2018 Changes to Nursing Shared Governance:
Talking Points for Nurse Leaders

Use these talking points along with the article from the December Nightingale News to discuss planned changes to the Nursing Shared Governance structure.

What is Shared Governance and Why a Congress Model?

Saint Joseph Hospital has had a Nursing Shared Governance council model in place for the past 2.5 years. However due to infrastructure issues, poor attendance, and lack of communication it had failed to reach its original vision of staff nurse leadership, engagement, and professional growth. Nurse leaders met in September 2017 to discuss ways to improve representation, communication and strengthen the pillars of Shared Governance: Accountability, Equity, Partnership, and Ownership. The group searched for organizations that had strong Shared Governance structures in place and found that moving to a Congress Model of Shared Governance may address the issues facing SJH.

The Congress Model was presented to all current Shared Governance members on September 20, 2017. The group overwhelmingly voted to proceed with adopting this new model of Shared Governance. In October and November, Shared Governance members met to design the Congress model: how will representatives be elected; how many representatives would we have; what subcommittees would be included; sample agenda; how would issues be brought to Congress; communication strategies; etc.). On November 10th, Deb Bryant, DNP, RN was named the Chief Nursing Officer of Saint Joseph Hospital and Saint Joseph Jessamine, in addition, to Saint Joseph East. The vision for Shared Governance Congress will now embrace all three hospitals in an effort to facilitate a seamless voice for nurses as we strive to provide innovative, evidence-based, high quality patient care.

Congress Model: Who’s Included and What does it look like?

- Saint Joseph Hospital, Saint Joseph East (including Women’s Care), and Saint Joseph Jessamine will all be represented in the Congress model.
- Nursing Congress will look similar to our US Congress. 1 representative from each nursing unit/department will be elected to represent their unit/department/service line. This may expand to more than one representative for larger units/departments as Congress evolves but we will start out with one representative in the beginning.
- Nursing Congress will meet on a designated day each month from 0900—1530. Attendance at Congress meetings will be required for elected representatives.

Application and Election of Congress Representatives

- Nurses interested in being a Congress representative for their unit/department must fill out an application, and turn it in to their manager for signature of approval that the candidate meets eligibility criteria.
- Potential candidates can be nominated by their peers, unit manager, or they may nominate themselves.
- Application Period: Tuesday January 2, 2018 at 0700 through Friday February 16, 2018 at 2359. Applications received after this deadline will not be included on the ballot.
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- Nurse leaders can scan and email signed applications to Chris Slaughter slaughcm@sjhlex.org
- Once all applications have been collected, an electronic ballot will be created for each individual unit/department with the names of their potential candidates. Units that have only 1 candidate will still complete electronic election of their representative. SurveyMonkey will be used to create the electronic ballots, and more information will be provided closer to election dates.
- Voting will take place from Monday February 26, 2018 through Friday March 9th, 2018. All nursing staff are encouraged to VOTE!
- If a nominee is not elected to represent her/his unit at Congress, he/she may be a Clinical Task Force member (the nominee will designate on the application form)

Clinical Task Force Groups

- There are several nurse-driven clinical teams already meeting on a regular basis. It was decided by nurse leaders to incorporate these meetings into the designated Congress day to keep all meetings to one day per month. This will also be a way for Congress members to be included and informed of the work & outcomes related to these clinical teams.
- Nurses who are currently members of these clinical task force teams are encouraged to apply and stay active:
  - SWOT (Skin, Wound & Ostomy Team)
  - Falls Team
  - Clinical Informatics
  - Diabetes Champions
  - CAUTI
  - Vascular Access
  - Safety Coach
  - Nurse Recognition

Application for Clinical Task Force Membership

- Nurses wanting to join a clinical task force group must fill out an application, and turn it into their manager for approval. Note: The same application will be used for both Congress representative and Clinical Task Force teams. Be sure to specify which one you are applying for.
- Application Period: Tuesday January 2, 2018 at 0700 through Friday February 16, 2018 at 2359. Applications received after this deadline will not be included on the ballot.
- Nurse leaders can scan and email signed applications to Chris Slaughter slaughcm@sjhlex.org
- Every effort will be made to give the applicant one of her/his top 3 choices for Clinical Task Force
- Clinical Task Force members will attend from 1300-1515 on Congress meeting day.

Eligibility, Responsibilities, and Time Commitment

Congress Representatives

- At least 6 months of nursing experience at your hospital & unit/department
- Full-time, Part-Time, PRN, & LPNs may apply—as long as you work at least 1040 hours (~20 hrs/week) each year.
- No formal disciplinary action within the last 12 months (not counting verbal warnings)
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- Attend at least 10 of 12 Congress meetings per year. Find a replacement from your unit/department to attend Congress meeting in your absence.
- Serve on Congress subcommittees and Clinical Task Force teams as assigned
- Must prioritize two-way communication between Congress and your unit/department. Utilize communication boards, email, unit meetings, rounding, etc. to communicate monthly Congress initiatives to staff. Also communicate back to Congress any specific nurse practice issues identified by your coworkers during unit meetings, rounding, etc.
- Time commitment: 6-10 hours per month for a 2 year term

Clinical Task Force Team Members

- No employment time limit required
- Full-time, Part-Time, PRN, & LPNs may apply—as long as you work at least 1040 hours (~20 hrs/week) each year.
- No formal disciplinary action within the last 6 months (not counting verbal warnings)
- Attend at least 9 of 12 Task Force team meetings per year. Find a replacement from your unit/department to attend the meeting in your absence.
- Must prioritize two-way communication between Clinical Task Force team and your unit/department. Utilize communication boards, email, unit meetings, rounding, etc. to communicate monthly team initiatives to staff. Also communicate back to the Clinical Task Force Team any specific nurse practice issues identified by your coworkers during unit meetings, rounding, etc.
- Time commitment: 2-4 hours per month

Proposed Congress Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
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<tbody>
<tr>
<td>0900-0940</td>
<td>Reflection/Roll Call/CNO Updates</td>
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<tr>
<td>0940-1010</td>
<td>Topic/Issue Request Review</td>
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<tr>
<td>1010-1030</td>
<td>Break</td>
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<tr>
<td>1030-1200</td>
<td>Congress Subcommittees Meetings</td>
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<tr>
<td>1200-1245</td>
<td>Lunch</td>
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<tr>
<td>1300-1400</td>
<td>Clinical Task Force Meetings</td>
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<tr>
<td>1400-1420</td>
<td>Reconvene in Auditorium</td>
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<tr>
<td>1420-1515</td>
<td>Report out of Congress Subcommittees &amp; Clinical Task Force teams</td>
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<tr>
<td>1515-1530</td>
<td>Voting/Adjournment</td>
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