University of Illinois Hospital and Clinics
Advancing Nursing Excellence (A.N.E.)
Shared Governance Bylaws

Article I—Preamble

The University of Illinois Hospital and Clinics (UI Health) Department of Patient Care Services has instituted these Bylaws to delineate the responsibility and authority of shared governance within the Department, to describe professional nursing, and to insure a high level of professional performance by all nursing personnel authorized to practice as identified in these articles at UI Health consistent with the mandates of The Board of Trustees of the University of Illinois.

Section 1: Nursing Vision

As a team of professional nurses working in a premier academic medical center in the City of Chicago, we strive to be exemplary nurse leaders in the areas of evidence-based practice, patient care, research, mentorship and innovation.

Section 2: Nursing Mission

Through our commitment to Relationship-Based Care, we pledge a deep commitment to improve the health and wellness of our patients and their families, our community, our inter-professional peers, and ourselves.

Through the practice of professional Nursing, we pledge to always put patients and families first by continuously working to exceed their expectations. We remain vigilant and embrace the uniqueness and diversity of our community and those we serve by providing personal and culturally-sensitive care.

Through our interdisciplinary collaboration, we pledge to partner with, and support the inter-professional team as well as our academic colleagues to ensure optimal patient care and outcomes, continuous process and performance improvement and a culture of professional accountability.

Through our academic and vibrant environment, we pledge to support transformational leadership, teamwork, work-life balance, and professional development as a professional nurse.

Section 3: Values

Compassion:
We will treat our patients and their families with kindness and compassion and strive to better understand and respond to their needs.

Accountability:
We will hold ourselves accountable as an organization and as individuals to act ethically and responsibly in everything we do, to be excellent stewards of our resources and to be transparent in our actions.

Respect:
We will act with respect, openness and honesty in our relationships with patients, families and coworkers. We will work collaboratively to promote the well-being of the communities we serve and to advance patient care, education and research.

Excellence:
We will work as a team to leverage best practices and innovation in providing the highest quality care for our patients and families. We will devote ourselves to continuously improve in everything we do.

Section 4: Purpose
The Department of Patient Care Services depends on three foundational documents of the American Nurses Association. The *Nursing: Scope and Standards of Practice* define the who, what, where, when, why and how of nursing practice; the *Code of Ethics for Nurses* supports nurses in providing consistently respectful, humane, and dignified care; and the *Nursing's Social Policy Statement* describes the social contract between the nursing profession and society and their reciprocal expectations.

A. Nursing is defined as Virginia Henderson stated:

> "The unique function of the nurse is to assist the individual, sick or well, In the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge."

B. The principles that underpin nursing practice are based on Watson's Caring Science which encompasses a humanitarian, human science orientation to human caring processes, phenomena and experiences. Watson's Caring Behaviors are:

1. Practicing loving-kindness and equanimity within the context of a caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping, trusting and authentic caring relationship.
5. Being present and supportive of the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.

8. Creating a healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles."

Section 5 Critical Objectives of A.N.E. Shared Governance
The objective of shared governance is to provide and support: structure, processes, access to information, resources and opportunities to learn, grow, and drive outcomes within our professional practice model—Relationship Based Care. Relationship Based Care maintains that we care for ourselves as healthcare providers, care of our patients and their families and care of one another as nursing colleagues and members of an inter-professional team.

A. Within shared governance every nurse has the right to be heard and bring forward ideas that promote the health and wellness of staff, patients, families and community. Every Nursing professional is responsible for:

- Communicating opportunities for improving clinical practice, patient care, and organizational excellence
- Always communicating in a respectful and professional manner
- Promoting evidence-based practice
- Working efficiently and effectively with available resources
- Implementing new initiatives in a fiscally responsible manner
- Advancing professional nursing practice
- Supporting team decisions
- Participating in shared governance

B. In doing so, the organization, community, patients, families and nurses will be impacted as evidence by continuous outcome improvement. Participating in the National Database of Nursing Quality Indicators® (NDNQI) supports the measurement and evaluation of nurse-sensitive outcomes.

Article II—Role of the Professional Nurse
Consistent with the Illinois Nurse Practice Act and the rules and regulations of the State Board of Nursing, the Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN) assumes accountability for the delivery of nursing care.

