# EXCELLENCE IN CLINICAL NURSING

NURSING PATHWAYS

KAISER PERMANENTE®

***STAFF NURSE III and HH/H III RENEWAL PACKET***
***A step on the Nursing Career Ladder***

Revised November, 2018

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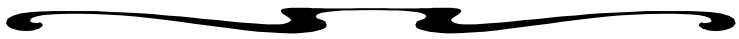
# Definition of Staff Nurse III/IV, and Home Health/Hospice Nurse III

The Staff Nurse 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 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 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 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 III or HH/H III Designation

Renewal packets for Staff Nurse 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 III or HH/H III must continue to work an average of twenty-four (24) hours per week. (It is the staff 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:

      **1) Renewal form with Mentor signature to validate that all elements of the renewal are complete.**

      2) Verification of Hours Paid form if applicable

      3) **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 on average.
      - Performance evaluations are found on the MyHR website> KP & Me> Performance Management. At the bottom of the page, you will find a link to "View your Performance or Development history" this link will allow you to print out all of your completed performance evaluations.
      - All pages of the performance evaluation must be submitted

      3) **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 is not required but may be requested 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.

4) **Professional Participation** in two (2) 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.

Committee Participation Documentation Form is included in this packet for the convenience of the applicant and committee chair.

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.
- Precepting
- Orienting/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
- Receive Relief in Higher Classification for Charge Nurse or Supervisor
- 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 one new graduate RN for up to eighteen (18) months within the last thirty-six (36) months, in accordance with contractual provisions (note: only applicable at qualifying pilot sites)
- 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.

***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 III/IV, HH/H III renewals, you must select a **mentor** to assist you in the application 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 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.

# 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**

The Committee shall be co-chaired by Nurse Executive/DONP or designee and a Staff Nurse 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 III (minimum)
- 1 Staff Nurse actively involved in a professional committee
- 2 Staff Nurse 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 called 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 III and IV 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 and must also email their request 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**, Regional-Appeals-Committee-NCAL@kp.org, Kaiser Permanente, Patient Care Services, 5820 Owens Drive, Bldg. E, Pleasanton, CA 94588. 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 IIIs, Staff Nurse 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. This 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 III or HH/H III status.

2. The Staff Nurse III or HH/H Nurse III 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 III or HH/H Nurse III in the new area (see minimum qualifications).

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# *RENEWAL FORMS*

***STAFF NURSE III and HH/H III RENEWAL PACKET***

# STAFF NURSE III, HH/H III
# RENEWAL FORM

1. Name_____ 2. Date_____

3. Unit & Shift_____Facility_____

4. Mailing Address _____

5. Manager _____Cost Center_____

6. Phone
(Work)_____ (Home)_____(Other)_____

7. R.N. License Number_____

8. For Home Health Only:
Requirements for HH/H III: _____

I obtained my PHN: In (date) _____

I am a case manager: From (date) _____To (date)_____

9. Area of Clinical Specialty
- ☐ Ambulatory Care
- ☐ Home Health/Hospice
- ☐ Hospital

10. Classification
- ☐ Regular
- ☐ Short Hour
- ☐ Per Diem

11. Average Number of Hours Worked Per Week_____
(Use Verification of Hours Paid form if needed)
**(It is the nurse's responsibility to notify the Facility Selection Committee if hours drop below 24 hours)**

12. RN clinical nursing experience (See minimum qualifications) Most Recent Listed First * (Include at least the last 5 years).

| DATES: FROM - TO | AREA OF PRACTICE | EMPLOYER |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

# STAFF NURSE III, HH/H III
# SIGNATURE PAGE FOR MENTOR

Mentor's Name_____

Mentor Signature_____

Date _____

# STAFF NURSE III, HH/H III
# RECEIPT OF RENEWAL FORM – Signature Page

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 SN III/ HH/H III renewal application.)**

# STAFF NURSE III, HH/H III
# VERIFICATION OF HOURS PAID FORM

**(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_____**

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# *Committee Participation Documentation Form*
## Clinical Ladder
## **Staff Nurse III and HH/H III**

Committee participation should be ongoing in nature with participation occurring at least 6 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: _____

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

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

## RENEWAL 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: 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 Inservice/Presentation
☐ Informal Inservice/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 |
|---|---|---|
| SN3, SN4, HH/H3, NP3 | 1-Mar-18 | 1-Mar-21 |
| SN3, SN4, HH/H3, NP3 | 1-Jul-18 | 1-Jul-21 |
| SN3, SN4, HH/H3, NP3 | 1-Nov-18 | 1-Nov-21 |