

EXCELLENCE IN CLINICAL NURSING



NURSING PATHWAYS



KAISER PERMANENTE®



NP III APPLICATION PACKET
A step on the Nursing Career Ladder

Revised November, 2018

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GENERAL INFORMATION

Nurse Practitioner Clinical Classifications

Nurse Practitioners will be recognized in a three step clinical ladder:

- NP I: A new graduate nurse practitioner or newly employed nurse practitioner with less than twelve (12) months experience as a nurse practitioner. NP I shall participate in a nurse practitioner mentoring program within the first six (6) months of KP employment.
- NP II: A nurse practitioner who:
1. Has completed six (6) months of service as an NP I;
- OR**
2. Has been newly hired into a Nurse Practitioner position and has at least twelve (12) months experience as a nurse practitioner with another employer. NP IIs shall be mentored in The Nurse Practitioner Mentoring Program. The Nurse Practitioner's manager, The Nurse Practitioner and the Nurse Practitioner's mentor shall agree on the length of the Nurse Practitioner's mentoring which shall be based upon the Nurse Practitioner's competence in the clinical and technical job requirements.
- NP III: Nurse practitioner clinical expert who has met the criteria as defined in the Nurse Practitioner Clinical Ladder guidelines.

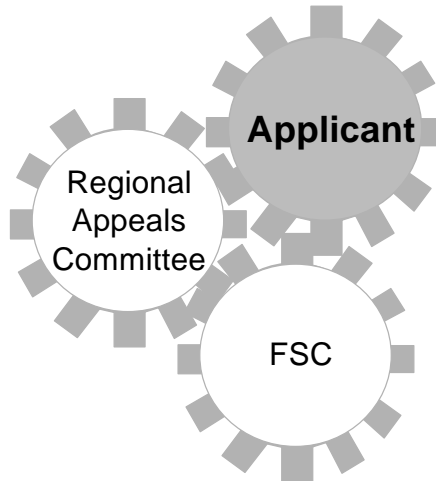
The development of a NP Clinical Ladder recognizes the Nurse Practitioner III as a health care clinical expert who demonstrates increasing levels of excellence through clinical practice, teaching ability and leadership.

The purpose of the NP III role is to encourage nurse practitioners to utilize and model clinical expertise, leadership abilities and health care practices by participation in research, education, publication and/or community involvement.

Compensation

The compensation level for the NP III classification shall be five percent (5%) greater than the compensation rates for the NP II.

The NP Clinical Ladder is a three-way supportive relationship between (a) applicant, (b) Facility Selection Committee, and (c) Regional Appeals Committee.



Responsibility of Applicants

- ☐ Provide the best possible documentation of his/her clinical practice, teaching ability, and leadership to the FSC ahead of or before the deadline (March 1, July 1, or November 1).
- ☐ Ask for timely assistance from a mentor or FSC members. (See “The Role of Mentors,” next page) and assure that the application is signed by the Mentor.
- ☐ Attend an FSC meeting for interview and clarification of portfolio.
- ☐ Assist the FSC in making the best decision possible.
- ☐ If needed, appeal to the FSC in writing within 30 days of the original decision. If needed, appeal to the Regional Appeals Committee in writing within 30 days of the FSC appeal decision. (see Appeals Process in Appendix for details)
- ☐ Successful applicants need to become familiar with requirements to maintain their new status and are responsible for ensuring they meet renewal deadlines

The Role of Mentors

As an applicant for NP III, NP III Application Process requires that you choose a NP III mentor to assist you in the application process and renewal process. The role of the mentor is to review your portfolio for completeness before it is submitted to the committee on or before March 1, July 1 or November 1. Ideally, this review would start at least one month before the application deadline.

Names of the FSC members will be posted on the Association's bulletin board in each facility. Ask your DONP, NP PPC members or FSC members for a list of NP III mentors in your location.

The role of the mentor is to guide and review your portfolio; however it is ultimately the applicant's responsibility to ensure accuracy and completeness of the portfolio. The Mentor must sign the application to validate that all elements are complete.

Nurse Practitioner III Clinical Ladder Renewal Timeline

Applications are accepted every four (4) months - deadlines are **March 1, July 1, and November 1** of each year.

Renewals are made every three (3) years. It is each RN/NP's responsibility to ensure they meet all renewal requirements and they submit their renewal application on time.

Example: NP III submits application for NP III by March 1, 2013 deadline and the application is approved. NP III renewal deadline will be on March 1, 2016.

Minimum Qualifications

Minimum qualifications for NP III shall include:

1. Current RN licensure and nurse practitioner certification to practice in California.
2. Four (4) years experience as a nurse practitioner.
3. Work in the clinical area for the Employer for the last two (2) years.
4. Ongoing work in clinical area for a minimum of 24 hours/week over the last year. A NP who is in a NP QL role (20 hour/week position) meets this qualification.
5. Current performance evaluation¹ by applicant's RN manager (or DONP or RN AMGA) within the last twelve (12 months), at the midpoint or above for (a) clinical competence, (b) interpersonal relationships and (c) professional characteristics. Applicants may request the sample form in the appendix be used for their evaluation.

Clarification: The applicant's evaluation needs to document a midpoint evaluation overall for **each of the three** requirements -- clinical competence, interpersonal relationship, and professional characteristics. The FSC will apply its judgment to determine "midpoint overall" if needed. Evaluations on other areas are not part of the clinical ladder process.

Note to applicants: All FSC members will review the evaluation submitted with this packet. FSC members will be expected to maintain the confidentiality of this document.

6. Thirty (30) CEUs/CMEs which are applicable to clinical area over the past two (2) years or that meet national certification requirements. Masters/Post-Masters/Doctoral Degree courses (copy of transcript or certificate) shall apply if applicable to clinical area and are recognized by the BRN.

Clarification: If the applicant has a current national certification and a current license at the time of application, they meet the CEU requirement regardless of timeframe for CEUs.

If in question, the applicability of the CEU to the clinical area may be established in two ways: (1) the applicant may choose to provide an optional written description of how the CEU applies in their application and (2) the applicant may clarify applicability in the interview.

¹The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

Hours Worked:

- A. A Nurse Practitioner hired into a twenty-four (24) hour position or more is exempt from any further calculation to determine paid or unpaid time away from work.
- B. For any Nurse Practitioner hired into a position of less than twenty-four (24) hours, the following NP calculations apply: Paid Time divided by Number of Weeks = Paid Hours Per Week. (Use Verification of Hours form if needed.)

Paid time is calculated by determining total paid hours for the year minus the number of vacation hours taken in week blocks. This paid time is then divided by number of weeks, which is calculated by taking the fifty-two (52) weeks in a year minus weeks of vacation blocks minus California Nurses Association option week if taken, minus approved leave of absence up to three (3) months time. Paid time divided by number of applicable weeks equals paid hours per week. This number must equal twenty-four (24) hours or more in order for a nurse practitioner to meet the hours worked qualifications.

- C. For a Nurse Practitioner on Disability (UCD) integration of the number of weeks will be subtracted from the number of total weeks. The number of sick leave hours paid during this time will be subtracted from the number of hours paid. If the Nurse Practitioner goes on non-paid status (no sick leave) the leave of absence cannot exceed three (3) months.

