

**Collaborative Governance Guidelines**  
**Institute for Patient Care**  
**Patient Care Services**  
**Massachusetts General Hospital**

**Purpose**

The purpose of these guidelines is to describe the Collaborative Governance program located within the Institute for Patient Care, Patient Care Services (PCS) at Massachusetts General Hospital.

**Vision**

Collaborative Governance is a critical element within the professional practice model that describes communication and decision-making processes and places the authority, responsibility, and accountability for patient care with practicing clinicians.

**Mission**

Collaborative Governance integrates multidisciplinary clinical staff into the formal decision-making structure of Patient Care Services to stimulate, facilitate, generate, and disseminate knowledge that will improve patient care and enhance the environment in which clinicians shape their practice.

**Collaborative Governance Committees**

A strategic plan guides the work of the Collaborative Governance program which is comprised of seven operating committees, each having defined responsibilities and membership requirements that are reviewed and revised annually and informed by new strategic initiatives.

- Diversity Steering Committee**
- Ethics in Clinical Practice Committee**
- Nursing Practice Committee**
- Nursing Research Committee**
- Patient Education Committee**
- Quality Committee**
- Staff Nurse Advisory Committee**

**Collaborative Governance Committee Leaders**

Composed of all chairpersons, coaches, advisors and the Executive Director of the Institute for Patient Care. The committee provides a forum for communication between and among the leaders to ensure coordination, collaboration and joint learning.

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## **Membership**

### **How to Apply**

Applications for appointment/reappointment to Collaborative Governance committees are accepted annually from August 1<sup>st</sup> to October 1<sup>st</sup> and must be submitted in writing to the employee's director for endorsement. Application Process:

1. Meet with your director to discuss your interest in Collaborative Governance.
2. Download the Application / Reapplication Form from the web site.
3. Complete the form and save to your H drive.
4. Send the form as an email attachment to your director.
5. Once approved, your director will submit electronically.
6. Both you and your director will receive a confirmatory email.
7. The committee will review the applications in early October and make recommendations for appointment to the Senior Vice President for Patient Care Services and Chief Nurse.
8. Appointment letters are mailed to your home during the first week in November.

One of the aims of Collaborative Governance is to provide staff level involvement so that the majority of each committee will be comprised of staff level professionals. Occasionally, professional staff, who are not PCS members, are appointed to committees, especially where their position, knowledge, or expertise will substantially contribute to the work of the committee. Eligibility criteria vary by committee.

### **Term of Appointment**

1. The Senior Vice President for Patient Care Services and Chief Nurse generally grants two-year appointments to committee members.
2. At the end of two years, committee members may apply for a re-appointment for an additional two years.
3. Occasionally, the needs of the committee require exceptions to the above guideline.
4. In July, co-chairpersons will remind committee members who will be completing their two-year term in December of that year that their term is expiring. The member may apply for reappointment to the same committee, may apply for initial appointment to another committee, or give written notice to their co-chairpersons of their intent not to reapply.
5. Appointment renewal is contingent upon continued interest on the part of the committee member, acceptable past performance, committee responsibilities, membership requirements, and the endorsement of the employee's director.
6. Resignation from a committee will be submitted in writing or via email to the committee leadership.
7. Vacancies may be filled during the year as needed at the discretion of the committee leadership.
8. Transfer of a committee member from one department or unit to another will result in the review of membership by the committee leadership and the employee's new director to assess impact on membership representation.
9. Three unexcused absences will constitute a voluntary resignation from the committee.

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**Roles and Responsibilities**

Each committee has three roles: member, co-chair and coach. Each role has three main responsibilities: teaching, committee work and communication. Selected committees also have an advisor. In this section, the roles are described along with their responsibilities.

**1. Committee Member**

The committee member is generally a PCS professional staff member whose role is to attend meetings, provide input and expertise about his/her respective clinical practice areas and disciplines, participate in the activities of the committee, and disseminate the work of the committee and other PCS initiatives to his/her units/departments.

Teaching

- **Participate** in the training session with committee members and chairs
- **Use** prepared materials
- **Evaluate** training sessions

Committee Work

- **Attend** meetings
- **Collaborate** with committee members
- **Participate** in the formation of the agenda
- **Obtain** agenda and come to meetings prepared
- **Participate** actively in committee discussions
- **Formulate** strategies to represent information from peers' perspectives
- **Help** move agenda forward
- **Obtain** and review committee minutes
- **Review** meeting's accomplishments with chairperson and constituents
- **Complete** tasks assigned by the chairperson

Communication

- **Summarize** the accomplishments of the committee to new members and peers
- **Read** emails and disseminate news to peers in a timely manner
- **Articulate** the professional nursing/health professions perspective (as appropriate) to committee members
- **Contribute** to the annual report
- **Communicate** with peers and obtain their perspectives on issues
- **Integrate** resources to prepare for committee work
- **Help** determine additional resources to facilitate the committee's work
- **Update** the co-chairpersons about committee participation
- **Evaluate** contributions to success of the committee
- **Solicit** input from committee members to help direct subsequent meetings
- **Disseminate** information to peers not only about committee work but other information as well.

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**2. Co-Chairs**

Each committee is led by two chairpersons (co-chairs) who are responsible for planning and executing the meetings and directing the work of the committee. The committee co-chairs provide leadership to the committee members, represent the committee in various forums as necessary, and are accountable for communication of committee activities to non-committee members in Patient Care Services. The co-chairs also provide an orientation for new members. Included in the orientation process is a discussion of these guidelines. The co-chairs and their respective coaches meet regularly with other committee leadership throughout Patient Care Services to communicate their committee's work-in-progress and outcomes. The term of appointment is two years after which chairs may apply for reappointment. Appointments will be made to facilitate a transition period for chair/coach positions.

