SHARED GOVERNANCE BY-LAWS
# TABLE OF CONTENTS

## ARTICLE I
Functions ........................................................................................................ 1

## ARTICLE II
Structure ........................................................................................................ 2
- Councils ........................................................................................................ 2
- Standing Committees .................................................................................... 2
- Ad Hoc Committees ..................................................................................... 2

## ARTICLE III
Decision Making ............................................................................................. 3

## ARTICLE IV
Membership .................................................................................................. 3
- Council Membership Eligibility ................................................................. 3
- Council Membership Composition .............................................................. 4
- Standing Committee Membership Composition ........................................ 6
- Member’s Roles ............................................................................................ 8

## ARTICLE V
Meetings ...................................................................................................... 10
- Meeting Schedule ....................................................................................... 10
- Additional Meetings .................................................................................... 10
- Agendas/Meetings ...................................................................................... 10
- General Meeting Etiquette ......................................................................... 10
- Meeting Attendance ................................................................................... 11
- Inter-Professional Meeting Responsibilities ............................................. 11

## ARTICLE VI
Elections, Terms of Office, On-Boarding ....................................................... 12
- Elections ..................................................................................................... 12
- Election Process .......................................................................................... 14
- Terms of Office ........................................................................................... 15
- On-Boarding Members .............................................................................. 15
ARTICLE VII
Resignations, Removal of Members & Appeals .......................................... 16
- Resignations .................................................................................................. 16
- Removal of Members ............................................................................... 17
- Interim Replacement of Members ......................................................... 17
- Appeals ........................................................................................................ 17

ARTICLE VIII
Shared Governance Annual Review and Nursing Strategic Plan Update ..... 17

APPENDIX ........................................................................................................ 19
ARTICLE I
FUNCTIONS

Nursing Shared Governance is a way of life at Northern Westchester Hospital (NWH). All registered nurses (RNs) are part of Shared Governance and as such are expected to be involved in Shared Governance functions. All RNs are expected to be engaged in, at minimum, unit activities/issues. The Councils are the leadership of Shared Governance, guiding the implementation of goals and functions. NWH’s Nursing Shared Governance structures and functions support our Nursing Professional Practice Model and is our Nursing management philosophy. The functions of shared governance are:

1. To form a collaborative partnership with all members of the healthcare team in order to provide a seamless continuum of quality patient-centered care delivery in a cooperative environment.
2. To offer leadership opportunities.
3. To promote job satisfaction by giving all nurses a voice that is heard and respected; to value and encourage nursing autonomy.
4. 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.
5. To monitor and improve the way the profession is practiced with a focus on accountability for maintaining professional standards and quality care.
6. To foster and promote nursing education and professional growth.
7. To contribute to Nursing Science through nursing research and dissemination of research findings.
8. To recognize and reward nurses through ceremony and remuneration during programs and events.
9. 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. The Councils represent the leadership of Shared Governance at NWH. 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, one Nursing Executive Council (NEC) and the following Practice Councils: Evidence-Based Practice & Research (EBPR) 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), Nursing Management Council (NMC) Advanced Practice Council (AP). The NEC charters and approves all Councils. All Councils report to NEC.

Standing Committees
Standing Committees are function or topic driven without a specific end point. 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. The following are the current Standing Committees: Recruitment and Retention reports to NMC, Steering Committee reports to NEC, Nursing Professional Practice Evaluation Committee (NPPEC) reports to NQC, Patient Care Associate (PCA)/Certified Nursing Attendant (CNA)/Technician Committee and Holistic Committee reports to Scope and Standards Council. When a Council identifies the need for a standing committee, the proposal is brought to the NEC Steering for review. If appropriate, the Standing Committee is sent to NEC for review and approval.

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 Ad Hoc Committee 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.
- The outcome of the vote will be recorded in the meeting minutes.
- **EXCEPTION:** For major changes to the Shared Governance structures/ functions and/or Nursing Practice, requires a vote by NEC. Adoption of motions requires a two-thirds affirmative vote of the quorum.

ARTICLE IV
COUNCIL MEMBERSHIP
There are two types of councils: Unit Councils and Practice Councils. Unit Councils are the patient care unit leadership group. The Unit Council members are the “Leads” to the Practice Councils as representatives for their unit. Practice Councils are the leaders within their specific chartered area of interest.