A. The care provided by the professional nurse requires specialized knowledge, judgment, and skill derived from principles of biological, physical, behavioral, social, and nursing sciences.

B. The professional nurse assesses the patient's condition, derives a nursing diagnosis, identifies the intended outcome, plans a course of care, implements the appropriate interventions, and evaluates the results.

C. The nurse also advocates for the patient and family, provides education, delegates and supervises the completion of tasks by others.

D. The professional nurse also manages the organized delivery of patient care and nursing practice through participation in nursing shared governance, Patient Care Services, hospital committees and task forces.

E. The professional Advanced Practice Registered Nurse (APRN) conducts advanced patient assessment, orders and interprets diagnostics tests, establishes primary and differential diagnosis, prescribes and administers therapeutic measures.

Article III—Services of Nursing

A. Professional nurses, in collaboration with other disciplines, coordinate the plan of care for patients and families from admission through discharge collaborating with the patient and family across the continuum of care, often throughout the lifespan.

B. Through active participation in patient care conferences, nursing services are integrated with the medical and allied health plans of care in concert with Patient Care Services and the organization's policies, procedures, and standards of care.

C. Professional nurses engage in unit planning, policy decisions, institutional planning and delegate and supervise the patient care activities of Licensed Practical Nurses and ancillary nursing staff.

D. There are 6 major inpatient clinical services and 3 major outpatient clinical services encompassing many clinics and centers providing nursing care at the UI Hospital.

Section 1: Inpatient Clinical Services

1. Acute Care
2. Obstetrics and Gynecology
3. Pediatrics
4. Critical Care
5. Behavioral Health
6. Perioperative Services

Section 2: Outpatient Clinical Services

1. Emergency Services/Clinical Decision Unit
2. Ambulatory Care Clinics/Centers
3. Diagnostics & Procedural Areas

Section 3: Future Services
Inpatient, outpatient and community-based nursing services may grow, change or be added as the changing health care needs of patients and families are identified and addressed by UI Health.

Article IV—Nursing Staff Membership
Professional nursing staff membership is a privilege that is extended to those who meet qualifications, standards, and requirements as set forth in these Bylaws. Membership in Shared Governance is extended only to Registered Professional Nurses who are employed by UI Health.

In the event there is an RN employed outside the Department of Patient Care Services who does not have a direct reporting relationship to the Chief Nurse, those department leaders are expected to notify Patient Care Services to support that RN's participation in shared governance. All RN's and APRN's have either a direct or an indirect reporting relationship to the Chief Nursing Officer

Section 1: Qualifications for Membership on the Professional Nursing Staff
Those applying for appointment to the nursing staff shall be legally licensed to practice nursing in the State of Illinois. Applicants must meet all requirements and criteria indicated in these articles and agree to uphold and adhere to the requirements and conditions set forth in these bylaws. Licensure alone is not sufficient for membership on the nursing staff.

Section 2: Professional Nursing Staff Membership
Membership on the Professional Nurse Staff includes:

- All Registered Professional Nurses (Staff RNs)
  - Clinical Nurse I (CN I)
  - Clinical Nurse II (CN II)
  - Administrative Nurse I (AN I)
- Nursing Informatics Specialist
- Clinical Nurse Consultant II (CNC II)
- Advanced Practical Registered Nurses (APRN)
- Nursing Leadership:
  - Administrative Nurse III (AN III)
  - Nursing Directors (ND)
  - Senior Nursing Directors (SND)
  - Associate Chief Nursing Officer (ACNO)
  - Chief Nursing Officer (CNO)

A. Staff RN: A Registered Nurse who spends the majority of his or her time providing direct patient care. Professional membership is granted to those:

- With an active license to practice nursing in the State of Illinois
- Who can provide evidence of required experience and education
- Who can demonstrate competence for the role

- Who adhere to the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses*, and *Nursing's Social Policy Statement*
- Who demonstrates the ability to interact with peers, patients, families, administration, and governance leadership
- Who has been approved by the process outlined in these bylaws

