

Clinical Ladder PNAP – with notes/agreements from October Meetings with Dan Kelly and meetings with the Research Council in October and November

Components of the Clinical Ladder that ONA members are here to discuss and negotiate

- 1) **Who can participate** – University District and Per Diem Nurses. Dan Kelly agreed that University District Nurses will be eligible to participate in the Clinical Ladder program. ONA proposed that Per Diem nurses have to work an agreed upon number of hours to participate – possibly Per Diem II Status.

The Research Council agreed that University District is part of the Clinical Ladder and Per Diems should be eligible for the program (Per Diem 1 & 2)

Agreement was reached on this topic.

- 2) **Composition of Clinical Ladder Board/Panel** (how they're selected, direct care RN involvement, leadership participation). ONA proposed that the board/panel for the Clinical Ladder should be composed of volunteers and be comprised mostly of staff nurses. Dan Kelly shared that the Research Council had suggested a representative from each of the Shared Governance Councils should be part of the board or panel. ONA reps suggested that it shouldn't be limited to council representatives.

The Research Council proposes that 1 representative per Shared Governance Council (9 total); 1 advisor and 5 staff nurses constitute the new PNAP Council. This number may be adjusted by the PNAP Council in order to ensure an adequate number to complete their work, particularly the Application Review Process. In addition, it was noted that it should be a requirement for those on the Council to be participants in the Clinical Ladder program.

It's unclear to our ONA Executive Committee whether there is a PNAP Council in place to lead this process. The meeting on November 14th did not generate new participants for this new PNAP Council.

ONA agrees that the Shared Governance Councils should be the lead on formation of the PNAP Council.

- 3) Paid time for Clinical Ladder Board/Panel to review applications, and other related activities. Dan Kelly agreed that all time spent on the Clinical Ladder application review and all time related to the work of the board/panel would be paid time. This would include any meetings to roll out and implement the program and assist nurses with questions about the program, etc.

Agreement was reached on this topic.

- 4) Hourly compensation – comparator hospitals in Oregon – Providence Portland; Providence St. Vincent and Kaiser Permanente
- a. PPMC - (\$2.25 per hour certification pay, for the Providence systems plans and for PPMC \$1.60; \$2.90 and \$4.50 per hour for the Clinical Ladder
 - b. Providence St. Vincent (\$1.75 per hour certification pay; 4 levels of Clinical Ladder \$1.75, \$3.00, \$5.00, \$6.00)
 - c. Kaiser – 3% step 2; 4% step 3 (note all RNs are at Step 1) – need more information about any additional compensation for certifications, education, etc.

ONA proposed that the Sacred Heart Clinical Ladder be comparable in terms of compensation to other Oregon Hospitals. Those are the market comparators used to negotiate wages, differentials, etc. ONA provided information on three programs in Oregon.

ONA Proposes that the Sacred Heart Clinical Ladder program (PNAP) be compensated according to the market comparisons provided in the State of Oregon. **Our ONA Leadership proposes a \$2 per hour differential for the First Advancement Stage/Competent Nurse; \$3 per hour per the Second Advancement Stage/Proficient Nurse and \$5 per hour for the Third Advancement Stage/Expert Nurse.**

Reminder: Please note that the costs for this program will come out of the next fiscal year's budget.

- 5) **Increased Educational Expenses** available for nurses that participate in the Clinical Ladder program – Prov St. V - \$150, \$300, \$600 and \$700 additional; PPMC \$250 or \$350). Dan Kelly believes that the PNAP program may not require as much education as other Clinical Ladder programs. He shared that there is no additional budget for increased education in this fiscal year. However, there may be additional funds from the Foundation for Nursing Education on particular topics. This is something that we'd like to discuss with the Research Council.

The Research Council agreed that for the first year of the program, there would not be a request for additional Education Expenses. The use of ONA Unit Education Funds and Pooled funds for PNAP participants will be part of the annual review of the program.

ONA leaders agree to monitor use of the Education Funds by Clinical Ladder participants to ensure fair access to educational opportunities for all Sacred Heart nurses.

- 6) **Trainings/Mentoring on Application Process for interested nurses.** Dan Kelly stated that there was a planned roll out and training for mentors in the program. We'd like to learn more from the Research Council.

The Research Council agreed that a roll out was necessary and are working to get something in place in November to educate nurses about the program, requirements for application and criteria for placement on the ladder. We discussed the need for training for managers, PNAP Council members, etc.

The Research Council is holding information sessions for interested nurses and sharing information at the Pathways to Excellence Forums.

- 7) **Appeal process** – look at other facilities process, not grievance process but other options (KP process page 8 of their application). ONA leaders noted that most programs had an appeal process and think this is an important component of the program. We'd like to discuss this with the Research Council.

The Research Council agrees to an appeal process as follows – applications are due March 1 for the first program and will get notice of the approval or denial of their application by April 15. Nurses will have until May 1 to ask for an appeal after getting notice of denial. The denial will be reviewed by different PNAP Council members and a response will be given to the nurse by May 15. (this similar timeframe would apply to the January ladder as well)

Dan Kelly agreed to an Appeal Process in our October 26 meeting. The details of the appeal process will be developed by the PNAP Council and shared with applicants. ONA will receive a copy of the final “appeal rules.”

- 8) **Annual review process** by a designated committee to review numbers of applicants, number of nurses accepted into program, feedback component from participants, etc. We'd like to learn more from the Research Council about what type of review and data collection are being considered for the program.

Research Council nurses agreed that there would be an annual review and that there would be a survey component to nurse participants and potentially other nurses to find out barriers to involvement, what went well and other important feedback.

Note: Forgot to discuss the disciplinary issues and minimal performance evaluation requirements. Would like to discuss this afternoon.

We came to agreement that if a nurse is disciplined during the two years they are in the Clinical Ladder, they will not lose their differential. However, if a nurse has a discipline for behavior or performance on record in the 12 months prior to application deadlines, they will not be eligible for the program at that time.