

# The Methodist Hospital CCU: A Beacon Unit of Excellence

## The Coronary Care Unit Team

*The Methodist Hospital, 6565 Fannin F1003, Houston, TX 77030, USA*

The American Association of Critical Care Nurses (AACN) first announced the Beacon Award for Critical Care Unit Excellence in the fall of 2003. Four critical care units earned the first awards, which were announced May 2004 at the AACN's National Teaching Institute in Orlando, Florida. The Beacon Award application has six elements, which include: recruitment and retention; education, training, and mentoring; evidence-based practices; patient outcomes; healing environment; and leadership and organizational ethics [1]. Critical care units must meet the standards or describe strategies in place to meet the intent of the criteria. The Coronary Care Unit (CCU) of The Methodist Hospital (TMH) in Houston, Texas, is proud to be one of the first four award-winning units. This article describes the nursing infrastructure within this hospital and focuses on how the CCU team used hospital and national strategies to improve the work environment to provide excellent care for patients and families.

A Beacon critical care unit resides within a culture of excellence. It is easier to become a Beacon unit when the organization's mission, vision, and values match the fundamental concepts of the Beacon Award. TMH is a 1200-bed academic not-for-profit hospital in the Texas Medical Center in Houston, Texas. The organizational culture and climate of this institution has evolved significantly over the last decade. Many hospital leaders initiated programs that resulted in a value-driven organization. The organization's values are synthesized into five concepts that are referred to by way of the acronym I

CARE (Integrity, Compassion, Accountability, Respect, and Excellence).

A values survey, in combination with an annual employee survey, evaluates the current culture, the ideal culture, and assesses for areas of mismatch. This strong initiative has become part of the fiber of the organization. Decisions are made within the context of the I CARE values. These beliefs solidified an infrastructure that supported TMH becoming a "magnet" hospital in 2002.

A culture of professional nurses delivering quality care is the foundation of nursing practice at TMH. The TMH philosophy is rooted in the leadership, art, and science of nursing. TMH staff believe that all nurses have leadership ability and can maximize their leadership capacity through shared governance. The professional nursing practice infrastructure includes a shared governance model, the Nursing Clinical Career Progression Model (NCCPM), and the Center for Professional Excellence (CPE).

### TMH shared governance model

Shared governance is the model that helps support and develop nursing practice. Governance is focused on both the clinical and managerial aspects of providing care. This structure allows nursing staff to assess clinical standards and make appropriate changes. Nurses contribute to management and clinical decisions and help organize the business of hospital and unit health care. Each service line has an organized shared governance model based on the unit/service line needs. The governance structure promotes continuity of practice, reduces duplication of services, and allows for shared problem solving and new ideas.

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There are three components of the nursing shared governance model: the Nursing Leadership Council (NLC), standing nursing councils, and unit level councils. The NLC, which is chaired by the chief nurse executive, provides strategic planning and leadership for the nursing department. The NLC advances professional nursing by providing consistent focus, setting priorities, proactively addressing issues that affect nursing, and developing leadership throughout the hospital. The membership of the NLC consists of the following standing members: nursing executives, nurse managers, nursing directors, nursing staff, the Director of the CPE, and a human resources generalist.

The five housewide standing councils are the Research and Education Council, the Clinical Practice Council, the Documentation and Clinical Information Council, the Recruitment and Retention Council, and the Quality and Performance Improvement Council. These councils report to the NLC and are cochaired by members of the NLC. The Research and Education Council is designed to advance the art and science of nursing practice through research and education. This council sets research priorities, develops systems for research use, identifies education priorities, and evaluates education at TMH. The Research and Education Council is cochaired by the Director of the CPE and the Director of Nursing Science.

The Clinical Practice Council provides continuity for developing standards, policies, procedures, and models for clinical practice and care delivery. This council provides a forum for sharing best practices, reviewing issues related to clinical practice, determining the impact of technology on clinical practice, and assuring consistency of policies and procedures.

The Documentation and Clinical Information Systems Council provides guidance into the process of development and implementation of effective, easy-to-use patient care documentation and information systems. This council focuses on evaluating and monitoring issues related to documentation, interfacing with strategic planning for Information Technology, and assessing the need for understanding of computer technology.

The Recruitment and Retention Council is charged with developing innovative strategies to recruit and retain professional nurses. This group is also focused on retention and workforce planning for the future.

The Quality and Performance Improvement Council, our newest council, looks at national and hospital trends and creates interdisciplinary teams to determine strategies to correct or improve quality issues. Monitoring for effectiveness of change is part of the process. All councils are composed of a combination

of staff nurses and managers from across service lines. Each inpatient-nursing unit mirrors the housewide councils and is based on unit needs. The unit councils report to the housewide councils, who then report to the NLC.

### **Nursing Clinical Career Progression Model**

The NCCPM is a clinical ladder that was built over a 2-year period by the nursing leadership at TMH. An analysis was conducted on the relationship between salary and performance for TMH nurses. After all nurses were reviewed for current salary, years of experience, and performance, salary adjustments were made based on a decision-making matrix, rather than across-the-board pay increases. The NCCPM also has the qualities of “magnet nurses” embedded in the model, along with components of horizontal growth and promotion, novice to expert advancement, and a lifetime career orientation. The model is designed to reward and retain nurses at the bedside who are directly caring for patients. The five levels in the model are clinical apprentice, clinical colleague, clinical mentor, clinical leader, and advanced practice nurse. Each position within the model has three distinct categories, which include clinical, education, and research, as well as components of the leadership, art, and science of nursing.

### **Center for Professional Excellence**

The CPE is designed “to achieve excellence in patient care by developing professional nursing practice through education, research, leadership, and consultation with the interdisciplinary health care team.” The CPE is the department that houses personnel responsible for new nurse orientation and student programs along with patient educators and advanced practice nurses. Continuing education, as well as formal and informal programs, are offered through the CPE.

One of the available programs for nurses who wish to return to school is The Texas Workforce Commission grant. This grant was given to TMH to support a work/school program, which is designed to provide support to employees interested in pursuing an Associate’s Degree in Nursing or a Bachelor of Science in Nursing at area colleges and universities. Nurses in this program receive tuition, fees, and books paid in full, as well as release time from

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