

# Sample Bylaws

# F

The bylaws presented in this appendix are a representative sample only and are not to be exactly replicated in other organizations. As with other components of implementation, bylaws represent the unique culture of the organization they represent. Each setting will have unique characteristics that influence the design of its shared governance model and thus the bylaws that articulate it.

Bylaws are generally the "last act" of the implementation process. They reflect the sum of the organizational model of shared governance. They serve as an information tool for all who seek to know how the organization operates and how it affects their roles. These bylaws should be descriptive of all the elements of the organization and a solid representation of how it works. The individual reader should be able to discern from the bylaws the functional characteristics of the shared governance process and how to access it and work within its parameters. The bylaws should be clear and well organized, building an understanding of the operation of shared governance as the reader moves through them. Lastly, they should be complete and act as a guide for action by anyone having reference to them.

The following is reprinted with permission from Children's Hospital Medical Center, Cincinnati. The members of the Nursing Executive Council, Division of Nursing who deserve recognition for their role in the development and submission of this material are:

Dorine R. Seaquist, RN  
 Joann Bailey, RN  
 Melissa Catania, RN  
 Pamela J. Morgan, RN  
 Patricia Lee Messmer, RN  
 Terri Thrasher, RN

## BYLAWS OF CHILDREN'S HOSPITAL MEDICAL CENTER

### Article I—Preamble

Section 1 Philosophy

### Article I—cont'd

Section 2 Purposes  
 Section 3 Critical Objectives

### Article II—Role of the Professional Nurse

#### Article III—Services of Nursing

Section 1 Inpatient  
 Section 2 Outpatient  
 Section 3 Future Services

#### Article IV—Nursing Staff Membership

Section 1 Qualifications for Membership on the Professional Nursing Staff  
 Section 2 Professional Nursing Staff Membership  
 Section 3 Categories of Other Nursing Memberships  
 A. Consulting Nursing Staff  
 B. Agency Nursing Staff  
 C. Nurse Faculty  
 D. Temporary Nursing Staff  
 Section 4 Provisional Nursing Staff  
 Section 5 Credentialing and Privileging Process  
 A. Credentials Review Process  
 B. Privilege Review Process  
 C. Privileges to Advance within Clinical Advancement Program  
 Section 6 Rights Obtained from Professional Nursing Staff Membership  
 Section 7 Obligations of the Professional Nursing Staff

#### Article V—Governance Structure

Section 1 Governance Councils  
 Section 2 Council Authority  
 Section 3 Nursing Practice Council  
 Section 4 Nursing Education Council  
 Section 5 Nursing Quality Assurance Council  
 Section 6 Nursing Research Council  
 Section 7 Nursing Management Council  
 Section 8 Selection of Governance Council Membership  
 Section 9 Service of Council Members

Section 10 Council Committees

Section 11 Meetings

**Article VI—Officers of the Nursing Staff Organization**

**Article VII—Discipline, Appeals and Removal from the Nursing Staff**

**Article VIII—Coordination of the Nursing Division**

Section 1 Administration

Section 2 Nursing Executive Council

Section 3 Meetings

A. Executive Council

B. Annual and Quarterly Professional Nursing Staff Meetings

Section 4 Management

Section 5 Physicians

Section 6 Administrative Advisor Role on Divisional Council

**Article XI—Article Revision Amendments**

**Article X—Adoption**

**I. PREAMBLE**

The Division of Nursing has instituted the following articles to delineate the responsibility and authority of shared governance within the Division of Nursing, to describe professional nursing and to insure a high level of professional performance by all nursing practitioners authorized to practice as identified in these articles in Children's Hospital Medical Center consistent with the mandates of the Board of Trustees.

**Section 1 Philosophy**

Nursing is an essential service within Children's Hospital Medical Center for the promotion of the institution's three-fold mission of patient care, education and research.

The Division of Nursing affirms the institution's values of excellence, integrity, and innovation. Every child and family has the right to attain their highest potential whether that be an optimum state of health or a supported, dignified, peaceful death. The goal of nursing is to restore and/or promote the child's and the family's level of health and well-being. The Division of Nursing has adopted the conceptual model articulated by Martha Rogers as a foundational framework for nursing.

The Division of Nursing supports a system that recognizes the shared accountability and responsibility of the decision making process. Finally, as a developing national center for pediatric nursing expertise, the Division of Nursing believes in the responsibility of all nurses at Children's Hospital Medical Center to provide local, state and national leadership in professional pediatric nursing practice.

**Section 2 Purposes**

The purposes of the Division of Nursing Services are to:

- A. Provide quality 24 hour family centered care to all patients and families at Children's Hospital Medical Center.
- B. Provide comprehensive, quality patient/family care in collaboration with other health care professionals.
- C. Provide an environment that supports shared governance.
- D. Provide an environment that supports the growth of the professional nurse and the nursing profession.
- E. Participate in development of systems that assist with the advancement of health care programs at Children's Hospital Medical Center and within the community.
- F. Provide local, state and national leadership in professional pediatric nursing practice.

**Section 3 Critical objectives**

- A. To provide expert, individualized nursing care through the use of the nursing process within the Rogerian framework.
- B. To provide every patient and family with an identified professional nurse who assumes 24 hour accountability for the coordination of that patient and family's nursing care beginning with an admission assessment and continuing through to discharge.
- C. To support a system of comprehensive health care provided in collaboration with the patient and family and all other health care providers.
- D. To promote ongoing development of patient education systems in the hospital and the community.
- E. To promote a professional climate that supports educational opportunities for professional nurses, students and other health care professionals.
- F. To ensure optimal patient care through continuous monitoring and evaluation of patient care outcomes and nursing practice.
- G. To provide qualified professional nursing staff through an ongoing credentialing and privileging process that incorporates peer evaluation.
- H. To provide an environment that promotes, enhances, and supports all aspects of nursing research—generation, dissemination and utilization.
- I. To ensure the most effective use of resources, both human and material, within a framework of financial responsibility resulting in optimum patient care.
- J. To ensure an environment which enhances the retention and recruitment of qualified nurses.
- K. To integrate the nursing profession and the nursing organization through a system of shared accountability and responsibility in the decision making process between all levels of nursing.
- L. To participate in the planning process of Children's Hospital Medical Center.

