



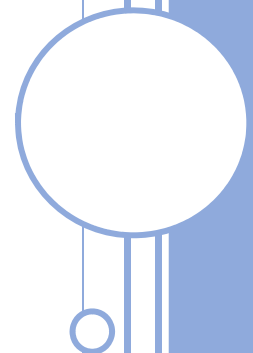
Ronald Reagan UCLA  
Medical Center



UCLA Medical Center,  
Santa Monica

# PROFESSIONAL GOVERNANCE BYLAWS

2018



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## **Preamble**

### **UCLA Health**

#### **Introduction**

The Professional Governance structure was implemented in 2018 throughout the health system, engaging all levels of nursing staff, in changing practice at UCLA Health. With the hard work and guidance of the Professional Governance Steering Committee, the structure was designed so that each of the Councils are populated with the right people to make the right decisions for patient care, practice environment, healthcare professionals and the organization.

For more than half a century, UCLA Health has provided the best in healthcare and the latest in medical technology to the people of Los Angeles and throughout the world.

Comprised of Ronald Reagan UCLA Medical Center (RRUCLA), UCLA Medical Center, Santa Monica (SMUCLA), Resnick Neuropsychiatric Hospital at UCLA (RNPH), UCLA Mattel Children's Hospital and UCLA Health Ambulatory Care Clinics. With its wide-reaching system of primary-care and specialty-care offices throughout the region, UCLA Health is among the most comprehensive and advanced healthcare systems in the world.

#### **UCLA Health Mission**

*To deliver leading-edge patient care, research and education.*

#### **UCLA Nursing Mission**

*To deliver leading-edge patient care through professional nursing practice, education and research.*

#### **Vision**

*Our vision is to heal humankind, one patient at a time, by improving health, alleviating suffering and delivering acts of kindness.*

#### **Values**

*Our values ensure Compassion, Respect, Excellence, Discovery, Integrity and Teamwork (CREDIT) in the work we do daily.*

#### **Service Promise**

*Our service promise is to create a welcoming, healing, caring, safe and professional environment for our patients, their families, visitors and each other.*

## **UCLA Health Nursing**

### **Philosophy**

The philosophy of UCLA Health Nursing is to support the professional nurse, while nurturing intellect, heart, soul and imagination. The organization supports the role of the professional nurse, guided by the principles of the UCLA Health vision, values and commitment to care. Nursing has a Relationship-Based Care Model that establishes a partnership between the nurse, patient and family and includes values such as compassion, respect and a commitment to patient care.

Nursing excellence is at the forefront of UCLA Health's outstanding patient care. UCLA Health Nursing empowers professional nurses to recognize their unique gifts, to give voice to ideals, to strive for personal, professional and academic excellence, and to accept the challenge of the human experience.

UCLA Health is an academic medical center that has a partnership with the UCLA School of Medicine, UCLA School of Public Health and UCLA School of Nursing to support the mission for research, education and the provision of leading-edge patient care.

## **ARTICLE I**

### Name of the Organization

The name of this organization shall be “Professional Governance at UCLA Health.”

## **ARTICLE II**

### **Purpose of the Organization**

The purpose of Professional Governance at UCLA Health is to provide the structure for nursing at all levels of the organization to engage in the work of our shared UCLA Health mission, vision, values and strategic plan. Professional Governance facilitates the engagement of health care providers across all practice areas and all roles in the planning, implementation and continuous improvement of care within our professional practice. This includes the dissemination of practice innovations through communication and collaboration among nursing and interprofessional groups.

