Since 1975, a shared governance model has been in place in the Department of Nursing Services and Patient Care as a method to facilitate staff consultation and participation in decision-making processes. The shared governance model optimizes the participation of nursing staff members in the decision-making process when appropriate, promotes collegial relationships, and aims to generate consensus in professional practice matters. It offers staff members at all levels of the department the opportunity to participate in planning, implementing, evaluating, and revising nursing practice.

As part of this shared governance model, the Nursing Leadership Council (NLC) assesses current processes, and as necessary, adopts changes to the shared governance model and Statement of Governance, to enhance department wide participation by staff at all levels throughout the department. This document defining the shared governance model is reviewed and ratified annually by NLC.

Interprofessional quality and practice councils exist at the unit level, led by nursing, or by medical director/nurse manager dyads, to assess, plan, implement and evaluate activities at the local level to improve the delivery and outcomes of patient care.

**Councils**

**Committees**

### Council and Committee Appointments and Expectations

**Council Membership and Committee Appointments**

Membership in shared governance councils and committees is described in each committee/council bylaw. Generally, membership is reviewed annually by NLC. Membership in select councils is based on role, and membership on committees is made by appointment. Terms will generally be for two years unless otherwise stated within the Statement of Governance. Newly appointed members will receive an invitation letter of appointment from the Chief Nursing Officer (CNO) on behalf of the committee chairs via online Qualtrics. The CNO also may appoint members from outside the department to any council or committee to provide additional perspectives or support.

The shared governance model contains both councils and committees. Both the direct and additional shared governance councils provide a venue for information sharing, networking and communication for nurses or healthcare providers in similar roles across the organization. The committees carry out work as described in the committee charters.

**Committee/Council Chairs**

Chair persons are appointed for their tenures by the CNO/CNO designee as specified in the individual council/committee bylaws. Most committees will have one nursing leadership and one staff nurse chair. Chairship will be staggered so that the chairs enter and exit their chairship in staggered years.
* The chair of Staff Nurse Council will be appointed by the Chief Nursing Officer.

Chair Transition
In cases where there are co-chairs Council and Committee chairs will have a transition plan that includes mentoring by the exiting chair for the first year of the oncoming chair’s term. An annual orientation for new committee and council chairs will be offered each January.

Member Transition
Members will in general be welcomed onto a committee or council annually in January. An educational/orientation session will be offered each January. If a member needs to be replaced within the year, the committee or council chair should contact the manager of the unit without representation for a replacement member.

Committee/Council Support
All councils and committees will have designated clerical support as described in this document.

I. Responsibilities of council and committee chairs:
   A. Provide leadership to the council or committee by holding meetings in accordance with the Statement of Governance or as needed to complete the council or committee's charge.
   B. Ensure that accurate minutes are kept, approved by committee members, and distributed appropriately to membership and made available to the Department on the Nursing intranet shared governance website.
   C. Report council or committee activities at NLC meetings on a quarterly basis.

II. Responsibilities of Council and Committee Members:
   A. Attend and contribute to council or standing committee meetings and complete assigned work as a divisional or role representative. If a member cannot attend, a replacement should be identified to attend in that person’s place.
   B. Keep directors/managers/peer staff informed of the council or standing committee's activities and recommendations as appropriate. Collaborate with unit leadership in planning/implementing communication with all staff re: committee/council information and facilitating change as indicated.
   C. Gather information and opinions from the clinical divisions to bring back to the council or committee for consideration in its decisions.
   D. If unable to attend a meeting, notify the committee chairperson. If requesting an excused absence from a meeting, send an alternate as directed by chairperson. If unable to attend committee meetings regularly, relinquish membership and contact the committee or council chair to request that another representative be appointed. Chairs should notify the directors/clinical functions and/or nurse managers if there are excessive absences of appointed members.
COORDINATING COUNCIL

NURSING LEADERSHIP COUNCIL

The Nursing Leadership Council (NLC) serves as the coordinating council for the Shared Governance model for the Department. Co-chaired by the Chief Nursing Officer and the staff nurse chair of the Staff Nurse Council, the NLC provides a venue for information sharing, committee reports, and linkages across divisions and with academic, community, and outreach nursing leaders. The NLC provides a broad level of nursing perspective to current issues regarding nursing practice and care delivery across the continuum of health care settings and levels of nursing practice.

I. **Membership:** The NLC consists of the CNO; the directors and associate directors/clinical functions, and all the chairs of the shared governance councils and committees.

II. **Affiliate Membership:** The affiliate membership of the NLC consists of the Dean of the UI College of Nursing; the Executive Dean for Academic Affairs at the UI College of Nursing; the administrator/nurse manager for Dialysis; the nurse manager for Clinical Outreach Services; the director of Continuum of Care Management, the nurse manager for Interventional Radiology; the clinical director for UI Heart and Vascular Center; representatives from UI Community Home Care and the Center for Disabilities and Development.

III. **Functions:** The functions of the NLC:

   A. Provide a venue for information sharing, networking and communication for nursing leaders across the organization.

   B. Establish and review the governance structure for the Department of Nursing Services and Patient Care.

   C. Review domains of the strategic plan for the department annually to assess performance related to the strategic metrics set by NLC for each domain.

   D. Develop, implement, modify, adapt, and evaluate the operationalization of the pillars of the Professional Practice Model annually in regards to nursing practice, collaboration and communication at all levels of the department.

   E. Provide a forum for reporting of council and standing committee activities.

   F. Identify needs for the development of standards of nursing care and staff performance, and monitor compliance with these standards.

   G. Serve as the voting body regarding shared governance, policies and procedures for the Department of Nursing Services and Patient Care.

   H. Represent the department in activities involving the department and its relationship with hospital administration, the UI College of Nursing, the UI College of Medicine, and others as appropriate.