## II. ROLE OF THE PROFESSIONAL NURSE

Consistent with the Ohio Nurse Practice Act and the rules and regulations of the Ohio State Board of Nursing, the professional registered nurse (hereinafter referred to as professional nurse) assumes accountability for the delivery of nursing care within the institution. The professional nurse provides care requiring specialized knowledge, judgment, and skill derived from principles of biological, physical, behavioral, social, and nursing sciences. The professional nurse prescribes the nursing care for the patient and educates, administers, supervises, delegates tasks and evaluates nursing practice as it relates to the identified health care needs of the patient. The professional nurse defines and manages the organized delivery of patient care nursing services through contributions to nursing governance councils, committees, and task forces, Medical/Dental Staff committees, and patient-care-related hospital committees. Each professional nurse is accountable to the patient and the nursing organization for the care rendered to the patient. The Board of Trustees through the institutions organizational structure, expects the accountable execution of the nursing professional's role in the delivery of nursing care at CHMC.

## III. SERVICES OF NURSING

Registered nurses, in collaboration with other disciplines, coordinate the plan of care of every child/family. Registered nurses prescribe the nursing care of every child/family. Registered nurses delegate and supervise the patient care activities of Licensed Practical Nurses and ancillary nursing personnel.

The nurse uses the nursing process to assess, plan, implement, and evaluate the plan of care, from admission assessment to discharge planning.

The nurse plans and provides care for each child/family that fulfills the criteria of the established nursing standards of CHMC. Registered nurses acknowledge, coordinate, and implement the diagnostic and therapeutic prescriptions of medical staff members.

Nursing services are integrated with the medical staff, and other disciplines that participate in patient care, through participation in mutual patient care conferences, mutual unit planning, Medical/Dental Staff committees, policy decisions, and institutional planning.

There are six major inpatient clinical services and three major outpatient clinical services providing nursing care at CHMC.

### Section 1 Inpatient

- A. **Pediatric Medical-Surgical Nursing Services**  
Each nurse maintains the knowledge and skills necessary to practice acute medical-surgical nursing.
- B. **Pediatric Perioperative Care Nursing Services**  
Each nurse receives specialized training and/or orientation to perform pediatric surgical nursing care, and demonstrates and maintains the knowledge and skills necessary to care for patients in the pre-, inter-, and post-operative setting.
- C. **Neonatal and Pediatric Critical Care Nursing Services**  
Each nurse, after an extensive period of orientation, demonstrates and maintains the skills and knowledge necessary for crisis intervention while caring for the patient in the critical care setting.
- D. **Pediatric Chronic Care Nursing Services**  
Each nurse demonstrates and maintains the skills and knowledge necessary to care for the chronic patient over an extended period of time.
- E. **Pediatric Rehabilitation Nursing Services**  
Each nurse demonstrates and maintains the knowledge and skills necessary to care for the patient during a specified period of rehabilitation.
- F. **Pediatric Psychiatric Care Nursing Services**  
Each nurse, after an extensive period of orientation, maintains the knowledge and skills necessary for milieu management and behavior modification of the patient in the psychiatric setting.

### Section 2 Outpatient

- A. **Pediatric Emergency Care Nursing Services**  
Each nurse, after an extensive period of orientation, demonstrates and maintains the knowledge and skills necessary to practice emergency nursing, ranging from triage to trauma care, in the pediatric setting.
- B. **Pediatric Ambulatory Care Nursing Services**  
Each nurse demonstrates and maintains the knowledge and skills necessary to perform general well-child nursing care, and/or care of a specific population in a designated speciality clinic or patient care area.
- C. **Pediatric Home Health Care Nursing Services**  
Each nurse demonstrates and maintains the knowledge and skills necessary to educate, direct, and assist parents in caring for their child in the home setting, as well as providing episodic direct nursing care.

### Section 3 Future services

Inpatient and outpatient nursing services may grow, change, or be added as the changing health care needs of patients and families are identified and addressed by CHMC.

#### IV. NURSING STAFF MEMBERSHIP

Membership on the nursing staff is a privilege that is extended to those who meet qualifications, standards and requirements as set forth in these articles.

##### Section 1 Qualifications for membership on the professional nursing staff

The professional nurse applicant for appointment to the nursing staff shall be legally licensed to practice nursing in the State of Ohio. This individual must meet all requirements and criteria indicated in these articles and agree to uphold and adhere to the requirements and conditions of these articles.

##### Section 2 Professional nursing staff membership

Professional membership is granted to those:

- A. With the required nursing license to practice nursing in the State of Ohio.
- B. Who can give evidence of required experience and education.
- C. Who can demonstrate competence for the role.
- D. Who adhere to the American Nursing Association Code of Ethics.
- E. Who demonstrate the ability to interact with peers, patients/families, administration, and governance leadership.
- F. Who have been approved by the process outlined in these articles and have had privileges granted.

No professional registered nurse is entitled to membership on the nursing staff or to the exercise of particular clinical nursing privileges in the hospital solely by the virtue of a license to practice in the State of Ohio without evidence of the above required qualifications.

Membership on the Professional Nurse Staff includes:

Clinical Nurse I  
 Clinical Nurse II  
 Clinical Nurse III  
 Clinical Nurse Specialists  
 Nurse Practitioners  
 Department Directors  
 Assistant Department Directors  
 Coordinators  
 Managers  
 Education Nurse Specialists  
 Clinical Nurse Researcher  
 Nursing Administrators

and others that will in the future be deemed appropriate by the Nursing Executive Council and who are privileged to practice within the context of these articles.

Professional nurses who are employed by CHMC, but outside the Division of Nursing, are eligible for Professional Nursing Staff membership.

The nurse must follow the credentialing and privileging process outlined in Article IV, Section 5. "Credentialing and Privileging Process."

In departments where there is no nurse manager, the obligations of that nurse manager position as identified in Section 5 shall be performed by a liaison professional nurse appointed by the Nursing Executive Council. In addition, the department manager must convey agreement in writing to the Nursing Quality Assurance Chairperson to membership of the professional nurses in the Professional Nursing Staff organization.

##### Section 3 Categories of other nursing memberships

Professional Nurses who are granted privileges in the following categories have the obligation to fulfil the responsibilities for which they are employed and are granted nursing staff privileges congruent with their assignment. They are not eligible to participate in the rights extended to the Professional Nursing Staff members.

###### A. Consulting Nursing Staff

Consulting nursing staff privileges are granted to registered professional nurses duly licensed, who provide per diem consulting services to the nursing staff within the Division of Nursing.

