Preamble

Whereas, the University of Virginia Health System is an integral part of the University of Virginia (UVA) which is a public corporation organized under the laws of the Commonwealth of Virginia; and,

Whereas, under the laws and regulations of the Commonwealth of Virginia, nursing has a scope of practice which is the responsibility of professional nurses; and,

Whereas, each nurse within the Health System has responsibility for his/her individual nursing practice; collectively, members of the professional nursing staff hold aggregate accountability for the quality of nursing care provided within the institution; and,

Whereas, the discipline of nursing intends to establish and uphold its commitment to nursing excellence in accordance with the ANA Code of Ethics for Nurses; the ANA Nursing: Scope & Standards for Practice; the UVA Health System’s mission, vision, and core values of accountability, stewardship, professionalism, integrity, respect, and excellence; and the values expressed within our UVA Nursing professional practice model; and,

Whereas, an organizational framework provides a mechanism for the discipline of nursing to establish and uphold its values and standards subject to the authority of the Chief Nursing Officer (CNO) and Clinical Staff Executive Committee of the Health System; and,

Whereas, a local-regional-central committee structure provides multi-directional communication flow and collaborative decision making to achieve nursing shared governance goals;

Therefore, the nurses of the professional nursing staff of the University of Virginia Health System, as defined herein, hereby organize themselves into the Professional Nursing Staff Organization (PNSO).

ARTICLE I – Name

The name of the organization shall be the Professional Nursing Staff Organization (PNSO) of the University of Virginia Health System.

ARTICLE II – Purpose

The purpose of the PNSO is to be the mechanism for the discipline of nursing to establish, uphold and communicate its values and standards within the University of Virginia Health System.

Specifically, the purposes of the PNSO are as follows:

1. Shared Governance - The PNSO shall provide the structure for establishing standards of nursing practice and professional advancement throughout the University of Virginia Health System.

2. Clinical Practice - The PNSO shall promote excellence in nursing practice by establishing, upholding and advancing evidence-based clinical practice in all clinical settings.
3. **Professional Development** - The PNSO shall promote the ongoing development of members through education, mentorship, peer review and recognition opportunities for individual nurses and UVA Nursing.

4. **Research** - The PNSO shall promote knowledge acquisition through the conduct, evaluation, application, and dissemination of nursing research.

5. **Nursing Quality** - The PNSO shall promote a commitment to quality and patient safety through monitoring of outcomes data and ongoing improvements.

6. **Nursing Work Environment** – The PNSO is responsible to evaluate the work environment and influence improvements to promote positive relationships with patients, visitors, and colleagues; to promote staff self-care and wellbeing; and to promote workplace safety.

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**ARTICLE III – Members**

**Section 1. Membership**

Membership in this organization shall include all registered nurses employed by the University of Virginia Health System. Participation in shared governance is a professional responsibility.

**Section 2. Responsibilities and rights of members**

Members:

1. Are individually accountable for their nursing practice. Are accountable for remaining current on UVA Nursing policies and standards, and updating their clinical practice accordingly.
2. Are collectively accountable for the outcomes of nursing care provided by the institution.
3. Are expected to participate in self-evaluation and peer review processes.
4. Utilize the mechanisms of the organization to address nursing matters.
5. Are responsible for being informed about the actions and activities of the PNSO.
6. May nominate candidates for office in the PNSO.
7. Vote in the annual election.
8. Participate in shared governance activities and events at the local, regional, and/or central levels of the organization.
9. Are conversant with the Clinical Career Ladder principles, and adhere to the rules and deadlines outlined in the Handbook, if applicable to their position.

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**ARTICLE IV – Officers**

**Section 1. Terms and Vacancies**

The PNSO’s shared governance structure, including terms of office, shall function on a Calendar Year cycle.

1. **Terms of service** begin on January 1st and are generally 1 year per role, e.g., committee member, vice-chair, chair, and in some cases, immediate past-chair to facilitate continuity.
2. Nurses may serve multiple terms in any appointed or elected role, but shall not exceed two consecutive terms in the same role, to promote succession planning and breadth of participation.
3. Exceptions:
   a. Members of the Nominating Committee will serve 2-year terms, as will members of Clinical Career Ladder Panels.
   b. The Chief Nursing Officer, Dean of the School of Nursing, and Communications Officer are excepted; their terms are ex-officio.
   c. Any other exceptions shall be approved by the Executive Committee of the Cabinet.
Vacancies:
1. Officers shall serve until their successors take office.
2. If vacancies occur, the role shall be filled at the discretion of the Cabinet for the remainder of the term, until
   a successor is determined through the next election/appointment cycle.
3. If possible, the planned order of succession shall take place earlier than originally planned. The President-elect
   shall fill a vacancy in the office of President; the Vice-Chair shall fill a vacancy in the office of Chair.

