SHARED LEADERSHIP GUIDELINES

NURSING

DEVELOPED BY THE SHARED LEADERSHIP TASK FORCE (REPLACES GUIDELINES FOR SHARED GOVERNANCE)

REVISED: 2/95, 4/96, 6/98, 6/00, 5/01, 7/01, 5/02, 5/03, 5/04, 6/05, 05/07, 07/07, 07/09, 8/11, 3/12, 4/12, 9/12, 5/13, 7/13, 7/14
SHARED LEADERSHIP GUIDELINES

I. PURPOSE

Shared Leadership is accountability based professional organizational structure in which and through which the practicing professional shares authority, responsibility and accountability for patient care.

The St. Joseph Medical Center Shared Leadership structure is designed to support a philosophy of staff participation in decision-making. Staff input and feedback are essential in creating an environment of shared leadership. The structure is flattened to ensure that staff members who provide direct patient care are involved in the decisions. An interdepartmental, interdisciplinary structure is essential to maintain positive, respectful relationships, communication, and collaboration. Eight councils are responsible for addressing areas of patient care, workforce engagement (Retention), operations/performance improvement, and professional development. Each council assists in the achievement of the highest quality care for patients and a work environment that supports the caregiver and those who support patient care.

The mission of St. Joseph Medical Center, a ministry of Ascension Health, compels us to provide patient care based on holistic principles and Christian values through partnering relationships. We are advocates and educators of the patient, family, and community. We foster an environment that promotes continued learning and professional growth.

The following components provide the foundation and framework for our practice: Shared Leadership Guidelines, Organization Plan for Patient Care, Position Descriptions and Performance Standards, Clinical Ladder Program, published standards of professional practice and standards of patient care from professional nursing organizations/associations, including the Missouri State Board of Nursing, the ANA Scope and Standards of Nursing Practice and Magnet Standards, regulatory guidelines, the SJMC Values and Service Standards, and the Ethical and Religious Directives for Catholic Health Care Services.

These guidelines describe the governance structure for the practice of professional nursing at St. Joseph Medical Center and provide a framework for its operation. They describe the organization and the accountability of the professional staff within a shared governance model. The governance structure recognizes participation from all members of the patient care team and requires shared decision-making.

II. MISSION & VISION

The mission of nursing practice at St. Joseph Medical Center is to deliver quality, evidence based, health care that is dynamic and adaptable to meet the needs of our patients. This results in a practice of nursing:

- Which is quality driven, competent and efficient
- That is based upon a plan of care which intimately involves the patient and utilizes all members of the health care team
- Where patient advocacy is paramount
- That is guided by a shared vision and philosophy, understood and adopted by all nursing personnel
- That anticipates change in a creative and proactive manner
- That demonstrates the unique contribution professional nursing makes to society

Our vision will be accomplished by:

- Acting in accordance with our values of integrity, compassion and unity as stated in the missions of St. Joseph Medical Center, the Sisters of St. Joseph of Carondelet and the Ascension Health System
- Optimizing the resources available to care for each person
- Collaborating with all necessary disciplines to care for the body, mind and spirit of each person
- Evaluating and designing the care delivered in response to the diversity of needs, the changing environment and advancing technologies
SJ Shared Leadership Guidelines

- Providing care that is patient-centered, efficient, timely, safe, equitable, effective and spiritual.
- Achieving exemplary competence through continual personal and professional development

III. GOALS OF SHARED LEADERSHIP

- To continuously improve the quality of care provided by the patient care team at St. Joseph Medical Center integrating evidence-based practice.
- To continuously improve the work environment of the patient care team at St. Joseph Medical Center.
- To empower the patient care team (including the patient) to be accountable for optimal health outcomes.
- To continually advance the profession of nursing and nursing staff.

