For More Information

For more information or questions regarding the Nursing Shared Governance Program at Northern Westchester Hospital, please contact 914.666.1303
Northern Westchester Hospital

Nursing Shared Governance Handbook

2014

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

NORTHERN WESTCHESTER HOSPITAL
We, the professional nurses of NWH demonstrate Expertise, Technology and Humanity through the blend of the art and science of nursing, which is the foundation of our professional practice.

Nursing promotes a healing environment of the body, mind and spirit through compassionate patient/family-centered care and clinical excellence.

We demonstrate our nursing quality by utilizing lifelong learning, evidence based practice, professional standards and state of the art medical and information technology.
The Nursing Professional Practice Model at Northern Westchester Hospital (NWH) is grounded in five elements: values, care delivery, professional relationships, shared governance and recognition/compensation. These elements intertwine to form the structural framework that directs professional practice and drives clinical excellence.

Nurses at NWH recognize values as the core element that defines professional beliefs and is the stabilizing force that unites, strengthens and supports the other elements of the professional practice model. These values are reflected in Nursing’s commitment to provide the highest quality patient and family centered care. We are strong advocates for our patients and families, ensuring a culture of safety that is essential for optimal outcomes. We value a holistic approach to caring which promotes a healing environment that honors and respects individual’s rights, confidentiality, privacy and cultural diversity. The use of evidence based-knowledge and state of the art medical and informational technology facilitates the delivery of expert and specialized nursing care. There is a commitment to advancing practice and supporting professional growth through life long learning.
The Care Delivery System developed at NWH embodies the art and science of nursing. This system demonstrates the structure and process of how individualized patient care activities are provided by the nursing staff. Through our nursing leadership, we unify and coordinate the health care team to provide exceptional care and achieve optimal patient outcomes. An active partnership among patients, families, care partners and the health care team supports continuity of care, on-going learning and education. Nurses at NWH value and respect collegial interprofessional relationships with all members of the hospital community. We are a caring, diverse, and dynamic group. We support and respect one another and value teamwork. We form collaborative partnerships with all members of the healthcare team to provide a seamless continuum of patient-centered care in a cooperative environment.

Shared Governance is the nursing management philosophy at NWH. It offers leadership opportunities and promotes job satisfaction by giving nurses a voice that is heard and respected. It values and encourages nursing autonomy and accountability as well as the commitment to quality patient care. It provides the structure for the partnership that exists across the care delivery system, and recognizes the contributions of all. The management team at NWH uses the Shared Governance structure to coach, mentor, and support the professional nursing staff. Decentralized decision-making empowers nurses at all levels to participate in guiding the future of the hospital and professional nursing practice. Nurses shape and develop policies and procedures that not only direct and support the scope of practice, but also maintain the highest standards of care and best practices. Nurses are members of hospital-wide committees and participate in activities that consistently demonstrate their commitment to quality patient care, research, education and professional development.

NWH honors and recognizes the professional achievements of our nurses by fostering a culture of professional growth and learning. It acknowledges the ever-evolving realm of nursing practice and invests in the continued growth and development of the nursing staff. Resources are allocated to provide opportunities for all nurses to support continuing education, nursing research, specialty certification and advanced degrees. NWH also recognizes its nurses through ceremony and remuneration during annual programs and events.

The five elements of the Nursing Professional Practice Model at NWH combine to create the structural framework, define processes and recognize the values that establish a healthy work environment and direct the delivery of patient care by the registered professional nurse. Clinical expertise, cutting-edge technology and attention to human dignity merge to ensure high quality, patient-centered care, which is the foundation of our professional practice. Additionally, the NWH Professional Practice Model embodies the core concepts and principles of the Magnet Model.
Theoretical Framework

Planetree

As a Planetree Designated Hospital, NWH's Professional Practice Model and Care Delivery System are centered on the Planetree model of compassionate patient and family-centered care. Planetree was founded by Angelica Thieriot, a patient who battled a rare viral infection, whose experience led her to envision a different type of hospital where the focus is on healing and nurturing the mind, body and spirit. The Planetree Model of Care is a patient-centered, holistic approach to healthcare, promoting mental, emotional, spiritual, social, and physical healing. This care model empowers patients and families through the exchange of information and encourages healing partnerships with the healthcare team. The healthcare team seeks to maximize positive healthcare outcomes by integrating optimal medical therapies and incorporating art and nature into the healing environment.

Caring and Relationship Based Care

NWH's Care Delivery Model is also based in large part on the Caring and Relationship Based Care philosophies that derive from the work of Jean Watson PhD, RN, AHN-BC, FAAN and Marie Manthey MNA, RN, FAAN, FRCN, respectively. Both believe that the Relationship-Based Care Model promotes organizational health resulting in positive outcomes in all the critical arenas that measure success: clinical safety and quality, patient and family satisfaction, physician and staff satisfaction, effective recruitment and retention of staff, and a healthy financial bottom line. Relationship-Based Care (RBC) is comprised of three crucial relationships: care provider's relationship with patients and families, care provider's relationship with self, and care provider's relationship with colleagues. In this model, the care provider-patient relationship is one in which the care provider consistently maintains the patient and family in his or her central focus. The second relationship is the provider's relationship to self. At NWH, self care is reinforced, encouraged and supported by activities of the Wellness Committee such as Weight Watchers at Work, nutritional counseling, smoking cessation, reduced rates at local health clubs and free health screenings for employees. Finally, the model focuses the relationships between members of the health care team on positive communication to promote knowledge of the patient's plan of care, as well as emphasis on knowledge of what is important to the patient and family. Thus the model captures the heart of NWH's clinical care, which is a blend of clinical excellence with patient-centered care: expertise, technology and humanity.

