

**Jersey City Medical Center**

**Shared Governance**

**By-Laws**

**Purpose:**

Jersey City Medical Center embraces the Shared Governance structure as our professional nursing practice model. The professional nurse at the bedside executes clinical decisions pertaining to nursing practice. This model provides nurses with greater opportunities for decision-making and fosters accountability and autonomy in the delivery of efficient and effective patient care.

**Article I****Nursing Councils****Purpose:**

Nursing participates in the Shared Governance model by actively participating in the following councils: Nurse Practice, Nursing Research, Advanced Practice Nurses, Performance Improvement, and Nurse Executive and Leadership Councils. Through these councils, an evidence-based practice is developed that encompasses research, clinical expertise and quality of care. The following are the ultimate goals of the councils:

1. To govern nursing practice and discuss nurse practice issues and determine resolution based on the evidence
2. To promote the concept of evidence-based practice through research modalities and add to the nursing knowledge base
3. To actively participate in the planning process for improved nurse satisfaction and retention and develop and implement various recognition activities
4. To insure that standards of care, policies and procedures and clinical guidelines are developed, reviewed or revised by the staff nurses based on current benchmarked best practices, The Joint Commission recommendations, New Jersey Department of Health and Human Services regulations and the New Jersey Board of Nursing.
5. To provide a forum for discussion of issues and advise nursing leadership of issues relevant to the group
6. To provide support for new and novice nurses as well as continued professional development for members of the council
7. To provide a support group and arena for information sharing

## **Section I**

### **Unit Practice Councils**

#### **A. Purpose**

1. To provide a forum for staff nurses to discuss issues pertinent to their units and suggest resolutions to those issues
2. To review/report discussions from the major nursing councils to insure that the group is kept updated and informed
3. To strategize on methodologies to improve practice on their respective units
4. To request that representatives from the major councils discuss their issues at these council meetings
5. To insure compliance with nursing standards for specific patient populations
6. To provide input and oversight on the selection and monitoring of resources

#### **B. Composition**

The Unit Practice Councils are composed entirely of staff nurses from the unit. This council is open to all nursing staff of that particular unit/division

#### **C. Officers**

1. The Chairperson will be a registered nurse from the staff of that unit
2. The Chairperson will serve a term of twenty-four (24) months from January to January
3. The Chairperson will be an elected individual

#### **D. Meetings**

The Unit Practice Councils will meet monthly or as necessary and will maintain a record of its proceedings. The monthly report will be available for all nursing staff

## **Section II**

### **Professional Practice Council**

#### **Purpose:**

The Professional Practice Council will define, implement and maintain the highest standards of clinical nursing practice consistent with national standards of practice and national nursing specialty organizations. Standards of Nursing practice will be clearly defined and will provide a framework for all nursing clinical activity

#### **Composition**

The Nurse Practice Council will include membership from the professional nursing staff with representation from each of the clinical care centers. Members may be nominated or may volunteer from the professional nursing staff. Additional members may include:

1. Patient Care Services Director (consultant)
2. Representative from the Education Department
3. Representative from the Quality department
4. Clinician representative (APN or Clinical Nurse Leader)

#### **Officers**

1. Chairperson will be no less than a clinical leader. The Chairperson will be elected from the members of the council
2. The Chairperson will serve for a twenty-four (24) month period, from January to January
3. The Chair elect will be the Co-Chairperson in the senior year of the term and will assume leadership after the twenty-month Chair term expires. The outgoing Chair will then serve in an advisory role for one more year following his/her two year term
4. The Advisor/Consultant will be a Clinical Nurse Specialist, Clinical Nurse Leader, Nurse Educator, Clinical Director and/or Nurse Manager
5. Recorder is a secretarial position and will be chosen from the appointed membership

## **Meetings**

1. Meetings of the Nurse Practice Council are held monthly or as deemed necessary by the Chairperson. A record is made of the proceedings and is available to all nursing personnel
2. It is expected that all members of the Council will attend a minimum of nine monthly meetings per year to insure continuity
3. It is further expected that all members will communicate back to their respective Unit Practice Councils and will bring unit issues to the Council

## **Responsibilities:**

The Professional Practice Council will be responsible for the review and approval and communication of all material related to clinical practice. Such review will include but not be limited to:

4. Review and approval of all policies and procedures that relate to or affect clinical nursing practice
5. Review and approval of all standards of nursing practice from every clinical specialty within which nursing practice occurs
6. Review and approval of all clinical guidelines
7. Review and approval of all forms or tools used for clinical documentation
8. Determination and dissemination of needed changes in practice to other appropriate councils and committees and to the nursing staff for review and implementation
9. Recommend and initiate sub-councils to task forces to focus on specific clinical practice issues or regulatory changes
10. Maintain and communicate Service Excellence standards and behavior
11. Refer quality issues to the appropriate Care Center PI Council
12. identify and refer educational needs to the Professional Development/Research Council

## **Section III**

### **Research Council**

#### **Purpose**

1. Contribute to the body of nursing knowledge through research endeavors
2. To educate and support nursing staff in research activities
3. To evaluate systems designed to support clinical research activities at Jersey City Medical Center and offer feedback to systems administrators
4. Educate and support evidence-based practice at the unit level
5. Foster the utilization of nursing research outcomes in nursing practice

#### **Structure**

The Research Council is comprised of Clinical Nurse Specialists, nurses from Critical Care, Medical/Surgical/Orthopedic units, Surgical Services, Emergency Department, Quality Assessment and Improvement, Education Department, Advanced Practice Nurses, and Clinicians.