Application and approval of consulting privileges are obtained through the following procedure:

1. Documentation of a current registered nurse license.
2. Submission of applicants curriculum vitae.
3. References/recommendations are obtained.
4. Signing of a contract with the Vice President, Nursing.
5. Consulting privileges applied for remain in force for no longer than 12 months from date of privilege acceptance and must be renewed following the above procedure.

###### B. Agency Nursing Staff

Agency Nursing Staff privileges are granted to registered professional nurses who are employees of agencies which have a contract with the Division of Nursing and who have provided evidence of meeting the criteria outlined in the contract. Contracts will contain: licensing, experience and education, competence and health requirements for agency employees sent to CHMC and other criteria deemed necessary by the Division of Nursing. These professional nurses provide episodic nursing services within the Division of Nursing.

Application and approval of agency privileges are obtained through the following procedure:

1. The agency verifies that the employees of the agency have current licenses and meet the CHMC criteria of clinical competence in pediatric nursing.

2. The agency nurse completes two days of hospital orientation designed for the agency employee.
3. Agency nursing staff privileges are granted for the times the agency nurse is assigned to CHMC.

#### C. Nurse Faculty Staff

Faculty Nursing Staff privileges are granted to registered professional nurses who are employed by an academic institution which has a contractual agreement with CHMC and who are providing education and training to students utilizing the facility for educational services.

Contract criteria shall include defined health requirements, orientation requirements, agreement to adhere to CHMC policies and standards and other requirements which may be added to the school-CHMC contract in the future. Application and approval of Nurse Faculty Staff privileges are obtained through the following procedure:

1. Faculty are employed by schools or colleges of nursing who have a contract with CHMC.
2. Evidence is provided that the faculty members have completed the requirements of the contract.
3. Nurse Faculty Staff privileges are granted upon recommendation of the ESN staff member in charge of contracts.

#### D. Temporary Nursing Staff

Temporary Nursing Staff privileges are granted to registered professional nurses who are employed by the Division of Nursing of CHMC on a temporary basis as defined in CHMC Personnel Policy D-00 Categories of Employment.

Temporary privileges coincide with the term of employment.

Temporary privileges are defined by the employment agreement. Application and approval of Temporary Nursing Staff privileges are obtained through the following process:

1. Documentation of a current registered nurse license in Ohio.
2. Submission of applicant's curriculum vitae.
3. References/recommendations are obtained.
4. Signing of an employment agreement.

### Section 4 Provisional nursing staff

- A. The newly hired nurse is appointed as a provisional member of the nursing staff and is designated per unit or department. Failure to receive privileges to practice at professional status shall be deemed as termination from the nursing staff.

Provisional member status coincides with the CHMC Probationary Status. Provisional status and provisional privileges can be extended in accordance with the Human Resources Department policy #E-00, Probationary Evaluation.

- B. Provisional nursing staff members are assigned to a department/unit where their performance is observed by a member of the professional nursing staff to determine eligibility for professional nursing staff membership.
- C. Provisional nursing staff members are granted privileges for nursing practice appropriate to their demonstrated competence within their identified unit/department.
- D. All provisional nursing staff members are granted the right to participate in a council, but do not have membership as identified within the context of these articles. They do not attain the right to vote or hold office.

### Section 5 Credentialing and privileging process

#### A. Credentials Review Process

The credentials review process is an obligation of the Nursing Quality Assurance Council and is initiated and maintained for all professional nurse members. The process entails the review of the credentials of applicants to the nursing staff for membership.

1. The Quality Assurance Council invests responsibility in the CHMC Manager of Placement and Counseling for:
  - a. review of all professional nurse applications for appropriateness of placement.
  - b. review and acceptance of all credentials supplied by the applicants; i.e., nursing license in the State of Ohio, education, experience, certifications.
  - c. completion of the employment process upon approval of the applicant from the unit/department manager.
2. The credentials review process consists of:
  - a. Evidence that the applicant has the appropriate license, certificates or degrees, diplomas, or other evidence indicating required preparation.
  - b. Completion of a successful interview for a nursing staff position with a nurse manager and a nurse peer. This step includes the verification of applicant's ability to be a resource to the unit/department, as well as the applicant's ability to uphold the nursing division's standards.
  - c. Recommendation for approval by agreement of the nurse manager and nurse peer.
  - d. Granting of provisional nursing staff privileges when requirements are met.

#### B. Privilege Review Process

The Privilege Review Process will be invested in the Nursing Quality Assurance Council.

The Privilege Review Process consists of:

1. Successful completion of the initial provisional privilege probationary time period.
2. The applicant's desire for professional privileges.
3. Petition by the unit/department manager and professional nurse peer on the behalf of the applicant, to the Nursing Quality Assurance Council.
4. Granting of Professional Nursing Staff Membership Privileges for the period of one year.
5. Yearly renewal of Professional Nursing Staff Membership Privileges based on a successful performance evaluation.

**C. Privileges to Advance Within the Clinical Advancement Program**

Membership of the Professional Nursing Staff may voluntarily apply for privileges within the Clinical Advancement Program. Applicants must successfully evidence achievement of identified standards for the level in which they apply.

**D. Appeals**

The Human Resource Department Conflict Resolution Process #F-07 is followed for appeals of the Clinical Advancement Program process.

**Section 6 Rights obtained from professional nursing staff membership**

Appointment to the Professional Nursing Staff confers on the appointee those clinical privileges which are within the level of nursing practice of their demonstrated competence. Professional Nursing Staff privileges are granted within the context of these articles and cannot be denied for any other reasons.

All members of the Professional Nursing Staff are granted the right and responsibility to participate in membership and vote within the designated councils as identified in the context of these articles. All members of the Professional Nursing Staff are granted the right to vote with the staff as a whole on matters pertaining to articles and election of the president.

Members of the Professional Nursing Staff whose position is 90% clinical are granted the right within the context of these articles to chair the Nursing Practice, Nursing Quality Assurance, Nursing Research, and Nursing Education Councils and other such bodies determined from time to time to be essential to the work of nursing.

Those members of the Professional Nursing Staff who hold management/administrative positions are granted the right to chair the Nursing Management Council.

**Section 7 Obligations of the professional nursing staff**

The application submitted for consideration within the Credential Review process constitutes the applicant's acknowledgement of staff obligations within the Professional Nursing Staff structure.

Appointment to the Professional Nursing staff confers on the nurse the clinical obligation to provide continuous nursing care of patients consistent with the standards of care and within the level of nursing practice of their demonstrated competence.

