



**2022**  
**Sentara Healthcare System Nursing**  
**Practice Forum, Council, and Committee**  
**Shared Governance Toolkit**  
Updated fall 2021





## 2022 System Nursing Forum, Council and Committee Chairs,

On behalf of Sentara Healthcare we want to thank you for taking on this crucial role of System Nursing Chair to continue the advancement of evidence-based nursing practice and supporting improvement in our patient outcomes. Our collective mission for Sentara Healthcare is to *improve health every day* for our patients. Making a difference takes courage, integrity, passion, ingenuity, and advocacy. These endeavors connect all Sentara nurses. Our system work, through our nursing structures are based on a model of shared governance in decisions and actions that guide our nursing vision, to create an environment of health and healing.

Your willingness to step up and take a leadership role for one of our System Nursing Practice Forums, Councils, or Patient Sensitive Committees allows us to come together to assess and adopt evidence-based practices across our diverse settings. Together we coordinate policies, procedures, job aids, competencies, and nursing standards to provide relationship-based care.

We are committed to supporting you in this endeavor. We want to thank each of you for all you do as a professional nurse within Sentara. Consistent, highly reliable nursing care is what we strive for every day. We want this to be the hallmark of nursing at Sentara.

Sincerely,

Genemarie

Genemarie McGee, MS, BSN, RN, NEA-BC  
Corporate Vice President, Chief Nursing Officer

Sue

Susan Winslow, DNP, RN, NEA-BC  
System Director Professional Practice/ Clinical Education





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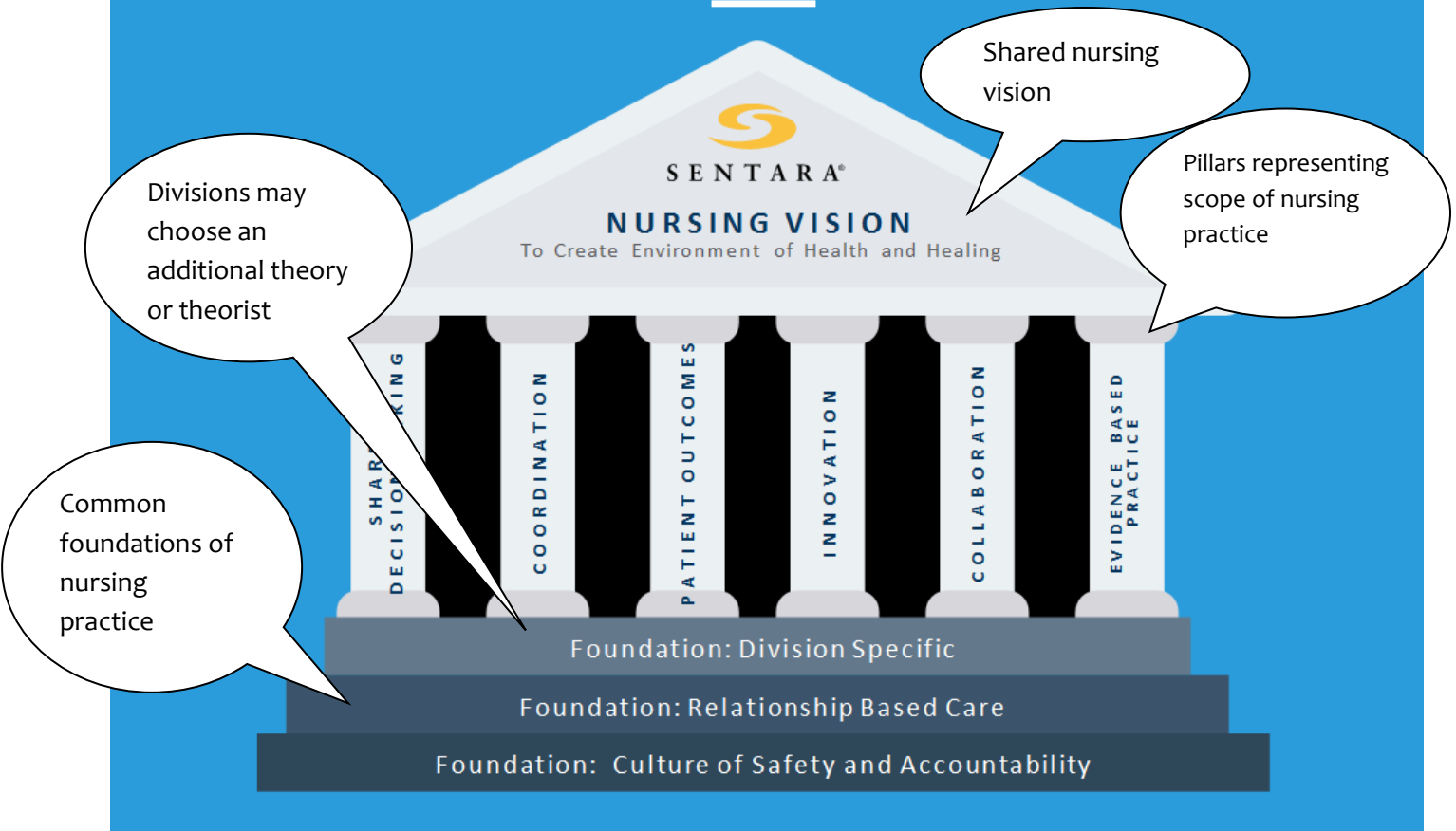
## Objectives

1. Positively impact nurse sensitive patient outcomes and strategic goals.
2. Provide purpose of shared governance.
3. Understand specific roles in successful system nursing structures.
4. Understand how to successfully advance team.
5. Facilitate successful meetings to achieve charter and strategic goals.
6. Provide platform to efficiently determine common nursing standards, initiatives, and outcomes.
7. Ensure a structure to support the voice of clinical nurses.



Professional Nursing Practice Model

Sentara Healthcare Professional Practice Model (PPM)



Revised 2018

Professional Practice Models (PPMs) serve as graphical depictions demonstrating how professional nurses practice, function, interact, and develop professionally to provide high quality care. Sentara Nursing’s PPM describes the foundation of our common nursing practice, provides a clear vision for nursing care, and helps us to achieve optimal patient outcomes. The image of a Parthenon illustrates the commitment to create an environment of health and healing underpinned by a culture of safety and accountability within relationship-based care. A structure of power and strength, the Parthenon structure provides an unyielding, solid foundation to support nurses’ relationship to safe and accountable patient care.



