The new Nursing Governance Structure developed by a team representing all nurses within the UMHS nursing community, health care colleagues and Patient and family representatives, is now ready for roll out. Key to implementation is nurse participation. This presentation will define the committee, forum, and task force components of the Nursing Governance Structure. It will identify opportunities for YOU to be involved in the shared clinical decision making that supports the delivery of nursing care. You will lean about charges, goals, expectations and meeting times of various committees, forums and task forces. And, you will learn the process for applying to be a member of those groups.
This diagram depicts the organizational components of the Nursing Governance structure. It is based upon Institutional and Nursing Strategic Plans and rests on the Nurse Executive Council.

The overarching Nursing Gateway Committee will serve to coordinate governance work. Six other committees will lead specific areas of work and all will be informed by forums which include: the Nursing Leadership forum, the Manager Forum, the Staff Nurse Forum and the Advanced Practice RN Forums.

In this governance plan, there are many opportunities to actively participate.

Watch for the perfect spot for you.
In this governance model, there are:

**Councils** which are established groups representing the executive and/or administrative leadership team designed to achieve the functions of the nursing community. NEC – the Nursing Executive Council – is an example.

There are **Committees** which will discuss, problem-solve, plan, and implement changes in the delivery of nursing care.

There are **Forums** which deliberate, advise, and then share information.

And there are **Task Forces**, which are temporary groups designated by a committee. They will focus on targeted areas of nursing practice, for example, device-related pressure ulcers.
To insure that all voices can be heard, most committees are composed of some configuration of Staff nurses; managers/supervisors; CNSs; Ed Nurse Coordinators and Educational Nurse Specialists; Nursing Directors; School of Nursing faculty, patient and family members and multidisciplinary partners.

Also, representatives from the continuum of care will rotate on to a committee as appropriate. These may include ambulatory care, inpatient, OR/PACU, representatives...

The first meeting for all committees will be focused on orientation to the Governance model and the work of the specific committee. There is an element of development imbedded in the governance structure. Nurses will experience modeling of committee behaviors and responsibilities while learning about and contributing to committee work. Prior to the first committee meetings, the chairs will have an orientation designed to support their role.
Some elements of the governance structure remain in place throughout the model. For instance, to ensure adequate representation from constituency groups, at least 50% of the committee members must be present for decision making.
In order to streamline release time, most committees, forums and task forces will meet monthly – except for July and December. All will meet on the same day – the 4th Wednesday of the month. Meetings are scheduled back to back throughout the day. Each will have a set time of day for their specific committee, forum or task force. And, each will meet for a set interval ranging from 50 minutes to 2 hours.
Every committee is empowered to establish task forces as needed to aid in their work. And, when an issue exceeds the boundary conditions of a committee, they may forward the issue to the Gateway Committee for delegation and problem solving.
The central mission of all committees, forums and task forces is “to achieve or maintain high-quality patient outcomes in service of our purpose to provide the finest care to those who choose to place their lives in our hands.” Each will promote an environment of shared decision making and evidence-based nursing practice. All will report to the Gateway committee at least quarterly and submit an annual report detailing their accomplishments.
All Central Governance Committees will launch on Wednesday, February 27, 2013. **However**, committee member selection will take place prior to that time.

Now – let’s look for a place for you to participate ---
If you are a big picture thinker, enjoy complexity and aligning work to meet goals, you have qualities that describe the perfect member of the Nursing Practice Gateway Committee.

This committee provides leadership and direction to all other nursing committees, forums and task forces. It is “mission control”. It will be able to track the work of all groups to prevent and discourage unnecessary re-work and overlap.
The Nursing Practice Gateway Committee will be a major link for nursing to institutional committees focused on practice. This committee appoints nursing representatives to Health System committees. The Gateway Committee will develop and review an annual operations calendar. And, the committee will complete an annual Nursing Services Report related to the governance structure.
The Gateway Committee enacts the Nursing community’s strategic plan. This governing body issues charges to committees, forums or task forces, prioritizes action, and holds these groups accountable for accomplishing assigned work.
The Gateway IS the clearinghouse for practice issues that impact nursing. It sends practice issues to the appropriate committee for action. It serves as a link to the Nursing Executive Council.

The Gateway Committee also receives recommendations for action from the nursing committees and forums.