Members are obligated to participate in shared governance and to abide by the nursing staff articles and the rules and regulations of the Division of Nursing and to fulfill other such obligations that may be determined from time to time as essential by the Nursing Executive Council. Members are obligated to adhere to the values, standards and policies of CHMC.

**V. GOVERNANCE STRUCTURE**

**Section 1 Governance councils**

There are five Governance Councils and an Executive Council that assume accountability for the management, operation and integration of the nursing division. The Governance Councils are identified as follows:

- Nursing Practice Council
- Nursing Education Council
- Nursing Quality Assurance Council
- Nursing Research Council
- Nursing Management Council

Each Council is clearly identified in these articles and operates consistent with the mandates of its roles and accountabilities as defined in the articles.

**Section 2 Council authority**

These five Governance Councils are the legitimate formats for decision making in the division of nursing and retain the accountability for the process and outcome of all issues related to nursing practice, education, quality assurance, research and the management.

**Section 3 Nursing practice council**

- A. **Role.** The Nursing Practice Council defines and controls all issues, materials and activities related to nursing practices reflective of shared governance and Rogerian theory.
- B. **Accountabilities.** The Nursing Practice Council:
  1. Develops, revises, implements and directs the clinical nursing standards including care, practice and performance and develops and implements nursing policies and procedures.
  2. Represents nurses as an integral part of CHMC's interdisciplinary approach to patient care.
- C. **Membership.** Membership on the Nursing Practice Council is drawn from the professional nursing staff with two representatives selected from each cluster. (See Rules and Regulations for identification). Representatives have the acceptance of the Council. The

Chairperson meets the specific requirements for the position and is elected from the voting council membership. Other members are:

1. One Clinical Nurse Specialist
2. One Nurse Practitioner
3. One Nursing Management Council representative

Additional members can be added from time to time by majority vote for a period of time as deemed necessary by the work of the Council.

#### Section 4 Nursing education council

A. **Role.** The Nursing Education Council defines and evaluates nursing education needs within the Division of Nursing for the purpose of developing a highly skilled nursing staff that provides quality patient care.

B. **Accountabilities.** The Nursing Education Council:

1. Promulgates education within the Division of Nursing.
2. Establishes and maintains an effective communication system.
3. Coordinates the quarterly and annual staff meetings.

C. **Membership.** Membership on the Nursing Education Council is drawn from the professional nursing staff with two representatives selected from each cluster. (See Rules and Regulations for identification). The Chairperson meets the specific requirements for the position and is elected from the voting council membership. Other members are:

1. One Education Nurse Specialist
2. One Nursing Management Council representative

Additional members can be added from time to time by majority vote of the council for a period of time as deemed necessary by the work of the council.

#### Section 5 Nursing quality assurance council

A. **Role.** The Nursing Quality Assurance Council designs, structures and implements the Division of Nursing's quality improvement program leading to improved patient care and maintains the Division of Nursing's Privileging and Credentialing process.

B. **Accountabilities.** The Nursing Quality Assurance Council:

1. Establishes a divisional quality assurance plan that is unit-based in focus and philosophy and ensures that the unit-based implementation of the plan is operational.
2. Undertakes problem identification and corrective action to improve patient care.
3. Integrates the nursing quality assurance program with hospital quality assurance systems to detect trends and patterns of performance that effect more than one department or service.

4. Evaluates the effectiveness of the quality assurance program consistent with or exceeding the requirements of regulatory agencies.

5. Assists in the evaluation of programs within the Division of Nursing.

6. Ensures the quality of the professional nurse providing nursing care through the credentialing and privileging process and the evaluation of candidates for clinical advancement.

C. **Membership.** Membership on the Nursing Quality Assurance Council is drawn from the professional nursing staff with one representative selected from each cluster. The Chairperson meets the specific requirements for the position and is elected from the voting Council membership. Other members are:

1. One Nursing Management Council representative

Additional members can be added from time to time by majority vote of the council for a period of time as deemed necessary by the work of the Council.

#### Section 6 Nursing research council

A. **Role.** The Nursing Research Council validates knowledge upon which nursing practice is based and generates new knowledge to advance the science and practice of nursing through the promotion and support of nursing research.

B. **Accountabilities.** The Nursing Research Council:

1. Develops, maintains and evaluates a nursing research program in collaboration with the nurse researcher.
2. Manages and assists in the generation of nursing research funds.
3. Facilitates education of Division of Nursing members on the value and the process of nursing research and utilization of research findings.
4. Establishes liaisons with researchers and organizations related to nursing and child/family health research at the local, state, national and international level for the purpose of promoting change in the practice of nursing at CHMC and elsewhere.

C. **Membership.** Membership on the Nursing Research Council is drawn from the professional nursing staff with one council representative selected from each cluster. The Chairperson meets the specific requirements for the position and is elected from the voting Council membership. Other members are:

1. Clinical Nurse Researcher
2. One Nursing Management Council representative

Additional members can be added from time to time by majority vote for a period of time as deemed necessary by the work of the Council.

## Section 7 Nursing management council

- A. **Role.** The Nursing Management Council organizes and controls resources, delineates and fulfills nursing management objectives and develops an environment that promotes and enhances the practice of professional nursing.
- B. **Accountabilities.** The Nursing Management Council manages, controls and allocates the following resources:
1. Human. Providing the appropriate human resources necessary to meet the standards of practice in all areas of care.
  2. Fiscal. Development of a budgetary philosophy reflective of the current economic environment.
  3. Operational Systems. Determine systems that support management.
  4. Support. Assume the accountability for carrying out the mandates of the nursing organization from the governance councils by ensuring that the council decisions are communicated and implemented.
  5. Materials. Providing the material resources necessary to meet patient care requirements.
- C. Membership on the Nursing Management Council is drawn from the professional nursing staff holding management positions within the Division of Nursing and a representative from the clinical professional nursing staff. Each category of management represented determines the selection process for their representative. Not more than two representatives will come from a unit. The chairperson meets the specific requirements for the position and is elected from the voting council membership. Members are:
1. Vice President
  2. One Assistant Vice President
  3. Four Department Directors
  4. Two Assistant Department Directors
  5. One Manager, Patient Services
  6. One Clinical Nurse Representative

Additional members can be added from time to time by majority vote of the council for the period of time deemed necessary by the work of the council.

