



SPECIAL CEO ISSUE • FEBRUARY 2013

# Frontline **VNSNY**

*with* MARY ANN CHRISTOPHER



## Shared Governance: A “New Day” for VNSNY



# VNSNY Embarks on a Journey of **Shared Governance**

## A “New Day” for the Visiting Nurse Service of New York, says President and Chief Executive Officer at VNSNY, Mary Ann Christopher

**O**n an early January Monday morning, more than 130 employees of the Visiting Nurse Service of New York, from all corners of the organization, met to launch a new transformational initiative, Shared Governance. As a new practice model, Shared Governance will lead to a new era of care delivery that will, in time, help VNSNY achieve Magnet Accreditation.

“Shared Governance is a dynamic staff and leader partnership that promotes collaboration and shared decision-making – all with the goal of improving the quality of care,” says Patricia Helms, Vice President of Clinical Operations of our Hospice and Palliative Care program.





“Shared Governance brings together leaders and frontline clinicians, engaging them to determine best practices for care delivery.”

–**Bonnie Lauder**

*Director, Measurement and Quality Improvement in VNSNY Quality Care Management*

## The Benefits of Magnet Accreditation for VNSNY

Given out by the ANCC (the American Nurses Credentialing Center, Magnet Accreditation), Magnet status gives recognition to a health care organization for quality patient care, nursing excellence and innovations in professional nursing practice. This accreditation is used by consumers in choosing health care services and by various organizations who rate hospitals and medical centers (*US News & World Report*, for example.) Shared Governance supports the development of structures and results needed for organizational accreditation. Shared Governance is the journey for VNSNY, and Magnet Accreditation is the destination.

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## A Shift in the Way VNSNY Supports and Empowers Our 18,000 Employees



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**S**hared Governance is a different way of doing things. Not a change to VNSNY's philosophy or mission, but a shift in the way the organization supports and empowers our 18,000 employees and, consequently, how we deliver the best possible care to our patients. As Mary Ann Christopher, President and Chief Executive Officer of VNSNY, put it at the symposium, this is the beginning of "a new day" for the Visiting Nurse Service of New York.

The all-day symposium, titled "A Journey to Shared Governance," included 11 speakers, from both inside and outside VNSNY, plus panel discussions and workshops.

The goals of the symposium were to introduce and educate VNSNY staff members about the concept of Shared Governance; to encourage attendees to carry the message back to their co-workers and managers, and to begin to engage staff in the decision-making process. After all, that is one of the key tenets of this new way of doing things – shared decision-making. Shared Governance allows those at VNSNY who have the most interaction with



patients make decisions that will bring about better care for our patients. It is a reversal of the traditional top-down approach that most large organizations have. Within a Shared Governance system, 90% of the decisions are made at the point of care.

"Shared Governance brings together leaders and frontline clinicians, engaging them to determine best practices for care delivery," says Bonnie Lauder, Director, Measurement and Quality Improvement in VNSNY Quality Care Management.

## Councils Comprised of VNSNY Frontline Staff

**H**ow Shared Governance works can vary greatly from organization to organization, but the basic model revolves around council structures that are comprised of frontline staff. The councils are responsible for recommending and implementing change, and evaluating the impact on patients. In the case of VNSNY, there would be a wide range of councils to address the needs of the staff, patients, and the organization as a whole. For instance, there might be a “Practice Council,” an “Education Council,” a “Research Council” and a “Coordinating Council,” as well as many others. The network of councils ensures that each employee’s ideas are heard and that best practices do not get lost in a single department or region. Councils shift the balance of care delivery decision-making from managerial to mostly frontline staff.

Why transition to a Shared Governance system? Due to the fast-evolving health care landscape, this transformational approach ensures that we remain mission driven and that evolving best practices are implemented



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system wide. Shared Governance will enable us to have a faster response time to changing conditions, and give frontline staff the support they need to provide the best care to patients.

Shared Governance will also give nurses, rehabilitation therapists, social workers and other frontline staff at VNSNY a louder voice, which, in turn, will allow them to be “much more engaged than they are now,” said Elizabeth Buff, Senior Vice President, Quality Services and Clinical Excellence, Quality Management Services.





## Shared Governance Helps Improve Employee Satisfaction

Staff participation in the decision-making increases employee satisfaction. People feel more included and get recognized for the ideas they bring to the councils. Employees no longer feel that most decisions are out of their hands. Shared Governance helps build trust. “I think everybody likes to feel like they have some control over what they do at work,” said Shawn Connor, a Patient Service Manager in Acute Care, Manhattan.