B. CNC II: The Clinical Nurse Consultant II is accountable for facilitating patient care and consultation, coordinates the educational development of staff members and acts as a role model in clinical practice:
    - With an active license to practice nursing in the State of Illinois
    - Who can provide evidence of required experience and education
    - Who can demonstrate competence for the role
    - Who adheres to the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses*, and *Nursing's Social Policy Statement*
    - Who demonstrates the ability to interact with peers, patients, families, administration, and governance leadership
    - Who has been approved by the process outlined in these bylaws

C. Nursing Informatics Specialist: The Nursing Informatics Specialist is accountable and responsible for utilizing skills in nursing, health science, computer science and information technology to help healthcare providers enter, store, retrieve and utilize large amounts of data as it applies to patient care. These specialists aim to improve the accuracy of patient data and enable critical data analysis to improve documentation efficiency of overall patient care. The Nursing Informatics Specialist strives to improve patient outcomes by integrating evidence-based practice and standards of excellence into clinical practice. The Nursing Informatics Specialist serves as a liaison for clinicians to facilitate a common understanding of information system needs, end user processes, interoperability, and alignment with organizational goals.
    - With an active license to practice nursing in the State of Illinois
    - Who can provide evidence of required experience and education
    - Who can demonstrate competence for the role
    - Who adhere to the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses*, and *Nursing's Social Policy Statement*
    - Who demonstrates the ability to interact with peers, patients, families, administration, and governance leadership
    - Who has been approved by the process outlined in these articles

D. Advanced Practical Registered Nurses (APRN): The APRN spends the majority of his or her time providing direct patient care. Professional membership is granted to those:
    - With an active Advanced Practice Nurse license in the State of Illinois
    - National Board Certification in specialty area.
    - Who is credentialed to practice as an APRN at UI Health
    - Who can provide evidence of required experience and education

- Who can demonstrate competence for the role
- Who adheres to the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses*, and *Nursing's Social Policy Statement*
- Who demonstrates the ability to interact with peers, patients, families, administration, and governance leadership
- Who has been approved by the process outlined in these bylaws

E. Nursing Leadership: A registered nurse who serves as an Administrative Nurse III, Nursing Director, or Associate Chief Nursing Officer. Professional membership is granted to those to serve as a non-voting mentor/facilitator.
    a. With an active license to practice nursing in the State of Illinois
    b. Who can provide evidence of required experience and education
    c. Who can demonstrate competence for the role
    d. Who adhere to the Nursing: Scope and Standards of Practice, Code of Ethics for Nurses, and Nursing's Social Policy Statement
    e. Who demonstrate the ability to interact with peers, patients, families, administration, and governance leadership
    f. Who have been approved by the process outlined in these bylaws

F. Chief Nursing Officer (CNO): A nurse leader with 24/7 accountability either directly or indirectly over the provision of patient care and patient care services. The CNO co-chairs the coordinating council with a staff RN and is a voting member.
    a. With an active license to practice nursing in the State of Illinois
    b. Who can provide evidence of required experience and education
    c. Who can demonstrate competence for the role
    d. Who adheres to the *Nursing: Scope and Standards of Practice*, *Code of Ethics for Nurses*, and *Nursing's Social Policy Statement*
    e. Who demonstrates the ability to interact with peers, patients, families, administration, and governance leadership
    f. Who has been approved by the process outlined in these bylaws

Section 3: Other Nursing Members

Professional nurses in the following categories have the obligation to fulfill the responsibilities for which they are employed and are not eligible to participate in the rights extended to the Professional Nursing Staff within Shared Governance.

A. **Consulting Nursing Staff**

Consulting nursing staff privileges are granted to registered professional nurses duly licensed, who provide per diem consulting services within Patient Care Services. Application and approval of consulting privileges are obtained through the following procedure:

1. Documentation of a current registered nurse license

2. Submission of resume or curriculum vitae
3. References and/recommendations are obtained
4. Signed contract with Chief Nursing Officer
5. Consulting privileges are in effect for 12-months

B. **Agency Nursing Staff**
In the event that nursing staff is utilized from a third-party provider, those nurses are not allowed to participate in a shared governance council. However, if such agency nursing staff identifies an issue that should be brought before ANE then they may do so by completing an ANE Engagement Request Form on the Nursing Services Shared Governance Tab on the UI Health intranet.

C. **Nurse Faculty**
Nurse Faculty privileges are granted to professional nurses who are employed by an academic institution under a contractual agreement with UI Health who are providing education and training to students.

