BY-LAWS
ARTICLE I
Name of the Organization

The name of the organization shall be the Nursing Professional Governance Organization (NPGO) of XXX

ARTICLE II
Purpose of the Organization

1) To provide the structure for nursing at all levels of the organization to engage in the work of the shared XXX mission, vision, values, and strategic plan.
2) To provide quality nursing care for patients admitted or treated in any of the facilities, departments, or services of XXX.
3) To promote a high level of professional performance among registered nurses affiliated with XXX.
4) To foster the professional growth and development of registered affiliates with XXX.
5) To provide a pathway for advancement for staff nurses through the Professional Advancement Model/Care Level.
6) To define and review professional nursing practice.
7) To engage in programs that promote excellence in patient care, education, and evidenced-based practice.
8) To participate in effective communication among NPGO members.
9) To support collaboration between the Nursing Staff, the Medical Staff, and the Administrative Staff, and community resources (e.g., Emergency Medical Services (EMS), Baltimore County Health Department).
10) To provide an engaging clinical environment for students of the XXX School of Nursing and other affiliated schools of nursing.
11) To support cooperative arrangements with nursing staff of other health care, research and educational institutions within the XXXX system.
12) To establish and maintain regulations of nursing practice consistent with the corporate bylaws of XXX, its policies and procedures, and rules of governance.
13) To encourage nursing presence in national healthcare issues including professional organizations, publications, etc.

ARTICLE III
Communication and Dissemination Structure Across Councils

NPGO of XXX shall facilitate the dissemination of practice innovations to promote effective communication and collaboration among nursing and interprofessional groups.

1) Each council will maintain meeting minutes and have a document repository using Smartsheet.
2) Each council will maintain an intranet page with up-to-date information including:
    a) member roster
    b) vacancies
    c) meeting information (location/WebEx link)
    d) minutes
    e) membership eligibility and requirements
    f) link to membership application
    g) Process for accepting new projects, inquiries, etc. (QR Code to Smartsheet)

ARTICLE IV
Council Membership Guidelines

1) Eligibility

a) Membership in the NPGO is extended to all nurses and clinical nursing support roles who are employed by XXX in all capacities and all shifts (full-time, part-time, per diem, temporary, day/night shift, etc).
b) In good standing within the organization (i.e., no formal disciplinary action, which excludes verbal warnings).
c) Committed to evidenced-based practice and improving care at the bedside.

d) Demonstrates the ability to deal with diverse ideas and dialogues with peers for consensus building.
e) Acquires signature of support from the Unit Director/Nurse Manager/Clinical Leader stating that clinical nurse meets all requirements to be a unit representative and has reviewed and signed the PG Commitment to Serve.
f) Demonstrates Relationship-Based Care and leadership practices that are consistent with the changing goals of the organization, is focused on building strong relationships between people and the work they do and is committed to professional development and life-long learning.
g) Is willing to serve in any capacity deemed necessary by the Council.

2) Membership Types

a) Active Staff NPGO Member
- **i)** All registered professional nurses employed full-time, part-time, or per diem and paid by the XXX, who perform research, education, clinical practice and/or nursing administration.
- **ii)** Active NPGO members shall be eligible to
  - **(1)** Practice nursing in XXX as designated by job description
  - **(2)** Hold Leadership office:
    - **(a)** Chair
    - **(b)** Co-Chair
    - **(c)** Recorders
    - **(d)** Social Officers
  - **(3)** Attend all programs and open meetings sponsored by the NPGO.
  - **(4)** Vote for all issues brought forth by council to form consensus.
  - **(5)** Possess the privileges and obligations of NPGO as provided for in these By-laws.

b) Associate NPGO Member
- **i)** Membership shall be considered for registered professional nurses affiliated with but not employed by XXX.
- **ii)** Associate NPGO members shall be eligible to:
  - **(1)** Attend all programs and open meetings sponsored by NPGO
  - **(2)** Serve as consultants on councils
- **iii)** Associate NPGO members shall **NOT** be eligible to:
  - **(1)** Vote in elections of the NPGO
  - **(2)** Hold elected positions within the NPGO
- **iv)** All rights related to the NPGO Associate member title end at the time of termination of contract.

c) Student Affiliate NPGO Member
- i) Title is given to any student who is actively enrolled in the XXX School of Nursing or affiliated schools of nursing.
- ii) Must be:
  - (1) In good academic standing
  - (2) Not already a member of NPGO via their employment status
- iii) Opportunities for NPGO:
  - (1) Invitation to attend all NPGO programs and open meetings
  - (2) Engagement in mentoring or shadowing relationships with NPGO members active in standing or departmental committees-pending approval of committee chairperson.
- iv) NPGO Student Affiliate shall NOT be eligible to:
  - (1) Vote in elections of NPGO
  - (2) Hold elected positions with the NPGO
- v) All rights related to the NPGO Student Affiliate title end at time of graduation or termination of academic pursuits.

d) Nursing Support Staff NPGO Member
- i) Membership is offered to all nursing support titles (PCT, CNA) employed full-time, part-time, or per diem and paid by XXX.
- ii) The Nursing Support Staff NPGO member shall be eligible to:
  - (1) Attend all programs and open meetings sponsored by NPGO
  - (2) Serve as consultants on councils

iii) The Associate NPGO member shall **NOT** be eligible to:
(1) Vote in elections of the NPGO
(2) Hold elected positions within the NPGO

3) Terms of Membership
a) Based on the fiscal year
b) To sustain continuity and smooth transition of positions, each Active Staff NPGO will commit to serve a one year minimum.

