HOMESTEAD HOSPITAL

NURSING DEPARTMENT

SHARED GOVERNANCE BYLAWS

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SHARED GOVERNANCE BYLAWS

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Definitions

1) **Shared Governance:** a participative form of decision making whereby authority and responsibility are shared among mutually interested parties. The underlying principal of shared governance is collaboration.

2) **Unit Practice Council:** the basic unit for shared decision making of a particular unit or group of related units. The Unit Practice Council is principally composed of registered staff nurses.

3) **Clinical Practice Council:** the Shared Governance Council responsible for defining and approving all issues, products and activities related to quality care and clinical nursing practice.

4) **Evidence-Based Practice and Research Council**: the Shared Governance Council responsible for defining and directing all research and evidence based activities related to clinical nursing.

5) **Professional Development Council:** the Shared Governance Council responsible for defining and directing educational advancement opportunities and clinical competency activities related to clinical nursing.

6) **Nursing Quality Council**: the Shared Governance Council responsible for defining, developing and implementing recommendations for the improvement of patient outcomes.

7) **Nursing Department:** the division of the hospital that is responsible for the duties and functions of all nursing personnel and for the quality of nursing care delivered hospital wide.

8) **Professional Nursing Advancement Program:** a formalized structure, based on Patricia Benner's Model of Novice to Expert, that delineates the path for recognition and advancement for the bedside registered nurse.

9) **Member:** an employee in good standing of a shared governance council with a voice and a vote in all matters under consideration by the council.

10) **Alternate Member:** an employee in good standing who serves to replace a member of a shared governance council when the member is not able to carry out the assigned duties. An alternate member has a voice and a vote in all matters under consideration by the council when serving on behalf of the member.

11)) **"In good standing":** the status of a hospital employee who has not received a written corrective action in the past six months and received a "Fully Meets" on all areas of his/her annual performance evaluation.

12) **Quorum:** attendance by greater than 50% of the official members of the council.

PREAMBLE

WHEREAS, Homestead Hospital is a health care facility licensed under the laws of the State of Florida; and

WHEREAS, the Nursing Department is organized to serve the needs of its patients, families, physicians and staff; and

WHEREAS, it is recognized that the goal of Shared Governance is to create a formal structure within which nurses manage their practice through organizational partnership and collaboratively strive to achieve excellence in providing evidence based care

THEREFORE, the nursing staff in this Hospital hereby shall carry out the functions of shared governance in conformance with these Bylaws.

ARTICLE I.

Purpose

1.1 The purpose of the bylaws is to provide guidance and structure for Shared Governance within the Nursing Department at Homestead Hospital.

1.2 The purpose of Shared Governance is to provide a formal structure within which nurses manage their professional practice through shared decision making, partnership and commitment. Each nurse utilizes professional autonomy and accountability to achieve patient outcomes that are measurable indicators of excellent patient care and exemplary professional practice. These outcomes are shared at the unit level as well as throughout the organization.

ARTICLE II.

Shared Governance Councils

2.1 Shared Governance Councils have the responsibility, authority, and accountability for identifying and addressing matters related to the professional practice of nursing within the Nursing Department.

2.2 The Shared Governance Councils are the following:

a. Nurse Leadership Council (NLC)
b. Nurse Governance Council (NGC)
c. Clinical Practice Council (CPC)
d. Professional Development Council (PDC)
e. Evidence-Based Practice and Research Council (EBPRC)
f. Nursing Quality Council (NQC)
g. Unit Practice Councils (UPC)

ARTICLE III.

Authority

3.1 Shared Governance Councils are the legitimate bodies for decision making in the Nursing Department and retain the responsibility, authority, and accountability, with the final approval of Nurse Governance Council, for the process and outcome of issues related to clinical professional practice, evidence based practice including research, professional development and leadership through the shared governance structure.

3.2 Council decisions are made after careful consideration and input from the members and after consideration of the evidence.

3.3 Councils have the authority to make decisions as outlined in their descriptions.

3.4 Decisions that impact on the delivery of nursing care are reviewed by Nurse Governance Council and if appropriate, by Nursing Leadership.