Contract criteria shall include defined health requirements, orientation requirements, and agreement to adhere to UI Health policies, procedures, standards of care and other requirements. Application and approval of Nurse Faculty privileges are obtained via:

- Employment by school/college of nursing who have a contract with UI Health
- Faculty members providing documentation after completing contract requirements

Section 4: Newly Licensed Nursing Staff
The newly licensed nurse is appointed as a probationary member of the nursing staff. Failure to receive privileges to practice at professional status shall be deemed as terminated from the nursing staff in accordance with UI Health's policy.

A. Probationary nursing staff are assigned to a department unit where their performance is observed by a member of the professional nursing staff to determine eligibility for professional nursing staff membership.

B. Probationary nursing staff are granted privileges for nursing practice appropriate to their demonstrated competence within their identified unit/depart.

C. All probationary nursing staff may not participate in a council as identified within the context of these bylaws. They may not vote or hold office until the probationary cycle has been completed.

Section 5: Newly Hired Nursing Staff
A. The newly hired nurse is appointed as a probationary member of the nursing staff. Failure to receive privileges to practice at professional status shall be deemed as terminated from the nursing staff in accordance with UI Health's policy.

B. Probationary nursing staff are assigned to a department unit where their performance is observed by a member of the professional nursing staff to determine eligibility for professional nursing staff membership.

C. Probationary nursing staff are granted privileges for nursing practice appropriate to their demonstrated competence within their identified unit/depart.

D. All probationary nursing staff may not participate in council as identified within the context of these bylaws. They may not vote or hold office until the probationary cycle has been completed.

Section 6: Physicians
The professional nursing staff collaborates with the Medical Staff working within its structures to address patient care issues. An interdisciplinary, collaborative relationship provides the patient and family with the required level of service.

Section 7: Rights Obtained from Professional Nursing Staff Membership
Appointment to the professional nursing staff confers on the appointee those clinical privileges which are within the level of nursing practice of their demonstrated competence. Professional nursing staff privileges are granted within the context of these bylaws.

A. All members of the professional nursing staff are granted the right and responsibility to participate in membership and vote within the designated councils as identified in the context of these articles.

B. Members of the professional nursing staff whose position is considered direct patient care are granted the right within the context of these articles to chair the following councils: Coordinating, Professional Development, Quality of Care and Operations Management, Advanced Practice & Research and other such bodies determined from time to time to be essential to the work of nursing.

Section 8: Obligations of the Professional Nursing Staff
The application submitted for consideration within the employment process constitutes the applicant's acknowledgement of staff obligations within the professional nursing staff structure.

A. Appointment to the professional nursing staff confers onto the nurse clinical obligation to provide continuous nursing care of patients consistent with the standards of care and within the scope of practice of their demonstrated competence.

B. Members are obligated to participate in shared governance and to abide by the professional nursing staff articles, rules and regulations of Patient Care Services and to fulfill other such obligations that may be determined from time to time as essential by the Coordinating Council. Members are obligated to adhere to the

mission, vision, values, standards and policies of UI Health and the Department of Patient Care Services.

Article V—Governance Structure
There are four (4) Governance Councils and a Coordinating Council that assume accountability for the management, operation and integration of Patient Care Services.

Section 1: Governance Councils
The A.N.E. Governance Councils are identified as follows:

- Professional Development Council
- Quality of Care Council
- Operations Management Council
- Advanced Practice & Research Council

A. Each council is clearly identified and operates consistent with the mandates of its roles and accountabilities as defined in the bylaws.

B. All governance councils meet monthly for one (1) 8-hour day and are responsible for the work of each council consistent with these bylaws.

C. Minutes are taken and duly recorded in the approved governance format. Minutes are distributed to council members within 48 hours after the council meeting and are made available to members of the professional nursing staff.

D. Council meetings will use Roberts Rules of Order to conduct business.

Section 2: Council Authority
These four (4) Governance Councils are the legitimate formats for decision-making recommendations in Patient Care Services and will retain the accountability for decisions on issues related to nursing practice, education, quality, research and operations.

