Leading the Way with Passion, Quality and Excellence

Professional Nurse Practice & Unit Based Practice Councils
Leading the Way with Passion, Quality and Excellence

CNO Advisory Council & Nursing Leadership Council
Promoting & Supporting Excellence in Nursing through Leadership

Clinical Education & Research Council
Supporting Excellence in Nursing through Education and Research

Providing Health, Healing and Hope to Eastern Wisconsin through One Family
Hospital Mission
To reveal and embody Christ’s healing love for all people through our high quality Franciscan health care ministry.

HSHS-Division Eastern Wisconsin Vision
Providing health, healing and hope to Eastern Wisconsin through one family of care.

Nursing Vision
Leading the Way with Passion, Quality and Excellence
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Section I
Nursing Professional Practice: Our Beliefs
Nursing Philosophy and Belief Statements

Hospital Sisters Health System (HSHS) is privileged to be entrusted with the care of our patients and their families. We will honor that trust by placing the patient at the center of everything we do and by providing high quality care consistently and reliably. We will attend to patient needs across the care continuum by helping well persons stay well, by keeping persons out of the hospital when care can be provided safely and appropriately in another care setting, by taking meticulous care of hospitalized patients, and by assisting patients optimally after hospitalization and returning them to a state of wellness whenever possible.

The following 10 principles are the essential characteristics of Franciscan Inspired Care, and serve as the foundation for the Franciscan Inspired Care Delivery Model.

1. We serve with Core Values that express our Franciscan spirit:
   - **Respect:** Build relationships
   - **Care:** Connect compassionately
   - **Competence:** Be Reliable
   - **Joy:** Show Recognition

2. We respect the dignity of each patient, and the needs and priorities of our patients and their families.

3. Every colleague will be empowered to own their work and practice to further our healing ministry.

4. Following in the footsteps of St. Francis, we will bring the healing presence of Jesus Christ to all and be present in the moment with our patients and our colleagues.

5. Holistic care of our patients – mind, body and spirit – is a hallmark of our Franciscan healing ministry.

6. Respectful relationships with self, colleagues, patients and community are integral to high quality health care delivery. In addition, accountability is through relationships as well as professional standards.

7. We will provide the structure and systems to support a care delivery model that engages the patient.
8. Ongoing colleague education promotes competence, confidence and personal commitment.

9. Evidence-based standards will be used to measure our high quality care.

10. We are just stewards of our human, material and natural resources.

As nursing professionals we:

• Promote and protect the health and safety of every patient during every encounter
• Collaborate effectively with the entire health care team to promote optimal patient care
• Commit to incorporate evidenced-based nursing practice to promote positive patient outcomes
• Hold ourselves accountable for the activation of services across the care continuum
• Commit ourselves to excellence and seek on-going personal and professional development
• Share the responsibility and ownership for creating and maintaining an organizational environment that uses resources wisely
• Exercise our responsibility as professional nurses to actively promote health across the care continuum
Franciscan Inspired Care Delivery Model

Three primary stakeholder teams are identified as key to support Patient Engagement. While each of these teams may have a unique focus and accountability along the care continuum, these teams are interconnected and interdependent to support patient engagement.

The **Health Care Team** consists of a wide range of health care professionals directly involved in a patient's holistic care. Team members work collaboratively to achieve quality outcomes by serving as care providers and leverage patient compliance by serving as care advisors. Health care team members include and are not limited to physicians, nursing and other services such as lab, radiology, therapies, etc.

The **Community Team** includes those individuals more indirectly involved in a person's well-being. Team members are generally outside the acute care setting and focus on both individual and population health management. Personal health is strengthened when they are members of a healthy community. Community team members include and are not limited to skilled nursing facilities, health and wellness initiatives/programs, churches, marketing campaigns, etc.

The **Patient/Family/Support Team** encourages increased patient autonomy by shifting the role of the patient from passive recipient to active participant. Care transition is better managed through patient education, patient “activation” strategies and support by those closest to the patient. Family/Support team members include and are not limited to “family" members, case managers, home care, palliative care, pastoral care, etc.
Nursing Excellence at HSHS Division-Eastern Wisconsin
Nursing Professional Practice; Rooted in Shared Governance

Shared governance is a longstanding concept within the nursing world that extends the opportunity to nurses to take part in their professional development and help steer the direction of their organization towards a goal of nursing excellence.

The councils formed in the HSHS Division-Eastern Wisconsin give nurses and other disciplines the ability to meet and make decisions together about topics such as professional practice, patient engagement, quality, safety, competency and education. Shared governance allows nurses to have a voice in their own professional development and increase autonomy in their practice.

