KentuckyOne Health
Nursing Professional Development Program

Continuing Care Hospital
Flaget Memorial Hospital
Frazier Rehab Institute
Jewish Hospital Downtown
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
Saint Joseph Berea
Saint Joseph East
Saint Joseph Hospital
Saint Joseph Jessamine
Saint Joseph London
Saint Joseph Martin
Saint Joseph Mt. Sterling
Saints Mary & Elizabeth Hospital
University of Louisville Hospital
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KentuckyOne Health
Nursing Professional Development Program

Introduction

The KentuckyOne Health (KOH) Nursing Professional Development Program has been developed by a diverse clinical group of nurses from all areas of the organization. The 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. The program provides a mechanism to help the nurse advance in the achievement of their professional goals and portfolio activities, emphasizing clinical practice, quality, patient safety, shared decision making, evidence based practice, and nursing research.

Purpose and Objectives

Purpose: The Nursing Professional Development Program (NPDP) formerly known as the Clinical Ladder, encourages the professional development of the direct care nursing staff of KentuckyOne Health hospitals through demonstrated high quality, evidence based nursing care, advancement of individual practice and the profession of Nursing.

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.

Theoretical Framework: Dr. Patricia Benner RN, PhD, FAAN

“Recognition, reward, and retention of the experienced nurse in positions of direct clinical practice… along with the documentation and adequate description of their practice…are the first steps in improving the quality of patient care.” Benner, 1982. From Novice to Expert, p. 402.
Eligibility: Full-time, Part-time and Pool registered nurses who work a minimum of 1040 hours in the designated application period are eligible to apply. Minimum requirements also include:

- Not currently active in the disciplinary process for one year
- Satisfactory performance appraisal with minimum of 3.0 or above
- Employed in direct patient care .5 of worked hours at a KentuckyOne Health facility
- Current supporting documentation from the department manager or director (direct supervisor) indicating performance to support the core values and Magnet/Pathways Domains of Excellence.
- Must submit a portfolio of supporting evidence for the NPDP level for which they are applying
- New applicants must have evidence of active participation in a QI (Quality Improvement), EBP (Evidence-based Practice), or research project designed to improve patient outcomes within 36 months of application to the program
- All reapplying applicants must have evidence of a new QI, EBP, or research project

Research Project Definition
Participate in an Institutional Review Board (IRB) approved research project. This includes data collection for the approved research project. Routine collection of departmental quality improvement (QI) data will not be considered. University IRB accepted for active students.

- 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.

Evidence-Based Practice (EBP)/Quality Improvement (QI) Project Definition
- Implement research findings into practice– requires the RN to measure outcomes before and after the project and achieve a literature supported change in nursing practice. Evidence-based practice change may include the development of policies, protocols with documentation, and/or training.
- Project documentation should follow an approved model of Evidence-Based Practice (i.e. Iowa Model, CHI Model, Johns Hopkins Model, etc.).
- Complete Evidence-Based Practice Project Document (Form M)
- Include documentation of all materials developed, along with dates.

Shared Governance Involvement/Activity Definition
- Applicants are expected to participate and take an active role in shared decisions/shared leadership/shared governance activities.
- Submit Shared Governance Activity Document (Form N).
- Include documentation of all materials developed, along with dates they have participated.
NPDP Levels:

**Professional Nurse Level I (Benner’s Advanced Beginner to Competent Range)**
- Minimum of one year experience as direct patient care RN within KentuckyOne Health
- Completion of Competency Based Orientation (CBO).
- Must have BSN or
- Must have ADN or Diploma, and enrolled in a BSN program or
- Must have ADN or Diploma with 5 years clinical nursing experience, and certified in clinical specialty
- Completion of required NPDP LEARN module (one time limit)
- No mandatory requirement for progression within the program
- Must have earned 8 points according to the NPDP criteria