4) Terms of Office
a) Based on the fiscal year
b) Tenure of the Chair will be one year
c) In the event of absence of Chair Elect, the Chair may remain in the role for an additional year with the consent of the Council.

5) Procedures for Membership
a) Membership applications and Commitment to Serve will be accepted on an ongoing basis by Unit Director, Unit Managers, or Clinical Leaders.
b) Applications and Commitment to Serve can be accessed online via XXX intranet on the NPGO page and can be completed by all eligible persons as listed above.
c) NPGO Welcome Packet (Preamble, "What is shared governance?" membership application, Commitment to Serve, PAM, and Road Map) will be distributed to all new hires at orientation and when applying for council membership.

6) Criteria for Office Selection
a) Officers will be selected based on consensus whenever possible.
b) Persons interested in officer positions may be nominated by self, other members, clinical leaders, or other officers.
c) Officers may be selected by the current resigning officer if no other candidates and are unopposed by the majority.

7) Criteria for Resignation from Council Membership
a) Voluntary resignation
i) Minimum of one year time served
ii) Unable to meet work demands of the councils
iii) Change in job title that would affect the clinical nurse composition of the council
b) Involuntary resignation
i) Failure to support decisions of the council
ii) Unable to accept ownership and accountability for role-related outcomes
iii) Loss of good standing

iv) Noncompliant with expectations of attendance without reasonable effort to maintain/demonstrate commitment; must maintain 80% attendance
c) In the event a resignation occurs:
i) The council member will initiate discussions with the Council Chair and the Council Member's direct supervisor.
ii) The Council will determine if there is a need to replace the vacant position for the remainder of the term. Every effort will be made to recruit a representative from the same clinical practice area (facility/system-level councils).

ARTICLE V
Duties and Responsibilities of Council Members

1) **Council Responsibilities:** All council decisions are based on the scope of authority of the professional that is focused on practice, quality, standards, and outcomes.

a) Duties and Responsibilities of the Chair and Co-Chair:
i) Provides overall leadership and direction to the Council and ensures that standard processes are followed.
ii) Serves as Unit Representative to hospital councils official as required.

iii) Collaborate with Co-Chair and Recorder to plan meetings, prepare meeting agendas and disseminate materials to the members prior to each meeting.
iv) Reviews and revises meeting minutes in preparation for dissemination. Pursues approval of minutes by council members at next scheduled meeting.
v) Negotiates and monitors the progress of assignments and initiatives of council.
vi) Assures list of attendance for meetings or project work. Collaborates with Co-Chair to follow-up on absent members to facilitate council participation.
vii) Facilitates decisions on urgent issues occurring between scheduled meetings to the council.
viii) Acknowledges and addresses open discussion in a timely manner.
ix) Facilitates the annual membership replacement of council representatives.
x) Facilitates elections.
xi) Serves as a resource to other leaders as appropriate.
xii) Orients Co-Chair (Chair-Elect) to the role of Chair.
xiii) Reports to the Executive Council on council activities and outcomes. Communicates council decisions, recommendations, and requests.
xiv) Collaborates with the Co-Chair in preparation of an Annual Report of Council activities and related outcomes by July 31st of each year.
xv) Facilitates annual review of charter and recommends changes to the Coordinating Council.
xvi) Facilitates development of the annual strategic goals appropriate for the Council to strengthen the council members and their role collaboratively with the Co-Chair and Executive Council.
xvii) Acts as a leadership role model for other council members.
xviii) Determines if quorum is met prior to voting or decision-making.
xix) Report out monthly data to appropriate hospital councils
(1) HCAHPS scores
(2) Falls, sepsis, pain reassessment scores, etc.

2) **Responsibilities of Co-Chair (Chair-Elect)**
a) Assumes the duties of Chair upon request of the Chair or in the event the Chair is unable to serve.
b) Leads monthly meetings during the fourth quarter of their final year in office (fiscal year April-June).
c) Collaborates with the Chair in the work of the council such as meeting planning, related activities and facilitation of scheduled meetings.
d) Becomes familiar with the roles and responsibilities of the Chair position.
e) Unit Representative of the council as required.
f) Assures collection and collation of outcome data based on annual goals of the council.
g) Acts as a leadership role model for other council members.
h) Meets with Chair and other nurse leaders, as needed, to develop their competencies as future Chair.
i) Broadens knowledge base of principles of leadership.

3) **Responsibilities of Recorder**
a) Records accurate meeting minutes using the standard meeting template and assists Chair and Co-Chair with distribution of the minutes.
b) Records and tracks attendance at council meetings
c) Sends agenda for meeting to all members 48 hours prior to council meeting.
d) Archives regular and special session meeting minutes as appropriate.
e) Ensures minutes are uploaded to the council website within 48 hours of meeting.
f) Ensures communication tree is uploaded each month.

