

## **“SPEEDY DELIVERY”**

### **A Case Study on Shared Decision-Making**

Dr. Perry Natal is a young, energetic and highly skilled obstetrician. After only six months on staff, he has proven himself a competent and caring physician and has earned the respect of his colleagues. He's also a very busy man. He's chosen to remain in solo practice, delivering an average of 20 babies per month in three area hospitals. He partners with another physician to serve as his emergency backup, but very rarely has he had to call on him. He has a strong desire to meet his patients' expectations in the office, the OR and the delivery room. Managing his time efficiently is critical to his success. On Monday, Wednesday and Friday he sees office patients in the mornings, grabs a bite of lunch and uses his OR block time for afternoon surgery. On Tuesday and Thursday he schedules inductions and C-sections and sees office patients in the afternoon.

One of his favorite patients is Mrs. Fertile Myrtle, whose 5<sup>th</sup> child is due on Christmas Day. Today is Wednesday, December 19<sup>h</sup> and she desperately wants to deliver in time to be home for Christmas. Unfortunately, he's already scheduled two post-dates inductions for in the morning and he's got a big golf outing planned for Friday. Saturday would work for him and Mrs. Myrtle, but he knows that L&D only schedules elective inductions on weekdays. He understands the rationale... nursing staff and anesthesia coverage is limited and inductions require more intensive care, but he believes L&D should be more flexible in accommodating physician and patient needs. Besides, he reasons, the census is low today and typically falls even lower on weekends. Surely they can handle one more patient on Saturday. Armed with his “the patient comes first” argument he pages Birtha Baby, 1<sup>st</sup> shift Clinical Coordinator for the unit.

In the meantime, Birtha has heard rumor of Dr. Natal planning a Saturday induction for Mrs. Myrtle. The unit is running extra short of nurses this weekend and those who are working are not the most experienced staff. There is plenty of staff on Friday, but Birtha knows that Dr. Natal already has a golf outing planned. This wouldn't be the first time he tried to get around the rules for his own convenience. He just doesn't seem to understand all that is involved in running an L&D safely. Birtha awaits his call, prepared to give him an absolute “No” to his request for a Saturday “convenience” induction.

You have been the successful and proud manager of this 16-bed LDRP unit in a growing suburb for 5 years. During your tenure, delivery volumes have steadily increased, your patient satisfaction scores are in the 95<sup>th</sup> percentile and you have developed a team of dedicated clinicians who are deliver excellent, personalized patient care. You have also worked very hard to develop strong, collaborative relationships with the physicians.

Six months ago you implemented a shared governance model on the unit. The staff manages their own schedule, participates on an active nursing council and is increasingly involved in decisions affecting patient care as well as unit operations. As you walk onto the unit this morning, Birtha Baby stops you in your tracks, saying, “I've had it with Dr. Natal manipulating the system. I just want to give you a heads up that I'm putting my foot down he isn't going to get his way this time!”

## Questions:

What is your first response to Birtha Baby?

*"Tell me what has happened and what you are planning to do next."*

How much direction should you give to Birtha about how to handle this situation?

- *Let her share her frustration, but have her keep them in check in her discussion with Dr. Natal*
- *Let her articulate her plan for dealing with Dr. Natal as well as her rationale*
- *Ask her to speak to what effect her response will have on her and the department's relationship with Dr. Natal.*
- *Ask her to first consider the patient's needs.*
- *Ask her to think about what creative solution could meet the needs of the patient, physician and staff.*

At what point should you intervene?

- *If and when the patient's needs are being compromised.*
- *If the interaction becomes emotional.*
- *If you believe Birtha's actions will have a lasting, negative impact on the physicians trust in the department*

Who should have the final say and how do you determine that?

- *Let Birtha decide unless any of the above occurs.*

## Discussion Points:

- Discuss how the principles of shared governance affect this situation.
  - *Partnership- promotes relationships; links stakeholders to mutual outcomes; recognizes interdependence; engages everyone in the process*
  - *Equity- Every role has value; keeps focus on services and customers*
  - *Accountability- everyone's role is defined by outcomes to be achieved; peer accountability*
  - *Ownership- everyone had a stake in the best outcome; shared responsibility*

- Discuss the five “rights” of decision making in a shared governance model in relation to this situation.
  - *Right decision- decision must target the issue or concern*
  - *Right person- is Birtha the person to decide?*
  - *Right place- can the decision be made at the “point of service” or should it be made at a higher level?*
  - *Right time- is now the time to make a different decision than has been made in a similar situation in the past?*
  - *Right purpose- what are the motives behind the decision? Better patient care, “principle”, control, etc.*
  
- Discuss how the goals of shared governance are challenged in this situation.
  - *Decision making pushed to the center- can those closest to the action make the best decision?*
  - *Outcomes achieved through accountability- who will ultimately be held accountable for the outcome?*
  - *Sustainable structural support- is there enough structure in place to create predictable, consistent decision-making in similar situations in the future?*
  - *A seamless delivery system- what are the “walls” that impede the patient’s and/or physician’s ease of access to the system; is it an appropriate barrier?*
  - *Impediments to partnership removed- does one party have more power than the other? How can collaboration be achieved?*
  
- Discuss how the following concepts of shared decision making play out in this situation.
  - *Empowerment- nurse has an active vs. passive role in decision-making; more power and decision making given at the staff nurse level*
  - *Point-of-service- decisions are made at the level of action (where care is delivered)*
  - *Service-driven- focused on organizational mission of service; customer-focused*
  - *Diversity- shared accountability; dialogue encouraged and all contribute;*
  - *Collaboration- consensus reached through dialogue; mutual respect*
  - *Collegiality- product of collaboration; cohesiveness; trust*