

UNIVERSITY OF IOWA HOSPITALS & CLINICS
DEPARTMENT OF NURSING SERVICES AND PATIENT CARE

Statement of Governance

2020-2021

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

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

Interprofessional quality and practice councils exist at the unit level, led by nursing, or by medical director/nurse manager dyads, to assess, plan, implement and evaluate activities at the local level to improve the delivery and outcomes of patient care.

Councils
Committees

Council and Committee Appointments and Expectations

Council Membership and Committee Appointments

Membership in shared governance councils and committees is described in each committee/council bylaw. 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 December, nurse managers and council/ committee chairs will be provided the link for staff to use to complete a Share Governance Commitment Letter from the Chief Nurse Executive (CNE) via Qualtrics for staff joining committees. Staff are asked to complete a commitment letter response by the end of December. Staff from the Central Nursing Office will pull a comprehensive, sortable list to send to nurse managers and directors. If a nurse manager has any concerns with that staff member who has expressed their interest in shared governance, it will be discussed with the respective nursing director. Central Nursing Office staff will send the final shared governance list to the committee chairs. Central Nursing Office staff will send out a new report each quarter, or more often upon request, in case there are changes in shared governance committee members (new staff, terminations, etc.).

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

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

Council/Committee Chairs*

Chair persons are appointed for their tenures by the CNE designee as specified in the individual council/committee bylaws. Most committees will have one nursing leader and one staff nurse chair. 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, Council and Committee chairs will have a transition plan that includes mentoring by the exiting chair for the first year of the oncoming chair's term. An annual orientation for new council or committee chairs will be offered each January as part of the annual Shared Governance Workshop.

Member Transition

Members will in general be welcomed onto a committee or council annually in January. Orientation for new council or committee chairs will be offered either each January as part of the annual Shared Governance Workshop or throughout the year online. If a member needs to be replaced within the year, the council or committee chair should contact the manager of the unit without representation for a replacement member.

Committee/Council Support

All councils and committees have designated clerical support if available or as described in this document.

Committee/Council Resources

Information about shared governance groups (such as agendas, meeting minutes, specific resources) can be found at the Nursing intranet home page on the Point under the Nursing Shared Governance link <https://thepoint.healthcare.uiowa.edu/sites/NursingSvcPtCare/default.aspx>

Responsibilities of council and committee chairs

- Provide leadership to the council or committee by holding meetings in accordance with the Statement of Governance or as needed to complete the council or committee's charge.
- Ensure that accurate minutes are kept, approved by committee members, distributed appropriately to membership and made available to the Department on the Nursing intranet shared governance website.
- Report council or committee activities at Coordinating Council (CC) meetings on a quarterly basis.

Responsibilities of administrative liaisons

- Provide mentoring and administrative support to the council or committee chairs in planning and holding meetings and completing assignments.
- Assure meetings are held in accordance with the Statement of Governance or as needed to complete the council or committee's charge.
- Attend meetings in the liaison role.

Characteristics of 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. An effective shared governance member has a strong presence on his or her unit/area; creates a strong work environment; models professionalism by following UI Hospitals & Clinics policies, procedures and protocols; and considers the impact of shared governance decisions at the departmental/ divisional/ unit level.

- Attend and contribute to council or 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 directors/clinical functions and/or nurse managers if there are excessive absences of appointed members.
- Keep directors/managers/peer staff informed of the council or committee's activities and recommendations as appropriate. Collaborate with unit/clinic leadership in planning/implementing communication with all staff regarding council/committee information and facilitating change as indicated.
- Gather information and opinions from the clinical units/clinics/divisions to bring back to the council or committee for consideration in its decisions.

COORDINATING COUNCIL

The Coordinating Council (CC) serves as the hub for the Shared Governance model for the Department. Co-chaired by the Chief Nurse Executive and the staff nurse chair of the Staff Nurse Council, the (CC) provides a venue for information sharing and shared governance 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: The CC consists of the CNE; ACNE; the directors and associate directors/nursing services; and all the chairs and administrative liaisons of the shared governance councils and committees, and the nursing quality subcommittees.
- II. Functions: The functions of CC:
 - A. Provide a venue for information sharing, networking and communication for nursing leaders and staff across the organization.
 - B. Establish, coordinate and review the governance structure for the Department of Nursing Services and Patient Care.
 - C. Provide a forum for reporting of council and committee activities.

- D. Develop, implement, modify, adapt, and evaluate the operationalization of the pillars of the Professional Practice Model, generally on an annual basis, in regards to nursing practice, collaboration and communication at all levels of the department.
 - E. Identify needs for the development of standards of nursing care and staff performance.
- III. Meetings: Meetings will be held quarterly.
 - IV. Chair: Co-chairs of the CC will be the CNE and the chair of the Staff Nurse Council.
 - V. Secretarial Support: Designated support staff of the CNE.
 - VI. Administrative Liaison: None

COUNCILS

[Nursing Administrative Operations Council](#)
[Clinical Administration Council](#)
[Nurse Management Council](#)
[Nursing Practice Leader/ Clinical Practice Leader Council](#)
[Interprofessional Unit Councils](#)
[Staff Nurse Council](#)
[Night Nurse Council](#)
[Partners in Practice Council](#)

NURSING ADMINISTRATIVE OPERATIONS COUNCIL (NAOC)

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

- I. Membership:
 - A. Core Membership: NAOC consists of the CNE; ACNE; directors nursing services/designate and associate/assistant directors.
 - B. Expanded Membership: Same as above plus clinical director for Ambulatory Surgery Center; Directors for Care Coordination; Manager/Accounting and Financial Analysis for the Department of Nursing Services and Patient Care; Associate Director of the Emergency Department; Magnet® Program Director; and ad hoc administrative interns working with the CNE.
- II. Functions:
 - A. Provide a venue for communication, setting strategy and sharing of best practices among senior executive 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. Problem solving
 4. Planning for new projects and initiatives
 5. Supporting implementation of best practices
 6. Evaluating daily operations
- C. Provide leadership and infrastructure support to facilitate change.
 - D. Discuss and advise the CNE/ACNE on operational and fiscal priorities at unit, division and department levels.
 - E. Monitor, plan, implement and oversee action plans/retain a standing agenda item on Nursing patient engagement data, staff engagement, 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

CLINICAL ADMINISTRATION COUNCIL

Clinical Administration Council (CAC) provides a forum for the discussion of specific issues and priorities within the Department of Nursing Services and Patient Care and its academic, community and outreach partners regarding delivery across the continuum of health care settings and levels of nursing practice. CAC allows for interprofessional input to develop strategy, manage, monitor, and coordinate care delivery, service excellence and quality outcomes across all patient care settings.

