

Nursing Service Organization

Shared Governance

Guiding Principles

EINSTEIN HEALTHCARE NETWORK



NURSING PROFESSIONAL PRACTICE MODEL

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ARTICLE I - PREAMBLE

Section 1. Purpose of the Guiding Principles

The articles within the Guiding Principles describe the structure of Shared Governance of the Nursing Service Organization at Einstein Healthcare Network (EHN)(from here forward referred to as the “Network”), and provide a framework for its operation. The Guiding Principles delineate the authority, responsibility and accountability of the Professional Nurse within a Shared Governance environment. It is a goal of the Nursing Service Organization to ensure and maintain a high level of professional performance by all nursing practitioners and to empower the staff to perform autonomously through formally established council/cluster/committee.

Nursing practitioners who participate in the governance structure described within these articles include professional nursing staff within The Network. Other nursing staff within The Network may be invited and encouraged to participate as voting members of the Governance Councils.

The Cluster model of Shared Governance described in these Guiding Principles provides the framework for decision making for professional nursing within the Network and as the interface and source for integrated nursing practice throughout the Network. It is the expectation that each nursing care delivery area will execute a process that supports staff participation in the Shared Governance model and the implementation of nursing practice as defined in these Guiding Principles.

Section 2. Definition of Nursing

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (American Nurses Association, Nursing’s Social Policy Statement: The Essence of the Profession, 2010). Nursing is a dynamic profession, blending evidence-based practice with intuition, caring, and compassion to provide quality care. (American Nurses Association, Nursing: Scope and Standards of Practice, 2010). The Nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. (American Nurses Association, Nursing:Guide to the Code of Ethics for Nurses: Interpretation and Application, 2008). The Network defines Nursing Care as the provision of direct and indirect services by professional nurses and their designees for patients, families, and/or significant others in order to meet their needs and to maintain, restore, and promote the health of patients. The nursing staff utilizes the nursing process to assess, plan, implement, and evaluate nursing care. The scope of nursing care we provide is determined by the following:

American Nurses Association Nursing: Scope and Standards of Practice, 2nd Edition

American Nurses Association Nursing: Nursing’s Social Policy Statement, The Essence of the Profession

Professional Nurse Practice Act

Practical Nurse Practice Act

Rules and Regulations promulgated by the State Board of Nursing

Interpretive statements issued by the State Board of Nursing

Einstein Healthcare Network Mission Statement

Einstein Healthcare Network Organizational Transformation
Nursing Philosophy Statement
Pennsylvania Department of Health Rules and Regulations
Standards of Nursing Care, Clinical Policies and Procedures, and Guidelines
Other external agency requirements such as The Joint Commission, OSHA, CARF, etc.
Watson's Theory of Human Caring

This definition of Nursing will be consistently applied in all patient care, mindful at all times of the patient's right to and expectation of excellent nursing care.

The practice of nursing by a Licensed Practical Nurse will include assumption of all responsibilities within the scope of licensure in the State of Pennsylvania and under the direction of the Registered Nurse. Nursing care delivery by non-licensed personnel includes provision of basic nursing care tasks under the supervision of the Licensed Practical Nurse/Registered Nurse.

Employees in other areas or positions may be required to be licensed nurses due to the nature of their job descriptions but do not deliver nursing care as defined by the Network. These areas may include but are not limited to Care Management, Health Care Access, HIMS, Information Services and, the extended scope of advanced practice nursing within the organization.

The Chief Nurse Executive is administratively responsible for the Nursing Service Organization and provides authority and accountability for, and coordination of, all nurse executive functions.

Section 3. Vision

Advancing the art and science of nursing is the vision of Nursing.

Through that vision we aspire to bring to our patients and community **Einstein Brilliance and Compassion in All We Touch** which is the vision for Einstein Healthcare Network.

Section 4. Mission

The mission of Nursing is a commitment to **creating caring healing environments with authenticity and intentionality for all we reach and touch through practice excellence, innovation, scholarship and expressions of caring practices.** Nursing's mission statement is aligned with the organization's mission.

With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach is the mission of Einstein Healthcare Network. The mission is grounded in the Jewish concept of repairing and healing the world. In doing so, we respect the opportunity to be involved in our community and in people's lives.

Nursing practice at Einstein Healthcare Network is committed to providing excellence and caring in the delivery of patient care. Registered nurses care for a diverse, at times underserved urban patient population with complex health care needs. Registered nurses use a comprehensive evidence based approach to patient care through collaboration among education, research and practice. This collaborative approach enhances the quality and safety of care provided at Einstein Healthcare

Network. Research related to clinical and administrative practice is facilitated through our research collaboration with faculty consultants from schools of nursing and by internal nurse researchers. Our affiliation with numerous undergraduate and graduate professional nursing programs enriches the opportunity to advance through education and nursing research.

Section 5. Philosophy of the Nursing Service Organization

Historical Perspective of Philosophy

In 2005, the registered nurses on the Network Nursing Council selected Watson's Theory of Human Caring as the framework for nursing. The theory was chosen for multiple reasons. First was the relevance of caring across multiple practice settings. Second, values in this theory were ones the nurses wanted to adopt, promote, and advance. The key principles of the theory as defined by Watson were closely aligned with many of our organizational values and culture. For example, two tenets of the theory are the formation of a humanistic – altruistic system of values and sensitivity to self and others. This directly relates to the mission and vision of the hospital and the core values of respect, affinity, and empathy.

After the theory was selected and in the process of being advanced a dialogue was held at the November 2007 Network Nursing Council meeting. The purpose was for the group to envision what they wanted nursing practice to look like in the future. Key concepts were identified for incorporation into the mission, vision, and philosophy of nursing. During the January 2008 strategic planning retreat, further input was obtained from the nursing leadership team and the Mission, Vision and Philosophy was created.

In October 2010, Einstein Healthcare Network was invited by Dr. Jean Watson to become a Watson Caring Science Institute (WCSI) Affiliate based on formal presentations by a select group of Einstein Healthcare Network registered nurses and leaders at the October 2010, International Caritas Consortium on how the theory lives within our organization. The only criteria missing was an official site visit from Dr. Watson. The site visit was March 2011, and Einstein Healthcare Network has been successfully re-designated in 2012 and 2013. As registered nurses began to understand, integrate, and practice the theory at a deeper level they recognized a need to have a Mission, Vision and Philosophy that was aligned with Watson's (2008) revised theory, *Nursing: The Philosophy and Science of Caring*. The revised Mission, Vision, Philosophy was created with input from registered nurses across Einstein Healthcare Network in October 2013.

Philosophy

The philosophy of nursing at Einstein Healthcare Network is grounded in nursing being both a discipline and practice profession. As a discipline, we have a domain of knowledge, which has been developed over time by nursing theorists, leaders, scholars, and professional organizations. As a practice profession we use the theoretical structures of this knowledge to inform education, practice, and research. Watson's Theory of Human Caring is the over arching nursing theory that informs the mission, vision, philosophy, and professional practice model for the nursing service organization. The conceptualization of our philosophy is based on *Caritas Process™ 4 Developing and Sustaining a Helping Trusting Caring Relationship*. Relationship includes relationship to self, relationship with colleagues, relationship with patients, and relationship with community. Authentic presence, genuine human connection, authentic listening to hear the story of another, being compassionate, and being present for another allow for caring moments.

Relationship to self is a commitment to understanding self, learning to move beyond ego, and practicing self care to have the needed energy to compassionately care for others. Self-care is critical to health and healing; if the Caritas nurse does not care for self it is impossible to compassionately care for others.

Relationship with colleagues includes all members of the health care team. This means being able to give and receive feedback in safe, respectful manner, practicing with a non-judgmental attitude, understanding the other's frame of reference, communicating differences effectively, working in collaboration to allow for healing to occur for patients and families, and engaging in effective healthy communication. Forming caring healing relationships with colleagues allows for integrating and honoring shared knowledge, skills, values, and gifts that each member brings to the team.