Section 2. Elected Officers
The elected officers of the PNSO shall be President and President-elect.
1. Elected office in the PNSO is a three year commitment, spending a one year in each role before succeeding
to the next role: as President-elect, then President, then Immediate Past-President. (See Article V, Duties of Officers).
2. Each year, an election shall determine the next President-elect. (see Article IV, Section 4, Nominations and Elections).

Section 3. Appointed Officers
Chief Nursing Officer - The Chief Nursing Officer (CNO), by administrative appointment, holds authority and
responsibility for the practice of nursing within the University of Virginia Health System.

Dean of the School of Nursing - The Dean of the School of Nursing (the Dean), by appointment of the
University of Virginia Board of Visitors, holds authority and responsibility for the academic and clinical
preparation of nurses graduating from the University of Virginia School of Nursing.

Communication Officer - The Director of Nursing Governance Programs shall serve as the Communication
Officer for nurses of the UVA Health System.

Chairpersons of Central and Regional PNSO Committees
1. Chairs and Vice-Chairs of Central and Regional PNSO Committees shall be proposed annually by the
   Executive Committee of the Cabinet and approved by Cabinet.
2. The Chair and Vice-Chair are distinct roles for succession planning. There shall be no Co-Chairs at the
   Central or Regional levels, and a single point of contact is required at the Local Committee level if a Co-
   Chair model is adopted. Chairs and Vice-Chairs of the same Central or Regional committee shall not be
   from the same unit/practice area; exceptions must be approved by the Executive Committee of the Cabinet.

Section 4. Nominations and Elections
1. The Nominating Committee shall be composed of 5 PNSO members: 4 shall be elected from the
   membership and one shall be the Immediate Past-President of the PNSO.
   a. The Immediate Past-President shall be appointed by the Cabinet to serve a one-year term as
      chairperson.
   b. The term of service for remaining committee members shall be 2 years, with two members elected each
      year.
   c. Elected members of the committee shall be chosen by the membership annually during balloting for
      President-elect.

2. Nominations and Eligibility: The Committee shall solicit nominations and prepare a ballot with qualified
candidates for the office of President-elect and Nominating Committee. The slate shall be published on or
before September 15.
a. A nurse must have worked at the UVA Health System for a minimum of 1 year to be nominated for elected office.

b. To be eligible to serve as President, nominee must be a clinical nursing leader spending a minimum of 50% of time in direct patient care.

c. To be eligible to serve as President, nominee must be an active member of the PNSO with Clinical Career Ladder Panel experience. A President-elect may obtain Clinical Career Ladder Panel experience while concurrently fulfilling the President-elect role. The President-Elect will serve on the panel at the level of their practice (i.e., a President-Elect who is a Clinician 3 or 4 will serve on a Clinician 3/4 panel; and a President-Elect who is an APN will serve on the APN Career Ladder Panel).
   i. If a President-elect is elected who currently works in a role other than Clinician 3/4, APN, or management, that nurse shall serve as a non-voting participant on a Career Ladder Panel to obtain Ladder experience.

d. To be eligible to serve as President, nominee must have a BSN or higher degree in nursing.

e. To be eligible to serve as President, nominee must have a specialty certification and membership in an external professional organization.

Elections Process:
1. Elections will be held annually beginning in October; balloting will be conducted for a minimum of 15 days, to include at least two full weekends, to facilitate voting opportunities for all shifts.
2. The Cabinet shall elect two tellers prior to the close of elections to count and certify the results of the vote. Tellers may not be elected officers or members of the Nominating Committee. When possible, Tellers will be non-nurses, to promote objectivity in election proceedings.
3. The Chair of the Nominating Committee will abstain from voting. In the event of a tie, the Chair will cast the deciding vote.

ARTICLE V – Duties of Officers
All officers shall perform the duties prescribed by these Bylaws and such other duties applicable to the offices as prescribed by the adopted parliamentary authority.

Section 1. Duties of the President
The President shall:
1. Serve as leader and official representative of the PNSO.
2. Lead the PNSO in achieving the purposes of the organization.
3. Partner with the CNO to develop the Nursing Work Plan in synergy with the strategic goals of the University of Virginia Health System.
4. Preside over meetings of the membership, the nursing leadership, the Cabinet, and other groups as required to accomplish the work of the PNSO.
5. Advise the Health System leadership on matters affecting the practice of nursing in consultation with the Cabinet and in partnership with the Chief Nursing Officer.
6. Assure processes for ongoing innovation and evaluation of nursing professional practice and care delivery models, and other core documents. Evaluation shall at minimum take place every 3 years, and involve input from a broad cross section of direct care nurses.
7. Receive and consider professional nursing concerns.
8. Be an ex-officio member of all Central PNSO committees except the Nominating Committee.
**Section 2. Duties of the President-elect**
The President-elect shall:
1. Succeed to the office of President after one year.
2. Assume the duties of President upon request of the President or in the event the President is unable to serve.
3. Assist the President in the work of the PNSO.
4. Receive and consider professional nursing concerns.
5. Serve on Cabinet, and on the Executive Committee of the Cabinet.
6. Chair the Nursing Summit Planning Committee.

