

Shared Governance

*The Essentials for Building Competencies
and Measuring Progress*



Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN
Robert G. Hess, Jr., PhD, RN, FAAN

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Shared Governance: The Essentials for Building Competencies and Measuring Progress is published by HCPro, a Simplify Compliance brand.

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ISBN: 978-1-68308-756-4

Product Code: SGEBCMP

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Contents

- Dedicationv
- About the Authorsvii
- Acknowledgments.....ix
- Preface.....xiii

- Introduction 1**

- Part 1: Competencies for Shared Professional Governance 7**
 - Definitions Related to Competence, Competency, and Shared Governance.... 8
 - How Competencies in Shared Governance Are Selected..... 9
 - Goals, Competency Levels, and Outcomes.....25
 - Wright’s Competency Assessment Model.....25
 - Putting It All Together.....32
 - Identifying Competencies in Shared Governance33

- Part 2: Measuring Shared Governance43**
 - Quantitative Measures of Governance45
 - When and How to Measure..... 46
 - Research on the Evidence and Principles of Shared Governance..... 47
 - Six Dimensions for Measurement..... 48
 - Research on Measuring Shared Governance 50
 - Effectiveness of Shared Governance Councils:
Council Health Survey 50

Part 3: An International Clearinghouse for Research and Resources	77
Forum for Shared Governance.....	77
Accreditation in Shared Governance	80

Dedication

This work is dedicated to those courageous and giving healthcare providers and many other colleagues who continue to teach me about the extraordinary realities of lived shared governance. These profound heroes and heroines exemplify interprofessional partnerships at their best through their passion, integrity, and commitment to excellence at every opportunity of service and practice. Thank you.

—*Diana Swihart*

To the staff, managers, and executives in all healthcare professions who passionately believe that the best possible professional, organizational, and patient outcomes can only be achieved by empowering everyone to share in decision-making about patient care, to staff for trying something new and risky, to managers and supervisors for trading traditional roles for unknown new ones, and to executives for supporting staff, managers, and supervisors, and showing the way.

—*Robert G. Hess, Jr.*

About the Authors

Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN

Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN, the CEO and Managing Partner for the American Academy for Preceptor Advancement, enjoys many roles in her professional career, practicing in widely diverse clinical and nonclinical settings. An author, speaker, researcher, educator, mentor, and consultant, she holds graduate degrees in nursing and leadership and doctorates in theology and ministry. She continues to provide operational leadership for the shared governance processes for multiple national and international organizations as a consultant and liaison to help facilitate the application of evidence-based practice and research.

She is a member of Sigma Theta Tau International, the Nurses Organization of Veterans Affairs, the Veterans Educators Integrated Network (VEIN), and several professional advisory boards. She has published and spoken on a number of topics related to nursing, shared governance, competency assessment, continuing nursing education, nursing and servant leadership, new employee orientation, professional nurse development, building effective preceptorships, and evidence-based practice in clinical settings locally, nationally, and internationally. During her career, she has served as a Consulting Partner with the Forum for Shared Governance, an American Nurses Credentialing Center (ANCC) Magnet Recognition Program® appraiser, a treasurer for the National Nursing Staff Development Organization (now Association for Nursing Professional Development, ANPD), and

a commissioner on ANCC's Commission on Accreditation. In 2015, she was inducted into the American Academy of Nursing for her work in preceptor specialty practice and certification.

Robert G. Hess, Jr., PhD, RN, FAAN

Robert G. Hess, Jr., PhD, RN, FAAN, is an educator, editor, author, consultant, and the founder and CEO of the Forum for Shared Governance. He recently retired from his day job of 26 years where he created and managed the largest continuing education content team in nursing, which also encompassed 23 other healthcare professions, for a company that started out as Nursing Spectrum and progressed through iterations as Gannett Healthcare; OnCourse Learning, Healthcare; and Relias Healthcare. His last official title was executive vice president, chief clinical executive. An award-winning author, he has written more than 150 articles for numerous journals and books. He is the former vice chair of the ANCC's Commission on Accreditation.