Shared Governance

Our shared governance model is based on Tim Porter O'Grady's work on recruitment & retention of Registered Professional Nurses as well as the characteristics identified in the original Magnet study. A system of Councils provides for elected representation of clinical nurses in a variety of decision-making forums. The Councils work from the unit level to the division and hospital level to ensure that control over nursing practice is by the most appropriate expert nurses.
Professional Development

The work of Patricia Benner, RN, PhD, FAAN is used as the foundation for the development of our Professional Registered Nurse Clinical Ladder, which recognizes and rewards clinical excellence, advanced practice and leadership. Patricia Benner’s model “From Novice to Expert” explains how clinical practice is gained over time. Benner believes in a situation-based, interpretive approach to identifying and describing knowledge, which is embedded in clinical practice. Her descriptions and definitions of what RNs do to make a difference, called the Domains of Nursing, are embedded in our ladder and RN job description. The five domains are Clinical Behaviors and Patient Education, Administering & Monitoring Therapeutic Interventions & Regimens, The Helping Role, Leadership: Organization & Work-Role Competencies, and Monitoring & Ensuring the Quality of Health Care Practices. The pathway for advancement on the clinical ladder is designed in five levels to reflect Benner’s Nursing domain descriptors.

Professional Standards of Practice and Self-Regulation

NWH’s nursing professional practice is guided, defined and directed by the American Nurses Association’s (ANA) Nursing: Scope and Standards of Practice in conjunction with the Social Policy Statement and Code of Ethics. As a professional responsibility, Nursing is accountable for self-regulation of practice with a focus on monitoring and maintaining standards and quality care. At NWH, Nursing performs this function through three formal processes: Developmental, Outcomes and Event Peer Review. Developmental Peer Review is overseen by the Nursing Credentialing Council and administered through the RN Clinical Ladder and job description. This form of peer review focuses on evaluation of individual Nurse professional practice, growth and development. Outcomes Peer Review of nurse-sensitive process and outcome data is overseen by the Nursing Quality Council. This peer review process focuses on evaluation of nursing department aggregated data for an episode of care and improving related nursing practices. Event Peer Review is overseen by the Nursing Event Peer Review Committee. This form of peer review is focused on evaluating individual nursing actions/judgments during a specific event.

Event Peer Review

NWH’s Nursing Event Peer Review Process is based on David Marx’s “Just Culture” Model. A “Just Culture” is the middle ground between a “No Blame” culture where all errors are attributed to system issues without individual accountability and an overly “Punitive” culture where individuals are blamed for all errors. Nursing peers use the Just Culture Algorithm™ to evaluate an individual Nurse’s behavioral choices during a specific event and recommend related management plans: console human error, coach at risk behavior, and counsel the reckless. System opportunities are identified and referred to the appropriate council/committee/team for follow-up. Through adoption of this model and processes, NWH Nurses strive to foster an open, fair, learning environment that focuses on designing safe systems, preventing errors, and helping individuals make safe behavioral choices.
Shared Governance at NWH

What is Shared Governance?
Through Shared Governance, NWH Nurses continuously evaluate and improve their practice of providing patient care. This philosophy empowers every nurse to actively affect positive change in the way patients receive care.

Shared Governance is shared decision-making based on the principles of partnership, equity, accountability, and ownership at the point of service. This management process model empowers all members of the healthcare team to have a voice in decision-making, thus encouraging diverse, creative and realistic input that will help advance the healthcare missions of the organization. In essence, it makes every employee feel like he or she is part-Manager with a personal stake in the success of the organization.

This feeling leads to:
• Better safety and quality
• Greater patient satisfaction
• Shorter lengths of stay
• Longevity of employment
• Increased employee satisfaction

Those who are happy in their jobs take greater ownership of their decisions and are more vested in patient outcomes. Therefore, employees, patients, the organization, and the surrounding communities benefit from shared governance.

Why Shared Governance?
The concept of shared governance is not new. Philosophy, education, religion, politics, business, and now healthcare have all benefited from various shared governance process models implemented in many diverse and creative ways across generations and cultures.

The old centralized management structures for command and control are ineffective for today’s healthcare market. They frequently inhibit effective change and growth within the organization and limit future market possibilities in recruitment and retention of qualified nurses. Hierarchical decision-making creates barriers to employee autonomy and empowerment and can undermine service and quality of care.

Today’s patients are no longer satisfied with directive care. They, too, want partnership, equity, accountability, and mutual ownership in their healthcare decisions and those of their family members. Shared Governance is the management philosophy used as the structure and process to positively affect nursing practice and quality of patient care. With improved collaboration and effective communication among clinicians at the bedside working with management, an effective professional practice model and care delivery system can be designed to achieve positive outcomes, improve patient satisfaction and avoid potentially devastating medical errors and patient complaints.
Shared Governance at NWH

The NWH Nursing Department has embraced Shared Governance as a management philosophy and as such, has been working on the design and implementation of this model since early 2005. The goal of the Nursing Department as it relates to Shared Governance is to strengthen and unite the profession of nursing within the organization. Since its inception, we have been gradually increasing clinical nurses’ responsibilities for decision making with regard to control over practice, autonomy, organizational support, and relationships with physicians and other members of the healthcare team.

In order to assume the important leadership role clinical nurses play in Shared Governance, nurses are provided with education and “mentorship” into the role of Council member. Participation in decision making is also encouraged in our Professional Registered Nursing Clinical Ladder where more involvement leads to advancement and remuneration. Accountability for monitoring nursing professional practice is reflected in our Peer Review processes.