## Section 8 Selection of governance council membership

Members of the governance councils are selected from the designated clusters, clinical services or management roles. Staff council representative are chosen from each cluster on a rotating basis. Each unit determines the selection process for the representative to their cluster. Each group represented in other members category, determines the selection process for their representative of the council. All units assume responsibility for membership when it is their turn on the rotation. Each council shall have representatives from a variety of services. Representatives to

the staff councils must hold positions which are ninety percent clinical practice or be unit education coordinators. Representative council members serve two year terms. Half of the council's membership changes yearly in January. If a representative is unable to complete their term, a replacement from the same unit completes the term. Members can be reappointed to the same council after an absence of one year.

## Section 9 Service of council members

Members are required to attend eighty percent of all scheduled council meetings. During any absences from staff councils, an alternate attends. Alternates for Nursing Management Council are designated by the represented group for absences of more than three meetings.

## Section 10 Council committees

All council committees have specific objectives, focus and time frames. The committees report to the council Chairperson at least quarterly and are reviewed at least annually regarding their purpose and continuance. There are a maximum of three committees per council. One third of total membership of the committee constitutes a quorum. One council member sits on the committee and serves as a liaison to the council. The council approves the committee's Chairperson. The council retains final authority for all committee recommendations.

## Section 11 Meetings

All governance councils meet at least monthly and are responsible for the work of each council consistent with these articles. Minutes are taken and duly recorded in the approved governance format. One half plus one of the total representatives of the Council constitutes a quorum and is deemed appropriate for conducting the business of the Council.

## VI. OFFICERS OF THE NURSING STAFF ORGANIZATION

The officers of the Nursing staff are the President and the Chairs of the Councils.

### A. Chairs of Councils

1. Qualifications. The chairperson of the staff councils is a professional nurse whose position is ninety percent clinical. The chairperson of the Management Council is a professional nurse who holds a management position within the Nursing Division.
2. Elections. Each governance council has in place a mechanism for electing their chairperson-elect, which takes place in November. The chairperson-elect serves a one year term at the end of which they assume the role of chairperson.
3. Term. The term of office is from January 1 to De-



ember 31 of the year following the election. The chairperson may not serve consecutive years and is not eligible for a chairperson-elect position on any council for one year following the term. Council membership ends when the chairperson's term has expired. During their term, the chairperson does not represent any constituency.

4. Vacancies. If the chairperson is unable to assume or complete the term of the position, the chairperson-elect assumes the chairperson position. If the chairperson-elect is unable to assume or complete the term of the position, the nominee who received the second highest number of votes assumes the position. The election results and ballots are maintained for one year from the time of the election by the Vice President, Nursing.
5. Powers of the Chair. The chair of each governance council assures the accountabilities of their council are fulfilled. The chair represents the council and acts on its behalf; the chair mediates and arbitrates disagreements between unit and divisional councils and between managers and staff within their areas of accountability; the chair removes representatives who are not fulfilling their responsibilities.

#### **B. President**

1. President of the Nursing Staff. Qualified nominees for the position are selected from staff members who have been active members of a divisional council for the previous year.
2. Election of the President of the Nursing Staff. A nominating committee, comprised of (one) representative from each staff council and the outgoing President develop the application and election process. The election is decided by a majority vote of the professional nursing staff who vote.
3. Term of the President of the Nursing Staff. The President is elected for a term of one year which runs from January 1st to December 31st of the year following the election.
4. Vacancies of the office of President of the Nursing Staff. If unable to assume or complete the terms of the position, the nominee receiving the second highest number of the votes assumes the position. The election results and ballots are maintained for (one) year by the Vice President, Nursing.
5. Powers of the President of the Nursing Staff. The President of the Nursing Staff assures the accountabilities of the Nursing Executive Council are fulfilled. The President represents the council and the Professional Nursing Organization and acts on its behalf; the President removes nursing council chairs who are not fulfilling their responsibilities; the chair works collaboratively with the Vice President, Nursing in implementing the articles.

## **VII. DISCIPLINE, APPEALS, AND REMOVAL**

### **Section 1 Discipline, appeals, and removal from the nursing staff**

All members of the nursing staff, regardless of their position, are subject to the personnel standards and discipline policies of CHMC Human Resources Department. All members of the nursing staff are entitled to and protected by the grievance process as detailed in the personnel policy on Conflict Resolution. (# F-07 Personnel Policy.)

When a member of the nursing staff fails to perform the duties stated in their position description, or to uphold the standards of the Division of Nursing or the institution, they may be disciplined or removed from the staff and their privileges to practice nursing within the institution revoked.

The nurse manager is responsible for initiating the disciplinary and/or removal process for a professional nurse as outlined in Personnel Policy F-05 (Employee Discipline).

The professional nurse has the right to dispute disciplinary actions related to professional practice and has the right to utilize the formal process to have a grievance objectively reviewed. The CHMC policy will be followed with the following exception made within the Conflict Resolution Committee. The committee will be chosen as follows.

The affected nurse chooses the chairperson from four management employees who are initially appointed to the committee status by the President, CHMC.

The chairperson then confirms a second committee member who will be a Nursing Practice Council member from the nurses department and has been chosen by the Chair of The Division of Nursing Practice Council. The grieving employee must agree to this selection.

The nurse will select the third committee member from the Professional Nursing Staff. The chairperson must agree to the grieving employee's selection.

### **Section 2 Discipline, appeals, and removal from the governance structure**

- A. **Councils.** The Shared Governance Councils are responsible for decisions regarding their accountabilities. These decisions are not grievable. Shared Governance issues are not grievable through the Conflict Resolution Policy of the CHMC Human Resources Department.
- B. **Unit Councils.** Each unit is responsible for addressing concerns regarding performance of duties. Each unit is

responsible for having procedures for removal and replacement of members on their unit councils.

- C. **Council Representatives.** Concerns regarding a council representative's performance of duties should be addressed directly to the representative by the individual council member having the concern. If unresolved, the concerns will be addressed by the Review Group (nominating committee), who will make recommendations to the Chair.

The Chair is responsible for removal of a representative.

- D. **Council Chair-elect.** Concerns regarding the Chair-elect's performance of duties should be addressed directly to the Chair-elect by the individual council member having the concern. If unresolved, the concerns should be addressed to the following (in order):

1. Chair of the specific council.
2. Review Group (nominating committee), who will make recommendations to the Chair.

The Chair is responsible for removal of the Chair-elect.

