Modernization and Evolvement of a Clinical Ladder Across a System

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Background

UHS Nursing Clinical Ladder Timeline

1970s – Two community hospitals with separate Clinical Ladder programs
1980s – Consolidation of hospitals into one organization - programs disbanded
1990s – New Clinical ladder program developed for UHS Nursing Clinical Ladder Timeline with coordinator, peer committee, annual reviews and upgrades
2000s – Program placed under Nursing Professional Development Council

Methods

• Developed a system wide steering committee (CNO, Directors of Nursing, Nurse Managers, Nurse Educators) with the following objectives:
  1. Improve the connection between Nurse Managers and Clinical Ladder Nurses.
  2. Consider the applicability to nurse’s across the system in other roles beyond the role of the bedside nurse.
  3. Maximize support for organizational and departmental priorities.
• Used appreciative inquiry to determine what was working with the current model - found through nurse manager surveys and staff nurse surveys
• Reviewed research and best practices of other institutions
• Theory selection – recommitted to Benner’s Model
• Assessed financial implications of implementation across the system
• Developed a redesign team consisting of nurse managers, a nurse educator, manager of professional development and staff nurses

Process

Structure

3 LEVELS
• Clinical Nurse II – Entry – new hire
• Clinical Nurse III – proficient – interdepartmental
• Clinical Nurse IV – expert – system and community wide

DOWNS – Education, Quality, Clinical, Leadership
16 possible activities/project categories
Certification/identification
by portfolio nurse
2 year recertification process
Written exemplars

Support

• Introduction classes – held with nurse managers and staff
• Classes Ongoing – Program introduction
• Mentoring – Exemplar and resource writing
• Portfolio development – Research Process
• Mentor registry – Clinical Ladder website
• Self Study
• Biannual meetings between nurse manager and clinical ladder nurses

Procedure

• Application – based on years of experience, behavior, performance
• Collaboration between the nurse manager and staff to help go in the organizational vision to quality measures,
• Coaching with the nurse manager on portfolio development
• Each portfolio is panel reviewed by Director of Nursing, Nurse Managers, and Nurse Pearn
• Constructive feedback given on each portfolio by the nurse
• Promotion decision determined

Results

• Applicable across the system
• Integration with hospital mission, goals and outcomes
• Clear progression through Benner’s Theory
• Promotes nurse manager and peer nurse mentoring skills
• Expansion of nurse scope outside the unit level to include interdisciplinary relationships
• Projects and activities tied to specific quality metrics (core measures, PI plans, patient satisfaction etc.)

Nurse Manager Pre- & Post- Implementation Survey

General Rating of the Program

My level of involvement with the program
Program met expectations and goals of the pilot
Program provides me opportunity to grow in my role
Program assimilates in professional development

Quality Projects

• CHARM Project – Creating Habits to Assure 5 Rights of Medication Safety
• RN Chair of the Risk Management Review Group for Clinical Practices
• RN Chair of the Patient Satisfaction Committee for Medical Group Practices
• RN Team Leader for the Gold STAMP Binghamton Regional Collaborative
• STEM Code Practice Change Project

Nurse Feedback on New Program

What do you find most valuable about the new Clinical Ladder Program?

“Stimulates involvement and staff input into patient care issues”
“Increased interaction with the nurse manager regarding activities”
“Opportunity to recognize the nursing personnel that go above and beyond the basic expectations of the job”
“Opportunity to grow professionally and spread my wings to explore new activities”

References
