

**Jewish Hospital &
St. Mary's HealthCare**

Nursing Clinical Advancement Program

Frazier Rehab Institute

Jewish Hospital

Jewish Hospital Medical Center East

Jewish Hospital Medical Center South

Jewish Hospital Medical Center Northeast

Jewish Hospital Medical Center Southwest

Jewish Hospital Shelbyville

Our Lady of Peace

Sts. Mary & Elizabeth Hospital



TABLE OF CONTENTS

Table of Contents	Page 2
Flower Representation	Page 3
Introduction/Purpose & Objectives	Page 4
Qualification Requirements	Page 5
Application Process	Pages 6- 7
Application Guide	Pages 8- 13
Transformation of Leadership	Pages 14- 15
By-Laws	Pages 16



Clinical Advancement Board Flower Representation

The Clinical Advancement Board selected the hydrangea as its representative flower during its meeting on April 15, 2010. The hydrangea was selected for a variety of reasons:

One of the documented meanings of the hydrangea is perseverance. As a group, the Clinical Ladder Program began in 1991 and has persevered over the past several years despite changes in healthcare circumstances, keeping its membership relatively consistent. As individual nurses within the Program, perseverance is a trait that is essential to excellent patient care that enables bedside nurses to be patient advocates in various circumstances.

There are a huge variety of hydrangeas, which may signify all of our different areas of practice and responsibilities as staff nurses.

Hydrangeas are very prevalent in our area – a common but beautiful sight all summer and fall, until frost – and they may be easily dried for even longer enjoyment. Nurses are prevalent in our area as well, are very interacting with patients, and are a vital staple in the livelihood of our organization. Like hydrangeas, the nursing department is a focal point in the JHSMH garden – relatively large and beautiful without being invasive.

Hydrangea plants are perennial and may be reproduced rather easily, just by cutting a stalk off and placing it in fertile soil. They like partial sun and shade and are not fussy. Again, they are like bedside nurses, who are available for patients every minute of the day and precept (reproduce) on a routine basis while passing on valuable experience, all without much outside attention or praise. Like a well-established planting, nurses and their caring expertise are taken for granted by the public in a good way, always trusted that they will be there when needed.

Finally, and probably most appropriate, hydrangeas are extremely adaptable to the environment in which they are placed. Unlike most plants, many varieties of hydrangeas change color depending on what type of soil in which they are placed. Nurses are experts at adaptability, taking charge of ever-changing conditions involving patients, staff, physicians, the work environment, and countless other circumstances – all at the same time. Also, nurses are able to work their entire careers within the same organization and still perform very different duties; ironically, nursing itself is extremely adaptable to changing circumstances. There is an important point to make, however - even though hydrangeas may change color, rarely is the intensity of color changed. Likewise, even though nurses may adapt to their and others' needs, the passion that makes nurses who they are remains intact.

Overall, the elegant but familiar hydrangea is a fitting reflection of the Clinical Advancement Leader and Expert Nurse in the Jewish Hospital and St. Mary's Healthcare system.

Jewish Hospital & St. Mary's HealthCare Nursing Clinical Advancement Program Guide for Advancement

Introduction

In 1991, the Clinical Ladder Program at Jewish Hospital was developed by a committee of nurses represented by all specialties and all educational backgrounds of nursing practice at the hospital. In 2008, after assessing current national programs and literature, the Advancement Board of JHSMH recommended revising the 20-year-old program. The resulting Clinical Advancement Program has been developed by a diverse clinical group of nurses from all areas within JHSMH.

The Clinical Advancement Program provides advancement opportunities for staff nurses who are in clinical practice, recognizing and financially rewarding demonstrated achievement of clinical excellence. The Program is intended to increase job satisfaction, improve the quality of patient care, and enhance recruitment and retention of the nursing staff, making it an important option included in the practice of nursing at JHSMH.

Purpose and Objectives

1. To promote positive patient outcomes by motivating staff to achieve their highest level of clinical competence.
2. To keep the most competent staff in clinical practice.
3. To provide a mechanism for recruitment and retention of the highest quality personnel.
4. To allow for diversity and control of career choices.
5. To develop a nursing clinical advancement model reflective of current best practices in healthcare.

Career Advancement Process

Advancement in the Clinical Advancement Program at JHSMH is made by the application of the nurse to the Clinical Review Board. This Program is not a promotional process whereby a nurse manager designates a staff nurse a Leader or Expert. Rather, it is the nurse who chooses to advance through presenting professional accomplishments and demonstrating clinical competency to the nurse manager as well as to peers through the Clinical Advancement Review Board.

