**American University of Beirut Medical Center**

Nursing Department

**Shared Governance Council Bylaws**

**September 2024**

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**What is Shared Governance?**

**Article I. Preamble**

Shared Governance is an organizational framework that promotes active nurses’ participation in departmental management. It empowers the professional nursing staff and managers to contribute collectively to the decision-making process and allows them control over their own practice at the departmental and unit-level.

**Why do we need Shared Governance?**

The American University of Beirut Medical Center [AUBMC] strongly supports the role of the Registered Nurse who commits to quality and individualized patient/family care at the bedside. We also value a practice environment that encourages and allows nurses to think, act, and thus actively participate in shaping the nursing practice. This is evident in our Professional Practice Model where Shared Governance is at the core.

The structure that will unfold in the next pages of this document is set in place for nurses to exercise autonomy in decision-making and control of the practice environment.

Three core principles of Shared Governance are highlighted in our governance structure. They are:

* **Autonomy:** the ability to actively make decisions that govern patient care.
* **Responsibility:** the scope or areas of practice where decisions can be made.
* **Accountability:** the conscious undertaking of outcomes generated by the decision-making.

AUBMC Nursing will be governed via its Departmental and Divisional Councils [see Appendix A].

**Article II. The AUBMC Nursing Governance Structure**

**Departmental Councils**

These councils have the responsibility and authority of executing department-wide strategies. The councils are divided as listed below:

1. **Transformational Leadership**
   * Nurse Executives Council
   * Nursing Management Council
2. **New Knowledge**
   * Research and Evidence Based Practice Council
   * Nursing Informatics Council
3. **Exemplary Professional Practice** 
   * Work Life Council
   * Advanced Practice Registered Nurse Council
   * Quality and Safety Council
4. **Structural Empowerment**
   * Collaboration Council
   * Divisional Clinical and Professional Advancement Councils

**Accountability**

**Nurse Executives Council [NEC]**

The Nursing Executive Council [NEC] at AUBMC is responsible to oversee the delivery of nursing practice through the structures that comprise the Shared Governance model. NEC provides strategic and operational direction for AUBMC Nursing and enhances the practice of professional nursing.

**Responsibility**

1. Establishes the Nursing Strategic Plan in alignment with AUBMC strategic plan.
2. Promotes a professional nursing environment at AUBMC.
3. Enforces consistent standards of nursing care and practice.
4. Oversees quality monitoring and departmental level quality initiatives.
5. Provides leadership and infrastructure support to facilitate change.
6. Oversees nursing practice at AUBMC.
7. Provides guidance and support to the chairs of all councils.
8. Makes AUBHealth decisions pertaining to nursing practice.

**Membership**

1. **Chair:** Director of Nursing
2. **Vice Chair:** Nurse Leader
3. **Secretary:** Executive Assistant
4. **Members:**
   * Nurse Leaders [6]
   * Nursing Practice and Resource Manager
   * Magnet Program Coordinator
   * Nursing Professional Development Manager
   * Facilitator of the Nursing Quality and Safety Council
   * Chair of the:

* Advanced Practice Registered Nurse Council
* Collaboration Council
  + Representatives from:
* Nurse Administrators [1]
* Nurse Managers [2]
* Registered Nurses [2]

**Accountability**

**Nursing Management Council [NMC]**

The Nursing Management Council [NMC] provides the means for direct communication between Nursing Leadership and nurses in management roles. NMC is a forum for discussion of goals, objectives and operations of the department and of professional issues.

**Responsibility**

1. Ensures the achievement of Nursing Strategic Goals.
2. Facilitates the delivery of quality care to patient/families.
3. Supports and manages nursing practice at AUBMC.
4. Creates change management and communication plans.
5. Provides a forum for discussion of clinical matters, professional issues and trends, and formulation of pertinent recommendations.
6. Transforms the work conditions to enhance nursing staff productivity and resource utilization.
7. Enhances the role of nursing informatics.
8. Identifies educational needs of the nurses in leadership roles and advise on the development of programs to meet these needs.

