

John Muir Health

- o 2 Acute care hospitals
 - Both Magnet® recognized
 - · Walnut Creek Campus
 - 554 licensed beds
 - Magnet since 2008
- $\circ \ \ \text{Leader in these specialties}$
 - Neurosciences, orthopedic, cancer, cardiac, trauma, emergency, pediatrics and high-risk obstetrics
- o Partnerships
 - o UCSF
 - o Stanford Children's Health
 - o Tenet/San Ramon Regional





Objectives

At the conclusion of this session, each participant will be able to:

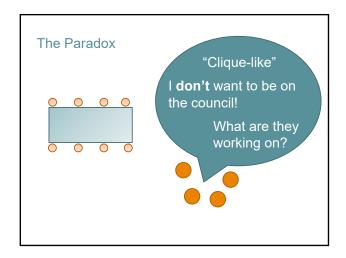
- Identify the core components of the FLIGHT model
- Navigate the project process and FLIGHT tools
- Formulate a plan to evaluate organizational readiness to implement the FLIGHT model

John Muir Health - proprietary and confidentia

Unit Council Previous State

- · Traditional governance model
- In place since 2006
- · Required long membership commitment
- · Inconsistent budget allocations between units
- · Lack of interprofessional participation

Poor Engagement Venue for Complaints Commitment Phobia Low Enthusiasm



The Dysfunction

- Poor engagement
- Recruitment challenges
- · Projects not aligned with organizational goals
- Spotty communication
- Frustration

Time for a Change

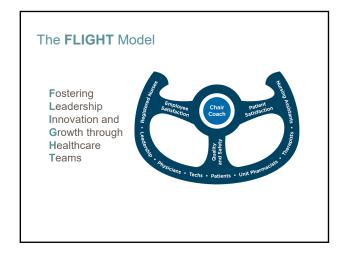
- · Passion existed outside of council
- Is there a better way to design this?
- Can we and should we "blow up" our current model?
- What do we need to do?

Theoretical Framework

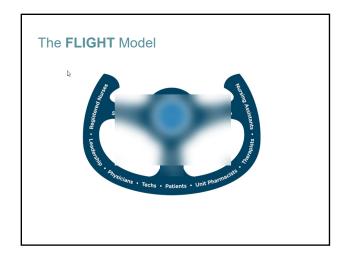
- · Changing face of healthcare
- Evolution of Professional Governance
- · Change Theory
- Transformational Leadership

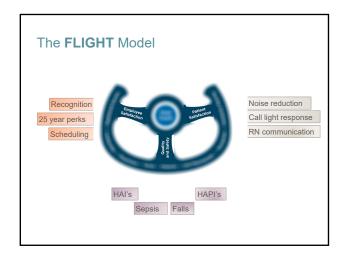
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Align with strategic plan Interprofessional Appealing to more nurses Increase engagement Standard approach to budgeted hours



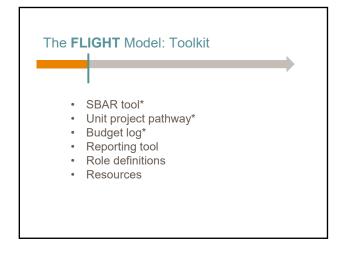


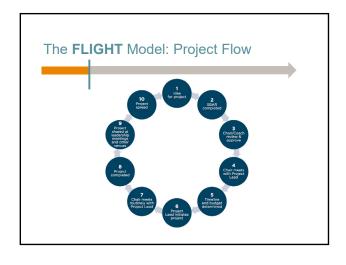


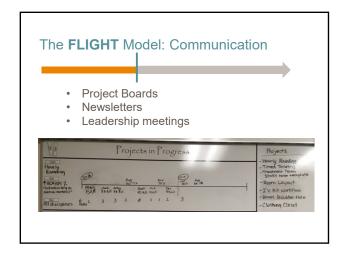


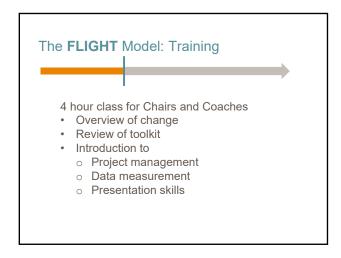


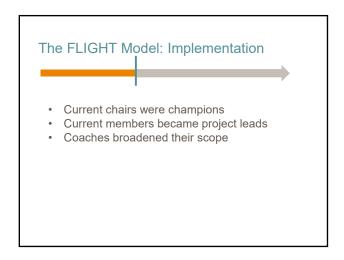


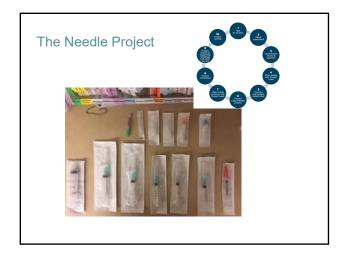


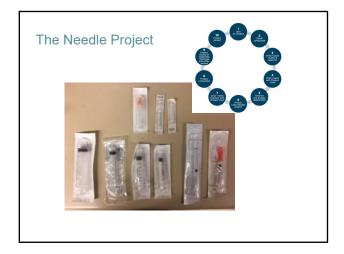












Unexpected Learnings

- Engagement of night shift increased
- · Small impactful projects with immediate results
- · Interprofessional engagement
- · New appeal to multi-generational workforce
- This model saved money

Unexpected Challenges Leaders lost their sounding board Took time for model to be understood New leader onboarding needed Didn't cast a broad enough net with training

What it looks like today

Unit Councils Experiencing Success

- No formal Unit Council meetings
- Inclusive and flexible
- · Projects align with health system priorities
- · Leadership more aware of projects
- · Successful spread of projects
- · Professional growth

Project Sharing Opportunities

5-minute presentations at monthly Leadership Meetings

Audience:

- CNO
- Directors
- Managers
- Frontline leaders
- CNS/Educators



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Professional Development

- Project management
- Presentation skills





Project Examples

- PPE in the ED
- · Charge RN start time
- · 4 Eyes In 4 Hours



The **FLIGHT** Model: Evaluating Readiness

Current state analysis and opportunities for change

- 1. Organizational readiness
- 2. Leadership readiness
- 3. Employee readiness

The	FLI	GHT	Mod	del:	Eva	luatin	a F	Readiness

Organizational readiness

- Do we level the power gradient/equity/workplace violence?
- Do we understand how unit council work improves quality, safety and engagement?
- Do our projects align with the strategic plan?
- Do we value interprofessional teams?

The **FLIGHT** Model: Evaluating Readiness

Leadership Readiness

- Are leaders actively engaged?
- Do we have support systems in place:
 - For unit-based projects?
 - For frontline leaders?
- Do we have effective communication channels?

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The **FLIGHT** Model: Evaluating Readiness

Employee Readiness

- Equal levels of participation across shifts?
- Do employees play an active role in:
 - Outcomes
 - Safety
 - Quality
 - Engagement

The FLIGHT Model: Tackling Barriers Start a Dialogue Develop a Map Work on Improving

Timeline

- 7 months from idea to implementation
- · Continual improvements and adjustments
- The fuel for our success:
 - New opportunities for staff engagement and professional growth
 - Alignment with organizational priorities
 - Support of leadership

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Resources	
UNIT COUNCIL STRUCTURE	
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Questions?	
Beth Browder beth.browder@johnmuirhealth.com	
Roxanne Holm roxanne.holm@johnmuirhealth.com	
Deborah Macy deborah.macy@johnmuirhealth.com	
<u>assoran, macy (cy) o minimum calai, so mi</u>	