Our Shared Governance and Councilor model continues to mature and evolve each year. We continue to add and reorganize Councils and encourage clinical nursing staff to participate in improving practice in all patient care arenas. As we continue on our journey toward the most robust Shared Governance Program, this handbook will also evolve. This handbook will serve as a reference for all new and existing healthcare team members regarding our Nursing Professional Practice Model, Theoretical Framework, and Shared Governance structures and functions.
NWH Shared Governance Evolution

Timeline

2013
• Unit council and Staff meeting goals and standing agendas aligned with the Nursing Strategic Plan
• Shared Governance meeting attendance and budget variance monthly reports
• Nurse Management Council added to Practice Council structure
• Night Council added to Practice Council structure
• Roles of the current and Past-President of the Nursing Staff expanded

2012
• Magnet Initial Designation
• Practice Council goals, standing agenda and reporting formats aligned with the Nursing Strategic Plan and Magnet chapters
• Nursing Event Peer Review Committee added to Nursing Quality Council structure
• Nurses outside of the Nursing Division become members of Councils

2011
• Members roll on and off Councils via formalized election processes
• Nursing Quality Council added to Practice Council structure
• Steering Committee added to Nurse Executive Council structure
• Magnet application documents submitted and on-site visit hosted

2010
• Bylaws formalize Nursing Shared Governance structures and functions
• Shared Governance Handbook published
• Nursing Managers and Directors become members of Practice Councils

2009
• 100% RNs on Clinical Ladder
• Introduce Unit Councils

2008
• Design Process (NCC)
• Roll Out Clinical Ladder
• Executive Council w/ Practice Councils

2007
• Design Clinical Ladder & Budget Resources
• Develop Leadership Council with Committees

2006
• Attend BOT Meeting:
  • Gain support for Magnet Journey
  • Develop Professional Development Endowment Fund

2005
• Commission Nursing Forum
• Develop First Nursing Strategic Plan
Nursing Shared Governance Structure

Unit Councils, Practice Councils & Committees

- EPB Council
- Professional Development Council
- Technology Informatics Council
- Management Council
- Scope & Standards Council
- Quality Council
- Credentialing Council
- Executive Council
- Steering Committee
- Nursing Peer Review Committee
- Holistic Committee
Mission
The Nurse Executive Council provides overall leadership to ensure that the Strategic Plan for Nursing is implemented and the annual goals and objectives for the Nursing Department are met. The NEC also provides leadership to the Nursing Shared Governance structure and as such, oversees and coordinates Shared Governance activities. The Council provides the forum for nursing leadership in partnership with clinical nurses to come together and discuss items affecting Nursing and the organization. The NEC members strive to embed the principles of transformational leadership throughout the organization.
**Scope**

- Receive reports from the Practice Councils
- Coordinate, prioritize and approve Shared Governance initiatives
- Assist in trending and analyzing data to formulate action plans
- Review targets and progress toward the strategic plan, annual goals and objectives
- Provide a forum for input, interaction, collaboration, and problem solving
- Provide a vehicle for Managers and clinical RNs to mutually share ideas and celebrate successes
- Ensure integration of Shared Governance work with other hospital initiatives
- Communicate pertinent organization information
- Annually evaluate the shared governance structures and functions
- Charter new or reconvene previous committees throughout the year to provide consultation and/or perform assigned work
- Record exemplars including sources of evidence and empirical outcomes that embody the principles of transformational leadership

**Membership**

- Chairs of each Unit Council
- Chairs of each Practice Council
- Mentors of each Practice Council
- All members of the Nursing Management Council

**Chair**

The President of the Nursing Staff must be a Unit Chair and is elected by the NEC Members. The Past-President of the Nursing Staff attends meetings as a non-voting member, ex-officio, for the first year following the election of the new President of the Nursing Staff.

**Mentor**

Chief Nursing Officer (CNO)

**Meeting Frequency**

At least quarterly
NEC Steering Committee

Mission
The Nurse Executive Council Steering Committee is responsible for coordinating all activities of the Shared Governance Councils and for maintaining the Shared Governance Bylaws.

Scope
• Ensure effective communication between Practice Councils
• Oversee referral of projects and issues between Councils
• Monitor Practice Council progress toward goals and provide a forum for problem-solving, sharing expertise and celebrating successes
• Align council work priorities with organizational and nursing strategic plan
• Answer all bylaws questions, hold ad hoc bylaws meetings and update bylaws on a semi-annual basis

Membership
• Chairs of each Practice Council,
• Mentors of each Practice Council

Chair
The President of the Nursing Staff. The Past-President of the Nursing Staff attends meetings as a non-voting member, ex-officio, for the first year following the election of the new President of the Nursing Staff.

Mentor
Chief Nursing Officer (CNO)

Meeting Frequency
At least quarterly prior to the NEC meeting

Evidence Based Practice and Research Council

Mission
The Evidence Based Practice (EBP) and Research Council serves as the resource for the Nursing Division, Councils and others related to EBP and research processes. The Council facilitates the use of EBP knowledge and research to enhance patient outcomes. The Council strives to develop a culture of inquiry and embed new knowledge, innovations and improvements throughout the organization.
Evidence Based Practice and Research Council

**Scope**
- Promote an environment where Nursing practice is evidence based
- Develop processes and strategies to implement and sustain EBP
- Explore and implement Nursing research studies when evidence to answer clinical questions is not sufficient
- Education and support related to EBP processes including literature searches, literature review/tables of evidence, developing clinical questions, Internal Review Board (IRB) processes, data collection/management, and implementing small tests of change
- Share knowledge through reports, poster presentations, podiums, and publication
- Support the development of a culture of inquiry to address clinical questions in order to improve patient outcomes
- Record exemplars including sources of evidence and empirical outcomes that embody the principles of new knowledge, innovations and improvements

**Membership**
- EBP Unit Council Lead elected by each nursing unit
- 2 managers and 1 director elected by the Nursing Management Council with balanced representation of the Nursing Division

**Chair**
EBP Unit Lead elected by the EBP & Research Council members

**Mentor**
Nurse with subject matter expertise assigned by the CNO

**Meeting Frequency**
Monthly with at least 10 meetings per year
Nursing Credentialing Council

Mission
The Nursing Credentialing Council (NCC) oversees Nursing Developmental Peer Review administered through the Professional Nursing Clinical Ladder. The NCC strives to recognize and retain the professional nursing staff for quality practice and leadership at the bedside through the Nursing Awards and Scholarship programs. The NCC also administers the Patient Care Associate/Technician ladder and recognition programs. The NCC strives to embed the principles of transformational leadership throughout the organization.