3.5 Each council has the authority to remove representatives who are not fulfilling their responsibilities.
3.6 Decisions shall only be made when a majority of the members are present (greater than 50% of the members). This will constitute a quorum. A member on leave of absence shall not be counted when determining the quorum.
3.7 No Council business is official unless a quorum is present. Majority vote of the quorum constitutes the action of the Council.
3.8 Voting may be secret or open, at the option of the members present and voting.
3.9 A UPC has the authority to elect members and officers.
3.10 The Present UPC Chair serves as a liaison between the unit manager and staff and is responsible for keeping the manager abreast of the work of the UPC.

ARTICLE IV.

Membership

4.1 Shared Governance Council Membership

4.1.1 The membership of each council is delineated in the council descriptions herein contained.
4.1.2 Members of the Shared Governance Councils are selected from the registered nursing staff. Non nurse employees may be extended membership when the needs of the council would be served by doing so.
4.1.3 UPC's shall select from their membership a member and an alternate to attend Clinical Practice Council, Professional Development Council, Evidence- Based Practice Council, and Nursing Quality Council.
4.1.4 Alternates assume full rights and responsibilities of the regular member when the regular member is unable to carry out his/her duties. Those rights include the right to vote.
4.1.5 If a UPC representative is unable to complete the term, a replacement shall be selected by the UPC from the UPC membership. The replacement may serve up to the maximum length of the term of the replaced member for that council.
4.1.6 The Present Chair of each UPC shall be a member of Nurse Governance Council. The Chair Elect of each UPC shall serve as the alternate member.

4.2. UPC Membership

4.2.1 Selection of the UPC members will be made by all staff on the unit.
4.2.2 Staff members may nominate a co-worker or self-nominate.
4.2.3 UPC's may include in their membership employees from other disciplines if pertinent to the work of the unit. All non nurse members are subject to the same rules as nurse members. Staff members from each caregiver role assigned to the unit (i.e., RN, Clinical Partner, Monitor Technician, Secretary, etc.) should be represented as pertinent.
4.2.4 The UPC's shall be of sufficient size to ensure that no one UPC member is responsible for communicating with more than 10 other staff members.
4.2.5 Members may not serve on more than one council at any given time, unless the unit does not have sufficient members to allow for this.

4.2.6 UPC members will serve a term of two years.
4.2.7 Nominations and general election for new UPC members will occur in February.
4.2.8 A new UPC member assumes responsibility from the retiring member at the March meeting.
4.2.9 Nominees and UPC members must be employees in good standing and remain as such throughout their term.

4.3 Chairperson of each Council

4.3.1 Each council has a mechanism in place for electing a Present Chair and Chair Elect.
4.3.2 The Present Chair and Chair Elect of all Shared Governance Councils shall be a registered professional nurse for nursing departments and other professional for non-nursing departments.
4.3.3 The Present Chair and Chair Elect shall serve the Council for a period of two years (1 year as Chair Elect and 1 year as Present Chair).
4.3.4 The Present Chair may not serve more than two consecutive terms on the same council.
4.3.5 During their term, the Present Chair does not represent any constituency and is to remain impartial.
4.3.6 If the Present Chair is unable to assume or complete the term, the Chair Elect will assume the position of Present Chair.
4.3.7 The Present Chair of a Shared Governance Council assures the accountabilities of their Council are fulfilled.
4.3.8 The Present Chair represents the Council and acts on its behalf.
4.3.9 The Chair Elect will conduct the meeting in the absence of the Present Chair.

4.4 UPC Present Chair and Chair Elect:

4.4.1. The election process for Chair Elect shall take place every March.
4.4.2 Following the February meeting, nominations shall be announced and ballots distributed to all staff in the unit. Nominations from UPC members shall be taken for the UPC Chair Elect positions at the March meeting. Voting shall be accomplished by secret ballot at the March meeting and the name of the newly elected Chair Elect shall be announced at the March meeting.
4.4.3 The newly elected Chair Elect shall attend the March and April meetings and assume their duties in May.
4.4.4 If the Present Chair is unable to assume or complete the term, the Chair Elect will assume the position of Present Chair. If the Chair Elect is unable or unwilling to serve, a Present Chair and a Chair Elect shall be selected from the members.