- I. Membership: Membership consists of the CNE; ACNE; directors and associate directors/nursing services; the Clinical Director for UI Heart Care; the UI Health Care Human Resources Director for the Department of Nursing Services and Patient Care; the Directors of Care Coordination; the Director of Respiratory Care; the Director of the Office of the Patient Experience; the Director of Food and Nutrition Services; the Associate Director of Pharmaceutical Services; the Director for Pathology Services; the Director of the Office of the Patient Experience, and the Director of Rehabilitation Therapy.
- II. Affiliate Membership: The affiliate membership of CAC consists of the Administrator/Nurse Manager for Dialysis; the Nurse Manager for Clinical Outreach Services; the Nurse Manager for Interventional Radiology; the Clinical Director for UI Heart and Vascular Center; and representatives from UI Community Home Care, Iowa River Landing, Center for Disabilities and Development and Encompass Health.

III. Functions:

- A. Review goals that provide the basis for the Department of Nursing Services and Patient Care Strategic Plan. Work together within the Department and its partners to implement and evaluate the strategic plan, as needed and share information across departmental boundaries to promote seamless care delivery and excellent outcomes.
- B. Facilitate the functioning of departmental operations through the following activities:
 - 1. Provide direction, consultation, and education on fiscal matters and utilization of management reports and clinical operations issues that cross departments.
 - 2. Provide direction, consultation, and prioritization on clinical practice issues.
 - 3. Integrate clinical practice functions of Care Coordination, Respiratory Care, Food and Nutrition Services, Pharmacy, Spiritual and Interpretive Services, Ambulatory Surgery Center, Pathology, Office of the Patient Experience, Rehabilitation Services, UI Community Care, and Iowa River Landing and Encompass Health with the functions of the Department of Nursing Services and Patient Care.
- C. Provide leadership and infrastructure support to facilitate change.
- D. Identify approaches to facilitate patient care for the integrated delivery system.
- E. Review, analyze and give direction related to quality and safety initiatives and their outcome metrics to improve care delivery within the Department and the institution.
- F. Monitor, plan, implement and oversee action plans/retain a standing agenda item on related to UI Health Care patient experience data, quality and safety data, and the DoN Strategic Plan, as appropriate for this group.
- G. Represent the department in activities involving the department and its relationship with hospital administration, the UI College of Nursing, the UI Carver College of Medicine, and others as appropriate.
- H. Interface with community representatives regarding topics pertinent to nursing services and patient care.

IV. Meetings: Meetings will be held once a month.

V. Chair: CNE

VI. Secretarial Support: Designated support staff from the Central Nursing Office.

VII. Administrative Liaison: None

NURSE MANAGEMENT COUNCIL

The Nurse Management Council (NMC) provides a means for direct communication between the Chief Nurse Executive (CNE) and nurses in management/supervisory roles at UI Hospitals & Clinics. It is a forum for discussion of goals, objectives and operations of the department and of professional issues.

- I. **Membership:** The NMC consists of the CNE; ACNE; directors/clinical functions; nurse managers; assistant nurse managers; and house operations managers.
- II. **Functions:** The functions of the NMC:
 - 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 the 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.
 - D. Sponsor and participate in activities that enhance professional nursing and contribute to the goals of the department and UI Hospitals & Clinics.
 - E. Facilitate strategic goals and metrics to leadership roles and share best practices amongst divisions.
- III. **Meetings:** Meetings will be held every month or as needed.
- IV. **Chair:** One chair will be appointed by the CNE. The chair term will last two years. Chairs will be a nurse manager (NM) and assistant nurse manager (ANM) to ensure equity in representation. The NM/ANM chair will be appointed from each division on the following rotation:
 - NM/ANM Chair rotation: BHS, CWS, POD, MSS, ISS, AMB
- V. **Secretarial Support:** Provided by Nursing Education.
- VI. **Administrative Liaison:** None

NURSING PRACTICE LEADER /CLINICAL PRACTICE LEADER COUNCIL

The Nursing Practice Leader/ Clinical Practice Leader (NPL/CPL) Council provides a means for direct communication between the Chief Nurse Executive (CNE) and nurses in NPL/CPL roles at UI Hospitals and Clinics. It is a forum for discussion of goals, objectives and operations of the department and of professional issues.

- I. Membership: The NPL/CPL Council consists of the CNE; the ACNE; Magnet® Program Director; nursing practice leaders; and clinical practice leaders.
- II. Functions: The functions of the NPL/CPL Council:
 - 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 departmental 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: One chair will be appointed by the CNE. The chair term will last two years. The NPL/CPL chair will be appointed from each division on the following rotation:
 - NPL/CPL Chair rotation: Centralized Functions, Nursing Education/Emergency Medical Services Learning Resource Center, Office of Nursing Research and Evidence Based Practice, BHS, CWS, POD, MSS, ISS, AMB
- V. Secretarial Support: Decided by the CNE and the chair(s).
- VI. Administrative Liaison: None

INTERPROFESSIONAL UNIT COUNCILS

Each unit's Interprofessional Unit Council serves as the forum for discussion and action planning to support overall unit performance. The council, co-chaired by the nurse manager and medical director, provides a means for direct communication among frontline care providers and unit leadership. It provides a forum for the discussion of topics related to quality, unit policies/procedures, patient satisfaction, staff engagement, and unit resources/finances.