#### **Officers**

1. The Chairperson will be a Clinical Nurse Leader/Nurse Manager. The Chairperson must be elected from the members of the council
2. The Chairperson will serve for a twenty-four month period from January to January
3. The Chair elect will function as the Co-Chairperson in the senior year of the term and will assume leadership after the twenty-four month Chair term expires. The outgoing Chair will then serve in an advisory role for one more year following his/her two year term
4. The Advisor/Consultant will be a Clinical Nurse Specialist, Clinical Nurse Leader, Nurse Educator, Clinical Director and/or Nurse Manager
5. The Recorder is a secretarial position and will be chosen from the appointed membership

#### **Meetings**

The Research Council will meet regularly on a monthly basis or as deemed necessary by the Council Chairperson. A record of the Councils proceedings will be kept and will be available to all nursing personnel

## **Section IV**

### **Nursing Leadership Council**

#### **Purpose:**

1. To provide a Vice President issue report and other council reports and updates
2. To provide a forum for nursing leadership to discuss issues and problems related to their units and to the hospital as a whole
3. To strategize and explore methods to resolve issues/concerns relating to their specific units
4. To provide a forum for the CNO to speak with nursing leadership and review status of goals/initiatives that have been undertaken
5. To discuss issues/problems that the nursing councils have identified and determine resolutions
6. To discuss issues/problems that the Nursing Directors have identified and determine resolutions
7. To discuss budgetary and financial issues impacting on nursing

#### **Structure**

All the Nurse Managers and Clinical Nurse Directors attend this meeting. Depending on the agenda, others may be invited to this meeting. In the absence of the CNO, a Director of Nursing is designated as Chair.

#### **Officers**

1. The CNO serves as Chairperson of this committee
2. A Nursing Director serves as designated co-chairperson
3. The Administrative Secretary serves as recorder of the proceedings

#### **Meetings**

Meetings are held monthly, and a record is maintained of the proceedings and is available to all nursing personnel. There are a minimum of ten meetings per year

## **Section V**

### **Quality and Safety Council**

#### **Purpose**

1. To review performance improvement initiatives on the units and discuss methods of improving outcomes utilizing the balanced scorecard and the Donebedian model for performance activity
2. To discuss/review core measures on all the units and discuss improvement measures
3. To review National Patient Safety Goals on all the units and discuss improvement measures
4. To discuss/review Root Cause Analysis issues and determine an action plan
5. To review various collaborative's hospital-wide and discuss progress
6. To review unit specific initiatives and discuss progress
7. To review/discuss all safety initiatives hospital-wide

### **Structure**

The Quality and Safety Council is composed of staff members from each unit and nursing Performance Improvement Coordinators. This council is open to all nursing staff on the inpatient and outpatient areas

### **Officers**

1. The Chairperson will be no less than a Clinical Ladder II nurse or a Clinical Nurse Leader. The Chairperson must be elected from the membership of the council
2. The Chairperson Will serve for a twenty-four month period from January to January
3. The Chair elect will function as the co-chairperson in the senior year or the term and will assume leadership after the twenty-four month Chair term expires. The outgoing Chair will then serve in an advisory role for one more year following his/her two year term
4. The Advisor/Consultant will be a Clinical Nurse Specialist, Clinical Nurse Leader, Nurse Educator, Clinical Director and/or Nurse Manager
5. The Recorder is a secretarial position and will be chosen from the appointed membership

### **Meetings**

The Quality and Safety Council conducts monthly meetings or as deemed necessary by the Chairperson of the Council. A regular record of the proceedings is kept and is available to all nursing personnel



## **Section VI**

### **Retention and Satisfaction Council**

#### **Purpose**

1. To review NDNQI staff satisfaction surveys and develop action plans in order to collectively address problem areas
2. Evaluate efforts in retention and recruitment programs
3. Recommend modifications in retention strategies and programs
4. Evaluate staff concerns related to retention
5. monitor emerging trends in recruitment and retention strategies
6. Develop and implement various recognition activities
7. Actively participate in recruitment activities, i.e., job fairs with the Recruitment team in order to promote nursing at JCMC
8. Develop and initiate cultural celebrations hospital-wide
9. Participate in the organizing of events for Nurses Week

#### **Structure**