A. Each elected council member will have one (1) vote

B. Mentors and/or ad hoc members will not vote

C. The Governance Councils will make recommendations to the Coordinating Council

D. The Coordinating Council will vote on recommendations made by the Governance Councils

Section 3: Governing Council Leadership
Each Governance Council will elect a chair and co-chair both of who are staff nurses or APRNs

A. The chair will be in their second year of membership with the co-chair their first year of council membership.

B. The chair will be a member of the Coordinating Council.

C. Chairperson Responsibilities include, but are not limited to:

- Begin and end each council meeting on time
- Create, in collaboration with the co-chair, each meeting agenda
- Follow a set/pre-determined meeting agenda
- Follow the timeframe for each agenda item as stipulated on the agenda
- Table any agenda items if they exceed the timeframe without resolution
- Ensure discussion for each agenda item will be conducted or led by a council member, ad hoc member or visitor to the council meeting
- Call for a vote, as appropriate, to each agenda item
- Announce the result of each vote
- Limit non-productive or superfluous discussion
- Encourage/enforce the observance of meeting order
- Provide feedback to council members up to and including the removal of the council member
- Attend Coordinating Council

D. Co-Chairperson responsibilities include, but not limited to:

- Custodian of the council's records meeting minutes
- Record or delegation of recording of meeting minutes utilizing the standard meeting minute format
- Upload of meeting minutes to the Nursing Services website within 14 days of meeting date
- Record of attendance of members and visitors at every meeting. This should include the title and credentials of each individual in attendance
- Partner with the chairperson in the development of each meeting agenda
- Attend Coordinating Council when the Chairperson is unable

E. In the absence of the chair, the co-chair will attend Coordinating Council meetings.

F. Mentor/Facilitator responsibilities include, but not limited to:

- Supports the chairperson as needed
- Serves to safeguard or advance the mission, vision and values of the organization and the Department of Patient Care Services in each council initiative or project
- Support the council membership in its focus on the substance and outcome of each agenda item
- Will be a leader as defined in Article IV, Section 2

Section 4: Coordinating Council

A. **Role**. Provides oversight, direction, and final approval of all council recommendations. The Coordinating Council supports and facilitates communication between department nursing staff and all councils and committees. The Coordinating Council promotes the integration of clinical, human resource and financial data to support decision-making on recommendations made by the councils.

B. **Accountabilities.** Outcome dashboards, NDNQI Database, quality and strategic plans, Magnet® Recognition, protocols, guidelines, policy and procedure routing management.

C. **Membership**. **Voting members: 9 Nurses/1 Leader**
1 Chair of Coordinating Council
1 Co-Chair CNO
4 Chairs of System-Wide Councils
4 Chairs of Division Councils

D. Non-Voting members include:
1Director of Nursing Excellence (Magnet Program)
1 ACNO

E. Additional Ad-hoc members may be added as deemed necessary to complete the work of the Council.

F. **Leadership.** Co-chaired by a staff RN and Chief Nursing Officer

G. **Meeting Frequency.** Once a month for 60-minutes

Section 5: Professional Development Council

A. Role. Assess the learning needs of the nursing staff in order to develop programs that foster critical thinking, problem solving and decision-making skills. Measures and monitors the success of the academic partnerships and staff development programs. Institutes competency-based orientation and ongoing staff development and preceptor programs for nursing.

B. **Accountabilities**. Retention, on-boarding/orientation (new hires, shared governance council members, preceptors), staff development, CNE, DAISY Awards, annual competencies, Nurses Week, Nurse Excellent Awards, national certification, evidence-based practice and policies & procedures that relate to aforementioned.

C. **Membership. Voting Members: 10 Nurses/0 Leaders**
1 Acute Care Staff Nurse
1 Pediatric Staff Nurse
1 Critical Care Staff Nurse
1 Psychiatric Staff Nurse

1 Obstetrics Staff Nurse
1 Ambulatory Clinic Staff Nurse
1 Care Coordination Staff Nurse
1 CNCII
1 Perioperative Services Staff Nurse
1 Diagnostics & Procedural Area Staff Nurse

D. **Mentor/Facilitator Member:**
1 non-voting nurse leader

E. **Additional Ad-hoc members:** May be added as deemed necessary to complete the work of the Council

F. **Meeting Frequency.** Once a month for 8-hours

Section 6: Quality of Care Council

A. **Role**. Focused on clinical excellence and grounded in Watson's Caring Science and Relationship-based Care, professional nurses assess, diagnose, identify outcomes, plan, implement and evaluate care. Nursing standards of care and performance improvement are integral to patient safety and the achievement of optimal health outcomes.

