

HIGH POINT REGIONAL HEALTH SYSTEM

NURSING BYLAWS

Plan For Providing Nursing Care

Article I

Preamble

Section 1. Purpose of Nursing Bylaws

The purpose of the Nursing Bylaws is to describe the governance structure of Nursing across the organization and provide a framework for participation, collaboration, coordination, and shared decision making related to patient care and nursing practice in accordance with the Nursing Practice Act of the State of North Carolina. The bylaws shall be based on the principle that nursing is a self-directed and self-governing profession which is ultimately responsible and accountable to the Administration and Board of Trustees for the best possible nursing care of patients/significant others and for the highest level of conduct/practice of the nursing staff within the organization. In a dynamic, responsive, and changing organization, the bylaws shall be built around the Forces of Magnetism recognizing the importance, worth, and individuality of the consumer and the provider of nursing care at High Point Regional Health System.

Section 2. Definition of Nursing

Nursing, a profession based on knowledge, is the protection, promotion, and optimization of health, 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. (Adapted from the American Nurses Association "Nursing's Social Statement.")

Section 3. Mission

To provide exceptional nursing care to the people of our region.

Section 4. Vision

To be the best place to receive care, the best place to work and the best place to practice Nursing.

Section 5. Values

Team work, compassion and cost effective care.

Section 6. Philosophy

We believe the Forces of Magnetism are the foundation for excellence. Our highest priorities are caring, advocacy, innovation and education for our patients, ourselves, and each other. Those priorities and the following guiding principles support our quest for nursing excellence:

The power and impact of nurses and nursing.

Leaders who advocate and support staff.

Leadership styles that promotes shared decision making, continuing education and ownership for exceptional individual practice.

Provision of exceptional nursing care through continuous quality improvement.

Interdisciplinary collaboration that welcomes all contributions.

Promotion of wellness through education and information.

Environments that supports mentoring and nurturing of each other.

Commitment to life long learning, education, and career growth.

Recruitment and retention of the best nurses.

Section 7. Nursing Care Delivery Model

The Nursing Care Delivery Model at High Point Regional Health System, based on the belief that nursing is the link that facilitates person-centered care, consists of four concepts: nursing, person, health, and environment.

Nursing

Nursing practice includes, but is not limited to, initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching and collaborating on certain aspects of the health regimen with the goal of helping patients attain, maintain and restore health or experience a dignified death. This practice is based on understanding the human condition across the life span and the relationship of the individual within the environment.

Person

Any individual who interfaces with High Point Regional Health System.

Health

A person's perception of his/her state of wellbeing that encompasses mental, physical, spiritual, and emotional factors.

Environment

The location where programs and/or services are provided by nurses of High Point Regional Health System.

Patient Care Goals

Provide the patient quality, compassionate, and cost-effective health services through integrated nursing and patient care services based on the Collaborative Patient Care Management Delivery Model.

Provide timely and appropriate patient assessments by qualified and competent nursing staff on admission and throughout the patient's hospital stay.

Initiate goal-directed, individualized, and coordinated care planning consistent with the patient's physiological, psychosocial, learning, developmental, spiritual, and cultural needs.

Collaborate with the medical staff and other health care disciplines in providing timely, integrated, and appropriate patient care, patient/family education, and discharge planning on admission and throughout the hospital stay.

Promote the active involvement and participation of the patient, family, and significant others in making choices and decisions regarding patient care.

Maintain a positive relationship with all customers to increase the satisfaction of patient, family, significant others, physicians, other health care disciplines, support staff, students/faculty, and volunteers.

Article II

Role of the Professional Registered Nurse

In keeping with the North Carolina Nursing Practice Act and the Rules and Regulations of the North Carolina Board of Nursing, national professional/specialty nursing practice standards, professional Code of Ethics, and the JCAHO Nursing Care Standards, the professional Registered Nurse assumes the responsibility and accountability for the

delivery of nursing care within the institution and its subsidiaries in accordance with the Health System mission, vision, values, policies, procedures, and bylaws. The Registered Nurse shall be responsible for prescribing, delegating, and coordinating nursing care based on patient problems/needs and for initiating the nursing process in the everyday practice of nursing.

