UNIVERSITY OF IOWA HEALTH CARE
DEPARTMENT OF NURSING SERVICES AND PATIENT CARE

Statement of Governance
2025-2026

Since 1975, a professional governance model has been in place in the University of Iowa (UI) Health Care Department of Nursing Services and Patient Care (DoN) as a method to facilitate staff participation in decision-making processes. In addition to optimizing participation of nursing staff members in decision-making, the professional governance model promotes collegial relationships and aims to generate consensus in professional practice matters. It offers staff members at all levels of the DoN the opportunity to participate in planning, implementing, evaluating, and revising nursing practice.

The DoN's professional governance structure and processes support and align with the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® definition of shared decision-making: "A dynamic partnership between leadership, nurses and other health care professionals that promotes collaboration, facilitates deliberation and decision making, and fosters accountability for improving patient outcomes, quality and enhancing work life" (adapted from Vanderbilt University Medical Center, n.d.; and 2023 Magnet® Application Manual, glossary, American Nurses Credentialing Center).

As part of the DoN's professional governance model, the Coordinating Council (CC) assesses current processes, and as necessary, adopts changes to the professional governance model and Statement of Governance to enhance department-wide participation by staff at all levels. This document, defining the professional governance model, is reviewed and ratified annually by CC which serves as the governing body for the DoN's professional governance.

Unit practice councils (UPCs) exist at the unit/clinic/area level, led by nursing to assess, plan, implement, and evaluate activities at the local level to improve the delivery and outcomes of patient care. Units/clinics/areas with interprofessional quality or related nurse leader/medical director dyad councils may opt to keep them as individual entities or merge into the UPC as appropriate.

Council and Committee Appointments and Expectations

Council Membership and Committee Appointments
Membership in professional governance councils and committees is described in each committee's/council's charter. Generally, membership is reviewed annually by CC. Membership in select councils is based on role, and membership on committees is made by appointment. Terms will generally be for one year unless otherwise stated within the Statement of Governance.

Annually in late fall, nurse leaders and council/committee chairs will be provided the link, for staff joining committees, to use to complete a professional governance commitment letter from the Chief Nurse Executive (CNE) via Qualtrics. Staff are asked to provide a commitment letter response by the end of December. If a nurse leader has any concerns with that staff member who has expressed their interest in professional governance, it will be discussed with the respective nursing director/associate director. Staff reporting up to the associate chief nursing officer (ACNO) | Professional Practice will send the final professional governance list to the committee chair(s) in January each year, and upon request, in case there are changes in professional governance committee members (e.g., new staff, terminations).

The CNE/designee may appoint members from outside the DoN to any council/committee to provide additional perspectives or support.

The professional governance model contains both councils and committees. Both the direct and additional professional governance councils provide a venue for information sharing, networking, and communication for nurses or interprofessional healthcare team members in similar roles across the system. The councils/ committees carry out work as described in their charters.

Council/Committee Chairs*
Chairpersons are appointed for their tenures by the CNE/designee as specified in the individual council/committee charters. Most committees will have one nursing or interprofessional leader and one staff nurse chair, if possible. When possible, chairship will be staggered so that the chairs enter and exit their chairship in alternating years.

Chair Transition
In cases where there are co-chairs, there will be a transition plan that includes mentoring by the exiting chair for the first year of the incoming chair's term. An annual orientation for new council/committee chairs will be offered in January as part of the annual Professional Governance Workshop.

Member Transition
Members will, in general, be welcomed onto a committee/council annually in January. If a member needs to be replaced within the year, the council/committee chair should contact the area nurse leader, without representation, for a replacement member. Orientation options will be available for new members.

Committee/Council Support
All councils/committees may have designated clerical support, if available, or as described in this document.

Committee/Council Resources
Information about professional governance groups (e.g., agendas, meeting minutes, specific resources) can be found at Nursing Professional Governance - The Loop.

Responsibilities of Council and Committee Chairs
- Provide leadership to the council/committee by holding meetings in accordance with the Statement of Governance or as needed to complete the council's/committee's charge.
- Ensure agendas are set and accurate minutes are kept, approved by council/committee members, distributed appropriately to membership, and made available to the DoN on the Nursing Professional Governance established site.
- Report council/committee activities at CC meetings on a quarterly basis.

Responsibilities of Administrative Liaisons
- Provide mentoring and administrative support to the council/committee chairs in planning and holding meetings and completing assignments.
- Assure agendas are set, meetings are held, and minutes are recorded and distributed/posted in accordance with the Statement of Governance or as needed to complete the council's/committee's charge.
- Attend and participate in meetings in the liaison role.

Characteristics and Responsibilities of Council and Committee Members
Members, in general, should be willing and flexible to attend meetings; to commit to complete any assignments requested of the council/committee; and to serve as an advocate, liaison, and communication link between the council/committee and the member's unit/clinic/area. An effective professional governance member should be in good standing within the DoN; has a strong presence on their unit/clinic/area; creates a strong work

environment; models professionalism by following UI Health Care policies, guidelines, and protocols; and considers the impact of professional governance decisions at the DoN/divisional/unit/clinic/area level.

- Attend and contribute to council/committee meetings and complete assigned work as a divisional or role representative. If a member cannot attend and an excused absence is being requested, the member should notify the council/committee chairperson and, if possible, a replacement should be identified to attend in that person's place.
- If unable to attend council/committee meetings on a regular basis, relinquish membership and contact the council/committee chair to request that another representative be appointed. Chairs should notify the divisional nursing director/associate director and/or nursing leader if there are excessive absences of appointed members.
- Keep nursing directors/associate directors/nurse leaders/peers informed of the council's/committee's activities and recommendations as appropriate. Collaborate with unit/clinic/area leadership in planning/implementing communication, with all staff regarding council/committee information, and facilitating change as indicated.
- Gather information and opinions from the units/clinics/areas/divisions to bring back to the council/committee for consideration in its decisions.

