

EXCELLENCE IN CLINICAL NURSING



NURSING PATHWAYS



STAFF NURSE IV and PCCCM IV RENEWAL PACKET
A step on the Nursing Career Ladder

Revised March 2026

CONTENTS



<u>GENERAL INFORMATION:</u>	Page
Definition of Staff Nurses III/IV/PCCCM IV and Home Health/Hospice III	3
Renewal Process - Maintenance of SN IV/PCCCM IV Designation	4
The Role of Mentors	7
Tools for Managers and Staff Special Projects	8
Facility Selection Committee	9
Appeal Process	10
Transfers	11
 <u>RENEWAL INFORMATION:</u>	
Renewal Form	13
Verification of Hours Paid	15
Committee Participation Documentation	16
Special Projects Template	17
Expanded Role/Preceptor Participation Form	18
Simultaneous SN IV Renewal and SN III Renewal Form	19
Checklist & Scoring Sheet- SN IV/PCCCM IV	20
Checklist & Scoring Sheet- SN IV/ PCCCM IV	21
 <u>Renewal Schedule</u>	 22

Definition of Staff Nurse III/IV, PCCCM IV and Home Health/Hospice Nurse III

The Staff Nurse/PCCCM III/IV, HH/H III programs have been developed to offer recognition and career advancement opportunities for those nurses who have excelled in clinical practice, leadership and professionalism. The Staff Nurse/PCCCM III and IV, HH/H III roles are designed to enable the clinically expert Staff Nurse to find continuing recognition and rewards in the provision of direct care in his/her area of clinical specialty.

The Staff Nurse/PCCCM III/IV and HH/H III functions in the clinical setting as an exemplary care giver to patients, a model of proficiency for co-workers, and a colleague to physicians. From years of nursing experience and a continued expansion of clinical knowledge, the Clinical Expert (SN/PCCCM III & IV or HH/H III) is a skilled practitioner who demonstrates leadership by:

1. Identifying, communicating and fulfilling patient needs;
2. Coordinating and utilizing facility and community resources to meet patient needs;
3. Promoting a multi-disciplinary approach to patient care;
4. Assuming a teaching-coaching role with other nurses and health team members, and;
5. Maintaining a flexible approach to resource constraints.



Through an intuitive use of knowledge, fine discretionary judgment, experience and leadership, the Clinical Expert is able to provide the best possible patient care in a safe environment.

Renewal Process

Maintenance of Staff Nurse/PCCCM IV Designation

Renewal packets for Staff Nurse/PCCCM III or HH/H III are available from the nursing office/staffing office or the <https://nursescholars.kaiserpermanente.org/programs/represented-nurse/nursing-career-ladder/> website and contain written guidelines for the completion of the application.

The applicant may contact a member of the Facility Selection Committee to verify completeness of the application prior to submission. Additionally, the applicant must have a Mentor signature on their renewal to validate that all elements are complete

1. Renewal shall be every three (3) years.
 - A. The SN/PCCCM IV must continue to work an average of twenty-four (24) hours per week. (It is the nurse's responsibility to notify the facility selection committee if their hours drop below 24 hours.) See Verification of Hours Paid form for calculation.
 - B. The applicant for renewal must submit a portfolio including:
 - Completed renewal form with a required mentor signature
 - **Signed performance evaluation** based on the applicable performance standards for each year at the midpoint or above on average. Electronic and hand signatures are accepted; however, AACC requires hand signatures of RN managers on the evaluation.
 - Performance evaluation must be at mid-point or above average.
 - All pages of the performance evaluation must be submitted
 - Performance evaluations are found on the Mykp.org website:
 - Sign on to "Mykp.kp.org" > click on "My Job" > under "Performance Feedback", click on "Year-end review feedback," right hand side, click on "Acknowledge Review" then in the "Review Period," click on the "dropdown arrow."
 - This link will allow you to print out all of your completed performance evaluations.
 - **45 Continuing Education Units (CEUs) or Continuing Medical Education Units (CMEs)**
 - CEUs/CMEs must be ongoing over the last three years.
 - At least 50% of CEUs/CMEs must result from nursing specialty/clinical programs.
 - A written explanation or description of the course content's applicability may be requested with the portfolio by the committee for clarification.
 - Only courses that are approved by the BRN or for the Continuing Medical Education Units (CME) shall be applicable
 - Photocopies of CEs, CMEs, and college credit certification need to be included in the portfolio when the application is submitted.

