

BYLAWS
OF THE
NURSING SHARED GOVERNANCE ORGANIZATION
OF
RUSH OAK PARK HOSPITAL
OAK PARK, ILLINOIS

Approved by NSGO Staff on ___ 1-22-2015 _____

Approved by NSGO President and Executive Committee on ___ 7-24-2014 _____

Approved by Vice President for Patient Care Services ___ 12-11-2014 _____

Approved by Rush Oak Park Hospital and Executive Leadership Group ___ 12-11-2014 _____

Rush Oak Park Hospital Board of Trustees _____ 12-12-2014 _____

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Approved by Rush System for Health Office for Legal Affairs ___ 12-2-2014 _____

PREAMBLE

As members of the Nursing Shared Governance Organization, we recognize and accept responsibility for the quality of nursing care, nursing education, clinical nursing research and intentional health outreach to our community at Rush Oak Park Hospital. In assuming this responsibility, we are subject to the ultimate authority of the Rush Oak Park Hospital Board of Trustees. We recognize further that the best interests of patients, and patient care, as well as students and nursing education, are protected by a collaborative and cooperative effort.

We pledge ourselves to the continuing pursuit of excellence in care, education, research, care of the members of our community and to the articulated goals of Rush Oak Park Hospital and the Rush System for Health. Our commitment is to ensure attainment of these goals through time and effort, with particular involvement in nursing education beyond the expectations required for usual employment. Thus, as professional nurses who have responsibility for nursing care to patients, the clinical environment, the instruction of students, and for maintaining personal interdependence with other health care professionals, we hereby accept membership in the Nursing Shared Governance Organization of Rush Oak Park Hospital and the obligation set forth in these bylaws.

The Nursing Shared Governance Organization Bylaws shall at all times and in all respects be subject to the laws of the United States of America, the State of Illinois, and all valid rules and regulations prescribed by governmental regulatory and administrative agencies having jurisdiction in the premises. These bylaws shall be interpreted and applied so as not to discriminate against any person on the basis of race, sex, color, religion, national origin, age, sexual orientation, gender identification or handicap unrelated to ability.

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ARTICLE I

NAME

1.1 The name of the organization shall be the **Nursing Shared Governance Organization (NSGO) of Rush Oak Park Hospital.**

ARTICLE II

DEFINITIONS

2.1 Board means the Board of Trustees of Rush Oak Park Hospital or a Committee of the Board of Trustees empowered to act.

2.2 Constituent Group shall refer to the group of all registered, professional nurses employed by Rush Oak Park Hospital.

2.3 Nursing Shared Governance Organization Executive Committee (NSGO EC) means the executive committee of the Nursing Shared Governance Organization.

2.4 Ex-officio means any employee appointed to a committee of the Nursing Shared Governance Organization by virtue of their position with responsibility to attend and function at meetings, without vote, unless otherwise specified in these Bylaws.

2.5 Faculty means faculty of any Rush Oak Park Hospital college of nursing affiliate.

2.6 Rush Oak Park Hospital Executive Leadership Group means the Chief Executive Officer of Rush Oak Park Hospital, Vice Presidents of Rush Oak Park Hospital and those Rush Oak Park Hospital officers so designated by the Chief Executive Officer of Rush Oak Park Hospital.

2.7 Rush Oak Park Hospital or Institution shall refer to Rush Oak Park Hospital, an Illinois not-for-profit corporation, including all of its patient care, educational and research components and any offsite, outpatient or ambulatory facility or addition which may from time to time become part of the Institution.

2.8 Active Nursing Staff or Staff unless otherwise modified, shall refer to the Nursing Shared Governance Organization of the Institution, and shall be interpreted to include all registered professional nurses who are employed in accordance with these bylaws, and hold a current Illinois nursing license.

2.9 Nursing Shared Governance Organization Year means the period from July 1 to June 30.

2.10 Office of Patient Care Services shall refer to and is composed of the Vice President for Nursing/Chief Nursing Officer and Administrative Staff.

2.11 Practitioner means any registered professional nurse who is employed by Rush Oak Park Hospital.

2.12 President means the President of the Nursing Shared Governance Organization.

2.13 Advance Practice Registered Nurse shall refer to all licensed Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives and Certified Registered Nurse Anesthetists.

2.14 Department or Clinical Practice Area shall refer to any area designated and separate from other units that provides care of patients and has a management representative accountable and assigned to it by the Executive Administration of the Institution. Regarding nursing practice, Departments or clinical practice areas shall have some reporting mechanism to the Vice President for Nursing/Chief Nursing Officer and initiate all activities as described in 7.2.

2.15 Community refers to patients and families that utilize Rush Oak Park Hospital or Institution for access to care, live in surrounding communities and people who work within institution.

ARTICLE III

PURPOSES

3.1 The purposes of the Nursing Shared Governance Organization are: To provide quality nursing care for patients admitted to or treated in any of the facilities, departments, or services of the Hospital;

3.2 To promote a high level of professional performance among registered professional nurses;

3.3 To define and review professional nursing practice;

3.4 To engage in programs that promote excellence in patient care, education, and scientific investigations;

3.5 To provide a mechanism for effective communication among Nursing Shared Governance Organization members;

3.6 To support collaboration between the Nursing Staff, the Medical Staff, and the Administrative Staff; and community resources (e.g., Emergency Medical Services (EMS), Oak Park Health Department).