The original PPM was developed in a collaborative effort between the system entities at that time. In late 2017 a formal evaluation of the PPM was launched to assess the current alignment of the PPM with practice, mission, vision, philosophy, and values. Modifications were suggested and by 2018 an updated PPM was accepted and adopted.

The PPM foundation is a base of safety and accountability, relationship-based care, and nursing foundations unique to each division's culture. Pillars represent the nursing scope of practice. The roof reflects the nursing vision, *to create an environment of health and healing*. The theoretical framework for Sentara Nursing is Relationship-Based Care (RBC). RBC includes the focus on the caregivers' relationship with self and other team members, in addition to the caring relationship with patients and families. The Care Delivery Model (CDM) predominantly used across Sentara Nursing is modified primary nursing using an RN as the primary care giver supported with unlicensed assistive personnel. The CDM is integrated with the PPM and describes: the context of care, the manner in which care is delivered, the skill set required and expected outcomes.

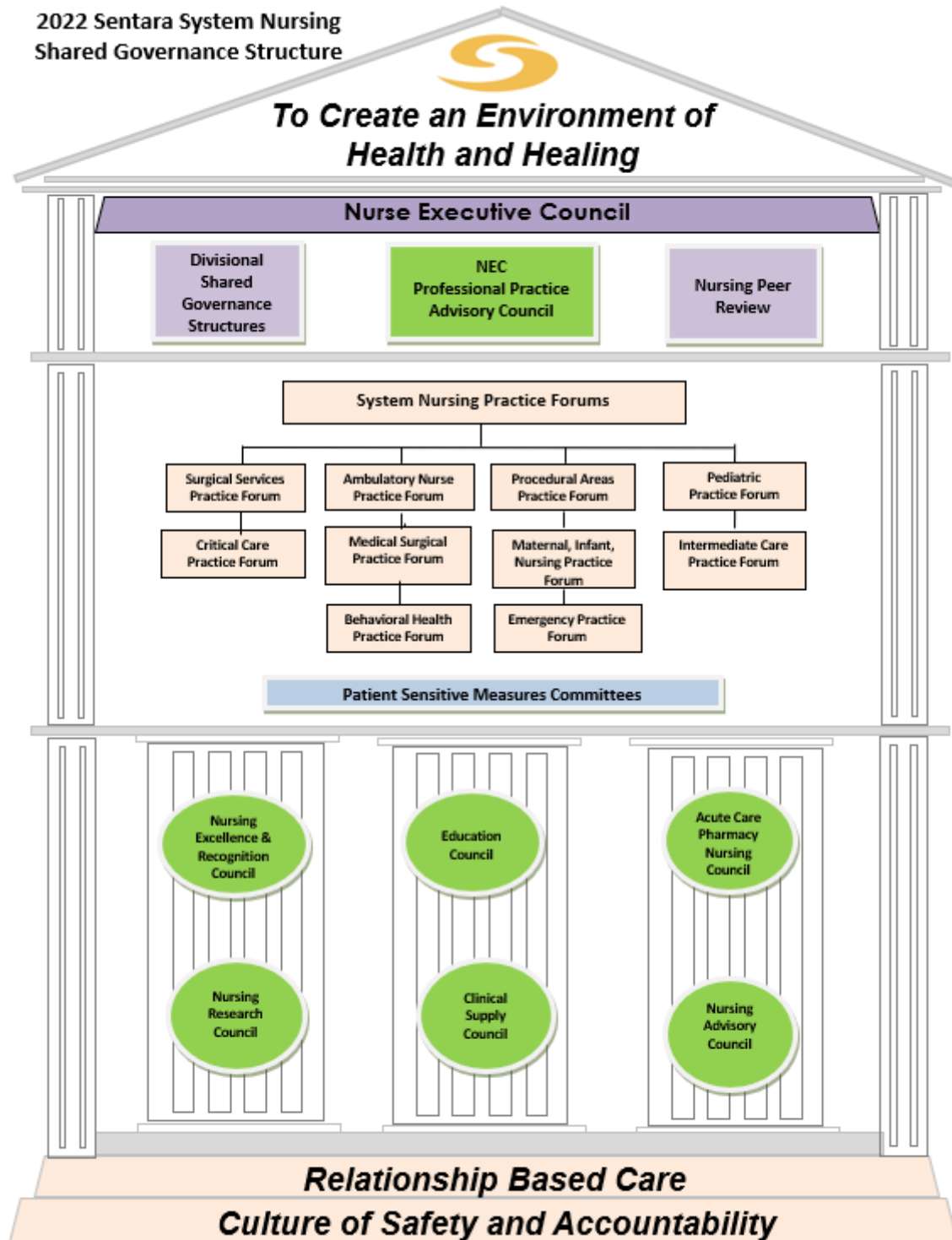
Shared governance is part of the PPM providing a framework for shared decision making throughout the health system. Within Sentara Healthcare, shared decision making is defined as a working model of participatory governance in which nurses make decisions about clinical practice standards, quality improvement, staff and professional development, and nursing research. Shared decision making ensures consistency in nursing care and defines nursing's authority, autonomy, and accountability for patients and families. The structure of system, divisional, and unit nursing forums, councils and committees allows nursing staff to be involved and/or heard through representation. Throughout Sentara Healthcare, every nurse is a leader and the structure and processes defined in the PPM support this vision.







2022 Sentara System Nursing Shared Governance Structure







## Shared Governance Guidelines

System nursing forums, councils, and committees assume responsibility for the professional practice of nursing at Sentara Healthcare. Shared governance enables evidence-based practice standardization across the organization. Division-based councils focus on topics and needs of their division for local development of nursing. System Nursing Practice Forums are nursing meetings where evidence-based practice clinical issues on particular specialty practice issues are exchanged and formalized. The forum membership is comprised of majority of staff level representatives to support nursing strategic priorities and patient outcomes. Nursing Councils are system level advisory-type groups formally organized and meeting regularly to support nursing practice. System Patient Sensitive Measure Committees are ad-hoc groups of nurses monitoring nurse-sensitive clinical outcomes, sensitive to those interventions performed primarily by nurses

### Structure

Teams establish a charter to include membership, strategic goals, structure, format, authority, recordkeeping and communication. Annually, teams review and develop key actions reflective of the charter in alignment with nursing strategic plans and clinical priorities. Chairs report monthly on the status of those goals, formal recommendations, and potential barriers to the Nursing Executive Council.