**Section 3. Duties of the Immediate Past-President:**
1. Chair the Nominating Committee.
2. Serve on Cabinet, and on the Executive Committee of the Cabinet.
3. Serve on the Nursing Summit Planning Committee.
4. Provide continuity for ongoing initiatives.

**Section 4. Duties of Appointed Officers**

The **CNO**, in collaboration with the PNSO, shall:
1. Plan, implement, and evaluate the practice of nursing through the mechanisms of the PNSO.
2. Procure and provide administrative support for the activities of the PNSO.
3. Receive and consider professional nursing concerns.
4. Partner with the President to develop the Nursing Work Plan in synergy with the strategic goals of the University of Virginia Health System.
5. Participate in the determination of structures and processes to achieve strategic clinical and administrative goals.
6. Be an ex-officio member of the Cabinet and Executive Committee of the Cabinet.

The **Dean of the School of Nursing** shall:
1. Collaborate with the PNSO on nursing matters.
2. Be an ex-officio member of the Cabinet.

The **Communication Officer** (or their designee) shall:
1. Serve as communication coordinator for the President, the Executive Committee of the Cabinet, Cabinet and the PNSO by:
   a. Establishing and maintaining mechanisms for informing the PNSO membership of meetings, activities and actions of the organization.
   b. Disseminating information about the PNSO meetings, activities and actions.
2. Collaborate with the recording secretary to maintain an accurate record and archive of the business of the PNSO.
   a. A recording secretary shall:
      i. Record, distribute and archive approved minutes of the meetings of the PNSO.
      ii. Maintain the official membership roster of the PNSO.
      iii. Serve as staff support for Cabinet and other activities of the PNSO.
3. Fulfill such other duties as prescribed for a Secretary in the adopted parliamentary authority.
**ARTICLE VI – Meetings**

**Section 1. Major Events**

The PNSO shall hold events throughout the year, addressing the organization’s goals & priorities, and giving opportunities to broadly network to promote staff nurse professional development, nursing leadership development, nursing practice and research, nursing shared governance, and recognition of exceptional individual and collective nursing achievements.

**PNSO Summit on the State of Nursing**

1. The PNSO Summit will be convened with representation from care sites throughout the Health System in the last quarter of each calendar year. Invitations will be extended to all of the Local PNSO Committee Chairs, and any PNSO member may attend.
2. The purpose of the Summit shall be to reflect on the year’s achievements and to identify upcoming plans. The Nursing Summit Planning Committee will collaborate with Cabinet to deliver content on selected nursing issues that are relevant to nursing staff.
3. The date for the Summit will be established by the Executive Committee of the Cabinet six months prior to the event and publicized at least three months prior to the event.
4. The PNSO Cabinet shall approve the agenda for the Summit and publicize it at least two weeks prior to the event.

**PNSO Evidence-Based Practice Symposium**

1. The PNSO Evidence-Based Practice Symposium will be an annual educational venue open to all PNSO members, showcasing best clinical practices, innovative nursing research, and quality improvement projects achieving notable outcomes.
2. A call for abstracts will be issued, and any PNSO member may submit an abstract.
3. The Executive Committee of the Cabinet will establish the event planning committee and a juried process for the abstracts annually.

**Section 2. Additional Meetings**

1. Any member of the Executive Committee of the Cabinet may call additional meetings of the PNSO as deemed necessary to accomplish the work of the organization.
2. Called meetings shall be for the purpose of disseminating information, seeking input on urgent matters, or providing professional development. Notice of called meetings will be given in advance of such meeting and will include date, time, place, and agenda.

**ARTICLE VII – PNSO Cabinet**

The PNSO Cabinet shall conduct the business of the PNSO and perform such other duties as specified in these Bylaws. None of its actions shall conflict with the policies of the University of Virginia Health System.

**Section 1. Cabinet Membership**

1. Each appointed Cabinet member shall be an officer of the organization and is eligible for re-appointment. (see Art. IV Section 1, Terms and Vacancies) A member may resign when circumstances prevent the member from fulfilling
his/her duties. A member may be removed from the Cabinet upon two-thirds vote of the voting membership of the Cabinet.