IV. DECISION MAKING MODEL

DECISION MAKING BY CONSENSUS: Shared Leadership Councils are decision-making groups. All decisions will be made by group consensus. Consensus is a process by which all sides of an issue are heard and discussed, and the group comes to a collective decision that can be supported by all.
V. COUNCIL STRUCTURE

ORGANIZATIONAL COUNCILS: System councils are comprised of staff members representing the diversity of the organization. Specific functions and responsibilities of each council are outlined in the document.

UNIT PARTNERSHIP COUNCILS: Unit Councils are comprised of staff members representing all of the health care team member roles at the unit level. Specific functions and responsibilities are outlined in the document.

EXPECTATIONS: All staff are expected to contribute to the Shared Leadership Model and provide support to council members in their role responsibility. The Coordinating Council approves any changes in that structure.

ATTENDANCE: Attendance is expected on a regular basis with no more than three (3) consecutive absences per year. Exceptions will be at the discretion of the co-chairpersons. It is expected that all members will attend at least seventy-five percent (75%) of the meetings, to qualify for clinical ladder maintenance or advancement, excused as determined by the council co-chair. The Coordinating Council does not support the concept of alternates with the exception of extended leaves of absence. A strong commitment is expected of all council members. Individual coaching regarding attendance issues will be the responsibility of the council co-chairs and may include other council co-chairs as needed.

LEADERSHIP: Each council is co-chaired by two (2) persons selected from the council membership. The co-chair will serve a minimum of 2 years, with the exception of unforeseen circumstances, and a maximum of 4 years. The
first year of the newly elected co-chair can serve as the co-chair elect, followed by their term as a co-chair. The co-chairs of each council are empowered to do the following:

- Control the agenda of the meeting
- Schedule meetings as needed and call meetings to order
- Facilitate council decisions – this may involve stopping the dialogue regarding an issue and asking for action
- Represent the council to other groups and decide issues on behalf of the council – report back to council about decisions
- Remove members of the council not fulfilling their obligation to the council
- Co-chairs should have one year of service of that council before taking on the co-chair role

**MEMBERSHIP:** Membership of the councils reflects the diversity needed to make decisions. Every nursing unit or area is not specifically represented on the system councils.

**CATEGORIES OF MEMBERSHIP:** There are two categories of membership, these are:

- **Core member:** Members expected to attend all meetings – participate in decision making.
- **Ad Hoc member:** Member invited to attend based upon issue to be discussed. When the council requests the presence of an ad hoc member they must be in attendance.

**MEETINGS:** Monthly, as scheduled; council years are based on the fiscal year and guidelines are updated at this time

**CHARACTERISTICS OF ALL COUNCIL MEMBERS**

- Patient Care Team members
- Demonstrated commitment to Shared Leadership.
- Willingness to develop team process and leadership skills.
- Positive, effective, interactive communication skills.
- Represents perspective of their area of practice, not only their individual perspectives on issues.

**CORE MEMBERSHIP SELECTION:** On an annual basis the recruiting process will occur and one half of the membership of each council will rotate off and other membership will remain to ensure continuity, with the approval of the manager/supervisor.

**COMMUNICATIONS:**

1. Agendas will be sent out at least 1 week prior to the meeting
2. A secretary will be appointed to take minutes at each meeting, per council recommendation
3. Minutes will be made available to all department staff and members before the next meeting and it is an expectation that all staff members will read the minutes.
4. Decisions made and issues discussed at the organizational council meetings will be reviewed at staff meetings as necessary.
5. Each council, with the exception of the coordinating council, will create 2 measurable goals and present their goals to the coordinating council

**VII. OPERATIONAL GUIDELINES REVISION**

**A. Annual Review**

1. These guidelines shall be reviewed and revised through a systematic process by the Coordinating Council.
2. Timeline
b. May thru June – Final revisions by Coordinating Council
   c. July - Distribution of revised guidelines.

VIII. ORIENTATION

All Staff: Information about Shared Leadership is presented monthly in nursing orientation. It is also a responsibility of individual preceptors to orient new staff members to the concept of Shared Leadership.