- I. Membership: Unit Council membership consists of the nurse manager/medical director dyad; interprofessional unit staff; and designated divisional and departmental resources (i.e. Quality Improvement Program (QuIP), Office of the Patient Experience (OPE), Pharmaceutical Services, etc.).
- II. Functions:
 - A. Provide a means for direct communication among frontline care providers and unit leadership.
 - B. Serve as a forum for unit leadership to identify issues that need to be escalated to the appropriate divisional, departmental, and/or organizational stakeholders for support/solutions.
 - C. Serve as a forum for discussion of topics related to quality, unit policies/procedures, patient satisfaction, staff engagement, and unit 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 manager/designate and medical director will co-chair the Unit Council.

V. Secretarial Support: Departmental or unit-based resources may be identified and assigned as needed.

STAFF NURSE COUNCIL

The Staff Nurse Council (SNC) is the shared governance committee exclusively for UI Hospitals and Clinics staff nurses. The committee, chaired by a staff nurse, provides a means for direct communication between staff nurse council, the nurses on the units and the CNE. It provides a forum for the discussion of professional issues uniquely affecting staff nurses.

I. Membership: The SNC consists of staff nurse representatives from each inpatient and outpatient unit at UI Hospitals & Clinics. Each nursing unit/clinic will elect a SNC representative to serve a 2-year term. Terms will be staggered (50% of membership elected in odd years, 50% of membership elected in even years) to promote council continuity. The specific election process will be determined by staff nurses at the nursing unit/clinic 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 in clinical area

An alternate staff nurse may be chosen to attend for the representative unable to attend. An administrative liaison to the committee from the nursing department will be chosen by the CNE.

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

II. Attendance: Nurse Managers will make every effort to allow SNC representatives to attend monthly meetings to ensure the work of the council is accomplished. SNC is considered an open forum. Any staff nurse 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 nurses, including practice and work environment issues and Magnet® Recognition Program issues including: the results of the annual RN work satisfaction survey and action plans to meet staff nurse needs; development of strategies to optimize staff nurse participation in shared governance meetings and grand rounds; and issues related to nursing practice, protocols and standards.

- B. Provide staff nurses with educational programs including monthly meetings with speakers of interest to staff nurses, Nursing and Safety Grand Rounds, and events such as Staff Nurse Enrichment Day.
 - C. Sponsor and participate in activities that enhance professional nursing and contribute to the goals of the department and the hospital, including.
 - 1. CNE unit rounds led by the SNC representative from that unit.
 - 2. SNC representative member to serve on the DAISY Award selection committee.
 - 3. SNC representative to the Nursing and Safety Grand Rounds Committee to participate in the selection of programs.
 - 4. SNC representative to the Partners in Practice Committee.
 - 5. Participation in the planning of Nurses' Week Recognition Day and related events.
 - D. Identify core staff nurse Magnet champions to assist with operationalizing Magnet® Recognition Program standards of excellence at the unit level in the Magnet® re-designation process.
 - E. Share communication and updates from Coordinating Council with members.
- IV. Meetings: Meetings will be held the first Wednesday of every month.
- V. Chair: The CNE will appoint a member each year to become chair-elect. After a year as chair-elect, this chair will become chair for one year and a new chair-elect will be selected by the CNE. Each co-chair will receive release time from his/her unit to attend to requirements of SNC chair.
- VI. Secretarial Support: Provided by Nursing Education.
- VII. Administrative Liaison: None

NIGHT NURSE COUNCIL

The Night Nurse Council (NNC) is the shared governance committee exclusively for UI Hospitals and Clinics staff nurses. The committee, co-chaired by two staff nurses, provides a means for direct communication between Night Nurse Council, the nurses and patient care services staff on the units, and the CNE through an appointed administrative liaisons; the House Operations Manager (HOM). A HOM will be a liaison for the meeting. It provides a forum for the discussion of professional issues uniquely affecting night staff nurses.

- I. Membership: The NNC consists of staff nurse representatives elected or appointed from each inpatient unit and procedural area that operate at night at UI Hospitals and Clinics. An alternate staff nurse may be appointed to attend for the representative unable to attend. Representatives from other patient care services areas are welcome to attend. An administrative liaison to the committee will be chosen by the CNE.

- II. Attendance: Managers will make every effort to allow NNC representatives to attend monthly meetings to ensure the work of the council is accomplished. Any staff nurse or patient care services staff who would like to attend NNC is welcome to do so.
- III. Functions:
- A. Provide a mechanism for sharing the information and projects of Staff Nurse Council between the NNC and the SNC.
 - B. Provide a forum for the discussion of professional nursing issues affecting direct care night nurses and patient care services staff, in regards to practice issues and Magnet®-related issues including: the results of the annual nursing satisfaction survey and action plans to meet staff nurse needs; development of strategies to optimize staff nurse and patient care services staff participation in shared governance meetings and grand rounds; and issues related to nursing practice, protocols and standards.
 - C. Provide staff nurses and patient care services staff with educational programs including monthly meetings with speakers or material of interest to staff.
 - D. Sponsor and participate in SNC activities that enhance professional nursing and contribute to the goals of the department and the hospital, including:
 - 1. CNE unit rounds led by the NNC representative from that unit.
 - 2. NNC representative member to the DAISY Award selection committee.
 - 3. NNC representative communicating with the Nursing and Safety Grand Rounds Committee to participate in the selection of programs.
 - 4. Participation in Nursing department events as requested.
 - E. Promote staff nurse knowledge and participation in operationalizing Magnet® Recognition Program standards of excellence at the unit level to support the Magnet® re-designation process.
- IV. Meetings: Meetings will be held the first Wednesday of every 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 his/her unit to attend to requirements of NNC chair.
- VI. Secretarial Support: NNC chair(s) will appoint a member or support person to take meeting minutes.
- VII. Administrative Liaison: None. The CNE/ACNE may request directors to attend meetings as needed,

PARTNERS IN PRACTICE COUNCIL

The Partners in Practice Council is a shared governance sub-committee of the Staff Nurse Council. Its membership is comprised of UI Hospitals and Clinics Department of Nursing Services and Patient Care merit staff members. The committee provides a means for direct communication between the Partners in Practice

Council members, the staff on the units, and the CNE. It provides a forum for the discussion of professional issues uniquely affecting all staff providing patient care.

