Purpose
The Clinical Practice Committee (CPC) is accountable to the PNSO Cabinet for guiding the development, implementation and evaluation of nursing practice guidelines, procedures, documentation and standards. Per Bylaws, their mission is to sustain safe, effective nursing care and includes:

- Review and define professional nursing practice and documentation to promote consistency across clinical settings.
- Receive and consider nursing practice and professional concerns from all areas within the Health System.
- Promote dissemination of information and research.
- To examine nursing practice issues, questions or discrepancies across practice areas by applying an evidence-based model in resolution (collaborating with the Nursing Research Review and Recommendation Committee as needed).
- Identify the resources and mechanisms for the development and implementation of best practice;
- Evaluate nursing practice quality data in consideration of nursing practice issues that traverse practice areas.
- To promote implementation of best practices, standard work and nursing procedures.

Principles
- The CPC will report to the Cabinet at least annually and provide quarterly reports with a summary of activities and bringing forward any recommendations pursuant to the purpose of the committee or the PNSO.
- The CPC meets monthly; CPC Chairs and PNSO leaders also meet as needed for planning and issue resolution.
- CPC will publish monthly the Practice News that all RNs are expected to review.

Process

CHAIR & VICE-CHAIR
The work of the CPC is guided via a Chair and Vice-Chair. The Chair and Vice-Chair are nominated by the Executive Committee of the Cabinet, and approved by Cabinet. The Chair and Vice-Chair will also have input into the nomination of the successor to fill the position of Vice-Chair.

Chair: Position is held for a term of 1 year by a clinician at the Clinician IV/APN level on the clinical ladder or similar position not on the ladder. The Chair is an active member of the PNSO and ideally served the previous year as the Vice-Chair. The Chair has strong leadership and communication skills and is knowledgeable of nursing practice and PNSO governance. The primary accountabilities of the Chair are:

- Oversee CPC meetings, including agenda development and meeting facilitation (consistent with Operational Guideline (OG) 5: Committee Meeting Process).
- In partnership with the CPC Executive Committee, which is composed of the Chair, Vice-Chair, PNSO President, President-elect and Director of Nursing Governance (and committee members where appropriate), develop goals and annual objectives.
- Provide for the ongoing monitoring and evaluation of annual objectives, in alignment with the Nursing Strategic Plan.
- Appoint workgroups, their chairs, and monitor progress of any special initiatives formulated via the work of the CPC.
- Provide for the ongoing monitoring and evaluation of the work of Subcommittees reporting to CPC: Adult Acute Care Practice, Children’s Hospital Practice/Procedure, Critical Care Practice, Procedural Area Practice and Inpatient Nursing Informatics.
• Ensure regular communication to committee members and PNSO membership via PNSO Membership Communication Strategies (OG3) including the utilization of Collab for ongoing committee work and information distribution through Local Practice Chairs/Chairs and the Practice News.

• Serve as a member representing CPC to PNSO Cabinet and Medical Center Patient Care Committee. Chair or designee will also serve on Nursing Quality Committee and other committees as deemed necessary to provide adequate Chair with other committees.

• In collaboration with the vice-chair, provide quarterly reports as requested to the PNSO Cabinet.

• Collaborate with the PNSO Support Office, Nursing Education Services, Quality and APN leadership, and directors of the Nursing Research Mentorship Program in the development of PNSO Evidence-Based Practice Symposium.

• Working with the Vice-Chair, annually provide for continuity of committee leadership and transition of leadership. Support the continuity of leadership on CPC subcommittees by working with the chairs and vice chairs of the subcommittees to plan for leadership succession.

• Facilitate an annual review of PNSO Nursing Focus Areas (website).

• Facilitate review of nursing procedures to meet standard of every 3 years review.

Vice-Chair: Position is held for a term of 1 year by a clinician at the Clinician IV/APN level on the clinical ladder or similar position not on the ladder. The Vice-Chair serves alongside the Chair in order to become familiar with the duties of the position. The Vice-Chair will step into the role of Chair the year immediately following the year serving as Vice-Chair. The Vice-Chair has strong leadership and communication skills and is knowledgeable of nursing practice and PNSO governance. The primary accountabilities of the Vice-Chair are:

• Work collaboratively with the Chair throughout his/her term to provide for continuity of leadership and a smooth transition for CPC leadership.

• In the absence of the Chair, fill in to ensure the accountabilities of the Chair are met.

• Serve as editor of the PNSO practice publication—Practice News.

• Attend meetings as a designee of the Chair as assigned.

MEMBERSHIP
Clinical Practice Committee membership is representative of the various practice settings within the health system—to include inpatient adult acute care (2), adult critical care (2), children’s hospital (2), intermediate care, emergency department, staffing resource office, ambulatory and procedural areas.

• Members will serve a 2-year term. This term may extend if the member is serving as a chair of a reporting subcommittee and a time-limit to that term has not been established.

• Members must provide prior notification to the chair if he/she will be unable to attend a meeting. If a member does not participate for 3 meetings without prior communication, that member will be removed from the membership (and replaced at the discretion of the chair) per PNSO OG 5.