   I. Identify opportunities for research and evidence-based practice.

   J. Interface with UI College of Nursing representatives regarding pertinent topics.
K. Provide a forum for roundtable discussions by all committee members.

IV. **Meetings:** Meetings will be held quarterly or at the request of the Chief Nursing Officer.

V. **Chair:** Co-chairs of the NLC will be the CNO and the chair of the Staff Nurse Council

VI. **Secretarial Support:** Designated support staff of the Chief Nursing Officer

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**COUNCILS**

*Nursing Administrative Operations Council*
*Clinical Administration Council*
*Nurse Management Council*
*Staff Nurse Council*
*Partners in Practice Council*

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**NURSING ADMINISTRATIVE OPERATIONS COUNCIL (NAOC)**

The Nursing Administrative Operations Council (NAOC) provides a forum for the discussion of day-to-day operational issues across all divisions within Nursing Services and Patient Care. Chaired by the CNO, the Council serves as a clearing house for administrative and operational issues for nursing house-wide.

I. **Membership:**
   
   A. **Core Membership:** The NAOC consists of the Chief Nursing Officer, directors of clinical functions/designate and associate assistant directors.
   
   B. **Expanded Membership:** Same as above plus clinical director for Ambulatory Surgery Center, director for Continuum of Care, and manager/Financial Analysis for the Department of Nursing Services and Patient Care, associate director of the Emergency Department and ad hoc administrative interns working with the Chief Nursing Officer.

II. **Functions:**
   
   A. Provide a venue for communication, setting strategy and sharing of best practices among senior nursing leaders.
   
   B. Facilitate effective daily operations that are consistent across nursing care settings and with the goals/strategies identified in the strategic plan through:
      
      1. Sharing information from various settings and roles
      2. Prioritizing projects and initiatives
      3. Problem solving
4. Planning for new projects and initiatives
5. Supporting implementation of best practices
6. Evaluating daily operations

C. Provide leadership and infrastructure support to facilitate change.

D. Discuss and advise CNO on operational and fiscal priorities at unit, division and department levels.

E. Monitor, plan, implement and oversee action plans related to patient satisfaction data as appropriate for this group.

III. Meetings: Meetings will be held at least twice per month and as needed.

IV. Chair: CNO.

V. Secretarial Support: Designated support staff of the Chief Nursing Officer.

**CLINICAL ADMINISTRATION COUNCIL**

The Clinical Administration Council (CAC) provides a forum for the discussion of specific issues and priorities within the Department of Nursing Services and Patient Care. The CAC allows for inter-disciplinary input to develop strategy, manage, monitor, and coordinate care delivery, service excellence and quality outcomes across all patient care settings.

I. **Membership:** The CAC consists of the CNO; directors and associate directors of clinical functions; the Clinical Director for UI Heart Care; the UI Health Care Human Resources director assigned to the Department of Nursing Services and Patient Care; the director of Continuum of Care Management; the director of Dialysis; the director of Respiratory Care Services; the director of Social Services; the director of Food and Nutrition Services; the director of Pharmaceutical Services; the director for Pathology Services; and, the director of Rehabilitation Services.

II. **Functions:** The functions of the CAC:

   A. Review goals that provide the basis for the Department of Nursing Services and Patient Care Strategic Plan. Work together to implement and evaluate the strategic plan, as needed and share information across departmental boundaries to promote seamless care delivery and excellent outcomes.

   B. Facilitate the functioning of departmental operations through the following activities:

      1. Provide direction, consultation, and education on fiscal matters and utilization of management reports and clinical operations issues that cross departments.

      2. Provide direction, consultation, and prioritization on clinical practice issues.

      3. Integrate clinical practice functions of Continuum of Care Management, Respiratory Care, Food and Nutrition Services, Pharmacy, Social Services/Spiritual Services, Ambulatory...
Surgery Center, Pathology Services, Rehabilitation Services, and Patient Relations with the functions of the Department of Nursing Services and Patient Care.

C. Provide leadership and infrastructure support to facilitate change.

D. Identify approaches to facilitate patient care for the integrated delivery system.

E. Review, analyze and give direction related to quality and safety initiatives and their outcome metrics to improve care delivery within the Department and the institution.

F. Monitor, plan, implement and oversee action plans related to patient satisfaction data, as appropriate for this group.

III. Meetings: Meetings will be held once a month.

IV. Chair: CNO

V. Secretarial Support: Designated support staff from the Central Nursing Office

**NURSE MANAGEMENT COUNCIL**

The Nurse Management Council (NMC) provides a means for direct communication between the Chief Nursing Officer (CNO) and nurses in management/supervisory roles at UI Hospitals and Clinics. It is a forum for discussion of goals, objectives and operations of the department and of professional issues.

I. **Membership:** The Nurse Management Council consists of the CNO, directors/clinical functions, nurse managers, assistant nurse managers, nursing practice leaders-supervisory, clinical coordinators, and house operations managers.

II. **Functions:** The functions of the NMC:

   A. Provide a forum for the discussion of clinical matters, resource utilization, patient education, professional issues and trends, and formulation of pertinent recommendations.

   B. Identify educational needs of the nurses in leadership roles and advise in the development of programs to meet these needs.

   C. Develop educational offerings and promote research to advance nursing knowledge and evidence-based practice.

   D. Sponsor and participate in activities that enhance professional nursing and contribute to the goals of the department and UI Hospitals and Clinics.

