UNIVERSITY OF VERMONT MEDICAL CENTER
NURSING PROFESSIONAL GOVERNANCE
BYLAWS

2024 Calendar Year
NURSING PROFESSIONAL GOVERNANCE (NPG) BYLAWS

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Article I: Purpose

1. **Purpose of Nursing Professional Governance (NPG):**
   
   1.1. The purpose of Nursing Professional Governance at the University of Vermont Medical Center (UVMMC) is to empower all nursing staff to engage in shared decision-making to bring significant changes to patient care and staff experience by translating evidence-based research into practice improvements, in alignment with the goals of both our organizational and nursing mission, vision, values, and strategic plan.

2. **Mission:**
   
   2.1. **UVMMC:** Our mission is to improve the health of the people in the communities we serve by integrating patient care, education, and research in a caring environment.
   
   2.2. **Nursing:** Nurses at UVMMC deliver superior quality care which is comprehensive, individualized and evidence based.

3. **Vision:**
   
   3.1. **UVMMC:** Working together, we improve people's lives. We are guided by knowledge, enabled by skill, and motivated by compassion.
   
   3.2. **Nursing:** Nurses will be transformational leaders of highly coordinated, exemplary care in partnership with the care team, patient, family, and community.

4. **Values:**
   
   4.1. **UVM Medical Center Values**
   
   - We respect the dignity of all individuals and are responsive to their physical, emotional, spiritual, and social needs and cultural diversity.
   
   - We are just and prudent stewards of limited natural and financial resources.
   
   - We foster a climate which encourages both those receiving and providing care to make responsible choices.
   
   - We strive for excellence in quality care and seek to continuously learn and improve our nursing practice.
- We acknowledge a partnership with the community to ensure the best possible care at the right time, in the right place, and by the right provider.
- We are caring and compassionate to each other and to those we serve.
- We communicate openly and honestly with the community we serve.

4.2. Nursing Core Practice Values
- Innovation & Collaboration
- Integrity & Respect
- Nurture & Support
- Accountability
Article II: Organization & Structure

These bylaws apply to all levels of the NPG structure (Unit/Clinic Practice Council, Global Council, and Coordinating Council) and may not be amended without the written consent of the Coordinating Council. The Coordinating Council will review the bylaws annually.

1. Terms of Membership
   1.1. Council members for each global and unit/clinic practice council will have a 2-year term.
   1.2. If a new member is filling a vacated spot, that new member will finish out the prior member’s term through that calendar year and may remain on the council for an additional year without needing to reapply.

2. Application Process
   2.1. Application process for global councils: see Article III.
   2.2. Process to apply to be part of the unit/clinic practice councils will be designed and implemented by each unit/clinic area.
3. Unit/Clinic Practice Councils (UPC/CPC)

3.1. Purpose:

3.1.1. Unit/clinic practice councils are composed of members of our nursing team: registered nurses, licensed practical nurses, licensed nursing assistants, other clinical support staff roles, and nurse leaders from the unit/clinic area. This group is accountable for resolving issues and/or facilitating change that ensure best outcomes within their unit/clinic area and are in support of nursing and organizational strategic goals.

3.2. Function:

3.2.1. To accomplish their purpose, unit/clinic practice councils will focus on practice issues affecting the unit/clinic area. They will develop strategies for improvement as captured within the task force model using evidenced based best practice. Projects will align with the nursing and organizational strategic plans.

3.2.2. Unit/clinic practice councils will be conduits of bi-directional communication, including information gathering, information dissemination, and decision making. They will support global council initiatives with unit-based rollout and will communicate with their Collaborative Leadership (CL) team regarding active council work initiated by the unit/clinic practice council.

3.2.3. Unit/clinic practice councils will evaluate the outcomes from implementation of their project and/or intervention.

3.2.4. Unit/clinic practice councils will present project work during the annual NPG Forum, held during the first quarter of the fiscal year.

3.3. Formation & Membership:

3.3.1. Each unit/clinic practice council will be given 200 hours each year to facilitate these meetings and project work. Due to the variability of meeting duration, frequency, and membership, each unit/clinic area will be responsible for monitoring council hours.

3.3.2. The chair of unit/clinic practice council will be a clinical nurse.

3.3.3. Unit/clinic practice council chairs will attend the annual NPG summit held in January, as well as one of the coordinating council meetings held during the third quarter of the fiscal year (specific meeting to be determined by the coordinating council chair).

