Professional Practice Model
Nursing Bylaws for
Patient Care Services

August 2016
Saint Joseph Hospital Patient Care Services Bylaws
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SECTION 1. Saint Joseph Hospital Mission Statement
To bring wellness, healing and hope to all

SECTION 2. Saint Joseph Hospital Nursing Mission
Our mission is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century by striving for excellence within our profession through dedication to evidence based practice and fostering an environment that embraces nurses through coaching, mentoring and providing advancement of knowledge.

SECTION 3. Saint Joseph Hospital Patient Care Philosophy
We believe in:
- Compassion
- Advocacy
- A holistic approach
- Advancing technology
- Reaching out to our community
- Cultural sensitivity
- The value of stewardship to ensure our ability to provide care
- Measuring high quality patient care and that the nursing care we provide matters

SECTION 4. Nursing Vision
KentuckyOne Health: KentuckyOne nurses are leaders distinguished by evidence-based practice, exquisite service to others, and safe, effective care. Nationally renowned for our innovative practice environment, our nurses will achieve the highest level of outcomes by partnering with patients, their families and our communities.

SECTION 5. Governance
A. Patient Care Services is governed by these bylaws and follow Robert’s Rules of Order.
B. Proposed bylaws changes must be submitted to the Nursing Coordinating Council by the September meeting each year. Coordinating Council will review and seek input from Nurse Councils.
C. Modifications to the bylaws must be ratified by a 2/3 vote of the Nursing Coordinating Council.

ARTICLE 2: Registered Nurses at Saint Joseph Hospital

SECTION 1. Qualifications of Registered Nursing Staff
A. Minimum required qualifications: Nurses must document and demonstrate:
   1. Valid Kentucky License to practice nursing.
   2. Core competencies as identified within job description.

SECTION 2. Responsibilities of the Registered Nurse
A. Provide appropriate, timely, and continuous care of his/her patients following standards of practice, evidence based care, and utilizing the nursing process.
B. Participate in quality/performance improvement activities at their unit level.
C. Abide by the Nursing Bylaws, State rules and regulations governing nursing practice, and policies/procedures of Saint Joseph Hospital,
D. Participate in shared decision-making structure.
E. Provide direction and delegation to other team members.

ARTICLE 3. Professional Practice Model: ENGAGE
Empowered Nurses Get Active in Growth and Education

ARTICLE 4: Nursing Council Structure
Each unit will have a designated Unit Based Council (UBC) or will utilize staff meetings as a shared decision making group if total numbers of staff are small. Issues will be resolved at the unit level UBC if the issue pertains only to that unit. Issues that affect more than one service area are resolved at the Service Line meeting. (Critical Care, Med-Surg, Perioperative, Cardiovascular or Emergency Services). Issues that are global are resolved at the Council level.
SECTION 1. Communication Algorithm

Communication Algorithm

Issue

Service Line:
- Critical Care
- Emergency
- Med/Surg
- Perioperative
- Cardiovascular

Councils:
- Quality
- Professional Development
- Nursing Worklife
- Evidence Based Practice and Research

Nursing Coordinating Council

Nursing Leadership Council

Interdisciplinary Committees:
- Pharmacy & Therapeutics
- Infection Control
- Ethics
- Service Excellence
- Sepsis
- Glycemic Management

Nursing Committees:
- Falls Focus
- Skin Care
- Nursing Service Excellence
- Sleep Apnea Focus
- Pain Management
- Pharmacy-Nursing Medication
- Clinical Alarm Management
- ICU Liberation
- Code Blue

Nursing Executive Council

SECTION 2. Communication to Nursing from Nursing Councils

Recognizing the council structure provides for monthly communication to and from councils, communication mechanisms listed below will also be utilized:

A. State of Nursing
   There will be an annual State of Nursing event to which all Saint Joseph Hospital nurses will be invited to participate. Coordinating Council members will coordinate the State of Nursing event.