Application Process

Application packets for NP III are available from the DONP, PPC or the Nursing Pathways website (<https://nursescholars.kaiserpermanente.org/programs/represented-nurse/nursing-career-ladder/>) and contain written guidelines for the completion of the application. Upon the applicant's request, a member of the Facility Selection Committee may review and offer suggestions to improve the applicant's portfolio prior to official submission. Applications should be submitted to the DONP Co-chair, the Facility Selection Committee, or designee.

The applicant must:

1. Meet minimum qualifications (see Minimum Qualifications for details)
2. Submit complete application portfolio to Facility Selection Committee.
 - A. NP III Application Form signed by Mentor.
 - B. Performance evaluation² by applicant's RN manager (or DONP or RN AMGA) within the last twelve (12) months, which indicates performance standards at the midpoint or above overall for each of these three requirements -- clinical competence, interpersonal relationships, and professional characteristics. (see Performance Evaluation Guidelines for details)
 - C. Two letters of recommendation within the last twelve (12) months of the application deadline. (see Letter of Recommendation Guidelines for details)
 - D. Documentation that required continuing education (copy of CEU or CME) was completed within the last two (2) years of the application deadline. In addition, a list of CEUs that include date, course title, and total number of CEUs earned would be helpful.
 - E. Application essay of three to five pages describing professional contributions and experiences that demonstrate clinical excellence, and elaborates practice goals and aspirations.(see Essay Guidelines for details)
 - F. Evidence of at least three (3) professional contributions within the indicated timeframes. A list of acceptable contributions can be found on the professional contributions page. Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the original application) in case one or more submitted do not meet the requirements. Additional activities may be considered with unanimous consent of the local NP III Selection Committee.

The FSC may seek clarification and documentation of any part of the application materials if needed to make the best decision possible.

The full Facility Selection Committee will interview all applications in person. The purpose of the

²The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

interview is to add clarity to the applicant's materials. The interview might last 15-30 minutes. All applicants will be interviewed unless the applicant withdraws their application.

APPLICATION FORMS & GUIDELINES

Nurse Practitioner Application Form

Name _____
 Date _____
 Unit/Shift _____
 Facility _____

Mailing Address _____

Manager _____
 Cost Center _____

Phone Work: _____
 Home: _____
 Other: _____

RN License # _____

NP Certification # _____

Copy of license and NP Certification is not required to be attached.

National
 Certification # (if
 applicable) _____

Clinical Area ☐ Primary Care
 ☐ Specialty Field
 ☐ Sub-specialty Field
 ☐ NP Quality Liaison

Classification ☐ Regular
 ☐ Short hour
 ☐ Per diem

Average Numbers
 of Hours worked _____
 per week (From Verification of Hours Form if applicable)

NP clinical nursing experience (includes NP QL role, See minimum qualifications). Please list most recent first. Experience includes at least the last 4 years.

DATES: FROM -	TO	AREA OF PRACTICE	EMPLOYER
1. _____			
2. _____			
3. _____			

-
- 4.
 - 5.
 - 6
-

Evidence of at least three (3) professional contributions within the last twelve (12) months. Essay content should include a description of your professional contributions. Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the renewal application) in case one or more submitted do not meet the requirements.

PROFESSIONAL CONTRIBUTION

DATE

- 1.
 - 2.
 - 3.
-

<p style="text-align: center;">Nurse Practitioner III Signature Page for Mentor</p>
--

Mentor's Name _____

Mentor Signature _____

Date _____

<p style="text-align: center;">Nurse Practitioner III Receipt of Application - Signature Page</p>

Application Submission:

Date application submitted:_____

Time application received:_____

Application received by:_____

Note: Please provide applicant with a signed copy of this page as verification of receipt of NP III application.

Verification of Hours Form

An applicant hired into a 24 hour/week position or more does not need to complete this form.

This form is needed for the following applicants: (a) applicants hired into a <24 hour/week position, (b) per diem NPs, (c) applicants who have disability leave within the last year, or (d) applicants with a leave of absence within the last year.

The staffing office or the manager completes the form. The manager signs the form.

Name _____
Date _____
Unit/Shift _____
Facility _____
Phone _____
Work: _____
Home: _____
Other: _____
Clinical Area _____
Classification ☐ Regular
☐ Short-Hour
☐ Per Diem
Number of hours worked per week _____

Must be minimum 24 hours/week over the last year. A NP who is in the NP QL role (20 hours/week position) shall meet this qualification

12 month average hours worked per week = _____ beginning _____ ending _____

Paid time is calculated by determining total paid hours for the year minus the number of vacation hours taken in week blocks. This paid time is then divided by number of weeks, which is calculated by taking the fifty-two (52) weeks in a year minus weeks of vacation blocks minus California Nurses Association option week if taken, minus approved leave of absence up to three (3) months time. Paid time divided by number of applicable weeks equals paid hours per week. This number must equal twenty-four (24) hours or more in order for a nurse practitioner to meet the hours worked qualifications.

SIGNATURE OF MANAGER _____

DATE _____

Performance Evaluation Guidelines

Performance evaluation³ by applicant's RN manager (or DONP or RN AMGA) must be within the last twelve (12) months and indicate performance standards at the midpoint or above overall for each of the following three areas: (a) clinical competence, (b) interpersonal relationships and (c) professional characteristics.

- Evaluations on other performance areas are not part of the clinical ladder process.
- Applicants may request the sample form in the appendix be used for their evaluation.
- The FSC will apply its judgment to determine "midpoint overall" if needed.

Note to applicants: All FSC members will review the evaluation submitted with this packet. FSC members will be expected to maintain the confidentiality of this document.

Examples of clinical competence include:

- History Taking: Always precise, logical, thorough, reliable, purposeful, and efficient. Establishes broad base of information about the patient including relevant psychosocial issues.
- Physical Examination: Complete, accurate, directed toward patient's problems. Properly sequenced. Elicits subtle findings.
- Procedural Skills: Always proficient and careful. Minimizes risk and discomfort to patient. Provides proper explanation of the purpose of the procedure. Technical skills superb. Able to perform independently or with minimal supervision.
- Medical Knowledge: Extensive and well applied. Excellent knowledge of disease pathophysiology, diagnosis and therapy. Consistently up-to-date.
- Clinical Judgment: Regularly integrates medical facts and clinical data: weighs alternatives; understands limitations and incorporates consideration of costs, risks and benefits. Wise use of diagnostic and therapeutic procedures. Reasons well in ambiguous situations.
- Ability to apply knowledge: Identifies all the patient's problems. Interrelates abnormal findings with altered physiology. Establishes sensible differential diagnoses. Provides orderly succession of testing and therapeutic recommendations. Educates the patients and their families. Provides high quality, appropriate, cost effective and comprehensive acute and chronic care.