B. **Accountabilities**. Patient Safety, Quality, Evidence-based Practice, Nursing Research, Standards of Care, formal nursing peer review process, and policies & procedures that relate to aforementioned.

C. **Membership**. **Voting members: 10 Nurses/0 Leaders**
1 Acute Care Staff Nurse
1 Pediatric Staff Nurse
1 Critical Care Staff Nurse
1 Psychiatric Staff Nurse
1 Obstetrics Staff Nurse
1 Ambulatory Clinic Staff Nurse
1 Care Coordination Staff Nurse
1 CNCII
1 APRN
1 Perioperative Services Staff Nurse

D. **Mentor/Facilitator Member:** 1 non-voting nurse leader

E. **Additional Ad-hoc members:** May be added as deemed necessary to complete the work of the council

F. **Meeting Frequency.** Once a month for 8-hours

Section 7: Operations Management Council

A. **Role.** Recognizes the need for judicious and ethical use of resources while advocating for patients, families and the community as they transition through the system. Embraces and makes use of technologies that support and enhance patient care in addition to working with other healthcare team members that support patient care.

B. **Accountabilities**. Cost management and clinical supply resources, including Value Analysis evaluation, implementation and outcomes. Bed management, throughput, staffing, scheduling, care coordination, interdisciplinary teaming, evidence-based practice and policies & procedures that relate to aforementioned.

C. **Membership. Voting members: 10 Nurses/0 Leaders**
1 Obstetrics Staff Nurse
1 Ambulatory Clinic Staff Nurse
1 Acute Care Staff Nurse
1 Psychiatric Staff Nurse
1 Perioperative Services Staff Nurse
1 Diagnostics & Procedural Area Staff Nurse
1 Pediatric Staff Nurse
1 Critical Care Staff Nurse
1 Care Coordination Staff Nurse
1 Nursing Informatics Specialist

D. **Non-Voting members:**
1 Mentor/Facilitator nurse leader

E. **Additional Ad-hoc members:** May be added as deemed necessary to complete the work of the council.

F. **Meeting Frequency.** Once a month for 8-hours

Section 8: Advanced Practice & Research Council (APR Council)

A. **Role.** Within an evidenced-based nursing practice organizational leadership model, this council works to further define RN and APRN roles in order to develop and implement, strategic initiatives to advance and transform nursing practice. The council also provides leadership and mentoring to all levels of nursing staff on evidence-based practice and nursing research. Collaborates on the delivery of care processes within UI Health and across all University of Illinois Colleges.

B. **Accountabilities**. Advancement of nursing practice for all levels of nurses. Establish and maintain a formalized process to oversee and support: nursing research and EBP, mentoring activities to effectively engage staff in research and/or EBP, track/facilitate all ongoing nursing research and EPB projects for internal and external programs where nursing is involved, facilitate/track unit-

based/departmental journal clubs, and reviews all policies & procedures that relate to the aforementioned.

C. **Membership. Voting members: 10 Nurses/0 Leaders**
1 Inpatient NP
1 Outpatient NP
1 CRNA
1 CNM
1 CNS
1 CNCII
4 Staff RN out-& inpatient who have EBP and/or Research experience

D. **Non-Voting members**:
1 Mentor/Facilitator nurse leader

E. **Additional Ad-hoc members**: Director, Evidence-Based Practice and Nursing Research, UIC Research Librarian, and others may be added as deemed necessary to complete the work of the council.

F. **Meeting Frequency.** Once a month for 8-hours

Section 9: Divisional Advisory Council (DAC)
The DAC is comprised of the chair person or their representative from the clinical area's local Unit Advisory Council (UAC). Every area where nursing is delivered has a seat in a UAC therefore having a direct connection through the ANE structure to the Coordinating Council and the CNO.