## ARTICLE III

### Composition of Councils, Committees, Special Meetings, Task Forces

- A. Composition: Professional Governance of UCLA Health is composed of councils, committees and when needed, special meetings and task forces.
1. Councils are the foundation of the professional governance model, which functions at the Health System, the Hospital/Facility and the Unit/Department level. Council members are responsible for making decisions that affect the practice of health care. These decisions, grounded in the UCLA professional practice model, promote practice excellence, professional development and the quality and safety of patient and family centered care.
    - a. **Professional Governance Coordinating Council** - Representation from all four entities is present. The primary purpose of the Professional Governance Coordinating Council (PGCC) is to assure alignment of all professional governance activities across UCLA Health. The Council will review reports from each system council and make/approve recommendations and referrals to appropriate groups. The Council assures that nursing activities, performance and related outcome metrics align with and support the strategic priorities of the organization and the nursing department.
    - b. **Health System Professional Governance Councils** – Representation from all four entities is present. The focus of work is from a health system perspective, as these members do not represent one specific unit, facility or service population. Decisions made by the health system councils represent those that have an impact on the entire health system nursing community. These councils include:
      - i. Empirical Outcomes Council
      - ii. Professional Development Council
      - iii. Research and Innovation Council
      - iv. Practice Council
    - c. **Facility (RRUCLA, SMUCLA, RNPH) Nursing Councils** - The focus of work is from a facility or entity perspective, as these members do not represent one specific unit or service population. Decisions made by the facility-level councils represent those that have an impact on the local UCLA community. These councils include:
      - i. Transformational Leadership Council
      - ii. Structural Empowerment Council
      - iii. New Knowledge, Innovations and Improvement Council
      - iv. Exemplary Professional Practice Council\* Ambulatory has one facility level council that incorporates the components and functions of the four facility councils.
    - d. **Unit Practice Councils (UPC)** – The focus of work is from a unit or department perspective, as these members represent a specific unit or service population. Decisions made by the UPCs represent those that have an impact on the unit, department or service.

[Hyperlink to Standardized UPC Charter](#)

2. Committees function in a support role to the Councils based on their collective knowledge, skills and focused area of expertise. Committees make recommendations to the Councils.
  3. Special Meetings and Task Forces
    - a. Special meetings may be called by the Council Chairs who will ensure that the resources for extra meetings are secured prior to the meeting.
    - b. Task Forces are time-limited working groups that are charged by a council to examine issues related to a specific goal, which is outlined in the charter. All task forces have specified start and completion dates. Unless negotiated otherwise, the budget allocated for task forces will be taken from the council's existing budgeted hours.
- B. These bylaws apply to Health System, Facility- and Unit-Level Councils and may not be amended without the consent of the Professional Governance Coordinating Council. The Professional Governance Coordinating Council will review the bylaws and council charters annually.



## ARTICLE IV

### Communication and Dissemination Structure Across Councils

Professional Governance at UCLA Health shall facilitate the dissemination of practice innovations through knowledge management to promote effective communication and collaboration among nursing and interprofessional groups. A system-level communication platform shall be established to capture, manage and disseminate new knowledge and practice changes. Council members shall have access to the repository in order to improve efficiency, reduce duplication and increase transparency. Council members shall upload projects and document practice outcomes to allow for sharing of best practices among units, UPCs and leadership.

## ARTICLE V

### Council Membership Selection Guidelines

#### A. Eligibility

1. A minimum of 1 year of employment at UCLA Health.
2. In good standing within the organization per Performance Evaluations (i.e. no formal disciplinary action, which excludes verbal warnings).
3. Recognized as a strong leader, transferor of knowledge, practitioner or scientist who models professionalism on the unit.
4. Committed to evidence-based practice and improving care at the bedside.
5. Has analytical abilities and technical skills; is open to new ideas.
6. Demonstrates the ability to deal with diverse ideas and dialogue with peers for consensus building.
7. Acquires signature of support from the Unit Director/Nurse Manager/Clinical Lead (Ambulatory) stating that clinical nurse meets all requirements to be a unit representative and has reviewed and signed the Professional Governance Membership Agreement.
8. Commits to serve 2 years as the Professional Governance Council member, not to exceed 3 years, unless in leadership role.
9. Consistently attends Council meetings as scheduled.
10. Limits absences to no more than 2 meetings per year.
11. Arranges schedule so that member will be off the night before and after the meeting.
12. Communicates request of an excused meeting absence in advance with Chair.
13. Participates in all Council activities.
14. Serves as a liaison to promote informal and formal dissemination across unit-, facility-, and system-level structures.
15. Demonstrates Relationship-Based Care (RBC) and leadership practices that are consistent with the changing goals of the organization, is focused on building strong relationships between people and the work they do and is committed to professional development and life-long learning. (Porter-O'Grady, T, 2013. *Leadership in Nursing Practice*, p. 85)
16. Is willing to serve in any capacity deemed necessary by the Council.