### General Membership Guidelines

Each division has the opportunity for membership. Members are selected through divisional nominations with rotations each calendar year. An orientation workshop is conducted each year for the upcoming Chairs. Orientation for new members should be included as a formal agenda item during the first quarter of every year. Each nurse member is responsible for communicating the issues to their division and provide bi-directional feedback to represent the collective voice of their division. Certain Practice Forum have named speciality representatives representing specialty patient populations. All Practice Forums and patient sensitive measure (PSM) Committees will have an evidence-based practice and educational mentor(s) to guide nursing practice decisions.

### Chairs

The forum and committee chair roles requires a three-year commitment: one year as the chair-elect, one year as the chair and one year as the past chair. The Chair will establish the ground rules for acceptable behavior during meetings following simplified Robert's Rules of Order and will set the agenda with input from the members and the executive sponsor. Teams may opt to have a co-chair model, with two leads for the team. Chairs may serve more than one term. Chairs of the Councils do not change each year unless their formal position transitions.

### Attendance and Representation

To support the concept of allowing nursing staff members to be involved and/or be heard through



divisional representation, meetings are open to all nursing staff. Voting members will include those formally representing their division. Each forum and council will have an executive sponsor for guidance and facilitation.

### **Forums and Select Councils**

Divisions will elect direct care nurse members to comprise at least 50% of the membership of the practice forums and PSM committees. Members will serve one-year terms and may be re-elected or re-appointed. Each division will have two members per forum: one a direct care clinical nurse and a second formal leader or educational representative. If a member misses more than 3 consecutive meetings, then the chair should request a new representative. Ad hoc or interdisciplinary members may be requested as needed to achieve goals. Councils will name members who represent each involved role, division, or area related to the purpose of the council.

### **Decision Making/Voting**

Topics will be noted on agendas and open for discussion with all members. Each council member, including the Chair, is allowed one vote. Voting shall be majority rules of members present known as unanimous consent. The process involves asking if there's any objection to adopting the motion. If no one objects, then the motion is adopted. If even one member objects, then the group proceeds to take a vote. Quorums are not required. *If the vote is too close to call a roll-call vote is used.* When confirming a recommendation involving formal policies, procedures, or job aids; a roll call method should be used and for divisions not present proxy voting or electronic voting should be used to ensure their awareness and consent. Ad hoc members do not vote. The record of how each member votes is recorded in the minutes. In the event of a tie the motion will be escalated to the Nursing Executive Council for resolution.

### **Scope of Authority**

Each forum council and committee will make recommendations to the Nursing Executive Council (NEC). NEC will make final decisions on recommendations. Interdisciplinary agenda items may require High Performance Teams (HPT) communication.

### **Recordkeeping**

Each council will record minutes to include attendance by name, title, credentials and work area/unit; topic, evidence supporting the topic, and a brief summary of discussions and actions. Agendas and minutes will be posted on Sentara Intranet sites.

### **Meeting Times and Format**

A structured meeting sequence has been established. Each council will meet monthly as needed for a period not to exceed a recommended two hours. No two consecutive meetings shall be cancelled. Ideally a face-to-face retreat will occur at the beginning of the year and near the end of the year, as appropriate. Online meeting technology will be used for all meetings to allow for participation of remote members.



Divisional members are highly encouraged to gather together in person at their site to join online meetings.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week One</b>	Patient Sensitive Measure (PSM) Committees; CLABSI, CAUTI, HAPI, Falls				
<b>Week Two</b>	Divisional Shared Governance Councils				
<b>Week Three</b>	System Practice Forums	System Practice Forums	System Practice Forums	Nursing Executive Council *( 9-3; <b>ALL system PF chairs &amp; C360 liaison attend 12:30 -1:30</b> )	System Practice Forums
<b>Week Four</b>	System Councils; Education, Research, Supply, Pharmacy/Nursing, Excellence, NAC				
<b>Week Five</b>	Optional retreats or symposiums				



## **Executive Sponsor Roles and Responsibilities**

1. Provide clear direction and linkages to strategic goals to group.
2. Report or provide access to quality, financial and satisfaction metrics pertinent to team goals.
3. Develop a strong partnership with the council chair(s) providing active leadership mentoring.
4. Help to set the agenda in partnership with the chair.
5. Contribute management knowledge to decision making.
6. Use expertise to balance staff and patient needs with realities of business.
7. Invite and support interdisciplinary members in the work of the council.
8. Secure or clarify project resources related to goals and projects of team.
9. Ensure use of evidence-based findings to support recommendations.
10. Champion executive level awareness and buy-in.
11. Act as formal liaison to Nurse Executive Council.
12. Celebrate successes through recognition of achievements and lessons learned.



## Chair(s) Role and Responsibilities

The Chair(s) of the Nursing Forums and Committees are strongly encouraged to be a clinical staff member from the clinical or service area that represents subject matter expertise in the practice area. Chair(s) of Councils are typically those responsible through job profile for the team outcomes.

### Chair(s)

The Chair will coordinate meetings, communicate activities, role model effective communication skills, and facilitate the development and work of the forum or council on an ongoing basis under the mentorship of the executive sponsor.

1. Guide planning and prioritizing annual strategic goals.
2. Oversee process of initial and revision of forum aligned policies, procedures, job aids, initial and annual competencies.
3. Establish monthly agenda and disperse to council members before each meeting in a timely fashion.
4. Facilitate meetings according to guidelines including appointing a timekeeper and minute taker.
5. Maintain current roster of members; replace members missing meetings per guidelines.
6. Use evidence-based findings to support recommendations.
7. Ensure divisions are appropriately considered when creating documents guiding nursing practice.
8. Ensure council agendas, minutes, rosters, meeting times, and general information is communicated.
9. Help to build consensus by ensuring all voices are heard.
10. Solicit volunteers for special projects and follow through to ensure completion of projects.
11. Mentor co-chair so they can step into role of chair the following year.
12. Attend NEC virtually each month to present key actions and recommendations.
13. Prepare a brief year-end summary of accomplishments and actions.

### Chair-Elect Role and Responsibilities

1. Work in conjunction with Chair and Executive Sponsor to establish monthly agenda.
2. Help set annual goals.
3. Assist with meeting facilitation.
4. Work with chair; learn the process for posting and disseminating information.
5. Support work of council via participation on subcommittees or special projects as needed.
6. Assume the Chair position if it is vacated.
7. Conducts council meetings in the absence of or at the request of the chair.
8. Leads monthly meetings during the fourth quarter of their year with support of Chair.

