Sample Accountabilities, Goals, and Timelines

A sample set of accountabilities, goals, and timelines is included in this appendix to serve as a guide for those setting up an implementation plan for developing shared governance. It is recommended that the reader not replicate this set of guides since they reflect the needs of an individual hospital culture and may not reflect the values and culture of the reader's organization. The specific concerns of the environment must always be incorporated into the planning process. Careful consideration of the strengths and needs of the individual organization must always precede the development of an implementation plan.

The process of planning implementation of shared governance usually falls to the steering group. Assessment of readiness for implementing shared governance and an understanding of the changes implied should be the first step. This assessment will help determine the specific cultural and organizational needs of the individual setting and provide a baseline for planning implementation.

Timelines are helpful in both planning and evaluation processes. Every step or element of shared governance implementation should have an attached set of time parameters. There is so much interdependence in implementing the various components of shared governance that time values become vital to success. They serve as an excellent tool for measuring progress.

MORRISTOWN MEMORIAL HOSPITAL
Morristown, New Jersey
The accountability process

A critical element of the shared governance process is the establishment of council accountabilities and a discussion of potential cooperation zones. Cooperation zones relate to those issues having components that impact more than one council. They require cooperation of multiple councils for problem solving to occur. Final decision-making authority must be assigned to one council. The identification of overlapping areas compels the council members to discuss the potential issues within the executive council framework. Some of these issues will be highly sensitive and emotionally charged. The environment for discussion becomes crucial to an open and honest exchange of information so that true cooperation can be achieved.

The use of an off-site executive council retreat in a setting conducive to teamwork can facilitate this process. Using a consultant as a facilitator allows the chief nursing officer to participate and experience the transitional phase of this power shift without needing to expend time and energy on directing the group. This approach also provides the executive council with guidance when the goal of assigning accountabilities based on function becomes clouded by historical data (we need to continue to do it that way until we are comfortable with the shift of accountability to a new group) with the philosophical and cultural shift to shared governance (we must trust that the people who are affected will assume the accountability for this issue and must therefore allow them to).

The executive council can assign final authority for decision making to one individual council only when a discussion of all the facets of an accountability are reviewed. Grids can be helpful in identifying both the accountabilities of the councils and the areas requiring cooperation based on individual council accountabilities (Figure E-1). The task of developing such a grid can be accomplished during the executive retreat and should be referred to as the executive council deliberates what council should have final authority to decide certain questionable issues. It can also be referred to when constructing a 5-year timeline for council work.

The organization's mission and goals must be carefully considered along with council accountabilities in establishing a timeline for the shared governance process (Figure 2). This ensures that the nursing division is consistent with the directions set by the Board of Trustees and the presi-

Accountable Council	Issue	Practice
Practice	Conceptual Framework	Decide/Define-X
	Standards/Practice	Decide/Define-X
	Performance Standards	Decide/Define-X
	Position Descriptions-*	Decide/Define-X
	Clinical Ladder - *	Decide/Define-X

Accountable Council	Issue	QI
Quality Improvement (QI)	Plan	Define-X
	Priorities	Define-X
	Unit-Based Activities	Control-X
	Performance Evals-*	Clinical-X
	Clinical Ladder - *	Measure-X
	Credentialing & Privileging (Provisional Prioritizing)	Measure-X
	Research - *	Measure-X

Accountable Council	Issue	Management
Management	Resources - *	Staffing-X
	Human	Scheduling-X
		FTE's-X
		Mix Staff (NHPD)-X
		Ratio-X
	Fiscal	Economics-X
		Budget-X
		Allocation-X
		Capital-X
	Materials - *	Supplies/Equipt-X
		Medical/Clinical Support-X
	Support - *	Relation-X
		Counsel-X
		Discipline-X
		Environment-X
		Motivation-X
		Context-X
	Systems	Integrate-X
		Coordinate-X
		Facilitate-X
		Operations-X
		Interdepartmental Fit:Intra-, Inter-,SG Unit-X

Accountable Council	Issue	Education
Education	Orientation	Define Program-X
	Educational Program - *	Decide/Define-X
	Unit-Based Education	Decide/Define-X
	Communication	Control-X
	Quarterly Staff Meetings	Decide/Define-X
	School Rotations	Control-X

Key { } =Support Function	Area of accountability that requires the support of another council for accomplishing the goals within that area.	* = Cooperation Zones	Accountabilities that can result in a conflictual relationship if the councils do not cooperate during the problem-solving process.

