Transforming the RN Clinical Advancement Structure:

A Unique Collaboration between Nursing Leaders and RN Union Leaders

Lauren Trongard-Scott, MSOL, BSN, RN, Director UVMMC
Laurie Aunchman, AD, RN – President VFNHP, Staff RN III UVMMC
Kate FitzPatrick, DNP, RN, NEA-BC, FAAN, CNO UVMMC
Introduction
Goal

• Establish a new, evidence based, clinical advancement and recognition program for professional RNs as a collaborative effort between nurse leaders & the RN union outside of contract negotiations
Problem Statement

• Current clinical advancement & recognition program (CARP) outdated & not consistent across inpatient / ambulatory settings.
  – Criteria for promotion & maintenance was variable

• Previous attempts to update to a consistent, evidence based clinical ladder were unsuccessful

• Nursing leaders & RN Union members failed to reach agreement on a new CARP during 2015 contract negotiations
Clinical advancement structures contribute to evidence-based practice, reward and recognize excellence in practice and increase levels of competence in nursing practice.

Collaboration between “labor & management” enhances quality patient care, creates a positive work environment and encourages shared vision and decision making.

(Warman, G 2016)
Current Evidence: Clinical Advancement

Summary:

• Demonstrated benefits of clinical advancement programs

• Qualitative reviews of various RN advancement approaches,

• Literature limited on collaborative approaches to building an advancement program in a unionized environment
Evidence

Advancement structures should be based on developmental stage of nurse and provide avenues for cumulative autonomy and influence – the “Novice to Expert” framework…


*Potential for conflict in the setting of seniority based RN contract*
The Process

- Committee convened by the CNO; Nursing Director facilitator was selected

- Committee members were chosen jointly by Nursing leadership and the RN bargaining unit leaders
  - Clinical nurses majority of committee membership & were recruited from multiple areas
  - Limit formal nursing leaders to 2 on the committee
  - Chief Union stewards represented both union & clinical RN perspectives

- Human Resource leader and UVM CNHS professor served on the committee.

- CNO attended meetings at key milestones for progress updates and to troubleshoot impasses
Methods

• Priority 1: Establishment of mutually agreed upon Clinical Advancement & Recognition Program (CARP) guiding principles
Methods: CARP Guiding Principles

- Parity for nurses across UVMMC
- Evidence based recommendations (utilize evidence/Benner’s framework and evaluate existing best practices related to structure and approach)
- Consider previous work done at UVMMC and strengthen
- Support recommendations in the IOM Nursing Future Report (2010) r/t nurses practicing at the top of licensure and advancement of education
Methods: CARP Guiding Principles (con’t)

• Recognize, acknowledge & align experience, ongoing professional development (earned degrees, certification)

• Recognize, acknowledge and leverage the contribution of nurses to quality, safety, practice and professional advancement (”developing others at the bedside”)

• The CARP program is for those RNs in a direct care clinical practice role
Methods

- All decisions made by consensus
- Comprehensive review of literature completed to understand best practices
- Sought information from other academic medical centers on advancement structures/approaches
Communication, Inclusivity & Transparency

• Established a Sharepoint™ site open to all UVMMC RNs

• Established a CARP email account to consolidate communications.
  – Solicited feedback through open comment periods and to allow for questions throughout the process
  – Communicated progress to all RNs throughout the process
• Consider peer review/accountability to support initial application and ongoing reviews aimed at verifying demonstration of meeting requirements of a given level

• Assure support structures and avenues in place for nurses considering advancement (e.g. professional governance)

• Establish formal recognition structure to celebrate and communicate RN advancement
The Outcome: Evidence Based Clinical Ladder

- Evidenced based clinical ladder program was established based on Patricia Benner’s domains of practice
- Four (I-IV) RN advancement levels created
- Each level of practice builds upon previous and includes expanding expectations within the defined domains
UVMMC CARP Nursing Domains

- Domain 1: Clinical Practice
- Domain 2: Teaching & Coaching
- Domain 3: Ensuring the Quality of Health Care Practices
- Domain 4: Professional Collaboration & Consultation
- Domain 5: Clinical Knowledge Development

