NURSING PHILOSOPHY

UC Irvine Professional Nurses strive to provide safe, competent, compassionate patient care which is based on mutual respect and personal integrity. Our Nurses practice within a caring, patient centered environment, using advocacy, critical thinking and accountability in evidence based practice. As members of an academic medical center, our nurses participate in research and in the support of professional education.

UC IRVINE MISSION: Discover, Teach, Heal

UC IRVINE VISION: To be amongst the best (Top 20) academic health centers in the nation in research, medical education, and excellence in patient care

UC IRVINE VALUES: Accountability, Respect, Integrity, Innovation, Service through Teamwork, Excellence

STRUCTURE GUIDELINES FOR ALL COUNCILS

- **Officers and Members**
  - The officers shall consist of a Chair, Chair-elect, and Secretary.
  - Officers are elected annually by a majority vote of the council
  - An officer may continue to serve until a successor is elected
  - Members may be elected, volunteer or be appointed. Each member shall attend a minimum of 75% of meetings
  - A facilitator and/or time-keeper may be appointed
  - Officers shall serve for one year. Approximately half of the membership shall be newly elected, volunteer or be appointed each year.
  - Staff RN’s who would like to serve on the Coordinating Council shall volunteer with a written profile. Two RN’s shall be selected from the pool by a vote of the Practice Council membership.

- **Duties of the Officers and Members**
  - The Chair shall preside at council meetings and represent the council at events and functions. The Chair shall meet with the administrative leader liaison to review agendas and update on council work.
  - In absence of the Chair, the Chair-elect shall perform all duties of the Chair
  - The Secretary shall take minutes, clarify discussions as needed, and submit minutes to the Chair for approval within one week of each meeting. Once approved, the Secretary or Administrative Assistant shall distribute meetings to all council members
  - Council members shall attend meetings and actively participate in discussions and problem-solving.

- **Agendas and Minutes**
The Chair, or designee, shall solicit agenda items at least two week prior to the meeting

- The agenda shall be shared with council members one week prior to the meeting. The agendas are prepared in a standardized format (*Appendix A*)
- Minutes shall be distributed within one week of the meeting. The minutes shall include membership attendance, and be written in a standardized format (*Appendix B*)
- An Evidence-based practice and/or research article shall be routinely, consensually selected and assigned by the chair of each council to read & prepare to discuss. The purpose is to broaden understanding of a current issue under discussion. The article shall be electronically shared with the agenda for the meeting

- **Meetings**
  - Meetings shall begin and end on time
  - Meetings shall be scheduled on a regular date/time of each month which is known to all council members
  - A quorum consists of 50% of the members plus one

- **Committees**
  - A council may establish an ad-hoc committee for special issues or projects with approval of the Coordinating Council

- **Decision Making**
  - A decision by consensus of council members is the preferred methodology for decisions. In lieu of a consensus, a majority vote of a quorum meeting shall occur.
  - The officers have the same voting privilege as any other member.

- **Amendment of Bylaws**
  - These bylaws may be modified by a quorum vote of the Coordinating Council

COUNCIL STRUCTURE:
## SHARED GOVERNANCE COUNCILS

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| Coordinating Council | To provide high level oversight for achieving excellent outcomes in patient quality and safety, patient satisfaction, staff engagement and fiscal accountability | CNO Two staff RN Nursing Sciences representative Inpatient leader Ambulatory leader Magnet Director Chairs or designees from Research, Professional Development, Standards Practice Council, and Leadership Council | Provide guidance to all other councils through coordination of functions and activities  
Oversight of communication between the councils and nursing staff  
Oversight for nursing sensitive indicators and nursing core measures  
Provides leadership for care delivery systems |
| Research         | To promote a spirit of clinical inquiry and nursing research              | Director for Quality, Education & Research or designee  
CNS or Educator from each area  
Research coordinator  
Staff nurse from each division  
Nurse manager from each division  
Ambulatory representative  
Ambulatory Leader ICTS Associate Director Performance Improvement representative  
Director of Clinical Pathways Clinical informatics Representative | Provide an infrastructure for the development and conduction of nursing research and includes: generation of ideas & discussion for research; identification of barriers, needs and issues; and facilitate development, conduction, completion, dissemination and utilization of research  
Develop a Nursing Research Fellowship program  
Implement Nursing Research Day  
Act in advisory capacity for project review by the ICTS  
Scientific Review and IRB submission  
Pursue opportunities for outside funding / grant writing |
| Professional Development | Promote and support professional growth of UCI nurses                    | Director for Quality, Education & Research or designee  
Nursing Science representative  
Human resources representative  
All Nurse educators  
Staff nurse from each division  
Chairs or designee of Research, Leadership, & Practice Council Inpatient director Ambulatory leader Inpatient nurse manager each division Ambulatory staff representative | Regular assessments of education needs  
Planning for annual and ongoing education needs  
Support competency based education built on evidence based practice  
Create support systems for certification goals and educational achievement  
Ongoing support/promotion for Clinical Ladder |
| Leadership       | Provide operational leadership to Nursing                                | CNO Inpatient director Ambulatory Leader ED Supervisor Nurse manager each division Human resources representative House Supervisor | Provides advice and input to the CNO  
Plans and leads Nurse Manager meetings  
Promote leadership professional growth for succession planning  
Promote high level professional relationships amongst physicians and other disciplines  
Establish and maintain systems that balance quality of care, patient satisfaction, staff engagement and fiscal accountability |
| **Nursing Practice Council** | Promote evidence-based practice  
Define practice standards & policies  
Oversee nursing peer review | Chairs or designee of Research, Leadership Councils  
Inpatient director  
CNS or Educator from each area  
Director for Quality, Education & Ambulatory leader  
Nurse manager each division  
Division practice council members  
Ambulatory staff representative  
Nursing Informatics representative | Oversight for development, review and revision of policies, procedures, standards of care, standardized nursing procedures, nursing plans of care and patient teaching.  
Nursing Policy sub-committee will be responsible for initial review of nursing policies and membership will be defined by the Nursing Practice Council members.  
Assessment that standards of care are consistently applied across the organization in all patient care settings  
Advisory role for documentation  
Develop and implement nurse peer review process  
Assist in the planning, development and teaching of the Annual Nursing Competency Skills Workshops. |
| **Division Councils**  
(In some areas, the unit and the division are the same such as the ED and Psychiatric Medicine.) | Implement practice standards  
Promote shared decision making  
Share best practices | Member from each unit  
Nurse Manager  
CNS or Educator | Communication between the unit councils and the Professional Practice Councils  
Forum for division consistency for standards of practice and improvement activities  
Assist in the planning, development and teaching of the Annual Nursing Competency Skills Workshops. |
| **Unit Councils** | Shared decision making for unit activities  
Ensure evidence based practice | 6-12 Unit Staff Members  
Unit educator  
Nurse manager  
CNS or Educator | Provide communication between bedside staff and the Professional Practice Councils  
Teach and promote shared decision making on the unit  
Pilot projects for care improvements, professional growth, healthy work environments  
Promote positive patient outcomes through accountability for evidence-based practice and quality improvement  
Encourage professional growth of bedside staff through positive acknowledgements of achievements of individuals and the team |

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