Hospital and Unit Partnership council members: Orientation to the council occurs in the initial meetings of the councils.

Council co-chairs: Shared Leadership new co-chair orientation is held annually as needed.

IX. IDENTIFICATION OF ISSUES

Issues should be brought to the councils using the issue identification form (Appendix A).

X. RESOLUTION OF ISSUES AND COMMUNICATION

Minutes of all organizational councils will be available in the public drive. Associates may request to view minutes of any of the councils by asking the council co-chairs. See Appendix D for communication flow chart.

As revised:                      Signatures:

_________________    __________________________________________________

Date                      SJMC Chief Nursing Officer
COORDINATING COUNCIL

PURPOSE:
To integrate and coordinate activities of Shared Leadership and the functions related to its governance.

FUNCTIONS:

1. Develop, implement, and monitor the accomplishments of the nursing Strategic Plan and support of mission/vision.
2. Support the Strategic Plan of the organization.
3. Provide communication between council leadership and administration to integrate the decision-making functions.
4. Establish communication structures to facilitate interaction among the individual councils.
5. Ensures processes to support communication and integration of shared governance across the organization are in place.
6. Facilitate clarification, routing, and resolution of issues.
7. Resolve urgent problems of governance councils, administration, and medical staff, which have broad, organization-wide implications when time frame does not permit resolution through usual mechanisms.
8. Ensure use of the Decision Making Model to place decisions at the appropriate level of the organization.
9. Anticipate and resolve problems that may compromise the success of Shared Leadership in the organization.
10. Coordinate the evaluation of Shared Leadership and the revision of the guidelines for Shared Leadership on an annual basis.
11. Contributes to the annual report on the status of nursing at St. Joseph Medical Center to illustrate the work and accomplishments of the Shared Leadership Councils.
12. Act as a resource to councils.

LEADERSHIP:
Chief Nursing Officer

MEMBERSHIP:
- Co-chairs from each organizational council (as outlined on pg. 4)
- Chief Nursing Officer
- Magnet/Nursing Quality Coordinator
- Director, Professional Practice
- CNS

RESPONSIBILITY OF MEMBERSHIP: Each member is expected to actively participate in the work of the council and be involved in subgroups as requested. Council members are visible, accessible and committed to effective communication at all levels.

MEETING: Monthly, 4th Wednesday of the month
PURPOSE:
The Practice Council seeks to utilize and continually create best practices based on Standards of Professional Practice and through the use of nursing research.

FUNCTIONS:
1. Discuss, review and direct issues related to the delivery of patient/family-centered nursing care as directed by the Coordinating Council or the CNO.
2. Provide a mechanism to ensure intra-and inter-disciplinary relationships and communication regarding patient care issues.
3. Ensure use of a Watson/Swanson Caring framework as the theoretical basis of practice, and the use of a patient care delivery model as a care delivery system.
4. Provide input into and develop and maintain an appropriate documentation system.
5. Maintain a system for the development, monitoring, and review of clinical policies and procedures utilizing current research findings and standards and guidelines of professional practice. Documentation of the use of research and standards will be noted on all clinical policies. Interdepartmental policies will be integrated with appropriate ancillary departments.
6. Support ongoing compliance with policies and procedures.
7. Complete an annual accounting of goals, accomplishments, and enhancements for inclusion in the annual report on the status of Nursing at St. Joseph Medical Center.
8. Collaborate with the Clinical Effectiveness Program (CEP) Teams in information sharing and policy development relative to the care of patients.
9. Review of existing and new, direct patient care equipment/products, and assist with staff education if requested.

LEADERSHIP:
There will be two (2) Co-chairs and a chair elect, selected by Council. Management representative is not eligible.