Qualification Requirements for Application in JHSMH Clinical Advancement Program

Clinical Leader:

1. Minimum of Nursing Diploma or ADN degree.
2. Minimum of two years RN experience at JHSMH at application time.
3. Minimum of one year RN experience in area of specialty.
4. Preceptor class or update completed.
5. Annual Evaluation performed within **one month** of portfolio completion with documentation of no written disciplinary actions in previous twelve months included.
6. Yearly competency completed successfully.
7. *National certification completed and maintained (i.e. CCRN, PCCN).
8. JHSMH Clinical Advancement Program portfolio with required point total for **Leader** completed and submitted to Board.

Clinical Expert:

1. Current participation in JHSMH Clinical Advancement Program for at least one year with all **Leader** requirements met.
2. Minimum of BSN degree or currently enrolled in BSN program.
3. Preceptor update completed, functioning as a preceptor as needed.
4. Participation in and presentation of nursing-related research, evidence-based practice, or shared governance activity - approval must be obtained from Nursing Education Department prior to start of “project”.
5. JHSMH Clinical Advancement Program portfolio with required point total for **Expert** completed and submitted to Board.

***For information regarding National Certification,
contact the National Credentialing Center, ANCC, at the following:
<http://www.nursecredentialing.org>**

APPLICATION PROCESS

1. Instructions for completion of the Clinical Advancement Program portfolio are available on the JHSMH intranet under document libraries. To begin, the applicant must print out the Application (Form A).
2. The applicant submits the completed application to the manager.
3. Applicant must contact designated Clinical Advancement Board member to review program requirements and sign application (Form A).
4. The manager has two weeks from receipt of the form to accept or reject the application.
5. Once the application is accepted , the applicant may begin work on the portfolio, having one year to complete. **Activities prior to program acceptance do not apply.**
6. The applicant will print out any necessary forms for submission of activities performed throughout the year.
7. The applicant must submit a completed portfolio to the Clinical Advancement Board via his/her assigned Clinical Advancement Board member. The portfolio must be presented to the Board member by the first Friday of the month of submission month.
8. The Clinical Advancement Board will review the portfolio during the next scheduled Board meeting after submission.
9. The Clinical Advancement Board will review the portfolio and determine if the requirements for Leader or Expert have been achieved.
10. If the application is deemed deficient, areas requiring further documentation may be specified in writing to the RN. The RN must correct all specified deficiencies (resulting in denial of application) and re-submit to Board within 30 days of review to remain eligible.
11. If the applicant has successfully completed the process, he/she will receive an acceptance letter, certificate, Clinical Advancement pin, and appropriate bonus pay.

See next page for additional instructions

****Listed below are instructions for required Expert activities****

All of the activities described below must be pre-approved by Education Department member as well as Manager

12. Research (may not be a part of current job description - i.e. Research nurse)
 - Participate in an Institutional Review Board (IRB) approved research project, which has received JHSMH Nursing Research Council approval. This includes data collection for the approved research project. Routine collection of departmental quality improvement (QI) data will not be considered.
 - Submit Research Project Document (Form M) with log of dates and hours of data collection/research assistance provided and Principle Investigators signature.
 - Coordinate an IRB approved research project – include development of project with IRB approval, conducting the research and serving as a Principle Investigator on the project.
 - Submit Research Project Document (Form L) and IRB approval letter with IRB number.

13. Evidence-Based Practice (EBP) Project
 - Implement research findings – requires the RN to initiate a change in nursing practice for the entire unit. Initiation of evidence-based practice change may include the development of policies, protocols with documentation, and/or training of staff.
 - Complete Evidence-Based Practice Project Document (Form M)
 - Include documentation of all materials developed with dates.

Note: The JHSMH recommended evidence-based practice model is the Iowa Model of Evidence-Based Practice.

14. Shared Governance Involvement/Activity
 - Applicants are expected to participate in and take an active role in shared decision/shared leadership/shared governance activities.
 - Submit Shared Governance Activity Document (Form N).
 - Include documentation of all materials developed and dates.