**Nurse Leader Level II (Benner’s Competent to Proficient Range)**
- Minimum of 6 months experience as direct patient care RN within KentuckyOne Health
- Completion of Competency Based Orientation (CBO).
- Minimum of 2 years clinical nursing experience
- Must have BSN
- Completion of required NPDP LEARN module (one time limit)
- No mandatory requirement for progression within the program
- Must have earned 11 points according to the NPDP criteria

**Nurse Expert Level III (Benner’s Proficient to Expert Range)**
- Minimum of 6 months experience as direct patient care RN within KentuckyOne Health
- Completion of Competency Based Orientation (CBO).
- Minimum of 3 years clinical nursing experience
- Must have BSN
- Must have current certification in clinical specialty
- Completion of required NPDP LEARN module (one time limit)
- No mandatory requirement for progression within the program
- Must have earned 13 points according to the NPDP criteria
**Application Process:** Instructions for completion of the NPDP portfolio are available on the KentuckyOne Health Learning and Development web site. Applicants will be notified, by letter, of the Board's decision regarding each application. All activities of the Board are classified as strictly confidential and your application will be discussed only during the Board meeting. After the NPDP Review Board has reviewed your application and made a decision, the classification status will be filed in Human Resources according to state and federal requirements.

1. To begin, the applicant must print out the Application (Form A), complete and meet with their manager and a representative from the NPDP Board or a mentor from System Clinical Education. This is necessary to ensure the proposed portfolio plans are organizationally aligned and comprehensive and meet the professional development needs of the candidate.

2. The manager is responsible for ensuring no disciplinary action exists and to review and approve proposed portfolio and project plans before work begins on the portfolio.

3. Following the meeting with the candidate, the manager has two weeks to accept or reject the application and will notify the candidate with approval to begin the work if accepted.

4. 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.

5. The applicant will print out any necessary forms for submission of activities performed throughout the year.

6. The applicant must submit a completed portfolio to the NPDP Board electronically by the first Friday of the month prior to the quarterly sessions.

7. The NPDP Board will review the portfolio during the next scheduled Board meeting after submission. Note – The candidate may attend the Board Review. This face to face submission of the portfolio gives the board an opportunity to ask questions and is a great opportunity for the candidate to showcase their achievements. A conference phone call can also be arranged.

8. The NPDP Board will review the portfolio and determine if the requirements have been achieved. Note – If the portfolio is accepted as successful, the candidate will be awarded the recognition immediately including certificate, photo recognition, etc. The financial bonus will be paid within 30 days.

Note - If the portfolio has areas of deficiency, the candidate will receive coaching and mentoring to help support successful goal attainment and areas requiring further documentation or program work may be specified in writing to the candidate. The candidate will make necessary improvements and will be allowed to re-submit again at the next quarter review session.
Awards: Eligible RNs may advance on the ladder one time per calendar year. A one-time annual bonus is given to successful applicants within 30 days of the review board process.
- Clinical Nurse I - $2000
- Clinical Nurse II - $3500
- Clinical Nurse III - $6000

Recognition of Achievement:
Advancement in the program indicates professional excellence, advanced clinical expertise, and numerous contributions to nursing practice. Recognitions of this accomplishment include:
- Recognition on the nurse’s unit
- Fliers to all departments/managers
- Monetary Bonus
- Certificate
- Recognition on the KentuckyOne Health Nursing website (with permission)

NPDP Review Board: The Nurse Review Board (NRB) shall consist of Registered Nurses to include:
(1) Unit Manager, one (1) Clinical Nurse Specialist, one (1) Nurse Educator, and one (1) Nursing Director. The remaining members shall be appointed from among the professional nursing staff of the various clinical nursing services. There will be a minimum of one nurse per each KentuckyOne Health facility. The CNO Council of KentuckyOne Health will appoint board members and Co-Chairs.
- Appointment to the Review Board is a two-year term, at the discretion of the CNO.
- The board shall meet quarterly, and may be called into session by the Chairperson(s) any time in order to fulfill the purpose of the board.
- Duties include the review and verification of credentials of all applicants requesting reclassification and the promotion through the clinical ladder, review evidence of nursing performance, and to make recommendations to CNO Council regarding aspects of the program.
CHECKLIST FOR NPDP ADVANCEMENT PORTFOLIO

