



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT:** ORGANIZATIONAL STRUCTURE  
AND GOVERNANCE OF  
THE DEPARTMENT OF NURSING

**Policy No.:** A110.10  
**Effective Date:** 05/1999  
**Page:** 1 of 8

**Purpose:** To define the organizational structure of Rancho Los Amigos (RLA) National Rehabilitation Center Department of Nursing and describe how it supports professional nursing practice through a framework of shared governance.

**Policy Statement:** The Collaborative Management Model provides the formal organizational structure, which supports for RLA. The model is designed to align strategic goals and measures to improve patient outcomes and provide a roadmap to nursing excellence.

#### **A. The Collaborative Management Model**

##### **a. Overview**

- i. In the Collaborative Management Model, nursing staff councils are led by front line nursing staff, and nursing leadership. The councils recommend and implement evidence-based projects with defined goals in alignment with the Department of Nursing for improving patient care and nursing professional practice. The councils report the projects and findings including recommendations, to Nurse Coordinating Council at a minimum of quarterly. Nurse Coordinating Council reviews and presents projects and recommendations to NEC. NEC makes the final decision on projects including project: approval, implementation, timeline, metrics and dissemination of projects throughout Nursing. Nursing Operations Council is chaired by Nurse Managers and membership includes Nursing Directors. Nursing Operations Councils reports to NEC on an ongoing basis.

#### **B. Governance Structure - Councils**

##### **a. Nurse Executive Council (NEC)**

- i. Purpose: NEC is the governing body of Nursing and is chaired by the Chief Nursing Officer. The NEC sets the vision, mission, and strategic goals of the Nursing Department in alignment with the facility goals. NEC is responsible for supporting an environment of professional nursing practice at RLA through innovation, and evidenced based practice to improve patient care. NEC is responsible for the adherence of Nursing to required accreditation standards, rules, and regulations. In alignment with the goal of Magnet® Designation, NEC is responsible for the following Forces of Magnet®: Quality of Nursing Leadership (Force #1) and Management Style (Force #3).
- ii. Membership: the Chief Nursing Officer chairs NEC. Members include nursing directors, and the chairperson of the Operations Council. Ex-officio members include; Nurse Recruiter, Infection Control Manager, Risk Manager, and other staff as needed. All members shall have voting privileges, except for ex-officio members.