III. **Meetings:** Meetings will be held every month or as needed.

IV. **Chair:** Two co-chairs will be appointed by the CNO. Co-Chair terms will last two years with terms ending on alternating years if possible. Co-chairpersons will be a nurse manager (NM)/assistant nurse manager (ANM) and a nursing practice leader (NPL) to ensure equity in representation. The NPL and NM/ANM co-chairs will be appointed from each division on the following rotation:
NPL Co-chair: BHS, MSS, AMB, CWS, POD, ISS
NM/ANM Co-chair: ISS, BHS, CWS, MSS, AMB, POD

V. Secretarial Support: Provided by one of the chairs.

**STAFF NURSE COUNCIL**

The Staff Nurse Council (SNC) is the shared governance committee exclusively for UI Hospitals and Clinics staff nurses. The committee, chaired by a staff nurse, provides a means for direct communication between staff nurse council, the nurses on the units and the CNO. It provides a forum for the discussion of professional issues uniquely affecting staff nurses.

I. Membership: The SNC consists of staff nurse representatives from each inpatient and outpatient unit at UI Hospitals and Clinics. Each nursing unit/clinic will elect a SNC representative to serve a 2 year term. Terms will be staggered (50% of membership elected in odd years, 50% of membership elected in even years) to promote council continuity. The specific election process will be determined by staff nurses at the nursing unit/clinic level and will include a process for:

- Self and peer nomination
- Nominee acknowledgement of acceptance of nomination
- Confidential voting by staff nurses in clinical area

An alternate staff nurse may be chosen to attend for the representative unable to attend. An administrative liaison to the committee from the nursing department will be chosen by the CNO.

In the case of very small staff nurse groups, such as 2 - 3 nurses, nurse managers and staff nurses can agree to join with another unit or clinic and elect one nurse to represent more than one area. This option must include a plan for communicating SNC information across multiple settings.

II. Attendance: Nurse Managers will make every effort to allow SNC representatives to attend monthly meetings to ensure the work of the council is accomplished. SNC is considered an open forum. Any staff nurse who would like to attend staff nurse council is welcome to do so.

III. Functions:

A. Provide a forum for the discussion of professional nursing concerns affecting direct care nurses, including practice and work environment issues and matters related to the Magnet Recognition Program®. This committee will review results of the annual nursing engagement survey and action plans to meet staff nurse needs, development of strategies to optimize staff nurse participation in shared governance meetings and grand rounds; and issues related to nursing practice, protocols and standards.

B. Provide staff nurses with educational programs. This includes monthly meetings with speakers of interest to staff nurses, Nursing and Safety Grand Rounds, Staff Nurse Enrichment Day, and the annual Shared Governance workshop in January.
C. Sponsor and participate in activities that enhance professional nursing and contribute to the goals of the department and the hospital, including.

1. CNO unit rounds led by the SNC representative from that unit.
2. SNC representative member to serve on the DAISY AWARD selection committee.
3. SNC representative to the Nursing and Safety Grand Rounds Committee to participate in the selection of programs
4. Participation in the planning of Nurses’ Week Recognition Day and related events.

D. Identify core staff nurse Magnet champions to assist with operationalizing Magnet Recognition Program® standards of excellence at the unit level in the Magnet re-designation process.

IV. Meetings: Meetings will be held the first Wednesday of every month.

V. Chair: The CNO will appoint a member each year to become chair-elect. After a year as chair-elect, this chair will become chair for one year and a new chair-elect will be selected by the CNO. Each co-chair will receive release time from his/her unit to attend to requirements of SNC chair.

VI. Secretarial Support: Administrative liaison’s divisional secretarial support/designate.

PARTNERS IN PRACTICE COUNCIL

I. Membership: The Partners in Practice Council will consist of merit staff (nursing assistants, nursing unit clerks, surgical technicians, environmental aides, etc.) appointed from each inpatient and outpatient unit at UI Hospitals and Clinics. An alternate may be appointed to attend for the representative unable to attend. A liaison to the committee from the Central Nursing Office will be chosen by the CNO.

II. Attendance: Nurse managers will make every effort to allow Partners in Practice Council representatives to attend monthly meetings to ensure that work of the council is accomplished. Any merit staff member who would like to attend Partners in Practice Council is welcome to do so.

III. Functions: The function of the Partners in Practice Council:

A. Provide a forum for the discussion of issues affecting direct patient care in regards to practice issues, protocols, and standards.

B. Identify the educational needs of Partners in Practice member groups and advise and assist in the development of programs to meet these needs.

C. Participate in activities that contribute to the goals of the Department of Nursing and Patient Care Services at UIHC.

IV. Meetings: Meetings will be held quarterly or as needed.

V. Chair: Chairs will be appointed by the CNO and will include a Partners in Practice staff member co-chair (NA, NUC, Surg. Tech., EA), RN Co-chair appointed through Staff Nurse Council, and an administrative
liaison from the Central Nursing Office. Co-chair terms will last two years with terms ending on alternating years.

VI. **Secretarial Support:** CNO administrative liaison’s divisional secretarial support/designate.

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**COMMITTEES**

Nursing Human Resources Committee  
Nursing Informatics/Electronic Medical Records Committee  
Nursing Quality Improvement and Safety Committee  
Nursing Research and Evidence-Based Practice Committee  
Patient Diversity Committee  
Patient Education Committee  
Professional Nursing Practice Committee  
Retention Committee  
Staff Education Committee

**NURSING HUMAN RESOURCES COMMITTEE**

The Nursing Human Resources Committee evaluates, reviews, and revises personnel policies, procedures and practices, nursing related components of performance evaluations and other projects as requested.

I. **Membership:** The Nursing Human Resources (HR) Committee consists of one member (or more) from each clinical nursing division and a representative from the Nursing Education department with expertise and/or interest in human resources and related issues. A Health Care Human Resources representative will serve as an *ex officio* member. Staff nurses will be asked to participate as needed.