3.7 To foster the professional growth of registered professional nurses;

3.8 To promote clinical competence and basic research essential to the advancement of professional knowledge and skill in nursing care;

3.9 To provide a stimulating clinical environment for students of Rush Oak Park Hospital affiliated colleges of nursing.

3.10 To support cooperative arrangements with nursing staff of other health care, research, and educational institutions within the Rush System for Health;

3.11 To establish and maintain regulations of nursing practice consistent with the corporate bylaws of the Institution, its policies and procedures, and rules of governance.

3.12 To provide assessment of needs and subsequent outreach to the community with an emphasis on vulnerable populations. Outreach is defined as provision of education and access to care as well as other needs as identified by NSGO Executive committee and associated committees.

3.13 To encourage nursing presence/voice in national healthcare issues (e.g., professional organizations, publications)

ARTICLE IV

NURSING SHARED GOVERNANCE ORGANIZATION MEMBERSHIP

4.1 Nature of Nursing Shared Governance Membership. Membership in the Nursing Shared Governance Organization is extended only to registered professional nurses who are employed by Rush Oak Park Hospital.

4.2 Categories of Staff. The Nursing Shared Governance Organization Staff shall be divided into (1) the Active Nursing Staff, (2) the Associate Nursing Staff and (3) Student Affiliate.

4.2-1 Active Nursing Shared Governance Organization Staff membership shall consist of all registered professional Nurses employed and paid by the Institution, who perform research, education, clinical practice and/or nursing administration. Active NSGO members shall be eligible to:

- a. practice nursing in the Institution as designated by job description;
- b. attend all programs and open meetings sponsored by the Nursing Shared Governance Organization;
- c. vote for officers of the staff, constituent representatives to the Executive Committee, and representatives to the constituent advisory committees;
- d. possess the privileges and obligations of Nursing Shared Governance Organization Staff membership as provided for in these Bylaws;

- e. possess faculty status at a Rush Oak Park Hospital affiliated College of Nursing as allowed by regulation when appointed by the Dean or Chairperson of the respective nursing departments or colleges of nursing.

4.2-2 Associate Nursing Shared Governance Organization membership shall consist of registered professional nurses affiliated with but not employed by Rush Oak Park Hospital. A practitioner affiliated with but not employed by the Institution may apply for associate staff membership by submitting an application. Such nurses may apply for associate staff membership by submitting a written request directly to the Executive Committee for consideration. The written request must comply with and in all respects is subject to Article IV, Section 4.3-1/4.3-2 of these Bylaws.

- a. The Associate NSGO members shall be eligible to:
 - a-1. Attend all programs and open meetings sponsored by the Nursing Shared Governance Organization Staff;
 - a-2. Serve as consultants on Standing and Program Committees.
- b. The Associate NSGO members shall NOT be eligible to:
 - b-1. Vote in elections of the Nursing Shared Governance Organization Staff
 - b-2. Hold elected positions within the Nursing Shared Governance Organization.

4.2-3 Nursing Shared Governance Organization Student Affiliate title is given to any student who is actively enrolled in the Rush University College of Nursing or Rush Oak Park Hospital affiliated Colleges of Nursing, in good standing, and not already members of NSGO via their employment or licensure status.

- a. Opportunities for the NSGO Student Affiliate are:
 - a-1. Invitation to attend all NSGO programs and open meetings
 - b-1. Engagement in mentoring or shadowing relationships with NSGO members active in standing or departmental committees- pending approval of committee chairperson or member of NSGO Executive Committee
- b. NSGO Student Affiliate shall NOT be eligible to:
 - b-1. vote in elections of the NSGO

b-1. hold elected positions with the NSGO

- c.** All rights related to the NSGO Student Affiliate title end at time of graduation or termination of academic pursuit at Rush University College of Nursing or Rush Oak Park Hospital affiliated Colleges of Nursing.

4.3. Qualifications for Active Nursing Shared Governance Organization Membership. In order to qualify as an active staff member of the Nursing Shared Governance Organization, an applicant

4.3-1 Must be a nurse who holds a valid, current license to practice as a registered professional nurse in the State of Illinois;

4.3-2 Must be able to document his/her background, experience, education, demonstrated competence, and adherence to the American Nurses Association Code of Ethics and the Nursing Shared Governance Organization Code of Conduct.

4.3-3 Must be employed full-time, part-time or in a per diem capacity;

4.3-4 Must be designated to fulfill a specific need of the Institution

4.3-5 May hold a faculty appointment, if eligible

4.4 Procedures for Appointment to the NSGO Active Staff

- a.** Completion of an employment application for RN position through Human Resources shall constitute application for membership in NSGO.

4.4-1 Selection and Appointment Process to Clinical Nursing Departments

- a.** For Employment/Appointment in Clinical Nursing Department
- a-1.** The application gathering function shall be performed by the Department of Human Resources.
- b.** Human Resources will forward the complete application(s) to the department who may involve NSGO members from the clinical area for their review and recommendation.
- c.** The new employee will not be eligible for appointment to the Nursing Shared Governance Organization, until after satisfactory completion of the Institution's probationary period of employment.