4.5 Clinical Practice Council, Professional Development Council, Evidence-Based Practice and Research Council and Nursing Quality Council Present Chair and Chair Elect:

4.5.1 Chair Elects shall be elected by the members of the respective councils every other May on odd years.
4.5.2 Nominations and voting shall take place at the May meeting. Voting shall be accomplished by secret ballot at the May meeting and the names of the newly elected Chair Elect shall be announced at the May meeting.

4.5.3 Newly elected Council Chairs Elect shall attend the May and June meetings and shall assume their duties in July.

4.6 Service of Council Members

4.6.1 Members are required to attend scheduled Council meetings and resolve any scheduling conflicts.

4.6.2 If a member must be absent form a council meeting, the member shall insure that an alternate will attend (with the exception of UPC meetings).

4.6.3 Three absences in one rolling year shall be reviewed by the Council for possible termination of membership.

ARTICLE V.

Standing Committees and Ad Hoc Committees

5.1 Councils may form Ad Hoc Committees to perform certain tasks or meet specific objectives. These objectives should be clearly delineated. The Council shall appoint the Chair and members to the committee.

5.2 Committees report to their respective Council Chairs at least monthly.

5.3. Ad Hoc Committees have time frames, designating the start and end date for their duration.

5.4 At least one council member sits on the committee and serves as a liaison to the Council.

5.5 Attendance by a majority (more than 50%) of the members constitutes a quorum.

5.6 Committees are reviewed at least bi-annually regarding their purpose and need for continuance.

5.7 The Council retains final authority for all committee recommendations.

ARTICLE VI.

Meetings

6.1 All Shared Governance Councils shall meet monthly. Meetings may only be canceled when there is not a sufficient volume of business to discuss or at the request of a majority of the members for a valid reason.

6.2 Minutes are taken and duly recorded in the approved format.

6.3 Minutes are made available electronically to all registered nurses.

ARTICLE VII.

Amendments to the Bylaws

7.1 The Chair of Nurse Governance Council shall oversee the bi-annual review of the by-laws, on odd numbered years.
7.2 Amendments shall be proposed to the Nurse Governance Council.
7.3 Adoption of a change in the bylaws shall occur with a majority vote of Nurse Governance Council.
7.4 A member of any Council may at any time submit in writing to the Chair of Nurse Governance Council a recommendation for a bylaws change. The submission will be placed on the next Nurse Governance Council Agenda for discussion and action.

ARTICLE VIII.

Nurse Leadership Council Description

8.1 Role

The Nurse Leadership Council serves as the ultimate decision making body regarding all matters pertaining to the professional practice of nursing within the organization, serves as a communication vehicle within the Nursing Department and as a liaison between the Nursing Department, the Medical Staff, Hospital Standing Committees and System Committees.

8.2 Accountabilities

A. Receive reports and information from Centers for Excellence in Nursing (CEN), the Medical Staff and Hospital Standing Committees and System Committees.
B. Discuss issues of interest and identify projects to refer to the appropriate shared governance council.
C. Disseminates pertinent information internally to appropriate staff members, councils and committees and externally.

8.3 Membership

A. Chief Nursing Officer
B. All Patient Care Managers and Directors
C. Patient Care Supervisors
D. Risk Manager
E Infection Control Practitioner
F. Palliative Care Manager
G. Director of Performance Improvement
H. Clinical Informatics Specialist
I. Other Support Services as needed.

8.4 Process

A. Meetings are conducted monthly.
B. Minutes are recorded by Chief Nursing Officer's Administrative Assistant and posted on the intranet.
C. Agenda and Minutes are recorded on the shared governance templates.

Article IX.

Nurse Governance Council Description

9.1 Role

The Nurse Governance Council serves to oversee the implementation of professional nursing practice throughout the organization and to create an environment that promotes and enhances the practice of the nursing profession within the interdisciplinary setting, through the shared governance structure.

