



The Vanderbilt University Medical Center Nursing Staff Bylaws

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PHILOSOPHY OF NURSING

VANDERBILT UNIVERSITY MEDICAL CENTER

We believe that the provision of highly skilled and specialized nursing care is essential to the fulfillment of Vanderbilt University Medical Center's mission of improving health care outcomes through quality patient care, education and research. Nursing embraces the responsibility to provide patient centered, high quality, and cost effective nursing care for all patients and their families.

We believe nursing is an applied art and science with the focus of professional practice being to assist individuals, families and communities in achieving optimum health and well-being. This assistance includes preventive health care, education, facilitating recovery and continued support through illness, disability, or death. Professional nurses collaborate with physicians and other disciplines to deliver coordinated and comprehensive patient care.

We are guided by a philosophy that recognizes the inherent worth, dignity and uniqueness of every individual. We promote participation of patients and significant others in decisions regarding the patients' health care and work toward their optimal level of wellness.

We are committed to providing an environment that continually seeks to improve delivery of patient care, facilitates rapid changes in practice, and encourages flexibility throughout all levels of care providers. We believe in the concept of Shared Governance whereby staff participates in decisions affecting nursing practice and the clinical work environment. We believe in the enhancement of an environment that fosters effective communication at all levels, provides recognition of nursing staff for excellence in clinical practice and promotes the recruitment and retention of clinically competent staff. We support the roles of nurses in advanced practice as clinical experts and resources for the enhancement of patient care throughout the care continuum.

We believe that research is a vital component for the advancement of evidenced-based clinical practice. Systematic evaluation of the effectiveness of nursing practice contributes to the improvement of patient care and the expansion of nursing knowledge. Excellence in nursing practice is enhanced by creating an environment that provides opportunities for advanced nursing education as well as stimulating personal and professional growth. We seek to foster innovation by working collaboratively with other disciplines to develop new models of clinical practice to improve quality patient outcomes.

We believe that the future of the profession rests upon developing collaborative models between nursing service and nursing education. Nursing facilitates the education of patients, families, nursing peers, colleagues from other disciplines and students of the various health professions. Each nurse serves as a role model of quality professional practice.

We are accountable for our practice in accordance with recognized professional standards and ethical codes. We accept the challenge of providing high quality nursing care as a member of the total health care team in a complex and dynamic health care environment.

Preamble

The nursing staff of VUMC is responsible for the nursing care administered to our patients, with the Board of Trust having the ultimate authority. In order to effectively fulfill this obligation, the nursing staff conforms with the Bylaws, which are guided by the following principles:

1. All patients are entitled to safe and effective, evidence-based nursing across the continuum of care.
2. Nursing care of the patient is enhanced by the use of an evidence-based care delivery system tailored to the uniqueness of each patient.
3. The continuing measurement, evaluation, and improvement of nursing practice are essential to the provision of safe, effective, evidence-based nursing care.
4. The patient is best served through nursing collaboration with the multidisciplinary patient care team across the continuum to include participation in educational and research programs, and use of evidence based practice.
5. All nursing staff are accountable for our mission of continuous quality improvement, patient safety, customer service excellence, and cost effective, evidence-based, value added care.
6. Patients are best served in a healthcare environment that fosters learning, stimulates professional growth and promotes nursing research and innovation in nursing practice.

These Nursing Staff Bylaws are established within Vanderbilt's culture of shared governance – the collaborative process of making decisions regarding improvement of patient centered care and work life satisfaction.

Article I

Name

The name of this organization shall be the Nursing Staff of the Vanderbilt University Medical Center.

Article II

Purposes

The purposes of the Bylaws of the nursing staff are to:

1. Define the structure of nursing governance that includes nursing staff in decision making support and information sharing through the board, committee and council structures.
2. Define and promote professional accountability.
3. Promote collegial communication and problem solving.
4. Define a dispute resolution process for clinical practice issues.
5. Provide a structure for establishing standards of professional practice and advancement.
6. Promote accountability at all levels for creating an environment that enhances recruitment and retention of professional nurses.

Article III

Organization of Nursing Staff

Section I:

Administration

- A. The Executive Chief Nursing Officer is accountable for the Vanderbilt standards of nursing care and practice and the administration of Vanderbilt nursing operations.
- B. The Executive Chief Nursing Officer is directly responsible to the Deputy Vice Chancellor for Health Affairs, Senior Associate Dean for Clinical Affairs and CEO of the Hospitals and Clinics.
- C. Nursing Administrative leaders are directly responsible and accountable to the Executive Chief Nursing Officer.

Boards

A. Purpose

In order to deliver quality, cost-effective patient centered care, the Boards:

- 1. Increase the readiness and ability of Nursing Services to adapt to a rapidly changing environment.
- 2. Improve the quality of work life.
- 3. Support the continuous improvement of the delivery of patient/family care/services utilizing a quality improvement, evidence-based framework.
- 4. Make decisions at the delivery level about patient care (Unit/Clinic Boards).
- 5. Make decisions regarding delivery of care and services to specific populations that cross areas.
- 6. Make decisions regarding operational issues crossing patient groups (Nursing Leadership Board(s)).

B. Board Responsibilities

- 1. Planning
 - a. Strategic planning – Nursing Executive Board
 - b. Operational planning – Nursing Administrative Board
 - c. Operational Implementation – Nursing Leadership Board(s)

C. Meetings

1. Board meeting frequency is not less than quarterly, set by each Board.
2. Meeting agendas are publicly posted or distributed at least one week before each Meeting.
3. Meeting minutes, including agreements, decisions, and action plans, are prepared, and distributed prior to the next scheduled meeting.
4. The status of tasks previously assigned is reviewed at each meeting.
5. The Board recorder is responsible for maintaining and distributing the task list to all board members.

