

<b>FAKEEH CARE GROUP</b>		<b>BYLAW CODE: BLW-NUR-001</b>	
<b>TITLE:</b>  Nursing Shared Governance Bylaw	<b>CLASSIFICATION:</b> <input type="checkbox"/> Corporate  <input type="checkbox"/> Corporate in Essence:  <input checked="" type="checkbox"/> Entity Based: DSFH Jeddah	<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> REVISED
		VERSION: 5	EFFECTIVE DATE: 2021
		ISSUED DATE: 01/04/2026	EXPIRY DATE: 01/04/2029
<b>APPLICABILITY: Applies to all nursing departments, services, and units within Dr. Soliman Fakeeh Hospital</b>			

### 1. Table of Contents

Title	Page
1. Table of contents	1
<b>2. The Bylaws document</b> 2.1 Name, Applicability and Objectives 2.2 Revision and management of the document	2
<b>3. Standard of practice and operations</b> 3.1 Mission, Vision, and Values Statements 3.2 Model of care / services delivery 3.3 Quality management and patient safety 3.4 Code of conduct	2-3
<b>4. Organization structure</b> 4.1 Departments, Sections and units/Services 4.2 Committees 4.3 Meetings	3-14
<b>5. Deliverables</b> 5.1 Internal customers 5.2 External Customers 5.3 Processes and related policies 5.4 Process and outcome measures	14-15
<b>6. The Staff</b> 6.1 Categories and Ranking of Staff 6.2 Licensure requirements of Staff 6.3 Credentialing, Privileging, competency checks of Staff 6.4 Evaluation of Staff	15
<b>7. Accountability</b> 7.1 Disciplinary system 7.2 Incentive systems 7.3 Grievance mechanisms	15-16
<b>8. APPROVALS AND SIGNATORIES</b>	17

## 2. The Bylaws document

### 2.1 Name: Nursing Shared Governance Bylaw

- 2.1.1 Applicability: Applies to all nursing departments, services, and units within Dr. Soliman Fakeeh Hospital.
- 2.1.2 The Nursing Shared Governance Bylaw is established to guide and support a collaborative, participatory decision-making structure that enhances nursing practice, strengthens interdisciplinary teamwork, and upholds the highest standards of quality and patient safety across the organization. Through this framework, DSFH promotes a culture where nurses are empowered, accountable, and actively engaged in shaping policies, practices, and professional growth initiatives that influence patient outcomes.
- 2.1.3 Objectives include:
  - a. Empowering nurses to actively participate in decision-making related to nursing practice, quality, patient safety, and professional development.
  - b. Strengthening collaboration among nursing, medical, and administrative teams to ensure coordinated, high-quality patient care.
  - c. Promoting accountability, transparency, and shared responsibility across all levels of nursing practice.
  - d. Advancing evidence-based practice and fostering excellence in both clinical care and professional nursing standards.

### 2.2 Revision and management of the document

- 2.2.1 The Nursing Executive Council (NEC) is responsible for reviewing and updating the Shared Governance Bylaw every two years, or earlier when organizational needs or regulatory requirements necessitate revisions. All proposed amendments shall undergo formal approval by the Chief Nursing Officer (CNO) to ensure alignment with nursing strategic priorities and professional practice standards. The Magnet and Professional Development Office shall serve as the custodian of the official document—maintaining the master version, archiving previous editions, and disseminating the most current approved version to all relevant nursing units and committees.

## 3. Standard Operation

### 3.1 Mission, Vision, and Values/principles Statements

- 3.1.1 **Mission:** To ensure high-quality, academic integrated health systems enabled by cutting-edge technology, research, evidence-based nursing care through shared decision-making and professional empowerment.
- 3.1.2 **Vision:** To be the reference point where compassion meets excellence to empower healthier communities.
- 3.1.3 **Principles:** Integrity, Compassion, Agility, Reliability and Excellence .

### 3.2 Model of care / services delivery

#### Nursing practice at DSFH follows a Professional Practice Model centered on:

- 3.2.1 Person-centered care.
- 3.2.2 Evidence-based decision-making.
- 3.2.3 Interdisciplinary teamwork.
- 3.2.4 Continuous quality improvement.
- 3.2.5 Patient and family engagement.
- 3.2.6 Services delivery as per the Nursing care delivery policy

