

Bylaws

Professional Nursing Staff

Suburban Hospital

ARTICLE I: PREAMBLE

Section 1—Purpose of the Bylaws

These bylaws describe the governance structure of the Department of Nursing and provide a framework for its operation. They describe the organization and the accountability of the professional nursing staff within a shared governance model.

Section 2—Definition of Nursing

Nursing is the diagnosis and treatment of human responses to actual or potential health problems.

Section 3—Philosophy of Nursing

We believe that the patient is the central figure in the hospital. The primary efforts of Nursing are directed toward meeting the patient's individual needs in relation to promotion of health, prevention of disease, and care of the dying. These needs are met without regard to race, creed, sex, disease process, or age through the coordinated and collaborative efforts of Nursing, Medicine, and other allied health professions.

We believe that all patients are entitled to the full scope of nursing. Therefore, we believe in two mutually valued levels of professional nursing practice. Nursing practice is differentiated between the Case Manager and Case Associate roles. Through these differentiated levels of nursing practice, all patients receive both the collaborative and independent aspects of nursing care.

We believe that patients and their families/significant others are to be treated with kindness, respect, and understanding. Both patients and their families/significant others are constantly involved in the patient's care and are kept informed about the patient's progress. The patient is encouraged to communicate concerns, questions, and feelings to the staff. We value the right of each patient and his/her family/significant others to understand the prescribed regimen to be followed upon return to the community. These instructions, therefore, are provided to each patient prior to discharge.

The nursing care delivery system used at Suburban Hospital is Differentiated Case Management. The Nursing Department believes in strengthening this deliv-

ery system through an integrated Quality Assurance Program. We believe in and support improvements in nursing practice which are based on the results of nursing research.

We believe that the practice of Nursing requires a commitment to continued professional growth through orientation, inservice, and continuing education. We support contributions to nursing education through affiliations with Schools of Nursing. We believe in a strong link between the service setting and academia in which both institutions share expertise and resources.

We believe that professional nurses accept accountability for the quality of care provided as well as the ethical and legal responsibilities involved in their practice.

We believe that it is the responsibility of Nursing Administration to identify and provide human and material resources as well as an administrative climate conducive to delivering quality care to patients.

We believe that nurse managers apply concepts of human relations and business in planning and operationalizing health care. Each manager is a developer of others. It is an expectation, therefore, that our managers be consistent in their efforts to assist their staff to learn responsible decision making. We believe that whenever appropriate, decisions should be made at the lowest possible level of the organization.

We believe that it is the responsibility of the nursing staff to utilize all the human and material resources provided in order to deliver effective and efficient care.

We believe in a working environment which is supportive to the professional, emotional, and social growth of all its employees. We recognize the need to keep abreast of local, state, and national trends in health care. We believe that Nursing must be informed, flexible, and responsive to these changes. Leadership within Nursing motivates change, promotes decision making, and fosters conflict resolution.

We believe in the value of shared governance in decision-making. Within the formal structure, councils have been established to empower the staff with the authority, autonomy, and control that is consistent with a professionally based practice model. These councils are as follows: Nursing Practice, Nursing Quality Assurance, Nursing Professional Development, and Nursing Management. A Coordinating Council guides these four councils. Involvement, authority, and accountability are broadly based in the councils and in the department.

We believe that open communication fosters ongoing cooperative relationships within the Department of Nursing and within the institution.

We believe that the values of compassion and caring should be extended to all persons associated with the hospital.

Section 4—Purpose of the Department of Nursing

1. To provide to the patient, at a reasonable cost, quality nursing care that can be evaluated and is consistent with the hospital's strategic plan.
2. To create a working milieu that encourages professional growth and personal satisfaction for its practitioners.

Section 5—Objectives of the Department of Nursing

OBJECTIVE I: NURSING PRACTICE PERFORMANCE

To provide individualized, quality care to each patient.

Standards

- A. At the time of admission, the current status of the patient's biopsychosocial needs are assessed by a registered nurse and documented on the Current Status Data Base form. The initial assessment must be completed within 1 hour of admission except where unit-based standards indicate otherwise.
- B. Current status data are analyzed by a registered nurse and the appropriate protocols are implemented.
- C. Within the first 24 hours of admission each patient is screened by a Case Manager for disruptions in functional health patterns. The data are recorded on the Functional Health Pattern Screening form.
- D. Based on functional health pattern screening, the case manager identifies the patient's nursing diagnoses.
- E. Realistic, measurable goals are established with the patient and family/significant other and nursing orders are written by the Case Manager.
- F. The patient's comprehensive care plan contains provisions for meeting learning needs and discharge planning needs. The family/significant other is involved as appropriate.
- G. Patient response to every nursing order in the comprehensive care plan is documented at least once each shift by the Case Associate/Case Manager.
- H. A summary of the patient's progress is documented in the nursing progress notes each shift that the Case Manager works.
- I. Periodic quality assurance activities indicate that the nursing care provided has met the objectives identified in the comprehensive care plan.