**Membership**

1. Facilitator: Nurse Leader for Clinical Affairs
2. **Chair:** Nurse Manager
3. **Vice Chair:** Nurse Manager
4. **Secretary:** Executive Assistant/ NM
5. **Members:** 
   * Nurse Leaders [2]
   * Magnet Program Coordinator
   * Nursing Practice and Resource Manager
   * Nursing Professional Development Manager
   * Nursing Policy Coordinator
   * Executive Assistant
   * Representatives from:

* Nurse Managers from each division [10]
* Clinical Nurse Coordinators [2]
* Registered Nurses [3]
* Case Manager [1]

**Accountability**

**Work Life Council [WLC]**

The Work Life Council provides opportunities for nurses at all levels to be involved and engaged in planning, developing, implementing and evaluating recognition and retention strategies. WLC is accountable for ensuring a safe and positive work environment.

**Responsibility**

1. Supports AUBMC Nursing Department in recruitment and retention.
2. Plans reward and recognition activities.
3. Supports efforts fostering a positive work environment (workload, staffing, schedule, interdisciplinary relationships).
4. Analyzes exit interview data and suggests plan of action.
5. Supports the development of a career ladder.
6. Reviews work related injuries and suggests plan of action.
7. Analyzes RN Survey results and suggests plan of action.

**Membership**

1. **Facilitator:** Magnet Program Coordinator
2. **Chair:** Registered Nurse [All Levels]
3. **Vice Chair:** Registered Nurse [All Levels]
4. **Secretary:** Registered Nurse [All Levels]
5. **Members:**

* Two Registered Nurses from each division
* Nurse Leader [1]
* Inpatient Nurse Manager [1]
* Outpatient Nurse Manager [1]
* Case manager [1]
* BMT Coordinator [1]
* Ancillary services representative [1]
* CPDC [1]

**Accountability**

**Research and Evidence Based Practice Council [EBP]**

The Nursing Research and Evidence Based Practice [EBP] Council at AUBMC will provide a hub for nurses to understand and practice research and evidence-based knowledge utilization and generation. This hub will assist nurses in their understanding of research, EBP, and clinical practice guidelines. It will help facilitate the integration of research in the clinical setting, translate EBP into clinical practice, and facilitate conducting nursing research. Thus, the goal of the Nursing Research and EBP Council is to:

* Advance knowledge related to the research process
* Support a culture of research
* Transform care at the bedside

**Responsibility**

1. Promotes the conduct of nursing research at AUBMC.
2. Establishes clinical nursing research priorities for AUBMC.
3. Promotes the development of resources available to Nursing Researchers.
4. Facilitates networking among nurses at AUBMC and Nurse Researchers at AUB and beyond.
5. Fosters knowledge translation and utilization of nursing research findings.
6. Revises AUBMC’s Nursing EBP Model.
7. Fosters interdisciplinary and collaborative research relevant to the needs of AUBMC.
8. Ensures that all nursing research is carried out in accordance with established protocols and IRB guidelines.
9. Disseminates research findings by publishing studies in peer reviewed journals and in presenting at national and international conferences.
10. Conducts Journal Clubs focused on understanding nursing research and application to practice.
11. Offers Nursing Research and EBP trainings and webinars to nurses within and beyond AUBMC.
12. Plans a National Nursing Research and EBP conference.
13. Maintains and updates the Nursing Research Database at AUBMC.
14. Promotes the image of nursing as a scientific discipline.

**Membership**

1. **Facilitator:** Nurse Leader for Research, Education, and Innovation
2. **Chair:** Clinical Nurse Specialist or an MSN Prepared Nurse with demonstrated research experience
3. **Vice Chair:** Nurse [All Levels]
4. **Secretary:** Nurse [All Levels]
5. **Members:** The minimum requirement is 1 or more years of experience and enrolled in graduate studies.

* A total of 15 Nurses [All Levels] with a minimum of 7 bedside nurses from different specialties.
* Clinical Nurse Specialists
* Clinical Educators
* Nurse Managers
* AUB-HSON representative IRB Administrator

**Accountability**

**Nursing Informatics Council [NIC]**

The Nursing Informatics Council [NIC] is tasked with improving patient care outcomes and clinical work environment while promoting a culture of safety using innovative evidenced-based technology.