- I. **Membership:** The Partners in Practice Council will consist of any merit staff member (nursing assistants, nursing unit clerks, surgical technicians, environmental aides, etc.) and interested leadership staff.
- II. **Attendance:** Nurse Managers will make every effort to allow merit staff member representatives to attend monthly meetings to ensure that work of the council is accomplished. Any merit staff member who would like to attend Partners in Practice Council is welcome to do so.
- III. **Functions:** The function of the Partners in Practice Council:
 - A. Provide a forum for the discussion of issues affecting direct patient care in regards to practice issues, protocols, and standards.
 - B. Identify the educational needs of Partners in Practice member groups, and advise and assist in the development of programs to meet these needs.
 - C. Participate in activities that contribute to the goals of the Department of Nursing and Patient Care Services at UIHC including but not limited to recognition, recruitment, onboarding, communication/ teamwork, and professional development.
- IV. **Meetings:** Meetings will be held monthly or as needed.
- V. **Chair:** Chairs will be appointed by the CNE and will include a Partners in Practice staff member co-chair (NA, NUC, Surg. Tech., EA), RN Co-chair appointed through Staff Nurse Council, and an administrative liaison from the Central Nursing Office. Co-chair terms will last two years with terms ending on alternating years.
- VI. **Secretarial Support:** Provided by the committee chair or designate.
- VII. **Administrative Liaison:** An NPL from Nursing Education will serve in this role.

COMMITTEES

[Diversity, Equity and Inclusion Committee](#)
[Nursing Administrative Policy Committee](#)
[Nursing Informatics/Electronic Health Records Committee](#)
[Nursing Quality Subcommittee](#)
[Nursing Research and Evidence-Based Practice Committee](#)
[Patient Education Committee](#)
[Professional Nursing Practice Committee](#)
[Retention Committee](#)
[Staff Education Committee](#)

DIVERSITY, EQUITY AND INCLUSION COMMITTEE

The Diversity, Equity and Inclusion (DEI) Committee provides education and services as a resource to all areas of UI Hospitals and Clinics that are accountable to the Chief Nurse Executive (CNE). It ensures that staff has a forum to share experiences surrounding diversity and mechanisms that lead to an environment that promotes exceptional patient care and staff engagement.

- I. **Membership:** The DEI Committee consists of a minimum of one member from each clinical division and pertinent departments directly or matrix reporting to the CNE including: Ambulatory Surgical Services; Care Coordination; Emergency Department; Iowa River Landing; Rehabilitation Services; Respiratory Care; and Spiritual and Interpretive Services.
- II. **Affiliate Membership:** Representatives from the Office of DEI at the UI Carver College of Medicine; the Center for Disabilities and Development; Food and Nutrition Service; Guest Services; Department of Pharmaceutical Care; Office of the Patient Experience, and Wendell Johnson Speech and Hearing will be *ex officio* members.
- III. **Functions:** The functions of the DEI Committee:
 - A. Assess, plan, implement and evaluate educational programs related to cultural diversity and inclusion.
 - B. Partner with UI Office of DEI to support the annual “Providing Culturally Competent Care in Iowa” conference and the Martin Luther King Human Rights Week as requested.
 - C. Promote staff awareness of policies and procedures related to diversity and inclusion which enhance the care delivery environment.
 - D. Provide input as requested for policies, procedures and improvements to Hospital Administration and other oversight groups regarding diversity, equity and inclusion.
 - E. Provides a forum for staff discussion of diversity and inclusion matters.
 - F. Identify resources available to staff to enhance knowledge of and application of concepts of diversity, equity and inclusion concepts.
 - G. Share demographics of patient, staff and community populations with staff for better understanding of the care delivery environment.
 - H. Partner with Office of Patient Education to provide culturally sensitive education materials to patients.
- IV. **Meetings:** Meetings will be held monthly and as needed.
- V. **Chair:** The chair(s) will be appointed by the CNE or designate.
- VI. **Secretarial Support:** Provided by the committee chair or designate.
- VII. **Administrative Liaison:** A director or associate director will serve in this role.

NURSING ADMINISTRATION POLICY COMMITTEE

The Nursing Administrative Policy Committee evaluates, reviews, and revises personnel policies, procedures and practices, nursing-related components of performance evaluations and other projects as requested.

- I. Membership: The Nursing Administrative Policy Committee consists of one member (or more) from each clinical nursing division; a representative from Nursing Education; and a representative from Nursing Centralized Functions; and a representative from HealthCare Human Resources supporting the Department of Nursing.
- II. Functions: The functions of the Nursing Administrative Policy Committee:
 - A. Review, evaluate, and revise nursing administration policy manual policies, procedures and practices.
 - B. Assure that departmental standards are congruent with institutional and university-wide policies and procedures.
 - C. Review, analyze, and interpret Magnet Recognition Program® standards related to Human Resource policies and metrics.
- III. Meetings: Meetings will be held monthly or as needed.
- IV. Chair: A chair will be appointed by the CNE.
- V. Secretarial Support: Committee Chair's divisional support.
- VII. Administrative Liaison: None

NURSING INFORMATICS/ELECTRONIC HEALTH RECORDS COMMITTEE

The Nursing Informatics/Electronic Health Records Committee oversees the planning and implementation of nursing documentation in on-line systems, and paper medical record forms as needed, to ensure that information in the patient's medical record reflects standards of care and nursing practice policies.

- I. Membership: The Nursing Informatics/Electronic Health Records Committee will consist of the Nursing administrative liaison to Informatics; at least two representatives from Nursing Informatics including the NPL who serves on Staff Education Committee and the NPL who serves on the Professional Nursing Practice Committee; a minimum of one representative from each nursing division; and one representative from the Nursing Quality Subcommittee. A representative from Hospital Information Management will serve as an *ex officio* member.
- II. Functions: The functions of the Nursing Informatics/Electronic Health Records Committee:
 - A. Facilitate the implementation of departmental and UI Hospitals & Clinics objectives, policies, and procedures in information systems as directed by the CC.
 - B. Provide input for informatics related to Department of Nursing Services and Patient Care initiatives.
 - C. Ensure that clinical applications reflect standards of care and nursing practice.