#### B. Terms of Membership

1. The terms of membership are based on the fiscal year.
2. The terms of membership will be 2 years.
3. No more than 50% of Council membership turnover shall occur each year.
4. Members may be appointed or elected for consecutive terms on the same Council based on need.

### **C. Terms of Office**

1. The terms of office are based on the fiscal year.
2. The tenure of the Chair will be 1 year.
3. In the event of absence of Chair-Elect, the Chair may remain in the role for an additional year with the consent of the Council.

### **D. Criteria for Resignation from Council Membership**

1. Voluntary resignation
  - a. Minimum of time served to be 2 years.
  - b. Unable to meet work demands of the Council.
  - c. Change in job title that would affect the clinical nurse composition of the Council.
2. Involuntary resignation
  - a. Failure to support decisions of the Councils.
  - b. Unable to accept ownership and accountability for role-related outcomes.
  - c. Loss of good standing status.
  - d. Noncompliant with expectations of attendance without reasonable effort to maintain/demonstrate commitment; must maintain 80% attendance.
  - e. Failure to fulfill established accountabilities.
3. In the event a resignation occurs:
  - a. The Council Member will initiate discussions with the Council Chair and the Council Member's direct supervisor.
  - b. The Council will determine if there is a need to replace the vacant position for the remainder of the term. Every effort will be made to recruit a representative from the same clinical practice area (facility/system-level councils).

## Article VI

### Duties and Responsibilities of Council Members

A. **Council Responsibilities:** All Council decisions are based on the scope of authority of the professional that is focused on practice, quality, standards and outcomes.

#### 1. **Duties and Responsibilities of the Chair:**

- a. Provides overall leadership and direction to the Council.
- b. Serves as official representative of the Council as required.
- c. Leads meetings of the membership.
- d. Collaborates with Co-Chair and administrative support staff to plan meetings, prepare meeting agendas and disseminate materials to the members prior to each meeting.
- e. Reviews and revises meeting minutes in preparation for dissemination. Pursues approval of minutes by Council members at next scheduled meeting.
- f. Negotiates and monitors the progress of assignments and initiatives of Council and subcommittees.
- g. Assures list of attendance for meetings or project work. Collaborates with Co-Chair to follow-up on absent members to facilitate Council participation.
- h. Facilitates decision-making based on consensus, whenever possible.
- i. Communicates decisions on urgent issues occurring between scheduled meetings to the Council.
- j. Acknowledges and addresses open discussion items in a timely manner.
- k. Facilitates the annual membership replacement of Council representatives.
- l. Facilitates elections.
- m. Serves as a resource to the Co-Chair and other subcommittee chairs (leaders) as appropriate.
- n. Orients Co-Chair (Chair-Elect) to the role of Chair.
- o. Reports to the Executive Sponsor on Council activities and outcomes. Communicates Council decisions, recommendations and requests.
- p. Collaborates with the Co-Chair in preparation of an Annual Report of Council activities and related outcomes by July 31<sup>st</sup> of each year.
- q. Facilitates annual review of charter and recommends changes to the Coordinating Council.
- r. Facilitates development of the annual strategic goals appropriate for the Council to strengthen the Council members and their role collaboratively with the Co-Chair and Executive Sponsor.
- s. Acts as a leadership role model for other Council members.
- t. Determines if quorum is met prior to voting or decision-making.