Standing Members: Appendix A

• PNSO President
• PNSO President-elect
• Director of Nursing Governance
• Immediate Past-chair
• Chair, Adult Acute Care Practice
• Chair or designee, Ambulatory Nursing Committee
• Chair, Children’s Hospital Practice/Procedure
• Chair, Adult Critical Care Practice
• Chair, Procedural Area Practice
• Chair, Inpatient Nursing Documentation and Nursing Informatics
• Chair or Vice-Chair, Research Review and Recommendations (R3)
• Director or designee, PNSO Nursing Research Mentorship Program

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• Infection Prevention and Control Practitioner
• Nursing Education Services Chair
• Chair or designee of the Nurse Education Coordinator committee
• Staffing Resource Pool/MET Chair
• Management Committee Chair or member
• Intermediate Care Unit Chair

(Ad hoc members:) CPC will maintain an identified Chair link to Quality/Patient Safety/Risk Management department, Nursing Quality Committee and the Nurse Sensitive Quality Indicator Initiative leads. Additional membership may be warranted representing initiatives that align with institutional and/or CPC goals as deemed necessary by the CPC Executive Committee (CPC Chair, CPC Vice-Chair, Director of Nursing Governance, PNSO President, and PNSO President-elect). These representatives will include interdisciplinary colleagues as warranted.

Members are nominated by either their unit manager or a CPC member for membership on CPC Subcommittees and/or CPC and are approved by the CPC Executive Committee.

Members will be supported in their role on CPC by the unit manager, providing time for monthly CPC meetings and subcommittee meetings where indicated as well as time for committee online work.

Member Responsibilities
• Pre-work/Collab Online work (e.g. Collab, email, surveys, etc)
• Practice News review
• Active representation and engagement, bringing issues from practice areas to CPC and representing practice area perspectives on work of CPC
• Attendance
• Resource to unit and local Practice Committee, including sharing information from CPC.

LOCAL PRACTICE CHAIRCHAIRS
In addition, clinical practice representatives will be appointed in each practice area by the unit manager to serve as the Chair between the CPC and frontline staff. This appointee will be referred to as the Local Practice ChairChair and will be active on the committee responsible for unit practice. The Local Practice Chair may serve in other roles in unit Shared Governance. The Local Practice Chair is a key member of the PNSO clinical practice structure, helping to implement best practices at the frontline. The duties of the Local Practice Chair include:

• Review email at least weekly for notifications about practice issues and actions needed. Communication is two-way with Local Practice Chair relaying practice concerns and suggestions to the CPC Chair as well.
• Local Practice Chair in collaboration with their unit manager will ensure an active, effective communication tree is established for each unit to relay information related to nursing practice.
• Promoting the review of the monthly Practice News by staff.
• CPC Chair may request Local Practice Chair actions such as responding to surveys, obtaining feedback from practice area staff on practice issues and bringing practice notifications to the attention of staff.
• Discuss practice issues with unit staff, explore nursing practices which raise concern about quality or safety, or which may improve patient outcomes. From these discussions, the Local Practice Chair will share recommendations or concerns that impact a broader area with the CPC chair or regional practice committee chair.
• Coordinate efforts with the unit manager and NEC to plan and implement practice changes on a unit level. Periodic follow up and assessment of sustained practice are important to ensuring practice changes are implemented consistently.
• It is strongly encouraged that the Local Practice Chairs become members of their regional practice committees.

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Attend Evidence-based Practice Symposium annually. Facilitate attendance by your colleagues, encouraging and assisting them to develop posters and presentations to submit for EBPD Symposium.

**SUBMISSION OF PRACTICE CHANGE**

General information:

**Key Resources**
- Evidence-Based Practice Statement
- Levels of Evidence
- Overview of the practice change review process (Appendix B)

**Mechanism to Submit a Practice Change**
- Evidence-Based Practice Framework
- Evidence-Based Practice Template (and example of its use)

**SUBMISSION TO PRACTICE NEWS**

*Practice News* is a monthly electronic newsletter produced by the CPC to communicate important and relevant information about nursing clinical practice within the Health System. The newsletter reviews changes to Medical Center clinical policies, procedures and guidelines; general updates and reminders related to patient safety issues; developments in clinical outcomes and metrics; announcements of new or revised clinical resources; and changes affecting nursing practice.

All submissions to the *Practice News* must be received by the CPC Vice-Chair before the advertised deadline the prior month. This allows for a draft to be circulated to the CPC members for review, and to the Director of Nursing Governance for final approval.

Authors preparing articles for the *Practice News* should be guided by this article structure reference:

For a practice update or practice change article, authors must include the research-based levels of evidence.

**ADMINISTRATIVE SUPPORT**

Administrative support is provided by the PNSO Nursing Governance Programs Office.

Primary accountabilities include:
- Maintain membership roster and post online.
- Meeting minutes; attendance record including guests; cumulative index of meeting topics for future reference (available upon request).
- *Practice News* formatting and distribution, including posting online and archiving a cumulative index of articles for convenient reference.
- Maintain CPC-related websites, including Nursing Portal/Nursing Focus Areas and online Nursing Procedure Manuals (Lippincott and AACN).
- UVaCollab maintenance, shared with Chairs and members as needed, to post minutes, pre-work documents, polls, and discussion threads.
- Maintenance of central electronic distribution list (‘‘CL Nursing Practice Committee’’ and ‘‘CL Nursing - Local Practice Chairs’’, available in Outlook Global).
- Assistance with broad email distribution from ‘‘PNSO’’ mailbox (Chairs may determine when the personal touch of a direct email is more appropriate).
• Assistance with CPC-related surveys/audit tools as appropriate.
• Administrative support for CPC subcommittees (e.g. procedures) as negotiated annually.