##### **b. Operations Council**

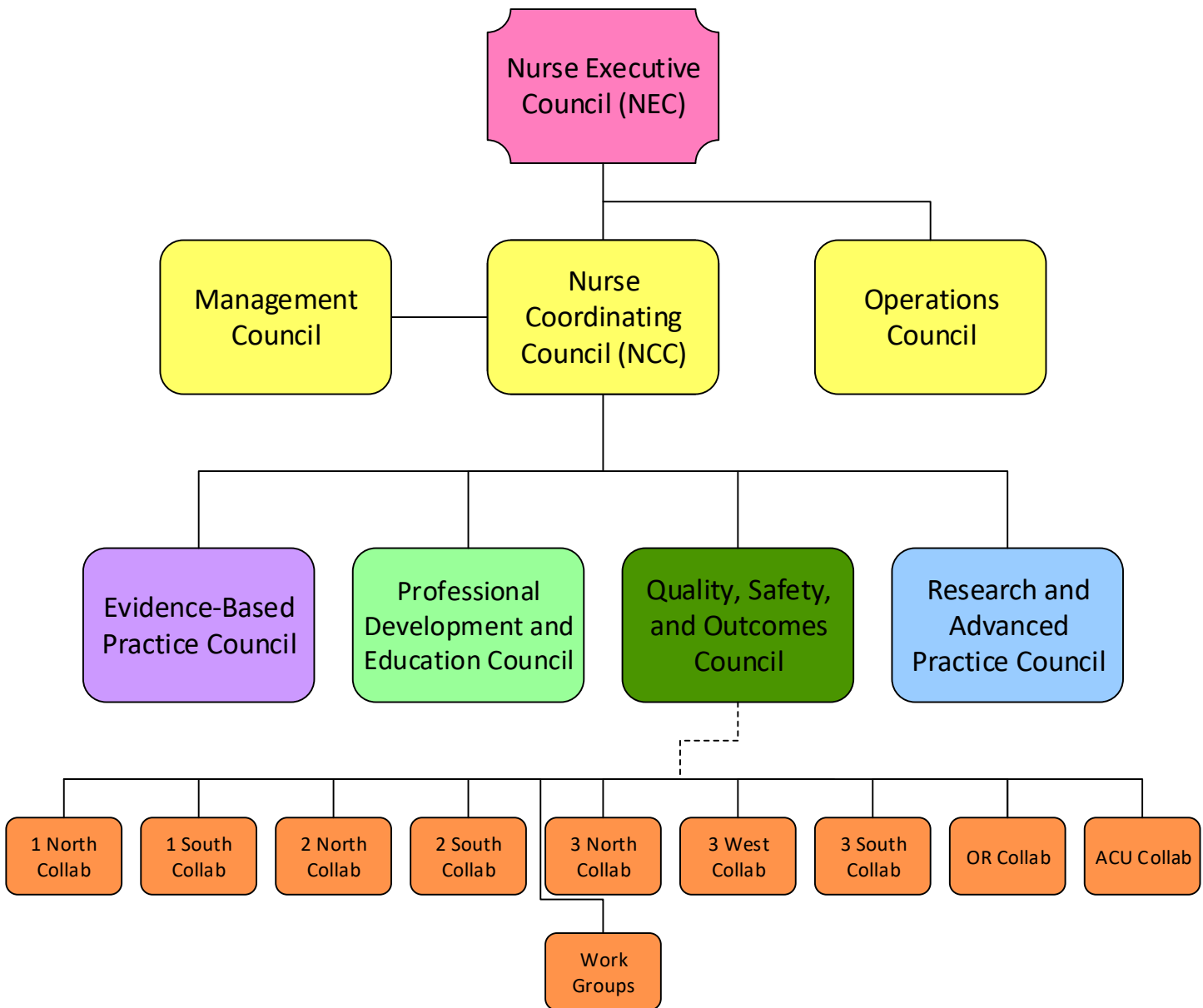
- i. Purpose: The Operations Council reports to the NEC and centers on the management of the department resources, systems, and processes that directly and indirectly impact the delivery of patient care. The Operations Council oversees the development and review of policies and procedures related to the latter responsibilities and providing reports and recommendations to NEC on the status of nursing units and programs, collaborating and sharing best practices.
- ii. Membership: The Operations Council is chaired by a nurse manager on an annual rotating basis. The CNO should receive information. Members include all Nurse Managers and Nurse Leaders. All members shall have voting privileges.

##### **c. Nurse Coordinating Council (NCC)**

- i. Purpose: The Nurse Coordinating Council oversees the Magnet® Councils and Collaborative Unit Councils, Synchronizes efforts, facilitates communication, and mediates shared responsibilities between the councils. NCC approves projects from all lower level councils, reviewing and discussing items of

- concern as raised by the councils; approving chair persons or chair-elects to fill vacancies in the councils; reviewing this policy as needed.
- ii. Membership: The NCC is chaired by the Chief Nursing Officer and the Nurse Magnet® Director Nurse Magnet® Director and the Chief Nursing Officer.
- d. Management Council**
- i. Purpose: The Management Council plans for transformational leadership, professional growth, and succession planning, and reports to the NEC. Responsibilities include: providing leadership and strategic planning to achieve the vision, mission, and goals set by the NEC
  - ii. Membership: The Management Board is chaired by Nursing Leadership. Members include nurse leaders and nurse managers. All members shall have voting privileges, except for ex-officio members.
- e. Magnet® Councils**
- i. Purpose: The four Magnet® Councils oversee standards that are integral to the Magnet® Journey, and departmental, programs, and organizational goals. Magnet® standards are assigned to each Magnet® Council. The Magnet® Councils are organized in accordance with the RLA Professional Practice Model (Attachment A) and in alignment with the Imogene King Theory of Nursing Care. Initiatives and Final projects are presented to NEC for recommendations and approval. The Magnet® Councils are as follows:
    1. Evidence-Based Practice Council
    2. Professional Development and Education Council
    3. Research and Advanced Practice Nursing Council
    4. Quality, Safety, and Outcomes Council
  - ii. Membership: Each Magnet® Council is chaired by a front-line nurse in good standing. The members include nurses from nursing units and programs who are in in good standing. The facilitator role(s) is filled by a minimum of one nurse manager or other nursing leader as ex-officio. All members shall have voting privileges, except for the facilitator(s) as an ex-officio member.
- f. Collaborative Councils**
- i. Purpose: The Collaborative (Collabs) Councils are the unit-based collaborative management foundation of Professional Practice Governance. Professional Practice Governance provides decentralized decision-making, increased ownership and accountability in nursing practice and empowerment within an organization. Collabs are focused on supporting the overall goals and plans of the Magnet® Councils and the Nursing Department. The Collabs participate in the planning, practice, coordination, integration, communication, and operational activities of the unit or service. Responsibilities include: strategic planning and goal setting for the unit; reviewing and reviewing reports mandated reports; providing; input to councils; problem solving, consensus building; a forum for enhanced communication between groups and shifts; evaluating outcomes and reviewing unit-based performance improvement activities.
  - ii. Membership: The Collab is chaired by the Unit/Program representative on the Quality Safety and Outcomes Council. Membership on the Collabs consist of nursing staff representing all shifts and staffs within the unit, which generally includes a representative of each shift of the following: nurse educator and/or clinical nurse specialist, RN, LVN, Nurse Attendant, Medical Assistant, and Unit Clerk. Unit members may be nominated by their colleagues. Members also include the Nurse Manager and supervising staff nurses of the respective unit. The Nurse Manager should approve the attendance at the collabs. All members shall have voting privileges, except for the Nurse Director as an ex-officio member.
  - iii. Meetings include discussion of the following topics:
    1. Practice and the practice environment
    2. Departmental council reports by Unit representatives
    3. Department wide projects
    4. Patient satisfaction results
    5. Trending reports (at least quarterly – Falls, PiPs, Sepsis, etc.)
    6. Safety
    7. Unit Education
    8. Employee Recognition
    9. Staffing trends and needs