MEMBERSHIP:
Core Members: Staff RNs, Advanced Practice Nurse, Manager/Director, Educator, Infection Control, Information Services, Ad hoc members as needed

RESPONSIBILITY OF MEMBERSHIP: Each member is expected to actively participate in the work of the council and be involved in subgroups as requested. Council members are visible, accessible and committed to effective communication at all levels.

MEETING: Monthly, 4th Wednesday of the month
RETENTION COUNCIL

PURPOSE:
The Retention Council provides a forum for identification and resolution of retention/morale issues at St. Joseph Medical Center. It generates suggestions/ideas for program development and other activities to support retention of nursing personnel at St. Joseph Medical Center.

FUNCTIONS:
1. Assist in identifying, assessing, implementing, and defining retention/recruitment activities for the St. Joseph Medical Center nursing and other departments if appropriate.
2. Identify resources to assist in the design, development, and facilitation of programs to meet organizational needs.
3. Planning, organizing, and implementation of Nurse Week activities on annual basis.
4. Monitor effectiveness of all programs in place to support retention.
5. Utilizes data from variety of sources, such as RN satisfaction survey, associate engagement survey, retention data and exit interview data to develop strategies for retention.
6. Develops innovative programs to meet needs of all staff at St. Joseph Medical Center.
7. Complete an annual accounting of goals, accomplishments, and enhancements for inclusion in the annual report on the status of Nursing at St. Joseph Medical Center.
8. Communicates across St. Joseph Medical Center about retention and recruitment activities, programs, etc.
9. Dissemination of information when appropriate and applicable.

LEADERSHIP:
Chaired by an elected chair and co-chair

MEMBERSHIP:
Members of this council may include representatives from the following departments and positions:

Core Members:
- Staff RNs (representatives with variety of tenure in organization, multiple areas of nursing practice,)
  Education Coordinator
- Director of Professional Practice
- Magnet/Quality Coordinator
- Human Resources representative
- Other Disciplines

RESPONSIBILITY OF MEMBERSHIP: Each member is expected to actively participate in the work of the committee and be involved in subgroups as requested. Members are visible, accessible and committed to effective communication at all levels.

MEETING: Monthly, 3rd Wednesday of the month
PROFESSIONAL DEVELOPMENT COUNCIL

PURPOSE:
The Professional Development Council (PDC) promotes professional development, advancement, competency and certification of staff members. It fosters the ongoing community presence of St. Joseph Medical Center nurses and advocates for participation in professional organizations. The PDC supports individual, unit, and organization learning needs.

FUNCTIONS:
1. Input into student affiliation policies/processes for St. Joseph Medical Center.
2. Assist in identifying, assessing and defining learning needs for the patient care team as requested and in collaboration with other councils.
3. Identify resources to assist in the design, development, and facilitation of programs to meet learning needs and standards of practice related to direct patient care in a fiscally responsible manner.
4. Provides input into nursing orientation process and the annual competency programs for all nursing employees including outside labor.
5. Monitors quality and effectiveness of all nursing education programs and competency assessment programs for St. Joseph Medical Center.
6. Complete an annual accounting of goals, accomplishments, and enhancements for inclusion in the annual report on the status of Nursing at St. Joseph Medical Center.
7. Oversight of Clinical Ladder Program for St. Joseph Medical Center.

LEADERSHIP:
Council lead by two (2) co-chairs selected by council; Management representative is not eligible.

MEMBERSHIP:
Members of this council may include representatives from the following departments and positions:

Core Members:
- Staff RN
- Advanced Practice Nurse
- Manager
- Educator
- Director of Professional Practice
- Ad hoc members as needed

RESPONSIBILITY OF MEMBERSHIP: Each member is expected to actively participate in the work of the council and be involved in subgroups as requested. Council members are visible, accessible and committed to effective communication at all levels.