³ -The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

Examples of interpersonal relationships include:

- Enthusiastic, responsive, reliable, committed, cooperative and respectful. Shows regard for opinions and skills of professional colleagues. Displays initiative and provides leadership. Written documentation is legible, relevant, concise, and complete. Clearly articulates a logical and knowledgeable presentation of patient to professional colleagues.
- Patients/Families: Always demonstrates integrity, respect, compassion, and empathy for patients. Establishes trust. Primary concern is for the patient's welfare. Maintains credibility, shows excellent rapport with patients and families, and respects patient's need for information and personal preferences. Shows empathy, understanding of cross-cultural/gender issues.

Examples of professional characteristics include:

- Initiative/learning style: Enthusiastic; eager to learn. Functions independently. Aware of strengths and weaknesses. Shows improvement over the orientation process. Self-motivated to acquire knowledge.
- Dependability: Always does what is expected and more. Available when needed. Always follows through on responsibilities. Reacts well to stress. Excellent team player.

Letters of Recommendation Guidelines

Letters must be typed, be brief, and include the following:

- Nature and dates of the association between the applicant and the author
- The author clearly states “I recommend (candidate's name) for NP III...”
- The author addresses the applicant's demonstration of the qualities described below.

Please request two (2) letters of recommendation within the last twelve (12) months.

Suggested references are one from (a) and a second from either (a) or (b) below:

- (a) A licensed professional familiar with your practice
- (b) Someone familiar with one or more of your three professional contributions

Suggested Concepts for Letters of Recommendation

1. Identifies, communicates, fulfills patient needs
2. Coordinates and utilizes facility and community resources to meet patient needs
3. Promotes a multi-disciplinary approach to patient care
4. Assumes a teaching/coaching role
5. Maintains a flexible role to resource constraints
6. Exemplary caregiver to patients
7. Model of proficiency for co-workers
8. Colleague to physicians
9. Skilled, experienced practitioner
10. Demonstrates leadership
11. Intuitive use of knowledge/fine discretionary judgment
12. Provides best possible patient care
13. Provides safe environment

Tips for Applicants:

- Give your references plenty of time to write a complete letter of recommendation.
- Use the letter of recommendation template for your convenience (see following page) or otherwise guide your reference with regard to information the FSC will be looking for.
- Additional letters of recommendation may be submitted in case one or more letters do not meet requirements.



Letter of Recommendation Template **Nurse Practitioner III**

This template may be used by applicants to request a letter of recommendation. It is provided for the applicant's convenience.

Date _____

Dear _____,

I am in the process of applying for Nurse Practitioner III. The Nurse Practitioner III is recognized as a health care clinical expert who demonstrates excellence through clinical practice, teaching ability and leadership. Part of the application process requires that I get letters of recommendation from peers and supervisors familiar with my practice.

As a peer/supervisor, I am requesting that you write a letter of recommendation for me. The letters must be typed and include the following information:

- the nature and dates of our association
- clearly state that you recommend me for NP III
- address my demonstration of some of these activities/capabilities
 - Identifies, communicates, fulfills patient needs
 - Coordinates and utilizes facility and community resources to meet patient needs
 - Promotes a multi-disciplinary approach to patient care
 - Assumes a teaching/coaching role
 - Maintains a flexible role to resource constraints
 - Exemplary caregiver to patients
 - Model of proficiency for co-workers
 - Colleague to physicians
 - Skilled, experienced practitioner
 - Demonstrates leadership
 - Intuitive use of knowledge/fine discretionary judgment
 - Provides best possible patient care
 - Provides safe environment

Thank you for taking the time to complete this letter. The application deadline is - - - -. Please forward your letter to me before - - - - -.

Sincerely,

Continuing Education Guidelines

Thirty (30) CEUs/CMEs which are applicable to clinical area over the past two (2) years or that meet national certification requirements. Masters/Post-Masters/Doctoral Degree courses (copy of transcript or degree) shall apply if applicable to clinical area and are recognized by the BRN.

If the applicant has a current national certification and a current license at the time of application, they meet the CEU requirement regardless of timeframe for CEUs.

Documentation (copy of CEU or CMEs) to verify the applicant's completion of CEUs, CMEs, and college credit certification within the last two (2) years is required to be included in the portfolio.

Tips for Applicants:

- A list of CEUs/CMEs that includes date, course title, and total number of CEUs earned would be helpful.
- Write a brief narrative describing the applicability for any CEU that may be questioned.
- Extra CEUs may substitute for those that are not accepted by the FSC.

Essay Guidelines

To assist you in writing essays, the following information describes the guidelines that will be applied to the evaluation of NP III essays. The intent of your essay is to identify your strengths and accomplishments that make you an expert in your field.

1. 3-5 pages in length, typed in 12-point font, 1 inch margins, and double-spaced.
2. Text should include:
 - Experiences that demonstrate clinical expertise, leadership abilities, and teaching;
 - A description of your three professional contributions and how they have contributed to your advancement
 - A description of your goals for continued professional contribution after becoming a NP III

Note: All three topics need to be discussed in the essay in roughly equal proportion.

3. The committee may refer to essay content or ask clarifying questions at the interview.

Tip for Applicants: Sample essays can be found in the Appendix.

Professional Contributions Guidelines

Provide written evidence of three professional contributions within the indicated timeframes (see suggested template in the packet). Also include in your packet documentation of the contributions, which may include copies of documents authored by you, your syllabus or slide presentation, date of presentation, target audience, etc. Additional contributions may be submitted (with the original application) in case one or more submitted do not meet the requirements.

Professional contributions may come from one or more of the following options.

1. On-going teaching activity, such as teaching at an accredited RN or NP program or assistant/clinical faculty position or lecturer. This must be an ongoing activity during at least one semester or two quarters per year.
2. Obtain national certification as a Nurse Practitioner from a national certifying body recognized by Kaiser Permanente and the Board of Registered Nursing, providing that this was not a requirement of hire.
3. Active participation in quality activities which must be of an ongoing nature with participation occurring over at least six (6) months per year. Examples include:
 - Develop and implement “peer review” educational processes.
 - Involvement in quality committees/forums including but not limited to PPC, local safety committee, patient safety/error reporting, performance improvement projects, AACC workgroup, P and T, Collaborative Practice Committees, infection control committees, and code blue committees. If you are the sole committee chair, the committee participation form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.
 - Hold a RN Quality Liaison position.
4. Active participation in at least one educational activity within the past 12 months. Examples include:
 - Develop and present in-service education for staff, students or the community. Examples include but are not limited to:

Staff:
 - Develop and present an educational inservice for Facility NP's or other staff on menopause transition care.
 - Develop and present educational in-service to facility MAs on proper data collection for URI patients including peak flow measurement, O₂ saturation and temperature.

Students:

- Develop and present a class on Smoking Cessation to local high-school or college class.
- Develop and deliver a nutrition presentation to elementary school audience.