_____ Completed NPDP for Nursing Professionals Form
   (Form A)—must be completed / dated prior to starting on portfolio

_____ Minimum of six months RN experience at KentuckyOne Health at application time

_____ Minimum of one year RN experience in area of specialty

_____ Recent Photo

_____ Current Curriculum Vitae/Resume

_____ Documentation of current required Certification(s) (BLS, ACLS, PALS, NRP, TNCC, STABLE, NVPCI, ENPC, etc.)

_____ Documentation of ANCC Specialty Certification, if applicable (CCRN, PCCN, etc.)

_____ Updated manager evaluation within ONE MONTH of portfolio submission

_____ Documentation of NO written disciplinary actions in previous six months
   included in managers evaluation

_____ Documentation of successfully completed orientation and yearly competencies

_____ Completed the required number of points for advancement

_____ Complete Program Evaluation (Form P)
## Point Requirements for KentuckyOne Health Nursing Professional Development Program

( ) Points assigned to activity

8 total points minimum for **Level I** qualification
11 total points minimum for **Level II** qualification
13 total points minimum for **Level III** qualification

### Knowledge, Innovations, and Improvements

- Evidence-based practice activity that results in practice improvement (1)
- Evidence-based practice activity that results in improved department efficiency (1)
- Evidence-based practice activity that results in improved patient safety (1)
- Evidence-based practice that results in improved understanding of patient and/or team member diversity (1)
- Active involvement in research (1)
- Quality Improvement Project (1)
- Development of new or revised standard of care or policy/procedure (1)
- Evidence-based practice activity that utilizes and develops principles of shared governance (1)

### Structural Empowerment

- Participation in health-related community activity (1, max. 2)
- Development/management of health-related community activity (1)
- Published article
  - In-house (1), Regional (1), or National (2) Maximum 2
- Professional award/recognition
  - In-house (1) Regional (1) or National (2) Maximum 2
- MSN (2) or currently enrolled in MSN Program (1)
- Current membership in nursing organization (1)
- Competency/skills validator (1, max. 2)
- Additional nursing practice certification (1, max. 2)
  (See approved ANCC list per policy)
- Completion of foreign language class (1)

### Exemplary Professional Practice

- ACLS/PALS certification (if certification not a job requirement) (1)
- Certified instructor of BLS, ACLS, PALS, SCM, NVPCI or equivalent (1, max. 2)
- Proficiency in two or more diverse practice areas (if not a job requirement) (1)
- CEU or in-service presentation (1, max. 2)
- Clinical support roles (1, max. 2)
- Presentation of Case Study/Patient Care conference (1, max. 2)
- Patient Education presentation (1, max. 2)
- Education special project (1, max. 2)

### Transformational Leadership

- Office in nursing organization
  - Local (1) Regional (1) or National (2)
- Committee member in nursing organization
  - Local, Regional, or National (1)
- Active involvement in hospital-related committee (1, Maximum 2)
- Hospital committee chair/co-chair (1)
- Participation in mentoring of new team member (1, Maximum 2)
- Activity promoting a healthy work environment (1)
- Activity to increase patient or nurse satisfaction (1)
KentuckyOne Health
Nursing Professional Development Program Application Guide

PURPOSE:
The NPDP Program recognizes three progressive levels of nursing practice. Verification of performance as Clinical Nurse I Professional, Clinical II Nurse Leader and Clinical III Nurse 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. Points shall be earned from each category.