3.3.4. When organizing unit/clinic practice councils, consideration should be given to include representation from all shifts and care team members.
3.3.5. Example of unit or clinic practice council composition:

- 6-unit staff members
- 1 nurse educator
- 1 nurse leader or supervisor
- Consultants: Additional nurses, APRNs, leaders, or content experts as appropriate.

4. Global Councils

- Ambulatory Care Council
- Communications Council
- Experience & Wellness Council
- LNA Council
- Night Shift Council
- Patient & Family Experience Council
- Nursing Practice Council
- Professional Development & Scholarship Council
- Technology & Informatics Council

4.1. Membership of Global Councils:

4.1.1. Twelve to Fifteen members (including but not limited to):

- Clinical RNs/APRNs
- Nurse Educator
- Nurse Leader
- Director who oversees nurses
- Patient and Family Advisors
- Consultants and subject matter experts as appropriate
Ambulatory Care Council

1. Purpose:
   1.1. The Ambulatory Care Council works to increase outpatient staff engagement and development through education, prioritization of workflow, teamwork, and nursing practice improvements. The council fosters collaboration with practice supervisors in the outpatient setting to support participation in non-patient care activities (e.g., hospital committees, NPG, RN IV projects).

2. Function:
   2.1. Identify opportunities of improved workflow within the outpatient setting
   2.2. Assess barriers to staff engagement in non-patient care activities (e.g., committees, NPG, RN IV project work)
   2.3. Collaborate with practice supervisors to utilize opportunities for staff to practice at the peak of their degree and training
   2.4. Identify gaps in education and training
   2.5. Create sustainable onboarding process for new staff to general and specialty ambulatory settings
   2.6. Address issues that are unique to the ambulatory setting as they are identified
   2.7. Serve as a resource and sounding board for ambulatory nurses

3. Consultants & Content Experts:
   3.1. Medical Group staff
   3.2. Non-Clinical Office Staff
   3.3. Clinical Staff
Communications Council

1. **Purpose:**
   1.1. The Communications Council promotes a culture of clear communication within our nursing team to promote nursing excellence. They are engaged in the development, implementation, evaluation, and maintenance of communication strategies in alignment with nursing and organizational strategic goals.

2. **Function:**
   2.1. Develop and implement process for communicating multi-level information to nursing within the organization.
   2.2. Manage the Nursing Intranet Site.
   2.3. Support improvement in knowledge and skill of communication among nurses.
   2.4. Continuous assessment of communication strategy and skills.

3. **Consultants & Content Experts:**
   3.1. Communications and Engagement Strategies team
   3.2. Nursing Podcast hosts
Experience and Wellness Council

1. **Purpose:**
   1.1. *The Experience and Wellness Council supports the holistic wellbeing of members of the nursing care team, with a distinct focus on fostering healthy work environments, promoting meaningful recognition, and the retention of professional nurses and nursing support staff.*

2. **Function:**
   2.1. Identify opportunities for the development of healthier work environments in nursing practice settings.
   2.2. Elevate the work of the Healthy Work Environment Initiative.
   2.3. Facilitate recognition programs, including Nurses Week and the DAISY award.
   2.4. Work collaboratively with Employee Health & Wellness, and other organizational wellness initiatives to address specific needs of the nursing care team.
   2.5. Partner with Human Resources to address retention of nursing staff.

3. **Consultants & Content Experts:**
   3.1. Nursing Administration
   3.2. Employee Family Assistance Program
   3.3. Employee Wellness
   3.4. Human Resources
   3.5. Clinical support staff (LNA, CPSA, MA, US)
LNA Council

1. **Purpose:**
   1.1. *The Licensed Nursing Assistant (LNA) Council supports and encourages our nurse assistants in providing exceptional care, improving the patient and professional experience, and fostering growth and development while supporting a healthy work environment.*

2. **Function:**
   2.1. Continuously evaluate and elevate LNA scope of practice hospital wide.
   2.2. Develop a standardized process and policies for floating LNAs and welcoming them to other units.
   2.3. Facilitates the Bee Award, an LNA recognition program.
   2.4. Explore clinical advancement for LNAs

3. **Consultants & Content Experts:**
   3.1. Medical Assistants (MAs)
   3.2. Clinical Patient Safety Attendants (CPSAs)
Night Shift Council

1. **Purpose:**
   1.1. *The Night Shift Council works to advance night shift nurse engagement through mentorship, education, and effective collaboration.*

2. **Function:**
   2.1. Identify education gaps on night shift and collaborate with the appropriate groups to provide necessary education.
   2.2. Provide mentorship and resources for new night shift staff to support their transition to the unique night shift schedule.
   2.3. Identify opportunities to provide increased wellness offerings for night shift staff.
   2.4. Collaborate with daytime colleagues to recommend strategies for effectively engaging night shift nurses.
   2.5. Serve as a resource for ensuring effective communication with night shift.