Legally, the Registered Nurse is responsible and accountable for all nursing acts that are outlined in the Nursing Practice Act. In support of the Collaborative Patient Care Management Model, the Registered Nurse shall collaborate with the patient/significant other, the physician, other health care disciplines, support staff, and volunteers in the performance of direct and indirect patient care activities.

Article III

Nursing Staff Membership

Section 1. Definition of Membership

Nursing staff membership consists of nine categories that include Nursing Leadership, Performance Coach, Nursing Education, Collaborative Patient Care Management Staff, Unit Coordinators, Professional Staff, Nursing Support Staff, Interim Staff, and Adjunct Staff.

Membership is a privilege for nurses who meet the qualifications, standards, and requirements defined in these bylaws and the personnel policies of High Point Regional Health System.

Section 2. Nursing Leadership

The membership of Nursing Leadership includes individuals who have completed the nursing orientation/probationary employment period and meet performance standards. Responsibilities, qualifications, performance requirements, and evaluation criteria for the Nursing Leadership staff are delineated in the departmental position description summaries/standards. Nursing leaders are knowledgeable, risk takers, able to articulate and be role models of the nursing philosophy and advocate and provide support to the nursing staff.

The Vice President-Chief Nursing Officer holds the final responsibility and authority for the Nursing Leadership staff. The Directors are responsible for the management/evaluation of the Performance Coaches. The Director of Patient Throughput is responsible for the staffing/scheduling functions and the management/evaluation of the Staffing Coordinators and the Nursing Supervisors. The Evening/Night/Weekend Supervisors provide leadership/direction for the Unit Coordinators and Charge Nurses on these assigned rotations. Using the Forces of Magnetism as the foundation, the Nursing Leadership staff is responsible for setting goals, priorities, strategies, and time lines regarding patient care/nursing practice activities, evaluating budgetary needs for human/material resources; coordinating departmental/ interdepartmental activities impacting on patient care/nursing practice; promoting/setting standards of excellence through nursing policies, standards of care/practice, and program/position statements; develop/promote an environment that provides an environment of shared decision making and nursing practice based on evidence, supervising nursing staff and evaluating their performance/ competencies in providing quality, compassionate, and cost-effective nursing care; collaborating with nursing, medical, and Health System staff and outside clinical/educational agencies for improvements in patient care/nursing practice.

Section 3. Performance Coach

The membership of the Performance Coach staff includes individuals who have completed the nursing orientation/probationary employment period and meet performance standards. Responsibilities, qualifications, performance requirements, and evaluation criteria for the Performance Coach staff are delineated in the departmental position description summaries/standards. Performance Coaches are knowledgeable, risk takers, able to articulate and be role models of the nursing philosophy and advocate and provide support to the nursing staff.

The Performance Coach is responsible for the management/evaluation of the Unit Coordinators. The Performance Coach participates in setting goals, establishing priorities, strategies and time lines regarding patient care/nursing practice activities. The Performance Coach promotes standards of excellence through nursing policies, standards of care/practice. He/She promotes an environment of shared decision making and nursing practice based on evidence, supervising nursing staff and evaluating their performance/competencies in providing quality, compassionate, and cost effective nursing care: collaborates with nursing, medical, and Health System staff and outside clinical/educational agencies for improvements in patient care/nursing practice. At least one Performance Coach participates on the Clinical Practice Team, Evidence Based Practice Team, Strategic Planning Team, and Magnet Team.

Section 4. Nursing Education

The membership of the Organizational Development staff includes individuals who have completed the orientation/probationary period and are meeting performance standards. The Staff Educators meet with the Director of their assigned areas at least monthly for ongoing planning and evaluation of education and participate in the monthly clinical management meetings.