Below is an outline of the **Collaborative Management Model** for the Department of Nursing:



Magnet® Council updates, project/initiative proposals, and final projects including recommendations are presented to NCC. NEC has the final approval for spread and sustainment. Each Collab develops goal and initiatives that are unit specific. Collabs review quality and outcomes data and identify and act on areas of strength and improvement.

**g. Council Member Responsibilities (For Magnet® Councils and Collabs)**

**i. Chair**

1. Prepares/approves agenda
2. Conducts meetings
3. Starts/ends meeting on time
4. Role models expected behaviors
5. Signs approval of minutes
6. Assigns projects in alignment with the Forces of Magnetism and Nursing/other organizational goals

7. Assures metrics, timeframes, and reporting schedules are assigned
  8. Calls for consensus
  9. Assures representative in instances of absence
  10. Appoints committee chairs
  11. Speaks/acts on council's behalf
  12. Calls special meetings
  13. Focuses on the council's outcomes/tasks
  14. Consults with NEC mentor (who is mentor, is that facilitator)
  15. Represents council at NCC meetings and as requested by other councils
  16. Submits recommendations including expenses to the NCC
  17. A council may have up to two co-chairs; must be approved by NCC
- ii. **Vice Chair**
1. Acts in the absence or at the request of the chair by presiding over meetings and attending meetings as a representative for the respective council
  2. Assists the chair in fulfillment of the duties/responsibilities of the council
- iii. **Facilitator**
1. Nurse Managers and Nurse Leaders function in this role
  2. Create an inclusive environment.
  3. Communicate clear guidelines and instructions.
  4. Group dynamics (and group management)
  5. Empathy.
  6. Active listening.
  7. Verbal skills to facilitate conversations.
  8. Conflict management.
  9. Consensus-building. Oversees the council meetings; must be at least a Nurse Manager
  10. Facilitators are ex-officio members
  11. Facilitators complete competency education as facilitators
- iv. **Secretary**
1. The secretary is a member of the council, delegated these duties by the council's chairperson
  2. Documents attendance
  3. Prepares minutes and submits to the designated clerical person in a timely manner
  4. Maintains record of all meeting minutes and records
- v. **Members**
1. All council members of the councils undergo an orientation including : introduction to Magnet®, how to function as a team member, RLA Professional Practice Model, and review of Plan -Do-Study-Act (PDSA)
  2. Eligible nurses must be rated "competent" or above on their performance evaluation and maintain compliance with attendance standards
  3. All members shall have voting privileges
  4. RNs in their initial probationary period may attend council meetings but are not eligible to vote or hold council membership
  5. Members are required to attend three fourths (3/4) of all scheduled council meetings
  6. Members are required to inform the chairperson in advance of any scheduled absences from the regularly scheduled council meeting
  7. Members not complying with the attendance requirements will be replaced at the discretion of the council chair
  8. Prepare for meetings in advance
  9. Review minutes
  10. Seek input from those represented
  11. Share knowledge, express opinions and perspective, and give feedback during meetings
  12. Complete work as assigned in a timely fashion
  13. Share information with staff through unit-based Collabs and other mechanisms
  14. Hold information in confidence as requested

