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Provide a description and the policies, procedures, charters, or bylaws of the organization's shared decision-making structure.

- Provide a description of nursing's structural and operational relationship within the organization shared decision-making structure.

Shared Decision-making Structure

WakeMed Health & Hospitals has structures, relationships, and processes that demonstrate and operationalize the partnership between leadership, clinical nurses, and interprofessional partners. The shared decision-making structure was designed to give all nurses in all practice areas a voice in the provision of nursing care. The Plan for Providing Nursing Care and Practice Policy describes the shared decision-making structure and how it promotes collaboration, fosters accountability for patient outcomes, and enhances the nursing practice environment. ([Evidence OO5-1, Plan for Providing Nursing Care and Practice, Section IV. Transformational Leadership, pgs. 3-5](#))

Structural Relationship

The shared decision-making structure is reviewed annually; it was most recently updated in February 2024. ([Evidence OO5-2, Shared Decision-Making Structure](#)) The structure is circular, with councils connecting with each other for bidirectional communication. The foundation of the shared decision-making process is the unit councils (UC), which are chaired by a clinical nurse who is elected by their peers and who then also serves as a clinical nurse representative on the system-level Clinical Nurse Council (CNC). The CNC leadership structure includes the CNC chair-elect, the chair, and the historian, who is the immediate past-chair. The elected CNC nurse leaders serve on the system-level Nurse Executive Committee to foster consistent, informed bidirectional communication.

The Nurse Executive Committee (NEC) is at the center of the shared-decision making structure; it is chaired by Cindy Boily, MSN, RN, NEA-BC, Sr. Vice President & Chief Nursing Officer. The NEC supports WakeMed's strategic priorities and promotes nurse autonomy. NEC members include chairs of the CNC, Research & Evidence-Based Practice (EBP) Council, Nursing Services Quality Improvement (NSQI) Council, Supervisor/Educator Council, Recognition & Development (RAD) Council, Nursing Practice & Quality Council, Informatics Council, and Nurse Manager Council. All council chairs are voting members of the NEC, which meets bimonthly with permanent and limited-term members.

Subcommittees of councils have been established as nursing practice issues have evolved. The NSQI Council serves as the representative body for the Nursing Peer Review, Restraints, and Nursing Sensitive Indicators subcommittees.

Each council and committee in the WakeMed Shared decision-making structure is supported and defined by its charter. For example, the CNC charter details its mission, membership, frequency of meetings, terms of office, and funding for service.

- **Mission** – To promote the voices of clinical nurses at WakeMed Health & Hospitals in the shared-decision making process. Support evidence-based practice, patient engagement, nurse engagement, and high-quality nursing practice in alignment with WakeMed’s strategic goals.
- **Membership** – Each nursing unit will have a CNC representative at the CNC meetings. The CNC Advisory Board (CNCAB) supports the work of the CNC by providing guidance and resources. CNCAB sets agenda items, reviews goals, mentors leadership skills, and facilitates practice that impacts nursing specific empirical outcomes.
- **Frequency of Meetings** – Every other month (February, April, June, August, October, December)
- **Terms of Office** –
 - CNC Chair/Co-chair: Serves for 1 calendar year then transitions to serve as CNC Historian.
 - CNC Chair-elect: Serves for 1 calendar year term then transitions to serve as CNC Chair.
 - CNC Historian: Serves for 1 calendar year then rotates off the leadership team.
 - Campus Liaison: Serves for 1 calendar year then rotates off the leadership team.
 - CNC Member At Large: Serves for 1 calendar year then rotates off the leadership team.
- **Funding For Service** – CNC representatives’ participation may be used for clinical ladder progression and the Nursing Professional Development Program (NPDP). CNCAB leaders are paid under “class time” after pre-approval from the Magnet Program director.

(Evidence OO5-3, CNC Charter)

Operational Relationship

The purpose of the WakeMed shared decision-making process is to ensure that the voices of nurses at every level are sought, heard, and acted upon as they affect professional practice. As indicated on the Shared Decision-Making Structure, the NEC serves as the operations center for nursing shared decision-making. Each council, in addition to its charter, has an identified Purpose and Mission with corresponding responsibilities. (Evidence OO5-4, Shared Decision-Making Roles and Work) In NEC meetings, councils prepare and share a Council Leader Report that includes an update on fiscal year goals, accomplishments, and challenges. (Evidence OO5-5, Council Leader Reports) The CNO disseminates the Council Leader Report to the senior executive leaders by sharing key takeaways and advocating for resources when needed.