OBJECTIVE II: PLANNING PERFORMANCE

To maintain an ongoing system of planning in order to ensure effective utilization of human and material resources in delivering quality patient care.

Standards

- A. Departmental goals are established annually by the Coordinating Council in collaboration with the Senior Vice President for Patient Care.
- B. The Coordinating Council formulates the departmental goals based on the recommendations of each of the four councils.
- C. Since the various councils are responsible for implementation of the goals, the role of the Patient Care Manager in implementation is that of facilitator.
- D. Capital and operating budgets are developed by the Patient Care Manager of each unit and submitted to the Senior Vice President for Patient Care. The annual budget for the Department of Nursing is submitted by the Senior Vice President for Patient Care to the Chief Executive Officer for approval, prior to its submission to the Board.

- E. As a member of the senior management staff, the Senior Vice President for Patient Care represents the Department of Nursing at the organizational level in planning policy and decisions that affect patient care in the hospital.

OBJECTIVE III: LEADERSHIP PERFORMANCE

To maintain a working environment that encourages professional growth through practice, education and research, resulting in quality nursing care and satisfaction for nursing practitioners.

Standards

- A. Decisions are made at each level of accountability in the organization, using a decision-making model.
- B. The Patient Care Manager of each individual unit is primarily responsible for the nursing activities and personnel in his/her department and is accountable to the appropriate Director of Nursing consistent with the mandates of the Council on Nursing Management.
- C. Individual registered nurses are directly accountable to the patient for the nursing care they render in accordance with the objectives of the Professional Nursing Staff, the Council on Nursing Practice, and the individual department.
- D. The Department of Nursing and each nursing unit maintain an ongoing in-service program designed to meet the educational needs of its nursing practitioners and approved by the Council on Professional Development. Advice and service for educational programs are obtained from the Department of Training, Education, and Development.
- E. All positions in the Department of Nursing are filled by the candidates who best meet the criteria and objectives for the position.
- F. Performance appraisal is an ongoing process, with individuals being evaluated in relation to approved departmental standards and individual objectives derived from his/her performance standards.

OBJECTIVE IV: ORGANIZING PERFORMANCE

To ensure that all work is organized and related so that effectiveness and personal satisfaction are maintained.

Standards

- A. The organizational chart reflects professional relationships as well as communication mechanisms.
- B. Decisions are made at the lowest possible level within the Department of Nursing.
- C. Position descriptions and performance standards are maintained for all positions that relate to Professional Nursing in order to facilitate role description and performance evaluation.
- D. The organization of Nursing represents a commitment to shared governance at all levels in the department.

OBJECTIVE V: CONTROLLING PERFORMANCE

To measure results against objective criteria with consideration given to acceptable exceptions. To ensure that corrective action is taken immediately where variances are not within acceptable limits.

Standards

- A. Written structure, process, and outcome standards define and describe the scope of nursing practice at Suburban Hospital. All standards are reviewed a minimum of once every three years, revised as necessary, dated to indicate the time of the last review, and signed by the Senior Vice President for Patient Care and the chairperson of the appropriate council. A copy of the Nursing Practice Standards Manual is available on each nursing unit. The manual is kept in a place that is accessible to each staff member.
- B. Implementation of standards is the responsibility of the members of the Nursing Council from which the standard originated in conjunction with the Patient Care Managers of individual nursing units.
- C. Quality Assurance activities are directed by the Council on Nursing Quality Assurance with participation at all levels of the nursing service organization.
- D. A time frame is established for corrective action of all unacceptable variances.
- E. All exceptions outside of acceptable limits of variance that are not corrected within the predetermined time frame are reported to the Senior Vice President for Patient Care with recommendations for corrective action.

ARTICLE II: THE ROLE OF THE PROFESSIONAL NURSE

Consistent with the rules and regulations of the Maryland State Board of Nursing and national standards of nursing practice, the professional registered nurse (hereafter referred to as nurse) will assume accountability for the delivery of nursing care within the institution known as Suburban Hospital. The professional nurse (R.N.) delivers, coordinates, and integrates all nursing care services related to the identified needs of the patients admitted to Suburban Hospital. Professional nurses (R.N.s) may delegate specific nursing tasks to licensed practical nurses and unlicensed nursing personnel. Legally, however, the registered nurse is responsible and accountable for all nursing tasks that are delegated as outlined by the Maryland State Board of Nursing.