3. **Consultants & Content Experts:**
   3.1. ANC
   3.2. Clinical Nurse Supervisor
   3.3. Licensed Nursing Assistant
   3.4. Clinical Patient Safety Attendants (CPSAs)
   3.5. Security
   3.6. Pharmacy
   3.7. Patient Transport
   3.8. Registration
Nursing Practice Council

1. **Purpose:**
   1.1. *The Nursing Practice Council utilizes available data and evidence-based practices, in alignment with regulatory agencies and professional nursing organizations, to review and refine processes and policies that drive nursing best practice.*

2. **Function:**
   2.1. Utilize best practice evidence to review, revise, and approve nursing practice policies, procedures, and standards of care.
   2.2. Facilitate ongoing quality and appropriate nursing documentation.
   2.3. Participate in the review of new clinical products and equipment that clinical nurses utilize in the delivery of patient care.

3. **Consultants & Content Experts:**
   3.1. EPIC RN
   3.2. Medical device representatives
   3.3. Nursing Librarian
Patient and Family Experience Council

1. **Purpose:**
   1.1. *The Patient and Family Experience Council empowers nurses to provide holistic care throughout the continuum in partnership with patients and families.*

2. **Function:**
   2.1. Foster and promote patient and family collaboration.
   2.2. Evaluate and improve the effectiveness of patient education to ensure patient and families have the necessary knowledge, skills, and ability to continue care upon discharge.
   2.3. Utilize nurse sensitive indicators, (i.e., Press Ganey, HCAHPS) and relevant patient experience data sources to support quality improvement measures.

3. **Consultants & Content Experts:**
   3.1. Spiritual Care
   3.2. Continuous Systems Improvement Department
   3.3. Patient/Family Experience Department
   3.4. Case Manager or Social Worker
Professional Development and Scholarship

1. **Purpose:**
   1.1. *The Professional Development and Scholarship Council is accountable for recommending and supporting programmatic needs specific to orientation and role transition, competencies of nursing practice and continuing education and professional growth, in alignment with nursing and organizational strategic goals.*

2. **Function:**
   2.1. Foster, create, and evaluate the culture of support and a welcoming environment for all healthcare students.
   2.2. Identify opportunities for and support collaborative interprofessional learning.
   2.3. Support the development of a mentorship program to support nurses during role transition, in the advancement of their education and for those seeking professional certifications.
   2.4. Encourage and promote nursing scholarly work including, but not limited to, presentations, article publications, and clinical research.
   2.5. Facilitate annual NPG Forum.
   2.6. Recommend continuing education and the tracking of competency programs, content and approaches to support strategic priorities and initiatives of Nursing Professional Governance.

3. **Consultants & Content Experts:**
   3.1. Faculty member from UVM College of Nursing
   3.2. Patient Safety
   3.3. Student Nurse
   3.4. CARP Committee Member
Technology & Informatics Council

The initial work will focus on refining the purpose and function of the council.

1. **Proposed Purpose:**
   1.1. *Technology & Informatics Council works to increase safety and efficiency using innovative evidence-based technology.* They will leverage expertise from professional nursing organizations and best practices to reduce documentation burden while ensuring compliance with regulatory agencies.

2. **Proposed Function:**
   2.1. Will utilize existing technologies to streamline patient care
   2.2. Review functionality of available technologies and make recommendations for upgrades and use in improving patient care and staff experiences
   2.3. Make recommendations for nursing documentation and general EHR optimization to the EPIC build team
   2.4. Explore opportunities to standardize documentation expectations across the organization
   2.5. Provide nursing input on proposed new technologies for the organization
   2.6. Oversee and make recommendations related to technology and EHR training

3. **Consultants & Content Experts:**
   3.1. Nursing Informaticist
   3.2. Supply Chain
Coordinating Council

1. Purpose:
   1.1. The Coordinating Council facilitates the integration of all NPG Global Councils, Unit/Clinic Practice Councils, and independent organization-wide nursing-focused councils and committees. It supports UVMCC’s Mission, Vision, and Values in alignment with the Organizational and Nursing Strategic Plans. This council will be a forum for communication, collaboration, barrier resolution, and continuous monitoring and maintenance of the form and function of the Nursing Professional Governance structure.

