



**FY2024
Hot Springs**

**Interprofessional
Shared
Governance
Bylaws**

BYLAWS OF THE HOT SPRINGS INTERPROFESSIONAL SHARED GOVERNANCE

Preamble

Whereas, these bylaws describe the shared governance structure of the interprofessional coworkers within CHI St. Vincent Hot Springs and provide a framework for practice supporting the CHI St. Vincent Hot Springs mission remaining consistent with our vision; and,

Whereas, under the laws and regulations of the State of Arkansas, nursing has a scope of practice which is the responsibility of professional nurses; and,

Whereas, each nurse and care partner within CHI St. Vincent Hot Springs has responsibility for his/her individual practice; collectively, members of the interprofessional staff hold aggregate accountability for the quality of practice occurring within the institution; and,

Whereas, the discipline of nursing intends to establish and uphold its commitment to nursing excellence in accordance with the ANA Code of Ethics for Nurses,

Whereas, all coworkers intend to uphold commitment to the core values of Inclusion, Collaboration, Integrity, Compassion and Excellence; and,

Whereas, an organizational framework provides a mechanism to establish and uphold values and standards subject to the authority of the Chief Nurse Executive, Vice President of Patient Care Services, and the CHI St. Vincent Hot Springs IPC;

Therefore, the interprofessional coworkers of CHI St. Vincent Hot Springs, as defined herein, hereby structure themselves into Interprofessional Shared Governance (ISG).

Article I – Name / Framework / Vision

- The name shall be Interprofessional Shared Governance of CHI St. Vincent Hot Springs.
- The CHI St. Vincent Hot Springs framework for practice provides patient care delivery based upon the Relationship Based Care Model. Decisions regarding patient assignments consider the therapeutic relationship between the patient and a shift primary nurse who takes the lead in setting priorities collaboratively with patients, family members and care partners to meet patient care needs.
- The CHI St. Vincent Hot Springs vision is:
A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

Patient care, balanced with concern for the well-being of caregivers, makes us an acknowledged thought leader for person centered care.

- We seek and adapt proven practices for excellence while engaging in continuous research and publishing of evolving, innovative models of care.
- We applaud and encourage the strengths and contributions of the entire team while generously recognizing the achievements of individuals.
- We collaborate with, and respect the work of all CHI St. Vincent Hot Springs coworkers.
- We minister to the individual needs of each patient while understanding our larger role as contributors to the transformation of the American healthcare delivery system.
- We hold ourselves and others accountable for meeting high performance standards while expressing the love of God through actions which demonstrate concern for the well-being of our patients, colleagues, organizations and communities.
- We incorporate the mission/vision of the founding sisters while adapting to the ever changing world.

Article II - Purpose

The purpose of the Interprofessional Shared Governance (ISG) is to provide a mechanism to establish, uphold and communicate the values and standards of CHI St. Vincent Hot Springs.

Specifically, the purposes of the ISG are as follows:

1. **Governance** - The ISG shall provide the structure for establishing standards of practice and professional advancement throughout CHI St. Vincent Hot Springs;
2. **Clinical Practice** - The ISG shall promote excellence in practice by establishing, upholding and advancing clinical practice in all clinical settings;
3. **Professional Development** - The ISG shall promote the ongoing development of members through education, mentorship, peer review and recognition opportunities; and
4. **Research** - The ISG shall promote knowledge acquisition through the conduct, evaluation, application and dissemination of research.

Membership in this organization shall include all registered nurses and care partners employed by CHI St. Vincent Hot Springs. Participation in the organization is a professional responsibility.

Article III - Members

Members

- a) Are individually accountable for their practice.
- b) Utilize the mechanisms of the ISG organization to address matters.
- c) Are responsible for being informed about the actions/activities of the ISG.
- d) May participate in activities of the ISG organization.

Article IV- Governance Structure

There shall be four (4) levels of governance councils that assume responsibility and accountability for practice ensuring quality/efficiency of care at CHI St. Vincent Hot Springs.

1. Unit Based Councils [UBC]
2. Specialty Councils [SC]
3. Interprofessional Practice Council [IPC]
4. Nurse Executive Council [NEC]

The councils are decision-making bodies accountable for the process, implementation, communication, coordination and outcomes of practice. Each council will operate as set forth in the bylaws and in conjunction with one another.

