

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

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## 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 siloes 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:

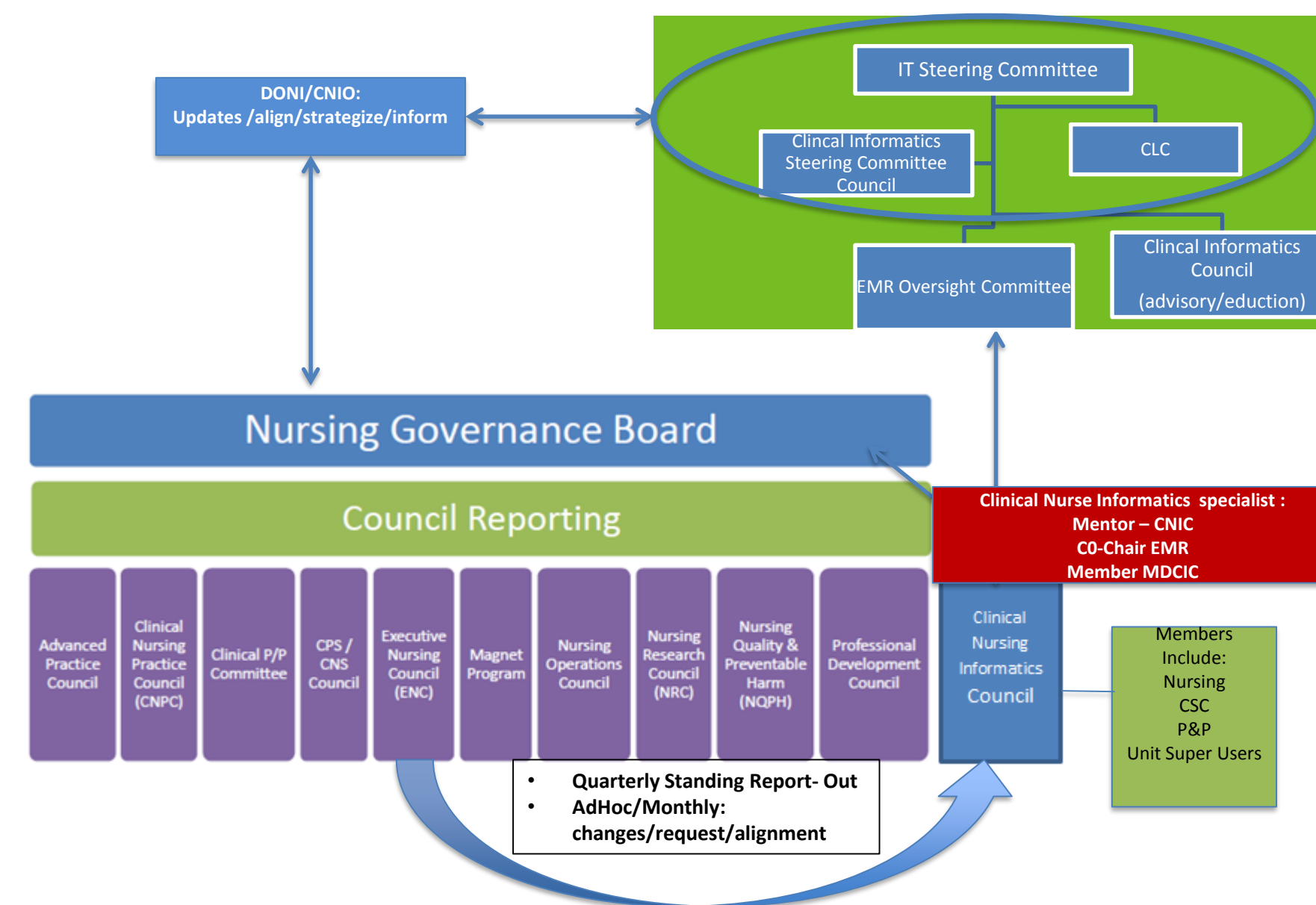
- NOP/POP (shared with MD representing – future state CIC)
- EMR House wide nursing committee
- Nursing documentation optimization committee
- Patient education documentation steering committee (in process of completing)
- Ambulatory Nursing Super user committee