The Director of Clinical Practice is responsible for development and maintenance of current clinical practice standards and job standards in compliance with the North Carolina Board of Nursing, the coordination of GNOSIS program and Clinical Practice Team activities. The Staff Educators are responsible for ongoing evaluation and development of the orientation program, in-service education and competency assessment-assuring a dynamic program that meets the needs of all staff. The Staff Educators coordinate skill training/competency assessment of licensed/unlicensed nursing staff, medication administration, and Basic Life Support and participate in the annual goal setting/planning for education activities. The Staff Educators facilitate performance assessment/improvement activities, decision making, and teamwork between nursing leadership, clinical nursing specialties, and other health care disciplines/departments. At least one staff educator participates on the Clinical Practice Team, Evidence Based Practice Team, Strategic Planning Team and Magnet Team.

Section 5. Collaborative Patient Care Management Staff

The membership of the Collaborative Patient Care Management staff includes individuals who have completed the orientation/probationary period and are meeting performance standards of the position classification. The directors meet with the Patient Care Coordinators at least monthly for ongoing planning and evaluation of case management and utilization management activities. The Patient Care Coordinators meet with the Director of their assigned clinical area(s) at least monthly for ongoing planning and evaluation of the CPCM program.

The Directors are responsible for facilitation of Collaborative Patient Care Management activities including daily operations and goal setting. Using the forces of Magnetism, the Patient Care Coordinators are responsible for coordinating the standard plan of care for patients with selected diagnosis/procedures, performance assessment and improvement patient/family education, coordinating Group Practice activities, implementing utilization and case management strategies, and conducting nursing research. At least one Patient Care Coordinator participates on the Clinical Practice Team, Evidence Based Practice Team, Strategic Planning Team, and Magnet Team.

Section 6. Unit Coordinators

The membership of the Unit Coordinator staff includes individuals who have completed the nursing orientation/probationary employment period and meet performance standards. Responsibilities, qualifications, performance requirements, and evaluation criteria for the Unit Coordinator staff are delineated in the departmental position description summaries/standards. Unit Coordinators are knowledgeable, risk takers, able to articulate and be role models of the nursing philosophy and advocate and provide support to the nursing staff.

Section 7. Professional Staff

The membership of the Professional Nursing Staff includes the Health System-employed individuals who are licensed Registered Nurses classified in full-time or part-time positions. This category includes staff who have completed the required nursing orientation/probationary employment period and are meeting the performance standards of their positions. The Vice President-Chief Nursing Officer holds called meetings with the Professional Nursing Staff as needed and/or requested. The Registered Nursing Staff will meet with the Director/Manager of their assigned area on a regular basis.

Section 8. Nursing Support Staff

The membership of the Nursing Support Staff includes Health System employed individuals who are Licensed Practical Nurses, Nursing Assistants, Unit Secretaries and Staffing Personnel. This Category includes staff who have completed the required nursing orientation/probationary employment period and are meeting the performance

standards of their positions. The Nursing Support Staff is responsible for supporting the Registered Nurse in performing functions related to patient care and maintaining standards of excellence in providing patient care.

Section 9. Interim Staff

The membership of the Interim Staff shall include the non-Health System-employed and the Health System-employed individuals who are classified in a temporary position. This category shall include staff who have completed the required nursing orientation in addition to the agency/ registry requirements. Classifications in this category shall include Registered Nurses who are employed by the Health System to fill temporary positions.

The Interim Staff will be responsible for implementing the functions related to patient care/nursing practice activities according to the adopted standards, policies, and procedures of Nursing and for maintaining standards of excellence in providing nursing care. The Interim Staff is under the direction/supervision of the Unit Coordinator, Performance Coach, and Director of assigned area, and shall be accountable to these persons for performing required patient care functions.

Section 10. Adjunct Staff

The membership of the Adjunct Staff includes non-Health System-employed individuals who are involved in providing patient care associated with various nursing or health-related educational programs. This category includes individuals who have completed the required nursing orientation to Health System in addition to the education institution's requirements. Classifications in this category include Nursing School Instructors/Students, EMS Instructors/Students, Refresher Nurse Instructors/Students, and Occupational Health Instructors/Students. Written agreements with the educational institutions are obtained/kept current. The Director of Organizational Development will serve on the Joint Clinical Resources Planning Committee of the Educational/Health Agencies of the Greensboro AHEC region and participate in all meetings of this committee. The Vice-President-Chief Nursing Officer holds individual meetings/conferences with Deans/Directors of Nursing Schools as needed or requested. Qualified nursing staff hold Adjunct faculty appointments in the area schools of nursing.