4) **Responsibilities of Social Officers**
a) Plans and updates social events to UPC project uptake.
b) Coordinates UPC related social and recognition events.

5) **Accountabilities of a Council Member**
a) Prepares for all meetings, participates actively in achieving council goals and contributes towards preparing for proposed practice changes.
b) Submits agenda item requests to Chair and Co-Chair at least 1 week prior to the meeting.
c) Commits to council term of membership.
d) Assures hours participating in council meetings and project work are within the allotted hours.
e) Self-schedules to ensure time off the night before or day of the meeting and for project work.
f) Notifies Chair, Co-Chair and Unit Director/Nurse Manager of predicted absences to request an excused absence prior to meetings.

g) Excused absences include bereavement, scholarly work (oral or poster presentations at conferences, certification review classes, conference attendance, etc.), unplanned life/work events, illness, and vacation.
h) Supports all council decisions.
i) Completes work assignments within the prescribed timeline.
j) Utilizes research, EBP and quality improvement tools to assess projects brought forward for review.

6) **Environment**
   a) The council will maintain a meeting environment that facilitates respect, support, and open discussion.
   b) Meeting Ground Rules:
      i) Each UPC should create and document their own ground rules in the UPC charter.
      ii) Rules should uphold XXX values and True North to foster a respectful and professional environment.

ARTICLE VI
Process and Guidelines for Professional Governance Decision Making: Change Requests and Proposals

1) Decision-Making Guidelines

a) A quorum must be met for the Council to make decisions. Without a quorum the council can meet, but it may not make decisions. A quorum is 50% of council membership +1.
b) Voting quorum - two criteria must be met:
   i) There must be 50% + 1 present, and
   ii) 51% of the 50% + 1 must be clinical professional council members.
c) There will be shared ownership and individual accountability for decisions.
d) Decisions will be made based on consensus whenever possible. If consensus is unreachable, a vote will be taken requiring a 2/3 majority vote for approval.
e) Council members who will be absent may give their vote on specific agenda items to the Chair. Council members should be notified at least 1 week prior to voting on a decision to allot time to cast their vote. Voting may also be done online when possible.
f) Decisions will be made within time frames specified by the council or negotiated with the Coordinating Council.
g) Emergent organizational priorities, although rare, may take precedence over Professional Governance Council meetings.
h) Decisions are final and may not be reopened for discussion unless it is formally placed on the agenda prior to the next meeting.
i) Council decisions may not be overturned other than by the council that made the decision.
j) All members will support the final decision.

ARTICLE VII
Meeting Schedules and Guidelines

1) Meeting Schedules
   a) All councils shall meet regularly at designated times.
   b) Meeting times and locations will be posted.

2) Meeting Guidelines
   a) Council members are accountable for working with their director or managers to ensure that their schedules are set to enable attendance of all meetings.
   b) Special meetings and task forces may be called by the Chair, ensuring that the resources for extra meetings are secured prior to the meeting.

Adapted from Bylaws of Rush University (2015) & Princeton Medical Center (2020)

UNIT PRACTICE COUNCIL CHARTER

What is UPC and its Purpose:
Unit Practice Councils (UPC) play an important role in staff's perception of accomplishing goals, which is linked to the strong relationship between work engagement and work empowerment. Optimal council's health serves as a bedrock to a healthy and effective PG model.
The primary purpose of the Unit Practice Council is to:

- Empower frontline leaders.
- Advocate for patient care needs in conjunction with the nursing strategic plan and XXX operation.
- Support nursing in our journey towards nursing excellence and Magnet designation.

Scope of Activity

- Integrate the organization's goals and unit-specific needs to develop plans.
- Develop a plan based on consensus-based decision-making with leadership support.

Structure:
UPC categories may vary for each floor and unit based on their specialty; however, each unit is recommended to have/maintain the following UPCs:

- Comprehensive Unit-based Safety Program (CUSP)
- Evidence-based Practice
- Human Experience

Expectations and Goals:
Goals of UPC can be discipline specific indication recommended by American Nurses Association such as :

- Impact of the care, treatment, work performed by people in that discipline
- Capture both patients focused-indicators and workforce-focused indicators

A. Patient-Focused and Workforce-Focused Indicators:

- Patient falls, patient satisfaction, hospital-acquired infections

B. Workforce-Focused indicators:

- Discipline-specific education and certifications
- Safety-related (Needle sticks, musculoskeletal injuries)

Council Composition, Terms, Roles, Responsibilities

Complete details of UPC composition, terms, roles, and responsibilities of UPC Chairs and members are listed in the NPGO XXX bylaws and are subject to change.

I. UPC Council Composition

Staff from all levels of care and shifts. Council composition should promote diversity and represent all staff in the unit. Members can include RNS, Staff, Travel/Agency, Student, PCT/CNAs, Unit Director, Manager, and Clinical Educator.