4.4-2 Annual Review Process: This section shall apply to nurses employed by the Institution who practice nursing. All Registered Professional Nurses in clinical care areas

will be reviewed by another RN holding a BSN or higher level of nursing education. RN review of clinical care is an expectation for all staff and may take the form of clinical care conferences, chart and care-plan reviews, sentinel event analysis, peer review with annual evaluation, and other venues as deemed appropriate.

- a. Each recommendation and/or decision regarding continued employment and the scope of privileges is to be based upon: (1) the individual's professional competence and clinical judgment in the treatment of patients, (2) professional ethics and conduct and, (3) compliance with these Bylaws.
- b. The nursing supervisor/liaison evaluation assessment shall be final unless appealed by the registered professional nurse within 14 calendar days. An appeal may be made and will be processed in accordance with the following procedures:
 - b-1. The appeal must be submitted in writing to the NSGO President within 14 calendar days of the evaluation. The president will then distribute copies of the appeal to the NSGO Executive Committee members for consideration.
 - b-2. The NSGO Executive Committee will review the appeal and may appoint an ad hoc subcommittee to review and provide advice on the matter. The NSGO Executive Committee will then transmit its own recommendation to the Chief Nursing Officer.
 - b-3. Finally, the Chief Nursing Officer will review the evaluation, the appeal, the NSGO Executive Committee's recommendation, and render a final non-reviewable decision.

4.5 Resignation from the Staff. It is an expectation that a resignation letter shall be submitted to the manager of department in which a member was employed. The manager upon receipt of this letter will forward to the NSGO office which will initiate an exit interview from a member of the NSGO Executive Committee.

ARTICLE V

NURSING PRACTICE PRIVILEGES

5.1 Nature of Nursing Practice Privileges. A Nursing privilege refers to the specific nursing practice that an individual nurse is authorized to perform. The scope of a practitioner's privileges will be based upon the specific job description, current clinical competencies and the collaborative agreement, if applicable.

5.2 Criteria for Nursing Practice Privileges

5.2-1 Nursing Staff members shall be entitled to exercise only those nursing practice privileges specifically granted to him/her in accordance with these Bylaws.

5.2-2 The scope of an applicant's privileges shall be based upon an evaluation of the applicant's education, training, experience, demonstrated competence and judgment, references and other relevant information.

5.2-3 Annual re-evaluation of each practitioner's nursing practice privileges, and the increase or reduction of the same, shall be part of the review process and be based upon direct observation of the nursing practice, review of patient care records, if applicable, and the criteria specified above. If the scope of nursing practice privileges are reduced, the professional, registered nurse may appeal through the mechanism of the section 4.4-2, b 1-3 of the Bylaws.

5.2-4 The Advanced Practice Registered Nurse will review the practice evaluation on an annual basis with Vice President for Nursing/Chief Nursing Officer. The request for privileges as well as annual re-credentialing of privileges will be reviewed by the NSGO Advanced Practice Registered Nurse Committee, Vice President for Nursing/Chief Nursing Officer, President of the Medical Staff and Medical Staff Executive Committee in addition to the medical staff credentialing and privileging process. These will then be submitted to the Board for final approval.

5.2-5 Collaborative Agreements may not be required for some Advanced Practice Registered Nurses as stipulated in current state legislation.

5.3 Applicants for Temporary Nursing Practice Privileges ONLY. Temporary privileges may be granted through the Department of Human Resources to the registered professional nurse who wishes to practice nursing for a specific and limited period of time. Contracted Agency nurses will be screened and approved through the Nursing Staffing Office. Said privileges will be based upon a job description under the general supervision of the CNO.

5.3-1 Temporary Professional Nursing Practice Privileges. Temporary privileges may be granted upon proof of current licensure in Illinois, along with evidence of the applicant's clinical competence and ethical standing.

5.3-2 Summary Suspension of Temporary Privileges. Temporary privileges may be suspended by the immediate supervisor where it is determined that the life of a patient under the practitioner's care would be endangered by the continued care of the

practitioner. The Office of Supplemental Staffing shall review the summary suspension with the immediate supervisor in accordance with Institution Policy.

ARTICLE VI

CORRECTIVE ACTION

6.1 Routine Corrective Action. This section shall apply to active staff whose direct supervisor is a nurse. The Just Culture guidelines and algorithm will guide decision-making with the goal of performance management that improves quality and safety in nursing practice.

6.1-1 Initiation of Routine Corrective Action. Whenever the professional nursing practice of any Active Staff members is, or is reasonably likely to be, detrimental to patient safety or to the delivery of good patient care, violates ROPH Code of Conduct, or standards of practice as delineated by the American Nurses Association (ANA) or State Board of Nursing, corrective action against such practitioner may be requested by any member of the Active Staff.