The Adjunct Staff is responsible for implementing selected functions related to patient care/nursing practice activities within the adopted standards, policies, and procedures of the Nursing Department and for maintaining standards of excellence in the provision of nursing care at High Point Regional Health System. The students of the educational institutions are under the direction/supervision of their Registered Nurse instructors when performing selected patient care functions. The instructors/students of the educational institutions are accountable to Unit Coordinators and Charge Nurses for completing selected patient care assignments. The Vice President-Chief Nursing Officer holds final administrative responsibility and authority for the Adjunct Staff in providing patient care in the hospital.

Article V

Nursing Governance Structure

The Clinical Team Structure promotes/provides collaboration and shared decision making across the organization in nursing matters/issues related to patient care/patient outcomes and nursing practice. The Professional Nursing Staff has the opportunity to provide input/feedback through these teams.

Section 1. Clinical Teams

There are six (6) clinical teams that take responsibility for nursing functions across the Health System. The teams are: Nursing Leadership Team, Relay Team, Evidence Based Practice Team, Clinical Practice Team, Strategic Planning Team, and Magnet Team.

Section 2. Nursing Representation

All nursing representatives of teams or special committees are selected by each nursing department. Nursing representatives are selected on a rotating basis with some tenure of service overlapping so that at no time shall the teams be made up of entirely new members. Unplanned vacancies on teams are filled by the Director of the affected department. Selected representatives serve a two year term beginning in January of each year.

Section 3. Officers

The officers of the teams are designated as Chairperson, Co-chairperson, and Secretary and are expected to fulfill the requirements of the office. The Chairperson, Co-chairperson and Secretary of each team are elected by the members of the team. The term of office is no less than two years to allow for continuity of leadership. A designated member of the Nursing Leadership Team serves as facilitator for each team.

The Chairperson of each team in collaboration with the assigned facilitator plans/conducts the meetings, assures documentation of the proceedings, and manages the business of the team. The Chairperson convenes a called meeting when deliberation is needed by the full team for any immediate/emergency decisions. The actions of the team meeting are reported at the next regularly scheduled meeting for review/approval. In the absence of the Chairperson, the Co-chairperson assumes the responsibilities of the Chairperson. The Secretary of each team assures the minutes are distributed/published on the intranet at least 1 week prior to the next scheduled meeting. The Chairperson of each team represents his/her team on the Relay Team.

Section 4. Nursing Leadership and Staff Representation on Health System Committees

The Vice President-Chief Nursing Officer or Vice President-Inpatient Nursing represents and speaks for the Nursing Department and other Clinical Departments providing nursing care on matters related to patient care/nursing practice at designated Health System committees, i.e., Traditional Good Management Committee, Professional Improvement Committee, Ethics Committee, Medical Executive Committee, Medical Staff Therapeutics Committee, Group Practices, and Joint Patient Care Committees.

The Directors, Nursing Supervisors, Performance Coaches, Patient Care Coordinators, Staff Educators, Unit Coordinators, and/or Staff Nurses represent Nursing on other designated Health System committees as appointed, i.e., Cancer Care Committee, Environment of Care Committee, Ethics Committee, Infection Control Committee, Institutional Review Board, Group Practices, and Joint Patient Care Committees. Nursing leadership and nursing staff representation on Health System committees are provided as a means to collaborate with hospital, medical, and nursing staff across the organization on patient care issues and matters requiring multidisciplinary assessment and action plans to improve patient care delivery/outcomes and hospital systems/operations.

The Senior Nursing Leaders and Performance Coaches serve on the Nursing Leadership Team and as facilitators of the assigned clinical teams to support the active participation of the nursing staff and the shared responsibilities/decision making of the teams related to patient care and nursing practice as outlined in the Nursing Bylaws.