2. Function:
   2.1. Priority is given to provide support to the other NPG councils and act as a voice for UVMMC nurses on broad practice issues. This council will provide more guidance than decision making.
   2.2. Receive and direct requests from Global Councils, Unit/Clinic Practice Councils, Task Forces, or other professional teams.
   2.3. Collaborate with nursing-focused companion councils, such as the Nurse Executive Council, Nurse Manager Council, APP Council, CARP, RN IV Group, Nursing Workforce Steering Committee, and the Pathway to Excellence Steering Committee.
   2.4. Pursuant to Exec20, UVMCC’s policy on Contact with Federal, State, and other Officials by Employees and Use of UVM Medical Center Space for Political Purposes, the Department of Government and Community Relations may seek the input of the Coordinating Council of Nursing Professional Governance in the development of positions on public policy proposals.
   2.4.1. Process for seeking input from NPG:
   - Government and Community Relations provides written background on public policy being proposed, including the requested desired action by the Coordinating Council.
   - Actions could include:
     - Information sharing and general feedback.
     - A statement of endorsement.
   - Government and Community Relations would attend, present material and answer questions of the Coordinating Council. They may appear multiple times in formal or ad hoc meetings of the Council.
   - Coordinating Council would deliberate and deliver a position, representing the voice of nursing at UVM Medical Center, should that be the requested action.
   - Government and Community Relations would report back to the Coordinating Council actions taken on the public policy.
3. **Membership:**

3.1. Sixteen Members:

- 1 RN/APRN Chair of the Coordinating Council
- 1 RN/APRN Chair Elect of the Coordinating Council
- NPG Facilitator
- Chief Nursing Officer (CNO)
- Chair of each Global Council (9)
- Chair of Nurse Manager Council
- Chair of the CARP Committee
- Facilitator of the RN IV Group
- Member of the Nursing Workforce Steering Committee and its Subcommittees
- Pathway to Excellence/Magnet Coordinator
- Current President of the Vermont Federation of Nurses and Health Professionals
- 1 Leader from Ambulatory Care
- Leaders/ Directors on global councils will attend coordinating council on a quarterly basis

3.2. **Consultants & Content Experts:**

- Chief Medical Officer
- Continuous Systems Improvement Department

4. **Terms of Office:**

4.1. The CNO, NPG Facilitator, and Pathway to Excellence/Magnet Coordinator are permanent members of the council.

4.2. The chair of the Coordinating Council is a member of the Nurse Executive Council.

4.3. The chair-elect of each Global Council will attend the Coordinating Council meetings with the chair of those councils during the last quarter of the calendar year to ensure an orderly transition.
Article III: Function

Council Membership

1. Eligibility for Council Membership:
   1.1. Employee in good standing; verified by immediate supervisor and/or Human Resources.
   1.2. Nurses who have and continue to work 1,000 hours per year or more (as evidenced by the previous 12 months) may hold positions on global councils.
   1.2.1. Nurses who work less than 1,000 hours per year will be eligible if they can demonstrate a consistent and regular presence in their primary unit or clinic.
   1.3. Members may be appointed for no more than two (2) consecutive terms on any council. A period of 12 months will pass before a previous council member that has served two (2) consecutive terms may be appointed to any council.
   1.3.1. After the placement of all new applicants, remaining open positions may be filled by a member who has exceeded their two-term limit.
   1.3.2. For appointment of chair-elect of the Coordinating Council, the limits listed above may be waived.
   1.4. Have demonstrated effective leadership experience such as participation in unit task force, project, departmental activities, or can provide evidence of demonstrated effective leadership experience outside of UVMMC.
   1.5. The applicant’s direct supervisor will review and sign all applications that meet all the above eligibility criteria. Selection of council members by the Appointment Task Force (see Article III, section 2) will be based on the best qualified applicants. It is up to the discretion of the supervisor to determine the appropriate number of people from the unit or department who may apply, to ensure no disruption to patient care or services.

2. Council Appointment Process:
   2.1. The Coordinating Council will convene an annual Appointment Task Force in the third quarter of the calendar year, and all appointment activities must be completed by the fourth quarter. This task force will manage the entire NPG application and appointment process and will be comprised of two (2) nurses in formal leadership positions from any council, five (5) Global
Council clinical nurses, one (1) Coordinating Council Chair, one (1) LNA council member, and the CNO or their designee.