Relationship with patients involves moving beyond the routine procedures and tasks to understand what is most important to the person behind the patient and/or procedure. The relationship moves beyond the disease process and medications to understanding the meaning of the illness from the patient's/family's point of view. Caritas nurses have an ethical responsibility to be genuinely present and centered for that patient in that moment while doing the needed tasks and procedures to allow for healing and caring moments.

Relationship to community or *Communitas* (Watson, 2008) refers to moving beyond the hospital to meeting the needs of the community we serve and reaching out to the global community. This means actively participating in community events, assessing and meeting the needs of the community, and developing community partnerships

Section 6. Professional Practice Model



Einstein Healthcare Network's Nursing Professional Practice Model reflects how we communicate, practice, collaborate, and develop, while integrating mission, vision, values, philosophy, and nursing theory with our practice.

Caring - Watson's Theory of Human Caring serves as the foundation of our nursing practice, education, and research encircling and infusing all we do. The Caritas Processes™ give a voice and language to specific practices as we connect with patient, self, family, colleague, or community.

Knowledge, Ethics, Advocacy and Accountability spans the upper circle as core concepts that we bring to our practice, how we practice, and that practice is ongoing/continual.

Quality, Safety, Relationships and **Collaboration** represent both the focus and the outcomes of our professional practice. Relationships and Collaboration intersect the circle as our practice touches all those we reach - within our community, and out to the broader regional and global communities.

Person represents patient, self, family, colleague, and community. Person is the heart, the center, the humanity, the reason for our connection. Seeing patient as a Person beyond diagnosis/illness is a core concept of Watson's theory.

Colors evoke meaning and reflect energy fields— Red for life, passion, caritas, grounding, connectedness and interconnectedness of all; Green for energy, renewal, growth, sustenance, love, compassion, trust, forgiveness, commitment; White for newness, clarity, forgiveness equanimity, kindness; Purple for generosity, serenity, wisdom, intuition and insights (Watson, 2008).

The development of this model arose from the thoughts, ideas, artistry and work of over 150 nursing staff members from the Magnet Champions, Caritas Circle, and Network Nursing Council.

Section 7. Critical Goals

I. Nursing Performance: Provide quality nursing care to the patient based on Code of Ethics, Evidence-Based Practice, Nurse Sensitive Indicators, and in keeping with Watson's Theory of Human Caring.

Standards:

- A. The nurse-patient relationship is established upon initial contact with an understanding of the patient's plan of care.
- B. Each patient is supported in her/his ability to participate in care and determine the appropriate level of participation, social structures via family and/or significant other(s), community, and culture, place on the health/ illness continuum, and ability to adapt to, or to change the environment.
- C. A nursing assessment and physical exam is completed with each patient. A patient's care need is identified based on the assessment and is documented. Standards of care and patient pathways for specific patient diagnoses or problems are available to staff through multiple mechanisms.
- D. The professional nurse assigned to the patient is accountable for the individualized interdisciplinary plan of care. Interventions are identified and implemented in collaboration with appropriate other health professionals.
- E. Health counseling and teaching to the patient, family, and/or significant other(s) is provided to promote their participation in care and maintenance of health at the optimal level as they define it.
- F. The patient is assisted to return to an environment optimal for their individual needs through the coordination of those services necessary after discharge.
- G. Nursing sensitive indicators are continuously evaluated to assure that standards of care are being met.
- H. The nursing process, as defined by the ANA in 2010, is utilized in the care of patients, including assessment, diagnosis, planning, and implementation, evaluation, and outcome identification.

II. Planning Performance: Utilize a continuing planning system to ensure effective use of resources, such as Code of Ethics, Evidence-Based Practice, and the Watson Theory of Human Caring to meet the following standards:

Standards:

- A. All planning includes clearly identified objectives and standards utilizing all available information.
- B. The Strategic Plan of the NSO is developed in conjunction with the Organization's Strategic Plan for the Network.
- C. The budget of the NSO is based on projections of personnel, materials, and financial resources. Plans are reviewed and revised as necessary with consideration toward achieving objectives within the cost framework identified.

III. Leading Performance: Maintain a working environment that encourages professional growth through nursing research, education, and Evidence-Based Practice, resulting in quality nursing care and personal satisfaction for nursing professionals.

Standards:

- A. Decisions are made based on the level of authority within the organization.
- B. The Director, Nurse Manager, and Unit Practice Committee (UPC) of an individual patient care area are responsible for the nursing activities in the patient care area and collaborate with the appropriate Cluster.
- C. Individual nursing professionals are directly accountable to the patient for the nursing care they provide in accordance with the objectives of the Nursing Service Organization and individual patient care area.
- D. Education programs are provided regularly through collaborative planning by the Unit Practice Committee, Clusters, Nursing Leadership, Nursing Education and Professional Development Department, and Network Council.
- E. All nursing research & EBP activities will be presented to, reviewed and approved by Nursing Research & EBP Council under the authority delegated by Network Council. Advisement by Director of Nursing Education & Professional Development and university affiliated faculty consultants is available All nursing personnel will cooperate and collaborate with nurse research activities to the extent that participation in the research does not adversely affect individual nursing care.
- F. All positions in the department are filled by the best-qualified candidate who meets the criteria and objectives for the position.
- G. Performance and competency evaluation is a continuing process. Individuals are evaluated utilizing identified competencies, personal goals that are aligned with the Nursing Service Organizational goals, departmental competencies, and standards of performance.
- H. The utilization of Peer Review is the standard of practice throughout the Network.

- IV. Organizing Performance:** Maintain a working environment that reflects organizational effectiveness and personal satisfaction demonstrated by appropriate organizational structures.

Standards:

- A. The organizational chart reflects professional and reporting relationships as well as communicating mechanisms.
 - B. Decisions are made at the level closest to implementation.
 - C. Job descriptions and competencies are maintained and reviewed periodically for all nursing positions in order to define, communicate and measure performance expectations.
 - D. Organizational structures are reviewed and updated periodically in order to accurately reflect actual organization and communication mechanisms.
 - E. The organization reflects a commitment to Shared Governance and professional practice, and interdependence at all levels.
 - F. Nursing staff participates on nursing service and hospital committees to enhance the efforts of the Network in providing care for our patients and to provide opportunities for professional growth. See Appendix C.
- V. Governing Performance:** Results will be measured against national benchmarks, utilizing the NDNQI outcomes and Nurse-Sensitive Indicators. Corrective action plan and timeframe is implemented with an expected target date.

Standards:

- A. The NDNQI and Nurse-Sensitive Indicators results will be reviewed monthly at all levels in the department.
- B. A corrective action plan is established with a target date for completion.
- C. All exceptions outside acceptable limits of variance not corrected within that time frame will be reviewed by the appropriate nurse director with recommendation for corrective action.

ARTICLE II - ROLE OF THE PROFESSIONAL NURSE

Consistent with the Pennsylvania Nurse Practice Act and the rules and regulations promulgated by the Pennsylvania State Board of Nursing, the Professional Nurse will assume accountability for the delivery of nursing care within the Network. Professional nursing acknowledges seven essential features:

- A. Provision of a caring relationship that facilitates health and healing,

- B. Attention to the range of human experiences and responses to health and illness within the physical and social environments,
- C. Integration of assessment data with knowledge gained from an appreciation of the patient or the group
- D. Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking,
- E. Advancement of professional nursing knowledge through scholarly inquiry
- F. Influence on social and public policy to promote social justice
- G. Assurance of safe, quality, and evidence-based practice (American Nurses Association, Nursing's Social Policy Statement: The Essence of the Profession, 2010)

The Professional Nurse provides care requiring specialized knowledge that is evidence-based, and uses judgment and skill, to deliver, coordinate, and integrate nursing care services related to the identified needs of the patients served by the organization. The Professional Nurse implements nursing care for the patient while educating, administering, supervising, and evaluating nursing practice. The Professional Nurse defines and manages the organized delivery of patient care through contributions to nursing governance councils, clusters, committees and task forces.