B. Patient Care Services Strategic Planning Meeting
   A Strategic Planning meeting will be held annually.

C. Nursing Newsletter
   The Nightingale News will be distributed quarterly.

D. Bulletin Boards
   All departments will have a designated area to post nursing communication.
SECTION 3. Service Line Meetings

A. Purpose
To communicate and resolve issues related to a particular service area that affects more than one department within the service area. Make recommendations to appropriate council for issues affecting more than one service area. Assure representation at Nursing Councils.

B. Membership
The Service Line meeting is attended by:
- Director,
- Nurse Managers,
- CNS,
- Educator and Unit Based Chairs of each department,
- Additional ad hoc members as appropriate.

C. Meetings
Meetings are held a minimum of ten times a year and presided by the Director of the Service Area. Each council member will present their UBC/Council’s report to the Service Line. UBC representatives will share appropriate information from the meeting at UBC/staff meetings. Minutes will be taken and distributed.

SECTION 4. Nursing Council Meetings

A. Meeting Schedule
All Councils will meet monthly for approximately 1-2 hours. Members will receive a schedule of meetings for the year in advance. Meetings are presided by the Chair.

B. Record of Meetings
A record of the meeting will be created and distributed to all members and posted on the Intranet using designated format. Minutes should be posted to the intranet prior to the next meeting.

C. Governing Structure
Each agenda will include: practice, quality, education, research and leadership issues. Decisions will be made by consensus and at least 50% of those making the decision must be staff RN council members for a quorum.

D. Membership
Clinical experts recognized by peers and endorsed by Service Line. Potential candidates must commit to attend 75% of council meetings, state opinions honestly and respect others opinions, work towards consensus, communicate issues, keep an open mind, support implementation of decisions made, respect diversity and encourage the flow of information. Prefer candidates to have served at least one year on a Unit Based Council.

E. Selection of Members
Names of potential RN members are submitted to the Service Line by Unit Based Councils. Potential candidates must meet qualifications and fulfill responsibilities. The Service Line will appoint a member for each RN service line opening. Nurse Leadership Council will select Manager Representation. Nursing Education Department will select an educator or CNS for each council based on criteria and expertise.

F. Term Limits
Designated members make a two year commitment with the opportunity to continue participation at the end of their two year term. It is recommended only half of the council members rotate off at any one time. Term of service is January – December. Members who do not meet their responsibilities will be notified by the Chair and asked to declare their intent to continue. Removal from service will be at the consensus of all council members.
G. Chair/Co-Chair
1. Criteria
   Member in good standing of the council (one year preferred).
2. Selection
   By consensus of the council members.
3. Responsibilities
   Facilitate development of annual goals and objectives by February meeting, create
   agendas, facilitate meetings, and distribute minutes. Meet with Council Director as
   needed for support in role.
4. Term of Service
   One year
5. Removal of Chair
   Concerns regarding the Council Chair unresolved at the Council level will be addressed
   by the Coordinating Council. Vacancies will be filled by Council consensus to
   complete term of service.

SECTION 5. Nursing Work Life Council
A. Purpose
   To promote nursing engagement and to attract new nurses and retain our qualified, talented
   nursing workforce.
B. Accountabilities:
   1. Promote nursing engagement through recruitment and retention activities.
      • Actively focus on ways in which our team can address meaningful recognition
        at Saint Joseph Hospital.
      • Actively explore feedback from staff on ways that we can have nurses engage in
        activities together both at work and outside of work.
      • Explore nurse mentor programs to initiate.
   2. Measure nursing satisfaction and engagement by promoting participation in the NDNQI
      Nurse Survey.
      • Recognize that nursing is about TEAM work, not just in our profession but
        other healthcare professions as well which results in job satisfaction.
      • Explore way to improve satisfaction and engagement.
   3. Plan recognition programs to celebrate accomplishments of Nursing, including annual
      Nurses Week celebrations.
   4. Encourage nurses to participate in community events that promote the profession of
      nursing.
   5. Share responsibility of oversight of the DAISY Awards.