FIGURE E-1
Accountability grid

QI	Education	Management	Administration
{Measure} {Measure} {Evaluate} {Measure}		{Enforcement} {Management Position Description-X} {Resource Enforcement} {Evaluate} Fiscal	{X} {HR Format} Integrate Fiscally-X

Practice	Education	Management	Administration
{Decide/Define} {Decide/Define} {Decide/Define}	{Orientation} {Orientation}	Resource Control-X Measure Resources-X {Measure-X} Measure/Control-X	{Institution} Human Resource-X Role Conflict:IRB-X Department Fiscal-X

Practice	QI	Education	Administration
{Advise} Standards-X Model of Care-X {Advise} {Advise Products} {Advise} {Clinical Advise} {Fiscal Advise} Performance Standards	{Advise} {Measure/Control}	{Advise}	Fiscal-X Negotiate-X Cuts/Adjustments-X {Advise/Consent}

QI	Practice	Management	Administration
{Measure}	Define Criteria-X	Resource-X Control/Resource-X	Resource Allocation-X {Support Department Obligations}

X = Area of Ownership	Council that has the right to a specific accountability. This can assist the Executive Council in assigning issues to the correct council for decision-making when a conflict exists.

Timeline Year 1 & 2	Accountabilities	June	July	August	September	December	January
Practice Council	Establish Standards of Practice: Generic & Unit-based Do template for Career Advancement Program: Parameters, Format, Approval Mechanism, etc. Define Key Indicators Incorporate Above into Ladder Develop & Implement Evaluation for Above	Theory — Review Material on Theory Based Practice	Evaluate — Nursing Theorists Decide on Four	Define —— Framework & Norms of Nurses at MMH	Select Theory to be Basis of Care at MMH-Complete Plan 1st Quarterly Staff Mtg	——→	Disperse information Re: Theory-I. King Completed via below Complete

Management Council	Incorporate Facilitation rather than Directing Staff into Management Skills/Style
	Implement/Modify Systems to Exemplify Responsible Use of Resources: Human, Material, Fiscal
	Represent MMH Mission & Goals as Councils Deliberate Decisions
	Define Process that Relates QI Council Re:Compliance/Discipline to Management Council
	Establish Systems for:
	  Role Clarification
	  Credentialing & Priviledging
	  Performance Criteria/Definition
		Define —— Accountabilities of all Members: Sr. V.P. Nursing, Directors A.D.'s			————→	Complete	Establish Mechanism for mentoring A.D.'s

Quality Improvement Council	Link MMH Mission & Goals to QI Priorities Create Design Format for Performance Appraisals, ie: Tools, Timing, Paper, Appeals, Eval., etc. Assess & Refine Career Ladder: Access, Criteria, & Reward System Develop Priviledging System: Entry, Review, Process & Types of Approval Plan & Develop Research Council						
Education Council	Link Orientation w/Practice Council Criteria Set 2-4 Priorities/year Based on QI Data, MMH Mission & Goals, & Identified Staff Needs Fulfill Required Classes: JCAHO, D.O.H., CPR, etc. Define Roles: eg. CNS's, CN III's Establish & Evaluate Mechanisms for Communication						

FIGURE E-2
Six-year timeline

February	March	April	May	June	July	September	October	December
Define Generic Practice Standards →			→	Complete				
				Format Form Unit-Based Practice Standards →		→	Complete	
						Implement Nursing Process, Documentation, Assessment, etc →	→	Complete
Plan 2nd-Quarterly Staff Mtg Topic: Unit-Based Shared Governance →		→	Complete	→	Evaluate Mechanism Continue or Modify			Define RN Accountabilities →
		Begin Phase I A.D. Support Group →			→	Start Phase II Group →		→
		Managers-HR Development Program for Phase II A.D.'s →			Develop 1992 Budget →	→	Complete	Establish Mechanism for resolution of Conflicts between Councils →
		Implement Staffing w/Medicus →		→	Evaluate-Staffing w/Medicus →	→	Continue-Staffing w/Medicus →	→
	Set Priorities: Approval Monitoring Eval Corrective Actions →		→	Complete		Complete		→
			Plan 3rd-Quarterly Staff Mtg Topic: Change →	→	Develop Corrective Action Plan →	→		
		Develop Communication Vehicle →	Complete →	Develop Criteria for Confirming Attendance at Programs →	→	Plan & Format Communication Between Councils →	Complete →	→
			Attend Team Bldg Day-Complete					

Continued.

Timeline Year 3 & 4	January	March	May	June	July	September	October
Practice Council	Nursing Process w/ I. King- Complete Formalize Position Descriptions ————————————————————————→				Revise Clinical Ladder Complete ————		
Management Council	>Phase I Group- Complete Begin Phase III Support Group Link Position Descriptions w/ Disciplinary Criteria Performance Based Position Descriptions —————	Establish Guidelines for Link w/ QI Council Re: Discipline ————————————————————→		Complete	Develop 1993 Budget ———————————→		Complete
Quality Improvement Council	Corrective Action Plan- Complete Review Research Process eg. Submission of ————— Proposals, Actions, Reports	Collaborate w/Managers Re:Discipline Design Peer —— Review/Appeal Process	————→	Complete			
Education Council	Communication ———— Vehicle Between Councils- Complete Professional Staff Meeting- Complete		Develop ———— Process for Staff Mtgs. 3x's/year: 1 Annual & 2 Prof.	————→ Complete ——— Plan Prof. —— Staff Mtg.		————→ Complete	Evaluate