Teaching

- **Participate** in training committee chairpersons and members
- **Distribute** training materials and prepare members
- **Evaluate** training sessions

Committee Work

- **Collaborate** with coach
- **Set** the agenda
  - Prepare and distribute the agenda
  - Review status of previous agenda items
  - Guide committee members in discussion of agenda items
  - Move agenda forward
- **Facilitate** decision making and consensus building
- **Guide** committee members in representing practice area(s) and clarifying information
- **Lead** committee meetings and adhere to time parameters
- **Evaluate** meetings and committee progress with coach following each meeting
- **Create** an environment for discussion
- **Distribute** committee minutes to members and coaches
- **Negotiate** group process
- **Review** meeting's accomplishments with coach
- **Delegate** tasks to committee members
- **Attend** monthly Committee Leaders Meeting
- **Report** committee's activities at Committee Leaders Meeting

Communication

- **Summarize** the accomplishments of the committee to new members and others
- **Articulate** the professional nursing/health professions perspective (as appropriate) to committee members
- **Participate** in the development of the annual report
- **Communicate** committee information in newsletter
- **Integrate** resources (The Team Handbook) to facilitate committee's work
- **Help** determine additional resources to facilitate the committee's work
- **Contribute** committee updates to Committee Leaders Meeting
- **Update** committee members about discussions at planning meetings
- **Solicit** input from committee members to help direct subsequent meetings

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### **3. Coach**

Each committee has one coach whose role is to provide individual and group development and support to the co-chairpersons, members, and the committee as a whole. The Executive Director for the Institute for Patient Care and the Advisor recommend the appointment to the Senior Vice President for Patient Care Services and Chief Nurse and the appointment is generally indeterminate in length.

#### Teaching

- **Design** training modules
- **Conduct** training sessions to prepare chairperson for role
- **Prepare** for meetings
- **Evaluate** training sessions
- **Facilitate** self-evaluation for chairpersons after meetings

#### Committee Work

- **Collaborate** with committee chairpersons
- **Help** set the agenda; meeting times
- **Prepare** for meetings
- **Guide** chairpersons to structure and facilitate meetings
- **Assist** chairperson with skills needed to negotiate group process
- **Guide** chairpersons in clarifying information
- **Review** meeting's accomplishments with chairpersons

#### Communication

- **Articulate** professional nursing's/health profession's perspective to chairperson and committee members
- **Help** produce the annual report
- **Prepare** information for publication in Caring Headlines
- **Access** resources to facilitate committee work
- **Contribute** committee updates to Committee Leaders Meeting
- **Update** chairpersons and committee members about discussions at Committee Leaders Meetings

### **4. Advisor**

Selected committees (Diversity Steering, Ethics in Clinical Practice, Nursing Research, Quality, and Patient Education) also have an Advisor role. The advisor provides substantive expertise to the committee and serves as their a link to a related office or unit in PCS. The Executive Director for the Institute for Patient Care recommends the appointment to the Senior Vice President for Patient Care Services and Chief Nurse and the appointment is generally indeterminate in length. The advisor role is to:

- **Inform** committees and leaders about related initiatives in PCS
- **Provide** latest evidence in the substantive area of the committee
- **Guide** the strategic plan of the committee using expert knowledge
- **Utilize** knowledge from committee's discussions to inform departmental initiatives
- **Facilitate** discussion by providing theoretical frameworks
- **Integrate** the work of the committee into departmental strategic initiatives

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## **Attendance**

1. The first responsibility of membership is to attend all meetings. Any necessary arrangements enabling a member to attend (e.g., schedule, assignment) are the responsibility of the individual member. These should be arranged with the director and time keeper *in advance*. Pre-planning can facilitate meeting attendance but our primary mission is to care for patients. Therefore, members must be flexible when plans for coverage fail. Resource nurses, supervisors, and directors can assist with those day-of-meeting decisions.
2. Unexcused absence from three (3) consecutive meetings will constitute a voluntary resignation. Co-chairs will monitor attendance and will raise the issue with members who miss meetings to assess the level of interest of the staff member in continuing on the committee, barriers to attending and possible solutions.

## **Participation and Communication**

Every Collaborative Governance member is expected to be a conduit for two-way communication. First, the member will engage their colleagues on their units and in their departments about practice issues so that members will be able to adequately represent their peers. Second, the member will take back to their peers and directors important information about the committee work or other key PCS information. The process of gathering information and disseminating information is a key responsibility of all members and includes careful reading of emails and other notices, such as Magnet and Joint Commission information. The Collaborative Governance member is a key conduit for information in PCS.

The members should actively participate in committee discussions and activities. Pertinent information, ideas, and suggestions should be communicated at meetings.

Timely completion of projects, information gathering, and other assigned committee work is necessary.

Occasionally, after some participation, a member may feel that their membership on a given committee is not a good fit. The member will discuss this with the co-chairs who will help the member transition off the committee or to another committee, if a vacancy exists.

## **Evaluation**

Member expectations are described through the self-evaluation form that is distributed to members at the beginning of each committee year. Periodically, chairs will set aside some time within the agenda to check in with members to assess, from their perspective, how things are going and if there are any recommendations for improvements within the committee. Individual feedback to committee members regarding performance will be provided as requested/needed.

Updated 2010