Section 1. Statement of Accountability

In Shared Governance, there is a focus on accountability of the professional nurse. The five areas of accountability within the Shared Governance structure include leadership, clinical practice, quality management, education and research. Each Professional Nurse is accountable for partnering with the patient, the interdisciplinary team, and the nursing organization for the care provided to the patient.

Section 2. Commitment to Objectives

The Nursing Service Organization supports the Shared Governance philosophy by facilitating leadership involvement of the nursing staff in Council, Cluster, and Committee work at both the patient care area and department levels.

The Nursing Service Organization is committed to providing a forum, which encourages the nursing staff to actively share in accountability, responsibility and authority. This applies to direct patient care as well as innovation, organizational issues and decisions affecting nursing practice and patient care.

Section 3. Professional Obligations

Shared Governance, as a philosophy and process for empowerment, provides a framework and an organizational structure in which decision making, authority and accountability for the outcomes of clinical practice reside with the clinical registered nurse (RN). Shared Governance as a leadership strategy encourages and expects participation of the professional nursing staff and promotes a working environment that encourages individuals to achieve excellence.

ARTICLE III -NURSING SERVICE ORGANIZATION MEMBERSHIP

Membership of the nursing staff is a privilege extended to those who meet qualifications, standards and requirements as set forth in these articles.

Section 1. Qualifications for Membership

The professional members of the Nursing Service Organization must be legally licensed to practice nursing in the State of Pennsylvania. The members must meet all criteria outlined in these articles and agree to uphold and adhere to all conditions and requirements in these articles. An individual's affiliation with NSO is automatically revoked at the time of termination of employment at Einstein Healthcare Network.

Section 2. Professional Nursing Staff Rights and Membership

Members of the Professional Nursing Staff are those individuals who:

- A. Are registered nurses licensed to practice in the state of Pennsylvania and show evidence of the appropriate certificates, diplomas, degrees or other documents indicating adequate preparation for the role in which the candidate is applying,
- B. Demonstrate competence and provide evidence of required experience appropriate to the desired position,
- C. Demonstrate the ability to interact with patients/families, peers and all healthcare team members, administration and governance leadership, and
- D. Have successfully completed an orientation and 6-month introductory period consistent with policies and procedures of the organization.

Professional Nursing Staff will adhere to the standards of the Nursing Service Organization, the requirements set forth by these articles and the policies and procedures of the Network.

All Professional Nurses who are employed by the Network are eligible for Professional Nursing Staff Membership except those identified in Article III, Section 4, and Categories of Other Nursing Privileges. All Professional Nursing Staff meeting the above outlined criteria will be expected to participate in our Shared Governance process, and are granted the right to seek membership for Shared Governance as identified within the context of these articles. They also have the right to vote, hold office, and to chair the Unit Practice Committee, Cluster and Network Council.

The Medical Staff Bylaws, Rules and Regulations grant Advanced Practice Nursing privileges to registered professional nurses according to the credentialing process. All professional nurses sanctioned for practice by this means will be eligible to participate in the rights extended to Professional Nursing Staff Members as defined within these Guiding Principles.

Section 3. Licensed Practical Nursing Staff Membership

Members of the Licensed Practical Nursing Staff are those individuals who:

- A. Are practical nurses licensed to practice in the State of Pennsylvania and show evidence of the appropriate certificates and other documents indicating adequate preparation for the role of LPN
- B. Demonstrate competence and provide evidence of required experience appropriate to the desired position,

- C. Demonstrate the ability to interact with patients/families, peers and all healthcare team members, administration and governance leadership, and
- D. Have successfully completed an orientation and 6 month introductory period consistent with policies and procedures of the organization.

Practical Nursing Staff will adhere to the standards of the Nursing Service Organization, the requirements set forth by these articles and the policies and procedures of the Network.

All Licensed Practical Nursing Staff who meet the above outlined criteria are granted the right to seek election to the Clusters as voting members as outlined within the context of these articles. Licensed Practical Nurses are not eligible to hold office.

Section 4. Categories of Other Nursing Staff Privileges

Professional Nurses who are granted privileges in the following categories have an obligation to fulfill the responsibilities for which they are employed and are granted nursing staff privileges congruent with their assignment. They must abide by the policies and procedure of the Network. Professional Nurses in these categories are not eligible to participate in the rights extended to the Professional Nursing Staff Members.

A Introductory Nursing Staff

All Introductory Nursing Staff members are granted the right to participate at Cluster and Unit Practice Committee meetings, but do not have membership as identified within the context of these articles. They do not have the right to vote or hold office.

B. Agency Nursing Staff

Agency nursing staff privileges are granted to professional nurses who are employees of agencies who have a contract with the Network and who have provided evidence of meeting the criteria outlined in the contract.

C. Consulting Nursing Staff

Consulting staff privileges are granted to professional nurses who are duly licensed, and who provide consulting services to the nursing staff of the organization.

D. Nurse Faculty Staff

Faculty nursing privileges are granted to professional nurses who are employed by an academic organization which has a contractual agreement with the Network and who are providing education and training to students utilizing the facility for educational services.

E. Per Diem Nursing Staff

Temporary nursing staff privileges are granted to professional nurses who are employed by the Network on a temporary basis as defined by the Network Human Resource Department policy.

Section 5. Obligations of the Nursing Service Organization Staff

Membership to the Nursing Service Organization Staff confers on the nurse the professional obligation to provide nursing care consistent with the established standards of care, within their level of demonstrated competence and scope of practice.

Members participate in Shared Governance and are obligated to abide by the Guiding Principles, the rules and regulations of the Nursing Service Organization, and to fulfill other such obligations as determined by the Network Council, Specialty Clusters, and Unit Practice Committee. Members are obligated to adhere to the values, standards and policies of the Einstein Healthcare Network.

ARTICLE IV - GOVERNANCE STRUCTURE

Section 1. Administration

The Chief Nurse Executive is accountable to the President/ Chief Executive Officer, the Senior Vice President/ Chief Operating Officer, and the Board of Trustees of the Network for the coordination, integration, and administration of nursing care. The Chief Nurse Executive is the nursing representative to the Executive Staff, the Medical Staff Board, and the Healthcare Services Board of Trustees.

The Chief Nurse Executive assures that the articles, rules and regulations, policies, and procedures promulgated by the Nursing Service Organization are enforced. The Chief Nurse Executive is accountable for the operations of the Nursing Service Organization including: Shared Governance activities, operations management, clinical practice, staff and patient education, quality management programs, research and professional development. The Chief Nurse Executive provides leadership, guidance, and vision to the Nursing Service Organization through coaching, consulting, facilitating, and mentoring the Clinical Directors, Nursing Leadership team members, Council members and nursing staff.

The administration of policies, procedures, and standards that integrate the practice of professional nursing across the entities of the Network are included throughout the UPC/Cluster/Council and with the direction of the Network Nursing Leadership Team. Members of this group include the Chief Nurse Executive, Associate Chief Nursing Officer, Directors of each of the specialty areas, Director of Administrative Services for Nursing, Director of Nursing Education and Professional Development, Director of Nursing Excellence, and Chair of Network Nursing Management. This group provides oversight for integration, adoption and implementation of network wide nursing practice standards.

Governance components include the tenets of nursing process and the hallmarks of Nursing Shared Governance models: evidence based clinical practice; quality outcomes; staff competence and ongoing education; human, financial resource management, and family/ patient education.

Section 2. Structure

The Shared Governance structure is comprised of three levels:

- A. Unit Practice Committee (UPC)
Represents all levels of staff at the bedside.
- B. Clusters
Units representing specialty areas or similar patient populations will be grouped together to create “Clusters”.
- C. Network Council

Representatives from each Cluster and all levels of professional nursing are represented.

Section 3. Network Council

I. Accountability

The Network Council provides the structure for collaborative decision making for all issues that span the nursing care delivery areas of the Network. The scope for decision making includes accountability for the process and outcome of issues related to nursing practice, education, quality, research and management of nursing resources. The Network Council serves to integrate, coordinate and communicate the decisions, activities, and recommendations of all Clusters concerning the professional practice of nursing directly related to patient care outcomes.