6.1-2 Procedures for Initiation and Processing of Requests for Corrective Action

- a.** Active staff may request routine corrective action against another Active staff in writing with explanation of the basis for the request. The request must be transmitted to the Unit Director, Unit Director Delegate, Nurse Supervisor, or Non- Nurse Supervisor. If the involved practitioner's immediate supervisor is not an Active Staff member, the practitioner's nurse evaluator must be contacted. A copy of the request for corrective action must also be transmitted to the practitioner against whom the request is made. The Unit Director, Unit Director Delegate, or Nurse Supervisor will determine whether the request for corrective action involves nursing practice or falls within the purview of Human Resources. In the event that the issue is within the purview of Human Resources, the Unit Director, Unit Director Delegate, or nurse supervisor will initiate the proper Human Resources protocols. In the event the issue is of a clinical nature, the NSGO corrective action procedure as stated in article VI of these bylaws will apply.
- b.** The Unit Director, Unit Director Delegate, or Nurse supervisor will review the corrective action and take any of the following actions:
 - b-1.** Reject the request for lack of merit
 - b-2.** Confer with the practitioner and appropriate others in an effort to resolve the matter;

- b-3.** The nurse manager may request that the Unit or Clinic Advisory Committee review the matter and submit a written recommendation.
- b-4.** Render a written determination based upon the information and recommendation of the Unit or Clinic Advisory Committee.
- c.** The written determination of the Unit Director, Unit Director Delegate, or nurse supervisor may include:
 - c-1.** Rejection of the request for corrective action per the Just Culture guide.
 - c-2.** Issuance of a verbal or written warning;
 - c-3.** Terms of probation or individual requirements of consultation;
 - c-4.** Modification or suspension of privileges;
 - c-5.** Revocation of privileges and discharge from staff

6.1-3 Appeals of Clinical Corrective Action. This section shall apply to active staff whose direct supervisor is not a nurse. These Active staff nurses will apply policies and procedures and the code of conduct set forth in the Institution's Manual of Human Resources Policies and Procedures, with the option of consultation regarding nursing practice and NSGO Code of Conduct with the NSGO President. Appeals of Non-clinical Corrective Action will be subject to the Fair Treatment Plan policy in the Human Resource Policy & Procedure Manual. The Just Culture guidelines and algorithm will guide decision-making with the goal of performance management that improves quality and safety in nursing practice

- a.** The practitioner may appeal a corrective action by submitting a written statement of appeal within 5 calendar days corrective action to the highest ranking nurse supervisor in the department or directly to the NSGO President;
 - a-1.** The appeal must be submitted in writing to the NSGO President within 5 calendar days of the evaluation. The president will then distribute copies of the appeal to the NSGO Executive Committee members for consideration.
 - a-2.** The NSGO Executive Committee will review the appeal and may appoint an ad hoc subcommittee to review and provide advice on the matter. The NSGO Executive Committee will then transmit its own recommendation to the Chief Nursing Officer.

- a-3. Finally, the Chief Nursing Officer will review the evaluation, the appeal, the NSGO Executive Committee's recommendation, and render a final non-reviewable decision.
- a-4. If the decision rejects the basis for the corrective action, then the action of the original corrective process is reversed; If the decision supports the basis for the corrective action, then the action of the original corrective action is final.

6.2 Immediate Suspension. This section shall apply to Active Staff members

6.2-1 Criteria for Initiation of Immediate Suspension. Whenever, in the view of the practitioner's Unit Director, delegate, nurse supervisor and/or non-nurse supervisor, an Active Staff member's clinical practice requires that immediate action be taken to protect the life of any patient or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee, or other person present at the Institution, any of the aforementioned individuals shall have the authority to immediately suspend the practitioner's nursing practice privileges. Such suspension shall become effective immediately upon imposition and the practitioner shall be notified in writing of the suspension

6.2-2 Review of Suspension. Within 5 calendar days of the immediate suspension, or as soon as practical, the Unit Director, highest level nurse supervisor, or non-nurse manager shall review the suspension. A copy of the written notification will be transmitted to the practitioner and the highest ranking nurse leader in the department. In the absence of a highest ranking nurse leader, the written notification is transmitted to the Vice President for Nursing/Chief Nursing Officer. The written determination may include: (1) modification or continuation of the suspension; (2) revocation of privileges and discharge from staff; (3) terms of probation or individual requirements of consultation; (4) reinstatement with written warning and no back pay; (5) reinstatement with back pay and expungement of recorded suspension.

6.2-3 The practitioner may, within 5 calendar days of receipt of the highest ranking nurse leader's decision, appeal to the Vice President for Nursing/Chief Nursing Officer. The Vice President for Nursing/Chief Nursing Officer will confer with the NSGO President and review the appeal. The Vice President for Nursing/Chief Nursing Officer Affairs shall render a final decision within 5 calendar days. The decision can affirm, modify or reject the summary suspension.

6.3 Automatic Suspension. A NSGO member whose license, certificate or other legal credential authorizing him or her to practice in Illinois is revoked or suspended shall immediately and automatically be suspended from practicing in the Institution. Any Staff member whose license or other legal credential is revoked shall notify their manager immediately of such revocation.

6.4 Other actions. Corrective action may be initiated for either professional nursing practice issues or violations of the Nursing Shared Governance Organization Code of Conduct. These practice issues or violations are addressed by the Nursing Shared Governance Organization. Violations of the Human Resources Code of Conduct are addressed by Human Resources. In the case of ambiguity, the Vice President for Nursing/Chief Nursing Officer and the Director of Human Resources shall confer. The Vice President for Nursing/Chief Nursing Officer shall determine which procedure is applicable.

ARTICLE VII

LEADERSHIP, DEPARTMENTS AND CLINICAL UNITS

7.1 Patient Care Services Management Committee shall be the administrative decision making body within nursing overseeing administrative nursing policies and resources. The NSGO President and President Elect are members.

