**TERMS OF REFERENCE**

**Nursing Professional Practice Subcommittee**

**Role**

The practice of nursing is dynamic and must develop in response to the health needs of the population, advancements in nursing knowledge and changes in the health care system. Nursing contributes to the health care systems through direct practice, education, research, and policy development (CNA, 2007).

The purpose of the council is to ensure that the self-regulated and self-directed practice of nursing is aligned with current standards of practice, best available evidence and the values of the organization.

**Responsibilities**

* Review annually the organization’s strategic directions and priorities to ensure alignment with nursing professional practice activities.
* Develop and implement an ongoing communication plan to advise nurses about the work of this committee.
* Promote excellence in clinical practice by ensuring care is based on the use of current/new knowledge and technology (Best Practice Guidelines, Standards of Practice and research.)
* Facilitate the provision of quality patient care and services through knowledge translation related to nursing practice while meeting legislative and professional/organizational standards.
* Provide consultation and support to all programs, units and departments regarding nursing practice.
* Develop strategies and make recommendations for implementation to support nursing practice changes as appropriate.
* Review and endorse clinical practices and policies that impact nursing practice ensuring appropriate follow-up so that regulated practice standards are maintained.
* Develop and/or revise practice standards, guidelines, policies and procedures associated with nursing practice.
* Collaborate with other committees/councils (e.g. ONA Professional Development Committee, Medication Safety, Corporate Infection and Prevention and Control Committee, etc.), programs and health disciplines to ensure communication and avoid duplication of efforts between committees.

**Membership and Voting**

Chief Nurse Executive and Vice President or designate

Minimum of 1 RN and 1 RPN representative from each Clinical Program; additional representatives are welcomed to achieve the goal of specialty and/or site representation

1 Nurse leader representative from each Clinical Program (i.e. Manager or Clinical Practice Leader)

ONA site representatives

CUPE site representatives

Nursing Corporate Clinical Practice Leaders

Quality, Safety and Patient Experience (1)

Diagnostic Imaging (1)

Infection Prevention and Control (1)

Clinical Informatics (1)

Blood Conservation Nurse- ad hoc (1)

Occupational Health Nurse (1)

Members of the council are responsible for:

* Disseminating key messages from NPPC meetings
* Attending council meetings, or arranging for an alternate to attend
* Representing the voice of the unit/department that the member represents; as such obtain feedback and input into matters related to practice from those units/departments

**Chair**

The Council will be chaired by the Director, Interprofessional Practice or designate

**Frequency of Meetings and Manner of Call**

The Nursing Professional Practice Subcommittee shall meet every one (1) month; a minimum of 10 times annually.

**Quorum**

Quorum is defined as 50% of the minimum required voting membership plus one and must be met for any meeting agenda items requiring a voted approval.

**Resources & Committee Support**

**Reporting**

The Nursing Professional Practice Subcommittee reports to the Interprofessional Collaboration Committee via the Chair

NPPC links with Clinical Programs and subcommittees of NPPC through the membership, and will link with other committees on an ad hoc basis.

**Date of Last Review**

*(Terms of Reference to be reviewed biennially, Membership to be reviewed annually)*