2. Members of the Cabinet shall be:
   a. Executive Committee of the Cabinet: President, President-Elect, Immediate Past-President, Communications Officer (Director of Nursing Governance Programs), Administrator for Workforce Development & Business Operations, Magnet Recognition® Program Coordinator, and Nursing Research Program Coordinator.
   b. Chairs of the Central Core Shared Governance Committees
   c. Chairs of the Central Operational Shared Governance Committees
   d. Chair of the Regional Night Shift Committee
   e. Chair of the Regional APN Committee
   f. Representative(s) from service line Nursing Directors
   g. Member(s) at large, drawn from the clinical nursing staff

3. Membership Duties: Service as a Cabinet representative is a professional privilege, and commitment to fulfilling the role is essential to conducting PNSO business. Members of the Cabinet shall commit to:
   a. Participate actively in the work of the Cabinet and the PNSO,
   b. Consistently attend Cabinet meetings,
   c. Become involved in nursing initiatives as directed by the Cabinet,
   d. Share information about central/regional committee work with Cabinet,
   e. Provide monthly communication regarding Cabinet business to the central/regional committee(s) and practice area(s) they represent; and
   f. Adhere to established group norms of the Cabinet.

4. Ad hoc members may be appointed by the Executive Committee of the Cabinet as needed to provide expertise regarding specific issues of relevance to the work of the PNSO. Ad hoc members will not be voting members of the Cabinet and may be re-appointed for additional terms.

Section 2. Meetings of the PNSO Cabinet

1. Meetings shall be held no less than monthly. The Executive Committee of the Cabinet will establish the meeting schedule in January for the calendar year. The President shall chair all meetings of the Cabinet. The President-elect shall chair the meetings in the absence of the President.

2. Special meetings of the Cabinet may be held upon the call of the President or upon written request of a majority of members of the Cabinet.

3. Executive Session: If a matter of great sensitivity is to be discussed, a closed meeting of the Cabinet called “executive session” may be called by the President.

Section 3. Duties of the PNSO Cabinet

The Cabinet shall:
1. Be the governing body of the PNSO.
2. Establish, evaluate, and revise mechanisms to assure the achievement of the purposes of the PNSO.
3. Collaborate with the Nursing Policy Program and the Clinical Practice Committee to establish standards for the professional practice of nursing within the Health System.
5. Receive and consider professional nursing concerns from members of the PNSO.
6. Advise the Health System leadership on matters affecting the practice of nursing.
7. Appoint committee representatives from the SON in accordance with the University of Virginia School of Nursing Faculty Organization Bylaws.
8. Approve Central PNSO Committee Chairs by the Executive Committee of the Cabinet.
9. Conduct an annual review of the Bylaws of the PNSO to recommend any changes necessary to maintain the efficient and effective functioning of the organization.
10. Review proposed Bylaws changes submitted by any member. Report all proposed changes with recommendations to the membership.
11. Review activities of the PNSO for compliance with these Bylaws of the organization and advise the President concerning procedural variances.
12. Review Operational Guidelines every three years and as needed.
13. Guide the shared governance structure in executing and achieving the goals of the nursing work plan.
14. Evaluate the outcomes of the nursing work plan.

**ARTICLE VIII – Executive Committee of the Cabinet**

The Executive Committee of the Cabinet shall be composed of the President, President-elect, CNO, the Immediate Past-President, the Magnet Recognition® Program Coordinator, Administrator for Workforce Development and Business Operations, the Director for Nursing Governance (Communications Officer), and the Nursing Research Program Coordinator. The current President presides over the meetings of the Executive Committee of the Cabinet.

**Section 1. Duties of the Executive Committee of the Cabinet**

The Executive Committee of the Cabinet shall:
1. Appoint the members of the Cabinet.
2. Nominate chairpersons of the Central PNSO Committees for the Cabinet’s approval.
3. Utilize the mechanisms of the PNSO to achieve the purposes of the organization.
4. Establish the schedule and provide planning input for meetings of the PNSO.
5. Act on urgent nursing matters between Cabinet meetings.
6. Report any action taken to the Cabinet at the next scheduled meeting of that body.
7. Collaborate with organizational leadership on behalf of the PNSO in developing and recruiting for key operational roles.

**Section 2. Meetings of the Executive Committee of the Cabinet**

The committee shall meet at least monthly and at the call of any member of the Executive Committee of the Cabinet.

**ARTICLE IX – Overview: PNSO Committee Structure**

Per **Article II, Purpose: Shared Governance**, the PNSO shall provide the structure for establishing standards of nursing practice and professional advancement throughout the University of Virginia Health System.