7.2 Departments and Clinical Practice Areas. Departments and Clinical Practice Areas may be established or dissolved by the Vice President of Nursing/Chief Nursing Officer. Each department and clinical practice area shall develop and implement activities that contribute to quality patient care through the integration of nursing practice, education and research. To carry out this responsibility, each department will perform the following activities:

7.2-1 Participate in the establishment of nursing practice standards.

7.2-2 Review and evaluate quality of nursing care and services within the department.

7.2-3 Communicate pertinent information to the appropriate committees.

7.2-4 Conduct, participate, or make recommendations regarding the need for continuing education programs.

7.2-5 Provide a learning environment for students that is clinically stimulating and promotes entry in the professional role.

7.2-6 Conduct research and/or implement evidence-based practice that will improve the quality of nursing practice.

7.2-7 Coordinate patient care and other services provided by the department's member with other disciplines and administration.

7.2-8 Submit written reports to the NSGO Executive Committee on a regular basis, regarding the conduct of assigned functions and other such matters as may be requested by the NSGO Executive Committee.

7.2-9 Support NSGO committees and NSGO communication mechanisms.

7.2-10 Perform such other functions as may be requested by the Vice President of Nursing/Chief Nursing Officer.

7.3 Departmental and Clinical Practice Area Leadership

7.3-1 Duties. Each department and/or clinical nursing area shall have a designated nurse who shall be responsible for the management of all of the professional components (practice, research, education and consultation of the department).

7.4 Department Advisory Committee (DAC).

7.4-1 Membership. The Perioperative & Surgical Services department shall have an Advisory Committee, chaired by a direct care practitioner in that area. The highest ranking nurse manager (or her designee) in the department must be present at all meetings to assist with administrative or operational items as well as staff development activities. The members of which will include: 1) Representatives of each constituent group within the department, who are selected by vote of the Active Staff of the department; 2) highest ranking nurse manager; 3) NSGO Executive Committee members elected from each department.

7.4-2 Term of Office. Representatives to the Department Advisory Committee shall take office on July 1st and shall serve a term of two years. Interim appointment to fill any vacancies occurring in the Department Advisory Committee shall be made by the highest ranking nurse manager in consultation with the Unit Advisory Committee from the unit in which the vacancy occurred.

7.4-3 Duties. Duties of the Department Advisory Committee shall include: 1) Assisting in the development in implementation of nursing policies and regulations pertinent to the functions of the department, 2) Participate in the development, monitoring and evaluation of nursing practice, 3) Performing the activities set forth in these Bylaws, 4) Serving as the nominating committee for the following Department Advisory Committee election year.

7.4-4 Meetings. Department Advisory Committees shall have a minimum of 4 regularly scheduled meetings per year. The minutes will be available to department Active Staff. A majority of the elected committee members shall constitute a quorum at any meeting. Decisions shall be the majority vote of the members present at a meeting at which a quorum is present.

7.4-5 Purpose of a DAC. The DAC shall develop and implement activities that integrate patient care, education, and research with the goals of the department and with promoting the professional development of the staff as providers of high quality nursing

care. Specific responsibilities may include, but are not limited to, continuous monitoring of patient care practices, ongoing professional development, and integration of students into a clinically stimulating environment.

7.5 Unit/Clinic Advisory Committee

7.5-1 Membership. Each clinical nursing area shall have a Unit/Clinic Advisory Committee chaired by a direct care practitioner in that area. Rush Oak Park Physicians Group RNs and Center for Diabetes and Endocrine RNs meet as an aggregate unit advisory group from the clinic setting as defined by their charter because they have such a small number of RNs respectively. The highest ranking nurse manager in the area is present at meetings to assist with administrative or operational items as well as staff development activities. This committee shall be elected by the staff of that unit and represent all constituent groups in the area.

7.5-2 Term of Office: Representatives to the Unit Advisory Committee shall take office on July 1st and shall serve a term of two years. Elections for half of the Unit/Clinic Advisory Committee shall occur annually, and start July 1st of each year. Interim appointment to fill any vacancies occurring in the unit/Clinic Advisory Committee shall be made by the Unit Director in consultation with the Unit/Clinic Advisory Committee from the constituent level that the vacancy occurred.

7.5-3 Duties. 1) Assisting in the development and implementation of nursing policies and regulations pertinent to the functions of the unit or clinic, 2) Participate in the development, monitoring and evaluation of nursing practice in the unit or clinic, 3) Performing the activities set forth in these Bylaws, 4) Serving as the nominating committee for the following Unit/Clinic Advisory Committee election year.

7.5-4 Meetings. Unit/Clinic Advisory Committees shall have regularly scheduled meetings, with the optimal goal of meeting at least once per month and the minimum requirement being no less than 6 times per year and no more than 2 months without a meeting. Decision shall be by a majority vote of the members. Minutes of all meetings shall be recorded, submitted to NSGO Executive Committee and made available online.

7.5-5 Purpose of a Unit/Clinic Area: Each unit shall develop and implement activities that integrate patient care, education and research with the goals of the unit, department and institution. Each Unit/Clinic Advisory Committee should promote professional development of the staff as providers of high quality nursing care. Specific responsibilities may include but are not limited to: continuous monitoring of patient care practices, ongoing professional development and integration of students into a clinically stimulating environment.