II. **Functions:** The functions of the Nursing Human Resources Committee:

A. Review, evaluate, and revise the personnel policies and practices applicable within the department.

B. Assure that departmental standards are congruent with institutional and university-wide policies and procedures.

III. **Meetings:** Meetings will be held monthly or as needed.

IV. **Chair:** A chair will be appointed by the CNO

V. **Secretarial Support:** Committee Chair’s divisional secretarial support

VI. **NHR Subcommittee:**

A. Members: as noted above for the Nursing HR Committee

B. Affiliate Membership: Assistant dean from the UI College of Medicine’s Office of Cultural Affairs and Diversity Initiatives, and other disciplines as appropriate.
C. Functions: Suggest adding the following functions:

1. Assess, plan, implement and evaluate educational programs related to staff cultural diversity and inclusion.

2. Promote staff awareness of policies and procedures related to diverse and inclusion which enhance the workplace environment.

3. Provide input to Healthcare HR on policies and procedures related to diversity and inclusion.

4. Collaborate with Healthcare HR and Nursing Recruitment to enhance recruitment of diverse populations into healthcare positions.

5. Provide a forum for staff discussion of staff diversity and inclusion matters.

6. Identify resources available to staff to enhance knowledge of and application of concepts of diversity and inclusion.

7. Share demographics of staff population with staff for better understanding of the workplace environment.

D. Meetings: Meetings will be held monthly

E. Chair: A chair will be appointed by the CNO

F. Secretarial Support: Committee chair’s divisional secretarial support or designee.

NURSING INFORMATICS/ELECTRONIC MEDICAL RECORDS COMMITTEE

The Nursing Informatics/Electronic Medical Records Committee oversees the planning and implementation of nursing documentation in on-line systems, and paper medical record forms as needed, to ensure that information in the patient’s medical record reflects standards of care and nursing practice policies.

I. Membership: The Nursing Informatics/Electronic Medical Records Committee will consist of the Nursing administrative liaison to Informatics; at least two representatives from Nursing Informatics including the NPL who serves on Staff Education Committee and the NPL who serves on the Professional Nursing Practice Committee; a minimum of one representative from each nursing division (suggest one staff nurse superuser per division); and one representative from the Quality Improvement and Safety Committee. A representative from Hospital Information Management will serve as an ex officio member.

II. Functions: The functions of the Nursing Informatics/Electronic Medical Records Committee:

A. Facilitate the implementation of departmental and UI Hospitals and Clinics objectives, policies, and procedures in information systems as directed by the NLC.

B. Provide input for informatics related to Department of Nursing initiatives.
C. Ensure that clinical applications reflect standards of care and nursing practice.

D. Recommend teaching strategies to meet end user needs.

E. Provide communication within the department and UI Hospitals and Clinics to disseminate information and to obtain user input and feedback regarding informatics related initiatives.

F. Establish short and long term goals for nursing informatics and promote strategic interface with information systems throughout UI Hospitals and Clinics.

G. Provide consultation and recommendations regarding downtime policy and procedures for nursing.

H. Assure that medical record documentation is updated based on nursing practice changes in collaboration with the Department of Nursing Services and Patient Care shared governance committees and councils.

I. Review and revise Department of Nursing Services and Patient Care policies (Chapter 9: Medical Records).

III. Nursing Informatics/Electronic Medical Records Subcommittee:

The Clinical Documentation Subcommittee membership includes staff nurses, assistant nurse managers, nurse managers, and nursing practice leaders as well as members of other health care teams. The subcommittee works cooperatively with other Department of Nursing Services and Patient Care committees and is responsible for the database build, review and maintenance. Members of the subcommittee serve as electronic medical record experts and provide support for individual units/divisions.

IV. Meetings: Meetings shall be held bimonthly (one month, NI/EMR and the other month Clinical Documentation Subcommittee) or as needed.

V. Chair: Committee and subcommittee chairs will be appointed by the CNO.

VI. Secretarial Support: Committee Chair’s divisional secretarial support.

NURSING QUALITY IMPROVEMENT AND SAFETY COMMITTEE

The Quality Improvement and Safety Committee (QIS), promotes the use of evidence-base practice to improve the quality and safety of patient care. Members of the QIS Committee assist nursing staff to interpret and use data from internal and external sources to improve care or resolve identified problems. The QIS Committee and its members promote a culture of safety.

I. Membership: The QIS Committee consists of the
• Quality NPLs in the Office of Nursing Research, EBP and Quality; Evidence-Based Practice scientist, and Nurse Residency coordinator.

• At least one NPL/point person from each Nursing Division, appointed by the director for Clinical Functions for that division, with expertise and accountability for divisional QIS.

• Co-chairs of the QIS subcommittees.

• At least one staff nurse from Staff Nurse Council and each divisional quality committee.

• At least one representative from the following committees: Professional Nursing Practice, Nursing Informatics Electronic Medical Record Committee, Staff Education, Patient Education, Research and Evidence-Based Practice.

• The Quality and Infection liaisons from the Office of Clinical Quality, Safety and Performance Improvement (CQSPI).

• Ad hoc members: UI College of Nursing faculty and Magnet Program Director

II. Functions: The functions of the QIS Committee:

A. Maintain and review a annual departmental Quality and Safety Plan with goals consistent with hospital quality and safety goals defined by CQSPI and the National Quality Forum. The plan updates will be reported to NAOC.

B. Promote the use of institutional process and outcome indicators, National Database of Nursing Quality Indicators (NDNQI) benchmark data and reference databases to monitor and improve the quality of care and ensure a safe patient environment.

• Supports data interpretation and reporting provided by CQSPI and other data sources for house-wide initiatives and for nurse-sensitive and nurse led initiatives.

C. Assist nursing staff to interpret, use and report data from internal and external sources to create actionable steps that improve care processes or resolve identified problems.

D. Promotes discussion and exchange of information regarding status of evidence-based practice and process improvement projects, including monthly Nursing Quality forum.

E. Coordinate or conduct interdisciplinary performance improvement projects and use results of evidence-based practice projects that impact patient care delivery from interdisciplinary or multiple services.

F. Facilitate performance improvement efforts of unit, division, department and interdisciplinary teams using the established process identified by the institution.