Clinical specialty courses must be related to the clinical patient population in your unit/department. ACLS, PALS, and NRP cannot count as clinical specialty CEs if it is required for your job but they may count as general CEs. ACLS, PALS, and NRP can

count for clinical specialty CEs if they are not required and are relevant to your patient population.

- **Professional Participation** in four (4) of the following within the past thirty-six (36) months
 - I. Active participation in quality activities which must be of an ongoing nature with participation occurring over at least six (6) months per year for two (2) of the past three (3) years, e.g., PPC, Safety Committee, organizationally sanctioned peer group or committee, RNQL.
 - II. Teaching Activities: Teaching activities are not necessarily ongoing in nature. They may be significant one-time events.
 - Formal in-service/presentation
 - Informal in-service/presentation
 - Community teaching (community teaching must be voluntary)
 - Health care related research
 - Development and/or presentation of patient education programs.
 - Orienting or cross-training
 - Other

Examples are: teaching guidelines, new grad preceptor, assisting with a complex skills day or facility-wide training, such as blood borne pathogens. Examples of health related community work are: a school demonstration project, involvement in a respite program, active participation in a health fair or health screening, teaching a first aid course. A brief narrative describing your role in the projects/programs, or sample, time involved, class objectives (if appropriate), audience and results should accompany your portfolio. For publications, please enclose a copy of the article you wrote.

- III. Leadership Activities
 - Hold a Charge Nurse, Chief Nurse Rep, Nurse Rep or other CNA leadership position
 - Committee or task force, e.g., GRASP
 - Special projects/presentation
 - Standardized Care Plan/Clinical Pathway
 - Health related community organization/service (community service must be voluntary)
 - Mentor two (2) new graduate RNs for up to eighteen (18) months within the last thirty-six (36) months, in accordance with contractual provisions in Section X
 - Other

Examples of written standards of nursing care are: the actual writing of a standard or involvement in the annual review of the same; the writing of a policy or procedure. A sample of the standard should be included in the portfolio if possible.

- IV. One of the four (4) professional participation activities must be:
 - Work in a RN Expanded role or participate as a preceptor in the area of clinical specialty EACH year.

- Expanded roles must be approved by Interdisciplinary Practice Committee (IDPC) or DON-CPs and Department Chief
- RN expanded roles adhere to a standardized procedure/protocol
- Expanded roles are not a temporary assignment.

If there is no opportunity to act in these roles within a clinical department, completion of an additional special project may be substituted as agreed upon with the Nurse Manager.

- A special project must be completed for EACH year or ongoing over TWO or THREE years.
- A special project has a beginning and an ending or renewed EACH year by manager.
- It has an objective and has a product that can benefit staff, visitors or patients.
- This requirement can be satisfied in the following ways: by being a project leader or being a task force member on a project.
- In both situations, a brief description of the project should be included in the portfolio.

Additional CEU documentation or descriptions of additional professional contributions may be submitted in case some do not meet requirements.

The Role of Mentors

For Staff IV/ PCCCM IV renewals, you must select a **mentor** to assist you in the renewal process. Choose a mentor from the local FSC mentor list. The Applicant-Mentor relationship is required, and, ideally, the relationship would start at least one month before the application deadline.

A mentor can be either a member of the Facility Selection Committee or a Staff Nurse/ PCCCM III/IV, Home Health III who can offer suggestions to improve the application portfolio of staff prior to submission. Names of the Facility Selection Committee Members will be posted on the Association's bulletin board in each facility. The Local Facility Selection Committee will maintain current listing of Mentors. Ask your manager or your C.N.A. Rep for a list of SN IIIs, SN IVs, or HH/H IIIs.

The **role of the mentor** is to review your application portfolio for completeness before it is submitted to the committee on March 1, July 1 or November 1. Mentors also offer suggestions to improve the application portfolio prior to submission. Mentors must sign the final application to validate that all required application elements are complete.



Tools for Managers and Staff Special Projects



Special projects are agreed upon with the Nursing Manager at the beginning of the project.