Nurses engage in shared governance at the **Local, Regional, and Central** levels via a committee structure which addresses issues regarding clinical practice, quality, research, and professional development (Article XII, Central Core Committees) and nursing operational improvements. (Article XIII, Central Operational Committees)

This committee structure is designed to be agile, not hierarchical or exclusive. Rather, each level builds upon the others’ efforts, to provide multi-directional communication flow and collaborative decision making to
achieve nursing shared governance goals. Committees shall utilize organizational methods and tools for problem-solving.

1. The foundation takes place at the Local Committee level, where nurses have the most direct understanding of issues that influence their practice. All area nurses are expected to participate in their Local shared governance work.

2. Local Committee Chairs represent their areas on the corresponding Regional Committee, escalating issues and sharing their learning so that other similar areas may benefit. Local Chairs may also escalate operational issues to the relevant Central Committee as needed.
   a. For issues and findings affecting broad aspects of nursing, Local PNSO committees may collaborate directly with the relevant Central Core or Operational PNSO Committee(s) or Officers, informing their Regional PNSO Committee as well.

3. Regional Committee leaders serve on Central Core Committees and/or Cabinet, to address issues across broad settings.
   a. The Night Shift Committee Chair and APN Committee Chair serve on Cabinet.
   b. The following Regional Committee Chairs serve on the Central Clinical Practice Committee, and their Regional Vice-Chairs serve on the Central Nursing Quality Committee:
      • Adult Acute Care Regional Nursing Committee
      • Ambulatory Regional Nursing Committee
      • Critical Care Regional Nursing Committee
      • Children’s Hospital Regional Nursing Committee
      • Emergency Areas Regional Nursing Committee
      • Perioperative Areas Regional Nursing Committee
      • Procedural / Diagnostic Areas Regional Nursing Committee

4. Chairs of Subcommittees, if any, serve on their respective parent Committee.

5. Central Core and Operational Committees report directly to Cabinet.
   a. Central Committee Chairs serve on the Cabinet, submitting updates regarding their work and escalating high-impact issues for final decisions on behalf of the PNSO.
   b. Committee Chairs submit Outcomes Reports quarterly for the Cabinet’s review.

6. Committees collaborate as appropriate for efficient decision making.

7. All committees are expected to communicate final decisions to their constituents, across Central, Regional and Local levels, to avoid information silos and duplicative work.

8. Opportunity for individual nurse participation and advocacy is via:
   c. Local Committee activities, available to all nurses;
   d. Attendance as presenter or guest at Regional or Central Committee meetings;
   e. Open call for interest annually for committee participation, and the President-elect will collaborate with Committee Chairs to fill committee seats;
   f. Personal collaboration with a Chair or Officer, including the PNSO President and CNO.

**ARTICLE X – Local PNSO Shared Governance Committees**

All units and practice areas will be required to address at minimum the following aspects of professional nursing practice at the local level: Clinical Practice; Quality; Professional Development; Research.
1. All nurses will participate in local PNSO committee work.
2. Minutes will be kept for all local meetings and shall reflect the four aspects required.
3. The Chair of Local PNSO Committees will represent their area on their corresponding Regional PNSO Committees.
4. For issues and findings affecting broad aspects of nursing, Local PNSO committees may collaborate directly with the relevant Central Core or Operational PNSO Committee(s) or Officers, informing their Regional PNSO Committee as well.

ARTICLE XI - Regional PNSO Shared Governance Committees

1. Purpose:
   a. A Regional Committee is accountable to PNSO Cabinet for guiding the development, implementation, and evaluation of evidence-based practice and quality in their region-affiliated practice settings. Night Shift Committee and APN Committee may also address research and professional development.
   b. Ensure consistency of nursing practice at all levels throughout service lines in that region.

2. Membership:
   a. Chairpersons of Regional Committees are nominated by the Executive Committee of the Cabinet and approved by Cabinet. (Article IV, Section 3)
   b. The Immediate Past-Chair may return as an ex-officio member for one additional year as a resource to the incoming Chair.
   c. With the exception of Night Shift Committee and the APN Committee, the membership of each Regional Committee shall be the Chairs of the Local Committees whose practice areas fall within that region, or influence that region’s nursing practice/quality.
   d. Membership will include a service line director, as well as an APN representative.

3. Duties of Regional Committees:
   a. Promote evidence-based clinical practice through discovery, education and dissemination of information and research to promote consistency across all practice settings in that region.
   b. Collaborate with organizational leadership and Nursing Quality Committee to review nursing quality data and evaluate practice implications.
   c. Establish a mechanism for active communication and networking with other Committees.
   d. Collaborate with other PNSO Committees to address issues across the continuum of care.
   e. Report periodically to Clinical Practice Committee and/or Cabinet as applicable, providing a summary of activities and recommendations for future initiatives.

4. Duties of Regional Chairs:
   a. Chairs of the Night Shift and APN Committees serve on Cabinet.
   b. Chairs of the other Regional Committees serve on the Central Clinical Practice Committee; Vice Chairs of the other Regional Committees serve on the Central Nursing Quality Committee.