2.2. Nurse Director membership on Global Councils will be appointed by consensus of the Nurse Executive Council.

3. **Appointment of Chair and Chair-elect:**
   
   3.1. Council members of all councils must agree to serve in any capacity deemed necessary by the council membership. Only nursing staff, not in a formal leadership position, are eligible to serve as chair.
   
   3.1.1. Should the chair of a council experience a job transition into formal leadership mid-term, they will be offered the opportunity to remain in the chair role for the remainder of the calendar year as they orient the chair-elect into the chair position.
   
   3.2. Appointment of chair and chair-elect will be by consensus.
   
   3.3. The appointment of chair-elect will take place by the end of the second meeting of the new term.
   
   3.4. Chair-elect will assume the chair position as it is vacated, and a new chair-elect will be appointed.
   
   3.5. The tenure of a chair will be one (1) year, with the option to extend to a maximum of two (2) years. Chair elects of Councils will attend the Coordinating Council meetings during the fourth quarter of the calendar year to ensure an orderly transition.

4. **Criteria for resignation or dismissal from council membership:**

   4.1. The employee is no longer in good standing.
   
   4.2. The council member is no longer able to meet the Accountabilities of Council Members (see Article IV).
   
   4.3. The council member is no longer professionally representing the council.
   
   4.4. Process for resignation or dismissal:
   
   4.4.1. The council member is accountable for notifying the chair and their direct supervisor of the status change.
   
   4.4.2. If a member resigns or is dismissed, the council member must wait at least six months prior to applying for another council at the beginning of a new term.
4.4.3. When a council member resigns or is dismissed, the chair will notify the council and the coordinating council of the change.

5. **Allotted Time for NPG Work:**

5.1. Global Council meetings will be planned one year in advance, and staff will be pre-scheduled to attend meetings. The meetings will be held Wednesdays, 0700-1100, except for night shift council, which will meet Wednesdays, 1900-2300.

5.2. Meetings will be held using virtual meeting platforms and in person at UVMMC locations as permitted.

5.3. Council members will be scheduled 4 hours each month designated for NPG.

5.3.1. Scheduled hours will be devoted half to formal meetings and half to completion of project work, or as council chair sees fit.

5.3.2. Council leadership may use discretion when scheduling council meetings and divide the time between pay periods.

5.3.3. Scheduled monthly meeting format:

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<th>1st Wednesday</th>
<th>2nd Wednesday</th>
<th>3rd Wednesday</th>
<th>4th Wednesday</th>
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<tbody>
<tr>
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Meetings are scheduled for four hours. Councils may decide how they would like to use those hours to complete project work.

5.4. Each council chair will have an additional four hours scheduled each month to attend the coordinating council meeting. Beginning in the fourth quarter of the calendar year, the chair-
select for each council will also have an additional four hours scheduled to attend the
coordinating council meeting.

5.5. Leaders and staff will collaborate to protect time for NPG council and task force work,
supporting staff to function at their highest level to ensure the best return on investment.
Please bring any concerns to the attention of the Coordinating Council chair.

5.6. Additional hours needed for project work may be requested by the task force/council chair.
These requests will be reviewed by the Coordinating Council chair and granted on a case-by-
case basis.

5.7. Every effort will be made to not incur overtime for NPG work without prior discussion with the
Coordinating Council and the leader of the staff person.

5.8. Coordinating council chair and chair elect will have two office days per week (0.5 FTE) for
council meetings and work.

6. Council Processes

6.1. Meetings:

6.1.1. If a meeting falls on a holiday, it must be rescheduled at the discretion of the chair.

6.1.2. To promote council meeting productivity, non-members must request attendance at a
meeting through the council chair.

6.1.3. Council meeting time and duration may only be changed with the approval of the NPG
Coordinating Council.

6.1.4. In the event that a council needs more frequent meetings, financial resources for NPG
Councils will be negotiated between the chair of the council, the Coordinating Council
chair, and the CNO.

6.1.5. Council meetings may be cancelled by the chair due to an emergency or lack of quorum.

7. Quorum:

7.1. A quorum must be met for the council to conduct business or make decisions. Without a
quorum, the council can meet, but it may not make decisions. A quorum is 50% + 1 of the
council membership present.

7.1.1. For a decision-making quorum, two criteria must be met:

1) There must be 50% + 1 of the council membership present, and
2) Of the 50% + 1 there must be a majority of clinical council members present. A council member who will be absent may give his/her proxy for the purpose of a decision on specific agenda items; the proxy is not for new business.