II. Responsibilities

- A. Integrate the vision, mission, and goals of the Nursing Service Organization with those of the Network and in accordance with the standards of the nursing profession.
- B. Partner with the CNE to formulate departmental goals and objectives, and provide direction to integrate the activities of the Clusters to achieve and attain desired patient care outcomes. Specific activities include, but are not limited to:
 - 1. Contributing to the annual goals and plan for provision of care
 - 2. Ensuring the development, implementation and review of the Annual Nursing Quality Plan
 - 3. Ensuring the publication of the Nursing Service Organization Annual Activities report
- C. Guide the implementation of the Shared Governance model and promote Shared Governance activities throughout the Network. Construct, revise and ensure implementation of the Guiding Principles
- D. Provide structure for communication between and among Committees/Clusters/Council. Oversee and integrate the decisions of the Committees/Clusters/Council.
 - 1. Support a nursing care delivery system reflective of the values and culture of nursing at the Network.
 - 2. The Network Council will delegate responsibility to Clusters as appropriate to ensure implementation of specialty specific standards.
- E. Ensure compliance with standards of regulatory agencies.
- F. Considers the fiscal impact of decisions.
- G. Supports the Recruitment and Retention activities of the Nursing Service Organization.

II. Authority:

Network Council will have Level IV Authority as defined in Article VI Section 6 – Conducting Business.

IV. Membership:

All meetings of the Network Council are open to members of the Nursing Service Organization. Other stakeholders will be invited to participate, as needed, to conduct business on the agenda.

A. Voting Membership includes:

1. 1 elected member from Network Nursing Leadership Team (as defined in Article IV Section I)
2. Director of Nursing Education and Professional Development
3. Chairperson of Nurse Manager Peer Group
4. 2 elected staff Registered Nurses from each of the following 9 Specialty Clusters:

Behavioral Health
Critical Care
Emergency Services
Institute for Heart and Vascular Health
Medical / Surgical
Long Term Care
Rehab
Surgical Services
Women and Children's

B. Nonvoting Membership includes:

1. Chief Nurse Executive
2. Director of Nursing Excellence

C. Network Council Chair will serve a 1 year term. The Chair elect will be elected from the current membership every year in October to move forward to Chair in one year.

D. Each Cluster must elect Network Council members no later than the July meeting. Service on Network Council begins each September. All Network Council members will serve a minimum of a two-year term. No more than fifty percent of the membership should turn over in any council year. Elected Council members can serve no more than two consecutive terms, unless approved by Network Council.

ARTICLE V - PATIENT CARE AREA GOVERNANCE

Each clinical practice area (or service line) will have a patient care area-based governance body designated as a "Cluster". Membership at the Cluster level shall be as defined within each Cluster in Article V – Section 1-9, Membership. The Cluster must be chaired by a member of the Professional Nursing Staff. Each patient care area shall develop and implement Shared Governance activities that incorporate the work and decisions of the Governance model and foster quality patient care.

Clusters will be formed by groups of nursing units or patient care areas. Each of these areas or nursing units will be expected to incorporate the tenets of Shared Governance and the decision making model into their unit operations and to elect representatives to the Cluster level of this model. Functions include:

- A. Reviewing and implementing nursing policies and procedures.
- B. Utilizing evidence based practice and standards of care.
- C. Reviewing the NDNQI nurse sensitive indicators, and developing and implementing corrective action where necessary.
- D. Determining the education process for assuring clinical competency as defined by the approved standard of care.

Clusters will have Level IV Authority in conducting Cluster business and Level II Authority for Council business.

The work of the Unit Practice Committee groups will be defined by that unit. Unit Practice Committee will have Level IV Authority for unit business and Level II Authority for Cluster business.

Section 1: Behavioral Health Cluster

I. Objectives

- A. To assess and develop policies and procedures that help the professional staff develop best practice; enhance the productivity and safety of staff; and increase the satisfaction of both patients and staff in the Behavioral Health (BH) system
- B. To actively represent the BH community in the Shared Governance Council; thus, voicing concerns and recommendations and informing staff about changes, updates, and events at the Network
- C. To communicate with physicians and allied professionals/Departments in order to create an environment of trust and care that facilitates the delivery of services to our patients in BH
- D. To implement the shared governance process by providing individual representation for the entire professional staff in the BH community thus allowing staff members in the BH cluster to achieve personal and professional growth through individual/team initiative and evidence- based practice
- E. To engage in different projects which involve Quality Management, Clinical practice, Education, and Staff Development. Hence, providing high-quality cost-effective nursing care.
- F. To reinforce the objective and commitment to patient-centered care outlined in our Mission

II. Membership

- A. Cluster members serve a two-year term
 - 1. representatives from all divisions of BH
 - 2. (1) non-voting member from Staff Development
 - 3. a minimum of 75% will be RNs
 - 4. the remainder will be ancillary nursing personnel
- B. The Cluster will have a chair and the chair will act as tiebreaker
 - 1. term: 1 year
 - 2. elections to be held each September,
 - 3. no more than 50% of the membership shall leave each October

4. repeat term if re-elected
5. maximum of two consecutive terms
6. managers and Staff Development are non-voting members
7. an elected secretary is required to record minutes

Section 2: Critical Care

I. Objectives

The Critical Care Cluster (subsequently referred to as the Cluster) serves to integrate and coordinate the decisions, activities, and recommendations of the Unit Practice Committee and Network Council. Responsibilities include:

- A. Developing and evaluating service line quality improvement plans
- B. Responding to concerns, problems, and issues impacting the Critical Care areas
- C. Writing, reviewing, updating, and approving policies and standards
- D. Reviewing and updating clinical documentation
- E. Representing Critical Care on the Network Nursing Council (two representatives).

The Critical Care Unit Practice Committee is principally concerned with unit-based activities. Unit-based responsibilities include:

- A. Writing and updating policies
- B. Developing and collecting data for quality improvement initiatives
- C. Recommending educational programs
- D. Developing competencies and monitoring compliance
- E. Creative solution seeking

II. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 1. term: 1 year
 2. repeat term if re-elected
 3. maximum of two consecutive terms

- E. An elected secretary is required to record minutes.
- F. 1 RN representative from each of the following units: SICU, PCU, NSU, SSU, MICU, Dialysis, EMCEP CCU and EMCEP PCU.
- G. 1 CCA/PCA will be voted in at large from among the critical care and step-down units.
- H. 3 Critical Care nursing managers
- I. Critical Care Clinical Educator and the Critical Care Clinical Nurse Specialist.
- J. Clinical Director for Critical Care will be a non-voting member.

Section 3: Emergency Services

I. Objectives

The Emergency Department (ED) strives to integrate decisions and recommendations of the unit, Network Council and staff body by:

- A. Evaluation of emergency nursing practice concerns, problems and issues.
- B. Evaluation and monitoring of emergency nursing quality improvement initiatives.
- C. Writing, reviewing, updating and approving policies impacting emergency nursing practice.
- D. Providing and promoting evidenced based nursing educational programs that enhance clinical competence, personal and professional growth, service to our patients and professionalism.

II. Membership

The ED Cluster is a nursing centered multi-campus committee representative of all Emergency Nurses. The membership includes the following members:

- A. EMCP/EMCEP Emergency Nurses:
 - 1. Sr. Director
 - 2. Clinical managers (1 EMCEP & 1 EMCP)
 - 3. Five ED RN's, (2 from EMCEP, 3 from EMCP)
 - 4. Ad hoc members as needed
- B. members serve a two-year term
- C. elections to be held each September,
- D. no more than 50% of the membership shall leave each Cluster October
- E. The Cluster will have a chair elected by majority cluster nursing vote and will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms

- F. A secretary is required to record minutes.

Section 4: The Institute for Heart and Vascular Health

I. Objectives

The Institute for Heart and Vascular Health Cluster (subsequently referred to as the Cluster) serves to integrate and coordinate the decisions, activities, and recommendations of the UPC and Network Council. The Cluster is:

- A. Committed to providing excellence and caring in the delivery of patient care.
- B. Responding to concerns, problems, and issues as related to the diversity of the patient population with healthcare needs within the community.
- C. Maintaining the Network's current policies and procedures that have been formulated through evidence based practice.
- D. Developing and evaluating service line quality improvement plans.