**3.3 Quality management and patient safety**

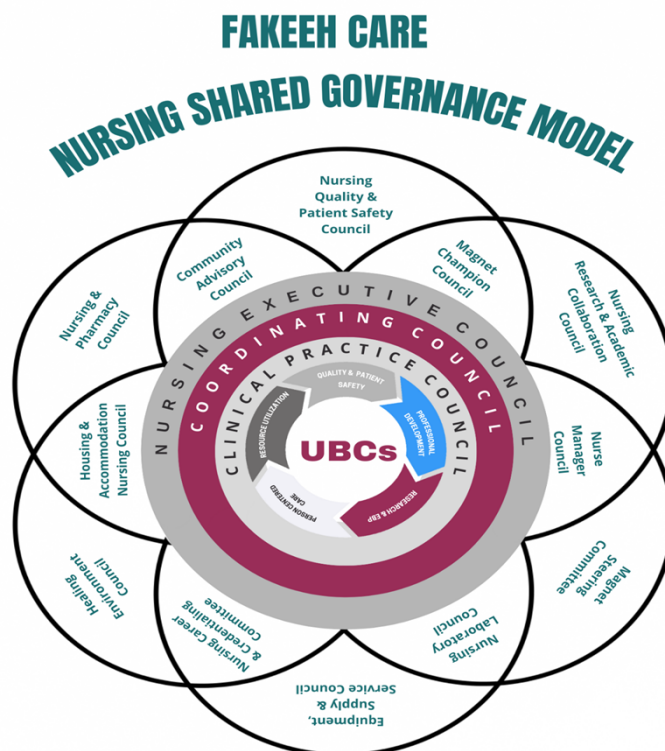
All nursing councils actively collaborate with the Quality and Patient Safety Council to monitor performance related to nurse-sensitive indicators and ensure adherence to evidence-based standards. Quality activities, including action plans, audits, and performance improvement initiatives, are implemented within a standardized organizational quality framework to promote consistency and accountability. Outcomes, trends, and ongoing improvement measures are communicated to all nursing units on a monthly basis to support transparency, shared learning, and continuous enhancement of patient safety and nursing practice.

**3.4 Code of conduct**

All Shared Governance members are expected to consistently demonstrate professional behavior that reflects core nursing values and ethical standards. Members shall uphold confidentiality, respect diverse viewpoints, and foster a supportive and inclusive environment that encourages open dialogue and collaboration. Accountability and transparency must guide all council actions, decisions, and communications. These expectations align with the organizational standards outlined in the ‘Code of Conduct and Ethical Practices’ policy (CPP-HCM-131), which serves as the guiding framework for professional conduct within the Shared Governance structure

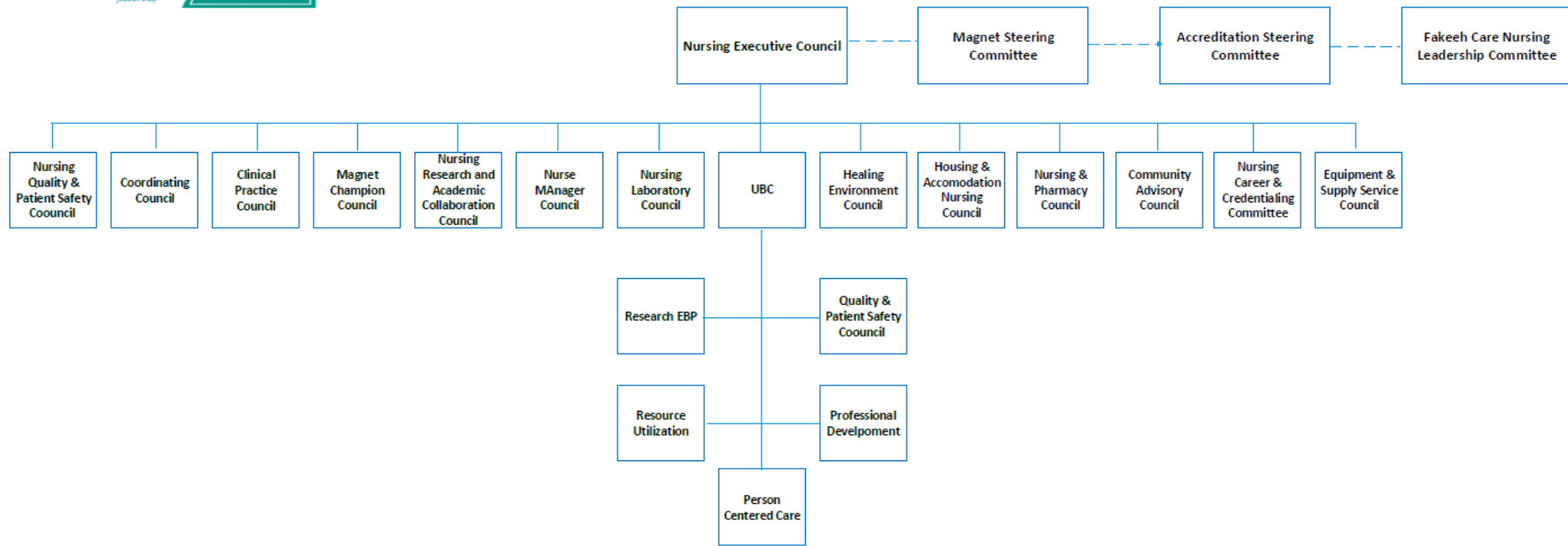
**4. Organization structure**

**4.1 Shared governance model**





### DSFH-J Nursing Shared Governance Structure Chart



Prepared By: Shybi Joseph  
Magnet, Professional & Practice Development  
February 24, 2026