COORDINATING COUNCIL

Coordinating Council (CC) serves as the hub for the Professional Governance model for the DoN. Co-chaired by the CNE and the staff nurse/nurse clinician chair(s) of the Staff Nurse Council, the CC provides a venue for information sharing and professional governance council/committee reports. CC provides a broad level of nursing perspective to current issues regarding nursing practice and care delivery across the continuum of health care settings and levels of nursing practice.

I. Membership: CNE; associate chief nursing officers (ACNO); nursing directors; nursing associate directors; and all the chairs and administrative liaisons of the professional governance councils/committees/subcommittees.

II. Functions:

   A. Provide a venue for information sharing, networking, and communication for nursing leaders and staff across the system on various topics including the DoN's Magnet® designation and the Professional Recognition Program (PRP) (DoN's clinical ladder).

   B. Establish, coordinate, and review the professional governance structure for the DoN.

   C. Provide a forum for reporting of professional governance council/committee activities.

   D. Develop, implement, modify, adapt, and evaluate the operationalization of the pillars of the Professional Practice Model (PPM), generally on an annual basis, regarding nursing practice, collaboration, and communication at all levels of the DoN.

   E. Identify standards of nursing care and staff performance.

III. Meetings: Meetings will be held quarterly.

IV. Chair: Chairs of the CC will be the CNE and the chair(s) of the Staff Nurse Council.

V. Secretarial Support: Designated support staff of the CNE.

VI. Administrative Liaison: None.

COUNCILS

ADVANCED PRACTICE PROVIDER (APP) COUNCIL

Advanced Practice Providers (APP) Council provides a means for communication among all advanced registered nurse practitioners (ARNPs) and physician assistants (PAs) at UI Health Care.

I. Membership: All privileged UI Health Care ARNPs and PAs.

II. Functions:

A. Provide an infrastructure for APPs that fosters a culture of professional practice, quality patient care, and personal accountability that is aligned with the strategic initiatives of UI Health Care.

B. Serve as a platform for the UI Health Care strategic plan, operations, initiatives, and professional issues pertinent to APP practice.

III. Meetings: There are no scheduled meetings as pertinent content is delivered via email, hosted on the UI Health Care intranet, or via on-demand webinars.

IV. APP Subcommittee:

A. Advanced Practice Providers Lead Team

Goal: Bring together a cohort of APP leads on a regular basis to discuss issues, share knowledge, and be kept current on pertinent system matters.

Meetings: Meetings are held monthly.

V. Chair: The Director, APPs, will appoint the chair.

VI. Secretarial Support: Determined by the director, APPs.

VII. Administrative Liaison: The director, APPs, will serve as the primary administration liaison.

NIGHT NURSE COUNCIL

Night Nurse Council (NNC) is a professional governance council exclusively for UI Health Care staff nurses primarily working night shift. The council provides a means for direct communication between NNC, nurses, and patient care team members on the units/procedural areas operating at night, and the CNE through an appointed administrative liaison/house operations manager (HOM). The NNC provides a forum for the discussion of professional issues uniquely affecting night shift staff nurses.

I. Membership: Staff nurse representatives elected or appointed from each inpatient unit/procedural area that operate at night at UI Health Care. An alternate staff nurse may be appointed to attend if the elected/appointed representative is unable to attend. Representatives from other patient care areas are welcome to attend. An administrative liaison/HOM will be chosen by the CNE.

II. Attendance: Nurse leaders will make every effort to allow NNC representatives to attend monthly meetings to ensure the work of the council is accomplished. NNC is considered an open forum meeting. Any staff nurse who would like to attend NNC is welcome to do so.

III. Functions:

A. Share information and projects between NNC and SNC as needed.

B. Provide a forum for the discussion of professional nursing issues affecting direct care night shift nurses and patient care team members, in regards to practice issues and Magnet®-related issues including the results of the nursing engagement survey and impact plans to meet staff nurse needs; development of strategies to optimize staff nurse and patient care team member participation in professional governance meetings and grand rounds; and issues related to nursing policies, guidelines, and protocols.

C. Provide staff nurses and patient care team members with educational programs, including monthly meetings with speakers or material of interest.

D. Sponsor and participate in SNC activities that enhance professional nursing practice and contribute to the goals of the DoN and the system, including:

1. CNE rounds led by the NNC representative from that unit/procedural area.

2. NNC representative (n=1 member) to serve on The DAISY Award™ selection committee.

3. NNC representative (n=1) to serve on the Nursing Grand Rounds Committee to participate in the selection of programs.

4. Participation in DoN events as requested.

E. Promote staff nurse knowledge and participation in operationalizing ANCC Magnet Recognition Program® standards of excellence at the unit/area level to support the Magnet® re-designation process.

IV. Meetings: Meetings will be held every other month during the evening or night shift.

V. Chair: The NNC will elect a member each year to become chair elect. After a year as chair-elect, this chair-elect will become co-chair for one year, and a new chair-elect will be selected by NNC. Each co-chair will receive release time from their area to attend to NNC chair requirements.

VI. Secretarial Support: NNC chair(s) will appoint a member or support person to take meeting minutes.

VII. Administrative Liaison: A HOM will serve as administrative liaison. The CNE/ACNOs may attend or request directors to attend meetings as needed.

NURSE MANAGEMENT COUNCIL

Nurse Management Council (NMC) provides a means for direct communication between the CNE and nurses in management/supervisory roles at UI Health Care. It is a forum for discussion of goals, objectives, operations of the DoN, and professional issues.

I. Membership: CNE; ACNOs; nursing directors, nursing associate directors; nurse managers (NMs); assistant nurse managers (ANMs); house operations managers (HOMs); NPLs with staff supervisory duties; the Magnet® program director; and the program manager for the DoN.

II. Functions:

A. Provide a forum for communication and discussion of clinical matters, resource utilization, patient education, professional issues and trends, and formulation of pertinent recommendations.

B. Identify educational needs of nurses in leadership roles and advise in the development of programs to meet these needs.

