In our continuing effort to inform our membership, we are outlining proposal comparisons. Please take the time to read the details of these proposals.

PNDP

	Hospitals' Proposal	**CRONA's Proposal**	**Comment/Rationale**
Eligibility	All Staff Nurses and Relief C & D Nurses. No Relief A or B Nurses are eligible to apply.	All Nurses	Skill and clinical competence are not determined by a nurse s work commitment. Most Relief Nurses work over their commitment to help provide staffing. To date there are only 34 Relief C Nurses at SHC and LPCH. For relief nurse positions both hospitals are hiring mainly Relief B nurses.
Discipline	A nurse who has received a corrective action other than a final written warning, disciplinary probation and/or suspension within the past 24 months is not eligible to become a Clinical Nurse. A nurse who receives a final written warning, disciplinary probation, suspension is not eligible to apply. After 24 months, the nurse can make a request to the CNO for consideration outlining his/her reasons for consideration. The CNO has sole discretion whether or not to grant permission to the nurse to apply.	Delete the provision related to disciplinary actions.	The hospital s policy defines corrective action to include verbal warning. In meetings held by the CNOs, it was mentioned that corrective action does not include verbal warnings. This is a discrepancy in what the CNOs are saying vs. what the hospital policy states. This means that if a nurse has a corrective action she/he will be demoted to Clinical Nurse II with the corresponding decrease in pay. **That is the equivalent of forcing a nurse to pay a fine for corrective action.** Depending on when the corrective action was taken and when the nurse's next annual review is scheduled, that fine will be multiple thousands of dollars at a minimum. For example, based on our current pay scale, full time status: Smallest loss of pay would be for Staff Nurse **III**, Step 2 who has a corrective action right *after* an annual evaluation: -$4140. Largest loss of pay would be for Staff Nurse IV, Step 10 who has a corrective action right *before* an annual evaluation: -$22,600. CRONA does not believe this belongs in the PNDP for many reasons among them are: 1) Fosters a climate of fear and mistrust when management has such power to financially harm an individual.

			2) Discourages honesty. When the stakes are so high, nurses will hide mistakes instead of admitting them for fear of such financially devastating reprisals. **This will ultimately harm patients.** 3) Disincentive to professional growth. Once a nurse is disciplined, what reason is there to participate in extra activities? The nurse will drop education plans, professional memberships, committees, and extra projects because he/she will be demoted no matter what other valuable contributions are made. Is that really how we want to manage people? 4) This is a double jeopardy situation for the nurse. He/she has already been disciplined but now is again being punished for the same action by not being allowed to advance in the PNDP.
Transfers between units/regions	In the event of a transfer, the nurse, will relinquish his/her PNDP status but may apply for such status in the new unit at the next application period. The nurse may utilize any of the items previously used to attain clinical nurse status provided they remain timely and are relevant to the current unit but must meet all necessary requirements including an appropriate criteria evaluation from his/her new manager or director As an exception if the nurse is transferring to a **like** unit, as defined in Attachment A, the nurse will maintain his/her current clinical status but must apply for and obtain clinical III or IV status in the new unit within six months from the date of transfer. In making such application the nurse may rely upon any points earned during the preceding twelve months and by **demonstrating** that the nurse meets the required criteria based on the past twelve months.	In the event of a transfer the nurse may utilize any items previously used to attain clinical nurse status provided they remain timely and are relevant to the current unit but must meet all necessary requirements, including an appropriate criteria evaluation from his/her new manager or director within nine months.	To demote a nurse and cut his/her pay because they want to transfer between units is counterproductive to a nurse s growth. One of the objectives of the hospitals PNDP is to provide an opportunity for staff nurses to develop a career path while recognizing nurses who demonstrate excellence in practice . A PNDP should encourage each nurse to build on their nursing experiences and encourage exploration into nursing specialties that challenges them and they want the opportunity to excel in without the consequence of loss in pay and demotion. **Like** units, as per hospital definition, are narrow and restrictive and do not provide ample opportunities for nursing growth. A nurse transferring into a **like** unit would require more than 6 months to complete orientation, including competencies, to be considered proficient or expert by his/her manager or director and this is a requirement for the nurse to apply for clinical nurse III or IV status and without this requirement even a nurse transferring to a **like** unit would face demotion with a cut in salary.