Scope
- Support the development of professional nursing practice by recognizing clinical expertise, experience and leadership
- Encourage personal and professional development
- Facilitate career advancement
- Support retention and recruitment
- Coordinate year-long nurse and patient care associate/technician recognition activities and scholarships
- Administer the nursing and patient care associate/technician ladder programs
- Record exemplars including sources of evidence and empirical outcomes that embody the principles of transformational leadership

Membership
- 6 clinical nurses with balanced representation from all of the Nursing Division elected by the NCC
- 1 educator assigned by the CNO
- 2 managers and 1 director with a balanced representation of the Nursing Division

Chair
A NCC member elected by the NCC members

Mentor
Nurse with subject matter expertise assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Mission
The Professional Development (PD) Council supports Nursing professional lifelong learning through facilitation and promotion of educational initiatives for attainment/maintenance of specialty certifications, academic degrees and continuing education related to the population served. PD strives to embed the principles of structural empowerment throughout the organization.

Scope
• Support educational initiatives of Shared Governance Councils and patient care programs
• Evaluate and following up on educational initiatives
• Recognize the professional accomplishments of Nurses
• Assess RN learning needs and best learning style to optimize educational offerings
• Follow adult learning principles in all programs provided for the professional staff
• Assist with obtaining contact hours for educational initiatives
• Support initial, annual and ongoing competency including partnering with Unit Councils for planning and tracking
• Participate in the review and development of patient education materials and processes
• Record exemplars including sources of evidence and empirical outcomes that embody the principles of structural empowerment

Membership
• PD Unit Council Lead elected by each nursing unit
• 2 managers and 1 director elected by the Nursing Management Council with balanced representation of the Nursing Division

Chair
PD Unit Lead elected by the PD Council members

Mentor
Nurse with subject matter expertise assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Nursing Quality Council

Mission
The Nursing Quality Council (NQC) performs outcome and event peer review and oversees all Nurse-sensitive quality improvement initiatives. This council promotes the principles of a Culture of Safety, a Just Culture and establishing a continuous learning environment. NQC strives to embed the principles of exemplary professional practice throughout the organization.

Scope
• Perform outcomes peer review and performance improvement activities around aggregated process and outcome data sensitive to nursing team practice for an episode of care
• Oversee all nursing sensitive quality measures at all levels including the Nursing Data base for Nursing Quality Indicators (NDNQI)
• Use evidence based performance improvement methodologies
• Perform data collection, review and analysis
• Identify opportunities for improvement and define goals based on national and magnet benchmarks
• Develop and implement evidence based corrective action plans
• Monitor progress towards goals including reviewing scorecards
• Record examples including sources of evidence and empirical outcomes that embody the principles of exemplary professional practice

Membership
• Unit Chairs elected by each nursing unit
• 2 managers and 1 director elected by the Nursing Management Council with balanced representation of the Nursing Division

Chair
NQC Unit Chair elected by the NQC Council members

Mentor
Nurse with subject matter expertise assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Mission
The Nursing Event Peer Review Committee is responsible for evaluating the way individual Nurses practiced during an event with a focus on accountability for maintaining exemplary professional standards of practice and quality care. This council strives to promote the principles of a Just Culture, a Culture of Safety and a continuous learning environment.

Scope
• Review events and near misses where an individual nurse’s behaviors (actions/judgments) are contributing factors
• Apply the Just Culture Algorithm™ to rank the nurse’s behavior
• Recommend management action plans based on the nurse’s behavior: console human error; coach at risk behavior and council the reckless
• Refer system issues for follow-up to appropriate councils/committees

Membership
5 voting members
• 3 NQC member peers based on their expertise in relation to the event selected by the NQC mentor
• The manager and director of the nurse under review

Facilitators
The NQC mentor and NQC chair as non-voting members.

Meeting Frequency
Monthly standing committee and ad hoc as needed
The mission of the Scope and Standards (S&S) Council is to provide continuous oversight and direction for the development and implementation of nursing policy and scope of practice in accordance with the standards set forth by the governing bodies of nursing practice and regulatory agencies. The S&S Council strives to embed the principles of exemplary professional practice throughout the organization.

**Scope**
- Share practice information
- Ensure consistency of nursing practice throughout the organization
- Approve new, revised and reviewed policies and procedures affecting nursing practice and standards of care based on proven evidence
- Ensure compliance with local and national standards of practice and regulatory requirements
- Record examples including sources of evidence and empirical outcomes that embody the principles of exemplary professional practice

**Membership**
- S&S Unit Leads elected by each nursing unit
- 2 managers and 1 director elected by the Nursing Management Council with balanced representation of the Nursing Division

**Chair**
S&S Unit Lead elected by the S&S Council members

**Mentor**
Nurse with subject matter expertise assigned by the CNO

**Meeting Frequency**
Monthly with at least 10 meetings per year
Holistic Committee

Mission
The mission of the Holistic Committee is to create positive changes by integrating healing arts throughout all aspects of patient care. In accordance with the Planetree Philosophy, this committee ensures that healing arts are woven into the fabric of daily patient care, addressing emotional and spiritual needs in addition to physical needs, and are not only administered by specialists.

Scope
• Use the modalities of aromatherapy, guided imagery and therapeutic suggestion, ‘m’ technique, energy work (Reiki), and Reflexology
• Educate and mentor staff on how to incorporate holistic modalities as part of direct patient care
• Empower patients in their own unique abilities for healing, which ultimately came from within them
• Strive for the enhancement of clinical skills in the holistic field
• Nurture ourselves, our fellow employees and our patients

Membership & Meeting Frequency
The Holistic Committee is an inter-professional standing committee chartered by the Scope and Standards Council with significant nursing mentorship and members.
Mission
The Technology and Informatics Council (IC) provides the most efficient, up to date electronic documentation system in order to create an interdisciplinary medical record of the highest quality. This council is committed to supporting Nurses as they provide optimal health care to patients at NWH. IC strives to embed new knowledge, innovations and improvements throughout the organization.