Strengthening the profession of nursing in the HSHS Division-Eastern Wisconsin and assuring every member of the clinical team has the right to contribute enhances the excellence of care delivered.
**Elements of Professional Nursing Practice**

**Caring:**
- Caring involves the protection, enhancement, and preservation of human dignity.
- Caring is being the patient/family advocate and promoting patient/family satisfaction with care.
- Caring requires a personal, professional, social, moral, ethical, and spiritual engagement.
- Caring is a knowledgeable, deliberative intervention, not an emotional response.
- Nurses need to integrate in practice the values, beliefs, and habits of diverse cultural and sub-cultural orientations.
- Nurses need to care for and support one another.

**Accountability:**
- Nurses are accountable to the patient/family, the health care team, the organization, and themselves.
- Accountability includes developing and maintaining current nursing knowledge.
- Nurses are encouraged to seek education and appropriate certification in their specific area.
- Accountability embraces practice based upon the profession's code of ethics, standards of practice and legal regulations.
- Competency is inherent in the practice of nursing and includes awareness of personal limitations.
- Nurses are accountable for evidence base and supports positive clinical outcomes.
Communication:

- Nurses need to create an environment that supports effective, respectful, and honest communication.
- Apply therapeutic communication relevant to the beliefs and value system of those receiving care.
- The effectiveness of the nurse and patient/family relationship is dependent upon the ability to collaborate with all members of the health-care team.
- Communication includes supporting relationships with colleagues through respectful, clear, accurate, and timely written and verbal communication.

Learning/Teaching:

- Critical thinking skills must be applied to assess, plan, implement, and evaluate care specific to the individuality of those receiving care.
- The learning-teaching process is an ongoing, dynamic, and interpersonal process whereby both the learner and teacher grow.
- The nurse facilitates health promotion, maintenance, and optimal health functioning.

Management/Leadership:

- The patient/family is at the center of all decision making.
- Management and leadership skills are essential elements of nursing practice through which nurses offer and deliver high quality health care to individuals, families, and communities.
- Leadership includes being accountable for maximizing resources in the delivery of patient care.
- Leadership skills involve self-reflection, understanding human processes, and envisioning possibilities for enriching people's lives.
Section II
Nursing Professional Practice: 
Nursing Council Structure
Principles of Nursing Professional Practice

The Structure of Professional Nursing Practice

• Supports the mission of HSHS Division-Eastern Wisconsin and the Franciscan Inspired Care Delivery Model.
• Addresses the needs of Nursing Practice at HSHS Division-Eastern Wisconsin Hospitals.
• Provides an effective communication process linking nursing to all points of service and all departments.
• Has an organized method for selection, training and turnover of council members.
• Supports patient engagement nursing practice.
• Includes an effective mechanism for self-evaluation.
• Is based on the Five Rights of decisions-making:
  – Right Decision
  – Right People
  – Right Time
  – Right Place
  – Right Purpose

Ground Rules of Professional Nursing Practice and Unit Based Practice Council

• All nursing and ancillary colleagues have the responsibility and privilege to participate in nursing professional practice.
• When making decisions, departments must consider implications for others and have dialogue with those involved.
• Decisions that are made must support the mission of the hospital and advance nursing practice.
• Nursing council decisions will be based on current research whenever possible.
• Communication must be open, honest and professional.
• Interactions are collegial, collaborative and respectful.
• In accordance with state law, decisions regarding financial compensation and benefits will be addressed by People Services.

Communication Structure for Councils

• Councils will assure everyone has an opportunity to be heard. Decisions will be made by consensus.
• The members will communicate their peer’s voice at the councils.
• The council chair and co-chair have the accountability to communicate to all council members.
• The council members have the accountability to communicate back to the Unit Based Practice Council and colleagues.
• Communication is multifaceted through Nurses Notes, email, minutes, attendance at meetings and 1:1 interactions.
Section III
Nursing Professional Practice: The Councils
**Professional Nurse Practice Council (PNPC)**

**Vision:** Leading the Way with Passion, Quality and Excellence

**Charter:**
A practice driven team providing opportunity for discussion, referral, and decisions-making regarding professional practice and patient care issues. The organizational goal is to empower colleagues to carry out their decisions related to defining, promoting and evaluating nursing practice.

**Accountabilities:**
- Identify opportunities for improving patient care and clinical practice.
- Collaborate with other disciplines that support or provide patient care to develop strategies to improve patient engagement, quality and safety.
- Develop strategies for process improvement, make decisions, support the implementation of continuous performance improvement and monitor the results.
- Improve the quality of patient care and clinical outcomes through evidence based practice and an interdisciplinary approach.
- Provide communication/guidance to the UBPC’s.
- Assure consistent nursing practice to the standards of care identified by professional nursing organizations.
- Lead to successful attainment of goals as identified on nursing strategic plan.