ARTICLE VIII

OFFICERS

8.1 Nursing Shared Governance Organization Officers

8.1-1 Officers of the Nursing Staff. The Officers of the Staff shall be a President, President-elect, Past President and Treasurer.

8.1-2 Qualifications. Officers of the Staff must be members of the Active Staff at the time of nomination and election and must remain members during their term of office. The Officers must be able to devote the time and have the flexibility needed to carry out the duties of the offices.

8.2 Duties of Officers. All officers actively contribute to the leadership of the nursing staff and shall perform other activities as identified by the President and NSGO Executive Committee.

8.2-1 NSGO President. The NSGO president will be the presiding Officer of the Staff, and in such capacity will:

- a. Aid in coordinating the activities and concerns of the Institution Administration and of the Medical Staff with those of the Nursing Shared Governance Organization,
- b. Act as a liaison between the Nursing Shared Governance Organization members, nursing and hospital administration, medical staff and Board of Trustees;
- c. Be responsible to assure compliance with these Bylaws for instances in which Nursing Shared Governance Organization members are involved in corrective action proceedings;
- d. Call, create the agenda, and preside at all general meetings of the staff;
- e. Serve as Chairperson of the NSGO Executive Committee;
- f. Appoint the Chairperson and membership of the standing committees and the special committees with consultation of NSGO Executive Committee;
- g. Will address issues in a timely manner and encourage appropriate dissemination of information throughout the membership;
- h. Perform such other function as may from time to time be assigned by the NSGO Executive Committee consistent with these Bylaws.

- i. Participate in mentorship and handoff of pertinent projects and business of NSGO to the president elect

8.2-2 President Elect. The president-elect shall assist the President and shall assume the duties and authority of the President in the event of the latter's inability or failure to serve. The president-elect shall assume the office of the President upon expiration of the President's term, and shall perform such additional duties as may be assigned by the President of the NSGO Executive Committee. The President Elect shall participate in leadership development activities. The President Elect shall be made aware and invited to all pertinent institutional, nursing management and board of trustees meetings with opportunity to attend. The President Elect shall be knowledgeable about all President and Executive committee activities and projects in order to maximize handoff when the President's term is completed.

8.2-4 Treasurer. The Treasurer shall be responsible for accounting and disbursement of funds to the Staff as stipulated by the NSGO Executive Committee. The audit of NSGO funds shall be conducted annually by the Department of Finance and two staff members appointed by the President. The treasurer shall perform such other duties as ordinarily pertain to the office of Treasurer.

8.3 Election. Officers shall be elected bi-annually by secret ballot. Only such candidates as have put their name forward to NSGO Executive Committee within the time frame for submission shall be considered and approved by the Executive Committee and listed on the ballot for vote by the NSGO staff as a whole.. Only staff members accorded the prerogative to vote for Staff Officers under Article IV shall be eligible to vote. Voting by proxy shall not be permitted. A candidate will be elected upon receiving a plurality of the valid votes cast. The elected Officers will be installed at the June NSGO Executive Meeting with succession to office beginning July 1st of the same year.

8.4 Term of Office. The President shall assume a four-year commitment. The first year as president-elect, the second and third year as President and fourth year as Past President. The treasurer shall serve a two year term. Each term shall begin on the first day of July of the same year in which the officer is elected or succeeds to office. Each officer shall serve until the end of the term and until a successor is elected, unless he/she resigns or is removed from office. The president-elect shall immediately succeed to the Office of President upon completion of his/her term as president-elect. Newly elected officers shall be invited to attend and participate, without vote, in all meetings of the Executive Committee following their election and prior to the commencement of their terms.

8.5 Removal of Elected Officers. A staff officer will be considered for removal by the following: petition signed by at least 100 members of the Active Staff and recommendation of the NSGO Executive Committee. If such a recommendation is made a special meeting of the staff shall be called. A recommendation will be accepted upon affirmative vote of the simple majority of those in attendance.

8.6 Vacancies.

8. 6-1 In the event of a vacancy occurring in the Office of President, the President-Elect shall become President, serving out the remainder of the term.

8. 6-2 In the event of a vacancy in the office of the President prior to the existence of a current president elect then the vacancy shall be filled by a special election. A vacancy occurring in the office of president-elect shall be filled by a special election. These elections shall be held as soon as possible after the vacancy occurs. The election procedure shall be the same as that provided in Section 8.3.

8. 6-3 Vacancies in the office Treasurer shall be filled by Executive Committee appointment.

ARTICLE IX

THE EXECUTIVE COMMITTEE AND THE COMMITTEES OF THE NURSING SHARED GOVERNANCE ORGANIZATION

9.1 The NSGO Executive Committee of the Staff. The NSGO Executive Committee shall have charge of the affairs of the staff, with the authority to take necessary and appropriate action on any business of the Nursing Shared Governance Organization.

9.1-1 Membership. The NSGO Executive Committee shall consist of the following members:

- a.** the President, president-elect, Past-President, Treasurer, Vice President for Nursing/Chief Nursing Officer;
- b.** One representative from each clinical section/department, to be nominated and elected by majority vote of the active staff from the clinical section/department annually prior to the first of July.
- c.** The Chief Executive Officer of the institution and President of the Medical Staff, and Chief Medical Officer are ex-officio members, without vote.