#### 2. **Responsibilities of Co-Chair (Chair-Elect)**

- a. Assumes the duties of Chair upon request of the Chair or in the event the Chair is unable to serve.
- b. Leads monthly meetings during the fourth quarter of their final year in office (fiscal year April-June)
- c. Collaborates with the Chair in the work of the Council such as meeting planning,

- related activities and facilitation of scheduled meetings.
  - d. Becomes familiar with the roles and responsibilities of the Chair position.
  - e. Serves as official representative of the Council as required to assure a smooth transition.
  - f. Assures collection and collation of outcome data based on annual goals of the Council.
  - g. Negotiates work assignments with Council members in conjunction with the Chair.
  - h. Acts as a leadership role model for other Council members.
  - i. Meets with Chair and other nurse leaders, as needed, to develop his/her competencies as future Chair.
  - j. Broadens knowledge base of the principles of leadership.
- 3. Responsibilities of Facilitator**
- a. Provides assistance and guidance for all meetings to ensure that standard processes are followed.
  - b. Assists Chair and Co-Chair to ensure meeting is conducted as scheduled and in accordance with the meeting agenda.
  - c. Facilitates discussion to promote participation and consensus building.
- 4. Responsibilities of Recorder**
- a. Records accurate meeting minutes using the standard meeting template and assists Chair and Co-Chair with distribution of the minutes.
  - b. Tracks attendance at Council meetings.
  - c. Archives regular and special session meeting minutes as appropriate.
- 5. Accountabilities of a Council Member**
- a. Prepares for all meetings, participates actively in achieving Council goals and contributes towards preparing for proposed practice changes.
  - b. Submits agenda item requests to Chair and Co-Chair at least 1 week prior to the meeting.
  - c. Commits to Council term of membership.
  - d. Assures hours participating in Council meetings and project work are within the allotted hours.
  - e. Self-schedules to ensure time off the night before or day of the meeting and for project work.
  - f. Notifies Chair, Co-Chair and Unit Director/Nurse Manager of predicted absences to request an excused absence prior to meetings.
  - g. Excused absences include bereavement, scholarly work (oral or poster presentations at conferences, certification review classes, conference attendance, etc.), unplanned life/work events, illnesses and vacation (reference Policy Nur-HS 371 Attendance Standards). [Viewing Attendance Standards, Nur-HS 371 :: PolicyStat](#)
  - h. Supports all Council decisions.
  - i. Completes work assignments within the prescribed timeline.
  - j. Serves as a communication liaison to colleagues. Disseminates applicable information from Council meetings to staff through staff meetings, UPC meetings, posters, huddles, emails, individual interaction and other methods as appropriate. Solicits feedback from colleagues to inform Council decision-making.

- k. Utilizes research, EBP and quality improvement tools to assess projects brought forward for review.

#### **6. Responsibilities of UD and CNS Mentors**

- a. Serve a 2 year term on a system or facility Council.
- b. Mentor Council members to foster understanding of UCLA Health nursing standards, application to practice and their role in professional governance.
- c. Assist with dissemination of information from Council.
- d. Assist Council members with organization-wide practice changes that affect patient outcomes.
- e. Empower staff to become nursing leaders.
- f. Facilitate interprofessional collaboration when needed.
- g. Remove barriers to the Council's success.
- h. UD Mentor-Specific Responsibilities
  - i. Corresponds with Unit Directors to ensure that there is at least 1 designated clinical nurse from each unit/department to comprise the Council of at least 50% designated direct-care nurses.
  - ii. Monitors Council member absences and notifies respective Unit Directors as needed based on attendance standards.
- i. CNS Mentor-Specific Responsibilities
  - i. Guides and supports evidence-based practices (EBP) and assists with evaluation of related outcomes.
  - ii. Mentors staff to advocate for their own practice.
  - iii. Collaborates and guides staff with decision-making processes.
  - iv. Supports staff as they lead and create system-wide cultural changes to improve quality outcomes, deliver efficient care and support the Magnet® journey.