Section 1. Standing Regional Committees

Practice Setting-Affiliated Regional Committees:
- Adult Acute Care Regional Nursing Committee
- Ambulatory Regional Nursing Committee
- Critical Care Regional Nursing Committee
- Children’s Hospital Regional Nursing Committee
- Emergency Areas Regional Nursing Committee
• Perioperative Areas Regional Nursing Committee
• Procedural / Diagnostic Areas Regional Nursing Committee

1. Members: see above.
2. Duties: see above.

**Night Shift Committee** – The Night Shift Committee shall serve as the representative body for night shift nurses within the organization.
1. Members: The Night Shift Committee is composed of all night shift nurses.
2. Duties: The Night Shift Committee shall.
   a. Provide a connection from local and central PNSO Committees to night shift nurses.
   b. Support and foster a Night Shift Friendly atmosphere.
   c. Promote Night Shift nurses’ collaboration with nursing and organizational leadership on off-hours.
   d. Provide a venue and recommendations to address quality initiatives in a night shift work environment.
   e. Provide a forum for the discussion of nursing policy and practice as it pertains to night shift work environment.
   f. Report periodically to Cabinet as applicable, providing a summary of activities and recommendations for future initiatives.

**APN Committee** – The APN Committee shall serve as the representative body for Advanced Practice Nursing within the Organization.
1. Membership: The APN Committee is composed of all Advanced Practice Nurses working within the Health System.
2. Duties: The APN Committee shall:
   a. Provide recommendations for addressing professional issues related to advanced practice.
   b. Facilitate the presence of strategic members on key committees and other institutional venues that require APN input.
   c. Serve as a forum for key information-sharing related to APN practice, legislative initiatives and future directions introduced by professional organizations.
   d. Provide a forum for the discussion of APN initiatives and related problem solving.
   e. Report periodically to Cabinet as applicable, providing a summary of activities and recommendations for future initiatives.
3. The Chair of the APN Committee (or designee) serves as the Medical Center representative on School of Nursing MSN/DNP Program Committees.

**ARTICLE XII – Central Core PNSO Shared Governance Committees**

Central Core Committees shall be established by the Cabinet, CNO or President as necessary to fulfill the purposes of the PNSO. Chairpersons of Committees are nominated by the Executive Committee of the Cabinet and approved by Cabinet. Each committee shall include some representation from members not currently serving on Cabinet, including representatives drawn from Local PNSO Committees. Central Core Committees shall establish a mechanism for active communication and networking with Regional and Local Committees.
Section 1. Standing Central Core PNSO Committees

Clinical Practice Committee -
1. Purpose: The PNSO shall promote excellence in nursing practice by establishing, upholding and advancing evidence-based clinical practice in all clinical settings. The Clinical Practice Committee is accountable to the Cabinet for guiding the development, implementation and evaluation of nursing practice and documentation standards.
2. Membership: Members are derived from the Regional Committee leadership, nursing leader(s), and operational program leader(s). The Immediate Past-Chair will be an ex-officio member for one additional year as a resource to the Chair.
3. Duties: The Clinical Practice Committee shall:
   a. Promote evidence-based clinical practice.
   b. Collaborate with the Nursing Policy Program to review and define professional nursing practice and documentation to promote consistency across clinical settings.
   c. Communicate substantive changes in nursing practice and documentation to the PNSO;
   d. Receive and consider nursing practice and clinical concerns from all areas within the Health System.
   e. Report to the Cabinet at least quarterly providing a summary of activities and bringing forward any recommendations pursuant to the purpose of the Committee or the PNSO.

Professional Development Committee -
1. Purpose: The PNSO shall promote the ongoing development of members through education, mentorship, peer review and recognition opportunities for individual nurses and UVA Nursing.
2. Membership: Members of the Professional Development Committee are appointed by the Cabinet.
3. Duties: The Professional Development Committee shall:
   b. Provide guidance to orientation, competency, in-service, and continuing education programs.
   c. Promote the development and participation in educational programs for nurses.
   d. Promote nurses’ attainment of certification to meet organizational goals.
   e. Recognize individual achievements and collective excellence in the delivery of nursing services.
   f. The Committee reports to the Cabinet at least quarterly providing a summary of activities and bringing forward any recommendations pursuant to the purpose of the Committee or the PNSO.

