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Shared leadership: Creating a space for truth to empower, engage and strengthen relationships

Background: Based on employee rounding, the NICU leadership team identified the need of the NICU frontline staff members to be encouraged and empowered to make decisions on initiatives, changes, projects and performance improvements. There is a perception of inconsistent follow through from leadership team on issues, concerns, and suggestions regarding opportunities for improvement. As a result, historical employee engagement survey participation has been less than 50% and engagement results were below standards.

Purpose: The NICU Practice Council was developed to represent the unit-based aspect of the shared governance model in healthcare. The frontline staff members are empowered to identify barriers to clinical practice, improve processes and/or workflow by partnering with the leadership team to help remove identified barriers and facilitate resources. The NICU Practice Council has the responsibility and accountability to establishing and maintaining the standards of evidence-based practice which describe and guide the care provided. Process Improvement/Program Development: Restructuring of the existing unit-based council was initiated and implemented. NICU Practice Council was structured with sub-councils as follows: Clinical Practice, Operations and Safety, Patient and People Learning Board (Truth-based assessment) implementation in alignment with the Providence Regional Medical Center initiative of Highly Reliable Organization (Caring Reliably). This is a space for staff to voice their ideas and issues that affect the NICU, especially our patients and their families. Barriers: NICU staff and leadership team members' time commitment, Lack of knowledge of the new UPC structure and knowing its value to our customers, team members, and the organization's mission, Lack of knowledge how the learning board works, Lack of trust for consistency in follow-through, Lack of roles' definition and responsibilities & Sustainability.

Action Plan: Recruit team members and leaders to form the UPC team, Charter Development by the UPC team members and leaders, Staff meeting presentation and education regarding the new structure and process, Kick-off meeting, Learning board process and workflow development and visual presentation of a mock learning board.

Impact: Employee engagement and satisfaction- feeling empowered and voices are heard as reflected on the NDNQI and Caregiver Survey, Multiple projects and process improvements were initiated, implemented and accomplished. Some of the major accomplishments are primary care nursing, hybrid bedside reporting, peer assisted learning, discharge improvement and parent education packet revision, Transparency and visibility of current initiatives and metrics (goals) with data, Increased learning board ideas reviewed and completed every month, Parent advisors' participation in the UPC was initiated.

Objective: Learn and apply a Unit Practice Council structure and a process that would help empower the frontline staff members to take responsibility and ownership of their practice.

Biography

Celina Afenir is an inspirational and motivational Executive with a focus on a truth leadership approach. She has a proven record of success in strategic, organizational, operational and fiscal management of the children services, specializing in neonatal intensive care unit and pediatrics units for major healthcare organizations within the United States Pacific Southwest and Northwest (California, Arizona, Oregon and Washington States). She has a BSN, MBA in Healthcare Management and is currently pursuing a PhD in Performance Improvement Psychology at Grand Canyon University. She is currently the Director of Patient Care Services NICU, Loma Linda University Children's Hospital, California, USA.

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