D. Decision Making

1. Those that are impacted are given an opportunity and encouraged to participate in the decision making process.
2. Decisions are reached by consensus when possible.
3. Each Board has established decision making guidelines for when consensus is not reached

Section II:

Unit/Clinic Board

A. Composition

The composition of the Unit/Clinic Board includes area staff, including physicians and other key stakeholders that impact patient care. The Manager and staff are accountable for the accomplishment of the purposes and responsibilities of the Unit/Clinic Board. The Administrative Director supports and participates in this process and may attend meetings.

B. Officers

1. The Unit/Clinic Board is chaired by a member of the staff (clinical, leadership, or affiliate). Each Unit/Clinic Board may select a co-chair(s) or chair-elect.
2. The Unit/Clinic Board selects a recorder from its membership.

C. Term of Office

1. The Chair and the Recorder of the Unit/Clinic Board serve one (1) year terms, and may serve two (2) consecutive terms.

Section III:

Nursing Executive Board (NEB)

A. Composition

The composition of the Nursing Executive Board includes:

1. Executive Chief Nursing Officer
2. CNOs of Entities
3. Associate Nursing Officer
4. Dean of the School of Nursing
5. Others at the discretion of the Executive Chief Nursing Officer

- B. The Executive Chief Nursing Officer chairs the Nursing Executive Board and may add members as needed for strategic planning.

Section IV:

Nursing Administration Board (NAB)

A. Composition

The composition of the Nursing Administration Board includes:

1. All of the Nursing Executive Board
2. Administrative Directors/Assistant Administrative Directors
3. Nursing Directors with Medical Center-wide responsibilities (i.e. Corporate Nursing)
4. Assistant Directors with supervisory authority of nursing staff
5. Other Nursing and non-nursing leaders with roles and responsibilities critical to operational nursing strategic initiatives at the discretion of the ECNO

- B. The Nursing Administration Board Chair and Co-chair are elected by the NEB and NAB boards. ECNO/Chair or Co-Chair may add members as needed for operational planning with membership approval.

Section V:

Medical Center Nursing Board (MCNB)

A. Composition

The composition of the Medical Center Nursing Board includes:

1. All of the Nursing Administrative Board:
2. Managers
3. Vanderbilt Home Care Nursing Leader Representative(s)
4. Co chairs/or designee for Advanced Practice Nurse Council, Clinical/Translational Research Staff Council, Case Managers Council, Nursing Educators Council
5. Directors of other departments and Administrators of clinical areas who are not Registered Nurses are nonvoting members
6. Directors, Managers, and other individuals who are not RN's but have RN's reporting to them are nonvoting members

7. Staff council chairs
 8. Senior Leadership from the School of Nursing
- B. The Medical Center Nursing Board Chair and Co-Chair are elected and representative of one leadership member from NAB and one leadership member from MCNB.

Section VI:

Entity Nursing Leadership Board (ENLB)

A. Composition

The composition of the Entity Nursing Leadership Board includes:

1. Staff reps-staff council chair/co-chair
 2. Administrative Director(s)
 3. Assistant Administrative Director(s)
 4. Manager(s)
 5. Advanced Practice Nursing Leaders
 6. Physician Leaders
 7. Assistant Manager(s), Patient Care Services/Clinical Staff Leaders
 8. Unit/Clinic Educators
 9. Other discipline/department leaders that impact the work of the board
 10. CNO
 11. Director(s)
- B. The chair of the Entity nursing Leadership Board may be the entity Chief Nursing Officer or Administrative Director, or may be elected by membership.
- C. Purpose (Additional): Entity Specific councils and committees are formed by and report to the respective ENLB. The entity councils and committees support the activities of the Unit/Clinic Boards and are formalized through the ENLB charter.

Article IV

Categories of Nursing Staff

Section I:

Nursing staff membership at the VUMC is a privilege and a requirement for any nursing staff member involved in patient care in the hospitals and clinics. This membership is extended to those who meet the qualifications, standards, and requirements of Nursing Services as set forth in these Bylaws, and who practice in accordance with Vanderbilt University policies and contractual agreements. Nursing staff is classified under these Bylaws as Regular Clinical, Provisional Clinical, Advanced Practice, Provisional Advanced Practice, Leadership, Adjunct Clinical, Provisional Adjunct Clinical, Clinical Staffing Resource Center, Unlicensed Assistive Personnel and Nurse Resident. All RN's and LPN's are licensed to practice nursing in the State of Tennessee. All licensed nurses agree to abide by the Code of Ethics for Nurses (American Nurses Association or Federation of Licensed Practical Nurses) and are expected to perform within their job descriptions.

Section II:

Regular** Clinical Nursing Staff

(Regular** ongoing positions with no defined ending date for the position and no specified term)

A. Membership

1. All RNs – These individuals have successfully completed their orientation and probationary periods and demonstrate satisfactory performance at their designated level in the Vanderbilt Professional Nursing Practice Program (VPNPP). These members are accountable to the appropriate Manager or designee. Satisfactory clinical performance of nurses who are accountable to non nurse managers will be determined by the manager in collaboration with a designated RN nursing leader or RN designee.
2. All LPNs – These individuals have successfully completed their orientation period and demonstrate satisfactory performance with their job description. These members are accountable to the appropriate Manager or designee and their practice must be adequately supervised by a RN. Adequate supervision, as defined by Tennessee State Law, refers to overseeing or inspecting with authority. Satisfactory clinical performance of nurses who are accountable to non nurse managers will be determined by the manager in collaboration with a designated RN leader or RN designee.