FIGURE E-2—cont'd
Six-year timeline

December	January	May	June	July	September	October	December
⟶	Complete			Evaluate Position Description & Modify Where Appropriate			
⟶Complete	Performance Based Review Linked w/QI		Educating HR Dept. Re: Credentialing & Privileging	Develop 1994 Budget ⟶	⟶	Complete	
⟶ Complete	Design Career Ladder (Application, Approval, & Cont.)		Credentialing Entry (Review Process & Approval)		Evaluate Peer Review Process	⟶	Complete Complete
⟶Complete Learn to Manage Conf Budget Plan Prof Meeting ⟶	Manage Conf. Budget & Review Monthly	⟶ Complete		Plan Prof. Staff Meeting ⟶	Assess Orientation Process Complete		⟶

Continued.

Timeline Year 5 & 6	January	February	May	June	July	September	October
Practice Council					Evaluate Position Descriptions & Modify if Needed		
Management Council	HR Training Credentialing & Privileging	———————	————————→	Complete	Develop 1995 Budget ———	————————→	Complete
Quality Improvement Council	Credentialing Process (cont.)	———————	————————→	Complete			
Education Council	Assess Orientation Process- Complete	Plan ————→ Annual Staff Meeting	Complete		Plan ———→ Prof. Staff Meeting	Complete	Plan ——— Prof. Staff Meeting
	Format ——— Orientation Process				————————→	Evaluate Orientation Process & Modify Complete	
	Examine ——— Educational Programs & Set Standards				————————→	Complete	
	Prof. Staff Mtg.- Complete						

FIGURE E-2—cont'd
Six-year timeline

dent of the hospital. Additionally, the discussion of mission and goals should spark a contributory process from the bottom up. Assuring communication flows in all directions is an essential piece of strategic planning for nursing and the organization. The nurse is undoubtedly the individual most likely to hear what the patients' and community members' perceptions of missing services are and what services are rendered well.

In the final analysis, the shared governance process will be evaluated based on the ability of the nursing leaders to plan for, support, and live the power shift that these discussions are aimed at facilitating. Careful consideration of this aspect of the process cannot be overstated in terms of its importance. Staff nurses and managers alike will be carefully assessing to see if the assignment of accountability ownership is consistent with the philosophical shift to shared governance. The use of these tools and strategies can assist in achieving a successful evaluation of the shift to nursing professionalism in today's health care environ-

ment. This cultural change will establish a strong support base for nurses and the organization if allowed to flourish. It is up to each nurse to support this process from whatever vantage point she or he has within an organization. Support is there for nurses.

This material is reprinted with permission from Morristown Memorial Hospital, Morristown, New Jersey. The members who deserve recognition for their role in the development and submission of this material are:

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January	February	May	June	July	September	October
Evaluate Career Ladder & Modify if Needed				Evaluate Position Descriptions & Modify if Needed		
				Develop ——————————————→ 1995 Budget		Complete
→Complete	Plan ————→ Annual Staff Meeting	Complete		Plan ————→ Prof. Staff Meeting	Complete	Plan ————→ Prof. Staff Meeting

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MORRISTOWN MEMORIAL HOSPITAL
Mission statement

The mission of Morristown Memorial Hospital is to anticipate and respond to the health care needs of the people it serves. In this capacity, Morristown Memorial, as a community hospital and regional referral center, will strive to provide:

1. A comprehensive range of medical and health services of high quality, delivered in the most appropriate environment;

2. A skilled staff working as a team dedicated to the highest attainable standards of health care;

3. An environment in which all patients will be treated with the utmost compassion and respect;

4. Personnel, facilities, and equipment to fulfill these commitments;

5. Training and continuing education for professional and allied health personnel; and,

6. Resources for research and development and for the application of advanced techniques in the health sciences.

This mission will be pursued consistent with responsible fiscal practices and regulatory guidelines.

MORRISTOWN MEMORIAL HOSPITAL
Major goals

1. Recognize and respond to the expectations of the people we serve in everything we do.

2. Enhance our position as the preferred health care provider in Northwest New Jersey.
   - 2a. Excel as a provider of community and primary care services.
   - 2b. Continue to grow as the referral center for Northwest New Jersey.
   - 2c. Become a leading ambulatory care provider.
3. Maintain and support the hospital's medical staff.
4. Maintain an environment conducive to employee satisfaction, retention, and recruitment.
5. Pursue continuous quality improvement.
6. Focus everyone at the Hospital on personal, caring health care service delivery.
7. Recognize and respond effectively to changes in the health care environment.
8. Conduct all activities in a cost-effective manner to assure the continued financial viability of the Hospital.
9. Continuously work to earn the trust and support of the Hospital's publics.