The professional nurse collaborates with other health professionals in fulfilling the health needs of the hospitalized patient. Professional nurses participate in the organized delivery of patient care services through contributions to the following hospital or medical staff committees:

- Cancer Committee
- Cardiology Center Committee
- Collaborative Practice Committee
- Critical Care Committee
- Disaster Committee
- Infection Control Committee
- Institutional Review Board
- Medical Records Committee

Nutrition Committee
Operating Room Committee
Patient Advisory Committee
Pharmacy and Therapeutics Committee
Pulmonary Function and Inhalation Committee
Quality Assurance Committee
Safety Committee
Trauma Committee
Utilization Review Committee

Professional nurses also have the opportunity to participate in the decision-making function within the Department of Nursing through membership on nursing governance councils, nursing committees, and task forces.

Each practicing professional registered nurse is accountable for the care he/she renders to the patient. The Board of Trustees, through the institution's organizational structure, expects the accountable execution of the nursing professional's role in the delivery of nursing care at Suburban Hospital.

ARTICLE III: MAJOR CLINICAL NURSING SERVICES

There are four (4) major clinical services within which nursing care is rendered at Suburban Hospital. In addition to the major services, nurses also practice in the Addiction Treatment Center and the Skilled Nursing Facility.

Section 1—Critical Care Services

Critical Care Services include Critical Care, Cardiology, and Emergency/Shock Trauma nursing. Critical care services are rendered by nurses who have highly specialized knowledge and skill in crisis intervention during an episode of critical illness. The critical care nurse is responsible for nursing assessment, planning, intervention, and evaluation of patients in the critical care setting.

Section 2—Medical/Surgical Nursing Services

The medical/surgical nurses are accountable for the assessment, planning, intervention, and evaluation of nursing care of medical/surgical patients. The nurse accepts responsibility for interpreting prescriptive measures of other health professionals and incorporating the activities of the health care team into the ongoing care needs of the individual patient. Discharge planning needs are incorporated into the role of the professional nurse in the medical/surgical clinical service. Medical/Surgical Nursing Services include specialties such as Oncology, Urology, Orthopedics, and Pulmonary Nursing in addition to general medical/surgical nursing.

Section 3—Psychiatric Nursing Services

Psychiatric nursing services are rendered by nurses with specialized knowledge and skill in managing patients with acute psychiatric illness. The nurse is accountable for assessment, planning, intervention, and evaluation of the patient's nursing needs. In addition, the nurse is expected to contribute to the multidisciplinary

treatment plan. Members of the psychiatric nursing service are expected to maintain the therapeutic milieu on the psychiatric unit.

Section 4—Perioperative Nursing Services

The nurse in the perioperative environment is accountable for the appropriate care and safety of the patient who is undergoing operative intervention. The nurse is responsible for the assessment, planning, intervention, and evaluation of all preoperative, intraoperative, and postoperative nursing care needs. This nurse communicates and integrates the care prescriptions of other health professionals into the patient's operative plan of care, and coordinates nursing care activities directed to meeting the operative care needs of the patient.

ARTICLE IV: NURSING STAFF MEMBERSHIP

Section 1—Definition of Membership

Nursing staff membership is a privilege that is extended to those who meet qualifications, standards, and requirements as set forth in these bylaws and in accordance with Nursing Practice standards and the personnel policies of Suburban Hospital.

Section 2—Professional Nursing Staff

- A. Members of the professional staff must be registered nurses, licensed to practice in the state of Maryland, who can give evidence of their background, experience, and education and can demonstrate professional competence with the appropriate supporting credentials. No professional registered nurse shall be entitled to membership on the nursing staff or to the exercise of specific clinical nursing privileges in the hospital solely by virtue of licensure to practice in the state of Maryland without presenting evidence of the previous additional requirements.
- B. The professional nurse applying for privileges and appointment to the nursing staff shall be a graduate of an approved school of nursing and be legally licensed to practice nursing in the state of Maryland. This individual must meet all of the criteria and requirements indicated in these bylaws and in the unit to which the nurse is applying for specific privileges.
- C. Nursing staff privileges shall be granted within the context of these bylaws and shall not be granted or denied for any other reason.
- D. Acceptance of membership on the professional nursing staff shall constitute agreement to abide by the nursing standards that are promulgated by the Professional Nursing Organization.

Section 3—Conditions and Duration of Appointments to the Professional Nursing Staff

Initial appointment and reappointment to the nursing staff shall be made through the nursing personnel appointment process and shall be consistent with the hospital's personnel policy.

- A. The initial appointment to the professional nursing staff shall be for a period of 3 months (90 days) for the probationary status. Permanent appointment shall

be determined by the credential review process of the Department of Nursing pending a satisfactory performance evaluation by the Patient Care Manager of the unit to which the nurse is assigned. Probationary status can be extended by the Patient Care Manager for up to 90 days.