ELIGIBLE CLINICAL ADVANCEMENT ACTIVITIES
The list below is meant to provide examples and is not all inclusive

New Knowledge, Innovations, and Improvements

*All the following activities may be unit-based or organizational based 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

Complete Form D, including manager’s approval of project, and verification that project was completed

1. Evidence-based practice activity that results in practice improvement
   - Literature supported clinical investigation to monitor and improve the quality of patient care practices

2. Evidence-based practice activity that results in improved department efficiency
   - Literature supported streamlining of work processes/procedures
   - Re-evaluation/modification of supply management
3. Evidence-based practice activity that results in improved patient safety
   ▪ Literature supported 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 socioeconomic, racial, and other factors that all bring to the organization
   ▪ Literature supported creation of an environment of workplace practices that promotes dignity and respect and results in learning from each others’ differences

5. Active involvement in research.
   ▪ Identify a practice issue of concern in your unit and champion changes for improvement.
   ▪ Partner with a nursing research mentor who is involved in an IRB approved research study.
   ▪ Partner with a nursing research mentor – involvement in a nursing research presentation, poster or oral presentation.

6. Quality Improvement Project
   ▪ Quality improvement initiatives that justify or indicate need for improvement in current practices (involves data collection, interpretation, action plan, intervention, and evaluation.

7. Development of a new or revised standard of care or policy/procedure
   ▪ With input from management or 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 activity 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 Practice Examples

1. Certified instructor of BLS, ACLS, PALS, SCM, or equivalent
   - Submit proof of instructor status
   - Teach a minimum of two classes/year, submitting class rosters

2. CEU or in-service presentation or LEARN eLearning Module
   - 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 roster
   - Approval and guidance must be obtained from Clinical Education Department and
     a copy of approved Continuing Education application must be submitted if contact
     hours are to be awarded.
   - Complete Unit-Based Activity Document (Form D)

3. Clinical Support roles
   - Includes Manager-identified expert in specific skill/clinical area, eg.
     resource nurse, charge nurse, educator, or equivalent
   - Complete Clinical Support Role (Form G)

4. Presentation of Case Study Narrative/Patient Care Conference
   - Case must be approved by Nurse Manager/Case Manager
   - Apply HIPAA 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 using Benner’s Domains of
     Nursing, as applicable (Helping, Teaching/Coaching, Managing Rapidly Changing
     Situations, Administering and Monitoring).
   - Include consultation with other experts and nursing literature/research utilized
     (minimum of one)
   - Complete Case Presentation Document (Form H)

5. Patient Education presentation
   - Approved by Nurse Manager/Educator/Resource Staff
   - Develop content of presentation including teaching materials
   - Present clinical content to a group of patients/families at an organized patient
     education event lasting a minimum of 20 minutes
Consider age, reading and education levels of audience when developing presentation with a target of 6th grade educational level.

- Complete Audience Evaluation Form
- Complete Education Form (Form K)

6. 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 (Form K)

**Structural Empowerment Examples**

1. Participation in health-related community activity
   - Health related volunteer activities **not** paid by KOH, 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 health screening)
   - Submit Community Service Document (Form I)

2. Development/management of health-related KOH community activity
   - Activity sponsored by KOH
   - Include planning, budget & justification of activity
   - Show presentation materials and evidence of participation (eg. Video, PowerPoint, 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

4. Professional award/recognition
   - Local (hospital or city) – Ambassador, unit Nurse of the Year, hospital Nurse of the Year, Daisy Award
   - Regional – Kentucky Board of Nursing
   - National – Sigma Theta Tau
5. BSN or currently enrolled in accredited BSN program
    Submit diploma or official transcript of classes {with enrollment date(s)}

6. MSN or currently enrolled in accredited 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)

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 Examples**

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 and 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 signature from the Task Force/Committee Chair.
3. **Active involvement in hospital-related committee**
   - Provide documentation of proof of role
   - Applicant must demonstrate active committee project participation and 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 activity**
   - Mentor at least one team member for a minimum of three months (Form E)