B. Function

1. All RNs – These individuals shall implement the standards of nursing practice as defined by the American Nurses Association, other national nursing organizations, Tennessee State Law, and Vanderbilt policies.
2. All LPNs – These individuals shall implement the standards of nursing practice as defined by the National Federation of Licensed Practical Nurses, Tennessee State Law and Vanderbilt policies.

Provisional Clinical Nursing Staff

A. Membership

Members of the Provisional Clinical Nursing Staff are nurses who are new staff until they complete the probationary period. These members are accountable to the appropriate Manager or designee.

B. Function

The Provisional Clinical Nursing Staff implement the standards of nursing practice as defined by the American Nurses Association, other national nursing organizations, Tennessee State Law, and Vanderbilt policies.

Section III:

Advanced Practice Nursing Staff

A. Membership

The Advanced Practice Nursing Staff are nurses who have completed prescribed educational requirements, are nationally certified in their advanced practice specialty, are state certified, and are recognized as Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists. With the current exception of the Clinical Nurse Specialist, Advanced Practice Nurses managing the care and treatment of patients and serving as direct care providers are formally recommended by the Joint Practice Credentialing Committee. The Joint Practice Credentialing Committee evaluates the credentials, scope of practice, and performance of Certified Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, Certified Registered Nurse Anesthetists and Allied Health Providers requesting clinical privileges to practice at VUMC and affiliated entities. The committee makes recommendations for approval of privileges to the VUMC credentials committee.

These members are accountable to their respective supervising physicians and the appropriate area-specific Administrative Director or designee.

B. Function

The Advanced Practice Nursing Staff implements the standards of practice as defined by the American Nurses Association, other specialty certifying nursing organizations, Tennessee State Law, their specialty organization and practice/discipline specific guidelines. They work collaboratively with the physician and other members of the health care team and within the boundaries of their specialty scope of practice, privileges, and approved protocols.

Provisional Advanced Practice Nursing Staff

A. Membership

The Provisional Advanced Practice Nursing Staff are nurses who have completed the prescribed educational requirements, are nationally certified in their advanced practice specialty, are state certified, and are recognized as Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists, but who function in provisional status under direct supervision pending completion of the VUMC credentialing and privileging process.

B. Function

Under direct supervision, the Provisional Advanced Practice Nursing Staff implements the standards of practice as defined by the American Nurses Association, other nursing organizations, Tennessee State Law, their specialty organization and practice/discipline specific guidelines.

Section IV:

Leadership Nursing Staff

A. Administrative Membership (Executive and Management)

1. Executive membership includes: Executive Chief Nursing Officer; Chief Nursing Officers; Associate Chief Nursing Officers, Administrative Directors; Assistant Administrative Directors; Directors; Assistant Directors; and Administrative Coordinators.

a. Function

The Executive Membership:

- i. Creates a patient centered care, high-performance, high-commitment work team which supports the mission, vision, and credo of the Vanderbilt Clinical Enterprise.
- ii. Collaborates with senior administrative and medical staff to establish the strategic plan, budgets, resource allocation, operational plans, and policies for the Hospitals and Clinics, and Institutes.
- iii. Promotes a practice environment that empowers nurses to provide patient-centered, safe, effective, timely, equitable, and efficient nursing care using evidence-based standards of nursing practice.
- iv. Collaborates with others to develop or maintain the established goals of the Clinical Enterprise.
- v. Recognizes and rewards desired performance. Supports retention of staff through the use of Elevate principles.
- vi. Establishes systems to share knowledge across the specific areas. Represents needs and interests of direct reports to all levels of the leadership structure.

- vii. Is responsible to the Executive Chief Nursing Officer for the integration of nursing practice across the Clinical Enterprise.
- viii. Creates an organizational culture that promotes lifelong learning and development and is accountable for development of individual and team competence/performance.
- ix. Participates in the design and development of systems which are consistent with the American Nurses Association Code of Ethics, nursing standards, the goals, and resources of the organization and changing needs of the patients within the community.
- x. Evaluates and improves services provided, through quality assessment and research
- xi. Provides a leadership role in professional, community, and governmental bodies which shape health care policy.

B. Management membership includes: Manager, Assistant Managers; Clinical Staff Leaders; Designated Charge Nurses, Lifelight Chief Flight Nurse.

1. Function

a. The Management Membership

Exercise comprehensive operational authority and responsibility for designated clinical area(s) in alignment with mission, vision, Credo behaviors, and strategic goals

Is responsible for:

- i. Maintaining quality and regulatory standards in the delivery of care that is patient/family-centered, safe, effective, efficient, equitable, timely, and evidence based.
- ii. Developing and implementing area specific quality plans linked to organizational goals.

b. Maintaining fiscal accountability

- i. By preparing annual operating and capital budgets following established guidelines and using benchmark data.
- ii. By demonstrating fundamental business expertise.
- iii. By managing expenses to established budget and staffing plan.

c. Maintaining a high level of patient/family-centered care, service and satisfaction

- i. Staff satisfaction
 - a. By serving as chief retention officer.
 - b. Through staff development
 - c. Shared governance
- ii. Recognizing and rewarding desired performance
- iii. Self-development
- iv. Program development
- v. Managing and developing teams
- vi. Collaboration and integration with the clinical enterprise.

C. Clinical Membership

1. Clinical membership includes: Advanced Practice Nursing Staff, Case Managers, Wound Ostomy Continence Nurses and other nurses in specialty roles.

