Quality Improvement Project: Implementing a Clinical Informatics Shared Governance to standardize an informatics structure, process, and outcome at a large pediatric facility

Anita Harris RN, MSN, MHA C, Cindy Rawls BSN, RN, CPN, Jennifer Rutledge MSN-NI, RN, CPEN, Grace Mickelson BSN, RN, CPN, Amy Hendrickson BSN, RN, Children’s Hospital Colorado, Anschutz Medical Campus, Aurora, Colorado

BACKGROUND

The Nursing Documentation Committee was initiated in 1984 to maintain, review, and revise nursing documentation at Children’s Hospital Colorado (CHCO). In 2005, with the implementation of EPIC, the scope of the committee expanded to include creation, review, and revision of all nursing documentation flow sheets within the EPIC electronic health record. In mid-2011, it was identified that over the many years of continuous EPIC implementations and changes it had led to a lack of standards resulting in duplicative build and challenges in accessing and reporting data. This committee was led by IT and several bedside nurses, which were advocates at the unit level to increase partnership.

METHODS

The nursing documentation committee wasn’t supported by the organizational Nursing Shared Governance model and there was a lack of a nursing informatics nurse leader and department. Once the organization employed a CNIO/Director of nursing informatics, a SWOT Analysis was conducted to identify inter-professional collaboration, alignment, and leadership to create a robust shared governance structure that facilitates involvement and eliminates silos and unsafe care delivery practices. An implementation plan was made to revitalize and engage clinicians in shared governance activities, in addition to providing a plan for leaders to engage staff decision making in shared governance across CHCO.

RESULTS

Current State

There are five Nursing/IT committees that are not currently under the nursing shared governance organizational chart with CAS involvement.

The committees are:
- NOP/POP (shared with MD representing – future state CIC)
- EMR House wide nursing committee
- Nursing documentation optimization committee
- Patient education documentation steering committee (in process of completing)
- Ambulatory Nursing Super user committee

Shared Governance Proposed-Future State

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>1. Are nurses currently leaders?</td>
<td>2. Are nurses committed to change?</td>
<td>3. Are nurses engaged in leadership?</td>
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GAP Analysis Questionnaire – Nursing Informatics Shared Committees

- One open ended question
- Three 4-point Likert questions

Three Domains:
1. Structure – 6 questions
2. Process – 8 questions
3. Outcomes – 3 questions

OUTCOMES

- Improved collaboration and team building
- Improved quality of care and clinical effectiveness
- Increased staff confidence, personal, and professional growth
- Development of new knowledge and skills
- Increased professionalism and accountability
- Improved Patient Safety Outcomes

CONCLUSIONS

Developed an informatics shared governance to serve as support for the development and optimization of clinical information systems and clinical workflows that support end users with the primary goal of advancing evidence-based clinical practice and interdisciplinary patient-driven care delivery. Established a direction for a comprehensive health informatics strategy at Children’s Hospital of Colorado.

- Reallocate Nursing/IT shared committees/councils to be supported by the Nursing Shared Governance.
- Rename the committee to the Clinical Nursing Informatics shared governance council. Identified core team Chair, Co-Chair, and interdisciplinary members.
- Director of Nursing Informatics mentored governance council until Nursing Informaticist onboard.
- Created a nursing informatics EMR/technology request process.

IMPLICATIONS

Shared Governance Philosophy

- Essential to achieving the best patient outcomes by giving nurses control of their practice – they know best!
- Empowers the power already present in a role and allows that power to be expressed legitimately
- Builds autonomy into the profession
- A dynamic process that is centered on 4 critical principles of fully empowered organizations:
  - Partnership
  - Accountability
  - Equity
  - Ownership

Benefits

- Improved collaboration and team building
- Improved quality of care and clinical effectiveness
- Increased staff confidence, personal, and professional growth
- Development of new knowledge and skills
- Increased Nurse Satisfaction (increased autonomy, increased control over practice, improved communication between nurses, physicians and administration)
- Improve Patient Safety Outcomes