Special Projects:

- Have a beginning
- Have an end
- Have objectives that are measurable
- Have a product that is a benefit to staff, visitors or patients.

This requirement can be satisfied in the following ways:

- By being a project leader
- By being a taskforce member on a project.

Ideas for projects:

- Participate on Quality Improvement team (i.e. pain, restraints, verbal orders)
- Benchmark practice improvement for patient care. (i.e. wound care, literature search)
- Evaluate products that improve patient care (i.e. benefits of silver lined foley catheters in HH)
- Educate staff on specified patient population
- Write a policy /procedure
- Develop a new expanded role in MOB
- Collect data to identify trends (i.e. re-admission rate of pediatrics, patient falls)
- Develop new role for a nurse (i.e. developmental care nurse)
- Standardize equipment/supplies (i.e. code carts)
- Develop a new form (i.e. crash cart checking form)
- Develop an assessment tool (i.e. nutrition assessment tool)
- Develop patient education materials (i.e. diabetes care)
- Participate on unit based research (i.e. using saline or not in patient suctioning)
- Develop orientation materials/teach for new staff (in collaboration with clinical educator)
- Conduct a survey with staff (i.e. review workflow, identify staff issues)

Facility Selection Committee

Names of the Selection Committee Members will be posted on the Association's bulletin board in each facility.

ABOUT THE FACILITY SELECTION COMMITTEE

(Committee shall be co-chaired by Nurse Executive/DONP or designee and Staff Nurse/PCCCM III/IV or HH III)

The Facility Selection Committee is comprised of:

- Nurse Executive, Director of Nursing Practice (DONP) or designee
- 2 RN managers (appointed by the Nurse Executive/DONP or designee)
- 1 Staff Nurse/ PCCCM III (minimum)
- 1 Staff Nurse actively involved in a professional committee
- 2 Staff Nurse/ PCCCM IVs or HH II or III

Alternates: a substitute in the same category to be used as needed. Applicants may request a committee member be replaced by an alternate.

Content experts may be call if the committee has limited knowledge in a specialty area

Committee members may serve a maximum of 2 years in any single category.

Selection committee vacancies are to be publicized by Nursing Administration and the PPC

Nominations to the committee to fill vacancies will be made by the Staff Nurse / PCCCM III and OV and Home Health Nurse peers

The committee will choose replacement members from the nominees by consensus. Membership will be reviewed by the Nurse Executive/DONP or designee who is charged with ensuring board-based representation over time.

Appeals Process

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

- A written appeal, clearly stating the basis for the appeal, must be submitted to the FSC 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.
- The Facility Selection Committee shall review the appeal 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 may appeal that decision to the Regional Appeals Committee, no later than thirty (30) days after denial of the appeal by the FSC.
- 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 Earvin Ledi MSN, RN, CCRN-CMC, 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).
- The Regional Appeals Committee shall be composed of six members and two (2) alternates. Three members, plus one (1) alternate, shall be selected by the California Nurses Association from among Staff Nurse/ PCCCM IIIs, Staff Nurse/ PCCCM IVs or HH/H IIIs of different existing Facility Selection Committees (FSCs) who are currently serving on a FSC or who have had past experience as a Staff Nurse III, Staff Nurse IV or HH/H III on a FSC. Three members and one (1) alternate shall be selected by the employer from nurse manager representatives from different existing FSCs who are currently serving on a FSC or have previously served on a FSC.
- 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's original application materials and the FSC's decision, including its reasons for the denial. The decision shall be provided to the applicant within thirty (30) calendar days after the Regional Appeals Committee's meeting.
- The Regional Appeals Committee may overturn the decision of the FSC only when there is clear and convincing evidence of procedural error or bias that affected the decision to deny movement up the clinical ladder.
- If the decision of the FSC is reversed, the applicable % increase in pay will be retroactive to the application deadline (March 1, July 1, and November 1).

The FSC will give the Staff Nurse Applicant information about where/who to send Appeals to Region. The decision of the Regional Appeals Committee is final and binding, and shall not be subject to the provisions of Article XXXVIII 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 results of the new application and the regional appeal will be coordinated appropriately.