- a. Function

The Clinical membership:

- i. Provides expertise in developing protocols and standards for clinical practice.
- ii. Provides expertise in managing and coordinating the movement of patients effectively, efficiently, and safely through the clinical setting.
- iii. Assesses and develops discharge plans in collaboration with nursing and physician staff.
- iv. Practices according to the standards of their designated practice areas and professional organizations (i.e. American Nurses Association,) and Tennessee State Law.
- v. Fosters an environment of collaboration and professionalism.
- vi. Encourages the use of nursing research and evidence-based information in the practice of patient/family care.

D. Development, Education, Quality ,and Informatics Membership

1. Development, Education, and Informatics membership include:
Nurse Educators, Systems Support Service Specialists, Electronic Medical Record Specialists, Quality Consultants, and Nursing Professional Development Specialists

a. Function

The Development, Education, Quality, and Informatics membership:

- i. Facilitates the development and implementation of organizational systems and tools
- ii. Fosters an environment of professionalism and collaboration.
- iii. Encourages the use of research, best practice, and evidence-based information in the development of protocols, policies, clinical pathways, order sets, and the development of educational programs in support of these functions.
- iv. Facilitates education for staff utilizing systematic methods to continually assess, plan, implement, and evaluate programs.
- v. Evaluates clinical information systems using systematic methods.
- vi. Coordinates efforts to ensure assessment and documentation of initial and ongoing competency of staff.
- vii. Leads the development and implementation of new systems and enhancements to existing clinical systems.
- viii. Promotes the mission, vision, plans, and standards of the organization and nursing services within their defined areas of responsibility.

Section V:

Adjunct Clinical Nursing Staff

A. Membership

Members of the Adjunct Clinical Nursing Staff are those persons who are **not** employed by VUMC, or Vanderbilt Home Care Services, and who are delivering nursing care. These individuals are required to be credentialed by the Licensed Nurse Credentialing Committee and approved by the Executive Chief Nursing Officer and the Nursing Executive Board. Adjunct Clinical Nursing Staff Practicing in a clinical area are accountable to the manager or nursing designee of that area in regard to their clinical performance and the provision of quality nursing care.

B. Function

The Adjunct Clinical Nursing Staff provide nursing care at VUMC as defined in their appointment.

Provisional Adjunct Clinical Nursing Staff

A. Membership

Members of the Provisional Adjunct Clinical Nursing Staff are those persons who have completed an application for membership in the Adjunct Clinical Nursing Staff category and whose application is being reviewed by the Licensed Nurse Credentialing Committee. The term of the membership is from submission of the completed application to review of the application by the Licensed Nurse Credentialing Committee. Approval of the application will automatically transfer the person to the membership in the Adjunct Clinical Nursing Staff. In the case of an adverse decision by the Nursing Executive Board; the person's membership in the provisional adjunct nursing staff will be terminated. Provisional Adjunct Clinical Nursing Staff practicing in a clinical area are accountable to the manager or designee of that area in regard to their clinical performance and the provision of quality nursing care.

B. Function

The Provisional Adjunct Clinical Nursing Staff function is to provide nursing care as defined in the application at Vanderbilt University Hospitals and Clinics while the application for membership to adjunct clinical staff is being processed.

Section VI:

Temporary Clinical Nursing Staff

A. Membership

Members of the Temporary Clinical Nursing Staff are those nurses who are assigned through VUMC as stipulated by contractual guidelines to provide direct patient/family care. The Temporary Clinical Nursing Staff meets the same expectations as those in Section I of Article III. The Management of the VUMC float pools and Director of Nursing Workforce is responsible for the ongoing practice issues and overall performance of the Temporary Clinical Nursing Staff. The Temporary Clinical Nursing Staff is responsible to the Manager or Director where they are practicing in conjunction with the float pool management team for immediate performance issues that need to be addressed in the practice area.

B. Function

Temporary Clinical Nursing Staff implements the standards of nursing practice as defined by the American Nurses Association, other national nursing organizations, Tennessee state law, and Vanderbilt policies.

Section VII:

Unlicensed Assistive Personnel (UAP)

Unlicensed Assistive Personnel are not RNs or LPNs but are properly certified or otherwise qualified staff that assist with patient care. The practice of these individuals must be adequately supervised by a RN. Adequate supervision, as defined by Tennessee State Law, refers to overseeing or inspecting with authority.

A. Membership

Unlicensed Assistive Personnel are individuals who have successfully completed orientation and who function satisfactorily within their job description.

B. Function

Unlicensed Assistive Personnel assist in implementing the standards of nursing practice as defined by their job descriptions and Vanderbilt policies.

Provisional Unlicensed Assistive Personnel

A. Membership

Members of the provisional unlicensed assistive personnel staff are those persons who are new staff in the probationary period until they complete the probationary period. These members are accountable to the appropriate Manager or designee.

B. Function

Provisional unlicensed assistive personnel assist in implementing the standards of nursing practice as defined by their job descriptions and Vanderbilt policies.

Article V

Appointments, Reappointments, Advancement, Corrective Action, Dispute Resolution

Section I:

Appointments

A. Executive Chief Nursing Officer/Senior Associate Dean, Clinical Practice

1. The Deputy Vice Chancellor for Health Affairs, Senior Associate Dean for Clinical Affairs and CEO of the Vanderbilt Health System, and the Dean of the School of Nursing appoint a committee to review and evaluate candidates. The committee includes representatives from:
 - a. nursing staff
 - b. medical staff
 - c. nursing administrative leadership staff
 - d. Vanderbilt University School of Nursing faculty
 - e. others deemed appropriate.