## Evidence Based Practice (EBP) Mentor Roles and Responsibilities

Each Practice Forum and PSI Committee will have an EBP Mentor(s). EBP Mentors will be aligned based on their nursing expertise and patient population roles. Ideally, EBP Mentors will have been formally prepared in evidence-based practice through formal academic education.

### Role of EBP Mentor

1. Champion current and evolving evidence-based practice standards in area of expertise for clinical standardization of best practices through creation and revision of policies, procedures, and job aids.
2. Access and interpret professional practice arena guidelines, standards, research findings, or other validated findings.
3. Guide team's interpretation of new EBP findings to assess potential impact on practice.
4. Navigate performance improvement, EBP evaluation projects, and need for nursing research.
5. Demonstrate respect for colleagues, patients, and families.
6. Regularly attend monthly meetings, with minimum absences.
7. Celebrate successes with specific recognition strategies.
8. Seek opportunities for dissemination of projects, studies, and literature reviews.
9. Identify needed areas of nursing research to formalize scientific findings on areas lacking robust evidence to support.

### Selection of Member

1. EBP Mentor is recruited based on expressed interest in participation and expertise in practice area; the System Director of Advance Practice and Patient Outcomes will confirm appointments.
2. Mentors requested to commit to participate in a one-year term. After the initial term, members may indicate ongoing desire to serve a subsequent term.



## Direct Care Staff Member Roles and Responsibilities

### Members will:

1. Engage in active, regular attendance at meetings with active participation.
2. Join in person (if feasible) at division with other representatives in virtual meetings.
3. Review agenda prior to meeting and query coworkers to represent division's collective input when appropriate, regarding discussion items and problem-solving.
4. Disseminate critical information and talking points to unit-department staff as agreed to by unit leadership and staff.
5. Be responsible for contributing toward positive team function, application of active communication skills and creating a problem-solving environment with colleagues.
6. Champion evidence-based practice standards in area of expertise for clinical standardization of best practices through creation and revision of policies, procedures, and job aids.
7. Demonstrate respect for colleagues, patients, and families.
8. Proactively plan coverage with manager to attend meetings to represent input as expected.

### Selection of Member:

Divisional direct care staff is recruited by manager based on expressed interest in participation in practice area. After the initial term, members may indicate ongoing desire to serve a subsequent term. If more than one person indicates interest an election should be held.



## **Divisional Formal Leader/Educator Roles and Responsibilities**

### **Role of a Council, Committee or Forum Leader/Educator Member**

1. Support strategic goal identification and actions to positively achieve.
2. Formally communicate between council meetings with divisional counterparts to ensure that divisional perspectives as well as their own are represented at council meeting.
3. Contribute toward positive team function, application of communication skills (active listening, seeking to enrich own perspective), and creating a learning environment with colleagues.
4. Champion evidence-based practice standards in area of expertise for clinical standardization of best practices through creation and revision of policies, procedures, and job aids.
5. Demonstrate respect for colleagues, patients, and families.
6. Regularly attend monthly meetings, with minimum absences. If unable to attend a meeting, make every effort to find an alternative to attend the meeting to represent division input.
7. Celebrate successes with specific recognition strategies.
8. Partner with council or forum divisional front line staff member. Attend or partner all meetings with representative to mentor front line staff.
9. Enhance the integration of new members as well as build a membership succession.

### **Selection of Member**

1. Formal leader or educator is recruited by executive and peers based on expressed interest in participation and expertise in practice area.
2. Members requested to commit to participate in a one-year term. After the initial term, members may indicate ongoing desire to serve a subsequent term.



## **Education Subject Matter Mentor Roles and Responsibilities**

Each Practice Forum and PSI Committee will have a system level clinical education or simulation Nursing Professional Development subject matter expert Mentor. Education Mentors will be aligned based on their nursing expertise and patient population roles.

### **Role of Education Mentor**

1. Champion adoption into practice and knowledge of evidence-based practice standards in area of expertise for clinical standardization of best practices through competencies, simulation scenarios, virtual and instructor led education.
2. Access and interpret procedural guidelines, standards, research findings, or other validated educational resources to support patient care.
3. Guide team's adoption and skill validations to impact practice.
4. Navigate performance improvement or care variation data to prioritize needed interventions.
5. Demonstrate respect for colleagues, patients, and families.
6. Regularly attend monthly meetings, with minimum absences.
7. Celebrate successes with specific recognition strategies.
8. Seek opportunities for dissemination of projects, studies, and literature reviews.

### **Selection of Member**

1. Education Mentor is assigned by the System TC for Simulation or the Director of System Professional Practice and Clinical Education.



## System Nursing Committee Forum, Council and Committee Purpose Statements

**Nursing Executive Council (NEC):** Provide system level nursing executive team which establishes and is accountable for nursing functions, actions, and outcomes across all divisions of Sentara Healthcare to promote and advance evidence-based nursing. Serves as shared governance entity for system-wide executive nursing decisions. Functions as the single voice for nursing across the care continuum to positively impact patient and families.

**NEC Nursing Professional Practice Advisory Council (NPPC):** Provide a system level nursing advisory group which coordinates nurses that represent all divisions of Sentara Healthcare to promote and advance professional nursing practice guided by the Sentara Nursing Professional Practice Model (PPM).

### System Practice Forums:

**Med Surg Nursing Practice Forum:** lead general nursing initiatives at Sentara Healthcare through an emphasis on quality, safety, and evidence-based practice. Standardize best practice to enhance clinical care. Involve bedside nurses in decision making to improve patient outcomes. Delineate the scope of practice in the general clinical practice setting. Advance the practice of nursing through shared governance/partnership councils. Utilize evidence-based practice resources to align nursing practice. Required membership seats to represent Oncology, Ortho, Neuro, Geriatrics, and Cardiac.

**Ambulatory Nursing Practice Forum:** Determine and disseminate ambulatory nursing standards, guidelines and policies/procedures based on evidence and/or best practices to positively impact patient outcomes. Foster a supporting environment within Sentara, which guides the practice of nursing and nursing research for those in nursing positions within the non-hospital ambulatory setting. Provide a venue for communication and collaboration of nurses across non-hospital ambulatory service lines.

**Behavioral Health Nursing Practice Forum:** Focus attention on providing high-quality, evidenced based, patient centered Behavioral Health services. Focus on standardization of services across the system, measurement of quality outcomes, encouraging staff involvement, attention to quality programming, and ensuring that comprehensive orientation is offered to for newly hired Behavioral Health staff.