Transfers

Transfers to:

1. Nurses who transfer to a similar area of clinical specialty will retain their Staff Nurse IV or PCCCM IV.
2. The Staff Nurse IV / PCCCM IV will apply for renewal at the end of the three (3) year classification.
3. Transfers to another area of clinical specialty require application for Staff Nurse IV/ PCCCM IV in the new area (see minimum qualifications).



NURSING PATHWAYS

RENEWAL FORMS

STAFF NURSE/ PCCCM IV Renewal

**STAFF NURSE/ PCCCM IV
SIGNATURE PAGE FOR MENTOR**

Mentor's Name _____

Mentor Signature _____

Date _____

VERIFICATION OF HOURS PAID

(This form should be completed for any Registered Nurse who is NOT hired into a twenty-four (24) hour position or more)

1. Name _____ Date _____
2. Unit/Shift _____ / _____ Facility _____
3. Phone: WORK _____ HOME _____ OTHER _____
4. R.N. License # _____ Expiration Date _____
5. Area of Clinical Specialty: Ambulatory Care Home Health/Hospice Hospital
6. Classification: Regular Short Hour Per Diem
7. Average number of hours worked per week during last 3 years (must average 24 hours/wk. paid time):

Renewal: (Calculate each year separately)

Year 1 (12 months before Year 2) - total hours _____ / wk.

Year 2 (12 months before Year 3) – total hours _____ /wk.

Year 3 (last 12 month period) – total hours _____ /wk

The staffing/payroll office will assist in this calculation if needed.

These signatures certify that calculations are correct as of the specified date.

SIGNATURE (PAYROLL) _____

SIGNATURE OF MANAGER _____

DATE _____



Committee Participation Documentation

Clinical Ladder

Staff Nurse/ PCCCM IV



Committee participation should be ongoing in nature with participation occurring at least six months per year for 2 of the past 3 years.

Name of Committee: _____

Date Joined: _____

Committee Charter/Purpose:

Committee meeting schedule:

- Monthly
- Every other month
- Quarterly
- Other

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
- makes an individual contribution

_____ Chairpersons signature

Date: _____



Special Projects Template



This form was developed to assist managers and staff in defining special projects for Staff Nurse/ PCCCM IVs.

Project title: _____

Staff's role/involvement: _____

Project objectives: (list)

End Product:

Estimated timeline: Start _____ Finish _____

Staff Nurse : _____

Manager: _____

Date Approved: _____

Date Completed: _____



Expanded Role Staff Nurse/ PCCCM IV Renewal

Staff Nurse/ PCCCM IV must work in an “RN expanded role” in the area of clinical specialty EACH year.

Expanded role title:
(attach standardized procedure/protocol)

Start date: _____

End Date: _____

_____ Manager's signature



Preceptor Participation Staff Nurse/ PCCCM IV Renewal

Staff Nurse/ PCCCM IV participated as a preceptor in the area of clinical specialty EACH year.

Preceptee's Name: _____

Dates of Precepting: _____

Total Hours Precepted: _____

_____ Manager's signature



NURSING PATHWAYS

Simultaneous SN / PCCCM IV Renewal & SN III Renewal Form

This form is used by SN IV applicants who also need to renew their SN III status in the same application period.

In the event that my SN IV/ PCCCM IV Renewal does not support my advancement to SN/ PCCCM IV, please review the application materials for renewal of my SN III status.

To support my SN III renewal I have added:

- Performance evaluations for the past three years and
- Documentation of additional CEUs as required

Staff Nurse Signature : _____

Date SN III granted or last renewed: _____

Manager: _____

KAISER PERMANENTE MEDICAL CENTER
STAFF NURSE IV/ PCCCM IV FACILITY SELECTION COMMITTEE CHECKLIST FOR RENEWAL

Applicant Name: _____ Date: _____
 Unit/Dept/Shift: _____ Facility: _____ KFH TPMG
 Area of Specialty: Ambulatory Care Home Health/Hospice Hospital