- E. **Council Chair.** Concerns regarding the Chair's performance of duties should be addressed directly to the Chair by the individual member of the council having the concern. If unresolved, the concerns should be addressed to the following (in order):

1. Assistant Vice President advisor
2. Review Group (nominating committee), who will make recommendations to the Chair.
3. Executive Council Chair

The Executive Council Chair is responsible for removal of the Council Chair.

- F. **President of the Nursing Staff (Executive Council Chair).** Concerns regarding the President's performance of duties should be addressed directly to the President by the individual member of the staff having the concern. If unresolved, the concerns should be addressed to the following (in order):

1. Vice President, Nursing
2. Review Group (nominating committee of the staff), who will make recommendation to the Executive Council.
3. Executive Council.

Executive Council is responsible for removal of the President of the Nursing Staff.

- G. **Appeals.** Grievances that arise within the Shared Governance structure should be addressed in the following manner:

1. The individual discusses the issues with the Manager of Nursing Recruitment and Retention.
2. The appellant formally files a grievance with the Manager of Nursing Recruitment and Retention.
3. A review panel comprised of the President of Nursing Staff plus one member from each council, ex-

cluding the council to which the nurse filing the grievance was a member, hears all pertinent information and arrives at a decision. If consensus is not achieved, decision will be by majority vote.

## VIII. COORDINATION OF THE NURSING DIVISION

### Section 1 Administration

The Vice President, Nursing is responsible and accountable to the Executive Vice President/Chief Operating Officer, the Chief Executive Officer/Medical Chief of Staff and the Board of Trustees of Children's Hospital Medical Center for the coordination, integration and administration of the Division of Nursing and the clinical nursing services provided. In this role, the Vice President, Nursing Services: assures that the articles, rules and regulations, policies and procedures promulgated by the nursing staff organization are enforced. The Vice President also integrates the activities of the nursing staff organization and the institution as a whole.

The Assistant Vice President, Nursing provides administrative direction to designated patient units, nursing projects and programs. This role functions as an extension of the Vice President, Nursing.

### Section 2 Nursing executive council

- A. **Role.** The Nursing Executive Council integrates the governance structure within the Division of Nursing and ensures its effective operation.
- B. **Accountabilities.** The Nursing Executive Council.
1. Integrates the mission, values and goals of CHMC into all aspects of the Shared Governance structure.
  2. Maintains the Shared Governance structure including development, revision and control of the articles and the rules and regulations.
  3. Coordinates the work of the Divisional Councils.
- C. **Membership.** Membership on the Nursing Executive Council is comprised of the Chairpersons of the five governance councils the President of the Nursing Staff and the Vice President, Nursing. The President of the Nursing Staff serves as the Chairperson of the Nursing Executive Council. The members of the Nursing Executive Council are the officers of the nursing staff.

### Section 3 Meetings

- A. **Executive Council.** The Nursing Executive Council meets at least monthly and is responsible for the work delineated within these articles. Minutes are taken and duly recorded in the approved governance format. One half plus one of the total representatives of the council constitutes a quorum and is deemed appropriate for conducting the business of the Council.

- B. Annual and Quarterly Professional Nursing Staff Meetings.** The annual meeting includes the review of the nursing division's goals, activities of the governance councils, the announcement of the elected President of the Nursing Staff and any other business as identified on the agenda. The professional nursing staff also meets at least quarterly. The purpose of the quarterly meetings is to review and approve the business of the nursing staff as presented by the Nursing Executive Council. On matters submitted for a staff vote, a majority of members present is sufficient for passing with the exception of the articles which require a 2/3 majority vote. The meeting is chaired by the President of the Nursing Staff who conducts the meeting according to *Robert's Rules of Order*. Issues and motions from the staff can be addressed in this meeting following their review and approval for addition to the agenda by the Chairperson.

#### Section 4 Management

- A. Directors.** The Director facilitates, coordinates and integrates the work of unit councils and ensures their effective operation within the shared governance structure. The Director is responsible and accountable for providing input to the councils on available resources and for controlling the allocation of these resources. The Director integrates the unit with hospital systems to meet patient care requirements and employee needs.
- B. Assistant Directors.** Assists the Director in providing nursing management leadership. The Assistant Director assumes the responsibility within the unit for facilitating and coordinating patient care delivery, effective communication and staff growth and development.
- C. Manager, Patient Services.** The Manager, Patient Services is the nursing divisional manager weekday evenings and nights, weekends and holidays. The Manager functions as an extension of the role of the Department Director as appropriate for the issue. They act as a liaison between nursing, other departments and in-house services during their assigned shift.

#### Section 5 Physicians

The nursing professional organization and its structure is integrated with the Medical/Dental Professional Staff organization and its structures to address patient care issues. An interdisciplinary, collaborative relationship provides the patient and family with the required level of service.

#### Section 6 Administrative advisor role on divisional council

##### A. Qualifications

1. Assistant Vice President
2. Appointed by Vice President

##### B. Tenure

1. The term of assignment will be one year from July 1 to June 30.

##### C. Vacancies

In the event of a vacancy, the Vice President will appoint a replacement.

##### D. Responsibilities

1. Assist Chair and Chair-elect in development of skills
2. Meet monthly with chair to assist in the development of the agenda and coordination of the council
3. Serve as a resource to the Chair and members of the council regarding hospital strategic planning policies, organizational purposes and mission divisional policies and regulatory requirements
4. Act as an extension of the Vice President
5. Integrate the councils with the division and the hospital
6. Provide a broad divisional and hospital perspective
7. Ensure that the interest, decisions, and concerns of the council are represented in other forums (hospital, community)

### IX. ARTICLE REVISION

#### Section 1 Amendments

The articles of the nursing staff may be amended at any quarterly meeting of the professional nursing staff. Any professional nursing staff member may recommend changes in the articles by submitting their recommendations to council Divisional Chairperson. The council Chairperson presents the proposed article change to the Nursing Executive Council for review and at their discretion, inclusion on the agenda of the next regularly scheduled professional nursing staff meeting. The proposed amendments are published and made available to the professional nursing staff for review and consideration 6 weeks prior to the next regularly scheduled staff meeting. A two-thirds majority vote of the professional nursing staff attending the next regularly scheduled staff meeting is required for adoption. Revised articles are presented to the Board of Trustees for review and approval.

### X. ADOPTION

These articles are adopted at the annual professional nursing staff meeting by a two-thirds majority of the members voting. They shall replace any previous articles and are subject to the mandates and approval of the hospital Board of Trustees.