Policy review: annual market meetings to review clinical policies by specialty.

Research: Hot Springs will promote and govern local research, but will have representation on a market council for sharing best practices and research tracking.

SECTION 1 – UNIT BASED COUNCILS

Purpose:

The Unit Based Councils (UBC) collaborate with all skill levels of interprofessional coworkers within the department in conjunction with the Department Manager to set goals, develop strategies, improve process and resolve issues in an effort to provide excellent quality care to patients within the unit [department]. Each UBCC reviews and analyzes data to make decisions at the department level on matters of unit operations that are unique to that department. Patient Care policy/guideline revision recommendations and practice changes involving other units/departments are forwarded to the Specialty Councils and then to the IPC (if they involve multiple specialties) for decisions.

Officers/Chairperson:

- a) The Chairperson will be a staff member of the unit/department (RN for nursing units and the elected Care Partner for non-nursing departments) and will sit on the Specialty Council for department representation.
- b) The Chairperson will collaborate and assume responsibility with the Department Manager for department performance.
- c) The Chairperson will preferably be >Level 1 in the applicable Clinical Ladder Program.

- d) The Chairperson term of office shall be two years. The Chairperson can serve up to two terms.
- e) Each UBC shall also elect a Vice-Chair who meets the same criteria as the chairperson in order to conduct the Unit Based Council meetings and represent the unit on the Specialty Council in the absence of the Chairperson. The Vice-Chair is elected by coworkers and will rotate into the chair position when the chair vacates the position.
- f) Each UBC shall identify a coworker to be accountable for the dissemination of information, recording of meeting minutes and for parliamentary procedure.

Membership:

- a) All Roles working within the department will be represented on the council.

Elections

- a) Elections shall be held every other year, with nominations in February and elections complete by March. New Specialty Council members will begin their service term at the April meeting.
- b) One half of the Unit Based Council membership will hold elections in the odd year and the other half in even years [addendum B].

Responsibilities:

The Unit Based Council will:

- a) Participate in the selection of the unit [department] coworkers through the peer interview process.
- b) Maintain an effective and efficient care delivery model to meet patient needs.
- c) Provide input into the staffing plan and scope of services for the unit.
- d) Assess and improve care processes to achieve quality care and a safe patient environment (accountable for outcomes).
- e) Develop and provide consensual department decisions to the Specialty Councils.

Meetings

- a) Meetings will be scheduled in advance and will meet during the period of the 3rd Tuesday to the end of the 4th week of the month.
- b) Minutes will be taken, transcribed and made available in the communication book located in the department [unit] within 7 business days after the meeting and submitted electronically.
- c) Unit Based Council chair and vice-chair are required to attend 10/12 meetings in a fiscal year.
- d) Decisions are by vote with a quorum represented. A quorum is defined as:
In a unit/department with ≤12 coworkers a quorum is 25% of the unit. In a unit with ≥13 coworkers a quorum is 5 or more individuals.
 - a) All decisions will be recorded.

SECTION 2 – SPECIALTY COUNCILS

Purpose:

The Specialty Councils (SC) collaborate with all skill levels of Interprofessional coworkers within the specified specialty in conjunction with the Executive Sponsors to set goals, develop strategies, improve process and resolve issues in an effort to provide excellent quality care to patients within a specialty. Each SC reviews and analyzes data and makes decisions at the specialty level on matters of practice that are unique to that specialty. Patient Care policies/guidelines affecting practice outside of the specialty are forwarded to the IPC for organization level Interprofessional group feedback, endorsement, and/or decisions.

See Addendum A for structure.

Officers/Chairperson:

- The Chairperson will be a clinical coworker member of the SC and will sit on the IPC for specialty representation.
- The Chairperson will collaborate and assume responsibility with the Executive Sponsor for department performance.
- The Chairperson will preferably be >Level 1 on in the applicable Clinical Ladder Program.
- The Chairperson term of office shall be two years. The Chairperson can serve up to two terms.
- Each UBC shall also elect a Vice-Chair who meets the same criteria as the chairperson in order to conduct the Unit Based Council meetings and represent the unit on the Specialty Council in the absence of the Chairperson. The Vice-Chair is elected by coworkers and will rotate into the chair position when the chair vacates the position.
- Each SC shall identify a coworker to be accountable for the dissemination of information, recording of meeting minutes and for parliamentary procedure.