In 2008, Dr. Hess was inducted as a Fellow into the American Academy of Nursing for his global work in shared governance. In 2018, he established an accreditation program for organizations that could quantify real shared governance. The Forum for Shared Governance is the only organization accrediting implementation of quantifiable interprofessional and organizational shared governance structures, processes, and outcomes nationally or internationally.

Acknowledgments

Every work, regardless of scope and size, is completed only with the help and inspiration of others. My sincere thanks go to my beloved husband for his support and encouragement, his unwavering belief in me. I also want to thank my devoted son, who lent his own writing skills and gifts to the earlier reading and critiquing of the manuscript, helping me write in a way that would be more comfortable and interesting for readers.

I would also like to acknowledge those many other nurses and healthcare providers, patients and families, speakers and teachers, and colleagues and friends who have contributed their ideas and thoughts through countless classes, seminars, lectures, and discussions I have experienced over the years. I write from their influence and want to recognize their contributions as well. Though their names are too numerous to list, many others can be found in this work and in the extended bibliography. To each and every one of you, thank you.

Finally, I would like to thank three innovative and courageous leaders in nursing today who have most transformed my own thinking about shared governance and competency assessment: Dr. Robert G. Hess, Jr., a friend and colleague who taught me how to measure shared governance and how to see more clearly the potential to truly lead change and advance healthcare on every level; Dr. Tim Porter-O'Grady, whose work first drew me to the study of shared governance; and Donna Wright, a brilliant friend and colleague whose work in competency assessment has influenced healthcare processes globally. Their work and influence make this another valuable addition to your own journey in

helping reshape and transform professional practice and service for this and the next generation of healthcare providers.

*Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN
November 2018*

I would like to acknowledge the voice of reason in my life: my wife and partner of more than 40 years, Evamaria Eskin, MD. One night while going to bed, when I was perseverating about my dissertation ideas, Evi turned to me and said, “Why don’t you propose something you know something about?” And that led me to defining and measuring shared governance.

I am eternally grateful to Tim Porter-O’Grady, DM, EdD, ScD(h), FAAN, one of my sponsors into the American Academy of Nursing, a mentor, and a resonant soundboard for my incessant questions. It was Tim who first challenged me to solidify my conceptual thinking to quantify shared governance and share the data.

I also want to acknowledge my partner in shared governance, Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN. We make quite a lively team, with my irreverence and her torrent of proper energy. As I sail around in a conceptual stratosphere, I can see Diana beckoning me to return to the weeds where the real work is done. And I thank her for that. She has taught me a lot.

Finally, I have been privileged to work with some of the most fascinating and empowering healthcare professionals on earth, both during my hospital career (before *Nursing Spectrum* magazine, Gannett Healthcare, and OnCourse Learning) and now, after several acquisitions, my more than 25 years with the company’s most recent iteration, Relias Health, which did me a favor by encouraging retirement from my day job so I can devote ALL of my energy to shared governance. To every nurse and allied healthcare professional who has

schooled me about real-life experiences with implementing shared governance, thank you for keeping me grounded.

I know this looks like a round robin to Diana's acknowledgements, but that's just the way it is.

*Robert G. Hess, Jr., PhD, RN, FAAN
November 2018*

Preface

Shared governance structures, with all their intrinsic complexities, responsibilities, and accountabilities, must be carefully designed and implemented to be sustained. This handbook to the fourth edition of *Shared Governance* provides tools to take some of the guesswork out of building competencies and measuring progress, processes, and outcomes for operationalizing shared governance. They are the key to making daily operations of shared governance meaningful, successful, and sustainable. This handbook is designed to provide a broad base on which to build planning, measurements, and implementation of a successful shared governance infrastructure.

In this book you will find a compilation of information and tools to help you assess and develop your own competencies, measure your progress and accomplishments, and monitor your processes. You can explore ways to engage internal and external stakeholders, assess your processes and outcomes, build competencies, evaluate your infrastructure within six domains of measurement, and assess the health of your councils—their effectiveness and efficiencies.

These tools can support your work as you partner with your leadership, educators, interprofessional team members, and multidisciplinary colleagues to ensure safe, competent practice within your organization and communities of service and care through shared professional governance.

This book, ***Shared Governance: The Essentials for Building Competencies and Measuring Progress***, is organized into three parts with strategic and tactical processes and tools for managing your own organizational governance system.