15. Respect opinion of others
  16. Negotiate for council and preparation time with supervisors in advance of special meetings or time needed for Council work.
- vi. **Sub-Groups**
1. Standing Committees/Project Teams
    - a) Standing committees and project teams are established at the discretion of the council chairperson to assist the council in fulfilling its charge/responsibilities.
    - b) Committee chairperson is assigned by the council chair.
    - c) Chairpersons of the standing committees report to the appropriate council
    - d) Any nursing staff in good standing may serve as a member, even those who are members of the councils.
    - e) Minutes of the standing committees shall be taken, duly recorded, and distributed to the members of the standing committee and the council chair.
    - f) All standing committees shall give a report to the council at required intervals.
    - g) Each standing committee will establish guidelines for performance and attendance.
  2. Taskforces
    - a) Taskforces of the councils are time-limited, have a specific assigned task, and report to one of the councils.
    - b) Members of the taskforce need not be members of a council.
    - c) Minutes of the taskforce meetings are included in either the standing committee minutes or the council minutes depending on the reporting relationship.

**COLLABORATIVE MANAGEMENT STRUCTURE**

<b>NURSING EXECUTIVE COUNCIL</b>	<b>NURSING OPS</b>	<b>NURSE COORDINATING COUNCIL</b>	<b>MANAGEMENT COUNCIL</b>	<b>MAGNET® COUNCILS</b>	<b>UNIT-BASED COLLABORATIVES</b>
Chair – CNO Members: Nurse Directors Chair Nursing Ops Ex-officio: Nurse Recruiter Infection Control Manager Magnet® Director Risk Management SSN's  Ex-Officio members as needed  Remove all yellow	Chair – CNO Nurse Members: Nurse Directors Nurse Managers	Chair – CNO and Magnet® Director Members: Chairs of the Magnet® Councils Ex-officio as needed: Magnet® Council Facilitators	Chair(s) – Nurse Director(s) Members: Nurse Directors Nurse Managers Education SSNI Rep Magnet® Director	Chair: Unit Staff Nurse Members: Staff Nurse Unit representatives – Inpatient Units Amb. Care OR/PACU Case Management CARO APNs Workgroup RNs CNS, ET, Education SSNI – may be a unit rep Ex-officio: Magnet® Director 1 Facilitator Nurse Manager/Nurse Director	Chair: QSOC Member Unit Members per Shift Minimum: Unit RN Unit LVN Unit NA Unit Clerk Unit SSN Nurse Manager Nurse Director Clinical Educator and/or CNS Ex-officio: Magnet® Director
No			Yes	Yes	Yes
While serving in position	While Serving in Position	While Serving in Position	SSNI 1 yr; all others while serving in the position	Staff - 2 yrs; Leadership 1 yr	RN, LVN, NA, UC – 1 yr; all others while serving in the position

**h. Standards for Meetings**

- i. Scheduled and posted in advance.
- ii. One-half (1/2) plus one (1) of the total membership constitute a quorum and is deemed appropriate for conducting business of the councils.
- iii. Minutes will be taken, duly recorded, and distributed to all members.
- iv. Any nursing staff member may attend council meetings at any time.

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**References:**

American Nurses Credentialing Center (2019). *2019 Magnet® Application Manual*. American Nurses Credentialing Center, Silver Spring, MD. 2019 edition.

Porter-O'Grady, T. (2019). Principles for sustaining shared/professional governance in nursing. *Nursing Management*, 36-42. Retrieved from <https://www.nursingmanagement.com>

Clavelle, J.; Drenkard, Karen; O'Grady, T. Structural Empowerment and the Nursing Practice Environment in Magnet® Organizations. *The Journal of Nursing Administration*. Vol. 43, NO. 11. November 2013.