The committee forwards its recommendation for appointment to the Deputy Vice Chancellor for Health Affairs/Senior Associate Dean for Clinical Affairs/CEO of the Vanderbilt Health System, and the Dean of the School of Nursing. The final authority rests with the Deputy Vice Chancellor for Health Affairs/Senior Associate Dean for Clinical Affairs/CEO of the Vanderbilt Health System for the service appointment; and the Dean of the School of Nursing recommends to the Vice Chancellor for Health Affairs and Board of Trust for the faculty appointment.

2. The Nursing Executive Board shall appoint representatives from the leadership and regular nursing staff to interview and evaluate candidates. The representatives shall forward their recommendation to the Associate Vice Chancellor for Hospital Affairs, Associate Vice Chancellor for Clinical Affairs, and to the Dean of the School of Nursing.

B. Nursing Executive Appointments

1. All executive applicants are interviewed by the Executive Chief Nursing Officer and other representatives from administration as appointed by the Executive Chief Nursing Officer.
2. The ECNO oversees the approval of all appointments to the nursing executive leadership.

C. Nursing Management Staff Appointments

1. All management applicants are interviewed by representatives from leadership and regular nursing staff. Exceptions are approved by the Executive Chief Nursing Officer.
2. Approval for appointment to the management staff rests with the appropriate Administrator in collaboration with the Executive Chief Nursing Officer.

D. Provisional Clinical Nursing Staff and Provisional Unlicensed Assistive Personnel Appointment

1. Approval of appointment to the Provisional Clinical Nursing Staff or Provisional Staff Affiliate category rests with the Manager.
2. Acceptance of appointment to membership is an acknowledgement of the individual's agreement that she/he will abide by the American Nurses Association Code of Ethics for Nurses, or National Federation of Licensed Practical Nurses Practice Standards, Tennessee state law, these Bylaws and Vanderbilt policies.

E. Regular Clinical Nursing Staff Appointment

1. After successfully completing a three (3) month probationary period with approval of the Manager, the provisional clinical nurse (RN and LPN) is automatically considered a regular clinical staff member.
2. Acceptance of appointment to membership includes an acknowledgment of the individual's agreement that she/he will abide by the American Nurses Association Code of Ethics for Nurses, National Federation of Licensed Practical Nurses Practice Standards, the standards of nursing practice as defined by the American Nurses Association and other national nursing organizations, Tennessee state law, these Bylaws and job description requirements.

F. Adjunct Clinical and Provisional Adjunct Clinical Nursing Appointment (staff **not** employed by the hospitals/clinics.)

1. Conditions and Duration
 - a. Appointments and reappointments to the Adjunct Clinical and Provisional Adjunct Clinical Nursing Staff are made by the Executive Chief Nursing Officer and the Nursing Executive Board from those persons reviewed and submitted by the Licensed Nurse Credentialing Committee as provided in these Bylaws. Nursing Administration acts on appointments, reappointments, or revocations of appointments only after there has been a recommendation from the Licensed Nurse Credentialing Committee.
 - b. Initial appointments are considered provisional for a probationary period of three (3) months; during which time a Provisional Adjunct Clinical Nursing Staff member's clinical competence and ethical conduct may be observed by the Nursing Administration Board; Regular Clinical Nursing Staff and Leadership Staff of the applicable clinical service (or a designated member of the nursing staff). Credentialing and re-credentialing appointments are for two (2) consecutive years. Updates of malpractice insurance are required annually, if applicable. Adjunct Clinical and Provisional Clinical Nursing Staff who change positions or clinical practice responsibilities are re-credentialled at that time.
 - c. The appointee is granted nursing practice privileges (within the scope of their educational preparation) by Nursing Administration Board and Nursing Leadership Board members in accordance with these Bylaws

G. Advanced Practice Nurses

Initial privileges are granted to the Advanced Practice Nurse for a period of two years, and are renewable. Privileged Advanced Practice Nurses are those individuals who have been granted privileges by the Board of Trust. Advanced Practice Nurses serving as billing providers hold a faculty appointment in either the School of Nursing or School of Medicine.

H. Provisional Advanced Practice Nursing Staff

The Provisional Advanced Practice Nursing Staff shall be individuals who have completed the prescribed educational requirements, are nationally certified in their advanced practice specialty, and, who possess, or have applied for state APN certification, as Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, or Clinical Nurse Specialists. These individuals, while undergoing the VMUC credentialing and privileging process are considered provisional members of the advanced practice nursing staff until completion of the credentialing and privileging process.

Approval and appointment to the Provisional Advanced Practice Nursing Staff shall rest with the Administrative Director or designee. Acceptance of the appointment shall be acknowledgement of the individual's agreement that he or she will abide by the American Nurses Association, other nursing organizations, Tennessee State Law, their specialty organization and practice/discipline specific guidelines.

It is also acknowledged that the provisional Advanced Practice Nurse will not perform those functions that require formal privileges through the VUMC credentialing committee process until those privileges have been granted by the Board of Trust.

I. Unlicensed Assistive Personnel (UAP)

1. After successfully completing a three (3) month probationary period with approval of the Manager, the Unlicensed Assistive Personnel is automatically considered a member of the nursing staff.
2. Acceptance of appointments is acknowledgment of the individual's agreement that she/he will abide by, Vanderbilt policy and these Bylaws.