Approved By: Ms. Khadra Omar  
Chief Nursing Officer  
February 24, 2026

#### 4.2 Committees:

Committees within the organization serve to align nursing governance with hospital-wide strategic initiatives and operational goals. These include Magnet steering committee, Quality and Patient Safety committee etc . Shared Governance councils collaborate closely with these bodies to ensure that nursing practices, standards, and improvement efforts are consistent with institutional priorities. When required, council recommendations and decisions may be escalated to the relevant committees for further review, endorsement, and approval to ensure comprehensive oversight and effective implementation

##### 4.2.1 Shared Governance: Unit-Based Councils

The size and structure of the individual unit-based councils reflects the unique characteristics of each unit. Membership includes registered staff nurses, Clinical Resource Nurses, and Charge nurses.

##### 4.2.2 Quality and Patient Safety Council:

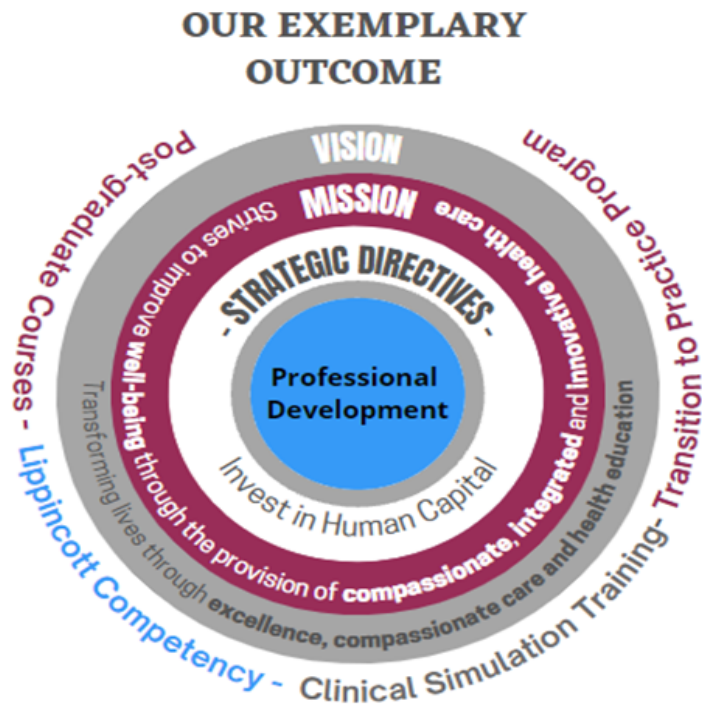


Exist at the departmental level, led by nursing staff to evaluate nursing quality performance metrics and nurse-sensitive indicators to maintain clinical nursing practice safety standards consistent with evidence-based practice and requirements of regulatory agencies.

#### **Objectives:**

- To make action plans based on the discussed indicators which need improvement
- Establish and participate in the performance improvement projects
- Participate in policy development and revision based on evidence-based practices
- Ensure that the indicators are distributed to nursing areas to update the quality board quarterly.
- To discuss the policy updates.
- To provide feedback about changes put into place based on event reports.
- To determine activities to be referred to peer review.

#### 4.2.3 Professional Development Council:

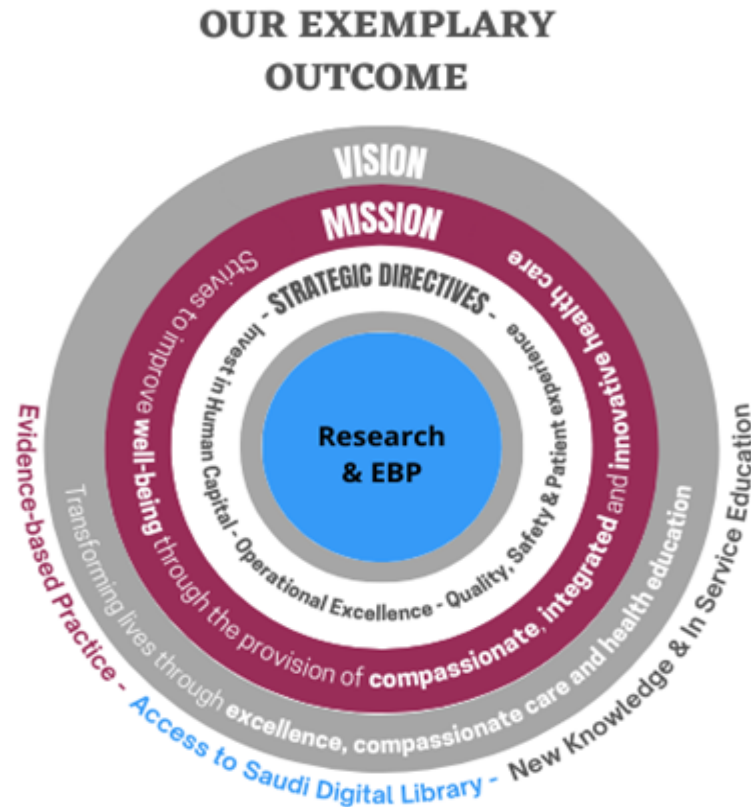


Exist at the departmental level, led by nursing staff to foster support and resources for professional growth of Fakeeh Care nurses. To assess the educational needs of staff and plan, implement and evaluate the effectiveness of educational programs developed and presented.