DAC Structure and Membership:
A. Critical Care DAC
   a. 7W ICU/SD
   b. 7E SD
   c. 6E NSICU
   d. 6E NSSD
   e. 6W ICU
   f. 6W SD
   g. Emergency Department (ED)
   h. Clinical Decision Unit (CDU)
   i. Perioperative/Diagnostic Areas
B. Acute Care DAC
   a. 7 Medicine
   b. 7 WPLC
   c. 5 E Surgical (Spine)
   d. 5 E Surgical (Bariatric)
   e. Sickle Cell
   f. Dialysis
   g. Nursing Resource Office

   h. 8W Medical Oncology
   i. 8W Stem Cell Transplant
C. Women's/Children's/Psychiatry DAC
   a. Labor & Delivery
   b. Mother/Baby
   c. OB ED/Antepartum
   d. PICU/PEDS
   e. NICU
   f. Adolescent Psychiatry
   g. Adult Psychiatry
   h. HURC/Care Management
D. Outpatient Care Center (OCC) DAC
   a. Transplant Clinic
   b. Child & Youth Clinic
   c. Women's Health
   d. University Village/Pilsen
   e. Medicine 1 Specialty Medicine Clinics
   f. Medicine 2 Primary Care Clinics
   g. Hematology Oncology/Oncology/Radiation Oncology
   h. Neuroscience Clinic
   i. Surgery Clinic

Section 10: Selection of All Council Members
Members of the four (4) system-wide councils are elected by the individual councils.

A. Council members serve a two-year term.
B. No more than half of the council's membership changes yearly.
C. Calls for nominations will be distributed annually during CY 3rd quarter. Each council will list the open positions on the council.
D. Nominees will complete the A.N.E. Candidate Profile, submit a resume, and provide an exemplar of an innovative solution they were instrumental in implementing in their department and submit them by designated date in CY 4th quarter. Completed packets will be turned into the Coordinating Council who will disseminate them to the appropriate council for voting.
E. Each council will review the nominees and elect new council members.
F. All new council members will begin service on the third Wednesday in January.
G. If a representative is unable to complete their term, a replacement will be chosen by the council from the most current election nominee pool to fill the vacant seat. If there is no nominee pool available, a call for nominations will begin.
H. Members can be re-elected to the same council after an absence of one year.

Divisional Chair Member Selection
A. Divisional Chair members serve a two-year term.
B. No more than half of the Divisional Chair membership changes yearly.
C. Each division will elect a Divisional Chair from within their division.
D. At the November DAC meeting, each division where there is an open seat will vote in a Divisional Chair by using a majority vote.

Division Chair Member Qualifications

A. Members who run for a Division Chair seat must have served as a chair or co-chair on a Unit Advisory Council (UAC) or a System-Wide Council in the past.
B. Current UAC Chairs or Co-Chairs may run for the Division Chair seat, however if selected they must relinquish their current UAC Chair or Co-chair role.

Section 11: Obligations of Council Members

Members are expected to engage colleagues, staff, consult with leadership, and/or complete literature searches so that issues voted on within the council result in recommending evidence-based, best practices which result in improved patient and nursing satisfaction.

A. Council members must be committed to attending annually at least 80% of the council meetings and actively participating.

B. Members are responsible to notify council leadership in advance of anticipated absence. Extenuating circumstances will be addressed on an individual basis.

C. Submit agenda items to chair in the timeframe determined by the council.

D. Prepare for each council meeting by reviewing previous meeting minutes and the agenda so that meetings are action-oriented, serving to advance projects and initiatives.

E. Comments at council meetings should be evidence-based, serve to advance a project or initiative and professional at all times.

F. Take ownership or actively participate in council activities or projects as appropriate.

G. Collaborate and consult with other councils during the monthly, 8-hour meeting.

H. Elect governing council leadership.

Section 12: Quorum

One half plus one of the total representatives of the council constitutes a quorum and is deemed appropriate for conducting the business of the council.

Section 13: Council Ad Hoc and Patient Care Services Committees

Councils may convene ad hoc committees that have specific objectives, focus and time frames. Likewise, the objectives of certain Patient Care Services department committees align with the accountabilities of the governing councils.

Article VI-Officers of the A.N.E. Shared Governance Model

The officers of the ANE Shared Governance Model are the chairperson's and co-chairperson of the councils.