**Critical Care Nursing Practice Forum:** Provide strategic oversight to optimize Sentara Healthcare's critical care patient care/experience and nurse retention through translation of research, evidence based (EBP) and best community practices, processes and technologies by: Prioritizing, leading and evaluating meaningful care and practice initiatives; Reviewing and evaluating critical care protocols, policies, and procedures using collective decision making ; Providing an interdisciplinary forum for staff mentorship to optimize knowledge, satisfaction and engagement

**Emergency Nursing Practice Forum:** ensure consistent dissemination of information across all Emergency Departments. To establish system wide standardized practice based on evidence-based practice.

**Intermediate Care Nursing Practice Forum:** Advance patient safety outcomes for the Intermediate Care patient population

**Maternal Infant Newborn Nursing Practice Forum (MINPF):** Promote the creation and retention of a highly skilled maternal-child nursing workforce focused on improving patient safety, care, satisfaction, and



quality of care while reflecting the organization's strategic goal of reducing variation and creating and maintaining an evidence-based nursing culture.

**Pediatric Nursing Practice Forum:** The purpose of the Sentara Pediatric Practice Forum is to promote excellent clinical practice and outcomes in pediatric care. Our focus is on providing consistent care of the pediatric patient across the Sentara system with an emphasis on quality, safety, and evidence-based practices. Important to the process of consistent care is effective dissemination of information to caregivers across the system.

**Procedural Area Practice Forum:** Promotion of patient and family centered nursing care of the highest quality in the interventional suites and designated procedural areas that embody a professional practice environment.

**Surgical Services Nursing Practice Forum:** Lead surgical service nursing initiatives at Sentara Healthcare by improving care to surgery patients with an emphasis on quality, safety, evidence-based practice and efficiency.

#### **Councils:**

**Acute Care Pharmacy and Nursing Practice Council:** Systemwide strategic evidence-based decisions revolving around intersection of pharmacy and nursing delivery of care in the hospital setting aligning with Virginia and N.C. Boards of Nursing and Pharmacy, Federal mandates, and Centers for Medicare and Medicaid Services guidelines. Endorse health and safety of patients and employees during the practice of medication administration.

**Clinical Supply/Equipment Council:** Act as nursing governance body for patient care products/bedside equipment throughout the system. Obtain recommendations from system councils and specialty area commodity groups to ensure that there are standardized nursing processes and products for promoting best practices in patient care. Collaborate with education department to develop a systematic approach to implementation of products to ensure that end users have the information available to provide optimal patient care.

**Education Council:** Validate the sequential development of clinical nursing team member's progression from novice to expert status by providing system wide strategic oversight of meaningful education and programs forged through evidence-based, best practice learning principles aimed to verify/validate the knowledge, skills, behaviors and attitudes essential to deliver high quality, safe care and achieve strategic goals.

**Nursing Advisory Council:** To provide oversight, governance, guiding principles and processes for nursing documentation content and workflows in Epic, Sentara Healthcare's electronic medical record. Oversee and provide guidance to recommended changes concerning the electronic medical record (EMR) workflow and data collection lifted up through system nursing shared governance.

**Nursing Excellence and Recognition Council:** Provide strategic oversight and ensure evidence-based practices are embedded for supporting nurse retention and aspects of recognition as part of healthy work environments.

**Nursing Research Council (NRC):** The System-wide Nursing Research Council is accountable for promoting research and evidence-based practice activities for nursing throughout Sentara Healthcare (SH) by: Fostering an environment that supports and guides nursing research to enhance the practice of nursing. Cultivating an expectation that nursing use research and evidence-based knowledge in their practice to enhance patient and nursing outcomes. Promoting the dissemination and translation of new knowledge into the delivery of nursing care across all settings and venues where nursing and patient care services are provided. Developing processes across the system to promote nursing research.-Providing a forum for communication and collaboration for nurses interested in research throughout Sentara. Functioning as EBP and research experts for Sentara. Supporting research collaboration, in partnership with the Sentara Nurse Executives, and with faculty at designated universities and colleges. Encouraging dissemination of nursing EBP and/or research findings. Functioning as the reviewing body for nursing EBP and research projects conducted within SH that will engage Sentara Quality Research Institute resources.

**Patient Sensitive Measure Committees:**

**Catheter Associated Urinary Tract Infections (CAUTI):** The purpose of the CAUTI System Team is to identify and promote evidence-based best practice standards, and to develop clinical care processes to prevent catheter-associated urinary tract infections by communicating and collaborating across hospital divisions and disciplines.

**Central Line Associated Blood Stream Infections (CLABSI):** The purpose of the CLABSI System Team is to identify and promote evidence-based best practice standards and d develop clinical care processes to prevent central line associated bloodstream infections through collaboration, communication and education across hospital divisions and disciplines.

**Falls:** In an effort to improve patient safety, the Falls Collaborative process owners will network, strategize and continually review fall reduction processes across all Sentara hospitals to reduce falls and falls with injury and meet/exceed established system goals.

**Hospital Acquired Pressure Injuries (HAPI):** To utilize teamwork, education, standardization, collaboration, and evidence-based practices in a multidisciplinary approach to prevent hospital acquired pressure injury.





## Charter Template

*Date Established (or revised)*

**Committee/Team Name:**

**Purpose of Workgroup/Team:**

**Key Deliverables:**

**Strategic Global Goal Assignments:**

**Annual Goals or priorities:**

**Workgroup Membership Composition (with terms if applicable):**

**Workgroup Leadership:**

- Chair:
- Chair elect:
- Past Chair:
- Executive Sponsor:
- EBP Mentor:
- Education Mentor:

**Reporting Relationships:**

- Formal system structure: NEC

**Logistics:**

- Meeting date
- Time
- Format
- Document site repository

**Evidence based standards accepted by committee guiding decisions or recommendations:**



### Membership Template

Membership of the Practice Forums and PSI Committees should reflect a direct care nurse and other representative from divisions providing care to that patient population. Charters may require specialty subject matter experts to be represented; in such cases the membership can be cross walked to ensure this representation.