6. **Activity promoting a healthy 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)
NPDP FOR NURSING PROFESSIONALS
(FORM A)

Application

Personal Information

Name: ________________________________________________________________

Last  First  Middle

Address: ____________________________________________________________

Street  (Apt #)  City, State  Zip

Contact Information:

(____)______________  (____)______________

Home  Cell  Email

Unit: ______________  Unit Cost Center: ______________  Employee #: ______________

Hours Worked/Work: ______________

Applying for Clinical Advancement status: (circle)

Clinical Professional Nurse Level I
Clinical Nurse Leader Level II
Clinical Nurse Expert Level III

Written Disciplinary Action (within last six months): YES  NO

If Yes----Date of Action: ______________

*If Yes---- Not eligible for program for one year from Date of Action*

Manager’s Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Manager’s Signature: ______________________________________________________

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**Manager:** Within 2 weeks, return completed Form A to applicant with approval/denial.

**Applicant:** Provide copy of completed Form A to your assigned Clinical Advancement Board Representative immediately upon receipt from Manager. (See list of Board Representatives in program information.)

Clinical Advancement Board Only

Clinical Advancement Board Member Signature:

Application Approved: YES NO Date: __________ (required)
NPDP FOR NURSING PROFESSIONALS  
(FORM B)

If you need additional space to clearly document your portfolio evidence, please attached additional pages. The lines provided on the forms are not meant to limit your written descriptions.

Task Force/Committee Document

Name of Applicant: __________________________ Unit: _______________

Task Force/Committee Title: ________________________________

Participation Time Frame: ________________________________

List detailed summary of activities and accomplishments related to committee/project:

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Task Force/Committee Chair’s Signature  Date
NPDP FOR NURSING PROFESSIONALS  
(FORM C)  
Diverse Practice/Cross-Trained Area Document

If you need additional space to clearly document your portfolio evidence, please attach additional pages. The lines provided on the forms are not meant to limit your written descriptions.

Name: __________________________  Unit: _____________

The above individual has worked in a diverse practice/cross-trained area for a minimum of 36 hours per year. The area must meet the criteria as defined in Application Guide.

Area _________________________ Date ___________ Number of hours __________
Area _________________________ Date ___________ Number of hours __________
Area _________________________ Date ___________ Number of hours __________
Area _________________________ Date ___________ Number of hours __________
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Area _________________________ Date ___________ Number of hours __________

Manager’s Signature_________________________ Date ______

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NPDP FOR NURSING PROFESSIONALS
(FORM D)
Unit-Based Activity Document

If you need additional space to clearly document your portfolio evidence, please attach additional pages. The lines provided on the forms are not meant to limit your written descriptions.

Name: ___________________________________________ Unit: ______________

Identified Need/Project: ________________________________________________________

Goals: ______________________________________________________________________
____________________________________________________________________________

- Steps to Accomplish
____________________________________________________________________________
____________________________________________________________________________

- Manager’s Approval of Project ___________________ ______
  Manager Date

- Information Sources
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

- Project Results
____________________________________________________________________________
____________________________________________________________________________
Follow-up Action Plan

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

*Include attendance roster and % of employees reached, if applicable*

The above Unit Project was completed.

____________________________  ____________________
Manager’s Signature          Date
NPDP FOR NURSING PROFESSIONALS (FORM E)

Mentor Document

Name _________________________________  Unit _______________________

Date of Mentor Class/update ______________________

The applicant has mentored the following team members this year for the indicated periods of time:

Team Member’s Name _________________________________

Dates of mentoring _________________________________

Description of mentoring activity_____________________________________________

NOTE:

- Must have mentored at least one team member for a minimum of three months to qualify for the mentor clinical advancement point.
- Must describe activities that occurred during the mentoring experience.

