Shared Governance

Council Charters

Shared Governance Principles

• Information sharing
• Idea generation for performance improvement
• Consensus building
• Individual responsibility
• Team accountability
Unit Practice Councils

Function/Purpose:
These councils provide an atmosphere in which staff members have the opportunity and the responsibility to provide input into the improvement and/or changes in the work environment, resulting in decision making at the point of service. They provide for planning, improving and maintaining quality patient care at the unit base level. Unit Practice Councils foster the professional growth of the bedside nurse. These councils seek to create a service environment for our customers that is continually improving and providing outcomes that are consistent with the mission, vision and values of Cedars-Sinai Medical Center. The Unit Practice Councils may form and have report to them, but not necessarily limited to: RN/MD Collaboration, Evidence Based Practice, Community Service, Peer Review, Policy and Procedure, Education and Quality Management Work Groups.

Membership:
Chair: Appointed
Co-Chair: Appointed; to assume chair after one year
Members:
● Manager (positional)
● CNS and/or Educator (positional)
● Staff Members (voluntary)
● CN 3 or CN 4 from each shift (1)
● CN 2 from each shift (2)
● LVN, CP, NCT from each shift (1 each)
Term: Members to serve for two years. One-half of members, during first year, will serve for one year so that only half of the members will change each year.

Objectives:
● Propose, review and revise clinical Policy & Procedures for their patient population.
● Reviews staffing guidelines and Class Act and forwards recommendations.
● Build a team environment were staff will show willingness to evaluate and be evaluated in terms established performance expectation.
● Fosters problem-solving and performance improvement innovations.
● Promotes a culture in which accountability is expected and all members view their participation as critical to the success of quality outcomes.
**Meeting Frequency:**
Monthly and PRN

**Decision Making:**
Decisions are made by consensus

**Relationship to other councils:**
Reports to Divisional Clinical Practice Council

Communicate and may work collaboratively with the Nursing Research Council & Nursing Education Council.

**Council Evaluation:**
Achievements of the objectives are evaluated annually by Unit Practice Council members and the Divisional Clinical Practice Council
Divisional Clinical Practice Councils

Structure:
Several divisional Clinical Practice Councils are chartered to insure broader Unit Practice Council representation across clinical areas. These divisional councils will include but not necessarily be limited to:

- Medical/Surgical/Rehab
- Critical Care Services
- Women's/Children's/Psychiatry
- Nursing Resources (Career Float; IV Team; Crisis Nurses; Nursing Supervisors; Night Staff)
- Case Management
- Surgical/Procedural Areas (ORs – Main & 310; PACUs; CVIC; GI Procedural; Emerg. Dept.; Imaging; Pain Center)
- Ambulatory Areas (NSI; ISD; Orthopedic Institute; Spine Institute; ACC; Transplant; Peds; Neurology; MIUI; Coach; Non-Invasive Cardiology; Cardiology and Pulmonary Rehab; GI; Minimum Invasive Surgery; Breast Center; Procedure Center; Prostate Center)

Function/Purpose:
These councils direct and facilitate excellence in nursing practice. They provide an atmosphere in which Unit Practice Councils are encouraged and supported in providing input into clinical practice improvement and/or work environment. They focus on divisional-wide performance improvements and how to best coordinate care between units. Members assure that information is communicated between UPCs and to the Clinical Practice Council.

Divisional co-chairs are encouraged and supported in collaborating/working with other divisional co-chairs on joint projects or activities impacting on other divisions/units.

The divisional Clinical Practice Councils will refer to the Shared Governance Coordinating Council recommendations for performance improvement activities that support / establish / foster the same standard of care house-wide or should be spread to achieve house-wide evidence based outcomes.

Membership:
Co-Chairs: Appointed (Nurse Manager and Staff Nurse chair of one of the reporting Unit Practice Councils)

Members:
- Director (provides administrative support)
- Nurse Managers
Chairs of divisional Unit Practice Councils
Advanced Practice Nurses (representatives)

**Objectives:**
- Designs and implements activities that achieve:
  - Increased number of BSN and certified staff
  - Reduction in turnover; increased retention of new hires
  - Active and ongoing standardized peer review process
  - Implementation/spread of TCAB process improvements
- Designs and implements evidence based best practice care standards and processes that achieve outcomes as required by the hospital and nursing strategic plans and targeted performance improvement outcomes.
- Supports and fosters clinical decision-making at the point of service.
- Proposes and reviews clinical policies and nursing practice standards.
- Receives reports and coordinates efforts and recommendations/proposals of the Unit Practice Councils to ensure consistency, complete communication and implementation.
- Recommends resources that support and facilitate nursing clinical practice.

**Meeting Frequency:**
Meets at least quarterly.
Open Forum quarterly – the co-chairs of the Clinical Practice Councils will host an Open Forum for all nurses to share activities, learning's and successes.