Shared Governance: The Essentials for Building Competencies and Measuring Progress

Part 1 discusses how to build competencies in shared governance, providing some working definitions, goals, competency levels, and outcomes grounded in Wright's Competency Assessment Model: Ownership, Empowerment, and Accountability.

Part 2 identifies the principles and newest instruments used to measure shared governance, i.e., the Index of Professional Governance 2.0 and 3.0 (IPG), the Index of Professional Nursing Governance 2.0 and 3.0 (IPNG), and the Council Health survey.

Part 3 features an international clearinghouse for research and resources. Lived shared governance is a dynamic, fluid, and ever-growing process that can transform healthcare. This section explores resources available to help you continue to build, mature, and sustain your shared governance competencies, measurements, and processes.

The information presented in this handbook reflects the research and opinions of its authors, contributors, and advisors. Because of ongoing research and improvements in interprofessional and multidisciplinary team structures, information technology, and education, this information, these tools, and their applications are constantly shifting, changing, and evolving in healthcare, leadership, and other services and disciplines.

It is the authors' sincere hope you will add this work to your library and consider how you, too, might contribute to this growing body of knowledge, research, and expertise through your own practice and organizational developments in shared professional governance.

—*Diana Swihart and Robert G. Hess, Jr.*

Introduction

Few things help an individual more than to place responsibility upon him, and to let him know that you trust him.

—Booker T. Washington

Shared governance continues to advance in high-reliability organizations and facilities working to increase service excellence across disciplines, both nationally and internationally. As more and more facilities and agencies seek to institute and accredit their interprofessional and academic shared governance activities, standardization of competencies and quantifiable outcome measures becomes more critical. This handbook offers tools, ideas, and recommendations to help organizations establish competencies and measures to support and sustain their shared professional governance processes across the continuum of healthcare.

Creating shared governance within a discipline and across an organization requires the time, effort, and commitment of those at every level. As healthcare becomes increasingly multifaceted and complicated, it also becomes even more complex and demanding. Providers assume many more roles and responsibilities, requiring multidirectional communication, shared decision-making, and shared leadership at all points of practice and service.

Shared governance is the measurable realization of an organization's culture as reflected in its mission, values, and philosophy. Operationally, shared

governance is defined as a management process model with a structure, process, and outcome that ensure collaborative decision-making at points of service and care:

- Structure = Shared governance model, infrastructure, or framework
- Process = Shared, decentralized decision-making
- Outcome = Shared leadership (not participatory management or a replacement for positional leadership)

The processes of shared decision-making facilitate sustainable, accountability-based decisions grounded in the principles of partnership, equity, accountability, and ownership (e.g., those seen in high-reliability organizations where team-based strategies guide practice actions and outcomes; see Table I.1).

Shared governance structures, with all of their intrinsic complexities, responsibilities, and accountabilities, must be carefully designed, implemented, and measured to be sustained. This companion to the fourth edition of *Shared Governance* provides tools to help you build competencies and measure progress, processes, and outcomes for operational shared governance.

In this book, you will find a compilation of information and tools to help you assess and develop your own competencies, measure your progress and accomplishments, and monitor your processes—the keys to making daily operations of shared governance meaningful, successful, and sustainable. Use it as a resource for exploring ways to engage internal and external stakeholders, assess your processes and outcomes, build competencies, evaluate your infrastructure within six domains of measurement, and assess the health of your councils, including their effectiveness and efficiencies.

TABLE I.1 Principles of shared governance	
<p>PARTNERSHIP</p> <ul style="list-style-type: none"> • Role expectations negotiated • Equality between players • Relationship grounded in shared risk • Clear expectations and contributions • Establish solid measure of contribution to outcomes • Defined horizontal linkages 	<p>EQUITY</p> <ul style="list-style-type: none"> • Each one's contributions are understood • Payment reflects value of contribution to outcomes • Role based on relationship, not status • Team defines service roles, relationship, outcomes • Team conflict and service issues defined by methodology • Evaluation assesses team's outcomes and contributions
<p>ACCOUNTABILITY</p> <ul style="list-style-type: none"> • Based on outcomes, not process • Defined internally by person in role; embedded in roles • Defines roles, not jobs; cannot be delegated • Determined in advance of performance • Performance validated by results • Focus is on collective activities • Self-described; dependent on and directly intersects with partnerships • Shares evaluation • Contributions-driven value • Processes generally loud and noisy 	<p>OWNERSHIP</p> <ul style="list-style-type: none"> • All workers invested • Every role and person has a stake in outcomes • Rewards directly related to outcomes • Every member associated with a team • Relationships supported by processes • Opportunity based on competence