9.1-2 Election of NSGO Executive Committee Members

- a.** Each clinical section/department shall elect by majority vote of the active staff of the clinical section/department one representative to serve on

the NSGO Executive Committee. Elections are to be held annually prior to the first of July.

- b. In the event of a vacancy, the clinical section/department advisory committee shall then elect a new representative.
- c. Elections for half of the NSGO Executive Committee shall occur annually. Any representative shall be eligible for re-election.

9.1-3 Terms of Office. Representatives to the NSGO Executive Committee shall take office July 1st and shall serve a term of two years.

9.1-4 Duties. The duties of the NSGO Executive Committee include the following:

- a. Monitor standards and promote clinical nursing excellence;
- b. Review, evaluate and act upon reports of the standing committees;
- c. Coordinate the activities of the standing and ad hoc committees;
- d. Consult with NSGO president for input into hospital and system wide committees.
- e. Monitor financial viability on a regular basis of the NSGO.
- f. Recruit, select and develop future chairs and officers of NSGO.
- g. Maintain NSGO commitment to assessment and development of initiatives that meet health promotion and education needs of the community.
- h. Assess corporate culture for safety, quality, and engagement for retention or development of nurses.

9.1-5 Presiding Officers. The President shall be chairperson and the presiding officer of the NSGO Executive Committee. In the President's absence, the president-elect or Past President will preside in accordance with Section 8.2.

9.1-6 Meetings. Meetings of the NSGO Executive Committee will be held at least monthly at the time designed by the President. Special meetings may be called upon notification of the Committee members by the President or upon petition by the majority of the Committee. The agenda of all meetings shall be prepared by the President and sent to the members of the NSGO Executive Committee at least five (5) days prior to the scheduled meeting.

9.1-7 Quorum. Fifty percent of the NSGO Executive Committee members shall constitute a quorum at any regular or special meeting. Decision shall be by majority vote for the quorum. In the absence of a quorum, the voting members present will adjourn the meeting to a future time.

9.1-8 Minutes. Minutes of the meetings of the NSGO Executive Committee shall be kept and forwarded for approval to the NSGO Executive Committee members. The minutes shall be on file in the NSGO office and be available to members online or on request.

9.1-9 Oversight of Annual Voluntary Contributions to NSGO Fund.

- a. Voluntary contributions from members and others are used to enhance NSGO Programs and projects. Contributions are directed to the NSGO Executive Committee where they shall be deposited to the NSGO fund.
- b. Joint accountability for oversight of the fund is shared by the NSGO President and the Vice President for Nursing/Chief Nursing Officer

9.2 The Standing and Ad Hoc NSGO Committees. The Committees of the Staff shall be Standing and Ad Hoc.

9.2-1 Standing Committees.

- a. **The Standing Committees of the Staff shall be:**

a.1. Clinical Practice Policy and Procedure Committee: The purpose of the Clinical Practice Policy and Procedure Committee will be to review and update all of the clinical nursing practice policies of Rush Oak Park Hospital. The committee is charged to review each policy and procedure at least every two years. The committee will assure that each policy supported by evidence-based-research.

a.2. Evidence-Based Practice and Research Committee: The purpose of the Evidence-Based Practice and Research Committee Charge and Structure committee will be to develop, implement, and sustain facility-wide evidence-based nursing practice. The committee is charged to provide structure and guidance for clinical EBP, research projects and subsequent practice changes; to develop a platform for EBP and research dissemination including presentation and publication skill-building; and to implement on-going education programs for nursing staff.

a.3 Awards and Recognition: The purpose of the Awards and Recognition Committee will be to recognize the nurses of Rush Oak Park Hospital for their excellence in care and practice. The committee is charged to coordinate the process of obtaining nominations, and then choosing and recognizing the recipients of ROPH nursing awards; to coordinate the DAISY Awards; to plan and coordinate the Nurses' Week Annual Recognition Dinner; and to provide opportunities to recognize Rush nurses outside the institution with national awards.

a.4 Education Council: The purpose of the Education Council will be to establish overall ROPH Patient Care Services education and unit-based education programs including orientation of new PCS staff.. The committee will also coordinate education that addresses regulatory requirements, changes to policy and procedure, and incorporates best practice. The committee will be charged with implementing a fully functional simulation based skills lab; supporting and developing unit-based education initiatives; and implementing practice and quality initiatives collaboratively with other ROPH departments.

a.5 Nursing Peer Review: The purpose of the Peer Review Committee will be to provide oversight and review for bedside clinical nursing care in order to support safe, ethical and autonomous nursing practice. The committee will be charged with reviewing and evaluating the merits of specific complaints related to individual nursing care events and formulating a determination or recommendation regarding each situation based on evidence-based practice and due diligence. The committee will consider systems and processes in their reviews.

a.6 Staffing Nurse Advisory Board: To acknowledge the central importance of Rush Oak Park Hospital (ROPH) nursing care to the health and well-being of hospital patients; to provide safe and quality care to the community. To ensure that nursing concerns are represented in administrative decision-making and concerns are addressed by administration to effect change by incorporating the Magnet cultural values.

a.7 Magnet Stars Committee: To utilize components of evidence based standards as recommended by the ANCC Magnet Recognition program to

promote the goals and purposes of the NSGO and Rush Oak Park Hospital.

a.8. Advanced Practice Registered Nurse Committee: Remain committed to each other and advancing the profession of nursing and advanced practice nursing. Discuss trends and improve outcomes in order to enhance patient care and interdisciplinary collaboration throughout the institution. Educate regarding the role and importance of the APRN at ROPH. Promote autonomy and fullness of scope as APNs so that patient outcomes and collaboration is enhanced.

b. Membership on Standing Committees.