Recognition of Achievement

1. Recognition activities:

- Advancement in the Clinical Advancement Program indicates professional excellence, advanced clinical expertise, and numerous contributions to nursing practice at Jewish Hospital St. Mary's Hospital (JHSMH).
- Recognitions of this accomplishment include:
 1. Recognition on the nurse's unit.
 2. Invitation to the annual Clinical Advancement Dinner
 3. Fliers to all departments/managers.
 4. Clinical bonus consistent with achieved Advancement
 5. Clinical advancement pin.
 6. Clinical Advancement Certificate

2. Clinical Advancement Bonus:

Clinical bonuses will be used to recognize advanced clinical competency.

The following is the salary progression and potential clinical bonus for each level.

Leader	\$2,000 clinical bonus will be paid to the full time nurse (36-40 hours/week) and a \$1,000 bonus will be paid to the part time nurse (12-35 hours/week).
--------	---

Expert	\$4,000 clinical bonus will be paid to the full time nurse (36-40 hours/week) and a \$2,000 bonus will be paid to the part time nurse (12-35 hours/week).
--------	---

Bonuses will be paid on an annual basis following completion of the portfolio. Once the portfolio is submitted and approved by the Clinical Advancement Board, the bonus will be paid within 30 days.

Jewish Hospital & St. Mary's Healthcare

Clinical Advancement Program Application Guide

PURPOSE:

The Clinical Advancement Program recognizes two progressive levels of nursing practice. Verification of performance at Clinical Leader and Clinical Expert is accomplished by documenting the completion of activities chosen by the RN. This documentation is the responsibility of the applicant and should be maintained throughout the application year.

When completing the application, include activity/projects/hours only in ONE area or category. For example, a poster used in a poster presentation cannot be used in another category, such as an in-service, for additional points.

ELIGIBLE CLINICAL ADVANCEMENT ACTIVITIES

New Knowledge, Innovations, and Improvements

***All the following evidence-based practice activities may be unit-based or organization-wide and need to include the following:**

- Documentation of procedure used to present activity at a staff meeting, in-service, committee meeting, or by professional poster presentation
- Documentation that there is improvement in practice/patient care because of the project
- Completed Form D, including manager's approval of project, and verification that project was completed

1. Evidence-based practice activity that results in practice improvement

- Clinical investigation to monitor and improve the quality of patient care practices

2. Evidence-based practice activity that results in improved department efficiency

- Streamlining of work processes/procedures
- Re-evaluation/modification of supply management

3. Evidence-based practice activity that results in improved patient safety

- Implementation of innovative patient safety measures

4. Evidence-based practice activity that results in improved understanding of patient and/or team member diversity

- Acknowledgement of the diverse patient and/or team member population in which we work, focusing on the differences in socio-economic, racial, and other factors that all bring to the organization
- Creation of an environment of work place practices that promotes dignity and respect and results in learning from each others' differences

5. Active involvement in research. (May not be part of current job description or Expert qualification requirement)

- Identify a practice issue of concern in your unit and champion changes for improvement
- Produce and present a nursing research Power Point presentation to nurses at JHSMH or local nursing community
- Partner with a nursing research mentor to help develop or assist with a project

6. Quality data collection/analysis and evaluation

- Quality improvement initiatives that justify or indicate need for improvement in current practices
- Involves data collection, evaluation and interpretation of data and action plan

7. Development of a new or revised standard of care or policy/procedure

- With input from management or fellow team members, assess and evaluate the effectiveness of a current policy/procedure and determine if change is needed
- Present proposed changes to appropriate committee for evaluation and approval
- Provide documentation of process including evaluation of outcome

8. Unit-based practice that utilizes/develops principles of shared governance

- Identify a need and develop a practice that leads to accomplishing the goals of the unit through the efforts of all staff
- Promote activities that give nurses control over their practice environment empowering them to make a difference
- Participate in development of structured self governing for the unit

Exemplary Professional Practice

1. Advanced Resuscitation Certification – examples: PALS, TNCC, ACLS

- Cannot be part of job requirement
- Submit proof of certification

2. Proficiency in two or more diverse practice areas (if not a job requirement)

- RN is cross-trained to a completely different specialty area by completing the necessary competencies of that area/unit
- Must function as RN with same patient assignment load as regular staff
- Applicant must have assigned days on alternate unit. Pulling does NOT qualify
- Completed annual competency/orientation form or skills validation checklist with dates worked in area must be submitted with packet