Part 1

Competencies for Shared Professional Governance

Contributor: Donna Wright, MS, RN, Consultant, Nursing Professional Development Specialist

Competencies can be operationalized and assessed by linking them with professional activities.

—Olle ten Cate, Interprofessional Education Collaborative (IPEC, 2011)

The expansion of expertise in academic and interprofessional shared governance provides an opportunity to develop clear competencies and standardized descriptions of the knowledge, skills, and abilities required for the design or redesign, implementation, and sustainment of shared governance.

The goal of ascertaining specific competencies is to guide shared governance activities by identifying behaviors that will help organizations effectively operationalize and implement processes at the unit/practice/work area and facility levels and achieve specific elements of success. The competence of employees at every level of performance, practice, and service affects the organization's bottom line and viability.

Although not definitive nor exhaustive, this handbook provides additional background information and descriptions of how the Wright Competency Assessment

Model and Hess' (and team's) measurement tools have been used to develop some selected competencies. This information aims to help healthcare providers and team members at all organization and unit/practice/work area levels explore the concepts of competence and competency within the context of a shared governance infrastructure.

Definitions Related to Competence, Competency, and Shared Governance

Competency is demonstrated through a combination of knowledge, performance, and professional behaviors that verify a healthcare provider's ability to safely, effectively, and efficiently perform in an infrastructure of shared professional and interprofessional governance.

To clarify and operationalize competency assessment and shared governance in healthcare, let's begin with some definitions.

Competence: an individual's capability [or capacity] for consistently integrating the required knowledge, skill, and judgment for safe, ethical, and effective ... practice.

- *Competency*: a component of knowledge, skill, and/or judgment, demonstrated by an individual, for safe, ethical, and effective ... practice.
- *Competency assessment*: a fluid, dynamic process, NOT a static system; the effective application of knowledge and skill. It appraises, on an ongoing basis, that employees have the right abilities to carry out organizational goals and objectives; identifies areas of growth and development; provides opportunities for ongoing learning to achieve continuous quality and practice improvements; and completes the following six aspects of meaningful competency assessments:
 - Selects competencies that matter
 - Selects the right verification method for each competency identified

FIGURE 1.3	Competency decision worksheet
------------	-------------------------------

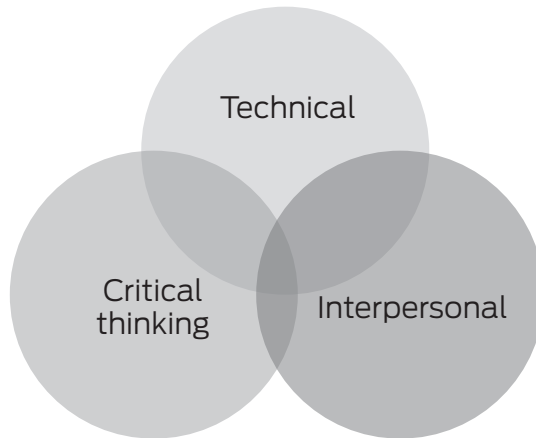
Unit/Work Area _____ Date _____

Step 1. Brainstorm staff needs by number (left column) in each of the categories listed below and place the number with a priority level in the appropriate box on the right. For example, item 7 is new and problematic with a high priority: place in both boxes as 7-H.

Step 2. Prioritize those needs and choose those one which the unit council will focus (**H** = High, **M** = Medium, **L** = Low).