*Patricia Helms, Vice President, Clinical Operations, Hospice and Palliative Care*

The first guest speaker was Edna Cadmus, RN, PhD, FAAN, from Rutgers University, who spoke about the variety of challenges that an organization deals with when making the switch. She described Shared Governance as, “all hands helping the organization.” Edna raised important questions to help those at the symposium understand the implications of changing to this model. For example, she said an organization must decide when will their councils meet. Who will be on them? How will these councils be integrated into the existing structure? Something as simple as how many people will be on each council is an important detail. She addressed the challenges of implementation as well as the rewards to an organization and its patients. “It provides the authority and control over practice and helps people who feel they have the responsibility but not necessarily the authority to act.”

*Elizabeth Buff, Senior Vice President, Quality Services and Clinical Excellence, Quality Management Services*



Over the course of the all-day symposium, employees heard from a variety of speakers, from frontline clinicians to Mary Ann Christopher. They also heard from a number of invited guests whose own health care organizations have undergone the shift to Shared Governance – and are benefiting greatly from it. Those guests were able to provide their first-hand experiences and speak to the rewards and challenges of Shared Governance. “It was great to hear from those who had gone through it already,” said Dennis Freund, a Team Facilitator in Staten Island Acute Care, who attended the symposium.



*Rosalie Galante, RN, Hospice and Palliative Care in the Bronx*



*Edna Cadmus, RN, PhD, FAAN,  
Rutgers University*



*Robert Hess, RN, PhD, FAAN,  
Gannett Education*

Edna Cadmus was followed by Robert Hess, RN, PhD, FAAN, from Gannett Education, a Shared Governance expert and a prominent speaker on the topic. Robert Hess spoke about the benefits to an organization that has a high level of Shared Governance, and on the adaptability of this professional practice model. Shared Governance has never been instituted at a home care agency such as VNSNY before, he noted, but the model has worked in different hospitals and health care agencies all over the world. “Every time Shared Governance is adopted by a new place, it morphs into something new.” Robert Hess, who runs the website, [sharedgovernance.org](http://sharedgovernance.org), also discussed research that shows not only the benefits of Shared Governance to patient and staff satisfaction, but also how it creates a positive cost analysis – something that is essential in a rapidly changing health care world.

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–**Robert Hess**  
*Gannett Education*

In the afternoon, Patricia Helms moderated a panel discussion between nurses and leaders whose hospitals and health organizations had undergone a transformation to Shared Governance. Patricia was joined by colleagues from Mount Sinai, NYU Langone Medical Center and the Hospital for Joint Diseases, Christiana Health System, and Somerset Hills VNA in New Jersey. Each panelist brought insights about Shared Governance at all levels of an organization. Dot Fowler, Professional Advancement Coordinator from Christiana Health System, for instance, said that, as a manager, when you open up a problem to one of your councils, your job becomes easier. “I never would have thought of the solution they came up with.” Shared Governance not only gives employees a voice, it lets managers share in that creativity. Or as Marina Vezina from Mount Sinai explained, “Formalizing the system helps nurses become empowered.”

# Four Principles of Shared Governance: Partnership, Equity, Accountability and Ownership



**I**n addition to shared decision-making, the concept of Shared Governance holds several principles that are essential to the success of an organization – *Partnership, Equity, Accountability, and Ownership*. *Partnership* promotes a strong partnership between all members of a health care organization as well as recognition that each member plays a key role in patient care. *Equity*, which focuses on services, patients, and staff, implements organizational structures to achieve the best patient results. *Accountability* encourages staff members to take responsibility for their decisions and results. *Ownership* enables all staff members to contribute and to be recognized for the importance of their work. These general principles are adaptable to any organization, even one as large and complex as VNSNY.

Though it could take several years to fully institute Shared Governance within VNSNY, many aspects are already in place. “A lot of the ideas of Shared Governance are what we practice every day at VNSNY,” said Constantine Checa, a psychiatric nurse in our Behavioral Health program, who also spoke at the symposium. “The whole idea of teamwork and getting feedback and input – there just isn’t the official framework or structure in place.”

Throughout the symposium, employees were encouraged to ask questions, raise concerns and make suggestions. The event ended with group workshops where employees proposed ideas on how to make Shared Governance succeed at VNSNY. It was a meaningful way to finish the day and reflective of the core ideals of Shared Governance. As Mary Ann Christopher aptly summarized, “Today we build on the extraordinary legacy that is VNSNY, what we are doing is what we’ve always done intuitively. Now we mean to do it intentionally, so that every one of our 18,000 people in the organization knows where to share their gift. We aim to transform the health care delivery system as the best in class, non-profit, mission driven, community based health care enterprise in the nation!”

## Despite the challenges to institute a transformation to Shared Governance, the benefits are enormous.

On a patient level, it creates a system that ensures an inter-professional approach to all medical and operational decisions. The very existence of the councils means people will collaborate on best patient care practices more often. A council may take on diabetes care or falls prevention, and lead to a system wide improvement. It also allows those in the field, who deal with issues first hand, to have a formal means to recommend change and get those changes into patient’s homes.