Membership:

- Clinical coworkers serving as Chairpersons for the UBC's will serve on the SC.

Elections:

- Elections shall be held every other year, with nominations in April and elections complete by May. New IPC members will attend the June IPC meeting with their Specialty Council's previous IPC Representative. New IPC members will be installed at the July annual meeting.
- One half of the Specialty Council membership will hold elections in the odd year and the other half in even years [addendum B].

Responsibilities:

The Specialty Council will:

- Maintain an effective and efficient care delivery model to meet patient needs.
- Assess and improve care processes to achieve quality care and a safe patient environment
- Develop and provide consensual specialty department decisions to the IPC.

Meetings

- Meetings will be scheduled in advance and will meet during the period of the 3rd Tuesday to the end of the 4th week of the month.
- Minutes will be taken, transcribed, and made available in the communication book located in the department [unit] within seven (7) business days after the meeting and submitted electronically.
- Members are required to attend 10/12 meetings in a fiscal year.
- Decisions are by vote with a quorum [two-third] members represented.
- All votes will be recorded.
- It will be the responsibility of the council member to secure proxy coverage for meetings.
- Proxy votes will be counted.

SECTION 3– INTERPROFESSIONAL PRACTICE COUNCIL

Purpose

The IPC shall;

- Be the organization level interprofessional governing body of professional practice,
- Be responsible to assist with establishing, evaluating and revising the standards of practice and patient care policy, and
- Accountable for implementation and revision of the nursing strategic plan.

Elections:

- Elections shall be held every other year, with the nominations and election at the July annual meeting. New IPC elected officers will be installed at the August meeting.

Officers/Chairperson:

Elected Officers:

- The Officers of the IPC will be elected from the representatives that are elected as Chairperson and Vice-Chairs of the Specialty Councils.
- The Officers will be a clinical coworker and preferably be >Level 1 on in the applicable Clinical Ladder Program.

Duties of Officers:

All officers shall perform the duties prescribed by these bylaws and such other duties applicable to the office.

Chairperson:

- Serve as leader and official representative of the interprofessional Practice Council
- Preside over meetings for the IPC
- Provide leadership to the council by holding meetings in accordance with the Professional Shared Governance Model or as needed to complete the council or committee's charge
- Receive and consider professional practice concerns
- Promote a supportive environment and facilitate the work of the coworkers in the other councils
- Support and endorse council activities
- Ensure the evidence-based practice (EBP) is integrated into decisions

Vice-Chair (Chairperson-Elect)

- Assume the duties of the Chairperson upon request of the Chairperson or in the event the Chairperson is unable to attend or serve
- Assist the Chairperson in the work of the IPC
- Move into the role of Chairperson at the end of the Chairperson's term(s) or when the Chairperson vacates the position for any reason

Appointed Officers:

- **Chief Nursing Executive (CNE)** – The CHI St. Vincent Senior Vice President of Patient Care Services/Chief Nurse Executive by administrative appointment holds authority and responsibility for the practice of nursing and patient care within the Health System. The CNE is only a voting member of IPC in the event of a tie.
- **Vice President of Patient Care Services/Assistant Chief Nursing Officer (VP PCS/ACNO)** – The VP PCS/ACNO is appointed by the CNE.
- **Communication Officer** – The Communication Officer is appointed by the CNE in the role of the CHI St. Vincent Hot Springs Magnet Program Director (MPD). The Communication officer is a non-voting member of IPC.
- **Quality Officer** – The Quality Officer is appointed by the Quality Director in the role of the Quality Supervisor. The Quality Officer is a non-voting member of IPC.

Duties of Appointed Officers:

The CNE, Clinical Director of Nursing, and Communication Officer work in tandem and in collaboration with the IPC to:

- a) Procure and provide administrative support for the activities of the IPC.
- b) Receive and consider professional nursing concerns.
- c) Provide leadership in the determination of clinical and administrative goals for professional practice within CHI St. Vincent Hot Springs.
- d) Participate in the determination of functions and processes to achieve clinical and administrative goals.
- e) Serve as communication coordinators for the Unit Based Councils, and Specialty Councils.
 1. Establishing overseeing mechanisms for informing the IPC membership of meetings, activities and actions of the organization.
 2. Disseminating information about the IPC meetings, activities and actions.
- f) Collaborate to maintain an accurate record and archive of the business of the IPC.