- D. Recommend teaching strategies to meet end user needs.
- E. Provide communication within the department and UI Hospitals & Clinics to disseminate information and to obtain user input and feedback regarding informatics related initiatives.
- F. Establish short- and long-term goals for nursing informatics and promote strategic interface with information systems throughout UI Hospitals & Clinics.
- G. Provide consultation and recommendations regarding downtime policy and procedures for nursing.
- H. Ensure that medical record documentation is updated based on nursing practice changes in collaboration with the Department of Nursing Services and Patient Care shared governance committees and councils.
- I. Review and revise Department of Nursing Services and Patient Care policies (Chapter 9: Medical Records).

III. Nursing Informatics/Electronic Health Records Subcommittees:

- A. The Clinical Documentation Subcommittees are working groups representing similar clinical workflows (i.e. inpatient, ambulatory, procedural, etc.). Membership may include staff nurses; assistant nurse managers; nurse managers; clinical practice leaders and nursing practice leaders, as well as members of other health care teams (suggest one staff nurse superuser per unit/clinic). The subcommittees work cooperatively with other Department of Nursing Services and Patient Care committees and are responsible for the database build, review and maintenance. Members of the subcommittees serve as electronic health record experts and provide support for individual units/divisions.

IV. Meetings: The Nursing Informatics/ Electronic Health Record meeting 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. A nursing director/clinical functions will be appointed by the CNE as an administrative liaison.

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

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

NURSING QUALITY SUBCOMMITTEE

The Nursing Quality Subcommittee (NQS) provides oversight and leadership for the department of nursing to integrate quality improvement activities across the health system to advance patient care quality and safety.

- I. Membership: The NQS consists of the CNE; ACNE; Director of Centralized Function; Magnet® Program Director; Directors/Associate Directors of Nursing Divisions; Nursing Practice Leaders (NPLs)/Clinical Practice Leaders (CPLs) for each Nursing division/unit/area; Nursing Divisional Quality Subcommittees' staff co-chairs; at least one representative from the NQS subcommittees; Nursing

Research and EBP Director; Quality Improvement Program (QuIP) representatives; UI College of Nursing faculty and other University of Iowa Health Care (UIHC) staff as desired.

II. Functions: The functions of the NQS:

- A. Provide a venue for bidirectional communication from unit councils, divisional quality and safety committees and quality staff nurses/unit champions.
- B. Foster discussion and exchange of information regarding process improvement and evidence-based practice.
- C. Interpret, utilize and report data to create actionable steps that improved care processes or resolve identified problems.
- D. Promote the use of process and outcomes indicators to improve patient quality and safety.
- E. Identify interprofessional performance improvement opportunities that align with institutional goals and strategic plan.

III. NQS Subcommittees:

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

Goal: To improve the quality of patient care by prevention, early identification and treatment of pressure injuries and working on other skin-related issues, using evidence-based practice. Its membership includes staff nurses (unit-based S.T.A.R.s); nursing assistants; physical therapists; occupational therapists; respiratory therapists; and nursing leadership as needed.

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

B. Pain Management Committee

Goal: Improve patient care through promotion of evidence-based pain management and comfort measures throughout UI Health Care and through interprofessional collaboration. Membership may include, but is not limited to staff nurses (unit-based pain champions); nursing leadership; medical assistants; providers; pharmacists; physical therapists; quality and safety engineers; patient experience experts; and UI collegiate representatives.

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

C. Fall Prevention Committee

Goal: To use evidence-based practices and to increase involvement of interprofessional teams in each area in order to reduce patient falls and fall-related injuries. The committee welcomes all disciplines and its membership may include but is not limited to nurses; nursing assistants/medical assistants; nursing unit clerks; radiology staff; physical therapists; occupational therapists; and pharmacists.

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

D. Restraints Committee

Goal: Use evidence-based practice by promoting the use of alternative to restraints and when alternatives are ineffective, to monitor restraint utilization, documentation and patient safety. Its membership includes but is not limited to staff nurses and nurse leaders from various leadership positions from a variety of patient care units.

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

E. Safe Patient Handling Committee

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 best practice 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 Subgroup, a subcommittee of the UI Hospitals & Clinics Clinical Systems Committee's Environment of Care Working Group.

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

F. Nurses Improving Care for Healthsystem Elders (NICHE) Committee

Goal: Promote use of evidence-based practices to improve the care of hospitalized older adults. Its membership includes, but is not limited to, an interprofessional group of staff nurses (Geriatric Resource Nurses); pharmacists; social workers; care coordinators; and nursing leadership.

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

G. Central Line Associated Bloodstream Infection (CLABSI) Committee

Goal: Promote use of evidence-based practices to eliminate CLABSIs through front-line engagement in reviewing practices, standards, and outcomes. The membership includes staff nurses and nurse leaders from all patient care units as well as epidemiology support.

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

H. Catheter Associated Urinary Tract Infections (CAUTI) Committee

Goal: Promote use of evidence-based practices to eliminate CAUTIs through front-line engagement in reviewing practices, standards, and outcomes. Its membership includes an interdisciplinary group of nurses (CAUTI Champions), nursing leadership and infection preventionist representation.

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

- IV. Meetings: Will be held monthly and as needed. The subcommittee meet at frequencies as needed to meet their goals.
- V. Chair: CNE and the Director of Central Functions-Nursing Quality; subcommittee chairs will be appointed by the CNE.
- VI. Secretarial Support: Appointed by the CNE.
- VII. Administrative Liaison: None

NURSING RESEARCH AND EVIDENCE-BASED PRACTICE COMMITTEE

The 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 services and involving the Department of Nursing Services and Patient Care.