Community --

- Develop and present an inservice for contract SNF nurses on physical assessment of the geriatric resident (or any other topic a SNF requests, unlimited possibilities).
 - Develop and present information on diabetes care to seniors at a local senior center.
- Develop and present a patient education program. Examples include but are not limited to:
 - Develop and present a patient education program on diabetic foot care.
 - Develop and present a program on infant/toddler safety to Kaiser members.
 - Publish a continuing education article for NPs/RNs or health education article for the general public.
 - Develop protocols for a procedure or update a protocol and providing education to update other NPs and staff regarding practice under the protocol.
5. Leadership position as a committee chair or NP representative on local or regional committees including but not limited to P&T, Interdisciplinary Practice Committee, Collaborative Practice Committee, PPC, NPRC, spanning at least six (6) months per year. For the purposes of professional contributions, "chair" of a committee refers to chair or co-chair. Hold a Chief Nurse Rep, Nurse Rep or other CNA leadership position. If you are the sole committee chair, the committee participation form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.
 6. Active participation over at least six (6) months per year (alternate time frame may be considered with unanimous consent of the local NP III facility selection committee) in health related community activities, that utilize the RN/NP level expertise in activities such as, but not limited to the categories listed below:
 - Legislative/governmental participation. Example include but are not limited to:
 - Working with lobbyists or legislators to pass state or federal legislation related to or impacting upon healthcare locally, nationally, or internationally as it is in support of KP policies and principles.
 - Working with a professional organization on a project that directly impacts the provision of health care in the community, such as the NP Primary Care Provider Project.
 - Working with a legislative liaison on legislation to provide quality healthcare to the community.
 - Volunteer work in clinic, schools, or work within cultural community or general community organizations. Examples include but are not limited to:
 - Clinics: providing medical or mental health care in the community, rape crisis care (counseling or medical), homeless or domestic violence shelters, vaccination programs, or international healthcare programs such as Interplast.

- Schools: health monitoring or health-related teaching activities.
- Community Organizations: Facilitating or leading disease specific support groups such as an HIV or MS support group, membership in a task force for disaster preparedness and response, active membership/participation in a group that monitors and reports on environmental factors that may impact the health of the community. (Note: The FSC will carefully consider the degree of RN/NP level of clinical expertise and the overall time commitment to determine the appropriateness of the contribution.)

7. Develop or be an active member of an implementation team for at least one written standard of NP care, including but not limited to: core competencies, new protocols or procedures within the past two (2) years. Examples include but are not limited to:
 - Development of a new clinical role in a department or at a facility. This may include development of new policies, revision of existing policies from other departments/facilities, development of specific core competencies for the new role, etc.
 - Development of policies, procedures and proctoring standards for expanded or new services, such as colposcopy, cervical biopsies, and NPs in a first assist role.

Documents that are developed by the NP would need to be reviewed and approved by the department manager or chief and/or the Director of Nursing Practice.

8. Make contributions to staff development by being a NP mentor or make contributions to development of the NP profession by being a NP preceptor.
 - Documentation to verify the applicant's role as a NP preceptor is required (form included).
 - Suggested minimum number of hours for NP III initial application is 16 hours during the last two (2) years.
9. Practice as a NP in a clinical specialty field, sub-specialty, or NP Quality Liaison.
10. Demonstrate participation in health-related research within the last three (3) years. Examples include:
 - Participation in research in the areas of nursing practice, nurse practitioner practice, nursing education, nursing or health care management, or any areas concerning health promotion or health care practices, health policy or cultural competence in provision of health care. Active participation may include but is not limited to principal investigator, data collector or member of a research team
 - Publication of research in peer reviewed journals with NP's name listed as author or co-author or publication in nursing, nurse practitioner, health care, health care management/practices/policy textbook as a contributor, consultant, chapter writer or editor.

11. Possess a health-related master's degree. (A MSN does not apply to any Nurse Practitioner if it was required as a condition of employment at the time of hire.)
Possess a health-related post-masters certification / doctoral degree / post-doctoral

fellowship.

If you have any questions or need further clarification on whether a specific activity can be accepted as a professional contribution, please contact your local DONP.



Committee Participation Documentation

Clinical Ladder

Nurse Practitioner III



Committee participation should be ongoing in nature with participation occurring over at least 6 months of the past year.

Committee Charter/Purpose:

Time period for participation: From: _____ to: _____

Committee meeting schedule:

- ☐ Monthly
- ☐ Every other month
- ☐ Quarterly
- ☐ Other (Please Specify):

Individual's contribution to the committee: (Please list how/what you contribute to the committee or how you share the information with your staff.)

As the chairperson of the above committee I am verifying that

_____ (Name) attends the committee on a regular basis and makes an individual contribution.

_____ Chairpersons signature

If you are the sole committee chair, this form can be signed by the DoNP, the MD who sponsors the committee, your manager, or another committee member.



NP Precepting Documentation
Clinical Ladder
Nurse Practitioner III



School:

Student:

Approximate dates of preceptorship

Total number of Hours

I am verifying that the above is accurate:

_____ (Signature of School Representative)

_____ (Signature of Precepting NP)

APPENDIX

Nurse Practitioner III Application Application Checklist / Facility Selection Committee (FSC) Score Sheet

Note: To ensure consistency for the review process, the Application Checklist and FSC Score sheet have been combined into a single document.

****The applicant must meet ALL Minimum Qualifications & Application Requirements in order for the Facility Selection Committee to approve NP III application. ****

Name of Applicant _____

Applicant Cycle ☐ March ☐ July ☐ November

Interview Date _____

Mentor Signature Yes No (circle one) Date _____

Outcome	Date Letter Sent
<input type="checkbox"/> Approved	
<input type="checkbox"/> Not Approved	

Minimum Qualifications

Status

Comments or Clarifications Needed

Four years of experience as a Nurse Practitioner	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Work in clinical area for the Employer for last two years	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Work at least 24 hrs/week in clinical area for the last year (or NP QL in 20 hr/week position)	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Performance Evaluation Performance evaluation ⁴ by applicant's RN manager (or DONP or RN AMGA) within the last twelve (12) months <ul style="list-style-type: none"> - Clinical competence - Interpersonal relationships - Professional characteristics 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Continuing Education Documentation Documentation (a copy of CEUs/CMEs) of 30 CEUs/CMEs applicable to clinical area over the past two years (a copy of CEUs/CMEs) (Note: If the applicant has a current national certification and a current license at the time of application, they meet the CEU requirement regardless of timeframe for CEUs.) Masters/Doctoral Degree courses (provide copy of transcript of certificate) shall apply if applicable to clinical area and are recognized by the BRN	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Application Requirements

Status

Comments or Clarifications Needed

NP III Application Form Completed	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
--	--	--

⁴ The "Nurse Practitioner Performance Evaluation" currently located as an addendum on the e appraise form is the preferred form to be attached to the application packet and used by the NP 3 Facility Selection Committee to determine eligibility for NP 3 status. However any evaluation form which clearly indicates evaluation of midpoint or above for Clinical competence, interpersonal relationships, and professional characteristics will be accepted to determine eligibility for NP III status.