9.2 Accountabilities:

Council responsibilities include, but are not limited to the following:

A. Assure there are appropriate human and material resources necessary to support the standards of professional nursing practice and to meet the needs for quality care of patients and their families.
B. Set goals, objectives and priorities for the Department of Nursing Services.
C. Promote staff/leadership partnership.
D. Recognize and coordinate activities to acknowledge accomplishments of staff.
E. Develop a budgetary philosophy reflective of the current economic environment and in keeping with the strategic goals of the organization.
F. Maintain and facilitate the systems/processes that support the Professional Practice Model and the Care Delivery System.
G. Manage and execute the recommendations of the shared governance councils by ensuring the council's decisions are communicated and implemented.
H. Receive and act upon reports from councils. Serve as the coordinating and referring/approving body for all shared governance council activities.
I. Plan, develop and implement informal and social opportunities for staff.
J. Provide educational offerings created by staff nurses for themselves and for other professionals in the community.
K. Ensure that nursing is represented as an integral part of the interdisciplinary approach to patient care.
L. Interact and share information in order to promote collaboration and effective problem solving among the councils.
M. Produce data related to the organization's practice of nursing for the organization's leadership and for other specified purposes.
N. Quarterly provide information to the nursing staff regarding issues addressed by all councils research and evidence based practice, patient care outcomes and the status of nursing within the organization.

O. Collaborate with BHSF Clinical Learning to meet the organization's clinical learning needs and identify opportunities to motivate and foster an environment for lifelong learning.

P. Provide support and education on issues pertinent to Magnet designation/re-designation.

9.3 Membership

Membership on the Nurse Governance Council is drawn from the leadership and professional nursing staff as described below.

A. The Present Chair of each Unit Practice Council, with the Chair Elect serving as the alternate
B. All Patient Care Managers and Directors
C. Interdisciplinary staff as determined by the needs of the organization
D. The Present Chair of Clinical Practice Council, Professional Development Council and Evidenced-Based Practice and Research Council
E. Nurse Research Specialist

9.4 Process

A. Meetings are conducted monthly.
B. Minutes are recorded by the council secretary and posted on the intranet.
C. Agenda and minutes are recorded on the shared governance templates.

ARTICLE X.

Evidence-Based Practice and Research Council Description

10.1 Role

The Evidence-Based Practice and Research Council serves to develop, define and direct all research and evidence-based activities related to clinical nursing practice through the shared governance structure.

10.2 Accountabilities

A. Plan, define, develop, revise, implement and direct basic research activities, including but not limited to the following:
   1. Review of research projects and IRB applications for completeness and scientific integrity prior to IRB submission.
   2. Participation in internal and external research projects
   3. Dissemination of research findings to staff and leadership within and outside the organization.
   4. Identification of patient care problems through performance improvement activities (reports from other committees, etc.)

B. Assure that all policies and procedure, order sets and nursing standards are evidence based and in keeping with current nursing practice.

C. Approve new and revised policies which define nursing practice throughout the organization.

D. Serve as the liaison between professional nurses and the Institutional Review Board in all matters pertaining to research.
E. Review and approve all research articles and presentations to external organizations, in conjunction with BHSF Center for Research & Grants.
F. Maintain a collaborative relationship with the Center for Excellence in Nursing.
G. Encourage and assist nurses at all levels to disseminate and publish their research findings for internal and external audiences.
H. Assist with the transference of new knowledge into nursing practice.
I. Encourage staff nurses to provide educational offerings created by staff nurses for themselves and other professionals in the community.
J. Foster and support the interdisciplinary approach to patient care.
K. Produce data regarding research and evidence-based practice activities for the organization's leadership and for other specified purposes.

10.3 Membership

Membership on the Evidence-Based Practice and Research Council is drawn from the professional nursing staff as described below.

A. One professional nurse representative and one alternate from each Unit Practice Council
B. Clinical Nurse Educator
C. One Patient Care Manager/Director
D. NDNQI Coordinator
E. Nurse Research Specialist
F. Interdisciplinary staff as determined by the needs of the organization (i.e., Chaplain, Nutrition, Cardiology, Laboratory, Foundation representative, Center for Excellence in Nursing Representative, Clinical Learning/Representative)

10.4 Process

A. Meetings are conducted monthly.
B. Minutes are recorded by the council secretary and posted on the intranet.
C. Agenda and minutes are recorded on the shared governance templates.