Nursing Quality Committee
1. Purpose: The PNSO shall promote a commitment to quality and patient safety through monitoring of outcomes data and ongoing improvements.
2. Membership: Members of the Nursing Quality Committee are derived from the Regional Committee leadership, nursing leader(s), and operational program leader(s). The Immediate Past-Chair will be an ex-officio member for one additional year as a resource to the Chair.
3. Duties: The Nursing Quality Committee shall:
   a. Coordinate a clinical peer review process for nursing, focused on patient safety events referred from the Patient Safety Committee and patient care areas’ nursing leadership.
   b. Create action plans to address practice issues stemming from these reviews.
   c. Provide oversight to Nurse-Sensitive Quality Indicator efforts to assure all indicators achieve a level of excellence aligned with institutional goals.
   d. Recognize individuals and areas achieving excellent quality outcomes.
Section 2. Standing Central Core Nursing Programs

The Nursing Policy Program –

1. Purpose: The Nursing Policy Program is accountable to nursing leadership for promoting current best practices through the development, implementation and evaluation of consistent clinical guidance documents.

2. Membership: Members of the Nursing Policy Program are appointed by the Executive Committee of the Cabinet. The President, President-elect, CNO, and Director of Nursing Governance Programs are ex-officio members.

3. Duties: The Nursing Policy Program shall:
   a. Collaborate with the PNSO Central Clinical Practice Committee to review and define professional nursing practice and documentation, promoting consistency across clinical settings.
   b. Consider requests to develop or revise clinical resources on behalf of the PNSO membership.
   c. Coordinate the development and revision of clinical guidance documents using an evidence-based model.
   d. Communicate substantive changes in clinical guidance documents to the PNSO.
   e. Collaborate with interdisciplinary partners to facilitate searchability and access to guidance documents.

The Nursing Research Program -

1. Purpose: The PNSO shall promote knowledge acquisition through the conduct, evaluation, application, and dissemination of nursing research.

2. Members: Nursing Research Program Director(s) and Research Mentors who lead clinical nursing teams in conducting nursing research projects.

3. Duties of the Nursing Research Program Director(s)
   a. Adapts academic research methods to methods appropriate in clinical settings.
   b. Oversees and facilitates each phase of project completion.
   c. Guides Research Mentors' development throughout each project, promoting their ability to lead peers in project teams independently.
   d. Recognizes the contributions to local, national and international nursing practice achieved by publication of PNSO members' findings.

4. Duties of the Research Mentors:
   a. Leads clinical nursing teams in identifying patient care issues, proposing a research study for IRB approval, performing data collection, analyzing the data, determining implications for nursing practice, and disseminating findings as presentations or publications.
   b. Assists the Director(s) in expanding the Program and transferring skills to new Mentors.

Section 3. Initiatives

Initiative work groups are appointed by the Cabinet on an as-needed basis, as an outgrowth of any issue that requires an extended process to resolution.

ARTICLE XIII – Central Operational PNSO Shared Governance Committees

Per Article II, Purpose:
- The PNSO shall provide the structure for establishing standards of nursing practice and professional advancement throughout the University of Virginia Health System.
• The PNSO is responsible to evaluate the work environment and influence improvements to promote positive relationships with patients, visitors, and colleagues; to promote staff self-care and wellbeing; and to promote workplace safety.

Central Operational Committees shall be established by the Cabinet, CNO or President as necessary to fulfill these and other operational purposes of the PNSO. Each committee shall include some representation from members not currently serving on Cabinet, including representatives drawn from Local PNSO Committees. Central Operational Committees shall establish a mechanism for active communication and networking with other committees. Chairpersons of Committees are proposed by the Executive Committee of the Cabinet and approved by Cabinet. (Article IV, Section 3)

Section 1. Standing Operational Committees

Standing Operational Committees are:
• Career Ladder Committee
• Management Committee
• Nominating Committee
• Nursing Summit Planning Committee
• Nursing Scheduling Committee
• PCA/PCT and RN Committee

Career Ladder Committee - The Career Ladder Committee has the responsibility and authority to provide coordination of the peer review process for advancement, and revalidation within the Nursing Career Ladder. The Career Ladder Committee establishes guidelines for the Clinician 3/4 Career Ladder Panels and the APN Career Ladder Panels.

1. Membership: The Career Ladder Committee is composed of the chair and vice-chair of the Clinician 3/4 Career Ladder Panels, and the Chair and Vice-Chair of the APN Career Ladder Panel.