- I. Membership: The NRC consists of the director of Nursing Research and Evidence-Based Practice; a representative from each division including nurses and patient care service providers; the director of advanced practice providers; the departmental Evidence-Based Practice scientist; a nursing representative from the Institutional Review Board (IRB); representatives from nursing quality, Respiratory Care, and nursing informatics; and staff 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 College of Nursing, or designees, and a DNP faculty member, are ex-officio members.
- II. Functions: The functions of the NRC:
 - A. Review and approve research proposals affecting the Department of Nursing Services and Patient Care and nursing areas advocating for protection of patient and nursing safety and anticipated impact upon departmental resources.
 - B. Review and approve research proposals with nursing staff as subjects and those evaluating nursing practice.
 - C. Review and approve student project proposals.
 - D. Encourage and support the conduct and dissemination of nursing research and EBP at UI Health Care, regionally, nationally, and internationally.
 - E. Provide and support education and consultation to nursing staff 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 program.
 - G. Provide leadership for use of research findings and other evidence as an integral component of clinical practice and management decision-making to improve quality of care.

- H. Promote discussion and exchange of information and collaboration regarding status of research, EBP and process improvement projects.
 - I. Maintain committee liaison and communication with the UI College of Nursing (CoN) to encourage collaborative research and joint EBP work among UI Health Care staff, CoN faculty, and students.
 - J. Provide infrastructure to build and support integrated UI Nursing Research and EBP capacity between the CoN and Department of Nursing Services and Patient Care.
 - K. Identifid members provide interface for communication and cooperation with the UI colleges, Institute for Clinical and Translational Science (ICTS), Human Subjects Office, Sponsored Programs Office, and other external institutions.
 - L. Collaboratively develop selected areas of interprofessional research and/or EBP that are strategically aligned with Department of Nursing Services and Patient Care and institutional goals.
 - M. Provide liaisons to the Department of Nursing Services and Patient Care’s shared governance committees and councils as appropriate.
 - N. Provide horizon scanning for development in nursing and healthcare that influence nursing research and EBP.
 - O. Advocate for resources required for department participation in research.
- III. Meetings: Meetings will be held twice monthly or more often as needed.
- IV. Chair: Co-chairs for this committee and subcommittee are appointed by the CNE. The committee will be co-chaired by a staff nurse and a nurse leader.
- V. Secretarial Support: Support will be provided by the Office of Nursing Research and Evidence-Based Practice.
- VI. Administrative Liaison: The Director of the Office of Nursing Research and Evidence-Based Practice will serve in this role.
- VII. Nursing Research and EBP Subcommittee:
- A. Cancer Symptom Management Subcommittee
 - 1. This subcommittee serves as the committee to promote coordination and practice improvements for adult and pediatric cancer patients in ambulatory and inpatient settings. The committee will promote EBP and conduct of research to improve cancer care.
 - 2. Membership: The subcommittee consists of representatives from all ambulatory and inpatient areas routinely caring for cancer patients and a member from the NRC. A UI College of Nursing liaison will participate as a committee member. Additional appropriate representatives from other settings are also invited to participate.

3. Functions:
 - a. Develop an annual action plan with goals consistent with hospital quality and safety goals and/or other strategic priorities.
 - b. Provide education and consultation to nursing staff in identifying opportunities to improve cancer symptom management.
 - c. Assist nursing staff to interpret and use cancer-related symptom management data from research, other evidence, and internal and external sources to improve care.
 - d. Support and facilitate interprofessional EBP projects and research studies to improve patient care.
 - e. Support nursing staff involvement in collaborative research and EBP initiatives to continuously improve patient outcomes and/or nursing practice.
 - f. Promote discussion and exchange of information regarding status of EBP projects and research studies related to cancer symptom management.
 - g. Encourage and support dissemination of project or study findings.
 - h. Report to the NRC.
4. Meetings: Meetings will be held monthly or more often as needed.
5. Chair: Co-chairs for this subcommittee are appointed by the CNE. The committee will be co-chaired by a staff nurse and nurse leader.
6. Secretarial Support: Support will be provided by the ONRE.
7. Administrative Liaison: A director or associate director will serve in this role.

PATIENT EDUCATION COMMITTEE

The Patient Education Committee oversees the provision of effective and efficient patient and family education to improve the patient experience. The multidisciplinary 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 the Office of the Patient Experience 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 in the hospital.

- I. Membership: The committee for patient experience and education consists of representatives from each clinical division; each of the Department of Nursing Services and Patient Care councils; the Nursing Quality Subcommittee; Staff Education Committee; Nursing Research and Evidence-Based Practice Committee; and Nursing Informatics/Electronic Medical Record Committee. When possible, staff nurses will fill the roles from these divisions, councils, and committees to help identify opportunities for

improvement and best practices as well as direct grass roots efforts. Additional appropriate representatives from other settings are also invited to participate as needed. The Patient Education Specialists from the Office of the Patient Experience are *ex officio* members.

II. Functions: The functions of the Patient Education Committee:

- A. Determine, establish, and evaluate mechanisms to be 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 standard in compliance with internal and external regulatory organizations for developing, reviewing, or selecting and providing patient education materials including use and documentation.
- F. Develop documentation processes for patient education. Evaluate thoroughness and accuracy of documentation.
- 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 the Quality Improvement Program/Nursing Quality Subcommittee as appropriate.
- I. Monitor, plan, implement and oversee action plans related to patient satisfaction data, as appropriate for this group.

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

IV. Chairs: Two leadership chairs and one staff nurse chair will be appointed by the CNE or designee. Co-chair terms will last two years with terms ending on alternating years.

To ensure equity in representation, the leadership chairs will be appointed from each division on the following rotation: MSS, POD, CWS, ISS, BHS, and AMB.

V. Secretarial Support: Committee chairs or designate.

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

PROFESSIONAL NURSING PRACTICE COMMITTEE

The Professional Nursing Practice Committee (PNP) reviews and revises all Department of Nursing (DoN) policies, procedures, guidelines and protocols related to professional nursing practice. DoN policies, procedures, guidelines and clinical protocols govern all areas of UI Hospitals and Clinics 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 institution in all areas where nursing is practiced.