- Must work in area minimum of 36 hours/year. Orientation hours cannot be counted in the 36 hours
 - Completed Diverse Practice/Cross Trained Area Document (Form C) must be submitted with portfolio
- 3. Certified instructor of BLS, ACLS, PALS, SCM, or equivalent**
- Submit proof of instructor status
 - Teach a minimum of two classes/year, submitting class rosters
- 4. CEU or in-service presentation**
- Approved by Nurse Manager
 - Minimum of 20 minutes presentation time
 - Must reach minimum of 80% of targeted staff
 - Include outline &/or handouts(s), bibliography, and completed sign in sheet
 - If CEU offering guidance from Education Department may be obtained and copy of approved Continuing Education application must be submitted
 - Complete Unit-Based Activity Document (Form D)
- 5. Clinical Support roles**
- Includes Manager-identified expert in specific skill/clinical area, eg. resource nurse, charge nurse, and Onboarding Support Liaison (OSL), or equivalent
 - Complete Clinical Support Role (Form G)
- 6. Presentation of Case Study/Patient Care Conference**
- Case must be approved by Nurse Manager/Case Manager
 - Apply HIPPA law stringently
 - Minimum of 20 minutes presentation time
 - Must reach minimum of 80% of targeted staff
 - Include documentation of direct patient care given, including nursing assessment and management of a complex/unique patient situation
 - Include consultation with other experts and nursing literature/research utilized (minimum of one)
 - Complete Case Presentation Document (Form H)
- 7. Patient Education presentation**
- Approved by Nurse Manager/Educator
 - Develop content of presentation, including teaching materials
 - Present clinical content to a group of patient/families at an organized patient education event lasting a minimum of 20 minutes
 - Consider age and education level of audience when developing presentation
 - Complete Education (Form K)
- 8. Education Special Project**
- Approved by Nurse Manager/Educator

- Activity that provides direct educational benefit to unit/department/hospital but does not fit into other categories
- Develop content of presentation, including teaching materials and resources used
- Complete Education (Form K)

Structural Empowerment

1. Participation in health-related community activity

- Health related volunteer activities **not** paid by JHSMH, which are through schools, churches or community organizations. (Hours caring for family/friends are not eligible)
- RN must use nursing expertise in the activity. (eg. instructor, immunization clinic, community clinic and glucose and B/P screening)
- Submit Community Service Document (Form I)

2. Development/management of health-related JHSMH community activity

- Activity sponsored by JHSMH
- Include planning, budget & justification of activity
- Show presentation materials and evidence of participation (eg. Video, power point, posters)
- Include list of all team members involved
- Submit Community Service Document (Form I)

3. Published article

- Local (hospital or city), regional, national
- Article must relate to nursing/health care
- Provide evidence of manuscript being accepted for publication and/or actual article published

4. Professional award/recognition

- Local (hospital or city) – Ambassador, unit Nurse of the Year, hospital Nurse of the Year
- Regional – KBN
- National – Sigma Theta Tau

5. BSN or currently enrolled in BSN program

- Submit diploma or official transcript of classes {with enrollment date(s)}

6. MSN or currently enrolled in MSN program

- Submit diploma or official transcript of classes {with enrollment dates(s)}

7. Current membership in nursing organization

- Provide current membership card(s)
- Membership must be state/national professional nursing association

8. Competency/skills validator

- Resource RN that ASSISTS an educator in annual skills verification of

- hospital/unit/department staff.
- Include hours of participation - must participate for a minimum of one hour; prep time does not count
- Complete Skills Validation Form (Form F)

Structural Empowerment

9. Additional nursing practice certification

- Documentation of non required accredited national certification

10. Completion of foreign language class

- Documentation of successful completion of accredited class
- Include transcript

Transformational Leadership

1. Office in Nursing Organization

- Local (hospital or city), regional, national
- Provide documentation of proof of role
- 75% attendance mandatory

2. Committee Member of Nursing Organization

- Local (hospital or city), regional, national
- Provide documentation of proof of role
- Applicant must demonstrate active committee project participation & meeting attendance. These activities require the RN to assist in planning, developing, and/or leading activities targeting a specific outcome.
- Submit the Task Force/Committee Evaluation Form (Form B) with a summary of activities and accomplishments related to committee; specify name of committee and provide verification signature from the Task Force/Committee Chair.
- 75% attendance mandatory

3. Active involvement in hospital-related committee

- Provide documentation of proof of role
- Applicant must demonstrate active committee project participation & meeting attendance. These activities require the RN to assist in planning, developing, and/or leading activities targeting a specific outcome.
- Submit the Task Force/Committee Evaluation Form (Form B) with a summary of activities and accomplishments related to committee; specify name of committee and provide verification signature from the Task Force/Committee Chair.
- Opportunities for committee participation include both hospital & unit committees/sub-committees. Other task forces may be considered per nurse manager approval.
- Include meeting minutes in portfolio.

