

Project Title

Implementing a Shared Governance approach in pursuit of an optimal nursing practice environment

Organisation(s) Involved

Tan Tock Seng Hospital

Project Category

Quality Improvement, Staff Engagement, Staff Empowerment, Organisation Development, Collective Leadership

Keywords

Organisation Development, Patient-centric Care, Quality Improvement, Care Redesign, Shared Governance, Nursing, Tan Tock Seng Hospital, , Staff Engagement, Staff Development, Quality Care, Staff Empowerment, Collective Leadership

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Title

Implementing a Shared Governance approach in pursuit of an optimal nursing practice environment.

1. Please give some background to the project or program including how it originated. Give details of the extent to which the project improves the efficiency or effectiveness of overall service. Outline any specific goals or targets you had in mind prior to the project being put together. MAX 350 WORDS.

The migration of nursing talent in a landscape of increasing healthcare demands affects the capacity and capability of the nursing workforce. This called for an innovative model of staff engagement to inspire and motivate our staff, leading to better retention, patient and staff satisfaction.

We introduced Shared Governance to transform how decisions are made throughout nursing organisation. Our goal is to flatten the hierarchical nursing structure by giving direct-care nurses a voice in defining their practice, standards and quality of care.

At a micro-system level, Unit Councils (UCs) were formed throughout every nursing department. The UCs comprised of nursing supervisors and direct care nurses who work in partnership to evaluate quality indicators and champion improvement efforts in their units. UCs are given autonomy over the projects they wish to pilot, giving them the flexibility to adapt to challenges on the ground. The UCs are structured on four key domains: Nursing Practice (NP); Nursing Worklife (NWL); Nursing Education & Development (NED); and Nursing Quality & Research (NQR), with each of these domains aligning with the four 'Greats' in TTSH's espoused Vision 2016 to be 'A Great Place for Healing, A Great Place for Working, A Great Place for Learning and A Great Place for Being the Best'.

At a meso-system level, a councillor model for shared decision-making was developed. Four Governance Councils (GC) were set up and organised on the same four domains as the UCs. The GCs oversee system-level issues and create a platform for nurses to implement their ideas. They play a consultative role on their specific areas, giving valuable feedback on any wide-reaching processes before roll-out. The GCs function under the oversight of the Coordinating Council (chaired by the Chief Nurse). The councils are able to influence decision-making by seeking input from key stakeholders, gathering information, soliciting ideas from direct care staff and communicating this information to leadership. The 2-yearly GC elections provide any nurse the opportunity to be elected into the Governance Councils. We are the first hospital in Singapore to introduce elections for our Shared Governance Structure.

2. Please give details of what costs were reduced and how much and what positive or negative effects if any there was. Describe how the project was beneficial from the patient's perspective and experience, if any and of the savings were passed on to the patient? Are the savings sustainable or were they one time? MAX 250 WORDS.

There is higher staff engagement in solving problems at the practice level. Below are 3 projects of a total of 87 projects initiated by the UCs in 2016.

Surgical unit: Saving time through a medication drop-box

At Ward 11D, the team implemented a medication drop-box system that reduced the time taken for the return of unused medications to the pharmacy from 5 mins to 1 min per patient, resulting in 40 mins saved per day. This system also eliminated the need for paper documentation and counting of drugs at the ward. The solution is being spread to all inpatient units.

Stroke unit: Helping stroke patients on their journey

Nurses from the stroke unit created an info graph on the unit's wall to better educate their patients and family on a stroke patient's journey. This initiative has alleviated many patients' anxiety and garnered much positive feedback. One patient said, "We are now better informed about our journey and care in the ward, and it gives us greater hope for recovery."

Medical unit: Empowering patients in self-care

Keeping track of the amount of fluid and food patients consume is important. Thus, nurses created a set of standard measurements and provided suitable patients with a chart containing clear picture-based categories for them to note down their own intake and output. 80% of patients who meet the criteria are now practicing self-charting. The medical team now gets a more accurate record with patients developing greater awareness for their own care.

3. Please describe IF and how the improvements in management was also beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service. Preferably please present quantifiable information such as "before and after" measurements if any. MAX 200 WORDS.

