

 MUSKOKA ALGONQUIN HEALTHCARE	Policy:	Terms of Reference – Nursing Advisory Council (NPPC)
	Number:	V4.0
Approved by: Senior Director Patient Care/Clinical Services and Chief Nursing Officer	Manual:	Nursing Admin
Signature: Approved January 8, 2016	Section:	IV – Nursing Admin
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PURPOSE:

The Nursing Advisory Council (NAC) is brings together nurses from across Muskoka Algonquin Healthcare (MAHC) sites to discuss, come to consensus on, make decisions and take action on issues related to practice, education, leadership, communication, patient safety and recruitment and retention regarding nursing.

The NAC promotes best practices that are patient and family centred, responsive to professional and legislative standards, embrace a spirit of inquiry, and support quality of work life.

OBJECTIVES:

1. To establish short and long-term goals for the ongoing development and support of Professional Nursing Practice at MAHC.
2. To review and revise nursing specific policy and procedures.
3. To identify and participate in quality improvement initiatives to facilitate positive changes in practice and service delivery specific to nursing.
4. Ensure linkages are developed and maintained with other professions in matters of interprofessional practice.
5. Maintain awareness of provincial health care initiatives and changes in legislation as they pertain to nursing and then recommend appropriate changes at MAHC related to professional practice.
6. To establish and foster mechanisms to promote, celebrate, and sustain nursing accomplishments at MAHC.

ACCOUNTABILITY:

All nurses employed at MAHC may attend the meeting and have access to minutes through either the Chair or the Executive Assistant.

Through the Chief Quality and Nursing Executive, the NAC will report through to the Senior Leadership Team at MAHC.

The NAC is also part of a broader multi-disciplinary professional practice structure with a liaison relationship with all other allied health professionals and an advisement relationship to Medical Advisory Committee and other specific departmental, care-centred committees.

Effective Date: February 6, 2009	Revised Date: December 12, 2011; August 2013; Jan.8/16	Version: v5.0
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CHAIR:

The role of the Chair will be filled by the Chief Quality and Nursing Executive.

VOTING MEMBERSHIP:

Members are accountable to the clinical units they are representing and have a responsibility to communicate and promote the activities of the NAC and practice changes in nursing. In turn, representatives also have a responsibility to represent and bring forward item/topics of interest on behalf of the care groups that they are representing.

Membership includes:

- Chief Quality & Nursing Executive
- Stroke Best Practice Nurse
- 2 ONA appointed representatives
- 2 RPN representatives (1 from HDMH and 1 from SMMH)
- 1 RPN SEIU Representative
- 2 Managers (1 ED and Surgical Services Manager and 1 Inpatient Services Manager) 1 Nurse Practitioner
- 1 Diabetes Education RN
- All RN Clinical Leads
- 1 Chemotherapy/Infusion Clinic RN
- 1 OTN RN
- 1 SASOT RN
- 1 Clinical Nurse Educator
- 1 Education Coordinator
- Manager of Ambulatory Services
- Ad hoc: 1 Human Resources representative and/or other care providers as required

SUB-COMMITTEES:

- May be established as required or deemed necessary

MEETING FORMAT:**AGENDA:**

The agenda will be circulated 1 week prior to the meeting date. NAC members must submit agenda items to the Chair or Executive Assistant supporting the NAC at least 1 week prior to the meeting date.

MINUTES:

Minutes will be distributed to members as soon as possible following the meeting and may be posted/shared within each of the represented care areas. Minutes from NAC will also be available on the Nursing Professional Practice SharePoint Site.

FREQUENCY OF MEETINGS:

- The Nursing Advisory Council will meet monthly on the first Wednesday.
- Quorum is 50% plus 1.