APPENDIX B – CLINICAL LADDER

Providence Medford Medical Center (the "Medical Center") and Oregon Nurses Association (the "Association") are committed to the professional development, satisfaction, recruitment and retention of nursing staff. This brings about the best working conditions, patient care and benefits to our community at large. The Clinical Ladder program is in place to allow staff nurses to develop and explore professionally in areas to the mutual advantage of the nurse and the Medical Center.

To that end, the parties hereby adopt the Clinical Ladder Program ("the Program") and the following terms in connection with said Program:

1. Nurses are eligible to participate in the Program, in accordance with the Program’s terms so long as they are:
   a. In good standing (no discipline in the prior 12 months)
   b. Employed by the Medical Center for at least 6 months

2. Nothing in the Program is subject to the grievance procedure set forth in the Agreement.

3. A registered nurse who has been approved for, and is participating in, an advanced level under the Program will receive an increase in their Appendix A, Section A, hourly rate of pay under the Agreement, equal to the applicable amount set forth below for the Nurse’s Clinical Ladder level.

   Effective two full pay periods after ratification

   Level 1: $ 0.00
   Level 2: $ 1.00
   Level 3: $ 2.00
   Level 4: $ 3.00

4. In addition to the above-listed hourly rates of pay, registered nurses approved for and participating in the Program at Level 2 or higher shall be eligible for 8 hours additional paid education leave annually.

5. Clinical Ladder Board

   a. The Clinical Ladder Board ("the Board") will operate consistent with this Agreement and its charter. The charter will be developed by the Board within 12 months of the ratification of the Collective Bargaining Agreement. Should the
Board desire to amend the charter, it will submit the amendments to the Medical Center and Association for formal approval. The Board will revise the charter to conform to this Letter of Agreement, if necessary.

b. The Board will consist of up to 5 nurse members, elected by their peers, and 5 nurse leaders, appointed by the Medical Center. No more than two nurse members may be from the same unit. Once each quarter, each nurse member will be compensated for their actual times spent in packet review meetings, up to a total of 32 hours per year. In addition, each Board member will receive a stipend of $200 for each full quarter they act as a Board member ($300/quarter each for the Board Chair and Chair Elect), to reflect their time spent attending other Program-related meetings, providing mentoring, and organizing Program-related trainings.

c. The Board shall prepare the agenda and keep minutes of the meetings, copies of which shall be provided to the Chief Nurse Officer and a designated Clinical Ladder liaison from the Medical Center’s management team and Association within two (2) weeks of each Board meeting. The minutes shall include a list of projects reviewed and approved by the Board each quarter.

6. Clinical Ladder Process Review Committee

a. The parties agree to form a Clinical Ladder Process Review Committee (“the Committee”) to review successes and challenges of the Program, and to resolve any individual concerns about the process, review topics for levels 3 and 4 projects, project results, and any other disputes that may arise under the Program.

b. The Committee will consist of 2 nurse members of the Board, the Medical Center’s Chief Nursing Officer, one management representative chosen by the Medical Center, one Human Resources representative chosen by the Medical Center.

c. The Committee will meet quarterly on the same day, or in close proximity to when the Clinical Ladder Board meets. The Committee will review the number of applicants, approvals and denials, and will discuss any potential issues (e.g., whether certain units are declining in participation). The results of the Committee meeting will be reported at the nearest Labor Management Committee Meeting.

d. The Committee may invite any nurse or nurse manager to its meeting if it determines that the nurse or nurse manager can provide information helpful to understanding an issue or concern, or that would help the Committee’s decision-making process.

e. Any nurse who wishes to attend a meeting during open session may do so. Advance notice to the Committee is encouraged when possible. The Committee may at times hold an executive (closed) session which will not be open to nurses or managers.
other than those on the committee. Executive (closed) sessions may be called in instances in which the Committee reviews an issue affecting an individual applicant.

f. The Committee will endeavor to make decisions by consensus. If it cannot reach consensus, decisions will be made by a majority vote of the voting members, which will be the two Clinical Ladder Board members, the Chief Nursing Officer, and the management representative.

g. Committee members will be paid for time spent in committee meetings, which hours will not be subject to the limitations in Section 5.b.
The Medical Center reserves the right to add, alter, amend, modify, substitute or withdraw any proposals during these negotiations.

Package Proposal with Article 13, Article 14, and Appendix B - Clinical Ladder

**Providence Medford Medical Center Clinical Ladder Charter**

**Purpose:**

The purpose of the nursing clinical ladder is to recognize and promote professional growth and development among nursing staff while enhancing the quality of patient care at Providence Medford Medical Center. This program provides nurses with the opportunity to advance their careers by acquiring new skills, increasing knowledge, and taking on additional responsibilities, ultimately leading to improved patient outcomes and satisfaction. The clinical ladder will be based on the Patricia Benner Novice to Expert clinical model. These levels are: Novice/Advanced Beginner, Competent, Proficient, and Expert.


**Objectives:**

The objectives relating to nursing practice include:

1. To provide an advancement pathway that encourages nurses to remain at the bedside.
2. To provide a system of recognition for clinical nurses.
3. To reward nurses for going above the standard duties of their role by their commitment to professional development.

The objectives relating to organizational improvement:

1. To promote the highest quality of care for our patients and community.
2. To provide a recruitment and retention tool in a difficult to recruit for market.
3. To motivate nurses to participate in organizational priorities and strategic initiatives.

**Procedures:**

The clinical ladder framework is based on the progression of the nurse through the novice to expert model. Nurses can apply for a clinical ladder that is appropriate to their experience, knowledge, skills, and commitment to nursing practice that’s relevant to them.

**The Levels:**

**Level 1: Novice / Advanced Beginner**

The Level 1 RN is a new graduate or a RN with little to no previous experience. They are enrolled in a RN residency or fellowship program to guide them to independent practice. The focus is on knowledge and skills required to practice in their nursing specialty. As they achieve independent practice, they will start to seek educational and patient care experience
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**Package Proposal with Article 13, Article 14, and Appendix B - Clinical Ladder**

opportunities that expand their knowledge and skills set from a rule-governed behavior to recognizing trends, themes, and other meaningful components of patient care.

**Level 2: Competent**

The level 2 RN typically has two to three years of experience in nursing and is competent in their specialty. This nurse moves their focus from the technical aspects of nursing to prioritizing needs, understanding what can be delayed and what is time sensitive.

**Level 3: Proficient**

The level 3 RN moves to a more holistic understanding of nursing care in their specialty. They are able to demonstrate dynamic nursing care, including all aspects of patient and unit needs.

**Level 4: Expert**

The level 4 RN no longer requires reliance on principles or rules, but rather is intuitive and can synthesize data in complex situations.

**Application Process**

The application period for clinical ladder advancement will be on a quarterly cadence and set in advance for the year, by the Clinical Ladder Board. The clinical ladder board will review applications each quarter and make decisions for approval or denial to the Clinical Ladder Process Review Committee. For clinical ladder 3 and 4, nurses must obtain CNO approval for their evidence-based projects prior to application approval. The applications packets must be completed in full and reflect one full year of clinical activity prior to submission date. The clinical ladder awardees maintain that status for the full year following the approval.

To be developed by committee:

- Clinical Ladder Application
- Clinical Ladder Level specific requirements (i.e. CEUs, years of experience, Level 3 and 4 project requirements)
- Clinical Ladder points grid (nursing degrees, council participation, professional organization participation, etc.)