Appeals Process	The staff nurse will first discuss the situation with the manager of his/her department. The staff nurse shall submit the concern, in writing, to the Panel Chair. If this does not resolve the issue the nurse shall submit the concern in writing to the Chief Nursing Officer who will investigate and consult with the Panel and provide a written response which will include their understanding of the problem and the action to be taken if any.	CRONA has offered 2 processes for appeal resolution. 1) The staff nurse may confer with his/her manger regarding any rejection. The staff nurse may appeal to the panel, stating the basis for the appeal, and the panel will notify the nurse of its decision. If this does not resolve the issue the denial of promotion or maintenance will be subject to an expedited arbitration procedure (this arbitration procedure will be determined by CRONA and the hospital)	2) The other CRONA proposal is based on a change in the voting procedure for the panel. Voting would be by anonymous ballot so all panel members voting would not feel scrutinized in the way they voted and a majority would be needed to reject an application for advancement or renewal who has met all the criteria. The hospitals proposal for appeal is a closed circle between panel and CNO. CRONA cannot intervene to assist the nurse who has had his/her application rejected. The CRONA proposal would set up an arbitration procedure based on very specific criteria agreed upon by the hospital and CRONA. The second process CRONA has proposed eliminates undue influence on panel members from outside sources since their vote would be anonymous. Also the panel must have a majority vote to reject a nurse who has met the criteria.
Additions and revisions to the PNDP	Per changes the hospital proposes in contract language any alterations to the PNDP and clinical nurse II criteria would be at the sole discretion of the hospital	Currently in the contract all changes to nurse criteria definition must be done through the Nurse Practice Committee (a currently active committee composed of members of the hospital and CRONA). CRONA s proposal for the PNDP seeks to continue this practice and have all changes to the PNDP and Clinical Nurse II criteria be approved by Nurse Practice Committee	Changing any definition or criteria of a Clinical Nurse II, III or IV should be reviewed and approved by a joint committee composed of the personnel that have valuable insight into what is reasonable for these nurse levels. Having just the hospital determine what is appropriate for these nursing levels does not create an environment where nurses are empowered as a valued member of the healthcare team which is stated in the hospitals objectives for the PNDP. The hospitals would be able to unilaterally change the Clinical Nurse II s job description to what is currently required for Staff Nurse IIIs and IV s at the CN II wages. When asked about this at a meeting with the nurses a hospital administrator responded, why would we want to do that? The hospitals proposed contract changes also allows the hospitals, in the future, to limit the number of Clinical Nurse III s and IV s which is a practice prohibited by the current contract language.

Requirements for Diploma and/or AND nursing staff	During the life of the 2010-2013 Agreement, a nurse with ten or more years of nursing experience and two or more continuous years of service with SHC or LPCH who is currently a Staff Nurse III or IV but does not possess a BSN or MSN degree, and does not desire to enroll in classes to obtain such a degree, will be considered to meet the educational requirement for becoming a Clinical Nurse III or IV if the nurse has or obtains a nationally recognized certification in the nurse s specialty area. Provided the nurse thereafter maintains such a nationally recognized certification in the nurse s specialty area, the nurse will be deemed to meet the requirement for purposes of retaining Clinical Nurse III or IV status.	CRONA proposes that any Diploma and /or ADN nurse who has less than ten years of service at the entity will be considered to meet the educational requirement for becoming a Clinical Nurse III or IV if the nurse has or obtains a nationally recognized certification in the nurse s specialty area. After 10 years of service at SHC &/or LPCH the nurse will no longer need this certification to apply or maintain Clinical Nurse III or IV status.	After ten years of service the hospitals have had ample opportunity to evaluate the professionalism and expertise of any nurse. Any RN licensed by the state of California who meets the criteria for Clinical Nurse III or IV should be allowed to advance and not be restricted in his/her status or pay scale. No requirement is made for nurses who graduated from a BSN or MSN program 10, 20, 30 or more years ago. A nurse can have all these requirements and still not demonstrate excellence in practice. All nurses should be evaluated based on their current nursing practice. Having to obtain and maintain a nationally recognized health certification, in many cases, is cost prohibitive and requires many hours of specialty CEU s. This would put an unfair and unequal burden on these nurses and prevent them from growing in their nursing practice. The hospitals proposal would also cause demotion and a salary cut for any of these nurses who would wish to transfer between units as specialty certifications usually have a requirement for time spent in the specialty before applying for certification and require expertise in that specialty to pass the certification. Per the hospitals Support Mechanisms for PNDP They state they have CE courses for national certifications but they must be paid for by the nurse and no time out of your commitment is guaranteed. The search for these courses provided by the hospitals provided extremely limited results that applied to very few clinical areas.