8. **Special Meetings:**
   
   8.1. Special meetings may be called by the chair with preapproval by the CNO or designee, and the chair will ensure that the resources for extra meetings are secured prior to meeting.

9. **The Mechanics of the Meeting:**
   
   9.1. **Agenda:**
      
      9.1.1. The agenda for next meeting will be planned at the end of each meeting. Additional agenda items may be added at the discretion of the council. Additional agenda items will be reviewed at the beginning of the meeting.

      9.1.2. The agenda will be shared with all council members at least one week prior to the scheduled meeting.

   9.2. **Minutes:**
      
      9.2.1. Minutes are meant to capture highlights, key decisions, timelines, and accountable persons and are not meant to be a narrative of the meeting. The minutes will be recorded along with date, time, and members in attendance, and minute taker.

      9.2.2. Approval of the minutes will be the first agenda item at each meeting.

      9.2.3. Minutes will be distributed to all council members prior to the next meeting. Each council member is accountable for reviewing the minutes prior to the meeting.

      9.2.4. Minutes must also include a current list of council members, with their credentials, role, and unit and committee role.

10. **Decision Making Model:**
    
    10.1. Councils and task forces have the delegated authority, responsibility, and accountability for the work that is entrusted to them. The Coordinating Council exists to facilitate and support the work of the other councils.

    10.2. All decisions should be made by consensus.
11. Council Decision Making Guidelines:

11.1. The councils will first determine the boundaries and scope of decision making. All decisions must support UVMCC’s Mission, Vision, and Values and be in alignment with the Nursing Strategic Plan.

11.2. There is shared ownership and individual accountability for decisions.

11.3. No issue will be reopened for discussion unless it is formally placed on the agenda.

11.4. Decisions will be made based on consensus. All members are required to support the final decision within NPG meetings and outside of meetings when engaged with colleagues and staff.

11.5. Councils will seek input from all involved or affected parties. During meetings, all ideas are openly explored, and fairly and respectfully considered.

11.6. Decisions or proposed solutions will be made within the timeframe specified by the council, not to exceed 60 calendar days, unless previously negotiated with the Coordinating Council.

11.7. When a decision has been made, council members will have a plan/strategy for how the decision will be communicated, implemented, and evaluated.

11.8. Council and task force decisions may not be over-turned by anyone other than the council/task force that made that decision.

11.9. When emergent decisions need to be made, the CNO will make every effort to include the chair and chair elect of the Coordinating Council and will use the best available evidence to make a decision. Emergent decisions will be reviewed, and possibly revised, by the appropriate council at the next regularly scheduled council meeting following the emergent decision.

12. NPG Decision, Implementation, and Evaluation:

12.1. Unit/Clinic Practice Council, Global Council, and Task Force decisions will be implemented utilizing the following process:

12.1.1. Proposals are developed and reviewed at regularly scheduled meetings. Proposals and decisions are driven by point-of-service needs and balanced by changing economic realities. All proposals will have specific goals and objectives and will list the evidence that supports these goals.

12.1.2. Prior to implementing a council decision, all leaders and staff will have an opportunity to review and provide feedback during the open comment period. The exception will be
those decisions that are based upon evidence from research or other legitimate sources, professional standards, and legal or regulatory requirements. In these cases, the open comment period will solicit recommendations related to implementation of the proposed change.

12.1.3. The open comment period will end 14 days from the proposal posted date. The opportunity to comment shall be available by email or intranet webpage. Each comment must contain contact information to be considered. All open comment period feedback will receive a reply.

12.1.4. The council conducting the open comment period may re-open the open comment period.

12.1.5. The council will review open comment period feedback, incorporate evidence-based suggestions where appropriate, and finalize the proposal.

12.1.6. There will be an education plan for each decision, as necessary.

12.1.7. Implementation of decisions occurs at the unit level and will include a timeline.

12.1.8. Evaluation of outcomes will be conducted by the council or task force making the decision. Those impacted by the decision will be included in the evaluation. Evaluations will be sent to those impacted by the decision by email. Outcomes will be evaluated using PDSA (Plan-Do-Study-Act) Framework.