REPORTING COMMITTEES:
Nursing Review Board and Clinical Ladder Task Force

MEETINGS: Monthly, 4th Wednesday of the month
FINANCE & STAFFING EFFECTIVENESS COUNCIL

PURPOSE:
The Finance & Staffing Effectiveness Council provides a mechanism for collaboration and obtaining feedback from direct care nurses regarding nursing staffing plans. The Council also serves as an opportunity for direct care nurses and nurse leaders to partner to address current staffing issues and future staffing challenges.

FUNCTIONS:
1. Mechanism for collaboration and obtaining feedback from direct care nurses regarding nursing staffing plans
   a. Unit based committee
   b. Staffing council
2. Develop / maintain a healthy work environment
3. Provide education related to staffing / scheduling (budget, man-hours, productivity, productive time, non-productive time, full-time equivalents (FTE), skill mix, clinical time, non-clinical time, benchmarking, etc.)
4. Review existing staffing guidelines per unit
5. Review current evidence-based staffing standards
6. Review/revise policies related to staffing/scheduling
7. Establish care outcomes metrics for annual review of staffing guidelines – refer to Addendum for listing of potential metrics for consideration.
8. Make recommendations, as indicated, regarding related staffing guidelines modifications based on review
9. Offer recommendations for nursing staffing guidelines:
   a. Ensure competent staff
   b. Ensure specialized skills
   c. Meet patient needs
   d. Considers complexity of care
   e. Considers patient assessment
   f. Considers patient acuity
   g. Considers patient census
   h. Considers volume of admissions, discharges, transfers (A/D/T)
   i. Adjusts staffing based on patient needs
   j. Considers skill mix (i.e., unlicensed assistive personnel and other disciplines as indicated)
   k. Are fiscally responsible / stewardship
10. Determine feasible arrangements for providing access to staffing guidelines (e.g., direct care staff, patients/families, etc.)
11. Determine feasible arrangements for routine display of shift staffing arrangement
    a. Post in a visible location unit staffing plan and actual daily staffing level
12. Establish a mechanism for distribution of the staffing plan and subsequent changes to nursing staff

LEADERSHIP: The SJMC CNO, inpatient nursing director, or other elected council member will chair the council.

MEMBERSHIP: Composed of 55% direct patient care nursing staff (at a minimum)
## Administrative Representation

<table>
<thead>
<tr>
<th>Administrative Representation</th>
<th>Direct Care Nurse Representation (SJMC)</th>
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<tr>
<td>Chief Nursing Officer (SJMC)</td>
<td>ICU (1)</td>
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<td>Critical Care Stepdown / Telemetry (1)</td>
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<td>Perioperative (1)</td>
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<td>Labor &amp; Delivery / NICU / Postpartum (1)</td>
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<td></td>
<td>Emergency Department (1)</td>
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<td></td>
<td>Procedural (GI, Pain) (IR, Cath Lab) (1)</td>
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<td></td>
<td>Inpatient Rehab (1)</td>
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<td></td>
<td>Night shift RN (med/surg, critical care)</td>
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<tr>
<td><strong>Total Administrative Members</strong> (1)</td>
<td><strong>Total Direct Care Nurse Members</strong> (SJ 9)</td>
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</table>

### Ad Hoc Members:
Finance, Human Resources, Nursing directors/managers

### RESPONSIBILITY OF MEMBERSHIP:

Each member will actively participate in the work of the council and be involved in subgroups as indicated. Council members are visible, accessible and committed to effective communication at all levels.

Direct care nurse members will be expected to serve a two-year term. Exception: after the inaugural year, 50% of the direct care nurse members will rotate off. Subsequently, after each year, one half of the direct care nurse members will rotate off of the council after serving the two-year term.