2. Duties: The Career Ladder Committee shall:
   a. Provide oversight for the Clinician 3/4 and APN Career Ladder Panels.
   b. Publish the schedule and procedure for the advancement, and revalidation processes for both “arms” of the Clinical Career Ladder. This includes the Clinical Career Ladder Handbook as well as other online resources.
   c. The Career Ladder Committee establishes guidelines annually via the Career Ladder Handbook for the Clinician 3/4 Career Ladder and the APN Career Ladder Panels. This Handbook specifies the membership, duties and function of the Clinician 3/4 Panels, and the APN Career Ladder Panel. Major changes in policy or process are proposed for Cabinet’s approval prior to implementation. Updates to the Handbook are posted on the PNSO website in time for each year’s first major advancement season. It is the individual responsibility of each UVA Health System RN to be conversant with the process as outlined in the Handbook, and adhere to the rules and deadlines outlined there as applies to their position.
   d. Prepare a slate of nominees for future membership on the Panel(s) to present to the Executive Committee of the Cabinet, including recommendations for Chair and Vice-Chair of the Clinician 3/4 Career Ladder Panel(s) and Chair and Vice-Chair of the APN Career Ladder Panel.
   e. Periodically review the criteria for advancement and recommend revisions in the criteria to the Cabinet.
   f. Survey the committee, panelists and candidates every cycle to evaluate the structure, process and outcomes of the Clinical Career Ladder.
g. Report to the Cabinet at least annually providing a summary of activities and bringing forward any recommendations.

h. In concert with the Director of Nursing Governance Programs, work with nurse managers, Nursing Professional Development Services and Human Resources to ensure that the policies and procedures regarding Ladder activities are relayed appropriately to newly hired nurses and to nurses in the Health System desiring advancement on one of the career ladders.

**Management Committee** – The Management Committee shall serve as the representative body for Medical Center Nurse Managers within the health system.

1. Members: The Management Committee is composed of two managers per service line to represent inpatient and outpatient areas. Inclusion of non-nurse manager members may be considered to support succession planning initiatives.

2. Duties: The Management Committee shall
   a. Collaborate with Human Resources and Nursing Professional Development Services to develop and evaluate onboarding processes of new nurse managers using the guiding principles of the American Organization of Nurse Executives.
   b. Promote managers’ attainment of certification to meet organizational goals.
   c. Facilitate resources and tools for managers to support the Medical Center’s Be Safe initiatives.
   d. Provide Nurse Executive Committee with information and feedback regarding operational initiatives.
   e. Foster the spirit of transformational leadership.

**Nominating Committee** – (see Article IV, Officers – Section 3, Nominations and Elections)

**Nursing Summit Planning Committee** (see also Article VI, Meetings – Section 1, Major Events.)

The Executive Committee of the Cabinet will establish the event planning committee annually in January. The President-elect will serve as the Chair of the Nursing Summit Planning Committee, and the Immediate Past-President shall serve on the committee to provide continuity.

**Nursing Scheduling Committee** – develops and evaluates staffing scheduling practices across the inpatient setting.

2. Members: The Nursing Scheduling Committee is composed of frontline staff and managers.

3. Duties: The Nursing Scheduling Committee shall
   a. Collaborate with Patient Care Services to guide staffing scheduling practices.
   b. Review Inpatient Staffing and Scheduling Policy.
   c. Provide guidance to floating practices.
   d. Receive and consider scheduling and staffing concerns from frontline clinicians from all inpatient areas.

**PCA/PCT and RN Committee** – The PCA/PCT and RN Committee shall address meaningful collaboration and engagement for these roles, to achieve a positive caregiver, team and patient experience.

1. Members: Patient Care Assistant, Patient Care Technician and RN representatives from inpatient practice settings. The Nursing Professional Development Services coordinator for PCA/PCT development will be an ex-officio member.

2. Duties:
   a. Assure positive communication across roles and settings.
   b. Promote appropriate delegation between RNs and PCA/PCTs to ensure safe patient care and positive patient experience.
c. Guide recognition of each role's distinct contributions, individuals' achievements and examples of excellent collaboration.
d. Provide recommendations to improve engagement and retention.

**ARTICLE XIV – Disciplinary Procedure**

Elected officers may be removed for due cause. Due cause shall be defined as unprofessional conduct, mental or physical impairment rendering the officer unable to fulfill the duties of office and/or failure to perform the duties of office as stated in these Bylaws. A process of removal may be initiated by the CNO, the Cabinet, or by petition of 50 PNSO members. The Cabinet will review for due cause and place a recommendation before the membership. Removal from office shall require two-thirds of the votes cast on ballots returned.

**ARTICLE XV – Parliamentary Authority**

The proceedings of the PNSO shall be governed by the rules contained in the current edition of Robert's Rules of Order Newly Revised in all cases to which they are applicable and not inconsistent with these Bylaws or any special rules of order the organization may adopt.

**ARTICLE XVI – Amendments**

These Bylaws may be amended during the annual election balloting by two-thirds of the votes cast on ballots returned. Proposed amendments shall be disseminated for open comment prior to submitting to the membership for a vote. The PNSO Cabinet is authorized to correct article and section designations, punctuation and cross-references, and to make other such technical and conforming changes as necessary to reflect the intent of the PNSO.

Adopted by vote of the membership - June, 2000