**Memberships:**
- Registered Nurses – representing the profession of nursing and serves as a liaison to areas not present
- Nurse Leader (Nursing Leadership Council representative)
- Chief Nursing Officer (ad hoc)
- Clinical Education & Research Council representative
Roles & Terms:
- Co-facilitator(s) and member terms are for 3 years
  - Members are interviewed by PNPC People Team and approved by Department Director and Chief Nursing Officer
  - Member must have one year employment and hold FTE position
  - Member served on Unit Based Practice Council (UBPC) and no corrective action in previous 12 months
- Members from all divisional hospitals meet 8 hours per month
- 80% attendance required unless on FMLA

PNCP Strategy Teams

Leading the Way with Passion, Quality and Excellence

Advance Mission
Embrace Excellence
Develop People
Drive Value
Unit Based Practice Council (UBPC)

Vision: Leading the Way with Passion, Quality and Excellence

Charter:
Each unit is responsible to develop their own council to address nursing practice and patient care in their department. This is a partnership between nursing leadership and nursing colleagues.

Accountabilities:
• Create a healthy practice environment.
• Coordinate the goals of the UBPC with nursing strategic plan.
• Receive communication from PNPC and disseminate within department.
• Communicate with PNPC liaison their ongoing progress toward UBPC goals.
• Improve patient and family engagement.
• Evaluate services provided.
• Implement evidence-based patient care.
• Establish unit competencies.
• Implement and monitor programs initiated by PNPC.

Membership:
• RN
• LPN/Certified Nurse Assistant/Certified Medical Assistant
• Other department specialties
• CNS/Educator – Nursing (consultative)
• Director/Manager (consultative)
Roles & Terms:

- Each UBPC will maintain a facilitator and a co-facilitator. The co-facilitator will assume the facilitator role if the need arises or their term is complete. The term is decided by the UBPC but needs to end in January. Facilitator training will be provided by PNPC each February. Outgoing facilitator will orient and assist new facilitator to role until PNPC facilitator training is complete.

- UNPC meets monthly and attendance of 75% of meetings per year required unless on FMLA.

**CNO Advisory Council**

**Vision:** Promoting Excellence in Nursing through Leadership

**Charter:**
To nurture a model of shared governance decision making that engages the role of each CNO.

**Accountabilities:**

- Provide CNO leadership on nursing strategic plan: Mission, People, Quality/Safety and Stewardship.
- Promote interdisciplinary practice, strong teamwork within all care environment.
- Align nursing process, standards of care and evidence-based practice across the division.
- Develop nurse physician leadership dyad across the care continuum.

**Membership:**

- HSHS St. Vincent Hospital/St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital, HSHS St. Clare Memorial Hospital Chief Nursing Officer
- Ad Hoc CPIO, CPO, CPE
Nursing Leadership Council (NLC)

Vision: Supporting Excellence in Nursing through Leadership

Charter:
The goals are to provide a supportive practice environment for all nursing professionals.

Accountabilities:
• Operationalize the decisions of PNPC.
• Provide professional leadership discussion and networking.
• Standardize evidence-based nursing practice across the division.
• Provide a healthy, safe practice environment.
• Lead to successful attainment of goals as identified on nursing strategic plan.

Membership:
• Directors and Managers of nursing
• Chief Nursing Officer
Clinical Education and Research Council (CERC)

Vision: Supporting Excellence in Nursing through Education and Research

Charter:

The goals are to enhance clinical expertise that results in the demonstration of optimal patient outcomes. This is accomplished through mentoring, role modeling, consultation, orientation, education and research.

Accountabilities:

- Provide support/expertise related to patient care and clinical practice issues.
- Raise level of nursing professionalism by promoting critical synthesis and integration of research and evidence-based practice into nursing practice.
- Lead to successful attainment of goals as identified on nursing strategic plan.

Membership:

- Clinical Nurse Specialist
- Educator - Nursing
- Nurse Leader
- Chief Nursing Officer (ad hoc)
Section IV
Nursing Professional Practice: Professional Development Plan
Policy:
The Professional Development Plan was developed by and for the registered nurses at HSHS Division: Eastern Wisconsin. The American Nurses Association (2010) definition of professional development was chosen with a few revisions to reflect Franciscan Inspired Care Delivery. Professional development is a lifelong process of active participation by nurses in learning activities that assist in developing and maintaining continuing competence, enhancing professional practice, supporting achievement of career goals while engaging patients/families in their health care to improve patient care outcomes.

Purpose:
1. To promote excellence in nursing practice.
2. To provide registered nurses with a plan to expand professional behaviors/activities.
3. To provide the hospital with a program to attract, retain, recognize and reward highly competent and engaged registered nurses.

Guidelines/Procedures:
In order to provide consistency in application of the plan, the following policies were developed to implement and maintain the RN Professional Development Plan.