Council Membership Eligibility
All Council members must be full or part time Registered Nurses (RN). Representatives from other disciplines may be invited to attend a Shared Governance Council 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 membership on one Practice Council at a time. Each Practice Council member is subject to the terms of office defined by their Unit Council Lead position unless otherwise stated in these articles. Council membership will be affected if formal written disciplinary action is issued to a member. (Refer to article VII Interim Replacement of Members.)

**COUNCIL MEMBERSHIP COMPOSITION**

**Unit Council Membership**
Unit Council members are direct care nurses who are elected by their unit as the Practice Council Lead for their unit. The Unit Council Chair is also the NQC lead for their unit. The unit’s Patient Care Manager serves as the Mentor to the Unit Council Chair. Small units (≤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. 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 Council Membership**
Practice Councils are composed of one Unit Practice Council Lead from each nursing unit, and two Patient Care Managers and one Nursing Director with balanced representation from the entire Nursing Division. Mentors have subject matter expertise and are assigned by the CNO.

- EXCEPTION: Nursing Credentialing Council (NCC) membership. The NCC is composed of 6 clinical RNs who apply for the position, with the goal of balanced representation from the entire Nursing Division. In addition, one educator assigned by the CNO.

- EXCEPTION: Night Council Membership. The Night Council is composed of one Unit Lead from the night shift on each unit that is open 24 hours. Presently this consists of Cardiopulmonary, Oncology/Mixed Medical, Surgery, Short Stay Unit/Pediatrics, Transitional Care Unit, NICU/Nursery, Maternity, Labor and Delivery, ICU/SSD, Emergency Department and Behavioral Health. The Mentor is a night shift Administrative Supervisor assigned by the CNO.
• EXCEPTION: Nursing Management Council (NMC) Membership. The NMC is composed of the CNO, VP of Quality, Assistant Director of Quality, all Nursing Division Directors, Associate and Assistant Directors, Director of Administrative Supervisors, and all Patient Care Managers that have operational units with clinical RN reports. The President and past-President of the Nursing Staff serve as non-voting members. The Chair is an elected Patient Care Manager. The Mentor is a Nursing Director assigned by the CNO.

• EXCEPTION: Advanced Practice Council (APN) Membership. The APN is composed of the CMO, CNO, Advanced Practice Nurses (Nurse Practitioners, Certified Registered Nurse Anesthetists, Midwives and Physician Assistants) representing each specialty. The mentor of the APN is the VP of Quality and the chair is elected by the APN membership.

Nurse Executive Council Membership
The Nurse Executive Council is composed of all Practice Council Chairs, all Unit Chairs, Practice Council Mentors, and Nursing Management 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.

Nursing Management Representation on Councils
Nursing Management representatives are elected to each Practice Council by the Nursing Management Council (NMC). Nursing Management Practice council membership is balanced with representation across the Nursing Division.
EXCEPTION: Nursing Management Council see above

Unit Leads and Council Chairs Eligibility
Unit Leads and Council Chairs must be clinical direct care 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 Practice Council Leads and Unit Council Chairs are elected by their representative unit RNs. The Unit Council Chair is also the NQC lead for their unit. Practice Council Chairs must be a Unit Council Lead elected by their representative Practice Council members.
EXCEPTION: NCC see membership
EXCEPTION: The Nursing Management Council Chair must be a Patient Care Manager and a member of the Nursing Management Council.

EXCEPTION: The Advanced Practice Council chair must be an Advanced Practitioner

The President of the Nursing Staff Eligibility

Eligible candidates for the President of the Nursing Staff must have one of the following Shared Governance Leadership Experience criteria:

- Unit Council Chair within the last 2 years
- Unit Lead position within the last 2 years

Standing Committee Membership Composition

NEC Steering Committee is composed of the Chairs of each Practice Council, Mentors of each Practice Council, 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.

Nursing Professional Practice Evaluation Committee (NPPEC)

The NPPEC will be composed of maximum 14 voting members who are active employees in good standing of the Nursing Staff nominated by the Chief Nursing Officer in collaboration with the VP of Quality Management and Nursing Quality Council Mentor.