Article VI

Nursing Team Membership, Role, and Responsibilities

Section 1. Nursing Leadership Team

Membership. The membership of the Nursing Leadership Team consists of the Vice President-Chief Nursing Officer who serves as the Chairperson, the Vice President, Inpatient Nursing, the Directors or Managers of Clinical Nursing Specialties (Critical Care Nursing, I.V. Nursing, Maternal-Child Nursing, Medical Nursing, Restorative Care, Surgical Nursing, Cardiology, Behavioral Services, Emergency Services, High Point Surgery Center, Surgical Services, Inpatient Rehab and Adult Health Center), the Directors of Collaborative Patient Care Management, the Director of Organizational Development, the Director of Clinical Information Services, the Human Resources Nurse Recruiter, the Director of Clinical Practice, Cardiac Services Program Manager, Director of Patient Throughput, the Nursing Supervisors, the Performance Coaches, and chairs from the Clinical Teams (Practice, Evidence Based Practice, and Magnet).

Mission. To provide leadership in development and promotion of a nursing care delivery system that is patient centered and creates a professional practice that is nurse centered.

C

Responsibilities. The specific responsibilities of the Nursing Leadership Team are:

1

participate in the development, review, and revision of the nursing mission, goals, bylaws, strategic/operation plans, budget/resource allocations, and the nursing administrative standards and policies.

participate in the development and review of the Nursing Balanced Scorecard and development and implementation of corrective action plan when indicated.

submit input to the Vice President-Chief Nursing Officer in the development, review, and revision of the Health System mission, goals, strategic/operation plans, budget, resource/space allocations, and administrative policies.

promote the integration of nursing into the organizational functions of the Health System by recommending nursing staff appointments to Health System committees, Group Practices and Special Committees or Task Forces.

promote the integration of the Forces of Magnetism as the foundation of nursing excellence.

promote/support an environment of shared decision making and evidence based practice.

facilitate the coordination and collaboration in and between nursing and other Health System departments by the appointment of nursing representatives from all departments providing nursing care to the clinical councils/teams and special committees.

8

promote coordination, communication, collaboration and shared decision making between the medical, nursing, and Health System staff on matters related to patient care delivery/outcomes and systems/operations.

review the performance data and performance improvement recommendations/action plans related to patient care processes/outcomes and make further recommendations as indicated.

10. review the nursing sensitive data (National Database for Nursing Quality Indicators) and performance improvement recommendations/action plans and make further recommendations as needed.

evaluate the progress/status of Nursing goals, priorities, strategies, time lines, and accomplishments on an ongoing/annual basis.

12. evaluate suggestions for process improvements and sanction teams to develop and implement action plans.

pursue innovative and cost-effective strategies to improve the productivity, efficiency, and effectiveness in the care of patients/significant others and the clinical/managerial performance of the nursing staff.

develop/support/evaluate the nursing credentialing system, compensational program, recognition/retention programs, and staffing plans for providing sufficient and competent nursing staff with the assistance of Employment Manager (Nurse Recruiter) and Organizational Development Director.

develop/support/evaluate nursing programs recommended to promote the recruitment/retention, recognition/reward, and development/education of the professional nursing staff, which may include but are not limited to certification specialty provider and advanced degrees.

evaluate nursing programs recommended to promote the recruitment/retention, recognition/reward, and development/education of the clinical, managerial and educational nursing staff.

participate in the evaluation, selection, and implementation of health care technology and information management systems that support and/or improve patient care/nursing practice.

collaborate with internal/external nursing leaders regarding patient care/nursing practice issues and legal/regulatory requirements affecting nursing practice and elicit recommendations for improving the quality of patient care/nursing practice.

collaborate with the Deans, Directors, and/or faculty of Nursing Schools utilizing the Health System as a clinical facility and make recommendations related to the curricula and clinical and/or managerial learning experiences of LPN, ADN, BSN, and MSN students.

promote and support the research of nursing practice by nursing staff and nursing students/faculty in BSN, MSN, and PhD programs and refer all investigators to the Clinical & Research Team for review/approval of nursing research proposals.