- b-1.** The President of the Nursing Shared Governance Organization shall solicit nominations from members of the Staff for membership on each committee. Membership shall include representation from all constituent groups.
- b-2.** The Chairperson and members of the committees shall be appointed for two year terms by the President and approved by the NSGO Executive Committee. Appointments shall be made so that half the committee membership is appointed annually.
- b-3.** The President will make ex-officio appointments to Committees if approved by the NSGO Executive Committee.
- b-4.** No member of a standing committee will serve more than three consecutive terms on any one committee without NSGO Executive Committee approval.
- b-5.** Committee Chairperson may serve consecutive terms with approval of the NSGO Executive Committee.

c. Duties of the Standing Committees. Each Committee shall:

- c-1.** Maintain a written record of its goals, objectives, committee reports, minutes, and recommendations; all reports and recommendations shall be transmitted to the NSGO Executive Committee for review and consideration;
- c-2.** Integrate their activities with corresponding Committees within the Institution; and,

c-3. Be accountable to the NSGO Executive Committee. Reports on minutes from all Committees shall be submitted in writing to the NSGO Executive Committee following every meeting.

d. Meetings. Meetings of each Committee shall be called by the Chairperson as indicated by need or at the request of the President.

9.2-2 Ad Hoc. Ad Hoc Committees may be appointed by the President as necessity requires.

ARTICLE X

MEETINGS

10.1 Meetings of the Staff

10.1-1 Quarterly meetings of the entire staff will be held unless otherwise directed by the NSGO Executive Committee.

10.1-2 At the July Meeting, officers for the ensuing year shall be announced and take office as specified by these Bylaws.

10.1-3 At the Quarterly Meetings, the staff shall consider and vote upon matters specifically required of it by these bylaws, upon specific matters submitted by the NSGO Executive Committee and upon such other business as shall be considered appropriate by the President. The agenda is to be posted at least 7 days before the meeting. Agendas which include information on items requiring a vote, will be sent to each NSGO Executive Committee member and clinical section/department/category advisory committee.

10.2 Special Meetings. Special meetings of the entire Nursing Staff will be called upon written petition that is signed by 50 members of the Active Nursing Shared Governance Organization.

10.3 Quorum. For all regular and special meetings, Active Members present shall constitute a quorum. The action of a majority of the Active Nursing Shared Governance Organization Members present and voting shall be the action of the group in regard to only those items on the agenda for that meeting posted in accordance with Section 10.1-3.

10.4 Minutes. Minutes of all meetings, shall be prepared and shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, forwarded to the NSGO Executive Committee and made available to the Nursing Shared Governance Organization members. A permanent file of the minutes of each meeting shall be maintained.

ARTICLE XI

GENERAL PROVISIONS

11.1 Adoption, Amendment, or Repeal of Bylaws.

11.1-1 Method. These Bylaws may be adopted, amended or repealed by the combined action as follows: (1) the affirmative vote of at least 2/3 of the Active Staff Members actually voting; (2) said vote to be by written ballot which may be in an electronic format or by action at a meeting of the Staff at which a quorum is present, provided at least 10 days written notice, accompanied by the proposed Bylaws or alterations, has been given of the intention to take such action by ballot or meeting; and, (3) followed by the successive approval of the Vice President for Nursing/Chief Nursing Officer, and the President of the Institution. At a minimum, these Bylaws shall be reviewed every 4 years.

11.2 Regulations

11.2-1 Staff Regulations. Subject to the successive approval of the Executive Committee, the Vice President for Nursing/Chief Nursing Officer, and the President of ROPH, the NSGO Executive Committee shall adopt such regulations as may be necessary to implement more specifically the general principles found in these Bylaws. These regulations shall relate to the proper conduct of Nursing Shared Governance activities as well as embody the level of practice that is to be required of each practitioner. The Regulations may be amended or repealed by majority vote of voting members at any regular Nursing Shared Governance Organization meeting or at any special meeting at which a quorum is present, provided that there had been notice of the intent to revise the Regulation. Such changes shall become effective when approved by the Vice President for Nursing/Chief Nursing Officer and the President of the Nursing Shared Governance Organization.)

11.2-2 Departmental or Clinical Practice Area Regulations. Subject to the successive approval of the Department or Clinical Practice Area Nursing Leader, the Executive Committee, and Vice President for Nursing/Chief Nursing Officer, each department or clinical practice area may formulate its own regulations to effectuate the functions of the department as established by and consistent with these Bylaws.

11.2-3 Other Medical Center Rules and Regulations. The Nursing Shared Governance Organization regulations and the department and/or clinical practice area regulations must be consistent with Rush Oak Park Hospital Bylaws, the Medical Staff Bylaws and the Human Resources Policies and Procedures of Rush Oak Park Hospital.