Letters of Recommendation Two letters of recommendation within the last 12 months: <ul style="list-style-type: none"> - A licensed professional familiar with your practice - Someone familiar with one or more of your three professional contributions 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
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Professional Participation:

Documentation of at least 3 professional contributions within the indicated time frames

- ☐ Ongoing teaching activity at least one semester or two quarters per year.
- ☐ National Certification as a Nurse Practitioner recognized by Kaiser Permanente and the Board of Registered Nursing. This only applies to those Nurse Practitioners who obtained certification after their initial date of hire.
- ☐ Active participation in quality activities of ongoing nature and occurring over at least 6 months per year
- ☐ Active participation in at least one educational activity within the past 12 months
- ☐ Leadership position as a committee chair or NP representative on local or regional committees spanning at least 6 months per year. Hold a Chief Nurse Rep, Nurse Rep, or other C.N.A. leadership position.
- ☐ Active participation in health-related community activities that utilizes your skillset occurring over at least 6 months per year
- ☐ Develop or be an active member of an implementation team for at least one written standard of NP care, including but not limited to: core competencies, protocols or procedures within the past 2 years
- ☐ Make contributions to staff development by being a NP mentor or preceptor
- ☐ Practice as NP in clinical specialty field, sub-specialty field, or NP QL
- ☐ Participation in health-related research within the last three years
- ☐ Possess a health-related masters degree (A MSN does not apply to any NP for whom it was required as a condition of employment at the time of hire). Possess a health related post masters certification/doctoral degree/post-doctoral fellowship

Essay, see packet

- ☐ Met
☐ Not Met

Management Co-Chair signature

Date

NP Co-Chair signature

Date

Nurse Practitioner Performance Evaluation

Employee's Name	Empl ID #	Date of Evaluation:
Supervising Physician:		Department:

Place a check in the appropriate box below for each category.

1. CLINICAL SKILLS	Needs Improvement	Accept.	Proficient	Comments
A. HISTORY TAKING. Always precise, logical, thorough, reliable, purposeful, and efficient. Establishes broad base of information about the patient including relevant psychosocial issues.				
B. PHYSICAL EXAMINATION Complete, accurate, directed toward patient's problems. Properly sequenced. Elicits subtle findings.				
C. PROCEDURAL SKILLS Always proficient and careful. Minimizes risk and discomfort to patient. Provides proper explanation of the purpose of the procedure. Technical skills superb. Able to perform independently or with minimal supervision.				
D. MEDICAL KNOWLEDGE Extensive and well applied. Excellent knowledge of disease pathophysiology, diagnosis and therapy. Consistently up-to-date.				
E. CLINICAL JUDGMENT Regularly integrates medical facts and clinical data: weighs alternatives; understands limitations and incorporates consideration of costs, risks and benefits. Wise use of diagnostic and therapeutic procedures. Reasons well in ambiguous situations.				
F. ABILITY TO APPLY KNOWLEDGE Identifies all the patient's problems. Interrelates abnormal findings with altered physiology. Establishes sensible differential diagnoses. Provides orderly succession of testing and therapeutic recommendations. Educates the patients and their families. Provides high quality, appropriate, cost effective and comprehensive acute and chronic care.				

2. INTERPERSONAL RELATIONSHIPS A. Enthusiastic, responsive, reliable, committed, cooperative and respectful. Shows regard for opinions and skills of professional colleagues. Displays initiative and provides leadership. Written documentation is legible, relevant, concise, and complete. Clearly articulates a logical and knowledgeable presentation of patient to professional colleagues.	Needs Improvement	Accept.	Proficient	
B. PATIENTS/FAMILIES Always demonstrates integrity, Respect, compassion, and empathy for patients. Establishes trust. Primary concern is for the patient's welfare. Maintains credibility, shows excellent rapport with patients and families, and respects patient's need for information and personal preferences. Shows empathy, understanding of cross-cultural/gender issues.	Needs Improvement	Accept.	Proficient	
3. PERSONAL/PROFESSIONAL CHARACTERISTICS: A. INITIATIVE/LEARNING STYLE Enthusiastic; eager to learn. Functions independently. Aware of strengths and weaknesses. Shows improvement over the orientation process. Self-motivated to acquire knowledge.	Needs Improvement	Accept.	Proficient	
B. DEPENDABILITY Always does what is expected and more. Available when needed. Always follows through on responsibilities. Reacts well to stress. Excellent team player.	Needs Improvement	Accept.	Proficient	
4. ORGANIZATIONAL SKILLS A. PRIORITIZATION Consistently synthesizes relevant Information and prioritizes appropriately. Always prioritizes efficiently even in complex clinical situations.	Needs Improvement	Accept.	Proficient	NOT APPLICABLE TO THE NP CLINICAL LADDER PROCESS.
B. TIME UTILIZATION Always completes schedule within Time parameters. Utilizes time efficiently and effectively. Easily adapts to changes in scheduling demands or complexity of clinical situation. Spends time appropriate to the complexity of the problem.	Needs Improvement	Accept.	Proficient	NOT APPLICABLE TO THE NP CLINICAL LADDER PROCESS.

National Certification Requirements

4 National Certifying Bodies for RNP's Recognized by California BRN & KP

Agency*	AANP (American Academy of Nurse Practitioners)
Contact info	Phone: 512-442-4262 Web: http://www.aanp.org/default.asp
Certifications	Adult and Family

Agency*	ANCC (American Nursing Credentialing Center)
Contact info	Phone: 1-800-284-2378 Web: http://www.nursingworld.org/ancc/
Certifications	Acute Care, Adult, Family, Gerontological, Pediatrics, Adult Psychiatry & Mental Health, Family Psychiatry & Mental Health

Agency*	NCBPNNP (National Certification Board for Pediatric Nurse Practitioners/Nurses)
New Name	PNCB (Pediatric Nursing Certification Board)
Contact info	Phone: 1-888-641-2767 Web: http://www.pnpcert.org/ptistore/control/index
Certification	Pediatrics

Agency*	NCC (National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties)
Contact info	Phone: 312-951-0207 Web: http://www.nccnet.org/public/pages/index.cfm?pageid=81
Certification	Women's Health Care, Neonatal, Gynecologic Reproductive Health

Sample Essays

Example Essay I: NP with multiple years of experience

I am applying for the NP III clinical classification because I have acquired experience and knowledge in clinical practice, teaching and leadership which qualifies me as an expert nurse practitioner. I became a family nurse practitioner in 1985. I received my MS degree in Nursing and FNP license from the University of California at San Francisco. I started working for Kaiser as a NP that same year and have continued my nursing career within the Kaiser system since then.

I have focused on several clinical areas during my 18 year career as a NP. I originally choose family practice to work with different age groups and to provide health screening and illness care to patients over time.

My first area of clinical development was in health appraisal. I worked in the Santa Rosa LIFE program from 1985-90, providing health evaluations and teaching classes to patients. In 1990 I transferred to the Napa clinic and worked with the health educator on a health appraisal program for the Napa clinic.

My focus in Latino health care began at Humboldt State University during my undergraduate program in the late 1970s. I minored in Latin American studies and studied Spanish. I had additional Spanish language training in Mexico in a 1985 UCSF summer program. The Napa clinic has a large Spanish-speaking population with a limited number of providers competent in that language. This has given me the opportunity to impanel 300+ Latino patients and maintain my Spanish skills. I became a member of the Napa culture committee this year and hope to provide input into improving services for our Latino patients.

