Overview: Sustaining Leadership at the Point of Care through Shared Governance in Culture of Relationship-Based Care: 2008 JHS Case Study
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Background/Method
Total Number of UPCs: 91
Total # Active UPCs: 52
Total # Inactive and Struggling UPCs: 39

Why were there so many inactive/struggling UPCs? The UPC Coordinator designed a survey (SAQ) to answer this question. Surveys were sent out to UPC members, ANMs and NMs – a total of 195 respondents.

Purpose of the Survey
1. Explore factors/variables related to failure or success of the UPCs
2. Explore sustainability factors related to the UPCs

Survey Results: N=114 ANMs, 35 NMs, 46 UPC Members

Analysis
Successes per NM
1. Committed, dedicated staff – 24%
2. UPC education prior to start-up – 17%
3. Nurse Manager/Admin support – 13%
4. Regular Meetings – 13%
5. Guidance from facilitator or Nurse Manager – 10%

Successes per ANMs
1. Consistent staff involvement – 31%
2. Support, guidance from mgmt/facilitator – 19%
3. Staff willingness to participate – 18%
4. Regular meetings – 7%
5. Formal structure including education of all staff – 5%

Recommendations
Based on the survey results, UPCs need the following in order to be successful:
1. Committed, dedicated staff
2. Guidance, support from management/facilitator
3. Education prior to start-up
4. Regular meetings
5. Formal structure

Conclusions/Implications
UPCs, leadership at the point of care, can be sustained in a relationship-based culture with:
1. Committed, dedicated staff (tool to measure)
2. Guidance and support from management/facilitator (what do these look like?)
3. Formal structure
4. Regular meetings
5. Education and training prior to start-up