. We were able to reach the number of required participants (71) because of the Assistant Directors access to the council members. The Mindfulness Study allowed participants access to a phone app that provided meditations for short intervals with the hope that the RNs experience a reduction in perceived stress.

Professional Practice and Development - Professional development is an area of focus at the hospital level as well as the unit level. At the end of each year, all nurses need to create a clinical portfolio to be reviewed by the CNO. The portfolio provides supporting documentation of professional development activities required for RN's Clinical Ladder level. Organizing that portfolio can be extremely stressful and time consuming. Our ED representative created a

portfolio template that is used not only in the ED but hospital wide as well! Professional certification rates are presented quarterly at this council. In the beginning of 2019, our ED was below the national benchmark for professional board certifications. Our ED representative took that data that was presented and brought back the ED unit based shared governance council. At the ED shared governance, the ED brainstormed on strategies to increase the ED RN professional certification rate. In 2020, the hospital financially supported three RNs to study and take the Certified Emergency Nurse (CEN) certification. We are happy to report, our ED clinical nurses are now above the national benchmark for professional certification. Our percent of direct care RNs with specialty nursing certification increased from 1Q'19=16.28% to 4Q'20=31.11%, an increase of 91.09%!

Quality & Safety - Many important metrics that impact patient outcomes are shared at this council. The ED Representative brings the data that is shared back to the ED unit based shared governance meeting. If the ED is noticing a negative trend in any metric, the nurses brainstorm on possible interventions. Our Senior Director of Patient Experience shares the Press Ganey survey results each month. One high level metric that is monitored closely at the system, hospital and unit level is - "Likelihood to recommend". Our Top Box% scores improved from 1Q'19=73.7 to 3Q'20=80.3, an increase of 8.96%.

CNO Advisory Council - The CNO Advisory Council is a perfect venue to demonstrate staff nurses voice and autonomy. Our ED representative is grateful for the dedicated time with our CNO along with the open and honest communication. Many decisions are handled at the unit level however, if there is an issue that cannot be successfully handled this council is the perfect forum. One highlight that stands out is when the ED representative escalated the unit's concern with staffing in the ED. Based on her escalation, a critical care float pool with 5 RNs was approved by the CNO and implemented in 2020. Now when short staffed, the ED can utilize the critically trained nurses to help support the staffing need. Our Press Ganey survey question, "Care within the 30 minutes of getting to the ER" is a perfect outcome measurement for this intervention. Thanks to the autonomy of the RNs who participate in the CNO Advisory Council our Top Box% scores improved from 1Q'19=88.4 to 3Q'20=93.0, an increase of 5.2%.