	POTENTIAL COMPETENCY NEEDS	Priority: H—M—L
1. _____		
2. _____	What are the NEW procedures, policies, equipment, initiatives, etc., that affect this unit?	
3. _____		
4. _____	What are the CHANGES in procedures, policies, equipment, initiatives, etc., that affect this unit?	
5. _____		
6. _____	What are the HIGH-RISK/TIME-SENSITIVE aspects of this unit's orientation? (High-risk is anything that would cause harm, death, or legal action to an individual or the organization. Time-sensitive is anything that must be done quickly.)	
7. _____		
8. _____		
9. _____		
10. _____	What are PROBLEMATIC aspects of this unit's orientation? (These can be identified through quality management data, incident reports, patient surveys, staff surveys, and any other form of evaluation, formal or informal.)	
11. _____		
12. _____		

FIGURE 1.7	Domains of skill
------------	------------------



NOTE: To develop and verify competencies, be sure to include the following important qualities in your competency development program: listening; having self-awareness; dealing with the pyramid (top-down); engaging foresight; coaching, not controlling; developing your colleagues; and unleashing others' energy and intelligence.

For Wright's outcome-focused/accountability-based competency model to be effective, all three of the following elements must be present (also see Figure 1.8):

1. Competencies are collaboratively identified in a way that reflects the dynamic nature of work
2. Employee-centered verification (i.e., verification method choices are identified and appropriately match the 11 competency categories for the three methods of skills assessment and evaluation of competency, including mandatory education and ongoing competence (see Figures 1.2 and 1.5)):

FIGURE 1.10 Sample 1: Shared governance competency verification form

COMPETENCY VERIFICATION FORM				
DEMOGRAPHIC INFORMATION		Date:		
Employee name (print):		Position:		
Manager/Supervisor name (print):				
Department/Unit/Work Area:				
Preceptor/Alternate Preceptor name (print):				
EMPLOYEE INSTRUCTIONS				
<p>Purpose: Each employee is responsible for the assessment, coordination, implementation, and evaluation of his or her participation in shared governance (SG) councils, assignments, and other related interprofessional team activities. The purpose of this competency form is to provide a structured approach to verifying and validating competency skills reflected in shared governance processes. Once it is completed, it can be added to the employee's performance folder.</p> <p>[NOTE: These competencies are only examples. They may differ significantly, depending on the type of shared governance model that your organization selects and the competencies needed to be successful. They are not all-inclusive. Employees and leaders are encouraged to select only a few to add to the unit/practice/work area competencies each cycle. Recommendation: Do NOT attempt to use this form as a checklist for employees engaged in shared governance.]</p> <p>Competency validation: Validator (preceptors, educator, peers, team members, or a manager or supervisor) will list the method of competency verification (Wright, 2015) and initial/date each section that he or she validates.</p>				
COMPETENCY VERIFICATION METHODS		COMPETENCY VALIDATION		
T (test/exam)	D/RG (discussion/reflection group process)	Verification method used	Validator initials	Date of validation
RD (return demonstration)	P (presentation)			
EDW (evidence of daily work)	ME/S (mock event/survey)			
CS (case study)	QIM (quality improvement monitor of an individual)			
E (exemplar)				
PR (peer review)				
SA (self-assessment)				

Measuring Shared Governance

Improved statistics would tell us more of the relative value of particular operations and modes of treatment than we have any means of ascertaining at present ... and the truth thus ascertained would enable us to save life and suffering, and to improve the treatment and management of the sick.

—*Florence Nightingale, Notes on Hospitals, 1863*

Shared governance must be defined and measured before it can be connected to competencies or outcomes. Many measures used in shared governance consider or explore only characteristics of the structure or processes rather than the actual process and outcomes of shared governance (Forum for Shared Governance, www.sharedgovernance.org). The following tools measure the actual processes:

- **Index of Professional Governance (IPG)**: measures governance among all healthcare professionals (see Figures 2.1a & 2.1b; used with permission)
- **Index of Professional Nursing Governance (IPNG)**: measures nursing governance in healthcare organizations (see Figures 2.2a & 2.2b; used with permission)
- **Council Health survey**: measures council governance effectiveness at all levels, including the unit/practice/work area level (see Figure 2.3, used with permission)