C. Promote research, to advance nursing knowledge, and evidence-based practice (EBP).

D. Sponsor and participate in activities that enhance professional nursing and contribute to the goals of the department and UI Health Care.

E. Facilitate strategic goals and metrics applicable to leadership roles and share evidence-based practices amongst divisions.

III. Meetings: Meetings will be held every month or as needed.

IV. Chair: The chair term will last two years. The chair will be a NM or ANM and will be appointed from each division on the following rotation: ISS/ED, BHS, CWS, POD, MCD, MCNL.MSS, AMB/UICC/IRL

V. Secretarial Support: Provided by Nursing Education.

VI. Administrative Liaison: None.

NURSING ADMINISTRATION OPERATIONS COUNCIL

Nursing Administration Operations Council (NAOC) provides a forum for the discussion of day-to-day operational issues across all divisions within the DoN. Chaired by the CNE, the council serves as a clearing house for administrative and operational issues for nursing system wide.

I. Membership:

A. Core Membership: CNE; ACNOs; nursing directors; nursing associate directors; manager/Accounting and Financial Analysis, and the program manager for the DoN.

B. Expanded Membership/Ad hoc: Magnet® program director; Magnet® Program nursing practice leader (NPL)/Magnet® program specialist; and any administrative interns working with the CNE.

II. Functions:

A. Provide a venue for communication, strategy setting, and sharing of evidence-based practices (EBP) among senior nursing leaders.

B. Facilitate effective daily operations that are consistent across nursing care settings and with the goals/strategies identified in the strategic plan through:

1. Sharing information from various settings and roles.

2. Prioritizing projects and initiatives.

3. Solving problems or issues.

4. Planning for new projects and initiatives.

5. Supporting implementation of evidence-based practices.

6. Evaluating daily operations.

C. Provide leadership and infrastructure support to facilitate change.

D. Discuss and advise the CNE/ACNOs on operational and fiscal priorities at the area, division, and department levels.

E. Monitor, plan, implement, and oversee action plans for DoN patient experience data, staff engagement, strategic planning, access and throughput, and financial performance.

III. Meetings: Meetings will be held once or twice per month.

IV. Chair: The CNE serves as the chair.

V. Secretarial Support: Designated support staff of the CNE.

VI. Administrative Liaison: None.

NURSING PRACTICE LEADER /CLINICAL PRACTICE LEADER/CLINICAL COORDINATOR COUNCIL

Nursing Practice Leader/Clinical Practice Leader/Clinical Coordinator Council (NPL/CPL/CC) provides a means for direct communication between the CNE and nurses in NPL/CPL/CC roles at UI Health Care. It is a forum for discussion of goals, objectives, operations of the department, and professional issues.

I. Membership:

A. Core Membership: CNE; ACNOs; NPLs; CPLs; and CCs.

B. Expanded Membership/Ad Hoc: Magnet® program director and associate director, Nursing Education

II. Functions:

A. Provide a forum for communication and discussion of clinical matters, resource utilization, patient education, professional issues and trends, and formulation of pertinent recommendations.

B. Review and evaluate status of DoN performance related to quality outcomes and progress related to strategic initiatives and goals.

C. Support efforts related to maintaining Magnet® designation.

III. Meetings: Meetings will be held every month or as needed.

IV. Chair: The chair term will last two years. The NPL/CPL/CC chair will be appointed from each division on the following rotation: POD, MSS, ISS/ED, AMB/UICC/IRL, BHS, MCD, MCNL, Nursing Quality and Informatics, Nursing Education, CWS.

V. Secretarial Support: Decided by the chair.

VI. Administrative Liaison: CNE and ACNOs.

PARTNERS IN PRACTICE COUNCIL

Partners in Practice Council is a professional governance sub-council of the SNC. Its membership is comprised of UI Health Care DoN merit team members. The council provides a means for direct communication between the Partners in Practice Council members, team members on the units/clinics/areas, and DoN Administration. It provides a forum for the discussion of professional issues uniquely affecting all team members providing patient care.

I. Membership: Any merit team member (patient care technician [PCT], psychiatric nursing assistant [PNA], nursing assistant [NA], nursing unit clerk [NUC], surgical technologist [ST], medical assistant [MA], etc.) and interested leadership staff.

II. Attendance: Nurse leaders will make every effort to allow merit team member representatives to attend quarterly meetings to ensure that work of the council is accomplished. Partners in Practice is considered an open forum meeting. Any merit team member who would like to attend Partners in Practice Council is welcome to do so.

III. Functions:

A. Provide a forum for the discussion of issues affecting direct patient care regarding practice issues, policies, guidelines, and protocols.

B. Identify the educational needs of Partners in Practice members and advise and assist in the development of programs to meet these needs.

C. Participate in activities that contribute to the goals of the DoN, including but not limited to, recognition, recruitment, onboarding, communication/teamwork, and professional development.

IV. Meetings: Meetings will be held quarterly (February, May, August, and November) or as needed.

V. Chair: The chair will be appointed by DoN administration and will include a Partners in Practice staff member co-chair (PCT, PNA, NA, NUC, ST, MA, etc.); an RN co-chair appointed through SNC, and an administrative liaison. Chair terms will last two years with terms ending on alternating years.

VI. Secretarial Support: Provided by the council chair or designee.

VII. Administrative Liaison: An NPL or the associate director, Nursing Education, will serve in this role.

STAFF NURSE COUNCIL

Staff Nurse Council (SNC) is a professional governance council exclusively for UI Health Care staff nurses/ nurse clinicians. The council, co-chaired by 2 staff nurses/nurse clinicians, provides a means for direct communication between SNC nurses on the unit/clinic/area and the CNE. It provides a forum for the discussion of professional issues uniquely affecting staff nurses/nurse clinicians.

I. Membership: Staff nurse/nurse clinician representatives from each unit/clinic/area. Each unit/clinic/area will elect a SNC representative. The specific election process will be determined by staff nurses/nurse clinicians at the nursing unit/clinic/area level and will include a process for:

A. Self and peer nomination.

B. Nominee acknowledgement of acceptance of nomination.

C. Confidential voting by staff nurses/nurse clinicians in the clinical area.

An alternate staff nurse/nurse clinician may be chosen to attend if the elected representative is unable to attend.