II. Membership Roles & Responsibility

A) Unit Leadership Roles:

- Collaborate with UPC chair and co-chair for adjusting schedule to accommodate meeting times.
- Supports UPC projects and resolves system-based issues that are beyond Chairs' and Co-chairs' scope of practice.
- Provides resources for UPC presentations, meetings, and posters
- Provide guidance during Chair and Co-chair selection by introducing toolkit, charter, and bylaws.

B) **Chair and Co-Chair**

- Serves as Unit Representatives on Coordinating Council
- Organizes meetings. Disseminates meeting agendas with the recorder.
- Keeps UPC focused on EBP, unit needs, developing and implementing action plan to meet strategic goals
- Report out monthly data to appropriate hospital council and Nurse Coordinating Council

C) Recorder

- Records decisions in the minutes template
- Maintain "parking lot" items
- Ensures minutes are uploaded to council website within 48 hours of meeting
- Ensure communication items and meeting agenda are sent to members, staff, and leaders

D) Members

- Explore EBP and ways to improve patient care
- Foster positive relationships and feedback
- Respond to all email correspondence, offer ideas and vote!

III. Meeting Schedule

The council will meet once per month at a minimum. Council members can request to meet more frequently upon approval.

IV. Membership Terms

To sustain continuity and smooth transition of positions, each member will commit to serve a 1-year minimum.

- New member recruitment will be continuous until further notice.
- Members' nomination will be selected by the unit peers, leadership, or the council members' recommendation.

V. Chair and Co-Chair Selection

- Chair/Co-Chair will be selected using the voting process involving all council members, unit staff, and leadership.
- Chair/Co-Chair will serve a 1-year minimum and 2-year maximum commitment.
- Training for the oncoming new Chair will be performed by the existing Chair or Unit Manager with the education materials provided in toolkit and resource binder.

VI. Recruit and invitation for open forum:

- Spread UPC awareness by emailing the link to all staff and posting next meeting times in meeting rooms and nurse break room.
- Chair/Co-Chair will provide all newly hired staff an invitation for joining UPC.

TOOLBOX

NURSING PROFESSIONAL GOVERNANCE ORGANIZATION

TOOLBOX

Templates & Resources

Welcome Package: ● **Preamble** ● **Professional Advancement Model** ● **Nursing Road Map** ● **Commitment to Serve** ● **Membership Application**	
UPC Charter	
UPC Meeting Minutes	
UPC Project Charter	
UPC Project Debrief Tool	
UPC Project Proposal	
Education & Communication Tool	
Executive Summary	
Professional Governance Education PowerPoint	
Council Health Survey Tool	
Professional Governance Resources	https://sharedgovernance.org/
SBAR	https://www.mhanet.com/mhaimages/SQI/3_IHI%20SBAR%20tool.pdf
Plan Study Do	https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html
Pathway to Magnet	https://www.nursingworld.org/organizational-programs/magnet/journey-to-magnet-excellence/
CUSP resources	https://www.ahrq.gov/hai/cusp/index.html - :~:text=The Comprehensive Unit-based Safety,and the science of safety.

NPGO WELCOME PACKET

Who We Are

XXX Mission

With commitment to our patients, our colleagues, and our community, and guided by our Catholic heritage, we provide loving service and high-quality, compassionate and integrated care to improve the health and well-being of the communities we serve.

Vision

Led by our engaged workforce, pursuing our TRUE NORTH, and committed to diversity, health, equity, and inclusion, we aspire to be a national leader in patient safety and experience, and integrated, high-quality health outcomes for the communities we serve.

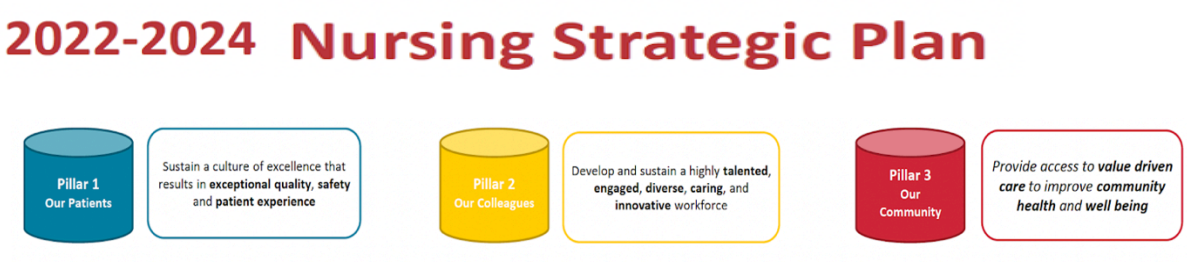
XXX Values

- **Reverence**: Respect for all people as God's loved children
- **Integrity:** Coherence between what we say and what we do/how we do it
- **Compassion**: Ability to enter into another joy and sorrow
- **Excellence:** Always putting forth our personal and professional best efforts
- **Stewardship:** Utilizing and managing all resources for the benefit of our organization and community.