CHECKLIST & SCORING SHEET

- Mentor's Signature** Yes No
Completed Renewal Form Yes No
Works an average of 24 hrs/wk Yes No (include Verification of Hours Paid Form if applicable)
Performance Evaluations
 Mid point or above on average for each year
Continuing Education Documentation
 45 hours of CEUs/CMEs minimum
 CEUs/CMEs within renewal period (36 months)
 At least 50% of CEUs/CMEs in nursing specialty/clinical programs.
Professional Participation:
 (Required) EACH year a Staff Nurse IV work in an expanded role or as an active preceptor or, in the event there is no opportunity to act as a preceptor, completion of a specialty project to be agreed upon with their Nurse Manager at the beginning of project. (Include Special Project Template if applicable)
Plus three activities in the categories listed below, within the past 36 months
Quality Activities: Ongoing/active participation over at least 6 months/year for 2 of past 3 years
 (include Committee Participation Documentation Form if applicable)
 PPC
 Safety
 Peer Group
 Committee
 RNQL
 Other
Teaching Activities:
 Formal In-service/Presentation
 Informal In-service/Presentation
 Community Teaching
 Health care related research
 Development and/or presentation of patient educational programs
 Precepting
 Orienting/Cross-training
 Other
Leadership Activities
 Chief Nurse Rep., Nurse Rep. or other CNA leadership
 Hold a Charge Nurse position
 Relief in Higher Class
 Committee or Task Force, e.g., GRASP
 Special Projects/Presentation
 Standardized Care plan/Clinical Pathway
 Mentor two new graduate RNs for up to 18 months within the last 36 months
 Health Related Community Organization/Service
 Other

FACILITY SELECTION COMMITTEE RECOMMENDATION

Granted -- Applicant's Renewal Date: _____ Denied
 Applicant notified by: _____ Manager notified by: _____
 Payroll notified by: _____ HR notified by: _____
 Areas of deficiency (if denied): _____

 Signatures of FSC voting members:

For Staff Nurse III/PCCCM III Renewal (if needed)

KAISER PERMANENTE MEDICAL CENTER STAFF NURSE III/HOME HEALTH III FACILITY SELECTION COMMITTEE

Applicant Name: _____	Date: _____
Unit/Dept/Shift: _____	Facility: _____ <input type="checkbox"/> KFH <input type="checkbox"/> TPMG
Area of Specialty: <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Home Health/Hospice <input type="checkbox"/> Hospital	

RENEWAL CHECKLIST & SCORING SHEET

Mentor's Signature _____

Completed Renewal Form Yes No

Works an average of 24 hrs/wk Yes No (include Verification of Hours Paid Form if applicable)

Performance Evaluations

Mid point or above on average for each year

Continuing Education Documentation

45 hours of CEUs/CMEs minimum

CEUs/CMEs within renewal period (36 months)

At least 50% of CEUs/CMEs in nursing specialty/clinical programs.

Professional Participation: Two activities within the past 36 months

Quality Activities: Ongoing/active participation over at least 6 months/year for 2 of past 3 years
(include Committee Participation Documentation Form if applicable)

PPC

Safety

Peer Group

Committee

RNQL

Other

Teaching Activities:

Formal In-service/Presentation

Informal In-service/Presentation

Community Teaching

Health care related research

Development and/or presentation of patient educational programs

Precepting

Orienting/Cross-training

Other

Leadership Activities

Chief Nurse Rep., Nurse Rep. or other CNA leadership

Hold a Charge Nurse position

Relief in Higher Class

Committee or Task Force, e.g., GRASP

Special Projects/Presentation

Standardized Care plan/Clinical Pathway

Mentor two new graduate RNs for up to 18 months within the last 36 months

Health Related Community Organization/Service

Other

FACILITY SELECTION COMMITTEE RECOMMENDATION

Granted -- Applicant's Renewal Date: _____ Denied

Applicant notified by: _____ Manager notified by: _____

Payroll notified by: _____ HR notified by: _____

Areas of deficiency (if denied): _____

Signatures of FSC voting members:

RN/NP Clinical Ladder Renewal Schedule

Level	Month Received or Last Renewed	Next Renewal Date
PCCCM, SN3, SN4, HH/H3, NP3	1-Mar-19	1-Mar-22
PCCCM, SN3, SN4, HH/H3, NP3	1-Jul-19	1-Jul-22
PCCCM, SN3, SN4, HH/H3, NP3	1-Nov-19	1-Nov-22