The Institute for Heart and Vascular Health Unit Practice Committees are accountable to the Institute for Heart and Vascular Health staff and to the Cluster and are principally concerned with unit-based activities. Unit-based responsibilities include:

- A. Writing and updating policies
- B. Developing and collecting data for quality improvement initiatives
- C. Recommending educational programs
- D. Developing competencies and monitoring compliance
- E. Creative solution seeking

II. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected

3. maximum of two consecutive terms
- F. An elected secretary is required to record minutes.
- G. In addition to the Cluster Chairperson, another staff RN is elected by the Cluster to serve as a representative on the Network Nursing Council.
- H. Institute for Heart and Vascular Health Cluster membership will consist of the following voting members who are elected members of the Institute for Heart and Vascular Health Inpatient Unit Cluster and Diagnostic Unit Council:
1. Eight (8)RNs: CCU (3), Tower 5 (4), and the Invasive, Noninvasive, and Diagnostic Unit Council (1) Unit Council including the Chairperson (staff RN who represents the Cluster on Network Council), and Chair-elect (staff RN who constructs agenda for and chairs Cluster meeting)
 2. Clinical Director Critical Care
 3. Nurse Manager (1)
 4. Institute for Heart and Vascular Health Nurse Educator/Clinical Nurse Specialist
- I. Inpatient CCU Unit Practice Committee membership consists of the following voting members:
1. Nurse Manager
 2. CCU RN (5)
 3. CCU CCA (1)
- J. Inpatient Tower 5 Unit Practice Committee membership consists of the following voting members:
1. Tower 5 RN (6)
 2. Tower 5 PCA (1)
 3. Nurse Manager
- K. Invasive, Noninvasive, and Diagnostic Unit Practice Committee membership consists of the following voting members:
1. Nurse Manager
 2. Echo tech (1)
 3. Cath Lab RN (1)
 4. Cath Lab tech (1)
 5. EP Lab RN (1)
 6. Stress Lab RN (1)

Section 5: Medical Surgical Services

I. Objectives

The Medical Surgical Cluster (subsequently referred to as the Cluster) serves to integrate and coordinate the decisions, activities, and recommendation of the Units and Network Council. Responsibilities include:

- A. Identifying clinical issues and developing implementations using evidence based practice.

- B. Responding to concerns, problems, and issues impacting the Medical Surgical Units.
- C. Recommending educational programs and encouraging professional development.
- D. Developing competencies and monitoring compliance revolving around our current goals.

II. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms
- E. An elected secretary is required to record minutes.
- F. The following Medical/Surgical Units will have 2 RN members, or 1 RN and 1 LPN:
 - 1. Levy 4 West
 - 2. Levy 7
 - 3. Tower 4
 - 4. Tower 6
 - 5. Tower 8
 - 6. Elkins Park 5 Main
- G. In addition, the following are also members
 - 1. One Med/Surg manager will serve a 1 year term.
 - 2. One Med/Surg clinical educator and clinical nurse specialist.
 - 3. Director for Med/Surg will not be a voting member.

Section 6: Rehab Services

H. Objectives:

Moss Rehab is dedicated to providing the highest of quality of care to persons with disability requiring acute rehabilitation that has diverse needs in a safe, well structured, professional environment. Communication and teamwork are the cornerstones of all that Moss Rehab nursing strives to accomplish. Responsibilities include:

- A. Review the goals and objectives of the Rehab Service Line of Nursing annually
- B. Review and approve clinical and administrative policies and procedures for the Rehabilitation

Nursing

- C. Assess the need for and implementation of projects that will enhance the functioning and professional growth of the nursing department/personnel
- D. Serve as a forum for the quarterly review of the status and progress of the network, hospital and nursing department, as presented by the Director of Rehab Nursing Services.
- E. Serve as a forum for the quarterly review of program activities, as presented by the Nurse Managers
- F. Serve as a forum for the quarterly review of unit-based activities, as presented by a Professional Nurse of each unit
- G. Promotes, evaluates and revises the orientation and preceptor programs in cooperation with Clinical Educator
- H. Determines the education process for assuring clinical competency as defined by the approved standard of care.
- I. Defines and prioritizes immediate and long-term continuing education needs of the nursing staff.

II. Membership

- A. Cluster members serve a two-year term
 - B. elections to be held each September,
 - C. no more than 50% of the membership shall leave each October
 - D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms
 - E. An elected secretary is required to record minutes.
 - F. Cluster membership will consist of representatives from all areas of the service line and will be proportional to the size of the various areas/units and are voting members:
 - G. Each unit must send a minimum of (1) RN to Cluster and another representative (1) as deemed appropriate by the Director as well as:
 - 1. Clinical Director of Rehab Services (1)
 - 2. Clinical Educator for Rehab Services (1)
 - 3. Nurse Manager (1)
 - 4. Clinical Manager (1)
- When there is a vote, the management group will have one vote.

- H. Membership will always include One LPN and 2 NA's. These positions may also fulfill the units "other rep."

Section 7: Surgical Services

I. Objectives

The Surgical Services Cluster (subsequently referred to as the Cluster) serves to integrate and coordinate the decisions, activities, and recommendation of the Units and Network Council. Responsibilities include:

- A. Committed to achieving appropriate skill levels and maintaining competence
- B. All patients will be treated in the best manner possible to avoid risk and to protect them from complications.
- C. Educate the patient and family in order to restore and maintain health and to promote healthy behavior
- D. Assure that patients are well prepared for their surgery and that all required supplies and equipment are available for the intra-operative and post-operative period in a cost-effective manner.
- E. Provide a seamless, multidisciplinary approach to patient care.

III. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms
- E. An elected secretary is required to record minutes.

Section 8: Willowcrest - Sub-Acute and Long Term Care

I. Objectives

Willowcrest is dedicated to providing the highest quality care to sub-acute and long term care residents who have diverse needs in a safe, well-structured, professional environment. Willowcrest will focus on the following objectives listed below.

- A. Identifying clinical issues and developing implementations using evidence based practice.
- B. Recommending educational programs and encouraging professional development for all staff.

- C. Improving communication with non-nursing departments by providing opportunities to collaborate through cluster.
- D. Developing competencies and monitoring compliance revolving around our current goals.
- E. Voicing concerns and recommendations and informing staff about changes, updates and events at the Network level.
- F. Engaging in different projects which support Quality Management, clinical practice, education, and Staff Development, therefore, providing high-quality cost-effective nursing care while outperforming national nursing sensitive indicators.
- G. Implementing the Shared Governance process by providing individual representation for the different professional colleagues in the Willowcrest community thus allowing members at Willowcrest to achieve personal and professional growth through individual/team initiative.

II. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms
- E. An elected secretary is required to record minutes.
- F. Voting Members
 - 2 Registered Nurses from each floor (4 total)
 - 1 LPN
 - 1 Certified Nursing Assistant
 - 1 Clinical Educator
 - 1 Nurse Manager
- G. Non-Voting Members
 - Director of Nursing
 - Administrator
 - Quality Representative

Section 9: Women and Children's Services

I. Objectives

The Women's and Children's Services Cluster (subsequently referred to as the Cluster) serves to integrate and coordinate the decisions, activities, and recommendation of the UPC and Network Council. Responsibilities include:

- A. Review the goals and objectives of the Women and Children's Service Line of Nursing annually.
- B. Assess the need for and implementation of projects that will enhance the functioning and professional growth of the nursing department/personnel
- C. Serve as a forum for the review of Quality Improvement activities and outcomes and Unit Practice Committees' activities
- D. Promotes, evaluates and revises the orientation and preceptor programs in cooperation with Clinical Educator and Clinical Nurse Specialist
- E. Determines the education process for assuring clinical competency as defined by evidence- based practice
- F. Defines and prioritizes immediate and long-term continuing education needs of the nursing staff