Scope
• Provide insight, information and expertise in the development of excellent, efficient and standardized documentation templates that meet clinical and regulatory requirements
• Act as liaisons with staff in bringing forward documentation improvements
• Communicate, teach and support staff regarding documentation changes and requirements for competency
• Seek to continually improve the process and the technology thereby assuring staff access to a coordinated health care information system
• Record exemplars including sources of evidence and empirical outcomes that embody the principles of new knowledge, innovations, and improvements

Membership
• IC Unit Leads elected by each nursing unit
• 2 managers and 1 director elected by the Nursing Management Council with balanced representation of the Nursing Division

Chair
IC Unit Lead elected by the IC Council members

Mentor
Nurse with subject matter expertise assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Night Council

Mission
The mission of the Night Council (NC) is to bring a valuable voice to the organization from the night shift nurses and enhance night shift specific patient and staff experiences.

Scope
• Lead action plans to improve night-shift specific patient clinical and satisfaction outcomes
• Lead action plans to improve the staff experience on the night shift
• Engage the night shift in Shared Governance and the Nursing Strategic Plan
• Provide Shared Governance opportunities on all shift
• Facilitate professional development on the night shift
• Increase awareness of the challenges experienced by the night shift

Membership
Night shift Unit Lead elected by each unit that is open overnight e.g. 7, 6, 4, Short Stay Unit/Pediatrics, NICU/Nursery, Maternity, L&D, ICU, ED & BH.

Chair
A night shift Unit Lead elected by the Night Council members.

Mentor
A night shift Administrative Supervisor assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Nursing Management Council

Mission
The mission of the Nursing Management Council is to provide a forum for nursing leaders to collaborate and advance the Nursing Strategic Plan. This Council provides an opportunity for leaders across the divisions to share best practices, identify global concerns and obstacles, and provide leadership development opportunities. This Council strives to embed the principles of transformational leadership throughout the organization.

Scope
• Nursing policy review and approval
• Oversee progress on nursing sensitive indicators including but not limited to quality, patient safety, patient and staff experience, finances/productivity and efficiency measures
• Annual nursing leader educational needs assessment
• Provide ongoing educational opportunities including dedicated meeting time with subject matter experts related to achieving the strategic goals
• Provide an open forum for dialogue around nursing management specific topics
• Record exemplars including sources of evidence and empirical outcomes that embody the principles of transformational leadership

Membership
• All Nurse Managers that have operational units and clinical RN reports
• All Nursing Directors, Associate Director of Perioperative Services, Assistant Director of Professional Development, Director of Patient Advocacy, Senior Administrative Supervisor, President of the Nursing Staff
• VP of Quality and 1 Manager or Director representative from the Quality Department Unit Council
• Chief Nursing Officer (CNO)

Chair
Nurse Manager elected by the Nursing Manager Council members

Mentor
Nursing Director assigned by the CNO

Meeting Frequency
Monthly with at least 10 meetings per year
Mission
The Unit Council is the foundation for the Nursing Shared Governance structure in which nursing unit Managers and clinical RNs collaborate to meet hospital, patient care department and unit specific goals. Members foster two-way communications between the unit and other Councils and hospital committees. Regular meetings provide the forum for continuous examination of current clinical practice and care delivery systems that promote the improvement of quality, patient-centered care and empowering staff while meeting efficiency, productivity and fiscal goals.

Scope
• Ensure organization and nursing department strategic plans and goals are fulfilled at the unit level
• Foster communication from all shifts and staff to the Care Manager
• Transfer information within and between each council member
• Provide a forum for discussion of unit specific initiatives including compliance, indicators and goals
• Develop action plans in response to the review of unit based scorecards including quality of care, patient safety, patient experience, staff experience, efficiency, productivity and fiscal measures
• Praise and educate staff
• Review each Practice Council’s initiatives
• Identify when assistance is necessary to aid in the completion of assignments
• Recognize issues to be brought to all members of the unit

Membership
Practice Council Leads elected by unit RNs
Chair
NQC Lead elected by unit RNs
Mentor
Nurse Manager

Meeting Frequency
Monthly with at least 10 meetings per year
Article I: Functions

Northern Westchester Hospital’s Nursing Shared Governance structures and functions support our Nursing Professional Practice Model. Shared Governance is our Nursing management philosophy.

These functions, in furtherance of the object set forth in these Articles, shall be:

1. To form a collaborative partnership with all members of the healthcare team to provide a seamless continuum of quality patient-centered care delivery in a cooperative environment.
2. To offer leadership opportunities and promote job satisfaction by giving all nurses a voice that is heard and respected; to value and encourage nursing autonomy.
3. To shape and develop policies and procedures that not only direct and support the scope of practice, but also maintain the highest evidence-based standards of care.
4. To monitor and improve the way the profession is practiced with a focus on accountability for maintaining professional standards and quality care.
5. To foster and promote nursing education and professional growth.
6. To recognize and reward nurses through ceremony and remuneration during programs and events.
7. To develop a culture based on the principles of empowerment, justice, safety, inquiry, and continuous learning.
**Article II: Structure**

**Councils**
Councils are the decision making bodies of Shared Governance. Each Council has a written mission and scope. Each Council is empowered to make decisions within their defined scope. There is one Unit Council for each defined Nursing Unit (See Attached Defined Nursing Units), one Nursing Executive Council (NEC) and eight Practice Councils: Evidence-Based Practice & Research (EBP) Council, Nursing Credentialing Council (NCC), Professional Development (PD) Council, Nursing Quality Council (NQC), Scope & Standards (S&S) Council, Technology & Informatics Council (IC), Night Council (NC), and Nursing Management Council. The NEC charters and approves all Councils. All Councils report to the NEC.