In the case of very small staff nurse/nurse clinician groups, such as 2-3 nurses, nurse leaders and staff nurses/nurse clinicians can agree to join with another unit/clinic/area and elect one nurse to represent multiple settings. This option must include a plan for communicating SNC information across multiple settings.

II. Attendance: Nurse leaders will support SNC representatives to attend monthly meetings to ensure the work of the council is accomplished. SNC is considered an open forum. Any staff nurse/nurse clinician who would like to attend SNC is welcome to do so.

III. Functions:

A. Provide a forum for the discussion of professional nursing concerns affecting direct care staff nurses/nurse clinicians, including practice and work environment issues and ANCC Magnet Recognition Program® issues including: the results of the registered nurse (RN) engagement survey and impact plans to meet staff nurse/nurse clinician needs; development of strategies to optimize staff nurse/nurse clinician participation in professional governance meetings and grand rounds; and issues related to nursing policies, guidelines, and protocols.

B. Provide staff nurses/nurse clinicians with educational programs, including monthly meetings with speakers of interest to staff nurses/nurse clinicians, Nursing Grand Rounds, and special events.

C. Sponsor and participate in activities that enhance professional nursing practice and contribute to the goals of the DoN and the system, including:

1. CNE unit/clinic/area rounds led by the SNC representative from that unit/clinic/area.

2. SNC representatives (n=3 members) to serve on The DAISY Award™ selection committee.

3. SNC representative (n=1 member) to serve on the Nursing Grand Rounds Committee to participate in the selection of programs.

4. SNC representative (n=1 member) to serve on the Partners in Practice Council.

5. Participation in DoN events as requested.

D. Share communication and updates from CC with members.

IV. Meetings: Meetings will be held monthly.

V. Chairs: The CNE will appoint two members for a two-year term which may include volunteering or a divisional rotation. After the two years, the CNE will appoint two new co-chairs. Each co-chair will receive release time from their area to attend to requirements of SNC chair.

VI. Secretarial Support: Provided by Nursing Education.

VII. Administrative Liaison: An ACNO, director, or associate director will serve in this role.

UNIT PRACTICE COUNCILS

Unit Practice Councils (UPCs) engage area teams in shared decision-making, bidirectional communication, and collaboration for planned change. The mission of the UPC is to foster responsibility for improving patient outcomes, quality, and enhancing work life.

I. Membership: Each unit/clinic/area and/or workgroup will have a UPC or combine with others to form a UPC. The UPC minimally consist of two co-chairs (one chair is a nurse leader and one chair is a staff member); recorder; elected unit representatives; and designated divisional and DoN resources (i.e. Quality Improvement Program [QuIP], Office of the Patient Experience [OPE]). In general, a UPC size of 5-12 members is recommended but may vary depending on unit/clinic/area/workgroup size. Elected UPC representatives may be nursing and/or interprofessional team members based on unit/clinic/area/workgroup needs. UPC co-chairs are eligible to code for 4 hours of "meeting onsite" in the Employee Labor Management System (ELMS). UPC representatives are eligible for 2 hours of "meeting onsite" in ELMS.

II. Functions:

A. Provide a means for bidirectional communication between frontline care providers and unit/clinic/area/workgroup leadership.

B. Serve as a forum for unit leadership to identify issues that need to be escalated to the appropriate divisional, DoN, and/or system stakeholders for support/solutions.

C. Serve as a forum for discussion of topics related to quality, unit/clinic/area/workgroup policies, guidelines, and protocols patient experience, staff engagement, and area resources/finances.

D. Provide a forum for routine review of current initiatives and performance metrics and identification of opportunity areas.

III. Meetings: Meetings will be held monthly.

IV. Chair: The nurse leader and a staff member will serve as co-chairs. The staff member will be elected by the UPC.

V. Secretarial Support: DoN or unit/clinic/area/workgroup-based resources may be identified and assigned as needed.

COMMITTEES

Nursing Administrative Policy Committee
Nursing Informatics/Electronic Health Records Committee
Nursing Quality Committee
Nursing Research and Evidence-Based Practice Committee
Patient Education Committee
Professional Nursing Practice Committee
Recruitment, Recognition, Retention (3Rs) Committee
Staff Education Committee

NURSING ADMINISTRATIVE POLICY COMMITTEE

Nursing Administrative Policy Committee evaluates, reviews, and revises personnel policies, procedures, and/or guidelines, nursing-related components of performance reviews and other related projects as requested.

I. Membership: At least one member from each clinical nursing division; a representative from Nursing Education; a representative from Nursing Quality and Informatics; and a representative from UI Health Care Human Resources supporting the DoN.

II. Functions:

A. Review, evaluate, and revise nursing administration policies, guidelines, and protocols.

B. Assure that DoN standards are congruent with system- and university-wide policies, guidelines, and protocols.

C. Review, analyze, and interpret ANCC Magnet Recognition Program® standards related to Human Resource policies, guidelines, and protocols and metrics.

III. Meetings: Meetings will be held quarterly (every three months) or as needed.

IV. Chair: A chair will be appointed by the CNE.

V. Secretarial Support: Committee chair's divisional support.

VI. Administrative Liaison: None.

NURSING INFORMATICS/ELECTRONIC HEALTH RECORDS COMMITTEE

Nursing Informatics/Electronic Health Records (EHR) Committee oversees the planning and implementation of nursing documentation in online systems and paper health record forms as needed, to ensure that information in the patient's health record reflects standards of care and nursing practice policies, guidelines, and protocols.

I. Membership: Nursing administrative liaison to informatics; at least two representatives from Nursing Informatics, including the NPL who serves on the Staff Education Committee and the NPL who serves on the Professional Nursing Practice (PNP) Committee; a minimum of one representative from each nursing division; and one representative from the Nursing Quality Committee (NQC). A representative from Hospital Information Management (HIM) will serve as an *ex officio* member.