#### **Objectives:**

- To assist in planning, development, and teaching of the nursing competencies.
- To encourage the professional growth of bedside staff through positive acknowledgments of achievements of individuals and the team.
- To promote the leadership of professional growth for succession planning.
- To create support systems for certifications and educational achievement.
- To provide an opportunity for nurses to utilize clinical simulation to develop and enhance nursing knowledge, communication, and critical thinking skills.
- To assist in identifying and facilitating the learning needs of nurses.
- To support nurses' transition into the organization and nursing workforce.
- Help with "hands-on" clinical support in collaboration with the Clinical Resource Nurse.

4.2.4 Research & EBP Council:

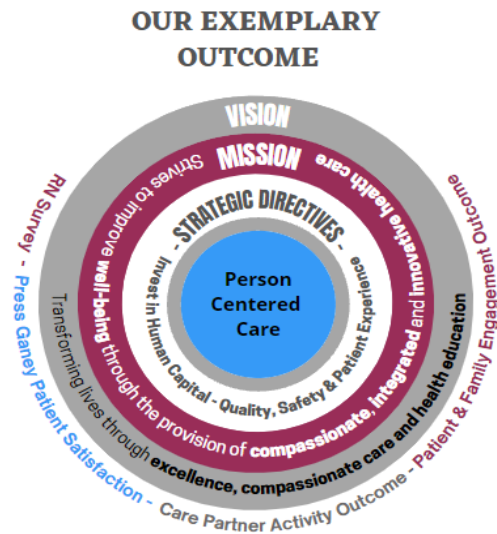


Exist at the departmental level, led by nursing staff to contribute to nursing knowledge through research endeavours and foster staff member knowledge and skills in nursing research and evidence-based practice.

**Objectives:**

- To institute the latest evidence-based best practices.
- To cultivate an environment of clinical inquiry that will encourage an increased number of nursing research studies and implementation of best practices at Fakeeh Care.
- Disseminate the results of research projects to the departmental staff
- To utilize provided tools and research resources to integrate into any research projects or activities.

#### 4.2.5 Person Centered Care Council:

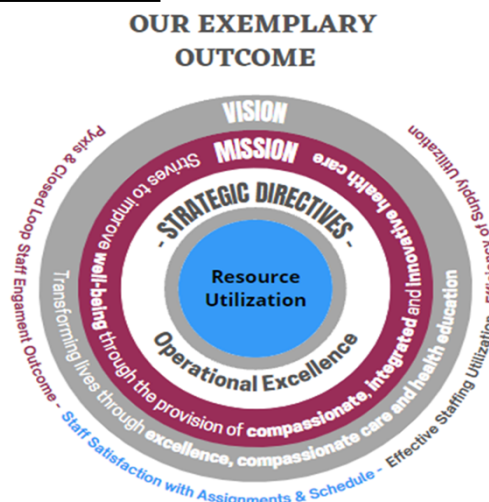


Exist at the departmental level, led by nursing staff to implement effective nursing leadership and management practices to secure the adoption of positive workplace management initiatives.

**Objectives:**

- To promote and sustain a healthy workplace environment for the staff, patients, and their families.
- To participate in the staff satisfaction survey, analyze results and implement action plans for improvement.
- To develop a tool for accurate and timely communication to CPCs regarding council activities and nursing leadership
- To modify action plans based on the feedback of staff, patients, and family.
- To promote care partner program.

#### 4.2.6 Resources Utilization Council:



Exist at the departmental level, led by nursing staff, and are responsible for developing a budget, putting together a strategy, delivering services, monitoring resources, and keeping up to date.

#### **Objectives:**

- Maintain adequate staffing and resources required to deliver quality care.
- To maintain staff distribution and time management.
- To improve the patient care delivery system.
- To identify proper and adequate resource utilization.
- To promote the efficient use of resources
- To promote new technologies and innovations aimed at improving resource productivity.

The councils mentioned above communicate with one another to make choices, create a practice, and implement a strategy that will increase patient/staff satisfaction, a better work environment, better patient outcomes, and career advancement.