A. Chairs of Councils

a. Qualifications: The chairperson and co-chairperson of a council is a professional registered nurse or APRN whose primary responsibility is providing direct patient care, i.e. a staff nurse.

b. The chairperson must be in their second year of council membership and the co-chair must in their first year of council membership.

c. Elections: Each governance council has in place a mechanism for electing their new co-chairperson, which takes place by December. Election results will be announced to the Coordinating Council at the December meeting. The past year's co-chairperson automatically becomes the chairperson at the January meeting.

d. Term: The term of office is from January to December of the year following the election. The chairperson may not serve consecutive years and is not eligible for a chairperson-elect position on any council for one year following the term. Council membership ends when the chairperson's term has expired. During their term, the chairperson does not represent any constituency.

e. Vacancies: If the chairperson is unable to assume or complete the term of office, the co-chair assumes the chairperson position. If the co-chair is unable to assume or complete the term of the position, the nominee who received the second highest number of votes assumes the position. The Chief Nurse Officer maintains the election results and ballots for one year from the time of the election.

f. Powers of the Chair: The chair of each governance council assures the accountabilities of their council are fulfilled. The chair represents the council and acts on its behalf; the chair mediates and arbitrates disagreements between unit and divisional councils and between managers and staff within their areas of accountability; the chair, in collaboration with council members, removes representatives who are not fulfilling their responsibilities.

g. Coordinating Council Chair: The term of office is 2 years. Minimum requirement for candidates is at least one year (recent) experience as Chair of a Council or DAC. The process for appointing the Coordinating Council Chair will be based on review of nominations by the Chair and Co-Chair of the Coordinating Council. The Chair and Co-Chair of Coordinating Council will make a recommendation to the Coordinating Council in December and will be voted on by all members of Coordinating Council. At the January meeting of Coordinating Council, a smooth transition and assuming of the Chair role will occur (every 2 years).

Article VII—Discipline, Appeals, and Removal

Section 1: Concerns

A. Concerns regarding a council member's performance of their obligations should be addressed directly to the member by the individual council member having the concern. If unresolved, the member should consult the council chair.

B. The council chair can address the concern with the respective council member. The council chair will then recommend a plan of action or removal of said council member.

C. If the council member is not satisfied with the plan of action, then the council member may meet with the co-chairs of the Coordinating Council. Coordinating Council leaders may consult with council chair before reaching a decision.

D. Concerns regarding a council chair's performance should be addressed directly to the chair by the individual member of the council having the concern. If unresolved, the concerns should be addressed by:
   - Discussing the issue with the Coordinating Council leaders. Coordinating Council leadership is responsible to facilitate the selection of a new council chair

E. Concerns regarding the co-chair's performance of duties should be addressed directly to the co-chair by the individual council member having the concern. If unresolved, the concerns should be addressed by:
   - Discussing the issue with the chair

F. The council chair will then recommend a plan of action or removal of the co-chair.

Section 2: Discipline, appeals, and removal from the Professional Nursing Staff.

All members of the nursing staff, regardless of their position, are subject to the personnel standards and discipline policies of UI Health and the Department of Patient Care Services. All members of the professional nursing staff are entitled to and protected by the grievance process as detailed in the UIC Policies and Procedure #1102.

A. When a member of the nursing staff fails to perform the duties stated in their position description, or to uphold the standards of Patient Care Services or UI Health, they may be disciplined or removed from the staff and will no longer be able to practice nursing within the institution.

B. The unit director is responsible for initiating the disciplinary and/or removal process for a professional nurse as outlined in the corrective action process defined by Human Resources.

C. The professional nurse has the right to dispute disciplinary actions related to professional practice and has the right to utilize the formal process to have a grievance objectively reviewed.

Article VIII - Article Revision Amendments
Section 1 : Amendments

A. The professional nursing shared governance articles may be amended annually as needed.

B. Any professional nursing staff member may recommend changes in the articles by submitting their recommendations to the Coordinating Council at any time.

C. Revised articles are presented to the Coordinating Council for review and adoption.

D. The proposed amendments are published and made available to the ANE professional nursing shared governance members for review and consideration 6 weeks prior to the designated annual ANE opening session where the vote will take place. A two-thirds majority vote of the membership is required for change.

Article IX Adoption
These articles are adopted at the specified annual Coordinating Council meeting by a two-thirds majority vote. They shall replace any previous articles and are subject to the mandates and approval of the Board of Trustees.