Section 2. Relay Team

Membership. The membership of the Relay Team consists of the Vice President of Inpatient Nursing who serves as Chairperson, the Vice President-Chief Nursing Officer, the chairpersons and facilitators of the Evidence Based Practice Team, the Clinical Practice Team, the Strategic Planning Team and the Magnet Team.

Mission. To communicate and review decisions/outcomes of Clinical Team meetings and determine work lists/priorities for each team.

C. **Responsibilities.** The specific responsibilities of the Relay Team are:

collaborates, coordinates and shares decision making related to the clinical team functions.

provides input to the Nursing Leadership Team in the development, review, revision of strategic operation/plans and clinical policies on matters related to patient care delivery/outcomes and systems/operations.

Section 3. Strategic Planning Team

A

Membership. The membership of the Strategic Planning Team consists of at least one registered nurse representative involved in direct patient care from each area where nursing care is provided, at least one registered nurse representative from each of the clinical teams, and at least two members of the Nursing Leadership Council. The Vice President-Chief Nursing Officer serves as facilitator.

B. **Mission.** To create a vision and direction for Nursing's preferred future at High Point Regional Health System.

C. **Strategic Planning Team Responsibilities.** The specific responsibilities of the Strategic Planning Team are:

1

participate in the review and revision of the nursing strategic plan including: Mission, Vision, Values, and Priorities, and in alignment with the High Point Regional Health System Strategic Plan.

2

participate in the review and analysis of the RN satisfaction survey, determine areas of concern, establish priorities for action and assign to appropriate team for development and implementation of action plan.

Section 4. Clinical Practice Team

A

Membership. The membership of the Clinical Practice Team consists of at least one registered nurse representative involved in direct patient care from each nursing specialty and each category of nursing leadership (director, performance coach, staff educator, patient care coordinator). The Directors of Clinical Practice and Clinical Information Services serve as facilitators.

Mission. To develop, implement and improve processes which enhance patient care and patient outcomes through interdisciplinary collaboration across the Health System.

C. **Clinical Practice Team Responsibilities.** The specific responsibilities of the Clinical Practice Team are:

1

participate in the evaluation, selection, and implementation of health care technology and information management systems that support and improve nursing practice and patient outcomes.

2

develop, deploy and evaluate clinical information systems which support the clinical data repository and the legal medical record.

3. review any questions and make interpretations regarding the scope of nursing practice for the Registered Nurse, Licensed Practical Nurse, and Nurse Aid I/II as defined/interpreted by the N.C. Board of Nursing and Nursing Practice Consultants.

review the standards of care recommendations submitted from the Evidence Based Practice Team and develop, deploy and evaluate the processes that support these standards.

communicate recommendations for performance improvement activities/research projects to the Evidence Based Practice Team.

6

participates in the review and revision of nursing job standards.

Section 5. Evidence Based Practice Team

A

Membership. The membership of the Evidence Based Practice Team consists of at least one registered nurse representative involved in direct patient care from each nursing specialty and each category of nursing leadership (director, performance coach, staff educator, patient care coordinator) who is Master's prepared. The Directors of Collaborative Patient Care Management serve as facilitators.

B

Mission. To assure a quality standard of patient care through research and performance measurement.

Responsibilities. The specific responsibilities of the Evidence Based Practice Team are:

Explore related scientific/nursing literature and internal/external professional/specialty practice standards as a basis for changing and improving nursing standards of care, practice, and performance across the organization.

set performance expectations/goals for improvement opportunities/processes and initiate performance improvement action plans.

identify important aspects of patient care and define process/outcome performance measures of indicators for each clinical area.

initiate systematic/coordinated performance assessment and data collection across the Health System on a concurrent and continuous basis using defined performance measures or indicators, sampling techniques, evaluation methods, and various data sources.

review and analyze performance assessment findings, patterns, or trends, undesirable variations, and/or single clinical events including the use /interpretation of statistical quality improvement tools.

evaluate the effects of action plans taken through ongoing performance assessment, measurement and improvement activities.

communicate recommendations for performance improvement/practice changes to the Clinical Practice Team and/or appropriate Group Practice(s).

serve as a resource in promoting the understanding and effective use of organizational, management, and nursing theories and research.

promote and support nursing research by the nursing staff, council members, nursing students/faculty of BSN, MSN, PhD programs and encourage collaboration between nursing staff and faculty of area nursing schools.

review, evaluate, and make recommendations for approval, approval with special requirements, and/or non-approval of all clinical research proposals submitted to the council from nursing staff/medical staff, students, and faculty.

send any clinical research proposals involving human subjects to the Health System Institutional Review Committee for review/approval.

review and evaluate the written findings and the verbal presentations of the findings of all nursing research conducted within the institution.