#### 4.2.7 The hospital councils

The Hospital councils have to oversee and support the unit-based councils (UBC) and liaise their decisions with the hospital's highest committees for their approvals. The hospital councils are:

##### a) **Clinical Practice Council (CPC)**

Exist at the service line level, led by nursing staff, with executive champions and chairpersons representing each service line's Unit Based Councils. To support the Unit Based Councils' decisions and suggestions, as well as to discuss any issues or concerns that may affect the entire service line but are not addressed or covered by the unit-based councils.

#### **Objectives:**

- To address complicated nursing issues of the Unit Based Council (UBC) and escalate the
- issues to the Coordinating Council to provide appropriate and high-quality health services.
- The CPC serves as a decision-making body on issues related to the practice of nursing and patient care.

##### b) **Nursing Executive Council:**

This Nursing Shared Governance council was formed to empower all other shared governance councils to create a clinical practice work environment best suited for patient safety. Membership includes Clinical Nursing Directors, Magnet Program Director, and Chief Nursing Officer.

#### **Objectives:**

- NEC develops and implements action plans in collaboration with unit-based councils

to achieve nursing goals, demonstrating innovation, sustainability, participation, acculturation, and progressive outcomes.

- Participates in the promotion and recognition of the nursing profession.
- It serves as the information hub for Fakeeh. Care nursing initiatives and activities.
- All nursing shared leadership councils are accountable to NEC.

**c) Coordinating Council:**

Exist at the nursing division level, led by the staff nurses who represent each service line to review all issues and is triaged and routed to appropriate committees or council and to ensure that they are being worked on, communicated to staff, and closed along with the Magnet and Professional Development staff and nursing supervisors.

**Objectives:**

- The Coordinating Council serves as a decision-making body on issues related to the practice of nursing and patient care.
- Work together to address each element of the solution, from evidence-based to practice to oversight and accountability.
- To serve as the motivating force of decision-making of the Clinical Practice Councils (CPC).
- To serve as the request keepers of the Clinical Practice Councils and escalate these requests to the Nursing Executive council/relevant committees to address the issues to a relevant committee accordingly.
- The Coordinating council works with senior nursing leadership, nursing education, and other patient care departments to solve issues escalated by CPC in order to ensure patient safety and facilitate optimal patient outcomes.

**d) Nursing Quality and Patient Safety Council (NQPS council)**

This Nursing Shared Governance council was formed to periodically evaluate quality performance metrics and nurse sensitive indicators to maintain standards of clinical nursing practice safety consistent with evidence-based practice and requirements of regulatory agencies. This council also will review the annual NDNQI RN satisfaction score to make necessary improvement plan in collaboration with the respective unit based councils to ensure the safe and healing working environment for nurses. Membership includes Clinical Nursing Directors, Magnet and professional development staff, Chief Nursing Officer, Unit managers, QPS-unit based council chairpersons and adhoc members accordingly.

**Objectives:**

- To discuss the nursing sensitive indicators on a quarterly basis
- To make action plans based on the discussed indicators which needs improvement
- Participate in the Performance improvement projects
- Participate in policy development and revision based on the evidence based practices
- To ensure that the indicators are distributed to nursing areas to update quality board on a quarterly basis.
- To discuss the policy updates
- To provide necessary support and guidance to QPS-UBC

**e) Housing and Accommodation Council**

The Housing and Accommodation Nursing Council was created with the goal of improving staff satisfaction by focusing on their well-being. This council is led by a staff nurse with different members from the residents of the different accommodations provided by Fakeeh Care, housing and accommodation personnel, Support Services department leaders, and nursing administrators. Through this council, nurses can voice out their concerns on their way of living that could significantly impact their satisfaction, retention, engagement, and productivity.

**Objectives:**

- To create a clear process of receiving concerns and issues from nursing staff related to housing and accommodation.
- Collaborate with other members of the council to collect concerns and issues raised by nurses.
- To Collaborate with the Accommodation staff and leadership to discuss issues and concerns raised.
- To propose recommendations to improve well-being of staff.
- To provide feedback to nurses for issues and concerns raised.

f) **Healing Environment Council**

Healing Environment Council was created to promote excellence resilience and nursing excellence through engagement and implementation of nurse driven goals with the drive to increase satisfaction for both patient and staff.

**Objectives**

- To promote and sustain systems that ensure a healthy workplace environment for the staff and patient.
- To monitor Press Ganey Patient Satisfaction survey and engage nursing staff and other interdisciplinary departments to improve scores through action plan.
- To participate in the NDNQI staff satisfaction survey, analyze results and implement action plans for improvement.
- To modify action plan based on the feedback of staff and patient.
- To promote care partner program.
- To promote collaboration among nurses, physicians, and other multidisciplinary departments to coordinate care for patients, maintaining respect, dignity and recognition of each person's contribution.

g) **Community Advisory Council**

It is a team of nursing that aims to spread awareness in the community inside, outside the hospital, locally and globally.