II. Functions:

   A. Facilitate the implementation of DoN and UI Health Care objectives, policies, guidelines, and protocols in information systems as directed by the CC.

   B. Provide input for informatics related to DoN initiatives.

   C. Ensure that clinical applications reflect standards of care and nursing practice.

   D. Recommend teaching and implementation strategies to meet end user needs.

   E. Provide communication within the DoN and UI Health Care to disseminate information and to obtain user input and feedback regarding informatics-related initiatives.

   F. Establish short-term and long-term goals for nursing informatics and promote strategic interface with information systems throughout UI Health Care.

   G. Provide consultation and recommendations regarding downtime policies, guidelines, and protocols for nursing.

   H. Ensure that health record documentation is updated based on nursing practice changes in collaboration with the DoN professional governance committees/councils.

   I. Review and revise DoN policies, guidelines, and protocols as directed by the PNP Committee.

III. Nursing Informatics/Electronic Health Records Subcommittees:

   A. The Clinical Documentation Subcommittees are working groups representing similar clinical workflows (i.e. inpatient, ambulatory, procedural). Membership may include nursing staff (suggest one staff nurse superuser per unit/clinic/area); ANMs; NMs; CPLs; NPLs; and members of other health care teams. The subcommittees work cooperatively with other DoN committees and are responsible for database build, review, and maintenance. Members of the subcommittees serve as EHR expert superusers and provide support for individual units/clinics/areas and divisions.

IV. Meetings: Meetings will be held bimonthly. The Clinical Documentation Subcommittees will meet monthly or as needed.

V. Chair: Committee and subcommittee chairs will be appointed by the CNE.

VI. Secretarial Support: Committee chair's divisional secretarial support.

VII. Administrative Liaison: The Director, Nursing Quality and Informatics, will serve in this role.

NURSING QUALITY COMMITTEE

Nursing Quality Committee (NQC) provides oversight and leadership for the DoN to integrate quality and process improvement activities across the health system to advance patient care quality and safety.

I. Membership: Director, Nursing Quality, and Informatics, Nursing Quality NPLs, CNE, ACNOs (CWS, MCNL, MCU, MCD, Professional Practice), Division Quality Committee Chairs (ISS, MSS, CWS, Emergency Med., BHS, Adult CC, Ambulatory (MCU, MCD, MCNL, IRL, UICC/outreach, ICC/PAC, HVC, Periop, MCNL, MCD), Magnet program director, Magnet NPL, director, ONRE, director, QuIP (or designee), Quality Pillar leads (ISS, MSS, CWS, Ambulatory, Periop), Nursing Informatics liaison (NPL), and NCEC liaison (NPL). The chairs of the Nursing Quality Committee Subcommittees who are not represented in a role already mentioned, are considered ad hoc members and may attend as needed.

II. Functions:

A. Provide a venue for bidirectional communication related to quality and safety priorities, projects, and metrics. Projects may include evidence-based practice (EBP) and quality and process improvement projects. Bidirectional communication may occur via members as well as through organizational committees and councils such as UPCs, divisional quality and safety committees, DoN quality NPLs, professional governance co-chairs, committee members, and/or unit/clinic/area champions.

B. Foster active participation in quality and process improvement and EBP.

C. Integrate multiple sources of evidence, data, national standards, and regulations into development of organizational quality and safety initiatives and priorities.

D. Facilitate and support meaningful data collection, display, interpretation, and utilization in nursing quality and process improvement projects.

E. Support reporting and discussions of outcome and process data while determining actionable steps to improve care and reduce risk for patient harm.

F. Identify improvement opportunities and collaborate with interprofessional partners to contribute to system-wide priority goals and the strategic plan.

III. NQC Subcommittees:

A. Catheter-Associated Urinary Tract Infection (CAUTI) Subcommittee

Goal: Reduce incidence of CAUTI system-wide by engaging frontline staff and interprofessional team members in the use of EBP and the quality and process improvement process, as well as reviewing and updating practice guidelines and building awareness of current outcomes. Membership includes an interprofessional group of nurses (CAUTI champions), nursing leaders, and members of QuIP.

Administrative Liaison: A nursing director or associate director will serve in this role.

B. Central Line-Associated Bloodstream Infection (CLABSI) Subcommittee

Goal: Reduce incidence of CLABSI system-wide by engaging frontline staff and interprofessional team members in the use of EBP and the quality and process improvement process, as well as reviewing and updating practice guidelines and building awareness of current outcomes. Membership includes an interprofessional group of nurses (CLABSI champions), nursing leaders, and members of QuIP.

Administrative Liaison: A nursing director or associate director will serve in this role.

C. Fall Prevention Subcommittee

Goal: Reduce the incidence of patient falls and fall-related injuries system-wide by engaging frontline staff and interprofessional team members in each clinical area using the quality and process improvement process and EBP. The committee welcomes all professions and membership may include, but is not limited to, nurses; PCTs; MAs; NUCs; support service team members; trauma/injury prevention coordinator; providers; radiology staff; physical therapists (PTs); occupational therapists (OTs); and pharmacists. The committee will seek input from Patient and Family Advisory Board (PFAB) members regarding fall prevention one to two times each year.

Administrative Liaison: A nursing director or associate director will serve in this role.

D. Nurses Improving Care for Healthsystem Elders (NICHE) Subcommittee

Goal: Through the promotion of EBP and upholding the standards of the NICHE organization, encourage all team members to provide the highest level of care to older adults in all settings; assist with building an elder care competent interprofessional team; help the system develop a unified approach to older adult care; provide geriatric-focused education; and maintain Exemplar status for UI Health Care with the NICHE national organization. Membership includes, but is not limited to, an interprofessional group of nurses (Geriatric Resource Nurses [GRN]); pharmacists; social workers; therapists; care coordinators; and nursing leadership.

Administrative Liaison: A nursing director or associate director will serve in this role.