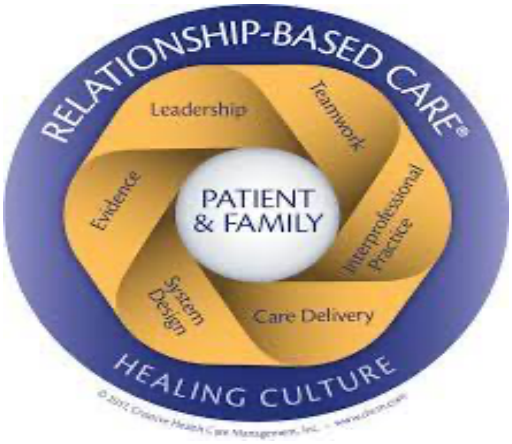
Nursing Professional Governance Organization Purpose at XXX

To foster a shared vision by adopting the pillars of Relationship Based Care and align professional governance initiatives with the strategic plan of the nursing departments and the organization while embracing the Mission, Vision, and Values of XXX.

The Alignment of Models



RBC uses the power of human connection to create a caring and healing environment in which patients and their families are the center of caring nursing practice.



What is Professional Governance?

*Nursing **professional governance (PG**) is a collaborative model that **gives nurses a voice** regarding issues that affect their practice through **shared decision-making**, and partnership regarding clinical practice, professional development, patient experience, quality improvement, research, and education (ANCC, 2016)*

Shared decision making is a structure that gives a voice to staff providing care at the bedside. It empowers caregivers to positively affect patient outcomes. Key components of shared decision making are ***partnership, equity, ownership,*** and ***accountability.***

PARTNERSHIP ● Role expectations negotiated ● Equality between players ● Relationship grounded in shared risk ● Clear expectations and contributions ● Solid measure of contribution to outcomes established ● Defined horizontal linkages	**EQUITY** ● 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
ACCOUNTABILITY ● 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; depends on and directly intersects with partnerships ● Shares evaluation ● Contributions-driven value ● Processes generally loud and noisy	**OWNERSHIP** ● 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

Adapted from Edmonstone, J. (2003). Shared governance: Making it work. Chichester, West Sussex, United Kingdom: Kingsham Press; and Porter-O'Grady, T. (2009b). Interdisciplinary Shared Governance: Structuring for 21st Century Practice. Sudbury, MA: Jones & Bartlett Publishers.

KEY PRINCIPLES OF SHARED GOVERNANCE:

- Build on decisions and structure on a point-of-service foundation
- Always involve stakeholders in their own decisions
- Shared governance: an accountability-based approach, not a participative management model
- Team-based strategies are basic to structural design
- Locus of control placed wherever needed for decisions required

- Shared governance has no approval structures; it reflects relatedness between people and systems, not status within structures and systems
- Managers focus on context, staff on content
- Partnership, equity, accountability, ownership: undergirding principles of shared governance

What is "***shared decision making****"?*

Shared decision making is a structure that gives a voice to staff providing care at the bedside. It empowers caregivers to positively affect patient outcomes. Key components of shared decision making are ***partnership, equity, ownership,*** and ***accountability.***

- ***Partnership*** is one of the cornerstone principles in shared decision making. All members of an organization must be linked to facilitate a common commitment to desired outcomes. When decision making is shared, every person has a key role.
- ***Equity*** in shared decision-making means that every person who is part of the organization either lends value to that organization or detracts from its value. It is important that every person feels as though they contribute, have meaning, fulfill the purposes of the organization and , in a sense, have real value. No outcome can be sustained through the activities or efforts of one person.
- ***Ownership*** of the project, the people and/or the problem is another key component of shared decision making. Once a determination has been made to review, revise, or create a process or procedure, then it is important to see the project through and either accept or reject the outcome.
- Accountability is defined by outcomes. It is embedded in roles and means that all stakeholders share a role in evaluating the performance of others. It is not the same as responsibility which is delegated through managers to staff and is related to tasks, functions, and action.

COMMITMENT TO SERVE

Congratulations on becoming a member of the Nursing Professional Governance Council at XXX!

This will be an exciting opportunity for you to represent the nursing department _____and your workgroup as we ensure decision making by those most involved with practice and the care of our patients.

In your role as a _____ member, you will be involved with defining, implementing, and maintaining high standards of nursing clinical practice consistent with national, regional, and community standards, and evaluating outcomes within your scope of responsibility.

As a council member you have the following responsibilities:

- Attend at least 80% of the council meetings.
- Schedule yourself to attend these meetings, with the assistance of your manager as needed.
- Notify the council chair if you are unable to attend a meeting.
- Disseminate council activities and information back to your unit.
- Complete council work and/or assignment within the required timeline.
- Engage in solutions that improve patient care outcomes, patient experiences, and the professional environment.

Participation in the professional governance structure for nursing at arms is an honor and commitment to both. Your profession and your colleagues. Please recognize that your participation is highly valued and respected by your peers and the nursing management team.

By virtue of my signature below, I accept my appointment, understand my responsibility, and intend to serve in my fullest capacity.