Responsibilities:

The IPC shall;

- a) Establish guidelines, procedures and other standards for professional practice within CHI St. Vincent Hot Springs.
- b) Develop processes for ongoing innovation and evaluation of care delivery models.
- c) Facilitate the conduct, dissemination, and utilization of research applicable to health care delivery.
- d) Identify the need for development of new or revised standards or guidelines related to research findings (new evidence), new technology, regulatory changes and/or new defined practice standards.
- e) Monitor consistency of standards and guidelines across nursing specialties, disciplines and across CHI St. Vincent Hot Springs.
- f) Promote interprofessional collaboration.
- g) Establish and implement standards for nursing orientation, competency and continuing education.
- h) Receive and consider professional practice concerns from members of staff and Unit Based Councils.
- i) Advise CHI St. Vincent Hot Springs on matters affecting clinical practice.
- j) Provide oversight for Quality Outcome Teams.
 - i. Patient Experience
 - ii. Falls
 - iii. HAPI
 - iv. Restraints
 - v. SSI
 - vi. CAUTI
 - vii. CLABSI
 - viii. CDIFF
 - ix. Coworker Safety
 - x. SEPSIS
 - xi. Readmissions
- k) Commission Ad Hoc taskforces as indicated.

Meetings:

- a) The IPC meetings will be held monthly, the first Thursday of the month from 0700-0915.
- b) IPC members are required to attend 10/12 meetings in a fiscal year.
- c) A special session may be called by the Chairperson or CNE.
- d) Minutes will be taken, transcribed and distributed within 7 business days of the meeting and posted to the CHI St. Vincent Hot Springs IPC webpage on the intranet.
- e) In the event the organization is under inclement weather policy, the IPC will be cancelled.

Decisions:

- a) A quorum shall be considered as two thirds of the voting membership.
- b) Decisions must be carried by a two-thirds majority vote.
- c) The CNE shall vote only in the event of a membership tie vote whereby he/she will cast a vote and the final results will be tabulated, announced and recorded.
- d) All votes will be recorded.
- e) It will be the responsibility of the council member to secure proxy coverage for meetings.
- f) Proxy votes will be counted.

Follow Up:

- a) A Practice Council Decision Implementation Team (PCDIT) shall meet the week following IPC each month.
- b) Members will include:
 - 1. IPC Chairperson [Ad Hoc]
 - 2. Clinical Director of Nursing
 - 3. Nurse Manager Representative
 - 4. Communication Officer

- c) All decisions shall be logged considering the following items:
1. Decision (and tracking number)
 2. Month/Year of decision
 3. Policy
 4. Communication
 5. Education
 6. Forms
 7. Accountability/Follow up
 8. Order Sets
 9. Miscellaneous items
 10. Effective Date
 11. Responsible person
 12. Completion Date
- d) All decisions that are incomplete will be reviewed each month until completely implemented.
- e) The PCDIT spreadsheet will be posted to the CHI St. Vincent Hot Springs IPC webpage on the intranet.
- f) Follow up will be provided to IPC members via the main agenda on each decision that is in progress.

SECTION 4 — NURSE EXECUTIVE COUNCIL

Purpose:

The Nurse Executive Council (Market and Local) is the council that supports the development and implementation of mechanisms to promote comparable, as well as the highest, quality of patient care across CHI St Vincent Hot Springs. Additionally, the Nurse Executive Council (NEC) serves as a forum for the development of strategic and operational direction of clinical practice and is accountable for strategic initiatives.

Officers/Chairperson:

The Chairperson will be the CNE who by administrative appointment holds authority and responsibility for the practice of nursing and patient care within CHI St. Vincent Hot Springs.

Membership:

- Clinical Director of Nursing
- CNE/SVP PCS
- ACNO/VP PCS
- Director of Interventional Services
- Communication Officer

Responsibilities:

The council will,

- a) Utilize the input of IPC, as the most critical element of decision-making but not the sole element, to achieve the clinical practice priorities within CHI St. Vincent Hot Springs.
- b) Provide oversight and accountability for the framework of patient care delivery within CHI St. Vincent Hot Springs.
- c) Be accountable for the consistent application of policy related to nursing practice, patient care delivery and ISG.
- d) Establish strategic direction, considering the input of IPC.
- e) Promote effective/ongoing programs to measure, assess and improve care delivery.