G. Assist Department of Nursing Services and Patient Care staff and performance improvement teams to comply with UI Hospitals and Clinics institutional and departmental process for conducting and reporting quality activities.
H. Support nursing staff involvement and leadership in collaborative quality initiatives and the evaluation of safe practices to improve organizational performance and continuously improve on clinically relevant patient outcomes.

- Build expertise and leadership among staff nurses that use existing systems in units, divisions and department or create innovative approaches - unit councils, divisional quality committees, and quality staff nurses/unit champions, Geriatric Resource Nurses, Safe Patient Handling Key Coaches, Pain Champions and Skin Team Advocate and Resource (STARs).

I. Develop mechanisms for using evidence-based practice to improve the quality and safety of patient care. Provide direction and coordination when there are conflicting or competing recommendations from existing evidence on different quality or safety topics.

J. Provide education and consultation to internal and external constituents regarding quality improvement and safety activities.

K. Presentation and publication of quality improvement and safety activities is encouraged. Guidance is provided by the Office of Nursing Research, EBP and Quality and/or divisional leadership to promote continuous learning in healthcare while protecting patient confidentiality.

L. Monitor, plan, implement and oversee action plans related to patient satisfaction data, as appropriate for this group or its subgroup below.

III. QIS Subcommittees:

A. STAR (Skin Team Advocate and Resource) Committee

Goal: To improve the quality of patient care by prevention, early identification and treatment of pressure ulcers and working on other skin-related issues, using evidence-based practice. Its membership includes staff nurses (unit-based S.T.A.R.s) and nursing leadership.

B. Pain Management Committee

Goal: Improve patient care through promotion of evidence-based pain management throughout the Department of Nursing and through interdisciplinary collaboration. Membership may include medical assistants, staff nurses (unit-based pain champions) and nursing leadership.

C. Falls Prevention Committee

Goal: To use evidence-based practices and to increase involvement of interprofessional teams in each area in order to reduce patient falls and fall-related injuries. The committee welcomes all disciplines and its membership may include but is not limited to nurses, nursing assistants/medical assistants, nursing unit clerks, radiology staff, physical and/or occupational therapists and pharmacists.

D. Restraints Committee
Goal: Use evidence-based practice by promoting the use of alternative to restraints and when alternatives are ineffective, to monitor restraint utilization, documentation and patient safety. Its membership includes staff nurses and nurse leaders from various leadership positions from a variety of patient care units.

E. Safe Patient Handling Committee

Goal: Use evidence-based practice to reduce patient and staff injuries related to patient movement or lifting. Analyze data on staff injuries, ensuring resources are available to staff and that staff are competent in using the safe handling/ergonomic equipment. Key coaches are trained to coach staff in using the equipment, making sure the equipment is available and troubleshooting challenging lifting situations. Monthly Key Coach meetings provide a time to share and learn best practice from each other. Key coaches include staff from the following departments: nursing, physical therapy, radiology and respiratory care. This committee also reports to the Safe Patient Handling/Patient Ergonomics Subgroup, a subgroup of the UI Hospitals and Clinics Hospital Advisory Council’s Environment of Care Committee.

F. Nurses Improving Care for Healthsystem Elders (NICHE) Work Group

Goal: Promote use of evidence-based practices to improve the care of hospitalized older adults. Its membership includes an interdisciplinary group of staff nurses (Geriatric Resource Nurses), pharmacists, social workers, care coordinators and nursing leadership.

G. Meetings will be held monthly or as needed. The subcommittees meet at frequencies needed to meet their goals.

IV. Chair: QIS co-chairs from the Office of Nursing Research, EBP and Quality are appointed by the CNO/designee. Subcommittee nursing leadership co-chairs are appointed by the CNO/designee. Most subcommittees will be co-chaired by a staff nurse identified by the nurse leader co-chair.

I. Secretarial Support: Committee Co-chairs

NURSING RESEARCH AND EVIDENCE-BASED PRACTICE COMMITTEE

The Nursing Research and Evidence-Based Practice (EBP) Committee (NREC) promotes the conduct and use of research and EBP on nursing clinical areas at UI Hospitals and Clinics. The committee provides research and EBP leadership, reviews research protocols and EBP projects. The committee also consults on research studies and EBP projects conducted by UI Hospitals and Clinics and UI nurses in all nursing clinical areas as well as research studies impacting nursing services that are conducted by non-nurse investigators.

I. Membership: The Nursing Research and Evidence-Based Practice Committee consists of the director of Nursing Research and Evidence-Based Practice; a representative from each division including staff nurses, NPLs, NMs, ANMs; the departmental Evidence Based Practice scientist; a nursing representative from the IRB, and staff within UI Hospitals and Clinics with expertise, or interest in developing expertise, in conducting research, research design, and evidence-based practice. The associate Dean for Nursing Research and the director for the Office for Nursing Research and Scholarship from the UI College of Nursing, or designees, are ex-officio members.
II. **Functions:** The functions of the Nursing Research and EBP Committee:

A. Review and approve research proposals affecting the Department of Nursing Services and Patient Care and nursing clinical areas for protection of patient safety and anticipated impact upon departmental resources.

B. Review and approve research proposals with nursing staff as subjects.

C. Encourage and support the conduct and dissemination of nursing research and EBP at UI Hospitals and Clinics, regionally, nationally, and internationally.

D. Provide and support education and consultation to nursing staff regarding conducting research studies and EBP projects, proposal development, resources, and grant funding.

E. Offer mechanisms for promoting nursing research studies and EBP projects such as through the small grant funding programs and internal research and EBP training program.

F. Provide leadership for use of research findings and other evidence as an integral component of clinical practice and management decision-making to improve quality of care.