- B. Appointment to the professional nursing staff shall confer on the appointee those clinical privileges and levels of nursing practice appropriate to the competence of the professional nurse.
- C. Every application submitted for consideration for privileges on the nursing staff, when signed by the applicant, shall specify in writing the applicant's acknowledgment of the obligation to provide to the patient continuous nursing care that is consistent with nursing standards and the policies of the hospital. The applicant agrees to abide by the nursing staff bylaws and all other rules and regulations promulgated by the nursing staff.
- D. The applicant for privileges within a specified clinical service or nursing unit of the Suburban Hospital shall present the following information and credentials supporting the application for clinical privileges.
 1. A current copy of the applicant's registered nurse license is submitted to the recruiter for nursing.
 2. The applicant's intention to obtain a license to practice in the state of Maryland prior to initial appointment is confirmed.
 3. All license renewals and/or changes must be communicated, along with a copy for the file, to the Staffing Specialist in the Nursing Office within 3 working days of receipt in order for practice privileges to remain in force.
 4. Application for privileges must include the following supporting data: academic preparation, special certifications, national certification, membership in professional organization(s), previous experience and appointments, leadership positions(s), applicable continuing education, publication(s), honors, experience in teaching inservices, special skills and abilities, professional goals.
 5. The applicant will be available for a personal interview with the Patient Care Manager and at least one practicing nurse peer in the clinical service for which the applicant is seeking privileges.
 6. The applicant will provide appropriate references and supporting information to validate the clinical practice experience indicated on the current application for privileges.
- E. Those nurses seeking consulting nursing staff privileges will be granted consulting privileges if they are registered professional nurses duly licensed in the state of Maryland, who will provide per diem consultation or temporary practice services to the Department of Nursing upon request. Each consulting nursing staff applicant must apply for privileges in the same method and manner as all other applicants for privileges to the nursing staff within the Department of Nursing. Consultants to the nursing staff are classified but not limited to the following categories:
 - Nurses employed by physicians as extensions of their practice within the hospital (must also be reviewed through the Medical Staff credentialing process as required; i.e., nurse practitioner).

- Clinical instructors employed by other agencies or institutions.
 - Specifically skilled practicing staff nurses.
- F. Temporary nursing practice privileges shall be obtained for a period of time that immediate services are to be rendered, not to exceed 24 hours. These privileges are extended to individuals appropriately licensed to practice in the state of Maryland. Temporary privileges may be extended beyond the 24-hour period by mutual agreement of the hospital, the agency that employs the nurse, and the professional nurse. All nurses who are granted privileges must be oriented to the Nursing Practice Standards of Suburban Hospital prior to receiving a patient assignment. Periodic performance evaluations using pre-established performance criteria must be completed by members of the institution's professional nursing staff of all temporary staff members used in the hospital. The performance evaluations are to be forwarded to the Nursing Office, where they are reviewed and filed. Temporary staff privileges may be granted only to those nurses employed by an agency with whom the hospital contracts for specific services. These privileges may be suspended at any time without prior notice to the agency.
- G. All professional nurses who are applying for permanent privileges must submit all appropriate credentials to the recruiter for Nursing. This individual will forward the credentials to the Patient Care Manager of the area where the applicant is seeking privileges. The Patient Care Manager will forward the application of all applicants who have been selected to the Chairperson of the Credentials Review Board. Nursing credentials review will be consistent with these bylaws and the nursing credentials process. Privileges to practice nursing at Suburban Hospital will be confirmed by letter from the Chairperson of the Credentials Review Board upon successful completion of the physical examination and the credentials review process.

Section 4—The Probationary Nursing Staff

- A. All initial appointments to the nursing staff will be provisional for 3 months (90 days). An additional extension, not to exceed 90 days, may be granted upon recommendation of the Patient Care Manager at the time of the probationary evaluation. After the initial 90-day period and/or at the end of the period of extension, the failure to advance from probationary to permanent staff status shall be deemed as termination from the nursing staff. The probationary appointee to the nursing staff whose membership is terminated is accorded whatever appeals, rights, and privileges are specified by hospital personnel policies.
- B. Probationary staff members will be given an orientation to the hospital and the Nursing Practice Standards. They will be assigned to the nursing unit of their choice where they will be assigned a preceptor. The preceptor will be a member of the professional nursing staff. This individual will orient the probationary staff member and advise the Patient Care Manager of the appointee's eligibility for professional staff membership and continued exercise of the privileges that have been granted.
- C. Acceptable performance of nursing staff responsibilities, as determined by the probationary evaluation, provides the advancement to the professional nursing