Meetings:

- a) Meetings will be scheduled at least monthly.
- b) Special called sessions may occur at the direction of the CNE or VP PCS/ACNO.
- c) Minutes will be taken, transcribed and distributed within 7 business days of the meeting.

Article V — Task Forces

- Ad Hoc Task Forces may be established from by the IPC.
- Task Forces shall have specific objectives and focus assigned with a timeframe if applicable. Once the objectives have been met the task force will be dissolved.
- Ad Hoc Task Force members will be determined by the topic and scope of the specific projected outcome. Membership shall be interprofessional.
- IPC shall retain oversight of task force resolutions and shall retain final accountability for all task force/committee decisions once established.

Article VI — Disciplinary Procedure

- a) Each council is accountable for decisions regarding their scope of responsibilities.
- b) Council Member Performance
 - 1) Concerns regarding a council member's performance of duties should be addressed directly to that member by the individual having the concern.
 - 2) The Chairperson of the council may appoint a review group comprised of individuals from the council membership who will make recommendations to the Chairperson.
 - 3) The Chairperson is responsible for taking corrective action, up to and including, removal of a council member.
- c) Council Chairperson Performance
 - 1) Concerns regarding the performance of duties of the Chairperson should be addressed directly to the Chairperson by the individual having the concern.
 - 2) If unresolved, the concern should be addressed in the following order:
 - a) The issue/concern will be forwarded in writing to the IPC
 - b) The IPC will make a recommendation to the CNE. The CNE is responsible for taking corrective action, up to and including removal, of the Chairperson.

Article VII — Coordination**Administration:**

The business of the IPC shall be directed to planning, coordinating, integrating, communicating and facilitating the objectives and clinical work of coworkers.

Communication:

To provide ongoing communication of IPC activities, all Unit and Specialty Councils, meetings shall have minutes and agendas. The minutes will be available in the appropriate communication book and submitted electronically for archive.

Article VIII — Parliamentary Authority

The proceedings of the ISG shall be governed by the rules contained in the current edition of *Robert's Rules of Order Newly Revised* in all cases to which they are applicable and not inconsistent with these Bylaws or any special rules of order the organization may adopt.

The CNE has ultimate approval authority in all decisions affecting nursing practice. And changes to the Interprofessional shared governance structure.

Article IX — Term Limits

All Chairpersons of the unit, specialty, and IPCs at CHI St. Vincent Hot Springs may serve two (2) consecutive two (2) year terms without interruption. After this time frame, they must sit out for two (2) years before serving on a council again.

Article X – BYLAWS REVISION**Amendments:**

Any professional nursing staff member may recommend changes to the Bylaws by submitting such recommendations in writing to the IPC Chairperson. The Chairperson may present the proposed article changes to a committee to review and recommend or the full Council for review and vote at the meeting annually.

Adoption:

These Bylaws shall be adopted by a majority of IPC members. They shall replace any previous bylaws and shall be subject to the mandates and approval of the CHI St. Vincent Hot Springs President

APPROVED:

Logan Jenkins, BSN, RN, CCRN

Interprofessional Practice Council Chairperson

Teresa Lambert, MBA, BSN, RN

*CHI St. Vincent Senior Vice President of Patient Care Services/
Assistant Chief Nursing Officer*