### REPORTING COMMITTEES:

Unit based councils

### MEETINGS:

Monthly, 2nd Wednesday of the month
ADDENDUM

POTENTIAL OUTCOMES MEASURES

1. **NDNQI**
   a. Falls
   b. HAPU
   c. NHPPD
   d. Nurse Satisfaction

2. **Patient Satisfaction**
   a. Patient complaints related to staffing
   b. Nurse-sensitive patient satisfaction questions

3. **Associate Engagement**
   a. RN Satisfaction

4. **Quality Measures**
   a. Medication errors
   b. Adverse drug events
   c. Core measures
   d. Hospital acquired conditions / AH priorities for action
      1. CAUTI
      2. CLABSI
      3. VAP/VAE
   e. Nurse sensitive indicators
      1. Restraint Prevalence

5. **People**
   a. Turnover rate
   b. Vacancy rate
   c. Associate safety
      1. work related injury
      2. needle sticks
   d. **Skill Mix**

6. **Operating / Fiscal Measures**
   a. Overtime utilization
   b. On-call / call-back utilization
   c. Agency utilization
   d. ALOS
   e. Costs/UOS
   f. Costs/discharge
   g. Productivity

Proposed Magnet Nurse Sensitive Indicators

- Four inpatient and outpatient area indicators have been identified (per nursing department)
NURSING RESEARCH COMMITTEE

PURPOSE:
To integrate best research evidence with clinical practice, promote the performance of nursing research within the organization, and to ensure that the rights of human subjects are protected.

FUNCTION:
Facilitate nursing research activities at Carondelet Health by:
- Serving as a resource to staff who want to pursue a research question
- Developing and maintaining the process to be utilized when conducting nursing research at St. Joseph Medical Center and disseminating the results, including compliance with ethical standards and the organizational mission.
- Reviewing and evaluating nursing research proposals prior to submission to the CH Research Steering Committee
- Maintaining a record of ongoing and completed research that includes the research question, the principle investigator, and dissemination of results
- Coordinating education programs to increase staff nurse awareness of nursing research and how it is utilized in developing nursing practice

Promote evidence-based practice at Carondelet Health by:
- Disseminating current research findings in the nursing newsletter and through the shared leadership council structure
- Ensuring that a literature review is conducted and current findings are incorporated into nursing policies and procedures

LEADERSHIP:
The nurse researcher will serve as chair.
The chair will designate someone to take minutes, if applicable.
The chair will develop and distribute an agenda for each meeting prior to the meeting and will also be responsible for coordinating rooms for the meetings.

MEMBERSHIP:
Committee membership will include representation by clinical nurse specialists in the nursing division.
Additional input may be requested as appropriate from other specialty areas.
Any interested RN’s are encouraged to participate.
Committee membership will include nurses participating in the Clinical Scholars Program.
Attendance requirements are the same as for all hospital Shared Governance Councils.

MEETINGS:
Meetings will be held monthly (with some exceptions).
Additional or sub-group meetings may be held in addition as needed to conduct the business of the committee.
CLINICAL INFORMATICS COUNCIL

PURPOSE:
The Clinical Informatics Council seeks to foster collaboration between clinical departments and the Information Services & Technology Department (IST) to cultivate an effective patient care documentation system.

FUNCTIONS:
1. Facilitate efficient clinical processes and prospective workflow redesign opportunities with a focus on continual quality improvement relative to documentation processes.
2. Streamline and optimize processes of patient care related to documentation and use of the electronic medical record as a communication tool, including online alerts and prompts for clinicians.
3. Standardization of clinical practices and documentation where possible, including conversion from paper to electronic documentation.
4. Facilitate regulatory compliance as it relates to care documentation.
5. Develop systems or processes that support the collection of key patient data related to quality outcomes, such as Nurse Sensitive Indicators, National Patient Safety Goals, and Core Measures.
6. Provide input related to technological opportunities which are intended to meet patient safety goals, promote optimal care, reduce errors, and achieve organizational goals.
7. Provide input related to clinical education and/or orientation needs relative to clinical documentation.

LEADERSHIP:
The Council will be led by two (2) Co-Chairs

MEMBERSHIP: Members of this council may include representative from the following departments.