- improve lives and strengthen communities through full awareness inside and outside of the hospital
- is to make the community more informed, alert, self-reliant and capable of participating in all activities and programmers of disaster management in close collaboration with government and non-governmental organizations
- Participate in all world days
- to increase the community's knowledge of the available programs and services offered.
- Participate with different categories of organization
- Identify community needs and requirements
- Engaged with the community
- Endorse nursing role to community.

h) **Magnet Champion Council**

Purpose of this council is to serve as the motivating force of decision-making of the Unit Based Councils.

**Objective is to** teach, promote and maintain shared decision making in all nursing department.

i) **Nurse Manager Council**

The purpose of this council is to serve as the effective resource management in assuring excellence in patient care and nursing practice

**Objectives**

- Obtain departmental nursing feedback and input regarding patient care, nursing practice issues, and changes across the organization
- Inform and make recommendations to nursing administration regarding management issues
- Address management recommendations from various task forces and assists peers in developing and evaluating effective recruitment and retention strategies and goals
- Develop and implements strategies for recognition of exceptional aspects of nursing governance, care, and practice across the organization

j) **Nursing Research and Academic Collaboration council**

Nursing research and academic collaboration was established with the collaboration of Fakeeh. Care nursing and Fakeeh college for medical sciences. The members of these council includes Chief nursing officer, Clinical nursing directors, Magnet and professional development staff, Professors from nursing college and staff nurses. The main purpose of this council is to promote and cultivate the research culture activities of Fakeeh. Care also provide and support education and consultation to nursing staffs regarding conducting research studies, EBP projects, proposal development, resources and grant funding.

### Objectives

- Promote the professional collaboration between nursing college and nursing division for joint appointment for weaving together nursing practice, education and research.
- Provide a liaison to the department of nursing services and patient care shared governance committees and councils as appropriate.
- Provide direction and support to nursing division in accessing simulation lab to develop critical thinking and clinical decision making skills.

#### k) **Magnet Steering Committee**

Provides oversight of the Magnet Program and implementation of creative systems, processes, shared decision making and clinical practices that improve patient care delivery. Responsibilities include ensuring the Magnet Program framework and essential domains are enculturated and hardwired into the organization through coordination, education and consultation with leadership. Coordinates all aspects of the ANCC Magnet application, annual reports and re-designation process.

### Objectives

- To launch an effective gap analysis
- To develop and oversee plans to meet magnet recognition
- To review and discuss budgets and resources needed for acquiring magnet recognition
- To review education plan for magnet standards
- To Maintain correspondence with Magnet recognition bodies
- To create and maintain shared governance bylaws and an infrastructure
- To give quarterly update to ASC committee

#### l) **Nursing Career and Credentialing Committee (NCC)**

The Nursing career and credentialing committee is created to establish and maintain a uniform, fair, just process and criteria to review, implement, maintain credentials and to justify applications and approval to the nursing career ladder.

### Objectives

- Review of the Career Ladder policies and procedures
- Submit the yearly career ladder program for approval on a yearly basis and based on previous year evaluation and outcome.
- Provide individual counseling and consultation when requested so as to assist eligible registered nurses in their career development planning.
- Ensure readily available talent for key positions and titles by internal talent assessment and orientation and assessing external talent so as to assure the agility and preparedness in the event of position vacancy.
- Set the rules (criteria, justification, inclusion and exclusion) for acting up roles in the event of possible transition into new step in ladder.
- Review/approve credentials and dataflow report related to ongoing qualification updates for Fakeeh Care nurses.
- Review and approve privilege to perform high risk nursing procedure.

#### m) **Nursing and Laboratory council**

This council consist of nurses and laboratory team who shares communicate issues related to both parties in order to improve communication ,process and policies

### Objectives

- To have a process in raising issues and concern by Nursing.
- To insure that all issues and recommendations related to nursing and laboratory that are raised by nurses are acted upon.
- To review policy and procedure related to laboratory in collaboration with nursing.

#### n) **Nursing Equipment, supply and Services Council**

This council is created to escalate and manage nursing issues related to equipment, supplies or services within the specialty or depts.

**Objectives:**

- To ensure that selected supplies and medical equipment conform with safety and quality standards
- Reports concerns regarding supplies/equipment /services to the relevant parties
- Participate in the evaluation of supplies or equipment
- Collaborate to implement new services in the depts.

**o) Nursing and Pharmacy Council**

A staff nurse chairs this council to coordinate, discuss, and improve the work environment, staff satisfaction, and services related to nursing and pharmacy-related issues.

**Objectives**

- To foster collaboration between Nursing and Pharmacy
- To provide guidance and support on issues related to Pharmacy and IT (e.g. closed-loop administration and pyxis)
- To support the development, planning, and implementation of activities or projects related to IT, Supply Chain Pharmacy, and Nursing Issues

**Members**

Through appointed representatives on the councils, all registered nurses will be eligible to participate in Shared Governance.