- A minimum of one nurse from each of the following Departments or Divisions will serve on the committee: Medicine, Surgical Services, Maternal Child Health, Emergency Medicine, Critical Care, Ambulatory Services, SSUP, TCU and Nursing Educator. The NPPEC will have a Chair appointed by the NPPEC in collaboration with the Nursing Quality Council Mentor. To be eligible to serve as Chair, a nurse must be a current member OR a nurse must have been an active member of a shared governance council for at least one year within the past two years.
- The Nursing Quality Council Mentor, Physician (MD/DO) and Nurse Practitioner (NP) member will be ex-officio, non-voting members of the NPPEC.
- The Quality Management staff may attend meetings to provide administrative support to the NPPEC.
- Each nursing member will serve a three (3) year term.
- No member may serve more than two (2) consecutive terms, unless there is no one else available and willing to serve from a required specialty area.

- The intent of the multi-specialty NPPEC is to function as objectively and impartially as possible, minimizing individual and group bias.
  - Any committee member with an absolute or potential conflict of interest is ethically obliged to disclose this to the Committee Chair and/or to the Quality Mentor. The Committee Chair in collaboration with the Quality Mentor will determine whether the conflict is substantial enough that the committee member should not be involved in their discussion and/or decision-making.

**Recruitment and Retention Committee** is composed of the CNO, Human Resources, Council Representation (SG), Divisional RN’s – New graduate, fellowship and experienced, RN’s from Employee Congress, PD chair, PCA chair, Nursing Education, Finance and Staffing/Scheduling. The Chair is the President or Past President of the Nursing Staff. The Mentor is the Vice-President of Human Resources. The Recruitment and Retention Committee reports up through NMC.

**Patient Care Associate/CNA/Tech Committee** is composed of Patient Care Associates, CNAs and Techs with direct patient care responsibilities. Membership will be selected by each unit with one employee representing day shift and one employee representing night shift where applicable. A member of the nursing management team will act as mentor with input from NMC and the Scopes and Standards Practice Council mentor as the committee reports to the Scopes & Standards Council.

**Holistic Committee** is an interprofessional committee charted by the Scopes & Standards Council with significant representation of nurses and PCA’s from all specialties. A member of the nursing team will act as chair and the mentor is the Integrative Therapy Coordinator.
**Council Members Roles**

All members are expected to engage/represent/communicate with their constituents, attend meetings and actively participate in Council work. Following Practice Council meetings it is expected that the Unit Leads will meet with their Patient Care Managers and update them on council work. In addition to representing their unit and constituents, Council members represent the “Body of Nursing”.

**Council Chairs** are full voting Council members. They facilitate processes surrounding Council activities including but not limited to coordinating projects, planning and leading meetings, and communicating with Council members, Mentors, and management as needed. 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:** Small units (≤10 RN’s) may choose to have their Unit Council Chair be the Lead for a Practice Council of their choosing (if elected by the Practice Council membership) instead of the NQC. The Practice Council choice is in effect for the full term of office.

**Mentors** support their respective Council and Chair’s work. The Mentor of the Practice Council is chosen by the CNO and demonstrates expertise in their practice area. The Patient Care Manager is the mentor for the Unit Council in their respective clinical areas. The Mentor guides the Council, plans council/staff meeting agendas with the Chair and ensures project plans and timelines are met. The Mentor meets with each Practice Council lead to ensure the work of the council and unit are completed. The Mentor only votes for a tie breaker. The Mentor actively participates in all Council and Executive Council meetings.

**Unit Leads** represent their respective patient care unit constituents and areas at all Practice Council meetings. Leads actively participate in all Unit Council, Practice Council and Staff Meetings and related projects.

**Nursing Management:** Patient Care Managers and Directors represent nursing leadership at all Practice Council meetings. Their responsibilities are to partner with the mentors to
ensure council work is completed. These include, but not limited to placing follow-up items on the NMC agenda, and participating in work groups/ task forces to complete work. Nurse Managers actively participate in all Unit Council, Practice Council and Staff Meetings and related projects.

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

- Embodies the mission and vision of the hospital
- Acts in coordination and cooperation with the other departments within 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. Semi-annually reviews Bylaws and recommends updates/revisions to NEC Steering to be voted on at next NEC meeting.
- Acts as liaison and represents the views of the nursing staff to nursing management/leadership.
- Attends at least one of each Practice Council meeting during the year and attends Unit Council meetings as needed.
- Oversees all elections, ensuring they occur in a timely, organized and fair manner.
- Oversees all Shared Governance onboarding/orientation to ensure that competencies are met.
- Partners with the CNO to promote and oversee Magnet Redesignation with Magnet Program Director (MPD).
- Facilitates communication with bedside clinical nurses using multiple modalities such as attending staff meetings, conducting rounds, via email or listening sessions.
- Attends orientation regularly for all newly hired RN’s to introduce Shared Governance and the role of the President of the Nursing staff.
- Meets with CNO before NEC Steering and NEC Meetings.
- Partners with the Director of Patient Care Finance to manage the shared governance budget.
Past President of the Nursing Staff is responsible for:

- On-boarding and mentoring the new President of the Nursing Staff.
- Attending all preparatory meetings with the President and the CNO.
- Attends Steering committee, NEC, and Nursing Management Council meetings as a non-voting, member.