SECTION 6. Nursing Quality Council
A. Purpose
   To provide, facilitate, and evaluate a framework for continuous improvement of nursing
   practice for consistent quality outcomes.
B. Accountabilities
   1. Coordinate nursing performance initiatives to include clinical practices, nursing
      sensitive indicators, and standards of care.
   2. Evaluate trends and patterns of nursing performance outcomes.
   3. Conduct special focus studies and CPE projects to improve processes and outcomes.
SECTION 7. Nursing Professional Development Council

A. Purpose
To provide the strategic direction and support for the education of Patient Care Services Caregivers.

B. Accountabilities
1. Ensure education is clinically relevant and coordinated with the Nursing Education Department.
2. Ensure education supports and promotes professional development.
3. Adhere to ANA Scope and Standards of Practice for Nursing Professional Development.
4. Provide the framework that assesses, supports, and nurtures competence, and clearly defines role expectations for new Caregivers.
5. Assist in the development of patient education efforts.
6. Promote and support the nurse as teacher.
7. Communication/collaboration with appropriate council on specific projects as needed.

SECTION 8. Nursing Evidence-Based Practice and Research Council

A. Purpose
To provide a defined infrastructure to support nursing research, advance nursing practice and further the implementation of evidence-based practice. The council provides support for nurses to identify and investigate nursing areas of interest; conduct scientific inquiry; and collect, analyze and evaluate data. The Council will facilitate dissemination of research findings.

B. Accountabilities
1. Review/approve* nursing research studies/proposals.
2. Facilitate evidence-based practice/research fellowships.
3. Promote nursing research within the hospital and community.
4. Disseminate nursing research findings.
5. Communicate and collaborate with the Institutional Research Review Committee (IRRC) regarding nursing studies.
6. Facilitate nursing scientific inquiry conduct by external stake holders.

*Approval of Nursing Research Studies/Proposals:
Voting on research proposals or projects requiring referral to the IRB will be done by council team members with demonstrated competency in this area (for example, this will include but is not limited to completion of Human Subjects training); these approvals may be organized outside of the regular council meeting/done by a sub-committee.

C. Membership
RN Membership is per Article 4; Section 5 E. Membership may be designated by the CNS role and discretion of Director. Membership may be extended to others as needs are identified and agreed upon by the Council (for example, for PhD expertise, IRB representation or other representation).

D. Decision Making
A minimum of five members must participate in voting.
SECTION 9. Nursing Coordinating Council

A. Purpose
The Nursing Coordinating Council provides a forum for Councils to collaborate and establish overall direction for Nursing Services in support of Saint Joseph’s mission and strategies.

B. Accountabilities
The Nursing Coordinating Council is accountable for the coordination of activities of the overall Councils. The Council will:
- Coordinate and oversee of individual council goals in relation to the nursing operational plan.
- Develop and maintain processes to facilitate effective functioning of the Nursing Councils.
- Promote networking and partnerships among members of Patient Care Services.
- Be responsible for planning Annual Meeting.

C. Membership
Membership will include the chair and co-chair of Practice, Education, Quality, Research, and Nursing Leadership Councils. Permanent members will also include the CNO (or designee) and Nursing Directors (3).

D. Decision Making
A minimum of five members must participate in voting.

SECTION 10. Nursing Leadership Council

A. Purpose
1. Organize and manage the resources of the nursing organization.
2. Develop an environment that promotes and enhances the practice of professional nursing.
3. Actualize the initiatives as defined by the nursing strategic plan.