- Members are responsible for their own nursing practice.
- Unit representatives on each council are chosen or voted by their peers.
- Using the Councils' processes to resolve nursing issues.
- Members are responsible for keeping updated about the Shared Governance Councils' actions and activities (SGC).
- Members are eligible to vote in the Council elections.
- Members may participate in the organization's activities.

**Chairpersons and Co-chairpersons**

- The elected Chairperson of the SGC shall be Chairperson and Co-Chairperson.
- The Chairperson & co chairperson shall serve for a term maximum of two year
- A vacancy in the position of Chairperson will be filled by the Co-Chairperson. A vacancy in the office of Co-Chairperson shall be filled at the discretion of the individual Council to serve until a successor is elected.
- Following the completion of their term, the Chairperson will be recognized as Immediate Past Chairperson, and will serve in this role accordingly.

**Chief Nursing Officer**

By administrative appointment, the Chief Nursing Officer (CNO) has power and accountability for the practice of nursing within Fakeeh. Care. The CNO, in collaboration with SGC shall:

- Obtain and provide administrative support for the SGC's work.
- Listen to and consider the concerns of professional nurses.
- Assist in the development of clinical and organizational goals for competent nursing at Fakeeh.
- Assist in the development of activities and procedures to meet clinical and administrative objectives.
- Assist others by acting as a facilitator

**Nominations and Elections**

**Members:**

- The term of service for council members shall be two year, with a member from each unit elected every two year except for specifically designated positions
- Members of the councils shall be involved through peer election on their unit/area.
- No member may serve more than two consecutive terms with the exception of specifically designated positions.
- If an elected position becomes vacant during a term on a hospital council, the Unit Based Council will appoint an interim replacement membership.

**Chairpersons and Co- Chairperson:**

- An eligible member to serve as a UBC Chairperson or Co-Chairperson must be a Registered Nurse, not a nursing leadership position.

- The individual councils shall solicit nominations with qualified candidates for Chairperson-elect. The names shall be published via electronic and paper announcements on or before December 15<sup>th</sup> of the due year.
- Elections will be held every two year beginning in January; and will be communicated to all units to facilitate voting opportunities for all shifts.
- The Council shall select two tellers at the January election meeting to count and validate the results of the vote. Tellers may not be elected chairpersons or chairpersons-elect of the Council.
- The Chairperson of the Council will abstain from voting in electing the Chairperson. The Chairperson will cast the deciding vote in the event of a tie.

#### 4.2.8 Meetings

Shared Governance councils shall convene on a monthly or quarterly basis in accordance with their approved Terms of Reference to ensure ongoing oversight of nursing practice and organizational priorities. Chairpersons may call special meetings when urgent matters require timely discussion or decision-making. All meetings must be accurately documented, and the minutes shall be prepared and shared with relevant stakeholders within three working days to promote transparency, accountability, and effective follow-up.

### 5. Deliverables

Each council is responsible for producing key deliverables that ensure transparency, accountability, and continuous improvement within the Shared Governance structure. These include accurately documented meeting minutes, timely action plans, policy recommendations, and practice improvement proposals that support evidence-based nursing practice. Additionally, councils shall prepare and submit annual reports to the Nursing Executive Council (NEC) through the cpeacilaty clinical nursing director to provide updates on progress, outcomes, and ongoing initiatives, thereby maintaining alignment with organizational priorities and nursing strategic goals

#### a. Internal customers

Internal customers of the Nursing Shared Governance structure include nursing staff, clinical departments, support services, and leadership teams who rely on timely communication, evidence-based decisions, and collaborative problem-solving to deliver safe and efficient care. Shared Governance councils ensure that these internal stakeholders are engaged in decision-making processes, informed of practice changes, and supported through coordinated initiatives that enhance workflow, quality, and professional practice across the organization

#### b. External Customers

External customers encompass patients, families, accreditation bodies, community partners, and academic educators who interact with or are impacted by the hospital's nursing services and professional standards. Through Shared Governance, nursing councils ensure that practice improvements, policy development, and quality outcomes reflect the expectations and needs of these external groups. This approach strengthens patient-centered care, supports compliance with regulatory requirements, and fosters collaborative relationships that reinforce the hospital's reputation for nursing excellence

#### c. Processes and related policies

Shared Governance activities shall be conducted in full alignment with established DSFH policies and procedures to ensure that all council decisions and initiatives support safe, high-quality, and patient-centered care. Council processes must adhere to clinical practice standards, quality and safety policies, professional development and competency requirements, and evidence-based practice guidelines. Additionally, all documentation practices shall comply with nursing documentation policies, and all initiatives must reflect DSFH's commitment to patient and family engagement. This alignment ensures consistency, regulatory compliance, and a unified approach to nursing excellence across the organization

**d. Process and outcome measures**

Outcome measures within the Shared Governance framework are monitored to evaluate the effectiveness of nursing practice, staff engagement, and patient-centered care. These measures include nurse-sensitive indicators that reflect clinical quality, staff satisfaction scores such as NDNQI results, and patient experience outcomes measured through Press Ganey surveys. Compliance with established policies is assessed through regular audits, while professional certification rates and completion of Unit-Based Council (UBC) action plans serve as indicators of staff development, competency, and overall council performance. Together, these metrics provide a comprehensive view of nursing excellence and guide continuous improvement efforts across the organization