Teen health is another area of interest for me. I worked as a pediatric nurse and camp nurse prior to my NP training. In 1990, I started doing teen physicals at the Napa facility and

later did physicals and provided illness care to all children over three years. I was offered a position at "Our Family" drug treatment program in 1993. I wanted to acquire NP experience outside Kaiser so I took the position and developed the NP role there, which included health screening and illness care in addition to health education for clients and staff. During my four years with "Our Family" I directed care for an average of 100 teen and adult residents at a time. As a result of this experience, I started seeing high-risk teens at Kaiser and became a consultant for teens with eating disorders.

I have had a variety of teaching experiences from creating curriculum and offering ongoing classes to patients to providing presentations for NP colleges at facility NP meetings, regional committee meetings and the annual Kaiser NP conference. I developed the Stress management class at the Napa clinic for patients in 1993; I presented a health skit at the regional NP conference in 1999 and organized a specialty breakout session at the 2001 NP conference. I participated in a video presentation of the Quality Liaison program in 1998. I continue to provide ongoing NP education in my QL role with NP groups on Kaiser quality structures, responsible reporting, safe prescribing, peer review and the new clinical ladder and NP PPC/Quality Forums. I have also developed a variety of education programs with other QLs for facility and regional audiences.

Kaiser has provided me with multiple leadership opportunities. My first project was collaborating with others on the Napa health appraisal program in 1990. I served as co-chair for an MD/NP co-practice APC project at the Napa clinic in 1995. I have facilitated and developed peer review at the Napa facility for the last seven years and brought this knowledge to Kaiser NP groups as the QL, working with DONPs, quality departments and colleagues. I have been co-chair of the East Bay Quality Forum for the last two years and am co-lead of the regional committee for the NP clinical ladder/mentoring program.

Team projects I have been involved with include the Napa patient-provider interaction program in the early 1990s, local prevention task force in 1996, NP representative on the

regional computer-mapping project in 1997 and participant on the regional APC NP workgroup in 1998.

I have mentored three new hire NPs in medicine at the Napa clinic from 1993-1995 and precepted a NP student in 1997-1998. I wrote the original Standardized Procedures for the Napa clinic in 1992. More recently I participated on the 2002 CNA bargaining team and serve on the JABC executive committee.

My three professional contributions include a master's degree in Nursing science, which I earned from UCSF in 1985. My second professional contribution is my current position as NP RN Quality Liaison. I have been working in this role since 1998. My third professional contribution includes my co chair position on the East Bay Quality Forum, which I have been leading since 2000.

My goals for the future are to continue to develop my clinical skills in medicine, provide leadership on local and regional committees, determine education needs for nurse practitioners and provide programs in the areas of patient safety, NP practice and quality. I hope to become more involved in legislative activity supporting NP practice.

My plan for the next three years includes continuing my work as NP RN Quality Liaison. As a QL, I will provide ongoing support for NP participation in quality through the new NP PPC/Quality Forums, orient new NP QLs, continue to facilitate peer review at the Napa clinic and support NP peer review at the clinics in my QL region. I hope to work collaboratively with the regional NPRC and DONP groups, facility managers and physicians to support NP practice. I intend to continue teaching NPs on the escalation process for issue resolution and responsible documentation of errors and near misses. I plan to continue providing care to patients in the medicine department at the Napa clinic.

Example Essay II: NP with limited years of experience

I am currently a nurse practitioner in the department of internal medicine at Walnut Creek Kaiser. This essay is to express my interest in applying for the NP III classification. The NP III step increase acknowledges nurse practitioners who demonstrate clinical expertise and leadership qualities. I believe I have developed my clinical skills and demonstrated leadership abilities which qualify me for the NP III clinical classification.

I joined Kaiser in 1992 as a nurse assistant at Kaiser, Oakland. In 1993 I received my Bachelor of Science in Nursing from San Francisco State University and worked at Kaiser San Francisco and San Rafael as a medical surgical nurse. I obtained my Masters of Science in Nursing with a focus in family nurse practitioner in 1998 and transferred to Kaiser, Walnut Creek department of adult medicine. I am also certified as a family nurse practitioner by the American Nurses Credentialing Center.

My first area of clinical focus was family practice. I worked in Alameda County for one year at AAI health services. This was a clinic owned and operated by a family nurse practitioner, who was instrumental in my development as a new practitioner. I worked with all age groups doing health appraisals, treating common primary care problems, and educating patients on health care maintenance. The population this clinic served was primarily Afghanistan and we noted there was a large use of alternative medicines within this community. I focused on educating myself through various classes on these kinds of medicines, so I would be better equipped to handle their questions, and educate the patients on the safety and efficacy of these alternative drugs.

While I was working for AAI health services, I transferred to Kaiser Walnut Creek to the department of adult primary care. As I worked both jobs, my interest was primarily in adult care. I saw many opportunities to expand myself in adult medicine and decided to leave family practice after one year. Since joining the adult primary care department, I have been very interested in joint injections. Walnut Creek serves a large population of geriatric patients who

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suffer from arthritis. There is a huge demand for cortisone injections, and a lack of providers competent to provide this service. I requested training from a Kaiser rheumatologist, as well as taking courses outside of Kaiser to perform steroid injections on various joints. Currently, I see patients across the Diablo Service Area for injections, and have been doing this for over one year.

I joined the Professional Performance Committee (PPC) two years ago and have served as a representative for the nurse practitioners in Walnut Creek. Since our new contract, a nurse practitioner PPC has been established. I have taken the position as chair, organized our meetings, designed a PPC binder with pertinent information for the nurse practitioners on PPC. This leadership opportunity has provided me with professional growth.

I precepted a nurse practitioner student in 2001 who took a position with Kaiser recently. I am currently precepting a San Francisco State University nurse practitioner student. This opportunity has been a learning experience for both of us.

My goals for the future are to improve my leadership skills as chair of the nurse practitioner professional performance committee, focus on quality care as well as patient safety, and continue developing my clinical skills in adult primary care. I would like to continue meeting with nurse practitioners to discuss any common issues we face and ways to improve our practice within the clinic.

My plan for ongoing professional activities includes NP PPC, and attending educational conferences yearly to develop my skills as a nurse practitioner. For the past three years I have attended the nurse practitioner conference in Southern California for continuing education and plan to continue this. I also plan to facilitate peer review for the nurse practitioners in the Walnut Creek clinic. I plan to continue increasing my panels size and providing care to patients here at Kaiser, Walnut Creek.

Example Essay III: Specialist NP

I am applying for the NP III clinical classification for recognition of the knowledge, skills, and experience that demonstrate the qualities of an expert Nurse Practitioner. I became a Family Nurse Practitioner in 1983. I received a BA in Biology from California State University at Sacramento in 1980. In 1981 I attended Pace University Leinhard School of Nursing, one of the first fast track programs for NP's in the country. I received a MS in Nursing and my FNP license in 1984.

In my career as a NP I have worked in a variety of clinical settings. I began at the Haight Ashbury Free medical clinic. During this experience I learned how to provide quality medical care to a diverse population with limited resources. In 1985 I accepted a position in Ward 86 at San Francisco General Hospital. Ward 86 was the first outpatient HIV clinic in San Francisco. This was a very challenging job for a young inexperienced NP. It was also my first experience in a specialty clinic.