E. Pain Management Subcommittee

Goal: Through nursing professional governance, implement evidence-based standards of care and utilize quality and process improvement strategies to implement effective and safe pain management and comfort practices system-wide. Membership may include nursing staff representatives from areas where patients routinely experience pain during their health care encounter, including, but not limited to, nurses (unit/clinic/area-based pain champions); nursing leadership; MAs; providers; pharmacists; PTs; members of QuIP; patient experience experts; and UI College of Nursing (CoN) representatives.

Administrative Liaison: A nursing director or associate director will serve in this role.

F. Quality of Life Subcommittee

Goal: To improve the quality of care given to patients and families through early identification of patients with a life-limiting illness, the subcommittee will review educational content to build team member knowledge of supportive, palliative, and hospice care and how to display compassion and empathy through enhanced communication skills. This committee's membership is interprofessional to include all who connect with patients and families at this point in their healthcare. Membership may include, but is not limited to nurses, PCTs, NAs, providers, social workers, rehabilitation therapists, respiratory therapists, spiritual services, Office of Patient Experience (OPE), and the Decedent Care Center.

Administrative Liaison: A nursing director or associate director will serve in this role.

G. Restraints Subcommittee

Goal: Use EBP by promoting the use of alternatives to restraints and when alternatives are ineffective, to monitor restraint utilization, documentation, and patient safety. Membership

includes, but is not limited to, nurses and nurse leaders from various leadership positions from a variety of patient care units.

Administrative Liaison: A nursing director or associate director will serve in this role.

H. Safe Patient Handling Subcommittee

Goal: Analyze data on staff injuries, ensuring resources are available to staff and that staff are competent in using safe patient handling techniques. Key Coaches are trained to coach staff in using the equipment, making sure the equipment is available, and troubleshooting challenging lifting situations. The monthly Key Coach meeting provides a time to share and learn EBPs from each other. Key Coaches include, but are not limited to, staff from the following departments: Nursing; Rehabilitation Therapies; Radiology; and Respiratory Care. This committee also reports to the Safe Patient Handling/Patient Ergonomics sub work group which reports up to the UI Health Care Clinical Systems Committee's (CSC) Environment of Care (EOC) Work Group.

Administrative Liaison: A nursing director or associate director will serve in this role.

I. S.T.A.R. (Skin Team Advocate and Resource) Subcommittee

Goal: To improve the quality of patient care by prevention, early identification, and treatment of pressure injuries, as well as providing expert care for various skin-related issues, using the quality and process improvement process and EBP. Membership includes nurses (unit-based S.T.A.R.s); PCTs; PTs; OTs; respiratory therapists (RTs); members of QuIP; and nursing leaders as needed.

Administrative Liaison: A nursing director or associate director will serve in this role.

J. Trauma-Informed Care Subcommittee

Goal: To cultivate a trauma-informed culture within the UI Health Care community and beyond, fostering a healing, holistic, and supportive environment in which resilience triumphs adversity. This subcommittee is dedicated to establishing and enhancing UI Health Care's structures, policies, guidelines, protocols, support systems, training, and collaborations that build resilience and mitigate the effects of adversity among patients, their families, faculty, staff, and students. The interprofessional committee comprises individuals passionate about educating others on trauma-informed care and committed to ensuring its long-term adoption within UI Health Care. Guided by research and literature on Adverse Childhood Experiences (ACEs), trauma-informed care, and EBPs, membership includes, but is not limited to, nurses, PCTs, NAs, providers, social workers, rehabilitation therapists, respiratory therapists, spiritual services, OPE, administrative services, and students.

Administrative Liaison: A nursing director or associate director will serve in this role.

IV. Meetings: Meetings will be held monthly and as needed. The subcommittees meet at a frequency appropriate to meet their goals.

V. Chair: CNE and director, Nursing Quality and Informatics; subcommittee chairs will serve as chairs.

VI. Secretarial Support: Appointed by the CNE.

VII. Administrative Liaison: None.

NURSING RESEARCH AND EVIDENCE-BASED PRACTICE COMMITTEE

Nursing Research and Evidence-Based Practice (EBP) Committee (NRC) promotes the conduct and use of research and EBP throughout UI Health Care. The committee provides research and EBP leadership and reviews research protocols and final student projects. The committee also consults on research studies and EBP conducted at UI Health Care in all patient care services and involving the DoN.

I. Membership: Director, Nursing Research and EBP; representatives including nurses and patient care team members from each division, Office of Nursing Research and EBP (ONRE), Clinical Research Unit (CRU), Clinical Research Services (CRS), Institutional Review Board (IRB), Nursing Quality, Department of Respiratory Care, Magnet, and Nursing Informatics; and team members within UI Health Care with expertise, or interest in, developing expertise, in conducting research, research design, and EBP. The associate dean for Nursing Research and the Director for the Office for Nursing Research and Scholarship from the UI CoN, and designees, are ex-officio members. Ad-hoc members include the Director, Advanced Practice Providers.

II. Functions:

A. Review and approve research proposals affecting the DoN and nursing areas, advocating for protection of patient and nursing safety and anticipated impact upon DoN resources.

B. Review and approve research proposals with DoN team members as subjects and those evaluating DoN practice. This includes “informational only” protocols reviewed and approved bymember of NRC with clinical topic experts in there are (i.e. Neonatal Intensive Care Unit ([NICU], Holden Clinical Cancer Center [HCCC]/Clinical Research Services [CRS], and Mission Cancer +Blood).

C. Review and approve student project proposals approved by member of NRC with EBP process and research expertise.

D. Encourage and support the conduct and dissemination of healthcare research and EBP at UI Health Care, locally, regionally, nationally, and internationally.

E. Provide and support education and consultation to DoN team members regarding conducting research and EBP, proposal development, resources and tools, and external grant funding.

F. Offer consultation and mechanisms for promoting nursing research and EBP such as through internal small grant funding programs and internal research and EBP training programs.

G. Provide leadership for use of research findings and other evidence as an integral component of clinical practice and decision-making to improve quality of care.