B. Accountabilities
The accountabilities associated with the Nursing Leadership Council are people, service, quality, resources and growth. The Council will:
- Coordinating Council is accountable for the coordination of activities of the overall Councils. The Council will:
  1. Ensure mechanisms are in place to provide the materials, equipment and human resources to sustain a safe and effective working environment for patient care.
  2. Ensure processes are in place to assure collaboration between Patient Care Services and other departments.
  3. Ensure mechanisms are in place to assure accreditations, licensure, and credentialing at the unit level.
  4. Ensure processes are in place to develop, support, implement and evaluate organizational policies consistently.
  5. Provide opportunity for leadership development.
  6. Identify and provide consistent management information to the Councils where appropriate.
  7. Ensure best practices through benchmarking.
  8. Support recruitment and retention strategies.

C. Membership
Membership is designated by leadership role and includes Nurse Managers, Directors, House Managers and Clinical Nurse Specialists and the Vice President, Patient Care (CNO).
D. **Selection of Members**
   Membership is defined by role expectation. Nurses reporting outside Patient Care Services appointed by the CNO.

E. **Term of Service**
   There are no term limits.

F. **Chair/Co-Chair**
   These positions are held alternately by a Nursing Director and Nurse Manager. Elections held annually.

**SECTION 11. Nursing Executive Council**

A. **Purpose**
   1. Organize and manage the resources of the nursing organization.
   2. Develop an environment that promotes and enhances the practice of professional nursing.
   3. Actualize the initiatives as defined by the nursing strategic plan.

B. **Accountabilities**
   The accountabilities associated with the Nursing Executive Council are people, service, quality, resources and growth. The Council will:
   1. Ensure mechanisms are in place to provide the materials, equipment and human resources to sustain a safe and effective working environment for patient care.
   2. Ensure processes are in place to assure collaboration between Patient Care Services and other departments.
   3. Ensure mechanisms are in place to assure accreditations, licensure, and credentialing at the unit level.
   4. Ensure processes are in place to develop, support, implement and evaluate organizational policies consistently.
   5. Provide opportunity for leadership development.
   6. Identify and provide consistent management information to the Councils where appropriate.
   7. Ensure best practices through benchmarking.
   8. Support recruitment and retention strategies.

C. **Membership**
   Membership is designated by leadership role and is open to Nursing Directors and CNO only. Ad hoc members include, Case Management, Quality, Heart Institute and Education.

D. **Chair/Co-Chair**
   Chairperson is the CNO unless appointed on a rotation basis.

**ARTICLE 5: Nursing Committee Structure**

**SECTION 1. Falls Focus Group**

A. **Purpose**
   To enhance patient safety from falls and injury by utilizing evidence-based practice and clinical expertise within the hospital setting.

B. **Membership**
   DONs, Unit Managers, Unit based champions, Clinical Educator, Pharmacy, Rehab Services, Quality and Risk

C. **Meeting Frequency**
   Monthly
SECTION 2. Skin Care Committee
A. Purpose
- To foster the development of committee members as it pertains to skin, wounds, ostomies and continence
- Collaborate with WOC RNs, RDs and other resources focused on the management of skin, wounds, and ostomates.
- Participate in defining skin care competencies for care providers.
- Participate in defining ostomy care competencies for care providers.
- Drive strategies and practice improvements that support positive patient outcomes related to skin integrity.
- Drive strategies and practice improvements that support positive patient outcomes related to ostomates.
B. Membership
One staff nurse and one staff nursing assistant from each unit
C. Meeting Frequency
Monthly

SECTION 3. Nursing Service Excellence Committee
A. Purpose
To learn, pilot, and evaluate patient satisfaction best practices; to monitor results and implement action for improvement
B. Membership
Nursing Directors, Nurse Managers, CNO, representatives from Nutrition Services and Patient Representatives
C. Meeting Frequency
Monthly

SECTION 4. Code Blue Committee
A. Purpose
To provide direction and oversight of the organization’s processes for responses to medical emergencies, including Code Blue and RRT events.
B. Membership
CNO, Nursing Directors, Clinical Nurse Specialists, Clinical Educators, House Managers, Critical Care Floats, Staff Nurses, Respiratory Therapist, Pharmacist, Physician/APRN/PA, Quality Management
C. Meeting Frequency
Monthly