Composition of the Panel	In order for a nurse to be eligible to participate on the Panel the nurses must meet 3 of the following 5 criteria: .75 FTE status or greater; a BSN degree; regular service in a Resource Nurse capacity; regular participation in the hospital s NSL/governance programs; certification in a nationally recognized certification program applicable to the unit in which they are employed. The nursing panel must have at least 3 clinical nurse IV s of the four nurses on the panel. All nurses to be eligible for the panel must have been employed by the hospital for at least eighteen consecutive months. Only one nurse from each of the hospitals defined areas can be elected to the panel.	The Clinical Nurse selection panel will be composed of four nurse members and two alternates selected by the CRONA Executive Board and four members and two alternates will be appointed by the hospital. In order to be eligible to participate on the Panel interested candidates must have been employed by the hospital for at least eighteen months and must have three years of bedside nursing experience. The nurse members shall be staff nurse &/or clinical nurse III or IV. Interested nurses will apply with a letter of intent to the CRONA Executive Board.	The hospital proposal does not allow for evaluation and inclusion of nurses who have experience in many specialty areas of the hospitals. CRONA would be able to evaluate each nurses past experiences and place members who would bring knowledge beyond their current nursing position. The criteria for eligibility of the panel are too restrictive and eliminate a large number of nurses with nursing expertise who would be able to evaluate and encourage nurses along their career paths. There are no criteria, except their job titles, for the hospital panel members. For example, no bedside nursing experience is required. There is no election process from the nursing staff or input from CRONA on the hospital panel members. The hospital has sole discretion who they appoint as panel members but refuses to allow CRONA, who is elected by the nurses to represent the nurses, to appoint the nursing panel members from a pool of interested candidates. These are people who will be judging the staff nurses and determining if he/she is promoted and therefore receives a salary increase.

Points system	Obtain 30 points from 3 categories annually for Clinical Nurse III. 45 points annually from 4 categories for Clinical Nurse IV. Points and categories listed in the hospitals proposal	Contingent on CRONA and the hospital s agreeing on a point system, points needed for maintenance or advancement will be obtained every year.	CRONA has repeatedly asked to have a committee composed of nurses from the negotiating team and nurse managers from the hospitals negotiating team meet to review the point system and criteria from the PNDP. The end result would be to work out a program that achieves what both parties want; a program that creates an environment where nurses are empowered as a valued member of the healthcare team. The hospital has consistently refused to allow this to go forward. The point system as proposed by the hospital is virtually unobtainable for the majority of nurses for level III or IV and does not allow flexibility for the nurse as he/she progresses through the years to shift focus from academic to bedside or find a balance between the two that the nurse would be able to manage as her life circumstances change without suffering a demotion and cut in salary. This is not a point system that encourages excellence in bedside nursing, it is a proposal put forth by the hospital to devalue the bedside nurse and unilaterally define what a professional nurse is.
Point Categories	<u>Advanced Clinical Skills:</u> which are not required by the nurse s unit as approved by SHC or LPCH. One point awarded per qualifying skill.	<u>Advanced Clinical Skills:</u> As identified by the nurse s unit and as approved by SHC or LPCH s Nurse Practice Committee. Each unit shall define a specialty skills list approved and supervised by the Nurse Practice Council of each unit within three months of the implementation of the collective bargaining agreement	There are many differences in the point value and category definitions between the hospitals and CRONA s proposals. This list is not inclusive to all the differences but is meant to highlight some of the major disparities in the categories. This only further emphasizes the need for a small subcommittee from the hospitals and CRONA to meet and work this out together. Using the established councils/shared governance in place each unit will determine which skills shall receive points and how many points to be awarded for that skill. The nurses in each unit have a better appreciation and familiarity for the expertise required to achieve these skills and the value that should be placed on them. Having Nurse Practice review and approve the recommendations from each unit allows formal input, in a collegial manner, from the hospitals and CRONA to ensure that it meets the goals the program is attempting to achieve. Per the SHC Support Mechanisms for PNDP the advanced clinical skills training courses available are:

