



Nursing Practice Council

Terms of Reference

Approved: March 2023

Review/Revise Date: September 2024

Purpose:

The Southern Health-Santé Sud (SH-SS) Nursing Practice Council:

- ◆ Provides a safe and judgement free forum for nurses to bring forward clinical practice issues & participate in developing solutions/strategies to address issues and ensure patient safety
- ◆ Ensures evidence based clinical practices are maintained and are person and family centered
- ◆ Adheres to standards for professional practice, scope of practice, code of ethics, legislation and patient safety
- ◆ Promotes clinical practice that aligns with SH-SS mission, vision, values and strategic directions
- ◆ Endeavors to standardize nursing practice throughout SH-SS with consideration for facility and program variations
- ◆ Collaborates and consults with interdisciplinary team members as required in the development and revision of clinical protocols/practices
- ◆ Brings forward practical, sustainable and cost-effective recommendations to leadership for input and final approval
- ◆ Ensures communication of patient safety issues to the Regional Lead – Acute Care & Chief Nursing Officer & Senior Leadership Team
- ◆ Endeavors to represent all nurses in SH-SS
- ◆ Ensures regular, open communication to all nurses in SH-SS including feedback on work done to address clinical issues
- ◆ Promotes and engages in activities to strengthen nursing leadership, support and mentorship
- ◆ Stays true to the historical intent of Nursing Practice Councils in Manitoba

History of Nursing Practice Councils in Manitoba:

Nursing Practice Councils were created as a result of recommendations made in the Report of the Manitoba Pediatric Cardiac Surgery Inquest in 1999 (Sinclair Report). In 1994, 12 children died while undergoing, or shortly after having undergone, cardiac surgery at the Winnipeg Health Sciences Centre (HSC). On March 5, 1995, the Chief Medical Examiner for the Province of Manitoba ordered an inquest into the deaths of the 12 children. One finding of the inquest revealed that nursing staff involved with the program voiced serious and legitimate concerns, but that those concerns were not treated appropriately because there was no structure to communicate and recognize the significance of the concerns. The report recommended that the HSC Nursing Council be restructured and given responsibility for monitoring, evaluating and making recommendations pertaining

to the nursing profession and nursing care and also to serve as a vehicle for reporting incidents, issues and concerns without fear of reprisal.

The Report of The Manitoba Pediatric Cardiac Surgery Inquest:

<http://www.pediatriccardiacinquest.mb.ca>

**Chairperson:
(by position)**

Co-Chairpersons:

1. Collaborative Practice Lead
2. Council member-One year term January-December; position may be held consecutive years

Membership:

Membership shall be comprised of direct care nurses & program nurse representatives selected through expression of interest for an 18-month term (that may be extended if limited new members available). One third of membership turnover at one time.

Voting members:

- ◆ 2 Co-Chairpersons
- ◆ 5 Acute Care direct care nurses (1 from Regional Centres/ 2 Acute Community if possible)
- ◆ 5 Personal Care Home (PCH)/Transitional Care direct care nurses
- ◆ 4 Community Care direct care nurses (1 Home Care, 1 Public Health, 1 Primary Care, 1 Mental Health)
- ◆ 1 Nurse Practitioner
- ◆ 1 Regional Patient Safety Coordinator
- ◆ 1 Staff Development Clinical Education Facilitator
- ◆ 1 Infection Control Practitioner
- ◆ 1 Manager (must be nurse)
- ◆ 1 Director (must be nurse)

Non-Voting members:

- ◆ Administrative Assistant

**Expectations of
Members:**

- ◆ Submit agenda items to Administrative Assistant and Co-Chairs at least 10 days prior to each meeting
- ◆ Prepare for each meeting by reading previous minutes, current agenda and attachments
- ◆ Attendance and active participation at meetings; voting members who miss more than 3 meetings in a fiscal year will be asked to find replacement and step down
- ◆ Notification to Manager/Supervisor in advance of scheduled meetings and submission of required scheduling/payroll forms to ensure correct coding for paid time at meeting and shift replacement if necessary
- ◆ Address nursing clinical issues and propose recommendations/ solutions
- ◆ Ensure two-way communication between nurses and council via staff meetings and other forms of communication

- ◆ Report on all new and/or revised nursing clinical practice issues requiring discussion/approval to all designated areas assigned
- ◆ A change in work location to a different facility or program may result in relinquishing membership on council to allow suitable representation replacement
- ◆ Provide written notice of resignation from council if prior to end of term

Committee Work:

- ◆ Practice issues on the agenda will be addressed via one of the following pathways:
 - **For Decision:** If the issue is specific to a facility or program area and SH-SS, with leadership awareness; and does not have a financial impact, impact on workload of others or impact on corporate policies, or any major implications for SH-SS or province beyond the mandate of this council.
 - **For Discussion:** If members wish to share clinical issues and it is determined that no further action is required.
 - **For Referral:** If the clinical issue has a financial impact, impact on workload of others or impact on corporate policy or any other major implication for SH-SS or province.
- ◆ Agenda items not addressed during a meeting will be carried forward to next meeting.
- ◆ Agenda items will be assessed and prioritized on an ongoing basis. Non-urgent items will be deferred to Parking Lot until able to be addressed.

Meetings:

- ◆ Minimum 5 times per year (January, March, June, September, November suggested)
- ◆ To occur in person or virtually on the fourth Tuesday of the month from 0900hrs-1500hrs (some meetings may be shorter to allow working groups time to work together)
- ◆ Quorum will be 50% of membership +1
- ◆ Time in attendance will be paid (straight time) and travel time and mileage will be paid for in person meetings.
- ◆ Access to a program or facility computer and virtual meeting platform (ie. Microsoft Teams) will be required for virtual meetings.

Minutes:

The minutes of each meeting will be recorded and circulated to:

- ◆ Team
- ◆ Regional Lead – Acute Care & Chief Nursing Officer
- ◆ Posted on Health Provider Site (HPS) for all nurses

Terms of Reference:

The Terms of Reference will be reviewed by Nursing Practice Council annually in September.

Responsible To:

Regional Lead – Acute Care & Chief Nursing Officer