Section II:

Reappointment

A. Reappointments – Regular, Leadership, Advanced Practice Nurses, and Unlicensed Assistive Personnel

1. Reappointments are based on satisfactory job performance in conjunction with confirmation and review of required credentials and licensure verification in accordance with Human Resource policies.
2. Performance evaluations are done annually and coordinated by the person directly accountable for the individual's performance and in conjunction with individual/peer review. Satisfactory clinical

performance of nurses who are accountable to non-nurse managers is determined by the manager in collaboration with a designated nursing leader.

3. Advanced Practice Nurses will be evaluated annually and more often as required by VUMC policy by both the supervising physician and the Administrator or designee. In addition, the Advanced Practice Nurse will be evaluated by the supervising physician(s) and/or peers for the purposes of biennial reappointment of clinical privileges, in accordance with the reappointment policy for VUMC Professional Staff.

Advanced practice Nurses holding a faculty appointment in either the School of Nursing or the School of Medicine will be evaluated annually in accordance with the Faculty Rules and Regulations of the respective Schools

Section III:

Advancement Opportunities for Regular Clinical Nursing Staff and Leadership

- A. Opportunities for eligible Regular Clinical Nursing Staff (For eligibility criteria, please refer to the policy titled: Vanderbilt Professional Nursing Practice Program Administrative Practice.) advancement require support of the Manager; satisfactory performance evaluation at the desired level; endorsement of another Health Care Team member; and application and portfolio submission to the Vanderbilt Professional Nursing Practice Program (VPNPP) Central Committee. The Manager, Assistant Manager/CSL and representative to VPNPP assist the individual through the advancement process.
- B. The VPNPP Central Committee regularly validates that performance of the individual is consistent with Medical Center wide standards for the desired level and makes recommendations for advancement to the Executive Chief Nursing Officer. Once advanced, the nurse is evaluated at the achieved level and is expected to maintain satisfactory performance at that level.
- C. Opportunities for advancement in leadership concur with established nursing practice.

Section IV:

Disciplinary Action

- A. Routine Disciplinary Action
 1. Grounds for Routine Disciplinary Action:
 - a. Conduct detrimental to patient/family safety
 - b. Conduct detrimental to the delivery of quality patient/family care
 - c. Conduct disruptive to hospital operations

- d. Conduct inconsistent with the practice guidelines of the American Nurses Association Code of Ethics for Nurses, Standards of Practice for the National Federation of Licensed Practical Nurses, Tennessee State Law, and other nationally recognized nursing organizations
2. Procedure for Regular Clinical Staff, Leadership Nursing Staff, Unlicensed Assistive Personnel and Advanced Practice Nursing Staff employed by Vanderbilt University Medical Center:

For non-clinical practice issues, disciplinary action against Regular Clinical Nursing Staff, Leadership Nursing Staff, Advanced Practice Nursing Staff, and Unlicensed Assistive Personnel are taken in accordance with Human Resources policies (Progressive Discipline, Performance Accountability & Commitment).

- a. For clinical practice issues, disciplinary action against Regular Clinical Nursing Staff, Leadership Nursing Staff, Advanced Practice Nursing Staff and Unlicensed Assistive Personnel are taken in accordance with the procedures set forth in Section V of these Bylaws.
 - b. For clinical practice issues, disciplinary action against Regular Clinical Nursing Staff, Leadership Nursing Staff, Advanced Practice Nursing Staff without clinical privileges and Unlicensed Assistive Personnel are taken in accordance with the procedures set forth in Section V of these Bylaws. For Privileged Advanced Practice Nurses, refer to VUMC Medical Staff Bylaws, Article VI.
3. Procedures for Adjunct Clinical and Provisional Adjunct Clinical Nursing Staff not employed by Vanderbilt University Medical Center or Nurses with faculty appointments:
- a. The Nursing Executive Board, or a Manager, may request that a disciplinary process be initiated concerning a member of the adjunct or provisional adjunct clinical nursing staff.
 - b. All requests for disciplinary action against Adjunct or Provisional Adjunct Clinical Nursing Staff must specify in writing the specific activities or conduct that constitute grounds for the request.
 - c. The request is reviewed and a recommendation made by the Licensed Nurse Credentialing Committee within ten (10) working days.
 - d. The Executive Chief Nursing Officer, or designee, takes the recommended action within 48 hours or notifies the Licensed Nurse Credentialing Committee in writing of the reason for the failure to do so.
 - e. Any further action taken will reflect step 3 of the dispute resolution process for clinical practice in Sections V and VI.

B. Summary Suspension

Whenever a staff member's conduct requires that immediate action be taken to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee, or other person present in the hospital, the Manager and appropriate Administrator or the Executive Chief Nursing Officer has the authority to summarily suspend the nurse's privilege to practice nursing in the

VUMC. It is the duty of the Executive Chief Nursing Officer to enforce all automatic suspensions. For Privileged Advanced Practice Nurses, refer to VUMC Medical Staff Bylaws, Article VI.

Section V:

Dispute Resolution Procedure for Clinical Practice

A. Regular Clinical Nursing Staff

When a staff member on the Regular Clinical Nursing Staff receives notice of action taken by the Manager, Administrator or Executive Chief Nursing Officer, that, if implemented, would; (1) result in the denial of the staff member's right to perform nursing services in the VUMC; (2) place a staff member on performance improvement counseling; or (3) otherwise affect the staff member adversely, the staff member shall be entitled to use the dispute resolution procedure set forth in this section. No person who participated in the decision to make an adverse recommendation shall serve on a committee hearing the dispute resolution.