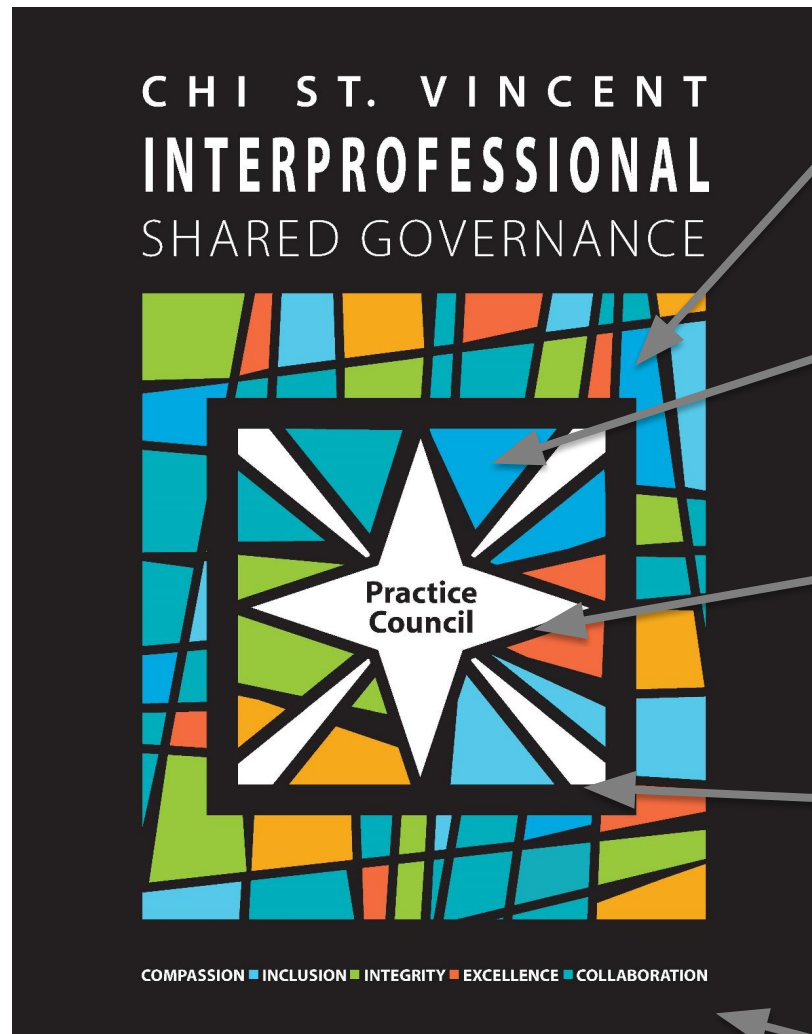
Douglas Ross, MD, FACEP

*President, CHI St. Vincent Hot Springs
Chief Medical Officer, CHI St. Vincent Health System*

ADDENDUM A

Hot Springs Interprofessional Shared Governance

Hot Springs Interprofessional Shared Governance is the structure through which Clinical Nurses, Essential Partners, and Administration collaborate to make clinical practice decisions throughout the organization.



The stained glass represents Unit Based Councils. The stained glass component visualizes the beautiful collaboration of these various parts working together to set the foundation for professional practice through Shared Governance.

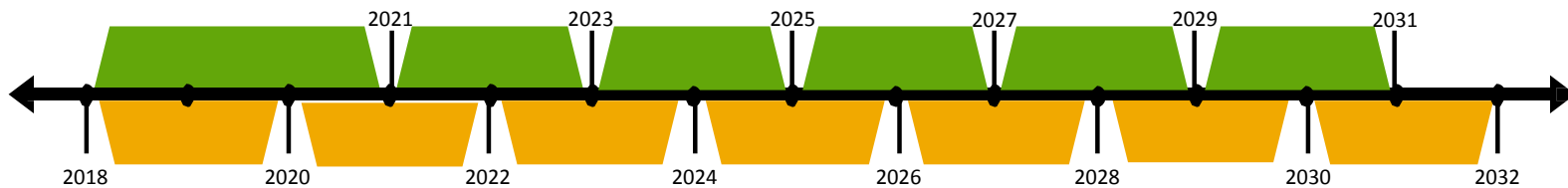
The larger pieces of stained glass represent the specialty councils which have a decision making span of control that encompasses an entire specialty.

The center star represents Interprofessional Practice Council which has a decision making span of control that encompasses the entire organization making it the highest level decision making group within Shared Governance.

The rays coming from the star represent the smaller council groups connected to Shared Governance which may have representatives from any level of the structure. The smaller council groups include the Task Forces and the Nurse Executive Council.

The Core Values which guide all practice at CHI St. Vincent.

Practice Council Terms / Re-election Cycle



GROUPS IN THE YELLOW ROTATION

- Medical/Surgical
- Women's
- Nurse Manager



CURRENT REPRESENTATIVES

- Laura McConnell 2022
- Christy Sellers 2022
- Tim Lambeth 2022



GROUPS IN THE GREEN ROTATION

- ED
- Care Partner
- Critical Care
- PeriOp
-



CURRENT REPRESENTATIVES

- Amy Elder 2023
- Catherine Cevela 2023
- Heather Evans 2023
- Frances Thornton 2023