II. Membership

- A. Cluster members serve a two-year term
- B. elections to be held each September,
- C. no more than 50% of the membership shall leave each October
- D. The Cluster will have a chair and the chair will act as tiebreaker.
 - 1. term: 1 year
 - 2. repeat term if re-elected
 - 3. maximum of two consecutive terms
- E. An elected secretary is required to record minutes.
- F. Cluster membership will consist of representatives from all areas of the Service Line and will be proportional to the size of the various areas/units:
 - 1, Labor and Delivery (3) RN
 - 2, Lifter 3 and 4 (mother/baby) (3) RN
 - 3, NICU (3) RN
 - 4. Clinical Director
 - 5. Clinical Educator for WCS or Clinical Specialist (1)
 - 6. Nurse Manager (2)

Section 10: Nursing Research and Evidence Based Practice Council

This Council holds Level 4 Authority from Network Nursing Council

I. Objectives

- To create a culture of inquiry through the support and mentoring of nurses interested in knowledge discovery of best evidence based practice.
- To standardize processes for conducting research related to evidence based practice and nursing research then disseminating the finding into practice changes.
- To serve as the repository for all evidence based practice projects and nursing research being conducted throughout the Network.
- To improve patient outcomes utilizing the best evidence based practices available to us.
- To assist nurses at all levels to use the Theory of Human Caring and its Caritas Processes as the framework for EBP and research projects.
- To ensure that all EBP and Nursing Research work is in alignment with the Nursing Service organization's strategic goals.
- To promote and ensure timely dissemination of Einstein Healthcare Network nursing research findings.
- To make decisions regarding all Nursing Research and Evidence based practice projects

II. Membership

- Membership commitment for Clinical Nurses is one year minimum
- Clinical Nurses representing each cluster (BSN; or RN-BSN program research course completed)
- Chair/Co-chairs will be Clinical Nurse/s (BSN)
- Clinical Nurse Specialists
- IRB Member Nurse Leader (Doctoral degree), Nurse Leader Facilitator (MSN)
- Faculty Consultant (Doctoral degree)
- Director of Nursing Excellence
- Chief Nurse Executive

Section 11: Nursing Informatics Council

L Objectives

The Nursing Informatics Council serves to integrate and coordinate the decisions, activities, and recommendation of the UPC and Network Council. Responsibilities include:

- Represent the interests of the clinicians affected by technology changes
- Assist with design and decisions affecting clinical practice
- Serve as to prioritize and approve nursing content, process, or enhancements requests relates to patient care and quality
- Chaired by staff representation following Shared Governance structure
- Develop special interest working groups that include SME, leadership, and IS to focus on departmental/service-line issues

- Provide clinical direction and guidance, act as the voice of the nurse
- Committee connections
 - RDT – Rapid Decision Team
 - ClinDoc – Formally eDOC & Forms Committees
 - OSOC – Order Set Oversight Committee
 - CIMOC – Clinical Information Management Oversight Committee

II. Membership

- Cluster representation - 2 clinical nurses from each of 9 (1 main and 1 alternate)
- Chairperson elected from among clinical nurse representatives
- Director, Nursing Education & Professional Development - 3 representatives includes
 - 1 for training
 - 2 for clinical expertise
- Information services – 2 representatives
- EMCM representatives

Section 12: Network Nursing Policy and Procedure Committee

I. Objectives:

- To systematically and routinely analyze and discuss all policies and procedures prior to their expiration date for changes or updates to content and readability.
- To align Nursing Service organization’s policies and procedures with the most applicable current nursing evidence in order to optimize nursing practice and patient outcomes.
- To promote collaboration utilizing staff nurse representation from all Nursing Service Organization cluster areas to ensure policies and procedures meet the needs of all service lines.

II. Membership:

Committee Chair – Clinical Nurse

Secretary – one of the below-mentioned staff nurses (rotating)

NEPD Representatives

- 1 CNS
- 1 Clinical Nurse Educator
- 8 Clinical Nurses - 1 Staff Nurse Representative from each cluster with the exception of Women and Children’s which has their own P&P committee that reports activities through the Network Council P&P Subcommittee. Chairperson.

ARTICLE VI – RULES OF ORDER

Section 1. Officers and Role of the Chair

The officers of Shared Governance: Committees/Clusters/Councils are the Chairperson, Chair-elect and Secretary. These officers are members of their respective Unit Practice Committee (UPC), and Cluster or Council. Cluster and UPC officers serve a one-year term. Network Council members serve a two-year term.

I. Qualifications

The Chairperson of Cluster, Council, or Unit Practice Committee shall be a Professional Staff Nurse, elected from the membership of each council and shall hold office for one year.

II. Elections

Each Cluster Chairperson-Elect and secretary shall be elected from each Cluster membership and serve a term of one year. Elections should take place at the September meeting. An alternate secretary may also be elected. The Chairperson-Elect serves a one-year term, at the end of which they assume the role of the Chairperson of their respective Cluster. Election results will be reported in minutes. Network Council Chairperson-Elect will be elected in October and will take office as Network Council Chair in October a year from the election.

III. Term

The term of all Cluster offices is from October through September of the year following the election. During their term, the Chairpersons do not represent any constituency.

IV. Vacancies

If the Chairperson is unable to assume or complete the term of office, the Chairperson-Elect assumes the Chairperson position. If the Chairperson-Elect is unable to assume or complete the term of the position, nominations for the Chairperson elect must be made by the Council or Cluster and a vote take place. Staff members promoted to management role are eligible to complete their term of office as Chair or Chair-Elect subject to the approval of Network Council.

V. Role and Responsibilities of the Chair

The Chairperson of each shared governance: UPC/Cluster/Council assures that the responsibility of their respective UPC/Cluster/Council is fulfilled. The Chairperson represents the UPC/Cluster/Council and acts on its behalf.

The Chairperson shall appoint committees, and convene and manage business of her/his Cluster. For immediate nursing decisions, and/or in emergency situations, and/or between regularly scheduled Governance UPC/Cluster/Council meetings, the Chairperson may act for the UPC/Cluster/Council. Such action must be reported to the UPC/Cluster/Council membership at its next regularly scheduled meeting for its review and ratification.

Additional responsibilities of the Chairperson include, but are not limited to, the following:

- A. Prepare the meeting agenda around the business of nursing.
- B. Conduct the meetings according to Robert's Rules of Order.
- C. Assign work of subcommittees.
- D. Delegate to individual council members the responsibility to champion projects.

- E. Assure the election of officers.
- F. Encourage participation of all members.
- G. Work with members to establish annual goals and objectives.
- H. Consult with individuals designated as advisors to the Cluster/Council.
- 1. Remove representatives who are not fulfilling their Cluster/Council responsibilities.

Section 2. Selection of Governance Council/Cluster Members

Members of the Governance Council/Cluster are selected prior to the September meeting from the nursing clinical service areas, education or management roles as defined by the membership of each Council/Cluster. Representative staff Cluster members serve a two (2) year term. No more than half of the staff Cluster membership changes yearly in October.

If a representative from a Governance Council or Cluster is unable to complete his/her term, a replacement will be elected from the same service area to complete the term.

The individual Council or Cluster reserves the right not to fill vacant seats as appropriate.

Section 3. Service of Council/Cluster Members

Members are required to attend 80% of all scheduled meetings. In the event that a staff member cannot attend a meeting, it is her/his responsibility to notify an officer of the Council or Cluster before the meeting. After two (2) consecutive absences, the Chairperson and the management advisor to the Council or Cluster will discuss and explore options for representation with the Council or Cluster member and her/his Clinical Director/Nurse Manager. Alternates for the Council and Clusters are to be designated by the represented group for planned absences of more than two (2) consecutive meetings.

The Chairperson will appoint a champion, when indicated, in the absence of a volunteer. The Chairperson is responsible for supporting the champion and for assuring that the work is completed.

Section 4. Expectations

I. Representation:

All elected representative members to the Council or Cluster vote on behalf of all nursing staff, regardless of assigned clinical patient care area and/or service line. All voting representative members to the Council or Cluster understand that the best interest of the patient and patient care are considered first and foremost when a vote is being cast.