1985 was the year that the first HIV antibody test was available. There weren't any effective treatments for HIV and most of the patients under my care didn't survive more than 6-9 months from their first visit. This experience was the most emotionally challenging job I've had. All of us who worked at Ward 86 felt the effects of the crisis of the new HIV epidemic. After a couple of years I decided to leave Ward 86 and to work as a staff nurse in a maternal child setting. Up to this point I hadn't worked in an inpatient setting. I realized that there is a certain level of clinical judgment gained from experience in the acute care setting that is difficult to obtain in the outpatient setting. In 1988 I accepted a position in Labor and Delivery at Kaiser San Francisco where I worked for the next six years. During that time I had two different jobs outside of Kaiser. The first one was at Caremark Home Care. In this position I provided home infusion therapy to HIV patients. In addition to nurses providing infusion therapy, we taught the patient and their family or significant other to provide care and maintenance of peripheral and

central lines, as well as infusing the HIV medications. During that time I also worked as a NP at Virx research center. Different drug companies contracted Virx to conduct research on antiviral medications for viral diseases such as HSV, HIV and Hepatitis. In this position I performed physical exams, filled out the extensive documentation and did quality monitoring to ensure that Virx and the drug companies met the various regulatory requirements.

In 1994 I changed direction and again started working as a NP in the urgent care clinic at Kaiser South San Francisco. During this period I also spent some time working in the surgery clinic at Kaiser SSF. These two clinical experiences taught me many valuable skills. I became proficient in x-ray interpretation and minor surgical procedures. These skills proved to be invaluable in primary care practice. Although I enjoyed my work in urgent care, I missed the follow-up with patients. I often didn't see them again and I wasn't gaining the follow-up and long term management skills to oversee a panel of patients. I transferred to internal medicine where I worked for the next four years, one year in SSF and three years in the Novato clinic. The experience of my first six years as a Kaiser NP in urgent care, surgery, and internal medicine provided me the opportunity to obtain an advanced level of clinical expertise in primary care. By this time I could not only perform histories and physicals, provide appropriate treatments, interpret lab results, I could also interpret x-rays, perform minor procedures and musculoskeletal injections. While working in the Novato clinic, I was a preceptor for a number of NP students from UCSF, SFSU, and Sonoma State.

During this time I obtained my status as an assistant clinical professor at UCSF. I am a type of person who embraces change, enjoys a challenge, and thrives on learning new information. This led me to explore the possibility of working in a specialty clinic. In April 2000, I applied and interviewed for a position in the neurology department at Kaiser San Francisco. I was interested in neurology in my under graduate studies, but until recently there were limited opportunities for NP's in neurology. When I was hired in the neurology clinic in San Francisco

there were only two other NP's in the northern California region working in neurology. I am the first NP to work in the neurology department in San Francisco. The movement from primary care to a specialty area is one where the focus moves from a broad spectrum of medical problems to a much narrower focus. I started my practice in neurology concentrating on patients with headaches. To expand my skills and increase my knowledge base I read, consulted with the neurologists, and attended headache conferences. Anyone working in primary care realizes how challenging this population of patients can be. I developed a new appreciation of how complex and confusing it could be to provide care and relief to these patients. I developed the knowledge and skill to determine the types and causes of headaches. The challenge lay in providing effective treatment. I learned that effective treatment varied immensely among patients, which was different from my previous practice in internal medicine. I also learned that patients, as well as other providers, had a knowledge deficit regarding headaches and their treatment. I realized that other treatment modalities, in addition to pharmacological treatments, could affect headache frequency and severity. Educating and empowering patients to make lifestyle changes and to participate in decisions about their treatment would result in better control of headaches and improvement in their quality of life. Working closely with the Health Ed department, I developed a curriculum for a headache class that I teach twice a month to patients referred to the neurology department. I have given lectures to my colleagues in primary care regarding headaches, and continue to precept NP students from UCSF. I attend monthly grand rounds in neuroradiology and neuropsychology.

Last year I began to evaluate and manage patients with Dementia and became a member of the Dementia task force at Kaiser San Francisco. My clinical goals for the next two years include developing a project to recognize patients at risk for stroke and to develop a comprehensive preventive program to reduce the incidence of stroke for these patients. This project will parallel and collaborate with the current project to improve acute stroke care at Kaiser San Francisco.

In addition to being a clinician, I am an author of a chapter on dizziness in the textbook, "Women's Primary Health Care: Protocols for Practice" to be published this year. I was also a co-author of the chapter, "Viral Diseases in HIV Infections", in AIDS-Concepts in Nursing Practice published in 1987.

I played an integral part in organizing the new NP PPC in San Francisco and have been elected as the chair. I am the CNA JABC representative from San Francisco and I participated in the bargaining of the 2002 contract. In 2001 I was given the opportunity to work with the Dreyfus Health Foundation in Romania and Jordan. I led week long seminars for nurses in those countries.

Attaining NP III status, I hope to become a role model and a resource to encourage other NP's in the region to seek the NP III clinical classification. I plan to continue as a preceptor for NP students, and to develop additional educational programs related to neurology for my peers in primary care. My goals as chair of the NP PPC are to direct activities involved in improving and increasing recognition of NP practice, collaborating on issues involving patient care, patient satisfaction and patient safety. I also plan to continue to develop my clinical knowledge and skills in neurology.

Example Essay IV: NP working in a SNF

I am applying for the NP III clinical classification because I believe that my education and experiences in clinical practice, leadership and teaching as a registered nurse and nurse practitioner have allowed me to acquire the skills and judgment of an expert nurse practitioner. I have been a registered nurse for 30 years. The last 4 of those have been as a family nurse practitioner at Kaiser Permanente in Stockton.

My nursing career began when I graduated in 1972 with a diploma in nursing and passed the Tennessee State Boards. In 1987 I returned to school for a Bachelors degree. This gave me the opportunity to become a nursing instructor in a community college. After five years of teaching I became a Director of Nurses in a Skilled Nursing Facility. Functioning in this capacity I quickly learned how little medical attention residents in these facilities receive from their physicians. The frustrations of seldom being able to reach a resident's physician on a timely basis, yet not being allowed to make decisions about some of the residents most basic medical needs prompted me to enroll in a Nurse Practitioner program. During this program I was invited to become a member of Sigma Theta Tau honor society of nursing. After graduation from Samuel Merritt College with a **Masters Degree in Nursing/Family Nurse Practitioner** and becoming **nationally board certified as a Family Nurse Practitioner by the American Nurses Credentialing Center**, I accepted a position at Kaiser in Stockton as the **Skilled Nursing Facility Nurse Practitioner**. I am responsible for providing primary medical care to a varying population of 170-190 geriatric residents in order to meet both their acute and chronic care needs, which includes responding to over 100 faxes from Skilled Nursing Facilities per day.