#### **B. Environment**

1. The Council will maintain a meeting environment that facilitates trust, support and open discussion. Inherent within this process will be efforts directed toward the development of individual members. In keeping with our values, please respect fellow colleagues and leave the meeting space as you found it.
2. Meeting Ground Rules
  - a. Start and end on time.
  - b. Assure participation of all members.
  - c. Respect each other's ideas.
  - d. One person talks at a time.
  - e. Check your title at the door.
  - f. Complete all assignments.
  - g. No side conversations.
  - h. No use of electronic devices unless meeting-related.
  - i. Make decisions by consensus provided the quorum is met.
3. Council members uphold UCLA Health Values. Our Values ensure Compassion, Respect, Excellence, Discovery, Integrity and Teamwork (CREDIT) in the work we do daily.

### **C. Dress Code**

1. Council members will follow professional appearance by wearing business attire.
2. Business attire is required if you are attending a Council meeting out of uniform.
  - a. Refer to Dress and Personal Appearance Code - HS Policy 7314 [Viewing Dress and Personal Appearance Code, HS 7314 :: PolicyStat](#)

## Article VII

### Process and Guidelines for Professional Governance Decision Making: Change Requests and Proposals

#### A. Decision-Making Guidelines

1. A quorum must be met in order for the Council to make decisions. Without a quorum the Council can meet, but it may not make decisions. A quorum is 50% of Council membership +1.
2. Voting quorum - two criteria must be met:
  - a. There must be 50% + 1 present, and
  - b. 51% of the 50% + 1 must be clinical professional Council members.
3. There will be shared ownership and individual accountability for decisions.
4. Decisions will be made on the basis of consensus whenever possible. If consensus is unreachable, a vote will be taken requiring a 2/3 majority vote for approval.
5. Council members who will be absent may give their proxy for the purpose of a decision or vote on specific agenda items to the Chair; the proxy will not be for new business. Council members should be notified at least 1 week prior to voting on a decision to allow time to cast their proxy. Voting may also be done online.
6. Decisions will be made within time frames specified by the Council or negotiated with Coordinating Council.
7. Emergent organizational priorities, although rare, may take precedence over Professional Governance Council meetings.
8. Decisions are final and may not be reopened for discussion unless it is formally placed on the agenda prior to the next meeting.
9. Council decisions may not be overturned other than by the Council that made the decision.
10. All members will support the final decision.



## **ARTICLE VIII**

### **Meeting Schedules and Guidelines**

#### **A. Meeting Schedules**

1. All Councils shall meet regularly at designated times.
2. Meeting times and locations will be posted.

#### **B. Meeting Guidelines**

1. Council members are accountable for working with their directors or managers to ensure that their schedules are set to enable attendance of all meetings.
2. Special meetings and task forces may be called by the Chair, ensuring that the resources for extra meetings are secured prior to the meeting.

## Appendix F

### Requirements for Professional Governance Council Membership

1. A minimum 1 year of employment at UCLA Health.
2. In good standing per Job Performance Evaluations.
3. Recognized as a strong leader, transferor of knowledge, practitioner or scientist who models professionalism on the unit.
4. Commits to evidence-based practices and improving care at the bedside.
5. Demonstrates the ability to deal with diverse ideas and dialogue with peers for consensus building.
6. Acquires signature of support by the Unit Director/Nurse Manager stating that staff nurse meets all requirements to be a unit representative and has reviewed and signed the Professional Governance Membership Agreement.
7. Commits to serve 2 years as a Professional Governance Council member.
8. Consistently attends Council meetings as scheduled.
9. Limits absences to no more than 2 meetings per year.
10. Arranges schedule to ensure time off the night before and after meetings.
11. Communicates request of an excused meeting absence in advance with Chair.
12. Participates in all Council activities.
13. Serves as a liaison to promote informal and formal dissemination across unit-, facility- and system-level structures.

I have reviewed and agree to the Professional Governance Council Member responsibilities agreement.

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Professional Governance Council Member

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Date

Signature(s) indicate leadership approval of health care professional participation on the Professional Governance Council.

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Unit Director/Nurse Manager

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Date