**Decision Making:**
Decisions are made by consensus.

**Relationship to other councils:**
Reports to Nursing Coordinating Council (One co-chair of each CPC will serve as members of the Nursing Coordinating Council)
Supports and communicates with the Unit Practice Councils; directs practice issues to the Unit Practice Councils; reviews and approves recommendations from the Unit Practice Councils.
Communicates/collaborates with all other councils; coordinates related activities and recommendations.

**Council Evaluation:**
Achievement of Nursing Strategic Plan and Divisional Clinical Practice Council objectives.

Objectives are evaluated annually by members of the Nursing Coordinating Council, Unit Practice and central support Councils.
Nursing Education Council

Function/Purpose:
The Nursing Education Council conducts assessments of the education and development needs of staff to assure the availability of a qualified nursing workforce.
The Council works with staff and management to develop career plans for staff and to evaluate the effectiveness of the education and mentorship programs.

Membership:
Liaison: Director, Geri and Richard Brawerman Nursing Institute
Chair or Co-chair: selected from educators
Members:
- Doctorate Prepared Nurses
- Nursing Educators/Specialists
- Clinical Program Coordinators
- Advanced Practice Nurse(s)

Term: Positional; Non-positional members serve for two years. One-half of members, during first year, will serve for one year so that only half of the members will change each year

Objectives:
- Conducts annual assessment of nursing education and development needs and provided programs.
- Designs and implements educational and career development programs.

Meeting Frequency:
The Nursing Education Council meets at least monthly and PRN.

Decision Making:
Decisions are made by consensus.

Relationship to Other Councils:
- Reports to the Nursing Coordinating Council.
- Communicates and collaborates with all other councils.

Council Evaluation:
Achievement of Nursing Education Council goals are evaluated annually by council members and the Nursing Coordinating Council.
Nursing Research Council

Function/Purpose:
The Nursing Research Council develops and provides leadership in the implementation of the Cedars-Sinai Nursing Research Program. This Council also develops and provides leadership in the implementation of the Cedars-Sinai Nursing Research Program.

Membership:
Chair: Appointed
Members:
- Doctorate Prepared Nurses
- Nursing Educators/Specialists
- Clinical Program Coordinators
- Nursing Research Coordinators
- Advanced Practice Nurse(s)
- Staff nurses interested in research

Term: Positional; Non-positional members serve for two years. One-half of members, during first year, will serve for one year so that only half of the members will change each year

Objectives:
- Provides leadership in nursing research focused around the following domains:
  - Nursing interventional research
  - Organization and management of nursing services
  - Pain assessment, intervention and management
  - Physiological research including examining human variation to response to disease, illness and treatment
  - Health services research including systems research including the evaluation of education programs
  - Quality of Life, bioethics and care at the end of life and behavioral health

Meeting Frequency: The Nursing Research Council meets at least monthly and PRN.

Decision Making: Decisions are made by consensus.

Relationship to Other Councils:
Reports to the Nursing Coordinating Council. Communicates and collaborates with all other councils.

Council Evaluation: Achievement of Nursing Research Council goals are evaluated annually by council members and the Nursing Coordinating Council.
CALNOC Performance Improvement Council

Function/Purpose:
The CALNOC Performance Improvement Council will focus on leveraging data from the CALNOC data repository to foster nursing performance improvement.

The Council works with staff and management to develop performance improvement plans and to evaluate performance improvement effectiveness.

Membership:
Chair: Nurse Researcher
Co-Chair: Nursing Performance Improvement Manager
Members:
- Falls Champion: Clinical Nurse Specialist
- HAPU Champions:
  - Enterstomal Therapy Nurses
  - ED Educator
- Restraint Champion: RN 8 North
- Urinary Catheter Champion: Nurse Manager 8 South
- Central Line Champion: RN 4SE
- Medication Management Champions:
  - OLAR
  - Pediatric and PICU Clinical Nurse Specialists
  - Nurse Educator
- Failure to Rescue Champion: RN 5SE
- ARU Nurse Manager
- Core Measures Nurse
- CHART OB Measures Nurse

Term: Positional; Non-positional members serve for two years. One-half of members, during first year, will serve for one year so that only half of the members will change each year

Objectives:
- Works with the data and investigative team to manage the distribution and education of CalNOC performance improvement data with a focus on NQF nurse sensitive performance improvement measures that are part of CMS, CHART and NDNQI.
- Facilitates nurse sensitive performance data collection.
- Launches performance improvement projects in collaboration with the Unit Practice Councils.
**Meeting Frequency:** The CALNOC Performance Improvement Council meets at least monthly and PRN.

**Decision Making:**
Decisions are made by consensus.

**Relationship to Other Councils:**
- Reports to the Nursing Coordinating Council.
- Communicates and collaborates with all other councils.