**Responsibility**

1. Brings forth divisional requests and reviews requests submitted; prioritizes requests.
2. Discusses requests and evaluate against policies and procedures/evidence.
3. Aligns workflows.
4. Upgrades and BCA support.
5. Re-designs workflows.
6. Provides leadership and support by implementing evidence-based nursing practice through the appropriate use of AUBHealth.
7. Assures that the requirements in nursing practice are upheld, sustained, and embedded in our electronic documentation.
8. Coordinate activities with the Clinical Informatics Committee

**Membership**

1. **Facilitator:** Nursing Practice and Resource Manager
2. **Chair:** Nurse [All Levels]
3. **Vice Chair:** Nurse [All Levels]
4. **Secretary:** Nurse [All Levels]
5. **Members:**

* Registered Nurses from different specialties [9]
* Nurse Manager [2]
* Clinical Nurse Specialist [2]
* AUB-HSON Faculty Member [1]
* AUBHealth Team Members [5]
* CPDC Representative [1]
* Policy Coordinator [1]

**Accountability**

**Advanced Practice Registered Nurse Council [APRN]**

The Advanced Practice Registered Nurse [APRN] Council is tasked with verifying and advancing the role of the Clinical Nurse Specialists [CNS] at AUBMC. This is a forum to facilitate and promote the involvement of CNSs in clinical decision-making, organizational planning, professional development and clinical growth, research, and education.

**Responsibility**

1. Reviews the credentialing and privileging of CNSs.
2. Oversees the succession planning and transition programs of future CNSs.
3. Leads the evaluation of the CNS impact through peer review and by monitoring CNS sensitive clinical indicators.
4. Coordinates the CNS activities.
5. Enhances the CNS role at the organizational level.
6. Markets the CNS role at the national and regional level through community involvement, preceptorship, consultation, networking, role modeling, and dissemination of knowledge through poster/podium presentations and publications.
7. Reviews and approves protocols, clinical guidelines, and order sets.
8. Makes decisions regarding which ordersets/protocols require education dissemination and inform CPDC to plan accordingly.
9. Builds and optimizes order sets on AUBHealth.
10. Coordinates and plans the implementation of MScN student residencies in the Adult Care track.
11. Ensures the delivery of high-quality specialized education and training in collaboration with the clinical educators.
12. Consults on the development of evidence-based nursing practice, hospital wide policies, and clinical pathways.
13. Leads, participates, and promotes nursing research at AUBMC.

**Membership**

1. **Facilitator:** Nurse Leader for Research, Education, and Innovation
2. **Chair:** CNS
3. **Vice Chair:** CNS
4. **Secretary:** Nurse [All Levels]
5. **Members:**

* All AUBMC CNSs
* Magnet Program Coordinator
* 2 Representative from CPDC: Adult and Pediatrics Clinical Educator
* 4 Registered Nurses who fit ALL the below criteria:
* Registered nurses with a minimum of 2 years of clinical experience.
* MScN student or graduate nurse with priority for Adult Care and Community Tracks. MScN can be waivered for specialty areas with no MSN track.
* Non voting members by invitation: MSN students are welcome to join anytime (usually coupled with a CNS preceptor, but may join meeting even if preceptor unable to attend)

Representatives from other disciplines whose contribution is of value to the APRN council

**Accountability**

**Quality and Safety Council [NQS]**

The Nursing Quality and Safety Council [NQS] coordinates and implements performance improvement activities to improve care and promote service excellence. NQS is accountable for concurrent review of unit and departmental compliance to internal and external standards, including nurse sensitive indicators, recommending actions for improving performance and collaboration with the Quality, Accreditation and Risk Management Department.

**Responsibility**

1. Assures that patient safety and quality initiatives are upheld.
2. Monitors appropriateness and effectiveness of nursing care through evaluation of patient care outcomes.
3. Analyzes Quality Indicators and participates in outcomes monitoring.
4. Supports regulatory compliance.
5. Develops and supports safety initiatives and reporting.
6. Participates in Divisional and/or Departmental Performance Improvement Plans.
7. Acts as resource to other nursing staff on quality and safety issues.