- I. **Membership:** PNP committee consists of 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 Services (AMB), and Perioperative Services (POD); Nursing Informatics/Electronic Health Record; Office of Nursing Research and Evidence-Based Practice; Nursing Quality; Nursing Clinical Education Center; Ambulatory Surgery Center; Emergency Department; and representatives from the roles of staff nurse, nursing practice leader/clinical practice leader, nurse manager, and assistant nurse manager. 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:** The functions of the PNP Committee:
 - A. Respond to questions related to the scope of professional nursing practice at UI Hospitals and Clinics based on the Iowa State Nurse Practice Act.
 - B. Assist with development and approval of all new nursing department-wide policies/protocols/guidelines related to nursing practice and scope of practice.
 - C. Ensure policies, procedures, guidelines, and clinical protocols are evidence-based and reflect interdisciplinary collaboration as appropriate.
 - D. Triennially, or more often as warranted, review, revise and archive nursing department-wide policies, procedures, guidelines, and clinical protocols related to professional nursing practice. These nursing policies, guidelines and clinical protocols are located in the UI Hospitals & Clinics' online document management system PolicyTech.
 - E. Oversee the management of *Elsevier's Clinical Nursing Skills* and coordinate content reviews and any possible integration of departmental/hospital policies.
 - F. Coordinate policy/protocol review as needed with other committees, e.g. Pharmacy & Therapeutics, Provision of Care, Quality and Safety Oversight Sub-committee, Point-of-Care, and divisional nursing groups.
 - G. Submit content monthly for *Nursing Cliff Notes* to educate and inform nursing staff of policy/practice changes approved by the committee, and work as needed with, other shared governance and hospital 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 co-chairs will be appointed by the CNE. A staff nurse co-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: A director or associate director will serve in this role.

RETENTION COMMITTEE

The Retention Committee was created to improve retention of professional registered nurses in the Department of Nursing Services and Patient Care. The committee helps retain nurses by improving nurse job satisfaction through evidenced-based practice recommendations. The committee administers the annual RN work satisfaction survey and reviews the results to identify opportunities to improve the work environment. In addition, this committee oversees the departmental DAISY Award for extraordinary nursing and other activities related to nurse recognition. Members of this committee include direct care staff nurses from every division in addition to representatives from other nursing roles.

- I. Membership: The Nurse Retention Committee consists of the CNE; Magnet® Program Director; the Director of Nursing Research and EBP; the Clinical Ethics nursing practice leader (NPL); a designee from Nursing Education; the Nursing Human Resources Manager; a representative NPL; one nurse manager; one assistant nurse manager; one clinical coordinator/ specialty nurse clinician; and one house operations manager. In addition, the committee has direct care staff nurses from each division to assure thorough representation of the Department of Nursing Services and Patient Care.
- II. Functions: The functions of the Nurse Retention Committee:
 - A. Coordinate nurse retention activities throughout the department.
 - B. Facilitate communication regarding all activities related to retention.
 - C. Conduct, monitor, track and analyze an annual (or more frequent) nursing work/satisfaction survey.
 - D. Review the aggregate and unit level results of the satisfaction survey at the aggregate and unit level and identify opportunities to improve the work environment.
 - 1. Maintain and house the metrics database from each survey.
 - 2. Assist each unit to set targeted and stretch goals to improve nurse satisfaction.

3. Maintain a toolkit of EBP strategies for each unit to use to improve nurse satisfaction and assist each unit in selection of actions.
 4. Review all unit action plans and progress toward meeting their goals quarterly. Review the results of the annual RN work satisfaction survey and identify opportunities to improve the work environment.
- E. Make evidence-based practice recommendations to improve nurse retention.
 - F. Provide education and consultation to nursing staff regarding nurse retention.
 - G. Assist in problem solving and advise on issues related to the recruitment and retention of professional nursing staff.
 - H. Coordinate the DAISY Award for extraordinary nursing for the department.
 - I. Communicate and provide updates to Staff Nurse Council.
- III. Meetings: Meetings will be held monthly or as needed.
- IV. Chair: Co-chairs include a NM chair and a clinical nurse co-chair. The CNE/ACNE will serve as the administrative liaison.
- V. Secretarial support: Committee chairs' designate.
- VI. Administrative Liaison: None

STAFF EDUCATION COMMITTEE

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

- I. Membership: The Staff Education Committee consists of a core representative from each clinical division drawn from nursing practice leaders, nursing management, clinical coordinators, and staff nurses with divisional/unit responsibility for staff education; and representatives from Nursing Clinical Education Center, Nursing Informatics, UI Heart Care and Vascular Services, Ambulatory Surgery Center, Iowa River Landing, UI Community Care Clinics and the Nursing CQ Office.
- II. Functions:
 - A. Coordinate the annual education needs assessment of the nursing staff.
 - B. Assess, plan, implement, and evaluate strategies to meet the educational needs of nursing staff with consideration of efficient and effective processes.
 - C. Coordinate departmental and divisional educational competencies, orientation and training that affect nursing staff.

- D. Assist in education related to quality outcome improvement as assigned by the hospital department and 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 shared governance committees/councils or other organizational direction.

III. Work groups:

A. Emergency Cardiovascular Care (ECC) Courses Work Group

Goal: Provide oversight for the Department of Nursing Services and Patient Care Advanced Cardiovascular Life Support (ACLS), Basic Life Support (BLS), and Pediatric Advanced Life Support (PALS) in collaboration with the Emergency Medical Services Learning Resource Center (EMSLRC).

B. Competency Documentation Work Group

Goal: Maintain current educational content through online modules Compliance and Qualifications (CQ) and Nursing Education (NEd) and competency documentation.

C. Preceptor Program Work Group

Goal: Coordinate the education and support of the unit-based preceptor.

D. Simulation Interest Group:

Goal: Promote the utilization of simulation as a learning method within the Department of Nursing Services and Patient care and expand interprofessional simulation.

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

V. Chair: Co-chairs will be appointed by the CNE or CNE designate, including a NPL from the Nursing Clinical Education Center and a staff nurse from the committee.