**6. The Staff**

**a. Categories and Ranking of Staff**

The Shared Governance structure includes representation across all categories and ranking of nursing staff to ensure diverse perspectives and inclusive decision-making. These categories include Staff Nurses, Charge Nurses, Clinical Resource Nurses, Nurse Managers and Supervisors, nurse educators and Nursing Directors. Each level contributes unique clinical, operational, and leadership insights that strengthen collaborative governance and support evidence-based improvements in nursing practice. This tiered representation ensures that council discussions and decisions reflect the full spectrum of nursing roles within the organization

**b. Licensure requirements of Staff**

All nursing staff participating in the Shared Governance structure must hold a valid professional license issued by the Saudi Commission for Health Specialties (SCFHS), in accordance with national regulatory standards. Staff shall also maintain all required credentials and qualifications as outlined in DSFH Human Resources policies, ensuring ongoing compliance with organizational, legal, and professional practice requirements. These licensure and credentialing standards support safe, competent, and accountable nursing practice across all levels of the Shared Governance framework

**c. Credentialing, Privileging, competency checks of Staff**

All nursing staff engaged in Shared Governance must meet ongoing credentialing, privileging, and competency requirements to ensure safe and high-quality professional practice. This includes completing annual competency assessments, undergoing verification of specialized skills for departments with advanced clinical requirements, and actively participating in both simulation-based and classroom training programs. These structured evaluations and training activities support continuous professional development, maintain clinical readiness, and uphold organizational standards across all levels of nursing practice

**d. Evaluation of Staff**

All nursing staff participating in Shared Governance are required to complete annual performance evaluations in accordance with DSFH standards. These evaluations assess individual achievements, professional behavior, competency, and alignment with organizational goals. The process ensures accountability, supports career development, and reinforces a culture of continuous improvement across all levels of nursing practice

**7. Accountability**

All nursing staff engaged in the Shared Governance structure are accountable for consistently adhering to established nursing standards of practice, organizational policies, and all applicable ethical and legal requirements. This commitment to accountability ensures safe, reliable, and professional care delivery, while reinforcing a culture of integrity and responsibility across all levels of nursing practice

**a. Disciplinary system**

Disciplinary matters related to conduct, safety, or performance within the Shared Governance structure shall be managed in accordance with established DSFH Human Resources policies and Nursing Division guidelines. Any breaches of professional behavior, policy non-compliance, or unsafe practices will

follow the formal disciplinary pathway to ensure fairness, accountability, and consistent application of organizational standards

**b. Incentive systems**

The Shared Governance structure supports a positive and motivating work environment by promoting fair and meaningful incentive systems. These include recognition programs conducted during Nurses Week celebrations, opportunities for advancement through the Nursing Career Ladder, and awards that acknowledge outstanding performance, research contributions, and continued professional development. These incentives reinforce excellence, encourage innovation, and celebrate the achievements of nursing staff across all levels

**c. Grievance mechanisms**

Grievances within the Shared Governance structure shall be addressed through a clear and transparent escalation pathway to ensure fair resolution and accountability. Concerns should first be raised at the Unit-Based Council (UBC) level, where issues can often be resolved closest to the point of care. If further review is required, the matter shall be escalated directly to the Nursing Executive Council (NEC) for evaluation and appropriate action. Should higher-level intervention be necessary, the issue may be referred to the Chief Nursing Officer (CNO). This streamlined escalation process ensures that all concerns are managed consistently, promptly, and with due diligence

8. APPROVALS AND SIGNATORIES

U8178  
4/2/2026, 1:53 PM

Ms. Shybi Joseph, Director - Magnet, Professional and Practice Development  
U9355  
4/1/2026, 12:11 PM

Ms. Sandra Sarmiento Bonayon, Clinical Nursing Director, OPD  
u16856  
4/1/2026, 1:03 PM

Ms. Shadiya Fahiye, Clinical Nursing Director, Peri-operative services

U12800  
4/5/2026

Ms. Jamaica Guillermo Clinical Nursing Director, MCH

u10035  
4/2/2026, 1:15 PM

u10035  
4/2/2026

Dawlat Al-Sdmi

Ms. Dawlat Alsolame, Clinical Nursing Director, Medical Surgical

U8197  
4/6/2026, 4:25 PM

U8197  
4/6/2026

Ms. Jancy Paily, Clinical Nursing Director, Critical care

u10009

Ms. Khadra Omar, CNO 4/7/2026, 5:22 PM

Ph. Lamia Rizk, Director - QRM  
u21074

Dr. Sohail Bajammal, CEO, DSFH-Jeddah/ Makkah Region Cluster