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05/99 – Revised	07/02 – Revised	09/05 – Revised
03/10 – Revised	12/13 – Revised	06/16 – Revised
08/20 – Revised	03/21 – Revised	

**ATTACHMENT A: PROFESSIONAL PRACTICE MODEL (PPM) LOGO**

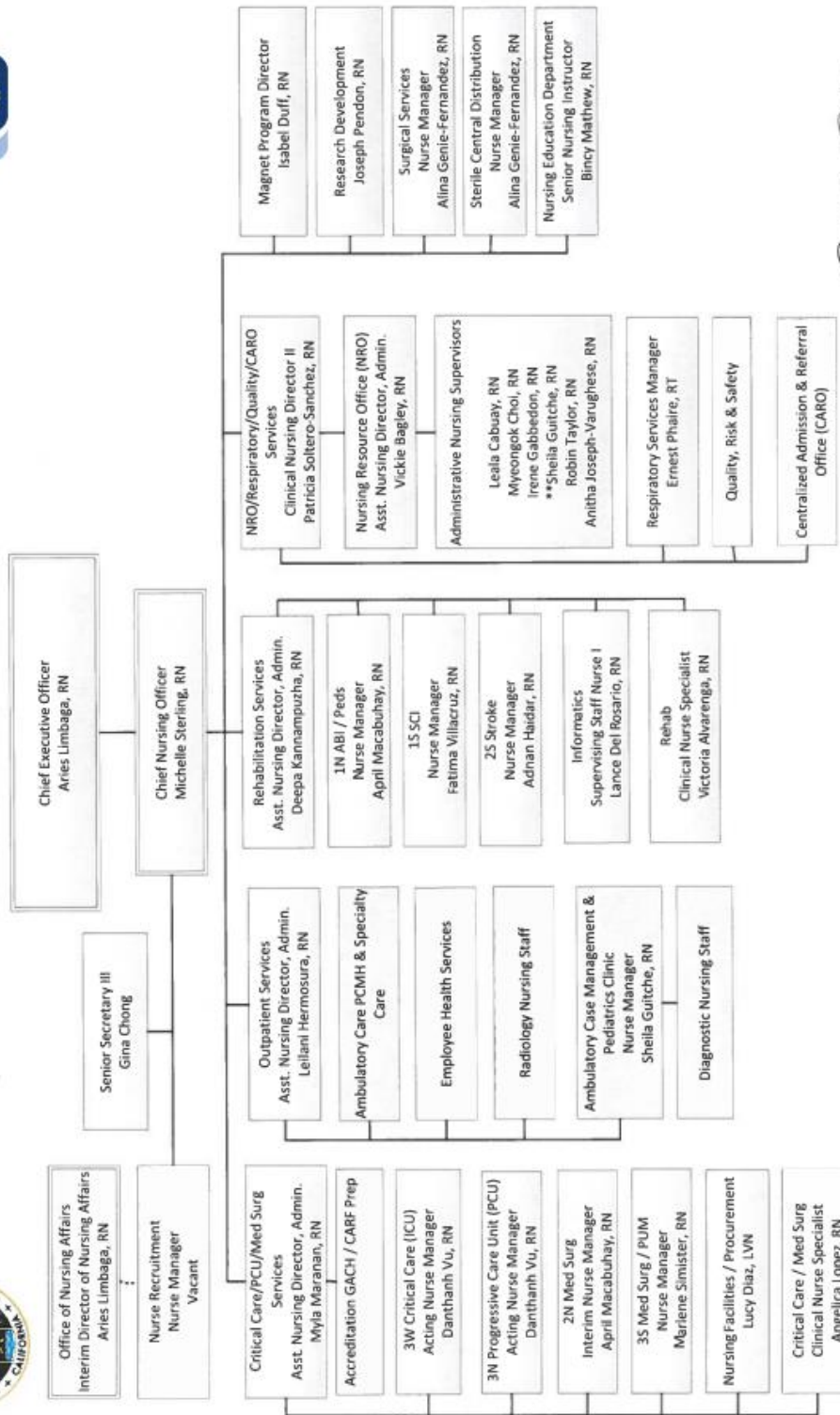




**ATTACHMENT B: Chief Nursing Officer – Nursing Administration-Org Chart**



**Rancho Los Amigos National Rehabilitation Center  
Chief Nursing Officer – Nursing Administration-Org Chart**



*Michelle Sterling*  
Michelle Sterling, Chief Nursing Officer  
\* Reports directly to CARO  
\*\* Reports directly to ANDA – Amb Care  
Chief Nursing Officer Org Chart  
6/03/2022