B. Adjunct Clinical or Provisional Adjunct Clinical Nursing Staff

When a Vanderbilt University Medical Center staff member on the Adjunct Clinical or Provisional Adjunct Clinical Nursing Staff should receive notice of a recommendation made by the Credentialing Committee, that, if implemented, would; (1) result in the denial of the staff member's right to perform nursing services in the Vanderbilt University Hospitals/Clinics; (2) place a staff member on performance improvement counseling; or (3) otherwise affect the staff member adversely, the staff member shall be entitled to use the dispute resolution procedure set forth in this section. No person who participated in the decision to make an adverse recommendation shall serve on a committee hearing the dispute resolution.

Section VI:

Dispute Resolution Process

A. Dispute Process

Please refer to Human Resources Policy, Dispute Resolution, for guidance on the dispute process.

B. Nursing Dispute Resolution Committee (Clinical Practice) Step 3

If the dispute is not resolved, Human Resources will contact the Executive Chief Nursing Officer to determine whether the dispute is related to clinical practice. In the event the dispute is related to clinical practice, the Nurse Dispute Resolution Committee will serve in the capacity of the Dispute Resolution Panel described in the Human Resources Policy Dispute Resolution. The Executive Chief Nursing Officer convenes the Nurse Dispute Resolution Committee, which may include Regular Clinical Nursing Staff, Leadership Nursing Staff, Advanced Practice Nursing Staff, Unlicensed Assistive Personnel, and a University Dispute Panelist. If the dispute event concerns a licensed nurse, there will be (3) staff nurses and (2) members of the Advanced Practice Nurse Council. If the dispute event concerns an Advanced Practice Nurse without clinical privileges, there will be (2) staff nurses and (3) members of the Advanced Practice Council. The Nurse Dispute Resolution Committee members are appointed by the

Executive Chief Nursing Officer and will serve a two (2) year term. The members will meet all Human Resource requirements for Hearing panelists. A Human Resources Consultant will conduct the Dispute Resolution Panel Hearing as the facilitator.

After the review by either the Staff Panel or Hearing Officer, a recommendation is made within seven (7) calendar days to the Executive Chief Nursing Officer or his/her designee for a final decision.

For privileged Advanced Practice Nurses, see Medical Staff Bylaws, Article VI.

Article VI

Committees

Standing Committees are formed by and report to MCNB. The committees support the activities of the Unit/Clinic Boards.

Refer to standing committee charters for specifics of membership and meetings

The standing committees are:

- A. Clinical Practice Committee
- B. VPNPP Steering Committee
- C. Nurse Wellness Committee
- D. First Two Years Retention and Recruitment Committee
- E. Licensed Nurse Credentialing Committee
- F. Nursing Quality Committee
- G. Evidence Based Practice and Nursing Research Committee
- H. Shared Governance Committee

Each committee charter is reviewed every two years and reports to MCNB.

Section I:

Clinical Practice Committee

A. Purpose

The purpose is to support all clinical services of Vanderbilt University Medical Center as a resource for the definition of the practice of nursing and other disciplines with a focus on quality, continuity, safety, and efficiency.

Section II:

Vanderbilt Professional Nursing Practice Program (VPNPP) Steering Committee

A. Purpose

To monitor, evaluate, and facilitate continuing improvements for the nursing advancement program and performance evaluation system, making recommendations for change to the Medical center Nursing Board for approval.

Section III:

Nurse Wellness Committee

A. Purpose

1. Develop programs and services based on identified needs of nurses

2. Advocate for the health and wellness of nurses
3. Evaluate programs and services based on indicators of success
4. Serve as an advisory board to the Nurse Wellness Program

Section IV:

First Two Years Retention and Recruitment Committee

A. Purpose

To assess, develop and implement effective strategies, programs, and processes for recruitment, selection, orientation and support for nurses during this first two years of employment at VUMC.

Section V:

Licensed Nurse Credentialing Committee

A. Purpose

To provide a mechanism for compliance with hospital policy, regulatory agencies, and accreditation agencies and the Performance Improvement Program to ensure the practice of professional nursing at VUMC. The committee credentials only licensed nurses and is the avenue for two groups:

1. To assure that licensed nurses who are not employed by VUMC and/or not covered by an agency statement of agreement or research contract meet essential criteria to practice nursing at Vanderbilt
2. To provide the credentialing and privileging process to ensure the licensed nurses, employed at VUMC, who function in an expanded role, meet the essential criteria for that expanded role as defined by the TN Board of Nursing and the Medical Center

Section VI:

Nursing Quality Committee

A. Purpose

The purpose of the Nursing Quality Committee is to guide nursing quality improvement throughout VUMC via an operational quality improvement plan that directs activity to ensure evidence-based practice and the best possible outcomes for patient care.

Section VII:

Evidence Based Practice and Nursing Research Committee

A. Purpose

1. The primary purpose of the Evidence Based Practice and Nursing Research Committee is to facilitate the integration of evidence into nursing practice to improve patient outcomes.
2. A secondary purpose is to facilitate research activities that generate nursing knowledge.

Section VIII:
Shared Governance Committee

A. Purpose

The primary purposes of the Shared Governance Committee are to:

1. Evaluate and monitor the establishment of purposeful shared decision-making structure within all nursing patient care areas; and,
2. promote and foster a dynamic staff-leader partnership that promotes collaboration, shared decision-making and accountability for improving the quality of care, safety, and enhancing work-life.

Article VII

Councils

A. Purpose

1. To provide a forum for discussion of issues and advise nursing leadership relevant to the group.
2. To provide a support group and arena for information sharing.
3. To provide a forum whereby other groups can communicate.
4. To provide support for orientation as well as continued professional development for members of the council.
5. To develop and implement various recognition activities.

B. General Information

Standing Councils are formed by and report to MCNB. The councils support the activities of the Boards.