_____ _____

Council Member Date

_____ _____

Name/Credentials/Title Date

Unit Practice Council Membership Application

Please scan, and email to: **Application Deadline:**

Last Name (Please list all credentials):	**Email address:**	
First Name:	**UD/Manager:**	**Scheduled Hours:**
Current role is:	**Current Unit/department:**	**Employment history:** I have been practicing as a nurse for: _____Y ears _____Months I have been employed as a nurse St. Joseph Medical Center : Y ears Months

Please check below if applicable ***(NOT an application requirement)***

I am an evidence-based practice (EBP) expert (used Iowa Model to critique and synthesize evidence needed to make practice decisions; and/or served as principal investigator or mentor for research, EBP, or QI projects)

Eligibility Criteria: 2 year commitment to council membership

1. Demonstrates leadership practices that are consistent with the changing goals of the organization, is focused on building strong relationships between people and the work they do and is committed to professional development and life-long learning.
2. Demonstrates the ability to deal with diverse ideas and dialogue with peers for consensus building.
3. Committed to evidence-based practice and improving care at the bedside.
4. Has analytical abilities and technical skills; is open to new ideas.
5. In good standing within the organization per Performance Evaluations (i.e., no formal disciplinary action, which excludes verbal warnings).
6. Willing to serve in any capacity deemed by the council.

Key Accountabilities of Members:

- **Attends all meetings (10/12meetingsper year) prepared and actively participates**
- **Participates in Council work – must lead/serve on task forces or in other capacities (i.e., elected to chair position) deemed necessary by the Council**
- **Supports all decisions made by the Council**
- **Serves as a communication liaison to colleagues**

Have you ever held a position in Professional Governance: YES NO

Have you previously applied to Professional Governance YES NO

Describe why you want to serve and what you will bring to Shared Governance, particularly recent leadership experiences that you have had with project or committee work. ***(100 word statement).***

PLEASE ATTACH STATEMENT ON SEPARATE SHEET WITH YOUR NAME ON TOP

By signing this form, I agree that I meet eligibility criteria and if selected will maintain the key accountabilities of membership.

Signature :_____Date: _____

I verify the applicant is in good standing and not under formal disciplinary action in the last 12 months (Does not include verbal warnings)

Signature of Manager/Director:_____Date: _____

Unit Practice Councils Charter Template

Purpose:

The primary purpose of this Unit Practice Council (UPC) is to:

- Advocate for patient care needs in conjunction with the nursing strategic plan and Medical Center operation.
- Support nursing in our journey towards nursing excellence and Magnet designation.
- _____
- _____

Mission:

The mission of the _____ Unit Practice Council is to engage bedside caregivers and identify opportunities to improve the quality of both patient care and the patient experience while adopting. To efforts that support continuous improvement in patient movement through the department.

Goals:

2022 Goals of the _____ UPC are to:

- _____
- _____

- _____

- _____

Meeting Schedule:
The Council will meet _____ . Council members can request to meet more frequently upon approval.

Council Composition, Terms, Roles, and Responsibilities etc:
Details of roles and responsibilities of UPC Chairs and members listed in XXX professional governance By-laws.

Membership Terms:

- To sustain continuity and smooth transition of positions, each member will commit to serve a 1-year minimum.
- Training for the oncoming new Chair/Co-Chair will be performed by the existing Chair/Co-Chair or Unit Manager with the following education materials: XXX Council Communication website, Shared Governance Toolkit and its accompanied Appendixes, Introduction to Professional Governance PowerPoint Presentation.
- Members' nomination will be selected by the unit peers, leadership, or the council members' recommendation. Please refer to Commit to Serve Form and Application for Shared Governance Council.
- New member recruitment will be ongoing until further notice.

Roles:

- ***Chairperson and Co-Chair***: _____

- ***Recorder:*** _____

- ***Social Officer:*** _____

- ***Members***:

UPC MEETING MINUTES

Meeting: _____ **Date:** _____ **Start:** _____ **Finish:** _____

Purpose: _____ **Location:** _____

Chair: _____ **Co-Chair** _____

Topic/Project/ Problem	Person Reporting	Discussion (Discussion, Proposal, Decision)	Action/ Timeline/ Person Accountable
Update from Unit Staff/ Review Minutes			
Data Review (Current projects)			

Topic/Project/ Problem	Person Reporting	Discussion (Discussion, Proposal, Decision)	Action/ Timeline/ Person Accountable
Dissemination of Summary of Today's meeting			
Next Meeting Agenda/Reminders			

Member Name	Role/Unit	Present	Excused	Absent

Project Charter

UNIVERSITY of MARYLAND MEDICAL SYSTEM

Background and Workgroup Objectives:	Scope Definition	
Project **Practice**	**In:** 1 **Out**: 1	
Benefits	**Constraints & Dependencies**	
1	**Constraints** 1	**Dependencies** 1
Terms of Reference	**Project Leadership**	**Team Structure**
1. 1	**Executive Sponsor**: **Executive Lead**: **Sub-Group Leads**: **PM/Change Management Leads**:	**Steering Group Member Roles:**
Change Methods	**Timescales in Development**	
Provide project management support and change management tools that facilitate implementation and empower end user adoption of change. 1	1	

Project Charter- Communication and Sustainability

UNIVERSITY of MARYLAND MEDICAL SYSTEM

Responsible (Responsible for action/implementation)	Accountable (Answerable for the activity/decision)
Consult (Subject matter experts/ stakeholders)	**Inform (Informed after a decision/action is taken)**
Sustainability Plan	

PROJECT DEBRIEF

PROJECT TITLE

MODERATOR	**DATE Launched**

PROJECT OVERVIEW

What were the original goals and objectives of the project?
What were the original criteria for project success?
Was the project completed according to the original expectation?