Categories for achievement within the Professional Development Plan:
1. Mission and Community focus
2. Shared governance/Committee involvement/Continuous process improvement
3. Education
4. Leadership
Participation:
Any registered nurse whose primary role is direct patient care may elect to participate in the RN Professional Development Plan. Advancement in the Development Plan is voluntary. RNs who successfully complete their orientation are considered to be at a Level I on the Professional Development Plan. If RNs want to achieve a higher level of professional development, they may achieve a Level II, III or IV.

Direct patient care RNs (excluding leadership) in the following areas:
- Inpatient units
- Dialysis
- Emergency Center
- Home Health Care/Hospice
- Nurse Staffing Resources/Flex Team
- Surgical Services /PACU
- Short Stay Services(Medical and Surgical)
- Wound Center
- Gyn-Oncology/Medical Oncology/Radiation Oncology Clinic
- GI Lab
- Cath Lab
- Cardiac Rehab
- Interventional Radiology
- Pre-Surgical Evaluation
- Lactation Specialist
Eligibility:

In order to participate in the Development Plan the RN must meet the following requirements:

1. Level I RNs must have completed their initial orientation period and do not need to pledge.

2. RNs who are interested in attaining Level II or higher must meet the following:

   • Completed orientation period as an RN by December 31st of the previous calendar year.
   • Hired for at least 16 hours per week in a regular budgeted position
   • In good standing with no performance management plan or performance issues.
   • Remain part of HSHS and continue in role of direct patient care giver for full calendar year to receive payment.
   • Submit pledge of participation by end of previous calendar year. Pledge will not be accepted after January 1st.

Role Expectations and Documentation:

1. RN Expectations:

   • Select the level of attainment interested in achieving and develop goals to achieve based of the level chosen.
   • Discuss individual professional development plan with her/his leader at beginning of each calendar year.
   • Schedule bimonthly meeting with leader to review PDP. Complete documentation of progress prior to meeting.
   • Maintain one record documenting her/his participation in the Professional Development Plan. This record will be reviewed during the year and completed prior to the final meeting of the calendar year, to be held before December 1st.
2. Leader Expectations:

- Meet with colleague every other month each calendar year. Review the plan and discuss how to maintain documentation throughout the year. Provide support and discuss progress on goal, opportunities and any barriers. Discuss how this impacts their professional development.

- Create an email group of department PDP members to communicate participating opportunities for their professional development.

- Review and verify the completed plan, expectations were met throughout the year in bimonthly meetings and send completed level attainment per RN to CNO for final approval by December 15th.

- The director keeps a copy of the nurse's Professional Development Plan in the nurse's file or scans into Halogen.
3. Professional Development Plan Committee:

The committee will be representatives from the People Team of the Professional Nurse Practice Council, leader from each hospital (Nurse Leadership Council) and CNO(s). Committee meetings are scheduled for annual review of the Professional Development Plan and as needed.

Responsibilities:

• Review and monitor clinical RN performance standards.

• Review and monitor the content, point structure and criteria for advancement in the Professional Development Plan.

• Review suggested changes and forward recommended changes in the Professional Development Plan to the Chief Nursing Officers for final approval.

• Review questions concerning the Professional Development Plan, respond with clarification and/or recommendations to the director, and subsequently to the Chief Nurse Officers for final approval.

• Recommend changes to the Chief Nursing Officers before January 1 of each year. Professional Development Plan changes are shared with nursing colleagues through the PNPC minutes, email, and Nurses Notes as appropriate.
Recognition:

- The recognition payment is based on the level of professional development achieved after completion of participatory year.
- Final approval of payment will be by the Chief Nurse Executive upon completion of the plan.
- The participatory year will be from January 1st until December 15th, and be paid the following year.

Transfers:
Transfers to other nursing units will not change the RN's participation status as long as RN continues in direct patient care giver role and meets with leader every other month with documentation updates completed.

Leaves of Absence:
Approved leaves of absence will not affect the RN's Professional Development Plan hours or level attained. However, performance and Professional Development Plan review dates are adjusted to have the documentation to the director within 30 days of the RN returning from leave.
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<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Website</th>
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<tbody>
<tr>
<td>HSHS St. Vincent Hospital</td>
<td>835 South Van Buren St., Green Bay, WI</td>
<td>stvincenthospital.org</td>
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<tr>
<td>HSHS St. Mary’s Hospital Medical Center</td>
<td>1726 Shawano Ave., Green Bay, WI</td>
<td>stmgb.org</td>
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<tr>
<td>HSHS St. Nicholas Hospital</td>
<td>3100 Superior Ave., Sheboygan, WI</td>
<td>stnicholashospital.org</td>
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<tr>
<td>HSHS St. Clare Memorial Hospital</td>
<td>855 South Main St., Oconto Falls, WI</td>
<td>stclarememorial.org</td>
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