H. Promote discussion and exchange of information and collaboration regarding status of research, EBP, and quality and process improvement projects.

I. Maintain committee liaison and communication with the CoN to encourage collaborative research and joint EBP work among UI Health Care interprofessional team members, CoN faculty, and students.

J. Provide infrastructure to build and support integrated UI nursing research and EBP capacity between the CoN and DoN.

K. Identify members to provide interface for communication and cooperation with the UI colleges, Institute for Clinical and Translational Science (ICTS), Human Subjects Office (HSO), Sponsored Programs Office (SPO), and other external institutions.

L. Collaborate to develop selected areas of interprofessional research and/or EBP that are aligned with DoN and system strategic plans and goals.

M. Provide liaisons to the DoN’s professional governance committees and councils as appropriate.

N. Provide horizon scanning for development in nursing and healthcare that influence DoN research and EBP.

O. Advocate for resources required for DoN participation in research and EBP.

III. Meetings: Meetings will be held twice monthly or more often as needed.

IV. Chair: The committee will be chaired by a staff nurse/nurse clinician and a nurse leader appointed by the CNE.

V. Secretarial Support: Support will be provided by ONRE.

VI. Administrative Liaison: The Director, Nursing Research and EBP will serve in this role.

PATIENT EDUCATION COMMITTEE

Patient Education Committee oversees the provision of effective and efficient patient and family education to improve the patient experience. The interprofessional committee plans, implements, and evaluates programs, teaching strategies, and materials related to both the patient's and family's education and experience. The committee ensures that these programs and interventions are current and evidence-based. In collaboration with OPE and through the application of health literacy research and plain language communication principles, the committee supports effective patient and family teaching for those with low health literacy and low English proficiency or other challenges that may interfere with their experiences while receiving care.

I. Membership: Representatives from each clinical division; each of the DoN councils; NQC; Staff Education Committee; Nursing Research and EBP Committee; and Nursing Informatics/Electronic Health Records Committee. When possible, staff nurses/nurse clinicians will fill the roles from these divisions, councils, and committees to help identify opportunities for improvement and EBPs as well as direct grass roots efforts. Additional appropriate representatives from other settings are invited to participate as needed. Patient Education Specialists from OPE and representatives from FNS are *ex officio* members.

II. Functions:

A. Determine, establish, and evaluate mechanisms used to meet identified patient and family educational needs.

B. Develop, implement, and evaluate programs to enhance knowledge and promote staff competency in providing care that will improve patient and family education/experience.

C. Assist in the development, implementation, and evaluation of programs that promote service excellence.

D. Develop and maintain standards, programs, and materials in concert with Marketing and Communications and other UI Health Care departments related to the patient/family experience and patient education.

E. Establish evidence-based standards in compliance with internal and external regulatory organizations for developing, reviewing, selecting, and providing patient education materials, including use and documentation.

F. Develop documentation processes for patient education.

G. Collaborate with other disciplines to improve both patient education and the patient/family experience.

H. Assist with quality monitoring and management of patient education/patient experience, reporting through QuIP and/or NQC, as appropriate.

I. Monitor, plan, implement, and oversee action plans related to patient experience data, as appropriate for this group.

III. Meetings: Meetings will be held monthly or as needed.

IV. Chair: Two leadership chairs and one staff nurse/nurse clinician chair will serve as chairs. Chair terms will last two years with terms ending on alternating years. Leadership chairs will be appointed from each division on the following rotation: MSS, POD, CWS, ISS/ED, BHS, AMB/UICC/IRL, MCD, MCNL

V. Secretarial Support: Committee chairs or designee. Nursing Education support staff may be used as needed.

VI. Administrative Liaison: An ACNO, nursing director, or nursing associate director will serve in this role.

PROFESSIONAL NURSING PRACTICE COMMITTEE

Professional Nursing Practice (PNP) Committee reviews and revises all DoN policies, guidelines, and protocols related to professional nursing practice. DoN policies, guidelines, and protocols govern all areas of UI Health Care that are accountable to the CNE. PNP ensures that all practices are evidence-based, within the scope of nursing practice for professional nurses in the state of Iowa, reflect interprofessional collaboration, and are standardized across the system in all areas where nursing is practiced.

I. Membership: At least one representative who is highly knowledgeable in nursing practice from each of the following areas: clinical nursing divisions including Medical Surgical Services (MSS), Intensive and Specialty Services (ISS), Children's and Women's Services (CWS), Behavioral Health Services (BHS), Ambulatory Nursing (AMB), Emergency Department (ED), and Perioperative Services (POD); Medical Campus North Liberty (MCNL) and Medical Campus Downtown (MCD); Nursing Informatics/Electronic Health Records; ONRE; Nursing Quality; Nursing Education; and representatives from the roles of staff nurse, NPL, CPL, NM, and ANM. Representatives from the Compliance Office, Pharmacy, Respiratory Care, University Employee Health Clinic (UEHC), and Infection Prevention (Epidemiology) are also invited to serve on the PNP committee.

II. Functions:

A. Respond to questions related to the scope of professional nursing practice at UI Health Care based on the State of Iowa Nurse Practice Act.

B. Assist with development and approval of all new nursing department-wide policies, guidelines, and protocols related to nursing practice and scope of practice.

C. Ensure policies, guidelines, and protocols are evidence-based and reflect interprofessional collaboration, as appropriate.

D. Triennially, or more often as warranted, review, revise, and archive nursing department-wide policies, guidelines, and clinical protocols related to professional nursing practice. These nursing policies, guidelines, and clinical protocols are in the UI Health Care online document management system.

E. Oversee the management of *Elsevier's Clinical Nursing Skills* and coordinate content reviews and any possible integration of DoN/system policies, guidelines, and protocols.

F. Coordinate policies, guidelines, and protocols review as needed with other committees (e.g., Pharmacy & Therapeutics, Provision of Care, Quality and Safety Oversight Subcommittee, Point-of-Care, divisional nursing groups).