**Standing Committees**
Standing Committees are function or topic driven. They may be chartered by any Council to focus on a specific aspect of practice without a reasonably foreseen end point. The committee is empowered to make decisions within the mission and scope of their charter. Membership will be defined by the chartering Council and may be inter-professional. Standing Committees report to their chartering Council. There are three Standing Committees: the Steering Committee reports to the NEC, the Nursing Event Peer Review Committee reports to the NQC, and the Holistic Committee reports to the S&S Council.

**Ad Hoc Committees**
Ad Hoc Committees are function or topic driven with a specific end point. They may be chartered by any Council. These Committees are used to study issues, recommend solutions or implement action plans. The charter must include specific measurable goals. The chartering Council maintains decision making responsibility for committee work. Membership will be defined by the chartering Council. Ad Hoc Committees’ membership may be inter-professional.

**Article III: Decision Making**
The preferred method for Council decision making is by consensus; however, the Council Chair reserves the right to call for a vote. A quorum of two thirds of the Council membership must be present to hold a vote. All members including the Chair have one vote and equal voting privileges. Mentors act as Council facilitators and only vote to break a tie. The voting process will follow these rules of order:

- When a vote occurs, the author of the vote will make a motion for the vote and provide all applicable information as requested by the membership.
- A second member will second the motion for the vote.
- A vote will occur for adoption of the motion by a show of affirmative hands or affirmative answers on a ballot.
- Simple majority will constitute an adoption of the motion.

*EXCEPTION: For major changes to the Shared Governance structures/ functions and/or Nursing Practice adoption of motions require a two-thirds affirmative vote.*

- The outcome of the vote will be recorded in the meeting minutes.

**Article IV: Membership**
Nursing Shared Governance is a way of life at NWH. All RNs are expected to be involved in Shared Governance. All RNs are expected to be engaged in, at minimum, unit activities/issues.

**Council Membership Eligibility**
All Council members must be a full or part time Registered Nurses (RN). Representatives from other
disciplines may be invited to attend a Shared Governance meeting by the chair/mentor on an ad hoc basis to consult or inform the Council on a specific topic. All Practice Council members are limited to one Practice Council membership at a time. Each Council member is subject to the terms of office defined by their Unit Lead position unless otherwise stated in these articles. Council membership will not be impacted if formal disciplinary action, including a 90 day action plan, is issued to a member.

**Leads and Chairs** must be clinical RNs. In addition, Unit Leads must be at a level II status or above and Council Chairs must be at a level III status or above. Unit Council Leads and Unit Council Chairs are elected by their representative unit RNs. The Unit Council Chair is also the NQC Lead. Practice Council Chairs must be a Unit Council Lead elected by their representative Practice Council members.

**EXCEPTION: NCC see below Council Membership Composition.**

**EXCEPTION: The Nursing Management Council Chair must be a Patient Care Manager and a member of the Nursing Management Council.**

**Management** on Practice Councils must be members of and elected by their representative Nursing Management Council membership with balanced representation of the Nursing Division.

**EXCEPTION: Nursing Management Council see below Council Membership Composition**

The President of the Nursing Staff must hold a position as a Unit Council Chair and is elected by the NEC membership.

**Committee Membership Eligibility**

All Standing and Ad hoc Committee members are determined by the chartering Council. Committee membership may be inter-professional.

**Council Membership Composition**

**Unit Councils** are composed of all Practice Council Leads. The NQC Lead serves as the Unit Council Chair. The Care Manager is the Unit Council Mentor. Small units < or ~10 nurses may combine to become a larger umbrella unit or may choose not to participate in all Practice Councils. Each unit must have at least a Unit Chair and the Nurse Manager Mentor. Meetings of the Unit Council are open to any RN on the unit who is interested in attending and/or is participating in a unit project.

**Practice Councils** are composed of one Unit Practice Council Lead from each nursing unit, and two Nurse Managers and one Nurse Director with balanced representation from the entire Nursing Division. Mentors have subject matter expertise and are assigned by the CNO.

**EXCEPTION: The NCC is composed of 6 clinical RNs with balanced representation from the entire Nursing Division instead of one Unit Practice Council Lead from each nursing unit. Also there is one educator assigned by the CNO.**

**EXCEPTION: The Night Council is composed of one night shift Unit Lead from each unit that is open overnight e.g. 7, 6, 4, Short Stay Unit/Pediatrics, NICU/Nursery, Maternity, L&D, ICU, ED & BH. The Mentor is a night shift Administrative Supervisor assigned by the CNO.**

**Nursing Management Council** is composed of the CNO, all Nursing Division Directors, VP of Quality, 1 Quality Unit Council Management representative, Director of Patient Advocacy, Senior Administrative Supervisor, Associate Director of Surgical Services, Assistant Director of Nursing Professional Development, President of the Nursing Staff, and all Patient Care Managers that have operational units with clinical RN reports. The Mentor is a Nursing Director assigned by the CNO.

**Executive Council** is composed of all Practice Council Chairs, Unit Chairs, Practice Council Mentors, and Nursing Manager Council members. The President of the Nursing Staff is the Chair and the CNO is the Mentor. The Past-President of the Nursing Staff attends meetings as a non-voting member, ex-officio for the first year following the election of the new President of the Nursing Staff.
Standing Committee Membership Composition

**NEC Steering Committee** is composed of the Chairs of each Practice Council, Mentors of each Practice Council, the President of the Nursing Staff as Chair, and the CNO as Mentor. The Past-President of the Nursing Staff attends meetings as a non-voting member, ex-officio, for the first year following the election of the new President of the Nursing Staff.

**NQC Nursing Event Peer Review Committee** is composed of 5 voting members: 3 NQC members selected by the NQC mentor based on their expertise in relation to the event and the manager and director of the nurse under review. The NQC Mentor and NQC Chair facilitate the committee and are non-voting members.