The Gateway filters these issues to avoid redundant work and assure alignment with institutional and nursing services goals and resources.
The function of the Nursing Executive Council (NEC), as defined today, will change.
This committee has more than 30 members who represent the breath of nursing practice at Michigan. The chair of the Gateway Committee will be the Chief Nursing Officer. As in several other committees, for the first two years the co-chair will be a CNS. In subsequent years, the co-chair may be a staff nurse or Advanced Practice nurse holding a BSN degree or higher.
Are you the nurse who loves data? Are you eager to lead colleagues in Quality Improvement initiatives? If your answer is “yes” then the Nursing Quality Excellence Committee is for you.

It evaluates nursing care against existing standards of practice to positively impact patient outcomes.

This committee is designed to improve care.
The Nursing Quality Excellence Committee analyzes process and outcome data, identifies trends, and responds appropriately.

It works with the Unit Committees and Gateway Committee to determine nursing service quality improvement priorities.

It also partners with units to identify root cause and implement evidence-based processes to improve care.
This committee will also mentor staff in the quality improvement process and serves as a resource for QI initiatives.
The Nursing Quality Excellence Committee replaces the Nursing Care Excellence Coordinating Committee. This new committee will link more to institutional Quality Improvement efforts. You can anticipate that other committees or task forces will reside under this committee.
The Nursing Quality Excellence Committee members are listed on this slide. They will be led by the Director of Nursing Research, Quality and Innovation.
If you have an inquisitive mind and gravitate to research journals – if seeing a problem triggers ideas for resolution – you belong on the Nursing Research & Translation Committee. Here, members will promote the creation and dissemination of nursing research. Here, your leadership means you will utilize evidence-based practice to guide nursing care.
This committee will create a research infrastructure for the nursing community.

Committee members will identify research questions and appropriate resources for answering those questions.

Members will mentor nurses in the community linking development efforts to evidence based practice initiatives. They will nurture nurse interest in publication, presentation, and Evidence-based Practice projects.

They will facilitate and review research projects for nursing resource implications including needs for time, documentation, equipment, and supplies.
In addition the Committee members will:
• seek additional funding to conduct research
• promote UMHS nursing research prominence throughout the internal and external community by actively participating in professional scholarship through presentations and publications and
• they will initiate and participate in interdisciplinary research.
The Nursing Quality Excellence Committee replaces the Nursing Research Partnership.
Research & Translation Committee Membership

Members
- Director, Nursing Research, Quality & Innovation
- CNSs
- Nurse Manager
- Patient/family rep.
- SON faculty

- Staff nurses
- Ed. Nurse Specialist
- Reps. from UMHS research
- APRNs
- UM librarian
- Additional ad hoc members

Chair: Director, Nursing Research, Quality and Innovation
Co-chair: CNS for first 2 yrs, then could be a staff nurse or APRN; must have MSN

This committee is chaired by the Director of Nursing Research, Quality and Innovation.
Are you looking for a committee that would welcome members who have a passion for educating others? Do you have interest in supporting professional development? Are you a champion for the Nursing Framework/Role Specific Advancement Program? Then you’re the ideal candidate for the Professional Development Steering Committee. This committee sets strategic direction for and supports continuous learning and professional development.

This committee complements the work of Professional Development & Education Department. It is the key link between Nursing Services and the School of Nursing.
Working with the PD&E Department, The Professional Development Steering committee assesses the educational needs of the nursing community and develops a strategic plan to meet those needs.

It partners with unit based committees to implement initiatives and evaluate effectiveness.

Members will establish and implement standards for nursing education beginning with orientation and continuing throughout a nurse’s career.
This committee also will set direction for and promote professional development including – but not limited to – advancement through the Nursing Framework/Role Specific Advancement program, specialty certification, and higher education.

It collaborates with other professional Practice model Committees around proposed educational curriculum, and advises and informs other stakeholder groups of changing nursing practice.
The Director of Professional Development and Education serves as the chair of this committee.
If you believe in evidence driving practice –
If you want to assure policies support care excellence, and, if a focus on standards and guidelines appeals to you, the Evidence-based Nursing Standards Committee is a good fit for you.

The work of this committee is to ensure that nursing care is based on the latest evidence and is standardized across the Health System.
This committee develops, evaluates, reviews, revises and approves clinical practice standards, guidelines, and procedures for Nursing on their way to final endorsement by the Nursing Executive Council.

Once approved by the Evidence-Based Nursing Standards Committee, policy and support plans go to the Nursing Executive Council (NEC) for review and the determination of resources and final endorsement. If not endorsed by NEC, a discussion with the Evidence-Based Standards co-Chairs to reconcile any changes occurs.