GAP Analysis Tool  
Nursing Informatics Shared Committees/Councils

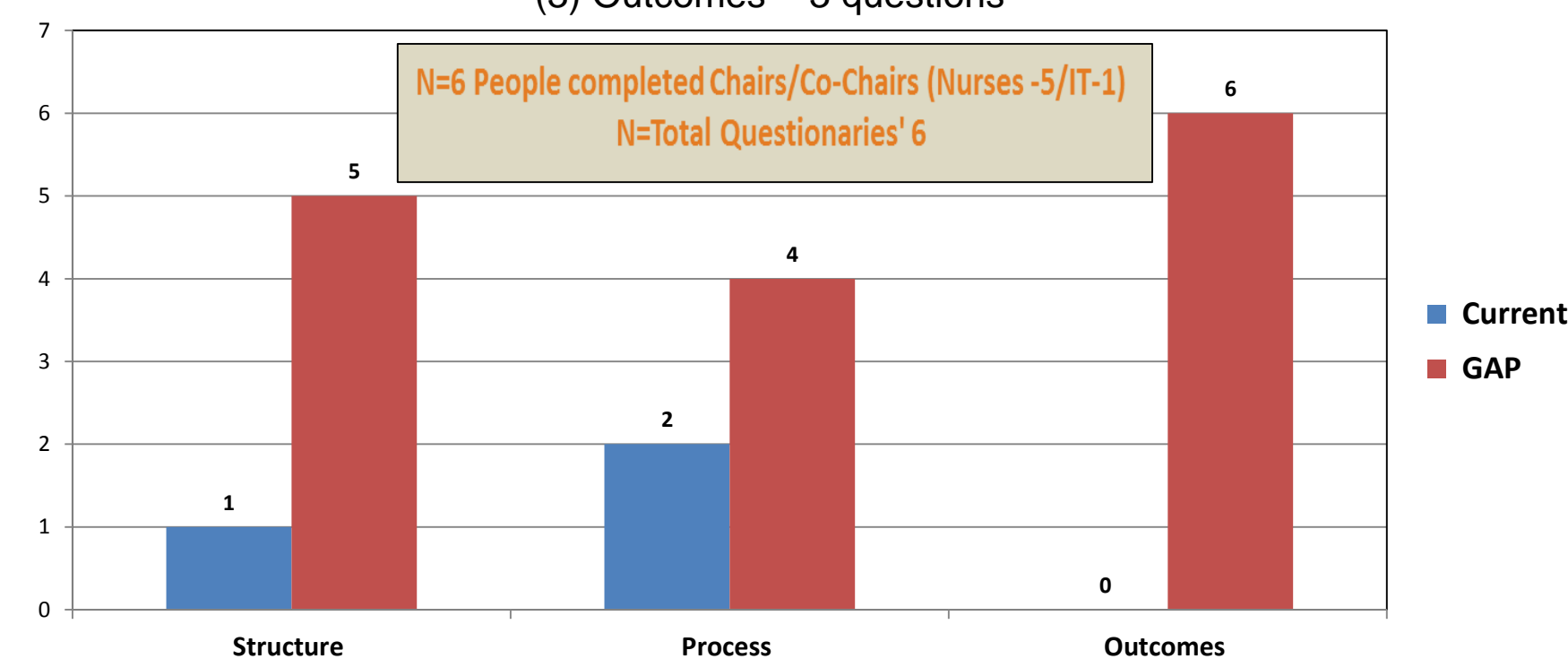
GAP Analysis Questionnaire – Nursing Informatics Shared Committees

Structure	Process	Outcomes
1) Do you currently have a charter? 2) Is it reviewed annually? 3) How often is the charter modified? 4) Are goals and objectives for the committee identified and reviewed annually? (please identify) 5) Are there members representing all units/clinics? 6) Does your committee have a leadership mentor? (and if so please identify)	1) Who oversees your committee? 2) How are changes identified? 3) How is the need for changes validated? 4) How are the changes communicated/educated? 5) Are changes completed related to organizational/unit/departmental need? 6) Do the changes align with nursing/organizational strategic goals? (Identify regulatory/patient safety etc.) 7) How are the changes communicated to nursing leadership ENC? (if not please indicate governing body) 8) Does the committee currently develop a monthly report of activities? (and if not how do you track activities)	1) How do you measure the effectiveness of a change? 2) How do you report the effectiveness of the change? 3) How do you identify if the change was successful or unsuccessful?

### Shared Governance Proposed-Future State



Three Domains-  
 (1) Structure – 6 questions  
 (2) Process – 8 questions  
 (3) Outcomes – 3 questions



#### Recommendations:

- Good ideal to validate goal/objectives
- We need a strong nursing leader that is committed to being present and engaged.
- Would like all units/clinics/services represented
- Unsure if the process is practiced because of the lack of oversight.
- Unsure what committee oversees them now.
- Unclear/Unsure how changes are validated QSRS/P&P change/nurses perception
- Validation process to identify if change is needed
- Can help to meet goal of projects for sustainability

## 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 evidenced-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!
- Recognizes 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 professionalism and accountability
- Increased Staff Nurse Satisfaction (increased autonomy, increased control over practice, improved communication between nurses, physicians and administration)
- Improve Patient Safety Outcomes