**S&S Council’s Holistic Committee** is composed of inter-professional members based on their involvement in holistic practices.

Member’s Roles

All members are expected to engage/represent/communicate with their constituents, attend meetings and actively participate in Council work. In addition to representing their unit and constituents, Council members represent the “Body of Nursing”.

**Chairs** are full voting council members. They facilitate all processes surrounding Council’s activities including coordinating all projects, planning and leading all meetings, and communicating with all constituents; council members, Mentors, and management. The Chair will actively participate in all Council, Staff, Executive Council and other meetings as assigned. The Unit Chair is also the Unit Lead for the NQC.

**EXCEPTION:** Non-patient care units may choose to have their unit Chair be the Lead for a Practice Council of their choosing instead of the NQC. That Practice Council choice is in effect for the full term of office.

**Mentors** support their respective Council and Chair’s work. The Mentor is an expert in their practice area. The Mentor guides the Council, plans council/staff meeting agendas with the Chair and ensures project plans and timelines are met. The Mentor only votes for a tie breaker. The Mentor actively participates in all Council and Executive Council meetings.

Leads represent their respective constituents and areas at all Council meetings. Leads actively participate in all Council and Staff Meetings and related projects.

**Nursing Management:** Care Managers and Directors represent nursing leadership at all Council meetings. Nurse Managers actively participate in all Council and Staff Meetings and related projects.

**President of the Nursing Staff** upholds all the responsibilities of the Chair of the NEC and NEC Steering. In addition, the President:

- Embodies the mission and vision of the hospital
- Acts in coordination and cooperation with the Hospital to achieve strategic goals and objectives in the best interest of the patient and staff.
- Promotes adherence to the Bylaws and policies/procedures.
- Holds listening sessions with clinical RNs at least annually
- Represents the views of the nursing staff to nursing management/leadership.
- Attends Practice Council and/or Unit Council meetings as needed
- Oversees all elections, ensuring they occur in a timely, organized and fair manner.
Past President of the Nursing Staff is responsible for on-boarding and mentoring the new President of the Nursing Staff. This will include attending all preparatory meetings, steering committee and NEC meetings for 1 year after the election of the new President as a non-voting, member, ex-officio. This role is intended to be a resource and provide historical perspective.

Article V: Meetings

Meeting Schedule
Council and Standing Committee meeting schedules including frequency, time, date and location will be determined by each individual Council and posted annually. At a minimum, the Executive Council and Steering Committee meet quarterly. Practice Councils, Unit Councils and Standing Committees meet monthly and at a minimum of 10 times per year.

Additional Meetings
Additional meetings may be called as needed if there are urgent issues that affect nursing practice which need to be addressed e.g. regulatory changes/findings. Council Chairs are responsible for calling additional meetings.

Agendas/Minutes
Council, Committees and Staff Meetings are subject to the same guidelines. Agendas will be posted 7 days prior to each meeting. Meeting minutes will be posted within 14 days following the meeting. All agendas and minutes will follow the standardized templates embedded with the Nursing Strategic Plan.

General Meeting Etiquette
Members are expected to follow respectful meeting etiquette. This includes notifying the Chair in advance of any absences, arrive on time, be prepared, respect others opinions, do not monopolize conversations, refrain from sidebars, turn pagers/phones to vibrate, actively participate, complete work on time, and use professional verbal/body language.

Meeting Attendance
At a minimum, Practice and Unit Council members are required to attend in-person 8 of 10 required meetings per year.

EXCEPTION: Attendance by virtual conference is only allowed for Unit Council meetings that are not scheduled on staffing meeting months.

Inter-Professional Meeting Responsibilities
In addition to the Shared Governance meetings, Nurses must attend and represent the profession of nursing on inter-professional hospital based committees. The CNO will review and assign membership on inter-professional committees on an as needed basis.

Article VI: Elections, Terms Of Office, On-Boarding

The Nursing Management Council’s membership is defined and is not subject to elections or terms of office. Unit Council Mentors are defined as the Unit Manager and are not subject to election or terms of office. Practice Council Mentors are assigned by the CNO and subject to reassignment or terms of office based on the Mentor’s expertise and the needs of the Council at the discretion of the CNO. NEC membership is subject to each member’s representative Council’s or position’s elections and terms of office.

Elections
Oversight of all election procedures are the responsibility of the President of the Nursing Staff. The coordination of the election and voting procedures are the responsibility of each applicable Council. Unit Councils are responsible for the election of Unit Leads and Unit Chair, the NQC Lead. Practice Councils are responsible for the election of the Practice Council Chairs. The Nursing Management Council is responsible
for the election of Manager and Director Members on Practice Councils. The NEC is responsible for the
election of the NEC Chair, the President of the Nursing Staff.

**Timing**

Elections for open Practice Council Unit Lead positions are held at the unit level in October (see schedule), with the change in membership occurring in January. The election for open Practice Council management positions are held by the Nursing Management Council and will follow the same timing as the Unit Lead positions. Elections for open Practice Council Chair positions occur in January once all new members are on-board. The Nurse Manager Council Chair position will be up for election every 2 years in January of odd years. At the end of the current term of the President of the Nursing Staff’s Unit Chair position, the President will call for nominations for his/her replacement in November with the election to be completed during the December NEC meeting.

**Unit/Practice Council Positions**

In August, the President of the Nursing Staff will send out a reminder to all Unit and Management Council Chairs defining all Practice Council positions that are up for election in October (See Election Schedule). No later than September, these Chairs will send out a notification to their respective RNs defining the positions that are up for election. The Unit/Management Council will coordinate elections at the unit/management level to occur no later than October, including notifying RNs when nominations are due and when/how the elections will occur.