CORE MEMBERS—SJMC Medical/Surgical Nursing Service Line, SJMC Critical Care Nursing Service Line, SJMC Outpatient Nursing Service Line, SJMC Nurse Managers, SJMC Education Coordinator, and CH IST Analysts; Ad hoc members as needed

RESPONSIBILITY OF MEMBERSHIP:
Each member is expected to regularly attend and actively participate in monthly meetings, and complete subgroup assignments as requested.

MEETINGS: 2nd Wednesday of every month.
Special meetings may be scheduled at the discretion of the Co-Chairs.
PATIENT SAFETY/QUALITY COUNCIL

PURPOSE:
To foster an environment of high reliability that ensures and encourages patient safety. To provide solutions, education and resources to achieve an environment committed to patient safety. Create a just culture for safe reporting. To keep St. Joseph Medical Center informed so positive changes that result can be implemented. Provide access to every employee to add any concern to the Council agenda.

FUNCTIONS:
1. The core function of the committee is to build and maintain a High Reliability Organization.
2. Review trends and issues identified through the SaFER system and then research these issues and propose evidence based changes to improve patient safety.
3. Assess Hospital compliance with NPSG’s and develop methods/education to improve compliance and knowledge of the goals.
4. Implement Patient Safety Rounds. Participants would include the Patient Safety Officer and several committee members. Rounding will assist to identify areas for improvement and will promote education on safety issues to staff.
5. Communicate SSE and SE’s to staff. Discuss changes made as a result of these events.
6. Committee members will act as “safety champions” for their departments. Communicating committee activities and adding any concerns from their departments to the committee agenda for action planning.

LEADERSHIP:
Co-chaired by the CNO and CMO

MEMBERSHIP:
At minimum, one representative from all inpatient units, outpatient units, and ancillary staff who are committed to creating a safe environment for patients and staff will comprise the membership. The committee may designate an ad hoc team to conduct specific activities which may include non-committee members.

RESPONSIBILITY OF MEMBERSHIP:
Each member is expected to actively participate in the work of the council and be involved in subgroups as requested. Council members are visible, accessible and committed to effective communication at all levels.

REPORTING COMMITTEES:
COEC; Pharmacy & Therapeutics Committee; Falls Committee

MEETINGS:
Monthly, 4th Tuesday of the month
UNIT PARTNERSHIP COUNCILS

PURPOSE:
To provide a forum for decision making and resolution at the unit based level utilizing an evidence-based or innovative approach. The focus of the unit partnership councils is to improve patient care and/or the work environment at the unit level.

FUNCTIONS:
1. Responsible for development, achievement, and evaluation of unit goals, mission, and vision.
2. Identify and discuss issues at the unit level for resolution or referral to appropriate system council.
3. Unit level issues are addressed in the areas of education, operation, practice and performance improvement.
4. Nursing Practice /Professional issues are identified by RN staff at the unit level (UPC or a subgroup) and evaluated using evidence based/research methodologies.
5. Presentation of the use of research by UPC practice group will be presented at unit staff meetings or in other venues.
6. Collaborates with other disciplines and/or departments to discuss opportunities to improve patient care.
7. Receives and/or discusses organizational information from Nursing Leadership.
8. Utilizes research and evidence-based practice in the development of policies and procedures and standards of practice at the unit level.

MEMBERSHIP:
UPC membership cannot exceed 30% of the unit composition with representatives from all shift and all job codes. Membership may be comprised of other department employees depending on the unit goals. The nurse manager will serve as an ad hoc member or in an advisory position. He/she will also aid in identifying current projects occurring at the hospital level or at the unit level to ensure processes or changes are not duplicated.

RESPONSIBILITY OF MEMBERSHIP: Each member is expected to actively participate in the work of the council and be involved in subgroups as requested. Council members are visible, accessible and committed to effective communication at all levels.