___________________________  _______________________
Manager’s Signature    Date
**NPDP FOR NURSING PROFESSIONALS**
*(FORM F)*

**Competency/Skills Validation Document**

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<th>Competency/Skill Validation(s)</th>
<th>Date</th>
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**Manager/Educator’s Signature**

**Date**
NPDP FOR NURSING PROFESSIONALS
(FORM G)

Clinical Support Role Document

__________________________________________
Name

performed as a ____________________________ for

__________________________________________ (unit) in the
following capacity:

____________________________________________
____________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Manager’s Signature  __________________    Date  __________
NPDP FOR NURSING PROFESSIONALS (FORM H)

Case Presentation Document

Name ________________________________  Unit: ___________

Manager Approval of Case Presentation

______________________________________        _____________________________
Manager’s Signature                                                   Date

Case Presentation Topic:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Reference List: (attach additional pages, if necessary)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Outline of Case Presentation (to include diagnosis, case history, helping, management, teaching, and coaching):

___________________________________________________________________________
___________________________________________________________________________

Information Dissemination Method to Staff:

Staff Meeting _____                     Poster _____
In-Service_________                     Newsletter _____

Date completed: ______________________

______________________________________        _____________________________
Manager’s Signature                                                   Date
NPDP FOR NURSING PROFESSIONALS  
(FORM I)

Community Service Document

Name: ________________________________________

Community Service Description (Include nursing expertise used)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Hours Worked ________________________

Date of Service _______________________

______________________________  __________________________
Signature & Title in organization    Date
NPDP FOR NURSING PROFESSIONALS
(FORM J)

Preceptor / Coach Document

Name: ____________________________________________ Unit: _______________

Preceptor Class attended: ________________ Date completed: ______________

and/or

Completion of annual update class: ___________ Date completed: ______________

Preceptor for new employee/student nurse and/or person interested in healthcare field:

Preceptee’s Name and title: ________________________________________________
Date: _________________ Number of Hours precepted: _______________

Preceptee’s Name and title: ________________________________________________
Date: _________________ Number of Hours precepted: _______________

Preceptee’s Name and title: ________________________________________________
Date: _________________ Number of Hours precepted: _______________

Preceptee’s Name and title: ________________________________________________
Date: _________________ Number of Hours precepted: _______________

Preceptee’s Name and title: ________________________________________________
Date: _________________ Number of Hours precepted: _______________

______________________________    ___________
Manager’s Signature                   Date

- 31 -
NPDP FOR NURSING PROFESSIONALS
(FORM K)

Education Document

Name: ________________________________________________ Unit: ________________

Manager’s Approval of Project _____________________________  __________
Manager Signature  Date

Identified Need/Education Goal
__________________________________________________________

Steps to Accomplish
__________________________________________________________

Information Sources
__________________________________________________________

Education Outcome
__________________________________________________________

Follow-up Action Plan
__________________________________________________________

*Include attendance roster if applicable *

The above Education Project was completed

Manager’s Signature  Date

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NPDP FOR NURSING PROFESSIONALS
(FORM L)
Research Project Document

Name___________________________                             Unit_______________

Research Project Title:

______________________________________________________________________________

______________________________________________________________________________

Names of Co-Investigators, if applicable:

______________________________________________________________________________

Research Project Description: (include research protocol, consents, data collection forms,
recruitment materials, and any other research related documents as attachments)

______________________________________________________________________________

______________________________________________________________________________

IRB Number: ____________________________________________

Log of Hours (attach additional information if needed)

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<th>Date</th>
<th>Description</th>
<th>Hours</th>
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TOTAL
The above data collection/research assistance was completed as logged

____________________
Clinical Investigator’s Signature

____________________
Clinical Investigator’s Name Printed

Date
NPDP FOR NURSING PROFESSIONALS
(FORM M)

Evidence-Based Practice Project Document

Name__________________________________________  Unit____________________

Project Title
___________________________________________________________________________
___________________________________________________________________________