			• Chemotherapy course • PICC line removal • ED ,ICU, Life Flight- ACLS,PALS, TNCC • ICU- CRRT training • ICU IABP training • G1- NCOR training • B2- Sheath Pulling No other strategies being explored.
	<u>Academic Credit Courses:</u> Credit is only given for courses that address the bio-psychosocial knowledge base of professional human services; examples include psychology, sociology philosophy, social or cultural anthropology.	<u>Academic Credit Courses:</u> Any course applicable to a BSN or MSN degree will be accepted for this category	Returning to school while working full or part time is challenging and expensive. If encouraging nurses to obtain a nursing degree is part of the hospitals plan to help them grow credit should be given for any course that is applicable to a BSN or MSN degree. Currently the hospital only provides a maximum of $1,000 for education and that amount is only if you work full time, it is prorated per your commitment. At LPCH it is only $500 for a full time but he/she may receive $1000 only for tuition reimbursement There are only a small limited number of scholarships available for continuing education that must be applied for, no guaranteed money. Per the hospitals additional scholarship funding is a strategy being explored but there are no large numbers of scholarships available for the thousands of nurses this proposal would effect and one of the CNOs has stated that they do not intend to increase the education money available to each nurse.
	<u>Clinical Expertise</u>: This category is based on bi-annual assessment of unit expertise conducted by the manager with input from unit Resource Nurses and the applicant s peers. The tool using Benner s Domains of Clinical Competence will be utilized to determine each nurse s current level/	<u>Clinical Expertise:</u> This category is based on a bi-annual assessment of clinical expertise conducted by the Manager. The tool using Benner s Domains of Clinical Competence, as adapted and defined by each unit, will be utilized to determine each nurse s current level.	Each unit should be developing specific criteria for evaluation of clinical expertise, it is their unit and they know what makes a nurse proficient or expert in their unit. Having each unit present specific criteria prevents this evaluation from being subjective and provides the manager with objective criteria to determine each nurse s level.

	Experience: The hospitals place no value or provide a category for experience.	Experience: CRONA s proposal rewards a nurse with points for the experience she has gained for being a 20 or 30 year employee	If one of the objectives of the program is to attract and retain high quality nursing staff why doesn t the hospital want to reward nurses who have dedicated their careers to SHC and LPCH? Nurses who through the years have shared their experience and expertise.
Presentations before the panel	Requires all nurses applying for Clinical Nurse III or IV to appear before the panel to present their application portfolio including 2 (CNIII) or 3 (CN IV) exemplars. For maintenance the nurses need only to go before the panel every two years but must present a complete portfolio and application to their manager including exemplars.	Nurses applying for Clinical Nurse III or IV status are required to appear before the panel but would have a choice as to what type of presentation to give: exemplar, SBAR or poster presentation. They would only be required to have one presentation.	Nurses applying for Clinical Nurse III or IV status have demonstrated expertise by meeting all the stated requirements and should have the choice of what type of presentation best demonstrates an example of their nursing expertise. No nurse should be denied a promotion or demoted because she does not perform well giving a presentation before a panel that has never worked with him/her.
Letters of Reference	Letters of Reference required: • Management/administration • Peer review selected by applicant • Peer review selected by manager • Non nursing licensed professional • Physician statement	Letters of Reference required: one from one of the following: peer, manager, physician or non nursing licensed professional	The hospital requires a letter of reference from all 5 categories. All of our team members on our units would be constantly writing letters and are all the personnel listed qualified to judge nursing expertise?