During this time I have **created my own Skilled Nursing Facility Nurse Practitioner Protocols** as these differ considerably from the clinic protocols. Two years ago I was successful in obtaining approval from the Stockton Kaiser administrator, to allow our pharmacy to provide delivery of medication to our SNF's, so that elderly spouses of our residents no longer have to travel in to Kaiser and stand in line to have prescriptions filled. I have also initiated having a

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dedicated Skilled Nursing Facility fax line in out pharmacy which was needed to prevent the loss of mediation fax requests from these facilities. In order to better meet the medical needs of our Skilled Nursing Facility residents I have created a number of informational questionnaires that the nurses in the facility can use to do a more thorough pain assessment and to evaluate weight loss or gain, lab values etc. My two latest projects have been to create a Coumadin Administration and Monitoring form and a SNF/HH Discharge form. The Coumadin form was designed to help prevent the many errors made in SNF's concerning proper administration of Coumadin and to promote the effective and timely monitoring of INR's. This form will be piloted in our contract Skilled Nursing Facilities. Prior to the pilot program I will in-service the nurses in each of our contract facilities in the correct use of this form. The SNF/HH discharge form is designed to elicit the specific information that the NP or Physician needs to determine if the patient actually has a skilled need requiring the services of a registered nurse or licensed therapist in the home. It is hoped that this form will help to avoid inappropriate referrals to home health thus freeing Home Health nurses and therapists to provide care to those that need them and, saving Kaiser the cost of one or more unneeded home health visits. My most recent project was to initiate a request for a Skilled Nursing Facility "CIPS" alert. This project has received the appropriate approval and is in the process of being implemented. The goal of this alert was to improve the coordination of care and to avoid duplication of services for our members who reside in Skilled Nursing Facilities

I was a member of the Nurse Practitioner administrative committee in Stockton from 2000 to 2002 this committee meets monthly to coordinate educational, informational and peer review programs for the nurse practitioners. **I am the coordinator for the NP peer review program in our facility. As the coordinator of this program I have created peer review evaluation forms and clinical guideline for each department to use as they review the care provided by other nurse practitioners.**

I have precepted eight NP/PA students from UC Davis, Samuel Merritt College and Western College over the last 4 years. I have provided these students with clinical experience in the field of advanced practice geriatric nursing in the long-term care environment. My evaluations from these students have consistently been excellent. I have been recognized by the American Academy of Family Physicians as an “Active Teacher in Family Medicine”. In addition to precepting NP students I have mentored a newly hired Skilled Nursing Facility nurse practitioner in my department. This mentoring is on going.

During the summer of 2002 I was a member of the California Nurses Association bargaining team representing the 10,000 registered nurses and 600 nurse practitioners employed by Kaiser Permanente in Northern California. During this bargaining process I drafted the first rendition of the Nurse Practitioner Clinical Ladder. I was also an active participant on the Float Pool Committee. As a result of the collective bargaining agreement, the concept of the NP Professional Practice (PPC) committee was established. **I established and chaired the NP PPC at Stockton Kaiser.** I then applied for and was chosen to represent the nurse practitioners as a **Registered Nurse Quality Liaison for the Capital and Central Valley Service Areas.** For the last two months I have been visiting the facilities in these areas assisting the nurse practitioners in establishing their own NP PPC's and Nursing Quality Forums. In preparation for establishing each facility NP III Selection Committee, I have been educating the members of the NP PPC in the process for establishing this committee in their own facilities. I have also been providing education to the nurse practitioners in the requirement for and the process of applying for the NP III Clinical Classification. I have been working with Sharon Eastman and the NP III Handbook Committee in creating the NP III handbook. This handbook will guide NP's in how to meet the requirements for NP III classification and includes many examples to assist them in completing their application portfolio. I am also a core member of the NP Mentoring Program Committee.

This committee is designing the NP mentoring program that will guide facilities in helping new nurse practitioners in becoming competent providers on the Kaiser Permanente health care team. My goals for the future are to continue to develop my clinical competence in advanced practice geriatric nursing; improving the services and access to care for our geriatric long term care members; encouraging Kaiser to create new nurse practitioner positions to provide improved continuity of care to all senior members from hospitalization through home medical care; encourage Kaiser to create geriatric clinics staff by Geriatric Nurse Practitioners and Geriatricians to improve the quality of care to senior members thereby reducing the effect of chronic illness and maintaining functional abilities; promote NP peer review programs in the Capitol and Valley service areas; Support NP practice in all areas; Promote responsible reporting and creating an environment which promotes such documentation of errors and near misses; Continue to develop competence as a RN Quality Liaison through education in quality processes and to share this education with the nurse practitioners in my service areas.

Appeals Process

Any applicant denied the Clinical Expert designation may appeal the decision of the Facility Selection Committee (FSC) as follows:

1. A written appeal, clearly stating the basis for the appeal, must be submitted to the Facility Selection Committee that made the original decision no later than thirty (30) days after written notification of denial. The appeal shall not contain any application information that was not submitted with the original application as a justification for the appeal.
2. The Facility Selection Committee shall review the appeal within sixty (60) calendar days of each application deadline and either accept the application or deny the appeal, providing a written explanation of the reasons for the written denial. If the appeal is denied, the Nurse Practitioner may appeal that decision to the Regional Appeals Committee no later than thirty (30) days after denial of the appeal by the Facility Selection Committee.

Applicants may request a regional appeal in writing (e-mail is ok) within 30 days of the FSC appeal decision to Matt Boyer, C.N.A., 155 Grand Ave., Oakland, CA 94612, mboyer@calnurses.org AND Jyotsna Battle, Kaiser Permanente Patient Care Services, 1950 Franklin St, 17th Floor, Oakland, CA 94612, Regional-Appeals-Committee-NCAL@kp.org The applicant should include their facility, their mailing address, and the reason for their appeal (clear and convincing evidence of procedural error or bias).

3. The Regional Appeals Committee shall be composed of six (6) members and two (2) alternates. Three (3) members, plus one (1) alternate, shall be selected by the California Nurses Association from among NP IIs and NP IIIs of different Facility Selection Committees (FSCs). Three (3) members and one (1) alternate shall be selected by the Employer from management representatives from different existing FSCs.
4. The Regional Appeals Committee's review shall be limited to a consideration of the same appeal presented to the Facility Selection Committee. In addition, the Regional Appeals Committee may review the Nurse Practitioner's original application materials and the Facility Selection Committee's decision, including its reasons for the denial. This decision shall be provided to the applicant within thirty (30) days after the Regional Appeals Committee's meeting.
5. The Regional Appeals Committee may overturn the decision of the Facility Selection Committee only when there is clear and convincing evidence of procedural error or bias that affected the decision to deny movement up the clinical ladder.
6. If the decision of the Facility Selection Committee is reversed by the Regional Appeals Committee, the five percent (5%) increase in pay will be retroactive to the application deadline (March 1, July 1, November 1).
7. The decision of the Regional Appeals Committee is final and binding and shall not be subject to the provisions of Article XL of the Collective Bargaining Agreement.

A regional appeal may not be completed before the next application deadline. The applicant is free to apply at the next deadline regardless of the status of the regional appeal. The new results of the new application and the regional appeal will be coordinated appropriately.