12.1.9. Completed work is expected to be presented at the annual NPG Forum by poster presentation.
Article IV: Roles & Responsibilities

1. Council Accountabilities:
   1.1. All council decisions will have established boundaries according to that council’s charter and appropriate funding (see Article III, Section 11). The focus of all council work will be on nursing practice and not on the terms and conditions of employment, including terms outlined in the current Vermont Federation of Nurses and Health Professionals contract. The chair and chair-elect have the authority to schedule council member assignments and evaluate or dismiss members who do not meet accountabilities. Each member of a council is accountable for working with their direct supervisor to assure that their schedule is set to enable attendance of all meetings.
   1.2. It is expected for members to attend majority of meetings. If there are more than two (2) absences per calendar year, member may be counseled by their chair/leader.
   1.3. Emergent organizational priorities, though rare, may take precedence over NPG meetings.

2. Accountabilities of the Chair:
   2.1. Develop and facilitate the agenda.
   2.2. Lead and facilitate meetings.
   2.3. Contact/coach and/or dismiss council members who do not meet accountabilities.
   2.4. Represent the group between meetings and delegate responsibilities appropriately.
   2.5. Communicate decisions for emergent issues that occurred in the interim to the council. All emergent decisions will be brought back to the appropriate NPG council for review to assure the emergent decisions are evidenced based and sustainable.
   2.6. Facilitate group work.
   2.7. Move the group to consensus.
   2.8. Has the option to accept no assignments.
   2.9. Maintain neutrality during discussions.
   2.10. Delegate the role of facilitator in the absence of the chair and chair elect.
   2.11. Mentor the chair elect.
   2.12. Review and edit the minutes when necessary. Minutes must be approved by the council at the next meeting.
2.13. Ensuring that the agenda and meeting minutes are sent to the Coordinating Council chair.
2.14. Coach and develop team based and leadership skills of the council members.
2.15. Regularly meet for coaching and mentorship with the formal leadership member of their council.
2.16. Communicate information bi-directionally between the global council and the coordinating council.

3. **Accountabilities of the Chair-elect:**
   3.1. Conduct council business/meetings in the absence or at the request of the chair.
      3.1.1. In the fourth quarter, chairs will begin to work with chair-elect to begin the transition process to ensure chair-elect is ready to take over in new term.
      3.1.2. Chair-elect should attend pre-planning meetings with chair and leaders to create agendas for meetings.
      3.1.3. Over the fourth quarter chair-elect should take more responsibility in running the monthly meeting.
   3.2. Council Chair elects will attend the Coordinating Council meetings during the fourth quarter of the calendar year with the chair to ensure smooth transition.

4. **Accountabilities of the Council Members:**
   4.1. Support all council decisions (whether present at a meeting) once made, regardless of personal bias or opinion.
   4.2. Attend all meetings prepared and actively participate in group discussions and work.
   4.3. Serve as a communication liaison to colleagues.
   4.4. Report predicted absences to the chair. Council members may not have more than two (2) absences per calendar year, per UVMMC attendance policy.
      4.4.1. Unexcused Absence includes unexpected absence due to illness or direct patient care needs superseding scheduled meeting (as mentioned in Article IV, Section 1.3).
      4.4.2. Excused Absence includes planned absence as in the case of scheduled CTO, STD, LTD, FMLA, jury duty, bereavement, and conferences.
   4.5. Participate in additional task forces that promote the work of the council as needed.
   4.6. Notify the chair of the council if there is need to resign for any reason.
5. **Accountabilities of the Patient and Family Advisor:**

5.1. The patient and family advisor plays a key role in providing the voice of the patient and will consider themselves an active member the council. Patient and family advisors will leverage their prior work and patient experience to provide perspective and promote curiosity to ensure the voice of the patient is present during all conversations.

5.2. Support all council decisions (whether present at a meeting) once made, regardless of personal bias or opinion.

5.3. Attendance for the duration of each meeting is strongly encouraged and the use of technology to facilitate attendance is appropriate.

5.4. Patient and family advisors will have a two-year term similar to other members, with the ability to re-apply for one additional term on that council. Patient and family advisors apply and are assigned to councils via processes within the Patient and Family Advocacy department.

6. **Accountabilities of Employees Represented by NPG:**

6.1. Supports, participates in, and is highly knowledgeable about NPG.

6.2. Active contribution and participation in NPG on any level will be reflected in the employee’s annual evaluation and may serve as demonstration for meeting criteria for clinical advancement via the UVMMC Clinical Advancement and Recognition Program (CARP) and LNA Advancement Program.