Section 6: Magnet Team

Membership. The membership of the Magnet Team consists of at least one registered nurse representative from each nursing specialty and each category of nursing leadership (director, performance coach, staff educator, patient care coordinator). The Directors of Medical Nursing and Patient Throughput serve as facilitators.

Mission. To assure a professional practice environment through the deployment of the Forces of Magnetism.

Responsibilities. The specific responsibilities of the Magnet Team are:

participate in the review, communication and maintenance of the ANCC Magnet Designation.

identify internal/external organizational/management mechanisms in the nursing practice setting to promote positive nurse satisfaction, recognition, and retention and submit recommendations to other appropriate teams.

administer the Health System nursing advancement, recognition, reward programs.

provides staff education related to program requirements and celebration activities as requested and at least annually.

promotes and supports professional growth through certification and recertification.

promote annual RN satisfaction survey, report results and collaborate with nursing leadership to set priorities for improvement.

ARTICLE VII

Collaborative Patient Care Management and Group Practice Structure

Section 1. Group Practice

Membership. The membership of the Group Practices consists of physician, nursing, and allied health representatives from the clinical disciplines and support departments providing patient care to the specific case type including: Laboratory, Rehabilitation Services, Respiratory Care, Pharmacy, Nutritional Services, Social Services, and Nursing. When appropriate, membership shall also include representatives from physician office staff, home health agencies, and community agencies. The membership shall also consist of the assigned Patient Care Coordinator with patient/family education functions, the assigned Educator with staff orientation/education functions, the assigned Director and/or Performance Coach with management/leadership functions, and the Case Management Director. The assigned physician and Patient Care Coordinator serve as Co-chairpersons of the assigned Group Practice.

B. **Mission.** To enhance the health outcomes of citizens in our community through the promotion of quality, cost-effective care, disease management, and health education.

C

Responsibilities. The specific responsibilities of the Group Practice are:

1. collaboratively define the standard of patient care through the incorporation of relevant clinical practice guidelines/parameters, specialty standards, scientific and clinical published literature, and reference data bases.
2. develop/review/revise the standard plan of care for assigned case type including process and outcome performance measures.
3. define comprehensive process and outcome performance measures which incorporate the relevant dimensions of performance to determine the existing level of performance, design and assess new processes, and identify areas for possible improvement.
4. measure on a continuous basis existing processes and outcomes of patient care.

identify clinical patterns or trends, undesirable variations, or single clinical events that require intensive assessment.

identify and prioritize potential improvement strategies involving the relevant departments and individuals.

7. recommend improvement strategies to the appropriate organizational committees or departments.
8. document and report measurement data, assessment, and improvement strategies on a quarterly basis to the appropriate departments/committees.
9. pursue innovative and cost-effective strategies to improve the productivity, efficiency, and effectiveness in patient care and clinical practice.

assess and evaluate patient and family education resources and develop/revise processes and materials to meet the educational needs of patients and families.

11. serve as a resource for health care team members in the management of the specific case type.
12. develop goals, priorities, and strategies designed to direct Group Practice activities on an annual basis and evaluate the progress/status and accomplishments in meeting those goals.

ARTICLE VIII

Special Committees

Section 1. Formulation of Standing/Special Committees

Standing/special committees and multidisciplinary task teams involving nursing staff are formed and convened at the request of the Health System/Nursing Leadership including the Vice Presidents, Nursing/Department Managers, and Clinical Councils/Teams. The Standing/Special Committees are formed to facilitate coordination, collaboration and shared decision making between nursing leaders/staff and other Health System leaders/staff regarding mutual concerns or action plans related to patient care delivery, nursing/systems and processes, and professional practice issues.