II. Council or Cluster Members:

Each member is to fulfill the following expectations:

- A. Acts as a representative of the nursing staff and a liaison to the Council or Cluster in communicating issues/concerns regarding Standards of Care and Practice, Education and Patient Outcomes.
- B. Assumes a leadership role in relation to communication, coordination, and follow through with Clinical Service Area of respective Council/Cluster work by:
 - 1. Keeping the Clinical Director/Nurse Manager apprised of the respective Council or Cluster's activities on a regular basis
 - 2. Reporting Council or Cluster news at staff meetings
 - 3. Posting of Council and Cluster meeting minutes on the patient care area
 - 4. Updating Shared Governance Information Manuals as appropriate on the patient care areas.
- C. Regularly attends respective Council or Cluster meetings.
- D. Participates as a member of the Council or Cluster by working on projects, committees and ad hoc groups, and by providing pertinent and helpful information in relation to topics under discussion.
- E. Completes Council or Cluster work in time for Council or Cluster review.
- F. Fulfills other specific expectations as delineated by respective Council or Cluster.

III. Unit Practice Committee Expectations:

- A. Plans and schedules all meetings.
- B. Defines goals and objectives for the year.
- C. Employs the Levels of Authority.
- D. Meeting time effectively addresses UPC/ Cluster/Council business.

IV. Nurse Managers/ Clinical Directors/Clinical Managers

- A. Serves as an advisor during UPC/Cluster/Council meetings.
- B. Provide sufficient time and support for UPC/Cluster/Council representatives to fulfill responsibilities.

Section 5. Meeting Times and Communication

UPC/Clusters/Council meet monthly unless granted an exception by Network Council. All Governance meetings are open meetings. Minutes will be recorded in the approved governance format. Minutes will be distributed to all members at least two (2) weeks prior to the next meeting. It is the expectation that Network Communication documents will be shared with all staff members and management. Minutes and other important communication documents will be kept in the appropriate manuals in the Nursing Service Office, and on the Nursing webpage under Network Nursing Update. Network Council minutes will be distributed to the Network Nursing Leadership Team.

Section 6. Conducting Business

I. Convening Meetings:

- A. Regular meetings may be scheduled and called to order by an officer or designee.
- B. Regular meetings may be canceled by an officer or designee
- C. A quorum shall be present in order to conduct meeting business, present motions, and conduct a vote. A quorum shall be defined as one (1) more than one half of the Council membership.
- D. An officer or designee may schedule ad hoc meetings. Ad hoc meetings shall be scheduled for special discussion or issues. Network Council retains final authority for ad hoc committee recommendations.

II. Decision Making Process:

- A. Matters for decision by the Council or Cluster shall be moved and seconded for a vote to occur.
- B. The Chairperson is responsible to end discussion and restate the motion prior to a vote by the membership.
- C. Votes, signified by members raising their hands, shall be counted by the Chairperson-Elect or Secretary; a majority vote, that is, one more than one half of votes cast, ignoring abstentions, shall pass or fail the motion.
- D. Discussion of the topic shall be ended with the vote on the motion.
- E. Decision-making requires a clear understanding of three critical elements: RESPONSIBILITY, AUTHORITY, and ACCOUNTABILITY. For each decision made there is a logical delineation of authority. An understanding of the relationships between these three elements is extremely important

1. RESPONSIBILITY: is a two way process; it is allocated or delegated to the role (always has an external locus of control) and must be accepted by the individual(s) in that role. The absence of either means that nothing changes.

2. AUTHORITY: is the right to act in areas where one has been given and accepts responsibility. There are four levels of authority:

- i. Level I: Gather data.
- ii. Level II: Gather data and make recommendations.
- iii. Level III: Gather data, make recommendations, and implement solutions after negotiations.
- iv. Level IV: Act in the absence of the person or group delegating responsibility and assigning the level of authority.

The level of authority that is allocated is contingent upon skill, experience, and knowledge of the recipient as well as the willingness and assessment of the allocator. Level of authority is also associated with task, project, decision or activity and not the person receiving the authority. For example; the Clinical Nurse Manager may have Level I authority for budget responsibilities and Level IV for orientation of new employees. Communicating levels of authority will assist staff in understanding expectations relative to decision-making

3. ACCOUNTABILITY: is the retrospective review and analysis of decisions made to evaluate effectiveness. If actions were ineffective or inappropriate, corrective (not punitive) actions will be taken. Accountability is inherent to a role (it is not delegated.)

It is important to maintain a balance between responsibility, authority and accountability and particularly, to achieve congruence between responsibility and authority.

III. Agenda:

- A. Invited guests and non-members of the Council or Cluster shall notify the chairperson regarding the business they wish to present to the Council or Cluster in order that their business may be placed on the agenda.
- B. Agenda items may be submitted to the Chairperson two (2) weeks prior to the scheduled meeting.
- C. The agenda for a scheduled meeting shall be distributed to the members at least seven (7) days prior to the meeting.
- D. Information for consideration by the membership shall be submitted to the Secretary at least two (2) weeks prior to the scheduled meeting and distributed to the membership. Members are expected to arrive at the meeting on time prepared to discuss the information and vote as needed.
- E. 80% of the agenda should be applicable to all staff at the table.

IV. Conduct of Membership:

- A. Members shall be recognized by the Chair prior to speaking.
- B. The membership shall define a time limit for each speaker when the topic warrants. When time limits are imposed, members shall be expected to limit their comments to the defined time limits.
- C. If confidential matters are to be discussed, guests will be excused and only the members of the Council or Cluster will be privy to the discussion.
- D. There will be no side bar conversations. All Council/Cluster members will be heard.

V. Annual Activities Report

The Network Council will complete an Annual Activities Report. This report shall include a review of the Nursing Service Organization goals, activities of the Governance Clusters, review of the Guiding Principles, and any other activities as appropriate. Presentation of the annual report to the membership will take place via written format.

Section 7. Motion to Postpone or Reconsider

I. Motion to Postpone:

A motion to postpone a vote on a motion that has been placed before the Council or Cluster may be entered by a voting member of the Council or Cluster and passed with a majority vote of the members present. This motion should be entered when further research or information gathering is required before a vote can be completed. Passing of a motion to postpone will table the discussion at the present meeting. Any motion so deferred will be listed on the agenda and called for a vote at the next regularly scheduled meeting of the Council or Cluster.

II. Motion to Reconsider:

Once a motion has been decided, a motion to reconsider may be placed before the Council by a voting member. Such a motion should include a statement of cause for reconsideration and will require approval by a majority of members present. If approved, the original motion is then placed on the table for discussion and a vote. Any new information in argument for or against the motion will then be entertained as discussion prior to a vote. If the motion to reconsider is not approved, the decision of the original vote stands.

ARTICLE VII – PERFORMANCE ACCOUNTABILITY

Section 1. Nursing Staff Performance Accountability

All nursing staff members are subject to the employment practices and performance accountability established by EHN policies and procedures. When performance indicators, peer feedback, evaluation processes, and/or developmental counseling reveals that a member of the Nursing Service Organization Staff is not acting within the Guiding Principles or within the standards of practice, the appropriate Clinical Director/Nurse Manager will initiate the organization's performance accountability process

Section 2. Shared Governance Performance Accountability

- I. Council or Clusters.** The Shared Governance Council or Clusters are responsible for decisions regarding their accountabilities
- II. Unit Practice Committee.** Each is responsible for addressing concerns regarding performance of duties. Each patient care area is responsible for having procedures for removal and replacement of members on their Unit Practice Committee.
- III. Council or Cluster Members.** Concerns regarding a Council or Cluster member's performance of duties should be addressed directly to the Council or Cluster member by the individual Council or Cluster member having the concern. If unresolved, the concerns will be discussed with the appropriate Clinical Director/Nurse Manager and advisors to the Council who will make recommendations to the Chairperson. The Chairperson is responsible for the removal of a Council or Cluster member.
- IV. Council or Cluster Chairperson-Elect.** Concerns regarding the Chairperson-Elect's performance will be addressed directly to the Chairperson-Elect by the individual Council or Cluster member having the concern. If unresolved, the concerns will be discussed with the appropriate advisors to the Council or Cluster and the Chairperson of the Network Council who will make recommendations to the Chairperson. The Chairperson is responsible for removal of the Council or Cluster Chairperson-Elect.