\_\_\_\_\_  
Chair, Board of Trustees

\_\_\_\_\_  
C.O.O.

\_\_\_\_\_  
Vice President, Nursing

\_\_\_\_\_  
President of Nursing Staff

## RULES AND REGULATIONS

- Section 1—Nursing Executive Council
- Section 2—Nursing Practice Council
- Section 3—Nursing Quality Assurance Council
- Section 4—Nursing Education Council
- Section 5—Nursing Research Council
- Section 6—Nursing Management Council
- Section 7—Chair Responsibilities
- Section 8—Chair-elect Responsibilities
- Section 9—Clustering
- Section 10—Meetings

## RULES AND REGULATIONS

The nursing staff, through its constituent councils, adopts such rules and regulations as are necessary to implement and maintain these articles from time to time based on need. All new or changed rules and regulations are approved by the Executive Council prior to their implementation. Such changes are effective upon approval of the Executive Council.

### Section 1 Nursing executive council

#### A. Responsibilities

1. Formulation, coordination, dissemination and evaluation of yearly Nursing Division goals.
2. Development and revision of articles for the nursing staff organization governance.
3. Yearly recommendations regarding nursing staff members to Medical/Dental Staff committees and hospital committees.
4. Coordination of the work of the divisional councils, including mediation of disputes.
5. Implementation of the shared governance structure and evaluation of its effectiveness, including discipline as necessary.

#### B. Member Responsibilities

1. Represent the council in other forums.
2. Provide information to the council from the governance councils.
3. Communicate the business of the council to the governance council's membership on a regular basis.

### Section 2 Nursing practice council

#### A. Responsibilities

1. Develop and revise a professional practice model.
2. Develop and implement nursing practice programs.
3. Resolve identified nursing practice issues and problems.
4. Integrate an identified conceptual framework in all areas of nursing practice.

5. Incorporate research findings into nursing practice.
6. Function as a resource regarding nursing practice issues both internally and externally.
7. Mediate and arbitrate conflicts between council and unit councils and between unit councils and managers.
8. Develop and revise a framework for guidelines for unit practice councils.
9. Define the scope of responsibilities of LPNs and ancillary nursing care providers.
10. Develop and/or approve nursing documentation standards and forms.
11. Assist in the development of hospital and medical/dental staff clinical policies and procedures.
12. Participate in clinical focused interdisciplinary problem solving and program development.
13. Function as nursing clinical consultants to other groups.
14. Seek input and interdisciplinary collaboration on appropriate clinical practices issues.
15. Represent clinical nursing on the appropriate Medical/Dental Staff committees.
16. Refer and consult with Nursing Management Council on identified issues.
17. Refer QA and education needs based on practice decisions.
18. Assess and recommend modifications of systems which impact nursing practice.

#### B. Member Responsibilities

1. Represent the council in other forums.
2. Serve as a resource to the units concerning practice issues.
3. Elicit input from units, represent unit concerns, needs and desires.
4. Make decisions based on the best possible outcome for the whole (patient, hospital, unit, peers, etc.).
5. Communicate in a timely manner goals, actions, decisions and rationale to the unit representatives.
6. Assure decisions of council are implemented.
7. Perform duties as assigned.

#### C. Designated Committees:

1. Standards Committee
2. Computer Committee
3. Conceptual Framework Committee

### Section 3 Nursing quality assurance council

#### A. Responsibilities

1. Monitor and evaluate the quality and appropriateness of patient care delivered through structure, process and outcome measurement.
2. Identify patient care improvement opportunities.
3. Recognize and promote the need for continuous quality improvement.

4. Recommend and/or implement action plans in a timely manner. When not in compliance, see that corrective action takes place at the division and unit level.
5. Evaluate action plans through ongoing monitoring and evaluation at the division and unit level.
6. Ensure demonstration and maintenance of acceptable levels of qualified clinical competency and appropriate credentialing and privileging of all professional nurses based on position descriptions and criteria based performance evaluations.
7. Communicate to the Vice President Nursing information regarding the quality review of nursing roles at CHMC.
8. Assure that pertinent findings from nursing and patient care monitoring and evaluations are disseminated to involved nurses throughout the Division of Nursing.
9. Integrate quality assurance with the goals and objectives of the Nursing Division, as well as the philosophy of CHMC.
10. Supply monthly quality assurance minutes and quarterly reports to the hospital quality assurance committee.
11. Set annual priorities based on those of the Nursing Executive Council.
12. Provide member of the division with opportunities and mechanisms for advancement through peer review and the clinical advancement program.

#### **B. Member Responsibilities**

1. Assist units with follow through of the QA plan and proper record keeping information.
2. Communicate to the units/departments all information needed from council meetings to implement our QA program.
3. Reports to council any cluster activities concerns and issues.
4. Update cluster membership quarterly.
5. Serve as a resource for Division of Nursing Quality Assurance program.
6. Perform duties as assigned.
7. Provide positive role modeling for Quality Assurance.
8. Make decisions based on the best possible outcome for the division as a whole.
9. Assure council decisions are implemented.
10. Cluster representative will serve as unit representatives with the exception of the chair.

#### **C. QA Representative Meetings**

1. Quarterly the QA representatives from all units in the Division of Nursing shall meet with the QA Council for the purpose of education and dissemination of information.
2. Each unit will be responsible to select their own representative.

#### **D. Designated Committees:**

1. Clinical Advancement Committee
2. Credentialing Committee

### **Section 4 Education council**

#### **A. Responsibilities**

1. Develop educational goals for the Division of Nursing.
2. Ascertain common educational needs of nursing staff.
3. Design and coordinate programs to meet common learning needs of nursing.
4. Improve the quality of nursing care by offering staff educational programs.
5. Coordinate the interpretation and development of nursing orientation objectives on a hospital wide and unit based level utilizing available resources.
6. Maintain a communication system which will consist of (a) weekly newsletter, (b) concise minute format, (c) council agenda referral tool, and (d) bi-annual nursing magazine and any tool that may be necessary from time to time.
7. Provide communication and facilitate education on new or revised practice and technologies.
8. Aid Education Council members in developing effective methods to communicate information to unit nursing personnel.
9. Communicate planned unit inservices, conferences, workshops, seminars, orientation and other educational opportunities to council members.
10. Evaluate educational programs within the Division of Nursing.
11. Determine guidelines for management and distribution of educational monies from the continuing education funds.