Division	Name, Credentials	Title	Subspecialty	email
Executive Sponsor				
Chair(s)				
Chair Elect				
Past Chair				
EBP Mentor				
Education Mentor				
SAMC		Direct Care Nurse		
SCH		Direct Care Nurse		
SHRH		Direct Care Nurse		
SLH		Direct Care Nurse		
SMJH		Direct Care Nurse		
SNGH		Direct Care Nurse		
SNVMC		Direct Care Nurse		
SOH		Direct Care Nurse		
SPAH		Direct Care Nurse		
SRMH		Direct Care Nurse		
SVBGH		Direct Care Nurse		
SWRMC		Direct Care Nurse		
SASD		Direct Care Nurse		





SE		Direct Care Nurse		
ICM				
SCOHS				
Optima				
Ad hoc members(non-voting):				



## Tips for creating useful Agenda

- Agenda is framework, blueprint or roadmap that supports meeting.
- Agenda helps the group achieve desired outcomes.
- Create agenda with input from members, at the end of a meeting for the next meeting or through a call for agenda items a few weeks before the next meeting.
- Agenda items should be items requiring discussion and only rarely for simple information sharing
- Allot specific amounts of time on the agenda for each item. Priority items first.
- Identify activities that will be required for each item.
- Allow more time for items that will need more dialogue.
- Start and end each meeting on time.
- Appoint a timekeeper and minute taker.
- Follow up items should include who will do it, what will they do and when will they do it.
- Build accountability for assignments to be completed.
- Make sure your team evaluates how the meetings are going.



**Agenda Template**

Committee Name:  
 Date and Time:  
 Minutes:  
 Timekeeper:  
 Format (live, WebEx):

<b>Time</b>	<b>Agenda item/Topic</b>	<b>Responsible party or lead</b>
	Safety Story	
	Optional: Moment of Excellence, Recognitions	
	Introduce new members or guests	
	Review of minutes	
	Announcements	
	Old Business	
	Strategic goal update	
	Outcome measures/Patient Sensitive Indicators	
	New Business	
	Summary and review of action items from meeting	
	Adjournment: Clarification of next meeting date, time, and location ➤ Please forward agenda items to xxx by xxx	



**Minutes Template  
Date, Location, and Time of Meeting**

See attached roster for Attendees (include credentials and title) Note if Present, Excused, or Absent. List guests, substitutions, and interdisciplinary ad hoc members attending.			
<b>Note Divisional representation below as clinical nurse/leader-educator present or absent:</b>			
Sentara Albemarle Medical Center (SAMC)		Sentara CarePlex Hospital (SCH)	
SAMC Clinical Nurse		SCH Clinical Nurse	
SAMC Leader/Educator		SCH Leader/Educator	
Sentara Northern Virginia Medical Center (SNVMC)		Sentara Williamsburg Regional Medical Center (SWRMC)	
SNVMC Clinical Nurse		SWRMC Clinical Nurse	
SNVMC Leader/Educator		SWRMC Leader/Educator	
Sentara Leigh Hospital (SLH)		Sentara Obici Hospital (SOH)	
SLH Clinical Nurse		SOH Clinical Nurse	
SLH Leader/Educator		SOH Leader/Educator	
Sentara Martha Jefferson Hospital (SMJH)		Sentara Rockingham Medical Center (SRMH)	
SMJH Clinical Nurse		SRMH Clinical Nurse	
SMJH Leader/Educator		SRMH Leader/Educator	
Sentara Norfolk General Hospital (SNGH)		Sentara Princess Anne Hospital (SPAH)	
SNGH Clinical Nurse		SPAH Clinical Nurse	
SNGH Leader/Educator		SPAH Leader/Educator	
Sentara Virginia Beach General Hospital (SVBGH)		Sentara Halifax Regional Hospital (SHRH)	
SVBGH Clinical Nurse		SHRH Clinical Nurse	
SVBGH Leader/Educator		SHRH Leader/Educator	
Sentara Enterprises (SE)		Sentara Ambulatory Services Department (SASD)	
SE Clinical Nurse		SASD Clinical Nurse	
SE Leader/Educator		SASD Leader/Educator	
Sentara Clinical Education & Simulation		Epic/IT	
Sentara Corporate Services		Sentara College of Health Sciences (SCOHS)	
Sentara PACE		Pharmacy	
Therapy (RT, PT, OT, SLP)		Medicine/Provider	
EBP Mentor		Executive Sponsor	
Other:			
<b>Agenda item/Topic</b>	<b>Discussion</b>	<b>Evidence to support changes</b>	<b>Actions; timeline; Contact Person</b>



Safety Story, Moment of Excellence, Recognitions				
Introduction of new members or guests				
Review of action steps from previous minutes				
Announcements				
Old Business				
New Business				
Summary and review of top three actions from meeting; Emphasize members to cascade communication back to division and chair to NEC from meeting- Submit to Denice Whaley for NEC by second Thursday of the month				
Noted Barriers to Success				
C360 policies, procedures, job aids, competencies to be lifted up to NEC				
Adjournment: Clarification of next meeting date, time, location Send agenda items to xxx by xxx				



## Annual Summary Report

**Membership Report:** (Include names of members, year that term expires, and number of meetings attended)

Name (credentials)	Term expiration year (indicate if term n/a)	# meetings attended or excused/# held
Example: Jane Doe, BSN, RN, PCCN	2022	4/6

**Outcome Measures:** (Provide a synopsis of measurable outcomes related to projects/issues during past year. For example, the outcome measure could be the fall rate, in response to actions taken to reduce falls)

Activity	Outcome	Metric	Action/Status

**Significant ongoing Activity Report:** (Include issue, relationship to strategic plan and current committee scope/charter, recommendations made, and status of activity (tabled, ongoing, other))

Activity	Strategic Alignment	Recommendation	Action/Status

**Changes/Additions to Policies and Procedures:** (List formal policies or procedures significantly revised/added during past year)

Policy/Procedure/Job Aid/Competencies

**Challenges, Roadblocks to success, Lessons Learned:** (narrative)

**Brief Forum or Council Plans for Upcoming Year:** (narrative of the overall achievement of goals from current year and implications for next year goals)

Submitted by Chair, XXX on XXX. On file WaveNet SharePoint site xxx.



## **Monthly Nurse Executive Council Update Template**

Chairs or their substitute attend the System Nurse Executive Council third Thursday meeting each month virtually from 12:30-1:30 to present a brief update on the following items and actions.

- Top 3 Key Actions

- Formal recommendations for approval

  - Policies

  - Procedures

  - Initial and annual competences

  - Job aids

- Significant Barriers to success

- Formal outcomes or recognitions





## Roberts Rules of Order Simplified Guidelines

For use with all Sentara Nursing Forums and Councils

*Robert's Rules of Order first published in 1876 is the most commonly used system of parliamentary procedure. These guidelines help keep meetings meaningful and productive. Their purpose is to facilitate the business of the group and to ensure an equal opportunity for all group members to participate.*

**Agendas** – All meetings will use and follow an agenda that adds structure to the gathering. These should be formulated and sent approximately one week prior to the meeting.