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 or time sensitive issues that affect nursing practice. Council Chairs are responsible for calling additional meetings.

Agendas/Minutes
Agendas should be posted 7 days prior to each meeting. Meeting minutes should be posted within 14 days following the meeting. All agendas and minutes will follow the standardized templates and represent the Nursing Strategic Plan and Magnet Model Component.

General Meeting Etiquette
- Start meetings on time
  - No exceptions - do not go back and repeat start of meeting for late comers.
- End meetings on time
  - Whether the meeting is 50 min. or an hour and 20 min.
  - Include a wrap up at the end
- Electronic Silence/to vibrate if clinically necessary
leave the meeting if it is essential to talk
• Do not read cell phones while attending meeting.
• Vocera etiquette: Use ear piece/unit on silence/leave room if you need to talk/meeting function
• Sign-out to others prior to attending a meeting, so that others may cover you whenever possible.
• Empower each other to confront colleagues who do not follow protocol.
• Join meeting prepared and engaged.
• No side bar conversations
• When participating in conference calls, keep conference phone on mute, except when speaking.

**Outlook calendar**
• Eliminate FYI e-mails to “hold date” – send “hold date” to calendars.
• All staff must adhere to an accurate reflection of their Outlook calendar.
  • Expectation that calendar is representative of the appropriate allocation of time. Example: If you are free to attend a meeting and need to just note something, make sure to click on the “free” and not “busy”.
  • Vacation and days off are up-to-date.
  • Out of office is on when appropriate.
  • Schedule travel time if meeting off-site.

**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.

EXCEPTION: Virtual meetings called by the mentor, that the mentor has sanctioned, may be scheduled at the discretion of the Council if time sensitive work discussions are needed. Virtual meetings may not replace regularly scheduled council meetings.

**Inter-Professional Meeting Responsibilities**
In addition to the Shared Governance meetings, Nurses attend and represent the profession of nursing on inter-professional hospital based committees. The Manager, Director or 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 Patient Care 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 as previously noted.

Elections

Oversight of the Shared Governance election process is the responsibility of the President of the Nursing Staff. The coordination of the election and voting procedures is the responsibility of each Practice or Unit Council. The Nursing Management Council is responsible for the election/appointment of Manager and Director Members on Practice Councils. NEC is responsible for coordinating the election of the President of the Nursing staff who is also the NEC Chair.

Nomination and Election of President of Nursing Staff

• The Call for nominations will be emailed by the current president of the nursing staff, to the all full and part-time clinical nurses in September prior to January start of term.
  o Candidates for the role of President of the Nursing Staff are nominated from the current membership of the Nursing Shared Governance Leadership Councils whose term is not expiring in the year following the nominations
  o The call will stay open for 1 month
  o The nominations will be sent to the current President of the Nursing Staff.
• The current President of the Nursing Staff will bring the nominations to the NEC Steering Committee for review before the nominated people are contacted to confirm placement on the ballot.
  o The NEC Steering Committee, serves as the nominating committee and reviews and approves the nominations and identifies candidates for the placement on the ballot for the office of the President.
• The ballot is sent electronically to all full and part-time clinical nurses and remain open for 1 month.
• The current President of the Nursing Staff and the CNO will oversee the election integrity.
• The candidate receiving the highest number of votes for office shall be declared elected.
  o The President of the Nursing Staff election is subject to confirmation by the Nurse Executive Council.
• Election results will be reviewed and announced during the NEC December Retreat.
**Election Timing Process**

**June NEC meeting**

- Announcement to start the election process. All Unit Chairs should individually poll their unit council members to inquire if they are remaining or rolling off. (Refer to the Unit Designations and Election Schedule at the back of the By-Laws.)
- President of the Nursing staff will send out through e-mail a reminder to all unit chairs.
- If all nominees decline nomination or there are no nominations for an open position, the Unit Council is responsible for assigning an RN to the applicable Practice Council.

