

July 22, 2010

Dear Friends and Colleagues:

No one is more important to the day-to-day success of NCH than our 1,000 bedside nurses. Under the guidance of CNO **Michele Thoman**, we are examining and refining our nursing practices, moving toward what is known as “*shared governance*.”

Simply stated, shared governance is an evolutionary process that depends on *active participation* from bedside nurses and *active listening* from nursing leadership.

We’re achieving this at NCH through the formation of the following eight Shared Governance councils within nursing.

- **Practice Council** is the first team in place and the cornerstone of the process. Night ICU RN **P. J. Morter**, and Critical Care Clinical Coordinator, **Jennifer Ringle**, co-chair the council, with input from their colleagues, are already well on their way toward assessing, recommending, and refining best professional practices among NCH nurses.
- **Recruitment, Retention and Recognition Council** will focus on attracting and keeping the very best nurses. For example, ICU nurse **Noele Levin** has suggested refining our reward policies for nurses who continue their professional training. This is typical of the suggestions this Council will consider.
- **Professional Alliance Council** will be responsible for setting the mission, clarifying the vision, and defining the values. Once again, the NCH “nursing model” will be determined by the entire team—unit secretaries, care technicians, LPNs, RNs, and all others in nursing.
- **Quality and Safety Council** will initially engage managers and directors in this core critical area before transitioning to bedside nurses during the remainder of the year. One early project will be to create a “quality scorecard,” focused first, on human resources, quality, and finances for each unit and then rolled into a system scorecard for everyone to share. These quality scorecards will form the basis of essential metrics at NCH.
- **Information Technology Council** will deal with our rapidly-expanding computer technology. NCH already stands among the top 220 of 5,000 hospitals in the country. Our rapid technological growth, thanks largely to our Cerner Corporation partner, has necessitated that this council be formed way before we originally thought it would be needed. Pediatrics, critical care, emergency room, med/surg and psychiatry will undergo significant documentation changes, removing extraneous data and ensuring capture of essential data.
- **Education Council** will be focused on nursing’s relationship with patients and families. Patients and families do so much better when they understand their illnesses, treatments and prognosis. The half life of medical knowledge is less than five years, so we have much yet to learn in this key area.
- **Evidence-based Nursing Practice and Research Council** is still in the embryonic stage. As shared governance matures, we will be active members of the professional academic nursing guild. We will be sharing our best practices—which have led to more than 90 objective awards—with other institutions as we continue to learn.
- **Collaborative Council** will be composed of all of the other council chairs and the executive nursing team. Our goal in sharing communication that emanates from the bedside is to create a culture where everyone takes ownership, pride and satisfaction in how we serve the community.

Shared governance is a huge step in our evolution as a nationally-recognized healthcare leader.

Stay tuned for updates in the months ahead on this and other leadership fronts.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at [allen.weiss@nchmd.org](mailto:allen.weiss@nchmd.org) to be added.