G. Promote discussion and exchange of information regarding status of research, EBP and process improvement projects.

H. Maintain committee liaison and communication with the UI College of Nursing to encourage collaborative research and joint EBP projects among UI Hospitals and Clinics staff, CoN faculty, and students.

I. Provide interface for communication and cooperation with the UI colleges, Institute for Clinical and Translational Science (ICTS), Human Subjects Office, Sponsored Programs Office, and other institutions.

J. Collaboratively develop selected areas of interdisciplinary research and/or EBP that are strategically aligned with department and institutional goals.

K. Provide a liaison to the Department of Nursing Services and Patient Care’s shared governance committees and councils as appropriate.

L. Review and approve student project proposals.

M. Provide direction for development in nursing and healthcare that influence nursing research and evidence-based practice.

III. **Meetings:** Meetings will be held twice monthly or more often as needed.

IV. **Chair:** Co-chairs for this committee and subcommittee are appointed by the CNO. The committee will be co-chaired by a staff nurse and a nurse leader.

V. **Secretarial Support:** Support will be provided by the nursing divisions participating in the committee.

VI. **Research and EBP Subcommittee:**
A. Cancer Symptom Management Subcommittee

1. This subcommittee serves as the committee to promote coordination and practice improvements for adult and pediatric cancer patients in ambulatory and inpatient settings. The committee will promote evidence-based practice and conduct of research to improve cancer care.

2. Membership: The subcommittee consists of representatives from all ambulatory and inpatient areas routinely caring for cancer patients and a member from the Nursing Research and Evidence-Based Practice Committee (NREC). A UI College of Nursing liaison will participate as a committee member. The committee will have representation from staff nurses, nurse managers, directors and NPLs. Additional appropriate representatives from other settings (e.g., Pharmacy, merit staff, Clinical Outreach, Continuity of Care, etc.) are also invited to participate.

3. Functions:
   a. Develop an annual action plan with goals consistent with hospital quality and safety goals and/or other strategic priorities.
   b. Assist nursing staff in identifying opportunities to improve cancer symptom management.
   c. Assist nursing staff to interpret and use cancer-related symptom management data from research, other evidence, and internal and external sources to improve care.
   d. Coordinate or conduct interdisciplinary evidence-based practice projects and research studies to improve patient care.
   e. Facilitate performance improvement efforts of the unit, division, department and interdisciplinary teams using the established process identified by the institution.
   f. Support nursing staff involvement in collaborative research and evidence-based practice initiatives to continuously improve patient outcomes and/or nursing practice.
   g. Promote discussion and exchange of information regarding status of evidence-based practice projects and research studies related to cancer symptom management.
   h. Provide education and consultation regarding cancer symptom management.
   i. Encourage dissemination of project or study findings, following organizational policies.
   j. Report to the Nursing Research and Evidence-Based Practice Committee.

4. Meetings: Meetings will be held monthly or more often as needed.

5. Chair: Co-chairs for this committee and subcommittee are appointed by the CNO. The committee will be co-chaired by a staff nurse and nurse leader.

6. Secretarial Support: Support will be provided by the Ambulatory Nursing division.
**PATIENT DIVERSITY COMMITTEE**

The Patient Diversity Committee provides education and services as a resource to all areas of UI Hospitals and Clinics that are accountable to the Chief Nursing Officer. It ensures that staff has a forum to share experiences surrounding patient diversity and mechanisms that lead to an exceptional patient care environment.

I. **Membership:** The Patient Diversity Committee consists of a minimum of one member from each clinical division and pertinent departments directly or matrix reporting to the CNO including: Ambulatory Surgical Services, Continuum of Care Management, Emergency Department, Iowa River Landing, Rehabilitation Services, Respiratory Care, Social Services, Spiritual and Interpretive Services. The chair persons of the Department of Nursing’s Patient Education Committee will also be members.

II. **Affiliate Membership:** Representatives from the UI Carver College of Medicine’s Office of Cultural Affairs and Diversity Initiatives, the Center for Development and Disabilities, Food and Nutrition Service, Guest Services, Department of Pharmaceutical Care, Office of the Patient Experience, and Wendell Johnson Speech and Hearing will be ex officio members.

III. **Functions:** The functions of the Diversity Committee:

A. Assess, plan, implement and evaluate educational programs related to patient cultural diversity and inclusion.

B. Partner with UI Office of Diversity Affairs to support the annual “Providing Culturally Competent Care in Iowa” conference.

C. Promote staff awareness of policies and procedures related to patient diversity and inclusion which enhance the care delivery environment.

D. Provide input for policies, procedures and improvements to Hospital Administration and other oversight groups regarding patient diversity and inclusion.

E. Provides a forum for staff discussion of patient diversity and inclusion matters.

F. Identify resources available to staff to enhance knowledge of and application of concepts of patient diversity and inclusion.

G. Share demographics of patient and community populations with staff for better understanding of the care delivery environment.

H. Partner with Office of Patient Education to provide culturally sensitive education materials to patients.

IV. **Meetings:** Meetings will be held monthly and as needed.

V. **Chair:** The chair will be the CNO or designate.

**PATIENT EDUCATION COMMITTEE**

The Patient Education Committee oversees the provision of effective and efficient patient and family education to improve the patient experience. The multidisciplinary committee plans, implements and evaluates programs, teaching strategies and materials related to both the patient’s and family’s education and experience. The committee ensures that these programs and interventions are current and evidence-based. In collaboration with the Office of Patient Education and through the application of health literacy research and plain language
communication principles, the committee supports effective patient and family teaching for those with low health literacy and low English proficiency or other challenges that may interfere with their experiences while in the hospital.

I. Membership: The committee for patient experience and education consists of representatives from each clinical division, each of the Department of Nursing Services and Patient Care councils, the Nursing Quality Improvement and Safety Committee, Staff Education Committee, Nursing Research and Evidence-Based Practice Committee and Nursing Informatics/Electronic Medical Record Committee. When possible, staff nurses will fill the roles from these divisions, councils, and committees to help identify opportunities for improvement and best practices as well as direct grass roots efforts. Additional appropriate representatives from other settings are also invited to participate as needed.