VI. Secretarial Support: Committee chairs or designate.

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

ADDITIONAL COUNCILS AND COMMITTEES*

ADVANCED PRACTICE PROVIDER (APP) COUNCIL

The Advanced Practice Providers (APP) Council provides a means for communication among all ARNPs/PAs at UI Hospitals and Clinics.

- I. Membership: The APP Council consists of all supervisory and non-supervisory UI Hospitals and Clinics ARNPs and PAs credentialed and privileged.
- II. Functions:
 - A. Provide an infrastructure for APPs that fosters a culture of professional practice, quality patient care, and personal accountability that contributes to the overall success of UI Health Care.
 - B. Serve as a forum for the presentation of the UI strategic plan, operations, and initiatives of the hospital and professional issues pertinent to APP practice.
- III. Meetings: Meetings are held quarterly
- IV. APP Subcommittee
 - A. Advanced Practice Providers Supervisory Team:
 - Goal: Work with physician colleagues and administration to define role expectations of APPs; assist with the development of HR policies relevant to APPs; assist to recruit the most appropriate and qualified APP applicants; assist departments with onboarding APPs; create an APP mentorship program; identify metrics for OPPE/FPPE; and assist in evaluating the ongoing contributions and effectiveness of APPs
 - Meetings: Meetings are held monthly.
- V. Chair/Liaison: The director of APPs will serve as the primary administration liaison.

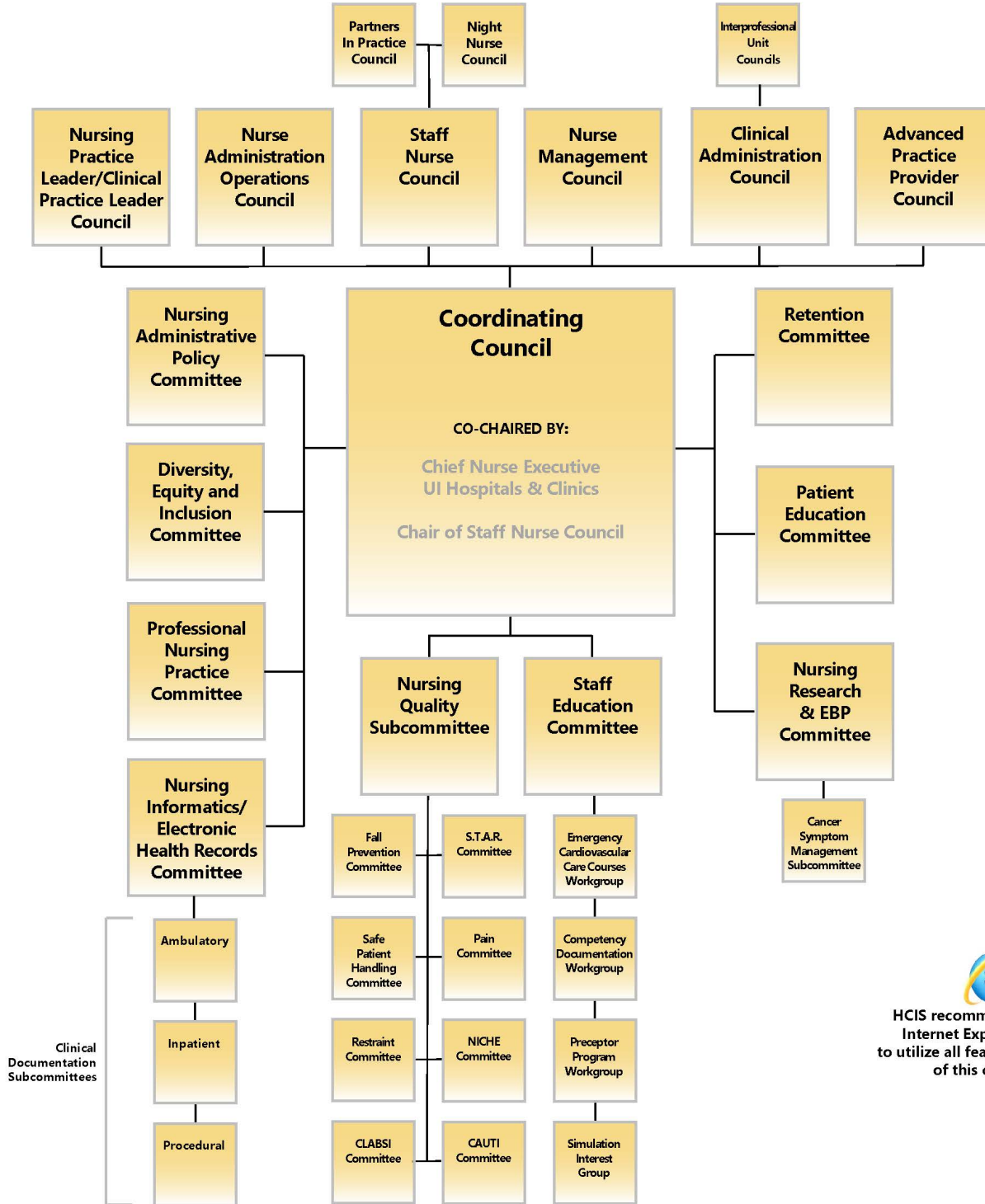
Written	12/75						
Revised	8/77	9/78	9/79	11/80	10/81	9/82	11/11
	9/83	9/84	9/85	7/86	8/87	10/88	1/12
	9/89	9/90	9/91	9/92	10/93	10/94	10/12
	1/00	8/01	7/02	7/03	10/04	8/05	11/12
	10/06	1/08	4/09	1/10	5/10	6/10	1/13
	2/13	9/13	2/14	11/14	1/15	4/15	10/15
	11/18	10/19	11/19	1/20	9/20	10/20	

Shared Governance

[Click [this link](#) to access Charter]

Click this link to access: [Divisional Shared Governance Descriptions](#)

Meetings Calendar		Roles & Responsibilities	
Chairs	Committee Rep Communication Tools	EBP Implementation Model	Governance Algorithm
Shared Governance Electronic Commitment Letter			
Shared Governance Agenda and Minutes Template			




 HCIS recommends Internet Explorer to utilize all features of this chart.