(Burket et al., 2010)
## UVMMC CARP Criteria

<table>
<thead>
<tr>
<th></th>
<th>RN I</th>
<th>RN II</th>
<th>RN III</th>
<th>RN IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Application</strong></td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Renewal Process</strong></td>
<td>NO</td>
<td>NO</td>
<td>YES (at annual eval)</td>
<td>YES (at annual eval)</td>
</tr>
<tr>
<td><strong>Peer Review Committee</strong></td>
<td>NO</td>
<td>NO</td>
<td>YES (initial application)</td>
<td>YES (initial application)</td>
</tr>
<tr>
<td><strong>Letters of Recommendation</strong></td>
<td>NO</td>
<td>NO</td>
<td>YES (initial application from manager)</td>
<td>YES (initial application from manager)</td>
</tr>
</tbody>
</table>
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<th>RN III</th>
<th>RN IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Performance Issues</td>
<td>N/A</td>
<td>N/A</td>
<td>YES (Employee not under corrective action greater than a verbal)</td>
<td>YES (Employee not under corrective action greater than a verbal)</td>
</tr>
<tr>
<td>Application</td>
<td>Upon hire</td>
<td>Upon hire</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Evidence of Work at Each Level</td>
<td>Domains</td>
<td>Domains</td>
<td>Domains</td>
<td>Domains</td>
</tr>
<tr>
<td>Meet w/ Mgr</td>
<td>NO (other than check in)</td>
<td>YES</td>
<td>YES (review application form)</td>
<td>YES (review application form)</td>
</tr>
</tbody>
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<tbody>
<tr>
<td><strong>Level of Practice</strong></td>
<td>Advanced Beginner</td>
<td>Competent</td>
<td>Proficient</td>
<td>Expert</td>
</tr>
<tr>
<td><strong>Minimum Hours Worked</strong></td>
<td>NO</td>
<td>NO</td>
<td>1,000 hours worked w/ 60% of scheduled hours on unit (excludes call) OR .5 FTE</td>
<td>.8 FTE</td>
</tr>
<tr>
<td><strong>Years of Experience</strong></td>
<td>1 year</td>
<td>Greater than 1 year</td>
<td>3 years of experience in area of specialty</td>
<td>5 years of experience in area of specialty</td>
</tr>
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</thead>
<tbody>
<tr>
<td>Certification</td>
<td>NO</td>
<td>NO</td>
<td>YES (if currently an RN III without a certification; will have 18 mos. to complete from ratification)</td>
<td>YES</td>
</tr>
</tbody>
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<tr>
<td>Degree</td>
<td>ADN or BSN</td>
<td>ADN or BSN</td>
<td>BSN or BSN enrolled with 5 yrs. to complete.</td>
<td>BSN</td>
</tr>
</tbody>
</table>
A peer review committee was established to review all applications prior to promotion “CARP Review Committee”

- Nurse managers submit recommendation along with clinical RN application

- CARP Review Committee has final decision for ensuring all applicants meet requirements
Overcoming Barriers

• Implemented new clinical advancement process in January of 2017

• Education sessions held and co presented by Nursing leaders and RN union members who served on CARP design committee

• Certain barriers identified which jeopardized adoption of the new process
  – Negotiations were necessary to define level of benefits that would support nurses to obtain BSN, certifications and meet criteria
Overcoming Barriers

• Assure support structures in place for nurses considering advancement was part of our guiding principles.

• Negotiations took place to establish supports for nurses as criteria changed for maintaining and obtaining levels in the new CARP
Elements of Negotiation

- UVMMC will prepay 2 attempts for initial certification with $200 dollar bonus upon receipt of certification.
- For initial certification UVMMC will provide 24 hours of paid study time.
- UVMMC will pilot a program with 100% tuition reimbursement for FT staff at WGU.
- RN-III and RN-IV can carry current title forward when transferring to another staff nurse position in another department.
- UVMMC will reimburse new RN-III and IV for one year national nursing membership up to $250.
- All original elements and criteria for the new CARP unchanged following negotiation.
Gaining Support

- Following the tentative agreement, union members needed to ratify the new CARP program and supports.