PROJECT HIGHLIGHTS

What were the major accomplishments?
What methods worked well?
What was found to be particularly useful for accomplishing the project?
Additional Comments

PROJECT CHALLENGES

What elements of the project went wrong?
What specific processes need improvement?
How can these processes be improved in the future?
What were the key problems areas (i.e., budgeting, scheduling, etc.)?
List any technical challenges.

POST-PROJECT TASKS / FUTURE CONSIDERATIONS

List any continuing development and sustainability plans.
What actions still need to be completed, and who is responsible for completing them?
List any additional outstanding project items.
Additional Comments

Proposal Template

1. **Project Details:**
2. **Project Lead:**
3. **Project Sponsors:**
4. **Stakeholders:**
5. **Objective:**
6. **Anticipated Outcomes:**
7. **Sustainability:**
8. **Description:**
9. **Current State:**
10. **Justification:**
11. **Supplies/Cost:**

Communication/ Education Plan

Stakeholder/ Audience	Communication Approach/ Method	What to Communicate / Status	Responsible Person	Date/ Frequency of Contact	Status

* Posted to intranet page, **Milestones= BOLD**

Executive Summary

Title of Project

Date

Our Goal:

Process Opportunity:

Objectives:

We commit to Our Value Delivery System:

Framework:

Committee Members

Role/ Department	Member	Expectations

Proposed Workstream Membership

	Work Stream 1:	Work Stream 2:	Work Stream 3:	Work Stream 4:	Work Stream 5:	Work Stream 6:
Role						

Expectations

Report Outs

UNIVERSITY of MARYLAND SCHOOL OF NURSING

PROFESSIONAL GOVERNANCE: How do we get started?

Learning Objectives

- Understand the strategic plan of UMSJMC
- Describe Relationship Based Care
- Professional Governance defined
- Councils structure
- UPC meeting process
- Membership requirements
- Membership benefits

Alignment of Models

2022-2024 UMSJMC Nursing Strategic Plan

RBC uses the power of human connection to create a caring and healing environment in which patients and their families are the center of caring nursing practice.

Professional Governance Vision

- *To foster a shared vision by adopting the pillars of Relationship Based Care and align professional governance initiatives with the strategic plan of the nursing departments and the organization while embracing the Mission, Vision, and Values of UM SJMC.*

What is Professional Governance?

- Collaborative model that gives nurses a voice regarding issues that affect their practice
  - Shared decision-making
  - Accountability
  - Partnership/Interprofessional Practice
  - Patient experience
  - Quality Improvement
  - Research and education

Pathway to Magnet

- Professional Governance is the pathway to Magnet.
- Magnet-recognized hospitals recognized for:
  - Nursing excellence
  - Lower nurse dissatisfaction and nurse burnout
  - Hight nurse job satisfaction
  - Higher nurse retention
  - Higher nurse recruitment

Council Structure

- Councils are the foundation of the professional governance model.
- Councils operate at the Executive, Organizational, and Unit/Department Level.
- Council members are responsible for making decisions that affect the practice of health care.
- Decisions are grounded in the **Relationship Based Care Model** and promote excellence, professional development, and the quality, evidenced-based care to our patients and their families

1

Unit Practice Units

- *The focus of work is from a unit or department perspective, as these members represent a specific unit or service population.*
- *Decisions made by the UPCs represent those that have an impact on the unit, department or service.*

2

UPC Purpose

- Empower frontline leaders
- Developing plans based on department's specific needs and goals
- Leading using consensus-based decision-making process that is supported by leadership
- Support nursing in our journey towards nursing excellence and Magnet designation

3

Goals

- Goals of UPC can be discipline specific indication recommended by American Nurses Association such as :
- Impact of the care, treatment, work performed by people in that discipline
- Capture both **patient focused-indicators** and **workforce-focused indicators**

4

Patient-Focused and Workforce-Focused Indicators

- Patient falls
- Restraint use
- Patient satisfaction
- Hospital-acquired infections
  - Ventilator-associated pneumonia
  - Central-line-associated bloodstream infections (CLABSI)
  - Catheter-associated urinary tract infection (CAUTI)

5

Workforce-Focused indicators

- Discipline-specific education
- Discipline-specific certifications
- Safety-related
  - needle stick
  - musculoskeletal injuries

6

UPC Membership Eligibility

- All registered nurses
- Clinical nursing support roles (Techs, CNAs)
- Student nurses
- In good standing, no written disciplines
- All shifts
- PT, FT, PRN, temporary (agency/traveler)