**Membership**

1. **Facilitator:**  Nurse Management (NL, NM, CNS,..)
2. **Chair:** Nurse [All Levels]
3. **Vice Chair:** Nurse [All Levels]
4. **Secretary:** Nurse [All Levels]
5. **Members:**

* Outpatient Nurse Leader [1] and Inpatient Nurse Leader [1]
* Outpatient Nurse Manager [1] and Inpatient Nurse Manager [1]
* Clinical Educator [1]
* Case Manager [1]
* HSON member
* Quality Accreditation and Risk Management representative
* One Registered Nurse from each nursing unit
* Magnet Program Coordinator

**Accountability**

**Collaboration Council [CC]**

The Collaboration Council [CC] facilitates communication and collaboration among all councils, the nursing units and ancillary departments. CC is accountable for the continuous assessment of the effectiveness of the shared governance councils, measuring their impact on quality and satisfaction outcomes, and facilitating the removal of barriers to assure achievement of stated goals.

**Responsibility**

1. Coordinates and communicates with all councils.
2. Supports department’s strategies/goals through monitoring of KPIs.
3. Revises shared governance bylaws.
4. Coordinates election of councils (orientation of new council members, ongoing learning-needs assessment).

**Membership**

1. **Facilitator:** Director of Nursing
2. **Chair:** Nurse [All Levels]
3. **Vice Chair:** Nurse [All Levels]
4. **Secretary:** Nurse [All Levels]
5. **Members**

* Chairs of all councils
* Nurse Leader [1]
* Nursing Practice and Resource Manager
* Nursing Professional Development Manager
* Magnet Program Coordinator
* Nursing Policy Coordinator
* Executive Assistant

This Divisional Council will be divided as such:

**Clinical and Professional Advancement Council**

* Pediatrics
* Medical Surgical
* Critical Care
* Emergency
* Oncology Adults and Pediatrics: In and Outpatient
* Maternal and Women’s Health: In and Outpatient
* Peri-Operative and Procedural
* Ambulatory

**Accountability**

The Clinical and Professional Advancement Councils [CPAC] support the development of evidence-based nursing practice based on professional association standards, current research, and nationally recognized health care standards. Additionally, CPAC supports the implementation and coordination of educational opportunities for staff and patients. It is accountable for fostering evidence-based quality patient care using a collaborative interdisciplinary approach to staff and patient education.

**Responsibility**

1. Revises and develops nursing and interdisciplinary standards of care and practice (policies/procedures).
2. Evaluates new products.
3. Participates in the assessment of learning and educational needs of staff as per division.
4. Participates in planning, implementing, and evaluating educational activities as per learning needs.
5. Participates in the overall feedback of the orientation, preceptorship, and residency programs.
6. Supports staff continuing education opportunities.
7. Participates in selecting staff to attend conferences and workshops (national and international).
8. Collaborates with the CPDC members in the development, revision, dissemination and validation of competencies.

**Membership**

1. **Facilitator:** Clinical Nurse Specialist, Nurse Manager, or Clinical Educator
2. **Chair:** Nurse [All Levels]
3. **Vice Chair:** Nurse [All Levels]
4. **Secretary:** Nurse [All Levels]
5. **Members:**

* One Registered Nurse from each unit under the division
* Nurse Manager or Clinical Nurse Coordinator representative of the division [1]
* Clinical Educator of the division [1]
* AUB-HSON faculty member as per specialty [*if available*]
* Case Manager [*as per specialty* *if available*]

**Article III. Role of the Council Members:**

* **The Role of the Chair:**
* Presides over all Council business.
* Directs Council to establish goals, objectives, and decision-making processes.
* Facilitates Council operations.
* Monitors and evaluates initiatives and outcomes of the Council.
* Represents the Council in the Collaboration Council meetings and communicates Council propositions and achievements on quarterly basis.
* Provides accurate and timely communication to members.
* Collaborates with Chairs of other councils and members of the interdisciplinary team.
* Is empowered to make emergent decisions in lieu of Council.
* Submits an annual report of Council activities to the Director of Nursing.
* Coaches Vice Chair regarding the role of the Chair.
* **The Role of the Vice Chair:**
* Supports the responsibilities and functions of the Chair.
* Presides over all Council business in the absence of the Chair.
* Develops an understanding of the role and responsibilities of the Chair.
* **The Role of the Secretary:**
* Monitors members’ attendance.
* Announces meetings and communicates agendas.
* Records minutes of meetings.
* Circulates minutes to appropriate sources (see article V).
* **The Role of the Council Member:**
* Actively participates in council activities.
* Completes responsibilities in a timely manner.
* Attends a minimum of 75% of all the meetings during the term year.
* Is a liaison between unit nurses and the Council (communication to and from).
* Raises issues and solutions concerning nursing practice.
* Encourages clinical inquiry.
* Acts as a role model to express concerns and identify solutions.
* **The Role of the Facilitator:**
* Guides in addressing and prioritizing issues identified by Council members.
* Advises and supports the Chair in his functions.
* Coaches the Chair to seek collaboration with appropriate resources.
* Assists in identifying channels of communications between the council and other nursing divisions/councils.
* **The Role of Staff:**
* Participates in council activities.
* Supports and carries out decisions of the Council.