#### **B. Member Responsibilities**

1. Represent the council in other forums.
2. Serve as role models and facilitators for education and professional development.
3. Elicit input from the units, represent unit concerns, needs and desires.
4. Make decisions based upon the best possible outcomes for the whole (patient, hospital, unit, peers, etc.)
5. Communicate in a timely manner goals, actions, decisions and rationale to unit representatives.
6. Assure implementation of council decisions.
7. Perform duties as assigned.
8. Cluster representatives will serve as unit representatives with the exception of the chair and chair-elect.

#### **C. Designated Committees:**

1. Nursing Grand Rounds Committee
2. Perioperative Education Committee

## Section 5 Nursing research council

### A. Responsibilities:

1. Establish nursing research priorities for the Division of Nursing.
2. Serve as a resource for conducting nursing research and utilizing findings within the Division of Nursing.
3. Grant approval for nursing research to be conducted within the Division of Nursing prior to Institutional Review Board Review.
4. Appropriate monies from the nursing research funds.
5. Facilitate and coordinate the communication of nursing research findings within the Division of Nursing.
6. Promote nurses' participation in workshops, conferences and organizations focused on nursing research.

### B. Member Responsibilities:

1. Represent the council in other forms.
2. Serve as a facilitator for the generation, communication and use of nursing research and findings on units within their cluster group.
3. Elicit input from and represent unit cluster group concerns, needs and desires.
4. Make decisions based on the best possible outcome for the whole (patient, hospital, unit, peers, etc.).
5. Communicate in a timely manner goals, actions, decisions and rationale to cluster group unit representatives.
6. Ensure decisions of the council are implemented.
7. Perform duties and tasks assigned.
8. Cluster representatives will serve as unit representatives with the exception of the chair and chair-elect.

### C. Research Representative Meetings.

1. Quarterly Research Council representatives from all the units in the Division of Nursing will meet with the Research Council for the purpose of education and dissemination of information and/or research findings.
2. Each unit is be responsible for selecting their own representative.

### D. Designated Committees:

1. Funding Award Committee
2. Proposal Review Committee

## Section 6 Nursing management council

### A. Responsibilities

1. Determine appropriate staff mix and levels.
2. Define non-clinical roles of nursing personnel.
3. Determine standards of practice for non-clinical nursing personnel.
4. Determine standards of practice for management personnel.

5. Develop and evaluate incentive programs.
6. Develop, implement and evaluate recruitment and retention programs.
7. Determine nursing budget philosophy and priorities within a financial framework that is responsive to the changing economic environment.
8. Participate in the development of divisional budgeting process.
9. Review quarterly fiscal reports.
10. Develop and coordinate implementation of nursing management policies.
11. Determine management support systems.
12. Interface with hospital systems to facilitate resolution of operational problems.
13. Provide resource support for other councils' decisions and programs.
14. Recommend management development programs.
15. Ensure appropriate physical environment.
16. Facilitate and promote a clinical power base in which employees may enhance their professional and personal growth.
17. Ensure provision of equipment and supplies.
18. Serve as a role model and teacher for the staff in their development as leaders in the shared governance system.
19. Provide the strategic planning necessary to provide the environment that promotes and enhances the practice of professional nursing.

### B. Member Responsibilities

1. Represent the council in other forums.
2. Serve as a resource to the units concerning resource issues.
3. Provide information to the council from the representative group.
4. Make decisions based on the best possible outcome for the whole.
5. Communicate the business of the council to the represented groups on a regular basis.
6. Serve as an active participant on the staff councils in order to provide support for the council's resource needs.
7. Ensure that council decisions are implemented, followed up and action is taken on the unit level.
8. Perform duties as assigned.

### C. Designated Committee:

Recruitment and Retention Committee

## Section 7 Chair duties responsibilities

- A. Screen incoming requests and issues, develop council meeting agendas, chair council meetings and call for a vote if consensus is not reached.
- B. Delegate council assignments.
- C. Remove representatives who are not fulfilling their responsibilities.

- D. Make decisions when necessary on behalf of the council and communicate decisions at the next scheduled meeting.
- E. Initiate or approve emergency meetings.
- F. Represent council at Executive Council meetings.
- G. Represent council at other forums and meet regularly with Assistant Vice President/Vice President advisor to review, plan, and receive advice.
- H. Review the council's activities and adherence to the council's purpose, plans and goals.
- I. In the event that the unit Coordination Council and the manager cannot reach a decision, the divisional council chair who owns accountability for the stated problem becomes the mediator, then arbitrator, then makes the final decision.

### Section 8 Chair-elect responsibilities

#### A. General Responsibilities

1. Signs minutes and ensures distribution.
2. Performs duties and responsibilities of Chair in Chair's absence.
3. Assists Chair in planning, communicating and setting agenda.
4. Assumes responsibilities of Chair if position is vacated.

#### B. Council Specific Responsibilities

1. Practice Council  
Represents Practice Council at meeting of the Clinical Practice Committee (Medical/Dental staff).
2. Quality Assurance Council  
Represents Nursing Quality Assurance Council at the Hospital QA Committee (2 year term).

### Section 9 Clustering

Clusters are identified groupings of departments/units.

Each department/unit sends a representative to their cluster group.

The cluster group members represent their cluster on the divisional councils.

Within the group, the cluster group members will determine council assignments.

The identified clusters are:

1	2	3
Emergency Department	3 South	3 East
4 West	3 West	4 East
Transport	Dialysis	2 East
CCU	NST	CRC
ICU		
	5	6
	PACU	2 South
4C West	OR	2 West
4C North	OPN	1 South
4C East	TC #5	SRU
4C Trach	OPS	
4C PU/BU	OPD	

### Section 10 Meetings

All Councils will meet routinely. Meeting times and places are designated in the official publication of Nursing Division. All meetings are open to observation with prior notification of the Chair. Council meeting times are:

#### A. Nursing Practice Council

1. Fourth Thursday of every month.

#### B. Quality Assurance Council

1. Fourth Wednesday of every month.
2. Quarterly (2nd Wednesday of January, April, July, October) the representatives from all units/departments shall meet with the council for the purpose of education and dissemination of information.

#### C. Research Council

1. Second Thursday of every month.
2. Quarterly (2nd Thursday of March, June, September, December).

#### D. Education Council

1. First Tuesday of every month.

#### E. Management Council

1. First and third Tuesday of every month.

#### F. Executive Council

1. Third Wednesday of every month.

Staff meetings quarterly in March, June, September and December. December meeting is the annual meeting.