This committee ensures that practice standards and guidelines reflect the most current evidence and are developed in collaboration with professional partners, patients, and families.

The committee reviews and approves new practice recommendations and will engage in joint projects with other institutional and governance committees.
This is the core committee for connecting the work of setting and maintaining nursing clinical practice standards, guidelines and procedures with those of Institutional and stakeholder committees.

The Integrated Clinical Council (ICC) will be retired.
The chair of this committee will be a Clinical Nurse Specialist.
The Advanced Practice Registered Nurse Committee provides leadership and direction to all APRN practice. This includes the practice of nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. If you are an APRN this committee will be your place to contribute.
This committee:
• Identifies and prioritizes work pertinent to APRN practice.

• It establishes and maintains orientation to appropriate roles.

• Its members will work to optimize UMHS processes that facilitate the full scope of APRN practice.

• They are empowered to identify clinical health system issues, implement evidence-based solutions, and evaluate outcomes.

• And they will partner with medical practice groups when appropriate.
The chair of the committee will be the Director of Advanced Practice Nursing and the Co-chair will be an Advanced Practice nurse with a strong clinical background with leadership and committee chair experience.
The new Governance Structure also incorporates a change in Unit-based Committees. Participation at this level may fit your interests.
If you **love** the specialty area in which you practice and believe nursing care continually evolves ---

if you have ideas and want a voice in initiating activity that drives clinical changes –

and, if you respect and can represent the views of others, your unit-based committee will be a great place for you.

The purpose of the Unit Committees is to provide leadership and direction at the unit level that aligns unit-activity with institutional goals.

Nurses who work in Ambulatory Care will populate 10 committees reflecting specialty care areas. The area groupings have been established by an Ambulatory Care group.
The unit committees have 4 underlying functions.

1. They identify and prioritize work that meets patient and family needs and also support Nursing’s strategic priorities.
2. They empower the nursing staff to identify clinical issues and implement evidence-based solutions.
3. They evaluate outcomes.
4. And they build on existing good practice and support the development of best practice --- ensuring this is shared with the nursing community.
The Unit Committees replace three current unit-based committees:
1. the clinical practice committees
2. the operations committees and
3. the education/research committees

The primary point of practice implementation for these Committees is at the unit level.
The Chair of the committee is an RN from the unit who holds a BSN, is a Level C or above and who demonstrates leadership skills.
You may choose to participate in a forum. Forums will provide space and time for clinical and administrative nurses to discuss key issues in their practice environments. Meetings will be regularly scheduled.
The Staff Nurse Forums provide an opportunity for staff nurses to have direct communication with the Chief Nursing Officer. It is a regularly scheduled time to discuss key issues impacting professional practice at UMHS and nationally. It ensures that staff nurses working closely with the patient are engaged in the decision making process. It is an opportunity for staff nurses to advise, provide feedback and participate. It will meet in January, April, July, and October.
The nurse manager forum provides time to discuss leadership research, and join in evidence-based leadership development. Its members discuss safety outcomes, roles in health care reform and other issues facing nurse leaders. The forum is a venue for sharing expertise and an opportunity for networking and partnering with other units. The Nurse Manager Forum will develop and provide orientation for new nurse managers and supervisors.
Dissemination of clinical standards and Initiatives that foster excellence in nursing care delivery is the focus of the Nursing Leadership forum. It will provide ongoing leadership development; share best practices and identify nursing leader responsibilities in clinical initiatives.

This forum replaces the current Nursing Leadership Forum, EDU, and assumes some of the functions of the CNS forum.
The Advanced Practice nurse forum supports opportunity for communication between those in the Advanced Practice nursing community. Topics will include professional development, evidence-based practice, patient and safety outcomes and health care reform.
The CNS forum is designed to advance the practice of nursing at UMHS through consultation and interdisciplinary collaboration. It will promote development and implementation of evidence-based practice.

It will work to strengthen professional development and support staff to reach their full potential.

The CNS forum is charged with identifying and responding to the need for changes in nursing practice that have broad application. Members are agents for change. This group will identify and support mechanisms for professional sharing beyond UMHS.
This forum will assure provision of the best possible health care and specialized health services to individuals, families, groups, and communities.