- V. **Council or Cluster Chairperson.** Concerns regarding the Chairperson's performance of duties should be addressed directly to the Chairperson by the individual member of the Council or Cluster having the concern. If unresolved, the concerns will be discussed with the appropriate advisors to the Council who will make recommendations to the Chairperson of the Network Council. The Chairperson of the Network Council is responsible for removal of the Cluster Chairperson. If Council Chairperson is in question, a unanimous vote is required and removal is the responsibility of The Chief Nurse Executive.

ARTICLE VIII – GUIDING PRINCIPLES REVIEW, AMENDMENT AND ADOPTION

Section 1. Annual Review

These Guiding Principles shall be reviewed by the Network Council every 5 years. Members of the Nursing Service Organization Staff may recommend changes or amendments that are appropriate to the interests of the governance of the Nursing Service Organization staff.

Section 2. Voting

The Nursing Service Organization members shall conduct business and shall review and approve such matters as brought before it. As elected representatives of the Nursing Service Organization, officials from the Unit Practice Committee, Cluster, and Network Council are the voting members, which require a 2/3rds majority vote.

Section 3. Amendments

Any Nursing Service Organization staff member may recommend changes to these articles by submitting recommendations in writing to any Council or Cluster Chairperson. The Council or Cluster Chairperson will present the proposed article changes to the Network Council for review and approval. If approved for recommendation, the amendment will be included on the ballot of the next regularly scheduled election of the Nursing Service Organization. The proposed amendments are published and made available to the Nursing Service Organization staff for review and consideration six (6) weeks prior to the election. A 2/3 majority of the Nursing Service Organization staff submitting a vote is required for adoption. Prior to implementation, revised Guiding Principles shall be presented to the Chief Nurse Executive and the Senior Vice President/Chief Operating Officer for review and approval.

Section 4. Adoption

The Guiding Principles were initially adopted at the annual Nursing Service Organization Staff meeting held on May 5, 1997. Revisions to the Guiding Principles are as per Article IV. Section 3. The Chief Nurse Executive maintains accountability to the Board of Trustees and the President/Chief Executive Officer and the Senior Vice President/Chief Operating Officer to support organizational initiatives and priorities, and therefore, reserves the right to review decisions and recommendations of the Councils. These principles replace any previous Guiding Principles and take effect upon

approval by the Chief Nurse Executive and the Senior Vice President/Chief Operating Officer, Einstein Healthcare Network.

ARTICLE IX - RULES AND REGULATIONS

The Nursing Service Organization staff through its constituent respective UPC's/Clusters/Council shall adopt such rules and regulations required to implement each UPCs'/Cluster's/Council's work and to implement and maintain the Guiding Principles. All new or changed rules and regulations shall be approved by the Network Council prior to their implementation. Such changes shall become effective upon approval of the Network Council.

ARTICLE X - APPROVAL

These Guiding Principles and the adoption of the Shared Governance model are not intended, in any way, to limit, interfere with or supersede the rights of employees under federal or state laws or as outlined within the policies and procedures of The Network.

These Guiding Principles were approved by a general vote of the Network Nursing Council members as representatives of Nursing Service Organization.

Approval by:

Chairperson, Network Council

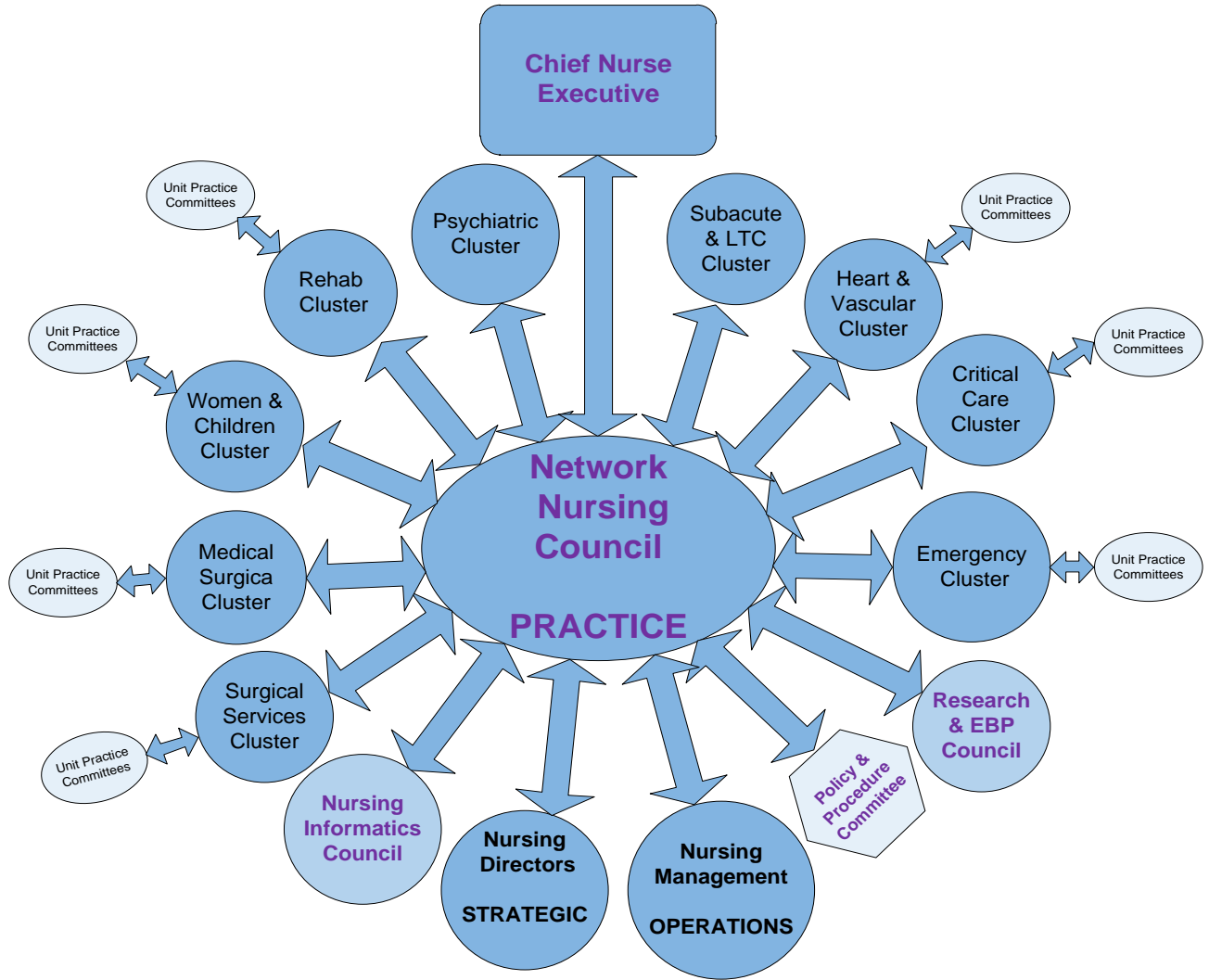
Date

Chief Nurse Executive

Date

Chief Operating Officer

Date



Network Nursing Council
Shared Governance
Structural Model

Unit Practice Committees (UPC) – comprised of staff members on a specific unit
 Specialty Clusters- each cluster is comprised of clinical nurse representatives from multiple specialty specific UPCs, nursing management, Education & Professional Development (NEPD).
 Network Nursing Council (NNC) 15-18 clinical nurses (1-2 per cluster), Chief Nurse Executive, Managers Group Chairperson, Directors of Nursing Excellence and Nursing Education and Professional Development.
 Nursing Research and Evidence-based Practice Council, Nursing Informatics Council, Nursing Policy and Procedure Committee report to Network Nursing Council.

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