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**Nursing Unit Council Guidelines for Shared Decision Making**

**Children’s Mercy Kansas City**

I. **Nursing Unit Council Basics**

A. **Purpose**

1. Shared decision making is a model based on partnership, equity, accountability, and ownership.

2. The model focuses on empowering nurses to take an active role in decisions influencing their practice, leading to improved patient outcomes and nursing satisfaction.

3. Unit councils will utilize and incorporate the quality caring model (QCM) to promote the care of self, care of patients and families, care of others, and care of community. The QCM explains that caring relationships improve patient care and advance nurses’ individual and collective professional growth (Duffy, 2008).

B. **Authority**

1. Shared decision making separates management and professional decision-making functions.

2. The unit council makes decisions that directly impact the practice of professional nursing at Children’s Mercy. Professional decisions are:
   a. Clinically driven
   b. Based on knowledge
   c. Practice related
   d. Based on evidence for practice
   e. Related to quality
   f. Related to professional competence for practice

3. In contrast, decisions that must have input from management are most often resource driven and include:
   a. Human resource decisions
   b. Fiscal resource decisions
   c. Material resource decisions
   d. Support resource decisions
   e. System resource decisions

C. **Decision making: decisions are made by obtaining consensus of all council members.**

D. **Manager’s role:** the manager’s role in a shared decision-making structure is that of a supportive mentor and resource to the council, its chairs, and its members.

1. Information is communicated regularly and reliably between the council chair(s) and manager(s) to foster a partnership.

2. Manager(s) and cochairs will have an open dialogue to determine manager(s) attendance at meetings.
II. Unit Council Structure and Processes

A. Each unit council is a department’s “central” council. To ensure that all unit / clinic activities related to the practice of nursing are transparent to the entire care team:
   1. All other unit committees provide a monthly report to the council or are represented on the council.
   2. The unit council may offer feedback and/or guidance to the committees as necessary.
   3. The unit council addresses clinical decisions, knowledge, practice, quality of care, and competency (see IB).
   4. The unit council year runs July 1–June 30.

B. Ground rules:
   1. Members are familiar with and act in accordance with the Children's Mercy Service Excellence Standards. They are helpful, friendly, courteous, kind, and respectful.
   2. Members present an aligned group when decisions are made.
      a. Council members model consensus decision making.
      b. They agree to support a decision made, even when it may not be their first choice.
   3. Unit council members are role models of trust, responsibility, and honesty.
      a. Members will not disclose information about council discussions until a concrete decision or resolution has been made.
      b. Work issues are not discussed outside of the council.
      c. Respectful communication among council members and staff is mandatory.
      d. The council is not a complaining forum, rather it is a working group designed to be a part of the solution.

C. Staff and patient satisfaction data are reviewed, analyzed, and acted on by the unit council. If the unit or clinic does not have a quality improvement committee, it is the responsibility of the unit council to review collected data and formulate plans for improvement.

D. Agenda topics can be suggested by any member of the unit and will be considered for discussion at the council when it is clear that the topic is clinically relevant.
   1. Topics appropriate for management decision making are referred to the unit manager(s) / director(s).
   2. Agenda items are submitted to council members in writing, via e-mail, or in the suggestion box.

E. The process suggested to address agenda topics is:
   1. Topic thoroughly clarified
   2. Goal(s) of the unit council discussion / action clearly identified
   3. Action steps defined, responsible parties identified
   4. Timelines for action step completion established
   5. Outcomes measured, when applicable; data collection prior to and following practice change(s) is desirable

F. Meetings:
   1. Held monthly at a standard date and time
   2. Scheduled for 1–2 hours in length
   3. Open to other staff when coordinated with council chair(s)
### III. Unit Council Leadership

A. Each unit council determines if a single chair or cochairs are the preferred structure for their area.

B. The chair(s) is an RN recognized for consensus decision making and team building.

C. The unit council chair:
   1. Holds a 2-year term (if cochairs are in place, one chair rotates off each year)
   2. Sets the final meeting agenda and facilitates the regular council meetings
   3. Actively mentors other council members to rotate into the chair position

D. The unit council secretary:
   1. Is an RN who volunteers for the role for a term of 1 year
   2. Tracks attendance at council meetings
   3. Maintains a log of unit council discussion topics
   4. Records, formalizes, and distributes meeting minutes

### IV. Unit Council Membership

A. Unit council membership is voluntary.

1. Councils comprise 7–20 professional nursing staff and up to 3 unlicensed personnel.
   a. Each unit will determine the level of involvement of the leadership team (i.e., assistant nurse manager, charge nurse, and unit educator).
   b. Care assistants, nurse techs, unit secretaries, equipment techs, and orderlies may volunteer to represent unlicensed staff on the council.
   c. Unlicensed staff is involved in decisions affecting their scope of practice.

2. Members represent all area employment statuses: day, night, full-time, prn/part-time, and weekend option personnel.

3. Members are required to attend 75% of meetings and to actively participate in council discussions, decision making, and dissemination of information.

4. Ad-hoc guests (e.g., advanced practice nurses, child life, physicians, respiratory therapists, radiology technologists) are invited to meetings at the discretion of the chairs and are involved in decisions affecting their scope of practice.

B. Member selection

1. Newly forming councils:
   a. Staff interested in serving on a unit council submit an application.
   b. Interested staff also submit two character references.
   c. The area leadership team reviews the potential applications and references and selects the members of the first council.

2. Existing councils:
   a. Staff interested in serving on an existing unit council submit an application.
   b. Interested staff also submit two character references.
   c. The existing council members reach consensus to fill the positions vacant or about to be vacated on the council.
C. Membership term is 2 years.
   1. To promote continuity among unit council members, approximately half rotate off the council each year.
   2. At the end of 2 years, members desiring to continue to serve on the council resubmit an application and two character references.
   3. On newly forming councils, half the members will hold an initial 1-year term in order to establish even rotation of 2-year terms.
   4. Open unit council positions are announced in April of each calendar year.
   5. Applications with character reference letters are submitted by June 1.
   6. Continuing council members entering their 2nd year meet in June to review applications and reach consensus to fill the open positions.
   7. New council members are invited to the July meeting to begin their 2-year term.

V. Communication Between Council and Unit Staff (Minutes)
   A. Unit council activities are transparent within the unit/clinic.
   B. Minutes are posted in a designated location in the area and/or on the area website. Additional methods of communication are recommended (e.g., bulletin board, flyers in restrooms, e-mail).
   C. A year-end report of unit council activities and accomplishments is made available to all staff and leadership in the area.