G. Submit content for *Nursing Cliff Notes* to educate and inform nursing staff of policies, guidelines, and protocol changes approved by the committee and work as needed with other professional governance and system committees to further enhance policy dissemination (e.g., Staff Education Committee).

H. Advise the CNE on professional and/or ethical issues related to nursing practice.

III. Meetings: Meetings will be held monthly and as needed.

IV. Voting: Each clinical nursing division described above must have at least one voting member. A majority of the members in attendance at a live meeting or the majority of the total number of members responding to an electronic vote at the time of a set deadline will constitute the quorum required for approval or denial of a document.

V. Chair: A minimum of two leadership chairs will be appointed by the CNE. A staff nurse/nurse clinician chair may be appointed from the committee.

VI. Secretarial Support: Support will be recommended by the administrative liaison in collaboration with the CNE.

VII. Administrative Liaison: An ACNO, nursing director, or nursing associate director will serve in this role.

RECRUITMENT, RECOGNITION, RETENTION (3RS) COMMITTEE

Recruitment, Recognition, Retention (3Rs) Committee serves as a collaborative forum to share, discover, and implement strategic interventions that enhance recruitment, recognition, and retention of professional nurse within the DoN. By fostering open communication and partnering with nursing leadership, the committee supports initiative such as the nursing work/engagement survey to strengthen staff engagement and improve nurse retention at UI Health Care.

I. Membership: CNE; Magnet® Program Director; a representative from Nursing Research and EBP; a representative from Nursing Education; a representative from Nursing Human Resources; an NPL representative; and a representative for unit and operational leadership. In addition, the committee has direct care staff nurse/nurse clinician members from each division to ensure thorough representation of the DoN.

II. Functions:

A. Support, enhance, and engage nurse recruitment, recognition, and retention activities throughout the DoN.

B. Facilitate bidirectional communication to team member constituents regarding DoN activities related to recruitment, recognition, and retention.

C. Encourage participation in the nursing work/engagement survey in partnership with nursing leadership. Assist each unit/clinic/area to set targeted and stretch goals to improve nurse engagement.

D. Identify opportunities and implement strategies to improve the work environment.

E. Provide education and consultation to nursing team members regarding nurse recruitment, recognition, and retention.

F. Assist in problem solving and advise on issues related to the recruitment and retention of professional nursing staff.

G. Provide representation on the DoN selection committee for The DAISY Award™.

H. Communicate and provide updates on committee work to SNC and NNC.

III. Meetings: Meetings will be held monthly or as needed.

IV. Chair: Chair may include a NM chair and a clinical nurse chair.

V. Secretarial Support: Committee chairs' designee.

VI. Administrative Liaison: The CNE and a member of NAOC will serve in this role.

STAFF EDUCATION COMMITTEE

Staff Education Committee oversees the planning and implementation of nursing staff education, orientation, ongoing competency assessment, and documentation to ensure nursing staff has the knowledge, skills, and resources to provide safe patient care.

I. Membership: A core representative from each clinical division drawn from NPLs; CPLs; nursing leaders; clinical coordinators; and staff nurses/nurse clinicians with divisional or unit/clinic/area responsibility for staff education; and representatives from Iowa River Landing, Nursing Clinical Education Center, Nursing Compliance and Qualifications (CQ) Office, Nursing Informatics, UI Community Clinics, UI Health Care Medical Center Downtown, UI Health Care Medical Center North Liberty, and UI Heart and Vascular Center.

II. Functions:

A. Coordinate the annual nursing staff education needs assessment.

B. Assess, plan, implement, and evaluate strategies to meet the educational needs of nursing staff with consideration of efficient and effective processes.

C. Coordinate DoN and divisional educational competencies, orientation, and training that affect nursing staff.

D. Assist in education related to improving outcomes as assigned by the system, department, and/or division.

E. Coordinate the documentation of nursing education.

F. Maintain education documentation in compliance with regulatory and legal requirements.

G. Assist in education related to professional governance committees/councils or other system direction.

III. Staff Education Subcommittees:

A. Simulation Interest Subcommittee:

Goal: Promote the utilization of simulation as a learning method within the DoN and collaborate with the Nursing Quality Committee to integrate simulation-based processes to promote patient safety. Membership includes nurse residency and simulation program director, a core representative from each clinical division drawn from NPLs; CPLs; Nursing leaders; and Clinical coordinators with divisional or unit/clinic/area responsibility for simulation; and representatives from Iowa River Landing, Nursing Clinical Education Center, UI Health Care Medical Center Downtown, UI Health Care Medical Center North Liberty, Nursing Clinical Education Center (NCEC) Co-director and representatives from the UI College of Nursing. Membership may also include representatives from the Center for Procedural Skills and Simulation (SPSS) and the Emergency Medical Services Learning Resources Center (EMSLRC). This subcommittee also reports up to the Nursing Quality Committee.

Administrative Liaison: A nursing director or associate director will serve in this role.

IV. Meetings: Meetings will be held monthly or as needed.

V. Chair: Chairs will be appointed by the CNE designee, including an NPL from the Nursing Clinical Education Center and a staff nurse/nurse clinician from the committee.

VI. Secretarial Support: Committee chairs or designee.

VII. Administrative Liaison: The Associate Director, Nursing Education will serve in this role.

ADDITIONAL COUNCILS

Written	12/75						
Revised	8/77	9/78	9/79	11/80	10/81	9/82	11/11
	9/83	9/84	9/85	7/86	8/87	10/88	1/12
	9/89	9/90	9/91	9/92	10/93	10/94	10/12
	1/00	8/01	7/02	7/03	10/04	8/05	11/12
	10/06	1/08	4/09	1/10	5/10	6/10	1/13
	2/13	9/13	2/14	11/14	1/15	4/15	10/15
	11/18	10/19	11/19	1/20	9/20	10/20	10/21
	10/22	11/24	3/25	5/25	9/25		

DEPARTMENT OF NURSING SERVICES AND PATIENT CARE

Professional Governance