Refer to standing council charters for specifics of membership and meetings.

The standing councils are:

1. VUMC Nursing Staff Councils
 - a. VPH Nursing Staff Council
 - b. VMG Clinical Staff Council
 - c. MCJCHV Nursing Staff Council
 - d. VUH Nursing Staff Council
2. Manager Council
3. Advanced Practice Nurse Council
4. Case Manager Councils (VUH and MCJCHV)
5. Clinical/Translational Research Staff Council
6. VUMC Nurse Educator Council

Each council charter is reviewed every two years.

Section I:

VUMC Nursing Staff Council

The VUMC Nursing Staff Council is comprised of four subcouncils:

- VUH Nursing Staff Council
- VPH Nursing Staff Council
- MCJCHV Nursing Staff Council
- VMG Nursing Staff Council

A. Purpose (additional)

1. To serve in an advisory capacity to the Vanderbilt Medical Center Executive Chief Nursing Officer (ECNO) and entity specific CNOs and other hospital and clinic leadership to propose and evaluate systems designed to support clinical practice in the hospital and the physician office.
2. To provide a forum for direct dialogue with the CNO on topics related to quality of work life, nurse wellness, clinical practice, patient/family care, clinical quality, and safety.
3. To provide a network for information sharing.
4. To serve in an advisory role for issues related to recruitment and retention strategies and programs.

B. Composition

The composition of the Nursing Staff Councils consists of one (1) elected or appointed regular clinical staff member from each Unit/Clinic Board. The Councils are open to all members of the regular nursing staff. Co-chairs of all Nursing Staff Councils meet at least semi-annually with the Executive Chief Nursing Officer and respective Chief Nursing Officers of the enterprises to comprise the Nursing Staff Cabinet.

C. Reports

Documentation of all meetings is distributed by the recorders to the Council Members to share with all staff at Unit/Clinic Boards.

Section II:

Manager Council

A. Composition

Composition consists of Managers, Patient Care Services from all Vanderbilt Hospitals/Clinics and Vanderbilt Home Care Services, and a member of the Executive Leadership Nursing Staff.

Section III:

Advanced Practice Nurse Council

A. Composition

Composition is credentialed and privileged specialty and departmental representatives of all the Advanced Practice Nurses in clinical practice in Vanderbilt Hospitals/Clinics. Other providers representing physician assistants and non-credentialed clinical nurse specialists are invited members of the council.

Section IV:

Case Manager Council

A. Purpose (additional):

1. To serve as an advisory body to Pediatric Case Management and Transition Management Leadership.
2. To evaluate systems designed to support case management.
3. To provide a network for information sharing.

B. Composition

Composition is Vanderbilt University Medical Center Registered Nurses that function as Case Manager I and II's, the Director of Pediatric Case Management, the Director of Transition Management, Case Management Leads, Case Management Co-Chairs, and ad hoc representatives from collaborative services.

Section V:

Clinical/Translational Research Staff Council

A. Purpose (additional):

1. To evaluate systems designed to support clinical research activities at Vanderbilt and offer feedback to systems administrators.

B. Composition

Composition is open to all research staff involved in clinical or translational research activities, including but not limited to, staff with direct participant contact or working in roles that impact research practices.

Section VI:

VUMC Nurse Educator Council

A. Purpose (additional):

To provide an opportunity for collaboration and sharing for educators as they focus on staff education and competency.

B. Composition

The Nurse Educator Council is composed of staff in a variety of roles with clinical education responsibilities across all entities of VUMC. The group also includes leadership from nursing education roles, ad hoc representatives from Accreditation and Standards, Clinical Practice, and Product Implementation.

Article VIII

Amendments

The Bylaws Convention is held in November of each even year. Conventions may be called at the discretion of Executive Chief Nursing Officer. In January of the Convention year, the Executive Chief Nursing Officer will:

1. Send a communication requesting amendments to the Bylaws and the designation of delegates to the Bylaws Convention.
2. Appoint a Bylaws task force which consists of nursing leadership and nursing staff.
3. Amendments to be reviewed by the delegates prior to the Convention must be received 120 days before the Convention. Any amendment proposed after that date must be brought to the floor of the Convention.

The Bylaws task force is responsible for:

1. Convening the Bylaws delegates to review the Bylaws and formulate amendments.
2. Receiving, reviewing, formatting, and distributing proposed amendment(s) prior to the Bylaws Convention. It is the primary responsibility of the delegates to ensure that the staff at large is informed of the Bylaws and that their views are represented at the Convention.
3. Sending the Bylaws and all proposed amendments to the Executive Chief Nursing Officer no fewer than 60 days before the convention.
4. Planning the Bylaws Convention and communicating the information to nursing staff no less than forty-five (45) days before the convention.
5. The Convention is called to order by the Executive Chief Nursing Officer, who presides. To conduct business it is established that a quorum of the following representatives:
 - 1 staff nurse representative from each unit/clinic board;
 - 3 members of each ENLB(VUH, MCJCHV, VMG, and VPH);
 - the co-chairs of the MCNB;
 - the co-chairs of the NAB;
 - 2 members of the NEB;
 - 2 members of the APN council,
 - 2 members of the Case Manager's Council,
 - 2 members of the Clinical Research Staff Council;
 - and 2 members of the Nurse Educator's Councilare present. These bylaws may be amended with one-month prior notice at any Bylaws Convention by two-thirds (2/3) vote of delegates present and entitled to vote. These Bylaws may be amended without prior notice at any Bylaws Convention or special meeting by ninety-nine (99%) percent of those present and entitled to vote.