It gives voice to NPs, CRNAs, nurse midwives and Clinical Nurse Specialists within the UMHS organization and promotes improved quality of advanced practice nursing through transparent information sharing and inter-professional collaboration.
The Committee Chair forum meets quarterly and is a place to disseminate information on the activities of the various committees. It also is responsible for the education of committee chairs. It is a leadership network that shares best practices and initiatives.
A Task Force is a group created for a specific purpose. They assist committees on their path to extraordinary care. They are time-limited and report to the committee that created it. Any committee may create a task force. Here shown are several examples of a task force.
Implementing this Governance plan will begin with identifying nurses with diverse experience, on diverse units and in diverse roles in our nursing community. Those capable and willing to be an engaged representative from his or her constituency and who are interested in sharing in governing nursing practice at UMHS should apply.

In keeping with the spirit of shared governance and decision making, potential staff nurse representatives will be identified through a self-nomination survey process.

APRN and Administrative groups will identify nominees through their usual group meetings. Inaugural appointments will be made by the Nursing Executive Council and every year thereafter by the Gateway Committee. Fifty percent of the UMPNC members to the standing central committees will be appointed by UMPNC leadership, per contract.
The ideal candidate has characteristics that make effective leaders.............. They are
1. able to represent the viewpoints of others in a discussion
2. They have effective communication skills – both verbal and written
3. They are clinically skilled and They accept accountability for individual and group
actions and decisions
I hope this overview of the new Governance Model has sparked your interest and that you “see yourself “ participating.

Next step is self nomination.

The Deadline for staff nurse self nomination is October 4th and the vehicle for putting your name forward is the Qualtrics “Self Nomination Survey “ that will be sent to all UMHS nurses electronically in September.

Self nominations will be accepted from all staff nurses in good standing within the University of Michigan Health System. The nominee’s supervisor must endorse their nomination. Any nurse interested in representing their constituency on one of the standing committees is asked to review the purpose and function of the committee – as described earlier in this presentation - to ensure appropriate “fit” with their interests, skills, talents, abilities, and professional development plan.
Successful candidates will be willing to fulfill roles and responsibilities that include:

- Support for the principles of Nursing Leadership and nursing practice at UMHS and
- Support for the vision and goals of the Nursing Professional Practice Governance Structure
Candidates will be expected to commit to the following:

- serve a complete term (2 years)
- Active participation in all meetings and correspondence
- Attend-- at a minimum -- 90% of the meetings and be willing to prepare for meetings outside designated meeting times
The successful candidate will accept the responsibility of being a representative --- he or she will perform constituent functions such as representing a clinical area and acting to transmit information to and from constituents.
Once the self-nomination is submitted electronically, each candidate will be placed into “categories” representing nominee characteristics that would include specialty, tenure, role, as well as committees designated by the nominee as being of interest. A self-nominee’s name may appear in more than one category – for example, a nurse could represent ICU nurses and be a CNS as well.

Once collated into groups, in this inaugural year, names of nominees will be forwarded to UMPNC. Here half of the nurses who will serve on the 5 standing committees will be selected. On October 27th the categorized lists of nominees will be reviewed by NEC and the remainder of the representatives will be selected.

In subsequent years, the Gateway Committee will be sent lists of those who self-nominate and will select and appoint nurses to serve on the standing Governance Committees.
Committee Members are limited to a two year term unless there are no candidates to fill an opening. However, in the first year of implementation, half of the members selected will serve a three year term to establish a pattern of staggered member replacement.

After this inaugural year, members will be selected each year during National Nurses Week. Half of the members will be selected in even numbered years and half in odd numbered years.

After the inaugural year, staff nurses are appointed to committees by the Gateway Committee and will be chosen from those who have registered interest in a committee via submission of the Self-nomination survey form.

See the Nursing Governance Charter posted on the internal web site for more details about member selection.
Members will be elected to unit based committees by colleagues who work on their unit or in their area. The size of these Unit Committees is reflective of the size of the unit and can have up to 10 staff nurses. Half will be replaced on even years and half on odd numbered years. After this initial year, elections will occur during National Nurses Week. Voting to select representatives to serve two year terms on these Unit Committees will be by secret ballot.

Nursing Staff employed on a unit will have an opportunity to volunteer for nomination to serve on their Unit Committee. One staff nurse member will be appointed by the UMPNC leadership. These committees should also have a representative of unlicensed assistive personnel who work on the unit.

See charter for more details.
REMEMBER:

This is *our* Governance Structure. Choosing to be involved gives opportunity to be heard and to positively impact patient care and outcomes.

Issues will be identified, Decisions will be made, Priorities will be set. Please commit to participating in the NEW Nursing at Michigan Governance Structure.