At the systems level, we observed sustained improvements in patient falls rates, patient and staff satisfaction scores and reduction in staff sick leave percentage since implementation of Shared Governance in 2012 (Annex-1).

Decreasing Fall Rates

There was a decrease in fall rates (per 1000 patient days) from 1.29 (in 2012) to 0.87 (in 2015)

Improved Patient Satisfaction Score

Overall patient satisfaction also improved as evident from the improved Patient Satisfaction Score (Ministry of Health Patient Satisfaction Survey): 77.1% (2012) to 86.1% (2015).

Reduction in Sick Leave Percentage

As nurses increase their locus of control, they gain interest in controlling their practice and influencing the lives of others. As a result of Shared Governance, there is greater engagement of the nurses and we have observed a decrease in sick leave percentage: 2.38% (2012) to 2.11% (2015).

Increase in Staff Satisfaction Score

In the Hospital Biennial Employee Climate Survey, the Staff Satisfaction Score has improved and there is a greater sense of ownership and empowerment on the ground among our nurses: 71% (2013) to 76% (2015) for Empowerment; 56% (2013) to 62% (2015).

4. Explain to what extent and why the improvements are sustainable. MAX 200 WORDS.

The SG program is evaluated regularly. In March 2015, the program was modified to keep it relevant and sustainable. First, we created a 'Person- Centred Care' governance council to encourage nurses at all levels to embrace person-centred mindfulness in their daily interactions with patients, families and one another. We also introduced a council charter that describes the goals of the council, measures of success and rules of engagement so that the work of the council stays focused.

We created a regular platform for the councils to present their projects — a strategy to recognise the work of the councils and introduce peer competition to keep the momentum going. Recently, we celebrated council work at the Shared Governance Fiesta. More than 80 ground-up initiatives were showcased during the fiesta.

A good communication strategy is key to keeping staff engaged. The GCs meets with the UCs on a quarterly basis. At the session, the UCs present their ongoing initiatives which encourages other units. The GCs also discuss issues of concern and new initiatives with the UCs. Every UC has an assigned GC member, who facilitates cross exchange of information. Close interactions build rapport and trust over time.

5. Please give some background to the project team that originated, studied and developed the project or program. MAX 200 WORDS.

Yong Keng Kwang is the Chief Nurse and overseer of the shared governance program. He has a Bachelor Degree (Hons) in Nursing from the University of Manchester and Masters in Business Administration, University of Warwick.

Hoi Shu Yin is a registered nurse and is the key driver for Nursing Shared Governance. She is the Deputy Director of Nursing Quality in TTSH. She completed her degree with honours at King's College London in 2011 and attained a Masters in Knowledge Management with Nanyang Technological University Singapore. Her interest lies in developing clinical microsystems to achieve nursing excellence in quality and patient safety.

Dionne Liew is a registered nurse and the secretariat for the shared governance program. She graduated with honours from the University of Pennsylvania. Her role involves supporting the goals and creating awareness of the shared governance model.

Candice Leong is a registered nurse of 14 years. She is a nurse manager in the Nursing Quality Department, playing an instrumental role in medication safety. She is also a facilitator for quality improvement and lean methodology. She was involved in designing the training curriculum for unit councils.

6. Please add any other items that will convince the judges that your hospital is worthy of being given the “most improved” hospital award. MAX 300 WORDS.

We have built capabilities within nursing. Every council is empowered to make decisions that affect their practice and this results in timely problem solving and innovations where care happens. The transformation within nursing organisation structure has changed the way our direct-care nurses respond and adapt to changes.

Our Shared Governance program has been implemented over a period of four years. We learnt that culture building takes time, is a continuous process and requires ongoing coaching and mentoring to sustain. Much iterations to the program were made to create and maintain the momentum for reorienting decision-making from a few individuals to consensus decision-making with a broader network of teams. It also takes time for nursing leadership roles to evolve alongside their staff, from a directive position in a hierarchical system to that of a coach and guide approach in the shared governance structure. After 4 years of implementing shared governance, we are heartened that we have progressed significantly in our journey towards a ‘Great Institution’, as evidenced by the creation of value along patient and staff outcomes.