**July/August**

- Open Practice Council positions elections are held at the unit level in July/August.
- Email the Administrative Assistant to the CNO and the President of the Nursing Staff the results of the unit elections by the last day of August.

**September**

- All newly elected and midterm members to join Councils are to register for onboarding classes via the hospital Learning Management System.
  - The Unit Chair, assisted by the Patient Care Managers, will oversee this process for the unit representatives.

**October**

- Each Practice Council will elect a new chairperson for any vacant chair position from current members who will remain active during the following year.
- All new members to Councils attend the Shared Governance Leadership Onboarding program.

**November/December**

- All newly elected members should attend council meetings for smooth transition.
  - Practice Council specific on-boarding begins

**December**

- All newly elected unit and practice council chairs should attend the December NEC retreat and be introduced to the NEC Membership.

**January**

- Change in membership is in effect and all new members are now active.
At the end of the current term of the President of the Nursing Staff’s Shared Governance position, the President will call for nominations for his/her replacement in September (see above).

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 2 years. A candidate may be re-elected to the same Practice Council for a maximum of 2 consecutive terms of office, (2) 2 year terms. A 1 year 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.

Council Chairs must serve a two year term of office for continuity.

Nursing Management Council Chair’s term of office is 2 years.

President of the Nursing Staff term is not subject to the term of office of their original Shared Governance position, and will remain the President for 2 years with the maximum length of term being 4 years.

Past-President of the Nursing Staff’s term is for the duration of the new President’s term of office.

**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 on the individual unit. October will be used for general Shared Governance on-boarding and computer classes. October, November and December will be used to transition responsibilities between the incoming and outgoing representatives. Mentors will plan practice council specific on-boarding educational activities for new council members. The out-going and incoming members will attend the November and December Council meeting together as part of the education and hand-off of responsibilities. They both will attend the December Retreat.

**Practice Council Competencies**

Each Practice Council has specific competencies that are developed to enhance the leadership development of its members. The competencies will be completed by the end of the member’s term and placed in their employee file.

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, as well as the Practice Council; Mentor.
Removal of Members
Members are subject to removal for not attending the minimum of eight meetings per year, and/or not completing council assignments. The member may also 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 in performance and/or attendance, the Unit Council Chair and Manager will remove the member which may affect clinical ladder status. The council member has the right to appeal the decision to NEC. See below “Appeals”.

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
A member may appeal to the Nursing Executive Council when removed. 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
SHARED GOVERNANCE ANNUAL REVIEW AND NURSING STRATEGIC PLAN UPDATE
Annually, the NEC will evaluate all Shared Governance structures and functions, as well as, annual accomplishments and goals for the following year. 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 and will result in the updated Strategic Plan and goals. The NEC will reconvene any sub-committee throughout the year to provide consultation or perform further work as assigned.
# APPENDIX

## UNIT DESIGNATIONS AND ELECTION SCHEDULE

<table>
<thead>
<tr>
<th>Unit</th>
<th>Practice Council</th>
<th>Election Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary</td>
<td>Chair/NQC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Oncology/Mixed Medical</td>
<td>Chair/NQC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Surgery</td>
<td>Chair/NQC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>Chair/NQC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Area</td>
<td>Chair/NQC</td>
<td>S&amp;S</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Operating Room</td>
<td>Sept of even year</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Post Anesthesia Care Unit</td>
<td>Sept of odd year</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>Sept of even year</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Maternity</td>
<td>Sept of even year</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Labor &amp; Delivery</td>
<td>Sept of odd year</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Unit/Nursery</td>
<td>Component</td>
<td>Frequency</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit/Nursery</td>
<td>Chair/NQC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Short Stay Unit/Pediatrics</td>
<td>Chair/NQC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Chair/NQC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Chair/NQC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td>Ambulatory Procedures</td>
<td>NC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Chair/QC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td>Float Team</td>
<td>Chair/NQC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>S&amp;S</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>PD</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>EBP</td>
<td>Sept of odd year</td>
</tr>
<tr>
<td></td>
<td>IC</td>
<td>Sept of even year</td>
</tr>
<tr>
<td></td>
<td>NC</td>
<td>Sept of odd year</td>
</tr>
</tbody>
</table>