FIGURE 2.1b Index for Professional Governance (IPG) 3.0

PROFESSIONAL GOVERNANCE 3.0	
<i>Please provide the following information. The information you provide is IMPORTANT. Please be sure to complete ALL questions. Remember, confidentiality will be maintained at all times.</i>	
Today's Date:	
1. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
2. Age:	
3. Please indicate your profession:	
<input type="checkbox"/> Accountant	<input type="checkbox"/> Physician
<input type="checkbox"/> Dietician	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other:	
4. Please indicate your HIGHEST educational degree:	
<input type="checkbox"/> Diploma	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Baccalaureate Degree	
5. Employment Status:	
<input type="checkbox"/> Full-time, 36-40 hours per week	<input type="checkbox"/> Part-time, less than 36 hours per week (specify number of hours/week):
6. Please specify the number of years that you have been practicing:	
7. Please indicate the title of your present position:	
8. Please indicate the type of nursing unit that you work on:	
<input type="checkbox"/> Case Management	<input type="checkbox"/> Operating Room
<input type="checkbox"/> Clinic	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Education	<input type="checkbox"/> Quality Management
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Recovery Room
<input type="checkbox"/> Maternity	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Other (please specify):
9. Please specify the number of years you have worked in this institution:	
10. Please specify the number of years you have been in this present position:	
11. Please rate your overall satisfaction with your professional practice within the organization (1 = lowest, 5 = highest)	
	1 2 3 4 5
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An International Clearinghouse for Research and Resources

In every art, beginners must start with models of those who have practiced the same art before them. And it is not only a matter of looking ... it is a matter of being drawn into the individual work of art, of realizing that it has been made by a real human being, and trying to discover the secret of its creation.

—Ruth Whitman

Forum for Shared Governance

Despite 40 years of history, shared governance often remains difficult to implement. The Forum for Shared Governance is a resource to make it easier to identify innovative services, research, and networks for organizations and thought leaders engaged in shared governance. The Forum is a clearinghouse for promoting and disseminating research about shared governance and similar organizational initiatives to help empower nurses and other healthcare professionals in their workplaces. It was established as a small endeavor with a singular purpose, but it has since grown to encompass a global community of researchers, educators, speakers, and practitioners (www.sharedgovernance.org).

Founding the Forum

The driving belief behind the Forum is that governance innovations for empowering staff, managers, and patients to share control and influence over

healthcare organizations can enhance patient, organizational, and professional outcomes. The Forum further believes that staff and managers need ongoing education and support to participate effectively in innovative governance models in those organizations.

The mission. The mission of the Forum is to support and nurture shared governance within healthcare organizations by providing the community, information, and tools they need.

The tools. The Forum resources include a growing and supportive shared governance community, offer tools for implementing and evaluating the measurable impact of shared governance on the organization, house research, and host advisors and consultants who are experts in shared governance to help individuals and organization at every phase of their design or redesign of shared governance.

Some tools that the Forum provides include weekly updates, a Q&A advisory board, a shared governance online community of hospitals building and maturing their shared governance, a cyber-community of participants and researchers in shared governance, accreditation in shared governance, online research on shared governance, and more collaborative resources and opportunities (such as a Members Only section).

Weekly updates. The Forum provides weekly updates to keep you abreast of who is conducting collaborative and independent research, of publishing and speaking, of worldwide events, and of the status of shared governance in specific healthcare organizations. It has become an international clearinghouse for research and resources, including those to help persuade leaders that the cost of a formal staff empowerment program would yield savings and provide tools and methods to advance the concepts and activities of shared governance.

Shared Governance

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Diana Swihart, PhD, DMin, MSN, APN CS, RN-BC, P-PCA, FAAN
Robert G. Hess, PhD, RN, FAAN

Shared governance structures, with all their intrinsic complexities, responsibilities, and accountabilities, must be carefully designed and implemented to be sustained. This companion to *Shared Governance: A Practical Approach to Transforming Interprofessional Healthcare*, Fourth Edition, provides tools to take some of the guesswork out of building competencies and measuring progress, processes, and outcomes for operationalizing shared governance.

They are the key to making daily operations of shared governance meaningful, successful, and sustainable. This book is designed to provide a broad base on which to build planning, measurements, and implementation of a successful shared governance infrastructure.

This resource will help you:

- Assess and develop your own competencies
- Measure your progress and accomplishments
- Explore ways to engage internal and external stakeholders
- Evaluate your infrastructure within six domains of measurements

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ISBN-13: 978-1-68308-756-4



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