**Motion** – Motions are ideas or subjects for discussion. They are introduced on the agenda under “new business” but can also be suggested at the meetings. Motions can also be used to suggest an action to be taken or a decision that should be made by the organization.

**Table or Postpone** – This move is taken if a motion is to be postponed or not discussed further at this meeting, though it may be reintroduced again at a later meeting. The decision to postpone indefinitely must be seconded and voted on. Informally this is often the same as moving an idea to the “parking lot.”

**Voting** –The preferred way of conducting a vote, called unanimous consent, is the voting method of choice because it saves time. Each council member is allowed one vote. Voting shall be majority rules of members present known as unanimous consent. The process involves simply asking the members if there's any objection to adopting the motion. If no one objects, then the motion is adopted. If even one member objects, then you proceed to take a vote. Voting is used for motions requiring a simple majority vote of those present for adoption, The Chair saying, "All those in favor say 'Aye,'" [pause] then, "All those opposed, say 'No.'" ***If the vote is too close to call or in critical decisions (with executive sponsor endorsement) a roll-call vote is used and electronic or proxy voting is permissible for members do not present to ensure that each division is represented.*** Ad hoc members do not vote. In the event of a tie the motion will be escalated to the Nursing Executive Council for resolution.

**Adjourn** –The agenda helps to set a time and schedule and usually the chairman will call to end the meeting. Ideally, allow time to review agreed upon actions, responsible party and timeline for follow up.

**Minutes** – Minutes are a record of the meeting and what was done. They are housed on SharePoint in WaveNet and distributed to attendees—and those who could not attend— approximately one week after the meeting is over. Motions, decisions, and actions are noted, for accountability and follow-up.

**Tips for presiding over a meeting:** start on time, stick to the agenda, learn how to conduct voting, end on time.



## System Compliance 360 (C360) Policy and Procedure Committee Submission Guidelines

Current Chairs of nursing policies, procedures, job aids, and competencies housed in C360 will be assigned as “owners” of all nursing documents belonging to the system forums, councils and committees on an annual basis with transition of that leadership role.

Policies, Procedures, & Job Aids are intended to define expected outcomes and the best approach to achieve desired outcomes. Documentation should be clear, concise, and structured in a format that makes it easy for employees to understand expectations and adhere to requirements. Policies, procedures, and job aids should be used as training documents to ensure that employee training is based on work flow expectations and is consistent across preceptors. This guidebook is intended to provide instruction on Sentara standards for effective documentation. Sentara uses three types of documents – policies, procedures, and job aids – to communicate process work flow expectations to employees. Each document differs in the degree of instructional detail that it provides and in the nature of its use. Providing employees with clear, concise, and easy-to-use guidance documents is our goal. The appropriate types of guidance documents should be selected to provide employees with guidance that is value-added.

- The System-wide Clinical P&P Committee meets on the third Tuesday of each month.
- All policies, procedures, and job aids are to be uploaded in C360 and sent for committee approval 7 business days prior to the meeting.
- Checklists are to be submitted via Service Now Self-Service Catalog 7 business days prior to the meeting.
- Checklist must be completed and approved by all related department and committee's at each facility prior to submission
- Appointed person will need to be identified to represent the documents during Committee meeting.
- Templates & Tip sheets can be found in the Reference Library on C360 Admin.

**Not every work process requires all three types of documentation (policy, procedure, job aid).**

Three Types of Documents		
Policies	Procedures	Job Aids
Define required high-level expectations	Step-by-step actions to carry out a work process	Tools needed in the workplace to effectively carry out a work process
Fewer in number	2-3 column format	May be forms, checklists, or memory aids



## Effective Handoff from Outgoing Committee/Forum Leaders

- **Forward relevant information:**
  - Current Roster
  - Charter
  - Most current agenda (to be used for formatting)
  - Most current meeting minutes
  - NEC (Nurse Executive Comm) meeting schedule
  
- **Create:**
  - Group email
  - Calendar for the year and share with group
  - Document folder on your computer
  
- **Obtain SharePoint access:**
  - Share name of the SharePoint site
  - Where to store documents
  
- **Policy and Procedure Renewal Process:**
  - Obtain/Receive schedule for the year
  - Share guide on how to submit a policy to admin 360
  
- **Discuss NEC (Nurse Executive Comm):**
  - What updates/information to submit
  - Timeline for submission
  
- **Discuss projects in progress:**
  - Purpose
  - Who are those participating on the project
  - Next steps
  
- **Annual Specialty Competencies:**
  - Purpose/Understanding the why
  - Submit question prior to the end of the current year for the following year
  
- **Start seeking the leadership team for the following year early**



**Helpful Contact Names**

(accurate as of November 2021)

<b>Area of Responsibility</b>	<b>Contact</b>
OneLink Learning/LMS (Workday)	Shelly Cook, Manager OD eLearning srcook@sentara.com
C360 (P&Ps, job aides, competencies)	Kevin Phelps, Business System Analyst kxphelps@sentara.com
Patient Sensitive Measures PSMs	Cathy Smith, System Director Adv. Nrsg. Practice & Pt. Outcomes Cvsmith2@sentara.com
HR Nursing Issues	Carla Olson, Director HR crolson@sentara.com
IT Nursing Issues	Danyale Davis, BRM dmbaysur@sentara.com
Professional Practice, Magnet	Sue Winslow, System Director Prof. Practice & Clinical Education sawinslo@sentara.com
Competencies	Jolene Dorrell, System Education Manager jldorrel@sentara.com
Infection Prevention	Tracey Odachowski, Director IP & Control trodacho@sentara.com
Regulatory	Brian Gadsby, Director Accreditation & Regulatory btgadsby@sentara.com
Risk	Jay Sweeney, Director Risk Management fjsweene@sentara.com
Epic/IT	Bridget Launder, Director IT bdlaunde@sentara.com
CPI	Garrett Blair, Director System Process Improvement gtblair@sentara.com
Pharmacy	Dana Miller, Medication Safety Clinical Pharmacist dsmiller@sentara.com
Occupational Health	Mary Padgett, Director Occupational Health mopadget@sentara.com
Ethics/Patient Rights	Katy Trapp, Manager Ethics kjkutz@sentara.com
Equipment/Supplies	Cathy Gray, Director Materials Management mcgray@sentara.com
Library/Lit Requests	Suzanne Duncan, Director Library Services sxduncan@sentara.com



### Annual Competencies

Practice forums identify the essential system skill, knowledge, or behavior annual competencies to fulfill standardized requirements that all nursing staff in that specialty must verify on an annual basis. These should be discussed in Q4 of each year; approved by the forum and NEC, created and assigned in the learning management system in Q1 of each year, to be completed by the end of the calendar year.