Section 2. Other Special Committees/Multidisciplinary Task Teams

Other special committees or multidisciplinary task teams are named at the time the group is formed and purposes/objectives established. The committees meet to collaborate on patient care and systems/process concerns which require multidisciplinary assessment, planning, evaluation, and performance improvement strategies/recommendations to improve the relevant dimensions of nursing/organizational performance, i.e. efficacious, appropriate, available, timely, effective, coordinated, safe, efficient, caring and respectful.

ARTICLE IX

Meetings

Section 1. Clinical Team Meetings

All Clinical Team Meetings are business meetings and are held at least monthly to carry out the respective responsibilities and work. The Chairpersons, Co-chairpersons, and Secretaries fulfill the responsibilities of officers as outlined. Minutes are recorded at all team meetings according to the adopted format.

Section 2. Group Practice Meetings

All Group Practice meetings are held monthly. A physician and Patient Care Coordinator co-chair the Group Practice meetings. Minutes are recorded according to the adopted format, and disseminated by or at the next regularly scheduled meeting, and placed in the Inpatient Administration office manuals.

Section 3. Meetings of Other Special Committees

Meetings of other special committees or multidisciplinary task teams are held as frequently or as long as needed to complete the assigned or designated tasks/purposes. These committees or teams are dissolved when the tasks/purposes are completed, documented and reported to the appropriate councils/teams, departments, or individuals. Minutes are recorded at all meetings of other special committees according to adopted format, are disseminated by or at the next regularly scheduled meeting, and are signed/placed in the appropriate unit/ department, and Inpatient Administration office manuals.

Section 4. Nursing Staff Meetings

Nursing Department/Staff meetings of all clinical nursing specialties are held at least quarterly. Meetings are scheduled according to unit/staffing patterns to facilitate attendance/participation of all nursing personnel to discuss/collaborate on opportunities to improve patient care and resolve any problems or concerns related to patient care/nursing practice. Agendas for nursing staff meetings include reports from all clinical team meetings, the educator(s) and Patient Care Coordinators. The Director/Performance Coach/Unit Coordinator facilitates the meeting.

Section 5. Called Meetings

Special meetings of any of the categories of nursing staff, any of the Nursing Teams or Standing Special Committees are called at any time by the Vice President-Chief Nursing Officer or at the request of the Health System President, Vice Presidents, Nursing Leadership, Chairpersons of Teams or any representative group of the nursing staff. At any special called meetings, there will be no business transacted except that stated in the notice of the called meeting. Minutes are recorded at the discretion of the person conducting the called meeting.

Section 6. Order of Business

The order of business at any regularly scheduled meetings of the clinical councils/teams, standing special committees, nursing staff meetings and nursing management meetings is:

- A. Call to order
- B. Approval of minutes
- C. People
- D. Quality
- E. Innovation
- F. Access

Value

- H. Adjournment

The order of business at special or called meetings shall be:

- A. Call to order
- B. Reading the notice of called meeting
- C. Transaction of business for which meeting called
- D. Adjournment

Section 7. Voting

One-half (1/2) of the total representation of a team or committee constitutes a quorum and shall be deemed appropriate for conducting the business of a council/team or committee and for voting on any issues not agreed upon through group consensus. All nursing representatives with the exception of the Nursing Leadership facilitator, present at any given meeting have one equal vote when voting on an issue is required. The Chairperson is allowed to vote only when breaking a tie vote is needed. Ex-officio members and Interim or Adjunct staff are not allowed to vote. Provisional staff are not allowed to vote during the orientation/probationary employment period. The vote of the majority of nursing representatives at any given meeting shall rule.

Issued: 2/80
Reviewed: 2/81; 1/83; 1/85; 1/86; 1/87; 10/91; 7/93
Revised: 2/82; 1/84; 1/88; 3/90; 12/90; 1/94; 1/97; 1/00; 4/01; 7/03; 11/04; 3/06; 7/06; 10/06

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