Membership Types

Active Staff NPGO member

- RN employed by UM SJMC
- May hold leadership offices
  - Chair
  - Co-chair
  - Facilitator
  - Recorder
  - Social Officer
- Vote for officers and council issues
- One year commitment to serve

Membership Types

Associate NPGO Member

- RNs affiliated with but not employed by UM SJMC
  - Agency/Temp staff on 8+ week assignment
- Serve as consultants on councils and council projects
- Can **NOT**
  - Vote
  - Hold office

Membership Types

Student Nurse Affiliate NPGO Member

- Student RN in good academic standing
- May attend all open council meeting
- Offered engagement and mentoring shadowing relationships
- May **NOT**
  - Vote
  - Hold office

Membership Types

Nursing Support NPGO Staff Membership

- All RN support titles employed by PCT, CNA, etc
- Serve as consultants on councils and with council work
- May **NOT**
  - Vote
  - Hold office

Why Join a UPC?

- Nurse Residency for new grads
- Clinical Pathway to advancement
- Leadership mentoring
- Promote nursing excellence
- Ownership of nursing practice

References

American Nurses Credentialing Center. (ANCC). (2016). Pathway to Excellence Program. https://www.nursingworld.org/organizational-programs/pathway/

Beach, M., Inui, T. (2006). Relationship based care. *Journal of General Internal Medicine, (1,* 3-8). doi: 10.1111/j.1525-1497.2006.00302.x

Guanci, G., Medeiros, M. (2018). *Shared governance that works*. Creative Health Care Management, Inc.

Council Health Survey

Council Health Survey[1] (CHS) is an effective measurement tool that assesses council current state and overall health. It helps establish council's impact on strengthening nurse empowerment, ownership, collaboration, and responsibility. Results of CHS survey can be used to guide the organization's interprofessional shared governance.

CHS 25-item survey with 3 subscales:

1. Structure: measures charter/bylaws
2. Activities: assesses processes of council work, which includes decision-making and leadership engagement
3. Membership comprises support and preparation for members.

***Conclusions from the evidence*:**

- The CHS has shown "excellent" reliability and validity in its initial phase.
- The CHS tool scoring provides an opportunity for council members to make decisions that reflects their preferences and values.
- Reliability assessment of CHS includes Cronbach's alpha:
    - Overall: 0.95
    - Structure: 0.92
    - Activities: 0.95
    - Membership: 0.89

The council's health and effectiveness are paramount to successful professional governance. Hence, assessing whether councils are functioning efficiently and effectively using evidenced-based tools such as the Council Health Survey is critical in gauging staff participation in organizational decisions. Ultimately, this will reduce the staff turnover and financial burden.

- Recommended to use every 6 months -1 year
- As needed to assess councils' usefulness and functionality

1

COUNCIL HEALTH

Please rate your agreement with the following statements:
1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree

STRUCTURES OF SHARED GOVERNANCE COUNCILS

Our council has charter/bylaws that:	
1. Define its work.	1 2 3 4 5
2. Describe expectations of its council members.	1 2 3 4 5
3. Define its membership.	1 2 3 4 5

ACTIVITIES OF SHARED GOVERNANCE COUNCILS

Our council members:	
4. Have a management leadership team that is engaged in our council work.	1 2 3 4 5
5. Regularly attend meetings as specified in the charter/bylaws.	1 2 3 4 5
6. Are engaged during the meetings (e.g., participate in discussions, share ideas, offer solutions, etc.).	1 2 3 4 5
7. Make decisions that reflect the values and preferences of those they represent.	1 2 3 4 5
8. Complete assigned council work between meetings.	1 2 3 4 5
9. Use effective, direct, and respectful communication.	1 2 3 4 5
10. Manage conflict effectively and respectfully.	1 2 3 4 5
11. Have the necessary computer and project management skills to perform council activities.	1 2 3 4 5
12. Use data and/or evidence-based practice in making decisions.	1 2 3 4 5
13. Have council chairs and management leadership teams that collaborate on council work.	1 2 3 4 5
14. Use consensus to make decisions.	1 2 3 4 5
15. Makes meaningful decisions.	1 2 3 4 5
16. Use decisions to change practice.	1 2 3 4 5
17. Makes decisions that are aligned with the organization's strategic goals.	1 2 3 4 5
18. Communicates its decisions to all stakeholders.	1 2 3 4 5
19. Participates in activities that improve the care of patients.	1 2 3 4 5
20. Participates in activities that improve our professional practice environment.	1 2 3 4 5

MEMBERSHIP OF SHARED GOVERNANCE COUNCILS

Our council has:	
21. Strategies to ensure members have dedicated time to complete council work.	1 2 3 4 5
22. Formal education or training for new council members/leaders.	1 2 3 4 5
23. Processes for selecting and deselecting council members.	1 2 3 4 5
24. Established clear avenues for non-council members to contribute to council work.	1 2 3 4 5
25. A process to assess each other's participation in the council.	1 2 3 4 5

Hess, R. G., Bonamer, J. I., Swihart, D., & Brull, S. (2020). Measuring council health to transform shared governance processes and practice. *JONA: The Journal of Nursing Administration, 50*(2), 104–108.