ARTICLE XI.

Professional Development Council Description

11.1 Role

The Professional Development Council serves to define, facilitate and direct the continuous advancement of all nursing personnel through formal nursing education, certification and competencies through the shared governance structure.

11.2 Accountabilities

A. Plan, develop, implement and evaluate professional educational activities including, but not limited to:
   1. Staff orientation and continuing education in partnership with Clinical Learning
   2. Competencies for professional practice in accordance with standards and regulatory agencies
   3. Leadership training and shared governance activities and opportunities
   4. Professional Nursing Advancement Program

B. Collaborate with BHSF Clinical Learning to assess and meet the entity's clinical learning needs and to identify methodologies to motivate and foster an environment for continued professional growth and learning.

C. Assist individuals and groups to set professional development goals and monitor achievement.

D. Recognize and make visible the contributions and achievements of all nurses throughout the organization.

E. Foster and support the interdisciplinary approach to patient care.

F. Interact and share information with other councils in order to promote collaboration and effective problem solving among the councils.

H. Produce data related to professional development activities for the organization's leadership and for other specified purposes.

I. Create an environment that recognizes and celebrates Nursing Excellence.

11.3 Membership

Membership on the Professional Development Council is drawn from the professional staff as described below.

   A. One professional nurse representative and one alternate from each Unit Practice Council
   B. Clinical Learning Coordinator
   C. Clinical Nurse Educator
   D. One Patient Care Manager/Director
   E. Interdisciplinary staff as needed (i.e. Chaplain, Nutrition, Cardiology, Laboratory, Radiology)

11.4 Process

   A. Meetings are conducted monthly.
   B. Minutes are recorded by the council secretary and posted on the intranet.
   C. Agenda and minutes are recorded on the shared governance templates.

ARTICLE XII.

Clinical Practice Council Description

12.1 Role

The Clinical Practice Council serves as a resource to the Unit Practice Councils and defines and approves all issues, products and activities related to quality care and clinical nursing practice through the shared governance structure.

12.2 Accountabilities

A. Develop, revise, implement and direct clinical nursing practice, including, but not limited to:

1. Professional standards of care (including policies and procedures), order sets and care pathways
2. BHSF Clinical Standardization
3. New and current products for use by the Department of Nursing Services
4. Nursing Peer Review
5. Patient Safety
6. Patient and Family Education
7. Initiative Roll-outs
8. Palliative Care
9. Core Measures
10. Medication Safety
11. Pain Initiatives

B. Represent nurses as an integral part of the interdisciplinary approach to patient care.

C. Provide information to other councils to ensure effective shared problem solving.

D. Produce data related to clinical practice activities for the organization's leadership and for other specified purposes.

E. Promote the teaching role of nurses with individuals, families and the community.

F. Ensure that the Professional Practice Model and the Care Delivery System are integrated into all aspects of care delivery.

G. Foster and support the interdisciplinary approach to patient care.

12.3 Membership

Membership on the Clinical Practice is drawn from the professional nursing staff as described below.

A. One professional nurse representative and one alternate from each Unit Practice Council
B. One Clinical Nurse Educator
C. One Patient Care Manager/Director
D. Nursing Peer Review representative
E. Patient Safety Officer
F. Pharmacist
G. Radiology representative

H. Respiratory Therapist
I. Interdisciplinary staff as needed (i.e. Chaplain, Nutrition, Cardiology, Laboratory)

12.4 Process
A. Meetings are conducted monthly.
B. Minutes are recorded by the council secretary and posted on the intranet.
C. Agenda and minutes are recorded on the shared governance templates.

ARTICLE XIII.