PROCESS:
1. Issues can be initiated by any unit staff member, either formally (on an issue form) or informally (verbal, email, other written formats). The issue will be placed on the agenda and presented by any Unit Partnership Council member.
2. Unit Partnership Council issues will be formally tracked through action plans. Action plans (Appendix C) are to be completed at the time the issue is discussed at the Unit Partnership Council.
3. Action plans are to be maintained in a Unit Partnership Council Notebook or the Department Performance Improvement manual depending on the issue.
4. The co-chair(s) will meet with the manager within 2 weeks of the meeting to debrief contents discussed in the meeting.

MEETINGS:
The Unit Partnership Council will meet no less than 3 times annually. Co-Chairs will take into consideration the nightshift staff needs related to council meeting times.
1. Co-chairs will be selected by the council. Initially, one co-chair would serve three years while the other serves two-year term. Thereafter one co-chair will rotate off annually. The manager is not eligible to serve in the role of co-chair.
2. The manager is a resource and may assist, as requested, in facilitating the meetings.
Appendix A

SHARED LEADERSHIP ISSUE IDENTIFICATION FORM

This form is designed to obtain both individual and group suggestions for improvements. The initiator(s) may be contacted to schedule a review session with the council chair(s) to further assess issue.  

*Send to Deb Ohnoutka, CNO, by email deb.ohnoutka@carondelet.com or by fax 816-943-3131.*

SECTION 1: To be completed by the initiator(s).

Date:____________

Completed by:____________________________Dept:___________Phone:__________

1. Briefly describe the situation and why you feel it needs to be evaluated:

2. What background information, if any, can you provide to support the need for improvement? (articles, studies, research data, etc.) What will be the impact on patient care, clinical outcomes, customer/patient satisfaction, reduce operating costs if the issue is resolved?

3. What departments are impacted by this issue:

4. Recommended solution or action:

5. What outcome(s) are you seeking? (Check the appropriate one)
   
   ____FYI = inform only (specific communication regarding the topic or issue)
   
   ____I = input (ideas or suggestions)
   
   ____D = decision (go or no go)

Comment:_____________________________________________________________________


Appendix B

SHARED LEADERSHIP RESOURCES


Ethical and Religious Directives for Catholic Health Care Services.
Appendix C

UNIT PARTNERSHIP COUNCIL (UPC) - ACTION PLAN

<table>
<thead>
<tr>
<th>Department:</th>
<th>Process:</th>
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<tr>
<th>Critical Issue (Prioritize) What is needed</th>
<th>Expected/Anticipated Outcome What is Outcome</th>
<th>Action Steps (Sequential) How/Where</th>
<th>Responsible Party Who</th>
<th>Due Date</th>
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Appendix C

UNIT PARTNERSHIP COUNCIL

Date:
Co-Chair:

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<th>Problem Addressed</th>
<th>Status: Complete</th>
<th>Status: In Process</th>
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For any problem/issue “In Process” attach the most current action plan to this form.

Turn in a copy of completed summary form and any action plans to Nurse Manager.
Appendix D

SHARED LEADERSHIP COMMUNICATION FLOW CHART

Coordinating Council determines ownership of the issue and forwards to appropriate Council.

Council develops resolution plan, implementation plan, evaluation/outcome measurements and communication plan – originator of issue may be invited to attend meeting.

Staff member identifies issue related to service area/practice concern or issue

Staff member experience unit or system changes resulting from staff identified issues and staff participation on councils.

All nursing staff are active in the Shared Leadership Communication process.

If UPC issue – UPC develops implementation plan, evaluation/outcome measures and communication plan.

If not a UPC issue - UPC Chairperson refers issue to Coordinating Council

Staff member goes to CNet Nursing Homepage to obtain Shared Leadership Issue Form (If unit specific issue – notify UPC chair for agenda).

Councils:
- Practice Council
- Nursing Research Committee
- Professional Development
- Clinical Informatics
- Nursing Retention Council
- SJ Nursing Operations
- Coordinating Council
- Finance & Staffing Effectiveness Council
- Patient Safety/Quality Council