**Article IV. Meetings and General Directives for All Councils:**

1. All Councils meet at least monthly.
2. Minutes are recorded in a standardized format.
3. All minutes are communicated to nursing staff within two weeks of meeting.
4. Each voting member of the Council shall be entitled to one vote.
5. 50 percent plus one of the total representations of a Council constitutes a quorum for conducting business.
6. In case there is no quorum, the Chair calls for a meeting within two weeks and conducts the meeting regardless of the quorum.
7. A majority vote, which represents 50 percent plus one, of the quorum is required to pass a motion.
8. Council meetings are conducted according to Roberts’ Rules of Order.

**Article V. Communication Plan:**

1. All Councils are interrelated as depicted in the schema of the AUBMC nursing Shared Governance Councils (Appendix A).
2. Minutes of each Council meeting as well as updates on activities/projects/achievements are sent to the Secretary of the Nursing Department to be uploaded on the Shared Governance portal.
3. Each divisional council secretary makes an email list of division nurses for communication.
4. Each unit has a dedicated area (bulletin board) for Council information that includes: list of members, meeting dates/times/places, minutes, and projects.
5. Feedback on Council agenda can be given by Registered Nurses to the Council via emails, notes, feedback boxes, bulletin board, etc.
6. Any nursing staff can attend any Council meeting as a non-voting guest.
7. Council members communicate Council decisions/activities/ achievements in monthly staff meetings.

**Article VI. Membership and Election Process:**

1. The Councils consist of nurses at all levels.
2. At least two-thirds of the total members in the Councils represent Registered Nurses.
3. Nurses may nominate themselves or other nurses.
4. Unit representative(s) for each Council are elected by their unit peers.
5. The Council has a Chair, a Vice-Chair, and a Secretary.
6. Divisional council members who are members in Departmental Councils cannot hold Chair or Vice Chair offices.
7. All council members are voting members.
8. Every Council has a non-voting facilitator.
9. The facilitators are assigned by the Director of Nursing.
10. The Council can invite other health care providers or faculty members of the Nursing School to Council meetings for consultation. These are non-voting members and may not hold office on the council.
11. The Chairs of other Councils are invited to attend meetings as needed.
12. For units with number of registered nurses more than 15, 2 nurses from each unit can be chosen.

**Article VII. Resignation Process:**

* 1. A resigning member should notify the Chair in writing (e-mail or letter).
  2. In case the resigning member is the Chair himself/herself, the written notice should be directed to the facilitator.
  3. At the Council level, the resignation should be mentioned in the upcoming meeting and documented in the minutes.
  4. If the resigned nurse is a member of the Council:
  5. The Council will take note of the unit represented by the nurse.
  6. The Chair will send an invitation to the concerned unit nurses and Nurse Manager to nominate one or more representatives.
  7. The Chair will receive the nominations and check for eligibility according to the election process.
  8. If only one nurse is nominated, and if the person meets eligibility criteria, then this person will be considered as a new member of the Council.
  9. If more than one nurse is nominated, the Council will vote for one representative. The person receiving the majority of votes of members attending the meeting will be considered as a new member of the Council.

5. If the resigned nurse is the Chair of the Council:

* 1. The Vice-Chair will take over the Chair responsibilities if he/she meets the Chair eligibility criteria according to the election process.
  2. The above points (4. a to e) will be repeated.
  3. A new Vice Chair will be voted for by the Council members according to eligibility criteria election process.

**Article VIII. Bylaws Revision**

The Collaboration Council reviews the bylaws every two years and makes necessary changes. Any Council may recommend revisions in the bylaws by submitting written recommendations to the Collaboration Council. After making necessary changes, the Collaboration Council distributes the revised bylaws to all Councils and communicates them to all nursing staff in writing.

A diagram of a circular chart

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Appendix A