All nominations will be submitted directly to the Unit/Management Council Chair. Candidates may nominate themselves or they may be nominated by their applicable constituents. Candidates may decline nominations. If more than one candidate is nominated, election is by majority vote. Voting may occur in person or by absentee ballot. When elections are completed, each Unit/Management Council Chair is responsible for notifying the applicable Practice Councils and President of the Nursing Staff of the election outcomes. The President of the Nursing Staff is responsible for ensuring the membership and email lists remain current at all times.

**Assigning Members**

If all nominees decline nomination or there are no nominations for an open position

• Unit/Management Council is responsible for assigning an RN to the applicable Practice Council

• Practice Council Chair positions will be elected by secret ballot by the respective Practice Council members

**EXCEPTION: NCC: Clinical RNs are selected by the NCC instead of being elected or assigned by their respective unit. Each NCC clinical RN candidate must submit a letter of interest and two letters of recommendation from their co-workers to the NCC chair. Candidates are then interviewed by the NCC. New members are selected based on evaluation of their letter of interest, letters of recommendation, interview and ability to provide a balanced representation from all Nursing Divisions.**

**Terms of Office**

*Practice Council member’s* term of office is 24 months. A candidate may be reelected to the same Practice Council for a maximum of 2 consecutive terms of office, 48 months. A 12 month respite from any one Practice Council must occur following 2 consecutive terms before a candidate is eligible for election to the same Practice Council. At the end of any term of office, a candidate is eligible for election to a different Practice Council.

**EXAMPLE:** At the end of an IC Lead’s 2 terms of office, the Nurse can then be elected to another Lead position by the Nurse’s home unit, e.g. the EBP lead position or after 12 months the Nurse would be eligible for re-election to the IC Lead position.

**Council Chairs**

are subject to the term of office of their original Unit Lead position.

**EXAMPLE:** If a nurse is the Chair of the IC and has completed the maximum consecutive term as his/her Unit’s Lead for IC, that nurse’s term of office will be complete and his/her IC Lead position will be open for election at the unit level. Since this nurse will no longer be a Unit Lead or member of the IC, he/she is no longer eligible to be the IC Chair. The IC Chair position will be open for election in January with the on-boarding of new IC Unit Leads.
Nursing Management Council Chair’s term of office is 2 years.

President of the Nursing Staff is subject to the term of office of their original Unit Chair position.

Past-President of the Nursing Staff’s term of office is the first year following the election of a new President.

Combined Unit In the event that units combine, the prior elected members’ term of office will be complete once that position comes up for election according to the new combined unit’s election schedule. This means that there may be two representatives from the same unit on a council until that position is up for reelection.

EXAMPLE: Nuclear Cardiology becomes part of the Ambulatory Procedure unit in January 2012. The Chair of Nuclear Cardiology and the Chair of Ambulatory Procedures both maintain their Unit and NQC position and council meeting/work responsibility until the Ambulatory Procedure Chair position comes up for reelection in as scheduled in October 2012.

On Boarding Members
Each Council will define the educational requirements for new members. The out-going member is responsible for the training and education of the incoming member. November and December will be used to transition responsibilities between the incoming and outgoing representatives. The out-going and incoming members will attend one Council meeting together as part of the education and hand-off of responsibilities.

The Unit Chair is responsible for orienting their unit’s newly hired nurses to Shared Governance.

Article VII: Resignations, Removal Of Members & Appeals

Resignations
A Unit lead must resign when changing units, changing work status to casual pool, on an extended leave of absence or promotions which make an employee ineligible e.g. clinical RN to management position. Otherwise, members may only request a resignation from their position for a “severe” hardship by writing an appeal letter to the Unit Council via the Unit Chair. Unit Chairs will submit their resignation to the Unit Council via the Unit Council Mentor, the Manager. Practice Council Chairs wishing to step down from the Chair position and remain on the Council as their Unit Lead will submit their resignation to the Practice Council via the Practice Council Mentor. If the Practice Council Chair wishes to resign completely from the Council they must submit their resignation to their Unit Council, via the Unit Chair.

Removal of Members
Members are subject to removal for not attending the minimum of eight meetings per year. The member may be subject to removal for not participating in Council activities. First the Practice Council Chair will speak with the member. If there is no improvement in performance, the Practice Council Chair will speak with member’s Manager and the Unit Council Chair. An ensuing written action plan will be set forth. If there is no improvement, the Unit Council Chair and Manager will remove the member.

Interim Replacement of Members
If a seat becomes open before the designated election schedule, the applicable Council will hold a special election to select an interim replacement to complete the current term. The seat will then be up for election at the next designated voting schedule. Interim Council members may choose to run for the Council seat. Interim terms will not count toward the maximum term limit.
Appeals
Examples of when appeals may be submitted by members are when removed from a Council, rejected for advancement by the NCC or disagreement with a NQC peer review rating. The appeal process is as follows; the member may write a letter of appeal to the applicable Council. The applicable Council will review the appeal and rule. If the Council upholds the removal, the member may appeal to the Executive Council. The Executive Council Chair/President of the Nursing Staff and Mentor/CNO will appoint a five member committee to review the appeal and rule. This committee is comprised of three clinical RNs, one Manager and one Director. These committee members must not have a conflict of interest. This committee's rule is final.

Article VIII: Annual Review
Annually, the NEC will evaluate all Shared Governance structures and functions. Based on this evaluation, NEC will charter sub-committees to develop action plans for areas identified as opportunities for improvement. At a minimum, a sub-committee will be assigned to review the Nursing Shared Governance Bylaws and a sub-committee will be assigned to perform strategic planning for the upcoming year. Sub-committee membership will be assigned by the NEC’s Chair and Mentor. All effort will be made to balance the representation of clinical RNs, management, and all Nursing divisions on each sub-committee. Sub-committee work will be presented to and approved by the NEC at least annually. The NEC will reconvene any sub-committee throughout the year to provide consultation or perform further work as assigned.
# Unit Designations and Election Schedule

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<tr>
<th>Unit</th>
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