- Labor and hospital leaders worked together to round on units to explain the process.

- Educational sessions were held on all shifts. Sessions were presented together by RN Union members who had been part of CARP design and nursing leaders.

- Co-created materials were developed to communicate with RNs about the new CARP.
Tentative Agreement Reached
Clinical Advancement Recognition Program (CARP)

GUIDING PRINCIPLES IN BUILDING A MORE EQUITABLE CLINICAL LADDER
Establish a uniform practice to meet Criteria for RN III
Preserves RN III when transferring to another area
Creates formal recognition when RN III is achieved
Establishes inpatient RN IV
Educational requirement(s) stay the same with step progression

The outcomes we achieved THROUGH THE C.A.R.P. COMMITTEE AND NEGOTIATION PROCESS:
- Evidence based clinical ladder program based on Patricia Benner’s domains of practice, which creates parity across inpatient areas.
- Measurable outcomes and expectations
- Same process for applying and maintaining
- Increase in knowledge base and educational requirements with each step with increased UVMCC support.

<table>
<thead>
<tr>
<th>Certification Exam Cost</th>
<th>UVMCC pre-pays 2 attempts at initial certification. $200 bonus on receipt of certification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Study Time</td>
<td>Initial certification: UVMCC will provide 24 hours paid study time. This can include review courses on or off site.</td>
</tr>
<tr>
<td>Certification Deadline</td>
<td>Must be obtained within 18 months of MOA notification. Projected date February 21, 2019 pending August 21, 2017 notification.</td>
</tr>
<tr>
<td>Education Cost</td>
<td>UVMCC pilot program; 100% tuition reimbursement for FT staff nurses enrolled in BSN competency-based program at Western Governor’s University.</td>
</tr>
<tr>
<td>Transferability</td>
<td>RIV and IV can carry title forward to new position. Existing staff nurse III to be grandfathered with current degree</td>
</tr>
<tr>
<td>Performance Issues</td>
<td>Employee not under corrective action greater than verbal counseling may apply.</td>
</tr>
<tr>
<td>Professional Membership</td>
<td>UVMCC will reimburse new RN III and RN IV for 1st year membership to VDNL (VT Organization of Nurse Leaders) or other specialty organization, up to $250.</td>
</tr>
</tbody>
</table>
Outcomes

• Ratification on August 21, 2017!
  • Support from RN staff for new CARP 10:1
Outcomes

• Promoted with new CARP structure
  5- RN III’s
  4- RN IV’s

• RN Specialty Certifications
  – Jan 2016 to Oct 2016 = 72
  – Jan 2017 to Oct 2017 = 128

• RN Tuition benefit by Fiscal Year
  – FY 2016 = 139
  – FY 2017 = 155

• Ongoing will track Retention rates by years of service and relationship to advancement
Discussion

• CARP was inconsistent across areas within the hospital, this negated the credibility and value of various levels

• Establishing guiding principles for the work, focused decisions on best practice

• Utilizing a collaborative approach between the RN union and nursing leadership facilitated successful implementation of new CARP

• It is important to have transparency and mutual input on nursing strategic planning:
  – VHNHP President sits on Professional Governance Coordinating Council
  – CNO/VHNHP President meet quarterly to discuss mutual priorities
Leadership Investment in Nurses

• 24 hours of study time is available for initial certification

• Pre pay for 2 certification exam attempts by UVMMC

• A pilot for RN to BSN available for all RN’s beginning October 1st 2017, exploring this option with VT schools
Future Steps

- Continue to monitor impact / outcomes

- Modification of all RN positions descriptions to match CARP criteria

- Support the new role of staff nurse IV in collaboration with the Director of Nursing Outcomes.

- Create annual goals on certification and BSN preparation for professional nurses using the Nursing Professional Governance shared decision making structure

- Align the ambulatory CARP with new inpatient CARP.

- Creation of “Clinician Faculty” role to acknowledge and support academic partners who provide clinical care (will be distinct from CARP)
Adapted from existing models:

Baystate Medical Center
Kaiser
Penn Medicine Health System
Yale-New Haven
University of Texas
References