**Council Evaluation:**
Achievement of CALNOC Performance Improvement Council goals are evaluated annually by council members and the Nursing Coordinating Council.
Nurse Manager Council

Function/Purpose:
This council helps develop and communicate organizational goals, objectives and strategic planning initiatives. It services as an informational forum for managers of areas where nursing is practiced. It allows for development and fostering of the group that provides leadership for the implementation of patient care at Cedar-Sinai. It provides managers the opportunity to explore creative methods to develop standards for administrative duties including but not limited to Budgeting, Human Resource issues, interdepartmental negotiation, shared governance, data management, automated systems and role development.

Membership:
Chair: Appointed
Co-Chair: Appointed; to assume chair after one year
Members:
● All managers of Unit or Service line where nursing is practiced

Term: Positional

Objective:
● Fosters achievement of organizational/nursing department fiscal goals through education and identification of tactical interventions.
● Supports the achievement of Human Resource outcomes that enhance staff satisfaction, reduce turnover and the use of coaching techniques.
● Provides opportunities for improved interdepartmental communication (feedback loop).
● Champions peer development and a peer review process.

Meeting Frequency: Meets Monthly

Decision Making: Decisions are made by consensus

Relationship to other councils:
Reports to CNO and Nursing Coordinating Council.
Communicates with all other councils.

Council Evaluation:
Achievement of nursing strategic plan and Nurse Manager Council goals.
Objectives are evaluated annually by members of the Nurse Manager Council and the Nursing Coordinating Council.
Advanced Practice Council

**Function/Purpose:**
The Advanced Practice Council promotes professionalism and cutting edge evidence based nursing practice.

The Council provides an open forum for leadership nurses to discuss clinical problems, problem-solve potential best possible solutions and to network with other nursing leaders.

**Membership:**
Chair: Appointed
Co-Chair: Appointed; to assume Chair after one year
Members (positional):
- Doctorate Nurses
- Clinical Nurse Specialists
- Nurse Practitioners
- Nurse Midwives

Term: Positional

**Objectives:**
- Mentoring of nurses as they promote / advance within the Medical Center.
- Offer guidance to unit based peer review work groups.
- Support and maintain the application of the principles of Magnet Hospitals with a strong clinical leadership base on each unit.
- Provide support and development of nurse mentors.
- Offer an annual seminar on professionalism utilizing internal talented speakers.
- Maintain a central depository of email or telephone questions for coaching unit based PAC members.

**Meeting Frequency:** The Advanced Practice Council meets at least monthly and PRN.

**Decision Making:** Decisions are made by consensus.

**Relationship to Other Councils:**
Reports to the Nursing Coordinating Council.
Communicates and collaborates with all other councils.

**Council Evaluation:**
Achievement of Advanced Practice Council goals is evaluated annually by council members and the Nursing Coordinating Council.
Nursing Coordinating Council

Function/Purpose:

The Nursing Coordinating Council, empowered by the Nursing Executive Council, defines, promotes and evaluates nursing practice to achieve quality outcomes that meet or exceed customer expectations and clinical benchmarks. The Coordinating Council develops and approves nursing policy, operational goals and tactics to achieve institutional and nursing strategic goals providing leadership across all areas where nursing is practiced. The Coordinating Council is accountable for aligning nursing practice with the mission, values and goals of Cedars Sinai Health System, other components of the nursing shared governance structure and to:

- Collaborate with other systems and processes within the organization to achieve our mission and goals;
- Assure nursing practice is consistent with or exceeds national, regional and community clinical performance standards;
- Assure consistent nursing practice while focusing on variance reduction, standardization and cost efficiencies.

The scope of the Nursing Coordinating Council includes clinical and professional nursing practice, education, quality assessment and improvement, regulatory compliance and research as it impacts nursing practice across the Health System or nursing practice within more than one specialty. Reporting to the Nursing Coordinating Council are the Clinical Practice Council, Nursing Education Council, Nursing Research Council, Nurse Manager Council, and Advanced Practice Council.

Membership:
Chair: Vice President & Chief Nursing Officer
Members:
- Directors of Nursing Services
- Director of Emergency & Ambulatory Services
- Director of Perioperative Nursing Services
- Appointed Co-Chairpersons of:
Clinical Practice Council
Research & Education Council
Patient Care Council
Nurse Manager Council
Advance Practice Council

Term: Membership is positional

**Objectives:**
- Define, promote and evaluate nursing practice.
- Assure consistent nursing practice, standardization and redesign within the Health System.
- Ensure that clinical decisions are made at the point of service.
- Establish priorities for project implementation.
- Formulate and monitor achievement of nursing strategic plan and operational goals.
- Establish policy and nursing practice standards.
- Allocate resources needed to support shared governance unit practice and central support councils and their activities, work groups/task forces and other established committees.

**Meeting Frequency:**
The Coordinating Council meets at least monthly

**Decision Making:**
Decisions are made by consensus.

**Relationship to Other Councils:**
Oversee, receive, coordinate and approve proposals/actions from reporting councils/committees. Is the final decision maker.

**Council Evaluation:**
Achievement of nursing strategic plan and Nursing Coordinating Council goals is evaluated annually by members of the Nursing Coordinating Council, Unit Practice and central support Councils.