II. Functions: The functions of the Patient Education Committee:

A. Determine, establish, and evaluate mechanisms to be used to meet identified patient and family educational needs.

B. Develop, implement, and evaluate programs to enhance knowledge and promote staff competency in providing care that will improve patient and family education/experience.

C. Assist in the development, implementation, and evaluation of programs that promote service excellence.

D. Develop and maintain standards, programs, and materials in concert with marketing and communications and other UI Health Care departments related to the patient/family experience and patient education.

E. Establish evidence-based standard in compliance with internal and external regulatory organizations for developing, reviewing, or selecting and providing patient education materials including use and documentation.

F. Develop documentation processes for patient education. Evaluate thoroughness and accuracy of documentation.

G. Collaborate with other disciplines to improve both patient education and the patient/family experience.

H. Assist with quality monitoring and management of patient education/patient experience, reporting through the QIS/NQF as appropriate.

I. Monitor, plan, implement and oversee action plans related to patient satisfaction data, as appropriate for this group.

III. Meetings: Meetings shall be held monthly or as needed.

IV. Chairs: Two leadership chairs and one staff nurse chair will be appointed by the CNO or designee. Co-chair terms will last two years with terms ending on alternating years.

To ensure equity in representation, the leadership chairs will be appointed from each division on the following rotation: POD, CWS, ISS, BHS, AMB, MSS.
The Director of Nursing Education will serve as administrative liaison to the committee.

V. **Secretarial Support:** Committee chairs or designate

**PROFESSIONAL NURSING PRACTICE COMMITTEE**

The Professional Nursing Practice Committee (PNP) reviews and revises all policies, procedures, protocols and standards of care related to professional nursing practice in all areas of UI Hospitals and Clinics that are accountable to the Chief Nursing Officer. PNP ensures that all practices are evidence-based, within the scope of nursing practice for professional nurses in the state of Iowa, reflect interprofessional collaboration, and are standardized across the institution in all areas where nursing is practiced.

I. **Membership:** The Professional Nursing Practice Committee (PNP) consists of a minimum of one member from each clinical division who is highly knowledgeable in nursing practice; one representative each from Nursing Informatics/Electronic Medical Record, Nursing Research and Evidence-Based Practice, and Nursing Quality Improvement and Safety committees; representation from the roles of STN, NPL, HOM, NM, and ANM; a representative each from the Ambulatory Surgery Center, Interventional Radiology, Clinical Outreach Clinics, Continuum of Care Management, Outreach, Transplant Services, Emergency Department, and UI Heart and Vascular Services.

II. **Affiliate membership:** Interdisciplinary membership includes representatives from Pharmaceutical Services, Respiratory Care, and Infection Prevention (Epidemiology). A representative from the Hardin Health Sciences Library are *ex-officio* members.

III. **Staff Nurse Consultants:** The staff nurse consultants are expert bedside nurses who augment the work of the PNP committee by reviewing all standards that relate to their unique practice on their units/clinics/service areas.

IV. **Functions:** The functions of the PNP Committee:

   A. Determine the scope of professional nursing practice at UI Hospitals and Clinics based on the Iowa State Nurse Practice Act.

   B. Triennially, or more often as warranted, evaluate, review, revise and delete policies, procedures and standards of care related to professional nursing practice that are in the online Department of Nursing Services and Patient Care Policy and Procedure Manual.

   C. Ensure policies, procedures, protocols, and standards of care are evidence-based, incorporate research findings, and reflect interdisciplinary collaboration as appropriate. Oversee the management of *Mosby’s Nursing Skills* and coordinate review and any possible integration of departmental/hospital policy.

   D. Develop and approve all new policies related to nursing practice and scope of practice.

   E. Coordinate policy review as needed with other existing policy committees, e.g. Pharmacy & Therapeutics, divisional nursing groups.
F. Submit content for *Nursing Cliff Notes* after each committee meeting to educate and inform nursing staff of practice changes approved by the committee, and work as needed with the Staff Education Committee to further enhance policy dissemination.

G. Advise the CNO on professional and/or ethical issues related to nursing practice.

V. **Meetings:** Meetings will be held monthly and as needed.

VI. **Chair:** Two leadership co-chairs will be appointed by the CNO. To ensure equity in representation the chairs will be appointed from the divisions on a rotating basis as appropriate.

A Director/Clinical Functions will serve as administrative liaison to the committee.

VII. **Secretarial support:** Administrative liaison’s divisional secretarial support/designate.

**RETENTION COMMITTEE**

The Retention Committee was created to improve retention of professional registered nurses in the Department of Nursing Services and Patient Care. The committee helps retain nurses by improving nurse job satisfaction through evidenced-based practice recommendations. The committee administers the annual RN work satisfaction survey and reviews the results to identify opportunities to improve the work environment. In addition, this committee oversees the departmental DAISY Award for extraordinary nursing and other activities related to nurse recognition. Members of this committee include direct care staff nurses from every division in addition to representatives from other nursing roles.

I. **Membership:** The Nurse Retention Committee consists of the CNO; Magnet Program® director; the director of Nursing Research and EBP; the clinical ethics NPL; a designee from Nursing Education; the Nursing Human Resources administrator; a representative NPL, nurse manager, assistant nurse manager, nurse clinician and house operations manager. In addition, the committee has direct care staff nurses from each division to assure thorough representation of the Department of Nursing Services and Patient Care.