Nursing Quality Council Description

13.1 Role
The Nursing Quality Council serves to define, develop and implement recommendations for improvement of patient care outcomes through the shared governance structure

13.2 Accountabilities
The Nursing Quality Council will support the mission & vision of Homestead Hospital by promoting excellence in nursing practice and patient care through:
A. Monitoring, reviewing and evaluating Nurse Sensitive Quality Indicators (NSI)
   1) National Database for Nurse Sensitive Indicators (NDNQI)
   2) Patient Satisfaction with Nursing Care
   3) Nurse Satisfaction
   4) Select Core Measures and quality measures
   5) Staffing Effectiveness indicators
   6) Other Nurse Sensitive Quality Indicators
B. Reviewing of nursing performance improvement activities with report and recommendations to Nurse Governance Council.

13.3 Membership
Membership on the Nursing Quality Council is drawn from the professional nursing staff as described below.
Standing Members
A. 1 Director
B. 1 Patient Care Manager
C. 2 Clinical Nurse Educators
D. NDNQI Coordinator
E. PI Representative
F. Present Chair or Chair Elect of each Unit Practice Council (UPC)
G. Any other interested direct care staff member
H. Policy Management workgroup representative
I. Risk Manager
J. Patient Safety Officer

K. Wound Care Nurse
L. Infection Control Nurse
M. Research Nurse Specialist

Ad-Hoc Members
A. Palliative Care Nurse
B. Pain Council Representative
C. Chest Pain Center / Congestive Heart Failure Coordinator
D. PICC Team Representative
E. Director of PI
F. Diabetes Nurse Educator
G. National Surgical Quality Improvement Program (NSQIP) Coordinator

13.4 Process
A. Meetings are conducted monthly.
B. Minutes are recorded by the council secretary and posted on the intranet.
C. Agenda and minutes are recorded on the shared governance templates.

ARTICLE XIV.

Unit Practice Council Description

14.1 Role
The Unit Practice Council (UPC) serves as the basic structure that enables nurses and other unit staff to actively participate in organizational decision making regarding standards of professional nursing practice and issues of concern through the shared governance structure.

14.2 Accountabilities
A. Unit Practice Council responsibilities include, but are not limited to:
1. Create a communication network which allows 100% staff input into the UPC decisions and actions.
2. Gain staff input into UPC decisions & actions.
3. Track and trend unit pertinent data regarding patient care.
4. Support teamwork and communication among all shifts and disciplines providing care.
5. Promote the professional practice of nursing as an intellectual discipline
6. Continuously develop, evaluate and improve the practice of nursing.
7. Provide staff feedback concerning UPC decisions.
8. Improve patient care outcomes and nurse, patient and physician satisfaction.
9. Make formal presentations to Nurse Governance Council at least semi-annually.

B. Data Information:
   1. Collect data and make recommendations for improving nursing practice, pausing to clarify or negotiate, then to act.
   2. Review data pertinent to the unit.
   3. Communicate outcomes to the Patient Care Manager, unit staff, Nurse Governance Council and the organization.

14.3 Membership

Membership on the Unit Practice Council is drawn from the professional nursing staff as described below.

A. Staff members from each caregiver role - RNs, Clinical Partners, Monitor Technicians, and Unit Clerks - are selected by either self-nomination or peer nomination. The person(s) with the highest number of nominations will be afforded the membership depending on the number of slots open for each caregiver role.
B. Membership may include other disciplines if they are permanently assigned to the unit.
C. The Present Chair and Chair Elect are elected from the RN staff members for nursing departments and other professionals for non-nursing departments. They will receive training to facilitate meetings.
D. Election of RN representative and alternate for:
   1. Clinical Practice Council
   2. Evidence-Based Practice and Research Council
   3. Professional Development Council

14.4 Process

A. Meetings are conducted monthly.
B. Minutes are recorded by the council secretary and posted on the intranet.
C. Agenda and minutes are recorded on the shared governance templates.
D. A formal presentation of the activities and accomplishments is made semi-annually to Nurse Governance Council.

ADOPTION

These Shared Governance By-Laws were adopted by Nursing Governance Council on 11/6/09.

Revised: 7/6/11, 1/2/13, 6/5/13

Reviewed: _____

Gail Gordon, MSN, RN, NEA-BC
Chief Nursing Officer / VP of Nursing
Homestead Hospital

Gail Gordon 6/19/13
Date