EBP Model used to guide project
___________________________________________________________________________

Background Information/Problem/Significance
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Description of Review of the Literature:
(Attach list with minimum of 5 recent references)
___________________________________________________________________________
___________________________________________________________________________

Outcome Measures:____________________________________________________________
___________________________________________________________________________

Methodology/Interventions:_______________________________________________________
___________________________________________________________________________

Evaluation_____________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

The above Evidence Based Project was completed

___________________________________________________________________________

Manager’s Signature  Date __________
NPDP FOR NURSING PROFESSIONALS (FORM N)

Shared Governance Activity Document

Name ___________________________ Unit __________

Shared Governance Activity was Unit-based? _____ Facility-based? __________

Shared Governance Activity Title
________________________________________________________
________________________________________________________
________________________________________________________

Shared Governance Activity Description
________________________________________________________
________________________________________________________
________________________________________________________
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The above activity was completed as indicated

_________________________________ Date
Manager’s Signature

_________________________________ Date
Shared Governance Council Chair’s Signature
NPDP FOR NURSING PROFESSIONALS
(FORM O)

Supportive Work Environment Document

Name: __________________________________________________ Unit: __________

Manager Approval of Project __________________________   __________
Manager’s Signature                     Date

Assessment of Work Environment

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Steps to Accomplish

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Implementation

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Outcome/Response

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Follow-Up Action Plan

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

*Include attendance roster, if applicable*

The above Project was completed

________________________________________
Manager’s Signature                     Date
NPDP FOR NURSING PROFESSIONALS
(FORM P)

PROGRAM EVALUATION
*Please complete and turn in with Portfolio*

1. The application process was efficient and effective? (Form A)
   ____ Yes
   ____ No; Explain: ____________________________________________________________

2. Individuals identified as resource people were helpful? (Found at end of packet)
   ____ Yes
   ____ No; Explain: ____________________________________________________________

3. Forms were self explanatory?
   ____ Yes
   ____ No; Explain: ____________________________________________________________

4. Submission of portfolio was efficient and effective?
   ____ Yes
   ____ No; Explain: ____________________________________________________________

5. The process for explaining points was clear.
   ____ Yes
   ____ No; Explain: ____________________________________________________________

7. Suggestions/comments to improve process:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Suggestions for new criteria to achieve:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
KentuckyOne Health
Nursing Professional Development Program
By-Laws

Article 1 Mission
To promote, reward and recognize clinicians for advancing their careers in ways that benefit patients, themselves as professionals, healthcare, KentuckyOne Health and the community.

Article II Purpose
The primary purpose of the Nursing Professional Development Review Board is to promote advancement of staff nurses. 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 members are responsible for program maintenance, review/revision of performance criteria, and for interdepartmental communication/education about the program.

Article III Membership
Members of the Review Board are appointed and approved by the Board Members, the System Director Clinical Education based on recommendations/nominations from Nurse Managers, Directors of Nursing and or CNO Council as applicable. Members will be selected to provide diversified representation from nursing and from all facilities with KentuckyOne Health. Board members will have a two year membership. 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.
- Serve as mentors for nursing pursuing clinical advancement.
- 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 Nursing 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 program and criteria.
- Participate in the review, production, and revision of forms related to the program

Article IV Officers – Chair and Co Chair
The Chair and Co-chair shall be appointed by the CNO. 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 quarterly.
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 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.
NPDP Board Members & Assignments/ List of Contacts

Chairman
Co-Chair

One Representative (20) from
Continuing Care Hospital
Flaget Memorial Hospital
Frazier Rehab Institute
Jewish Hospital Downtown
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
Saint Joseph Berea
Saint Joseph East
Saint Joseph Hospital
Saint Joseph Jessamine
Saint Joseph London
Saint Joseph Martin
Saint Joseph Mt. Sterling
Saints Mary & Elizabeth Hospital
University of Louisville Hospital