II. **Functions:** The functions of the Nurse Retention Committee:

A. Coordinate nurse retention activities throughout the department

B. Facilitate communication regarding all activities related to retention.

C. Choose, conduct and monitor, track and analyze an annual (or more frequent) nursing work/satisfaction survey.

D. Review the aggregate and unit level results of the satisfaction survey at the aggregate and unit level and identify opportunities to improve the work environment.
   1. Maintain and house the metrics database from each survey.
   2. Assist each unit to set targeted and stretch goals to improve nurse satisfaction.
   3. Maintain a toolkit of EBP strategies for each unit to use to improve nurse satisfaction and assist each unit in selection of actions.
4. Review all unit action plans and progress toward meeting their goals quarterly. Review the results of the NDNQI RN satisfaction survey and identify opportunities to improve the work environment.

E. Make evidence-based practice recommendations to improve nurse retention.

F. Provide education and consultation to nursing staff regarding nurse retention.

G. Assist in problem solving and advise on issues related to the recruitment and retention of professional nursing staff.

H. Coordinate the DAISY AWARD for extraordinary nursing for the department.

III. Meetings: Meetings will be held monthly or as needed.

IV. Chair: A chair and staff nurse co-chair will be appointed by the CNO.

V. Secretarial support: Committee chair designate.

STAFF EDUCATION COMMITTEE

I. Core Membership: The Staff Education Committee consists of the director of Nursing Education; representation from each clinical division drawn from nursing practice leaders, nursing management, clinical coordinators, or staff nurses with divisional responsibility for staff education; and representatives from Nursing Clinical Education Center Staff Development, Nursing Informatics, UI Heart Care and Vascular Services, Ambulatory Surgery Center, and Iowa River Landing. A faculty member from the UI College of Nursing and the Educational Media Coordinator for the Nursing Clinical Education Center are ex-officio members.

II. Staff Education Consultants: The Committee, in addition to its sitting committee membership, has an adjunct, consulting group of staff nurses from each nursing unit who attend the meetings. These consultants, appointed by their units, are bedside care providers who enhance the work of the committee by responding to educational inquiries and offering suggestions for educational improvements as well as offering to participate directly in education provided to their nursing peers. Additional roles of the consultants may include:

A. Review proposed inservices coming to the department committee and give feedback on how the content will be received by staff.

B. Help define which units and job classifications need inservices proposed from the department committee.

C. Make recommendations regarding the best modes of delivery for inservices or other education.

D. Assist with inservice development including new roles/methods (such as Captivate software, gaming, simulation, etc.)

E. Assist with development and update of preceptor orientation programs.
F. Assist with Nurse Residency Program.

G. Assist in integrating simulation into department/divisional/unit orientation and annual competency curriculums.

H. Provide input into competency reviews and annual department/divisional/unit content.

I. Assist in teaching orientation and annual competency review content.

J. Identify or serve as “role model” or “experts” (resources) for education on a division or unit.

K. Assist in developing online interactive education and continuing education programs.

III. Functions:

A. Coordinate the annual education assessment of the nursing staff.

B. Assess, plan, implement, and evaluate strategies to meet the educational needs of nursing staff with consideration of efficient and effective processes.

C. Coordinate departmental and divisional educational competencies, orientation and training that affect nursing staff.

D. Assist in education related to quality outcome improvement as assigned by the hospital department and division.

E. Coordinate the documentation of nursing education.

F. Maintain education documentation in compliance with regulatory and legal requirements.

G. Assist in education related to shared governance committees/councils or other organizational direction.

IV. Meetings: Meetings will be held monthly or as needed.

V. Chair: Co-chairs will be appointed by the CNO or CNO designate, including a NPL from the Nursing Clinical Education Center and a staff nurse from the committee. The director of Nursing Education will serve as the administrative liaison.

VI. Secretarial Support: Committee chairs or designate.

ADDITIONAL COUNCILS AND COMMITTEES*

ARNP/PA Council

ARNP/PA COUNCIL
The Advanced Registered Nurse Practitioner/Physician Assistant (ARNP/PA) Council provides a means for communication among ARNP/PA in practice roles at UI Hospitals and Clinics. The council serves as a forum with the Chief Nursing Officer (CNO) and the Chief Medical Officer (CMO) for the discussion of the goals, objectives, and operations of the hospital, and professional issues pertinent to the practice of all ARNP/PA.

I. **Membership:** The ARNP/PA Council consists of all supervisory and non-supervisory UI Hospitals and Clinics ARNPs and PAs credentialed and privileged. The director for Advanced Practice is an *ex-officio* member.

II. **Purpose:** The purpose of the ARNP/PA Council is to coordinate all matters for ARNPs/PAs.

   A. Provide a forum for the discussion of clinical matters, resource utilization, professional issues and trends, and the formulation of pertinent recommendations, regarding ARNP/PA practice.

   B. Identify educational needs of ARNP/PA providers and advise in the development of programs to meet these needs.

   C. Sponsor and participate in activities that enhance professional practice and contribute to the goals of the UI Hospitals and Clinics including:

      1. Work with physician colleagues and administration to identify roles and expectations of Advanced Practice Providers (APPs).

      2. Serve as clearing house for communication to understand organizational issues pertinent to APPs.

      3. Assist with development of HR policies relevant to APPs

      4. Assist to recruit the most appropriate and qualified APP applicants

      5. Assist departments with onboarding APPs

      6. Create an APP mentorship program

      7. Identify metrics for OPPE/FPPE/IPPE

      8. Assist with evaluating the ongoing contributions and effectiveness of APPs

III. **Meetings:** Meetings will be held quarterly or as needed.

IV. **Chair:** Chair and Vice Chair will alternate as an ARNP and a PA appointed by the CNO and CMO. Terms will last two years with terms of ARNP and PA staggered over alternating years

V. **ARNP/PA Board:** Consists of nine nominated members by the existing Board and requires signature for participation from the department head. The director of APPs will be a consistent member of the APP Board.

VI. **Secretarial Support:** Provided by Ambulatory Services administration when available and the director of APPs.
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