Identify competency needs: <i>Brainstorm and list competencies in the boxes under each question</i>	Prioritize the competencies: Competencies meeting all 3 criteria are highest priorities. Recommend 5 items or less		
	2) Which competencies appear in more than 1 box? (Ex: <b>NEW</b> and <b>HIGH RISK</b> ?)	3) Does competency highly impact patient, employee, or organizational outcomes?	4) Is competency time-sensitive? (No time to find reference/ resource and must use skill right away)
What are <b>NEW</b> procedures, policies, equipment, initiatives that affect job class?			
What are the <b>CHANGES</b> in procedures, policies, equipment, initiatives that affect job class?			
What are the <b>HIGH-RISK</b> aspects of job?(anything that would cause harm, death, or legal action to an individual or organization)			*Compare high risk/low volume (does not happen very often) items to high risk/high volume items for priority
What are <b>PROBLEMATIC</b> aspects of the job? (quality data, incident reports, patient & staff surveys, etc.)			

Sample template



EXAMPLE				
Competency	Required of role (s) (specify)	Why: Knowledge, Skill, Behavior gap (specify)	Recommended Method(s) of verification (employee selects 1 method of validation and submits proof documentation)	DATE completed
Construct statement with action verbs (recognizes, identifies, organizes, demonstrates, etc.) Ex. Electronic Fetal Monitoring Strip Interpretation	RN, LPN, NCP, AA, ED Tech I, ED Tech II, MST, other		Match the method of verification to the skill you are seeking to validate. Provide the employee multiple options to choose how they verify their competency.	
Demonstrates recognition of EFM tracing changes triggered by clinical events during labor	RN	Knowledge & Skill	Completes any required elements at instructor-led event which include EFM tracing identification (i.e. pre- or post-assessment, participation in Q&A) Achieves 80% or > on post-assessment for SLP or e-learning activity on EFM tracing identification	

Competency	Required of role (s) (specify)	Why: Knowledge, Skill, Behavior gap (specify)	Recommended Method(s) of verification (employee selects 1 method of validation)	DATE completed





## Resources

### Available through Sentara Knowledge Online Resources (SKOR) via WaveNet

Nursing Reference Center Plus

- Woten, M & Pravikoff, D. (2017) *Shared Governance: Understanding the Manager's Role*. CINAHL Nursing Guide. Nursing Reference Center Plus.
- Woten, M & Pravikoff, D. (2018). *Shared Governance: An Overview*. CINAHL Nursing Guide. Nursing Reference Center Plus.
- Woten, M & Pravikoff, D. (2018). *Shared Governance: Understanding the Decision-Making Process*. CINAHL Nursing Guide. Nursing Reference Center Plus.
- Woten, M & Pravikoff, D. (2018) *Shared Governance: Implementing in the Workplace*. CINAHL Nursing Guide. Nursing Reference Center Plus.
- Woten, M & Pravikoff, D. (2018) *Shared Governance: Understanding the Governance Process*. CINAHL Nursing Guide. Nursing Reference Center Plus.
- Speroni K, Wisner K, Ober M, Haines F, Walters C & Budhathoki C. (2021). Effect of Shared Governance on Nurse-Sensitive Indicator and Satisfaction Outcomes by Magnet Recognition Status. *The Journal of Nursing Administration*.
- Cai R, Hall A & Siedlecki S. (2021). A descriptive study of factors that facilitate nurses' participation in shared governance and attendance at unit meetings. *Journal of Nursing Management*.

### Access from hospital education contacts or SKOR with facility log in

Relias Learning

- *Shared Governance what it can mean for Nurses* CE 635. The goal of this program is help nurses better understand shared governance and how to implement a successful program. 1.0 contact hour





## Evidence-Based Practice (EBP) Frequently Asked Questions (FAQ)

**Why is EBP important?** Evidence-based practice (EBP) is defined as the integration of the best research evidence with clinical expertise and patient values to facilitate clinical decision making. Evidence-Based Nursing is the integration of the best evidence available, nursing expertise, and the values and preferences of the individual, families, and communities who are served. Care that is evidence based and conducted in a caring context leads to better clinical decisions and patient outcomes and reduces variations in care and cost.

**How is EBP implemented in my practice specialty?** Sentara Nursing procedural guidelines are based on best practice references, clinical practice guidelines, or standards from professional nursing associations and organizations. Each practice forum identifies current accepted procedural guidelines for patient care (see the Sentara Nursing Procedural Guidelines housed in the Sentara Nurse Resource Site E-zine). Specific Compliance 360 documents or physician orders supersede generic guidelines.

**How do I know if our standards are EBP?** Monitoring your professional nursing associations updates and literature in your specialty can identify new findings that could indicate updates in our practice are needed.

**Determination of Current Practice** Assessing if clinical practice in your specialty focus is evidence based should be part of the charter of your practice forum. If clear guidelines or practice standards are not available, then consider doing your own literature review using the SKOR librarian resources – contact the library for assistance ([library@sentara.com](mailto:library@sentara.com)). Potentially test new procedures or processes through a nursing research study or a “Test of change” pilot if it involves new products in collaboration with the Nursing Clinical Supply Council.

**How do we expand and create standardized clinical expectation?** New EBP findings lead to updating formal policies, procedures, or job aids in C360; seeking NEC and in some cases HPT approval; consulting with NLC for educating the nursing workforce, and potentially the Queuing Committee for sequencing the roll-out timing.

**What if we assess the issue to be compliance or accountability with EBP?** Changing knowledge, behavior, and skills is hard. When leading an evidence-based change in practice consider not only the initial communication and roll out but ongoing hardwiring into processes and auditing or other means of ensuring the new EBP is occurring. Use your sponsor to help problem solve gaps in practice.

**Who are EBP Mentors or Facilitators to help?** Doctoral prepared DNP and PhD nurses, advanced practice nurses including CNSs and Nurse Practitioners, and the divisional leads of the Nurse Residency Program EBP content are all potential mentors in addition; each forum and council has an executive sponsor to help with facilitation.