6.3. Recognizes and actively supports all council decisions.

6.4. Complies with council decisions which impact work.

6.5. Supports colleagues participating in NPG.

7. **Coordinating Council Chair Role:**

7.1. The Coordinating Council Chair is the chair of the Nursing Professional Governance (NPG) structure at UVMMC. In this role, the Chair facilitates the work of the Coordinating Council, supports the implementation of NPG initiatives and further refinement of professional governance systems and processes. The Chair is supported by the NPG Facilitator, and is a member of the Nurse Executive Council, UVM Health Network Nursing Practice Council (NNPC), Pathway to Excellence Steering Committee, Magnet Champion Group, and High Value of Care Committee. The Chair will direct alignment of NPG initiatives with organizational, nursing, Pathway to Excellence, and Magnet strategic plans.
7.2. Responsibilities of the Coordinating Council Chair:

7.2.1. Provide leadership direction to strengthen and sustain the NPG structure and process
7.2.2. Provide ongoing mentorship of council members and staff at large
7.2.3. Plan quarterly Chair/Leader forum
7.2.4. Educate staff on NPG, Pathway to Excellence, and Magnet initiatives
7.2.5. Execute chair accountabilities as outlined for council chairs in bylaws
7.2.6. Attend Nurse Executive Council meetings
7.2.7. Attend UVM Health Network Practice Council meetings
7.2.8. Support NPG initiatives as needed to ensure productivity
7.2.9. Support Pathway to Excellence and Magnet planning effort
7.2.10. Understand additional accountabilities as delegated by the Chief Nursing Officer

7.3. Requirements:

7.3.1. The position requires a full-time staff commitment – 1.0 FTE which is split as follows:

7.3.1.1. 0.2 FTE with NPG / 0.8 FTE with clinical nursing practice

7.3.2. Education: Bachelor of Science in Nursing (BSN) required, or enrolled in program
7.3.3. Certification: Specialty Nursing Certification preferred
7.3.4. Prior experience as an NPG Council or Task Force member with demonstrated knowledge of the NPG structure and process.

7.4. The tenure of Coordinating Council chair will be one (1) year, with the option to extend to a maximum of two (2) years. Extension must be approved by the coordinating council.

7.5. In the second quarter of the year, applications will be solicited for the Chair Elect, to be selected by an appointment task force; preparing the candidate to move into the chair role in the third quarter of the same year.
Article V: Processes

1. Taskforce

1.1. Purpose: Task Forces are created to empower nurses and staff, in all areas that affect practice and process, to resolve issues and/or facilitate change that ensures best outcomes.

1.1.1. Local Task Force: Formed to address a specific issue or facilitate change at one unit/site.

1.1.2. Global Task Force: May be formed to address a specific issue or facilitate change that impacts greater than two areas within the organization.

1.1.3. Coordinating Council Appointment Task Force: Formed annually to determine NPG council membership (see Article III, section 2).

1.2. Function:

1.2.1. A taskforce is a group of staff and appropriate resources temporarily assigned to a specific project based on a clear objective, with a defined timeline that supports work aligned with the Organizational and Nursing Strategic Plan. Each taskforce will complete a written plan and strive to complete work in a timeframe no greater than 12 months. Task force goals will be written in a SMART goal format. Outcome or process data will be used to identify areas of improvement, and monitor progress of task force.

1.2.2. The task force chair is responsible for submitting the approved charter to the Coordinating Council Chair.

1.2.3. Task force outcomes/results will be shared with the affected units, the NPG website, as well as the appropriate unit/clinic practice council(s).

1.2.4. Task forces will evaluate outcomes from implementation of their intervention, outlining a sustainability plan as described in the task force template.

1.2.5. Membership in Local Task Forces is an expectation of UVMMC nurses’ professional responsibility.

1.2.6. Task forces are a partnership between leaders, educators, nurses, and any supporting disciplines as appropriate, defined by the task force’s charter.

1.2.7. Task forces are accountable to the organization for fiscal responsibility.

1.3. Formation & Membership:

1.3.1. Task forces may be proposed by any member of the unit/clinic staff or by leaders.
1.3.2. Task force chair, charter, and membership will be determined in partnership with the proposing staff member or global council representative and the unit/clinic/council leaders, or their designee.

1.3.3. Task force chairs will be nurses, or other unit/site staff as appropriate.

1.3.4. Local Task Force members will rotate throughout the unit/clinic nursing staff. Whenever possible, at least one staff member with task force experience will be included.

1.4. Terms:

1.4.1. Task forces are created for a specific purpose and are dissolved per their charter statement.

1.4.2. Task forces are time limited, no longer than 12 months. If a task force is not completed in 12 months a review will be conducted by the coordinating council and a decision will be made to extend this deadline or dissolve the task force.
2024 Application

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