SECTION 5. Sleep Apnea Focus Committee
A. Purpose
Provide a uniform approach to identify patients who have a previous diagnosis of sleep apnea or at high risk for sleep apnea (per screening) and minimize the risk of airway compromise for these hospitalized and procedural patients utilizing the electronic medical record.
B. Membership
Manager of Respiratory Care/Neurodiagnostics, Manager of Clinical Informatics, Respiratory Care Clinical Specialist, Director of Surgical Services, Director of
Medical-Surgical Services, Director of Critical Care, Director of Clinical Engineering, CNS, Saint Joseph East representative, Women’s Hospital representative, Administrative Assistant (recorder/timekeeper), Hospital Statistician (ad hoc), Pulmonologist/Intensivists (ad hoc), Anesthesiologist (ad hoc).

C. **Meeting Frequency**
   Monthly; more frequently as needed.

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**SECTION 6. Interdisciplinary Pain Management Committee**

A. **Purpose**
   Committee is a collaborative, multidisciplinary group of clinicians and administrators whose primary objective is to improve the quality of pain management at Saint Joseph Hospital.

B. **Membership**
   Staff Nurses (unit based pain champions), nursing leadership, pharmacy, rehabilitation services and quality.

C. **Meeting Frequency**
   Monthly

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**SECTION 7. Pharmacy-Nursing Medication Use – Safety Committee**

A. **Purpose**
   • To foster spirit of collaboration between Nursing and Pharmacy Services
   • To focus on medication safety

B. **Membership**
   Nurse Manager and one delegate from each nursing unit (inpatient and ambulatory), Clinical Nurse Specialists, Clinical Nurse Educators, Nursing Directors, Clinical Pharmacists, Clinical Pharmacy Specialists, Medication Reconciliation Pharmacist, Pharmacy Administrative Manager, Pharmacy Clinical Manager, Pharmacy Systems Administrator, Controlled Substances Coordinator, Cerner Clinical Informaticist, Director of Pharmacy, CCH Clinical Pharmacist, CCH Nurse Manager and one delegate, Hospice Nurse Manager and one delegate, Ad hoc members from Dietary, Nutrition, Diabetes, Respiratory Care, Supply Chain, Laboratory, Radiology.

C. **Meeting Frequency**
   Monthly

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**SECTION 8. Clinical Alarm Management Committee**

A. **Purpose**
   • To establish alarm safety as a hospital priority per The Joint Commission Patient Safety Goal
   • To identify the most important alarm signals to manage
   • To establish policies and procedures for managing alarms identified above and educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible

B. **Membership**
   CNO, Clinical Engineering Director, Plant Operations Director, Nursing Directors, Respiratory Therapy Director, Critical Care Nurse Specialist, Safety and Accreditation Specialist, Nurse Managers, Clinical Nurse Educators, Information Technology, Risk Manager

C. **Meeting Frequency**
   Monthly
SECTION 9. ICU Liberation Team

A. Purpose
   To provide direction and oversight of the implementation of the Society of Critical Care Medicine ICU Liberation program in the critical care units at Saint Joseph Hospital

B. Membership
   Critical Care Nurse Specialist, Director of Critical Care, Nurse Managers of each Critical Care Unit and staff nurses, Pulmonologist/Critical Care Intensivists and Extenders, Critical Care Pharmacists, Manager of Respiratory Care, Respiratory Care Supervisor and Respiratory Therapist, Director of Rehab Services, Physical Therapists, Critical Care Clinical Nurse Educators, Clinical Informatics, Chaplain

C. Meeting Frequency
   Monthly

ARTICLE 6: Interdisciplinary Committees
   Nursing participates in all hospital interdisciplinary committees, i.e., Infection Control, Pharmacy and Therapeutics, Ethics, Glycemic Management and Sepsis.