- 75% attendance mandatory.

4. Hospital Committee/Co-chair

- Provide a written summary of contributions/involvement in committee activities, attendance and how information was conveyed to peers/management
- 75% attendance mandatory

5. Participation in mentoring of new team member

- Mentor at least one new team member for a minimum on three months
- Submit at least one completed Quarterly Mentor/Mentee Report
- Submit Mentor Document (Form E)

Transformational Leadership

6. Activity promoting a supportive work environment

- Develop and implement activity that promotes team satisfaction/retention/morale, leading to a healthy, caring work environment
- Submit Supportive Work Environment Document (Form O)

By-Laws

Article 1 Mission

To promote, reward and recognize clinicians for advancing their careers in ways that benefit patients, themselves as professionals, health care and the community of Jewish Hospital & St. Mary's Healthcare.

Article II Purpose

The primary purpose of the Clinical Advancement Review Board is to recommend advancement of staff nurses on the Clinical Advancement Program. The Review Board has the responsibility to review materials submitted by registered nurses for advancement consideration and make recommendations regarding advancement to the System Director Clinical Education for final approval. In addition, the Review Board and/or Clinical Advancement Sub Committee are responsible for program maintenance, review/revision of performance criteria, and for interdepartmental communication/education about the Clinical Advancement Program.

Article III Membership

Members of the Review Board are appointed by the Board Members and the System Director Clinical Education based on recommendations from Nurse Managers and Directors of Nursing.

Members will be selected to provide representation from clinical specialties, staff, and education positions, with terms of membership of two years. Half of the Board may rotate off the Board in even years and the other half in odd years.

Responsibilities of Board Members

General

- Attend and participate in all Review Board meetings/functions.
- Communicate information to assigned areas of representation.
- Solicit input from assigned areas for the purpose of decision-making and problem resolution.
- Maintain confidentiality of personnel information and Review Board discussions related to the advancement of staff.
- Represent Board activities to the various nursing departments or hospital employees in a positive manner
- Support constructive problem resolution and positive program image by addressing issues regarding the program and Board activities in appropriate Board meeting forums or with Chairman or Co Chair.
- Notify committee Chairman or Co-chair if unable to attend Review Board meeting.
- Acquire and maintain knowledge of Clinical Advancement Program Manual
- Functions as role models for professional nursing practice.

Promotion Review

- Serve as a liaison/mentors for candidates applying for promotion by performing the following:
 - Reviewing Application for Advancement.
 - Contacting candidate to discuss portfolio if needed
 - Completing check sheet for portfolio and presenting credentials to the Clinical Review Board.

Program Review and Revision (Sub-Committee)

- Solicit and represent recommended changes in program mechanics.
- Use administrative and other professional resources (peers, clinical specialist, literature, supervisory staff, and program directors) to represent current standards of practice and performance relevant to Clinical Advancement program and criteria.
- Participate in the review, production, and revision of forms related to the Clinical Advancement Program

Article IV Officers – Chair and Co Chair

The Chair and Co-chair shall be elected from the membership of the Board. Each will serve one year in the respective position for a total of a two year term.

The Officers are responsible for the following:

- Serving as the liaison between advancement board and senior nursing leadership
- Leading board meeting and advancement process
- Reserving meeting location and communicating meeting information to board members
- Representing board at shared leadership council
- Communicating any changes in program to advisors on each campus
- Assuring accurate records are maintained for financial payout and budget preparation

Article V Meetings

Meetings will occur once a month.

Members must attend at least 75% of yearly meetings to retain their Board membership.

It is the responsibility of the Board member to obtain information from missed meetings.

Article VI Quorum

51% of the voting members of the Nurse Executive Council members shall constitute a quorum for all meetings. A consensus decision making process is preferred; when necessary, a motion will be considered approved when passed by a minimum of 2/3 majority vote.

Article VII: Amendments

- a. These bylaws may be amended at any meeting of the Council with a quorum of 2/3 attendance and by a 2/3 majority vote.
- b. Members shall be notified in writing (14) fourteen days in advance of proposed change.
- c. Notification shall include present article and section citation and proposed amendment.