

**SHC and CRONA Negotiations**  
**Tentative Agreement on All Open Issues**  
**April 1, 2025**

Stanford Health Care (“SHC”) and the Committee for Recognition of Nursing Achievement (“CRONA”) (collectively, the “Parties”) hereby enter into this Tentative Agreement on all open issues. This Tentative Agreement is supported by CRONA’s Executive Board and the CRONA Negotiating Team and Committee for ratification by the Nurses.

1. Base Wage Rates: Apply the following increases to the base wage rates in the Agreement:
  - a. 4% on April 1, 2025
  - b. 4% on April 1, 2026
  - c. 4% on April 1, 2027

These increases shall be effective at the start of the payroll period that is closest to the specified date. For April 1, 2025, the increase shall be effective during the pay period beginning March 30, 2025.

2. Benefits: See attached.
  - a. Retiree Medical: Effective January 1, 2026, January 1, 2027, and January 1, 2028, the Group D Retiree Health Reimbursement Account benefit for Nurses who retire at ages 55 through 70+ will be increased by 3%.
3. Use of PTO: See attached.
4. Holiday: See attached.
5. Relief Differential: See attached.
6. Schedule Posting: See attached. The posting of the schedule three weeks in advance will commence with the self-scheduling period that opens on November 2, 2025 for the January 4, 2026 pay period.
7. Mix of Shifts: See attached.
8. Remote Work: The parties acknowledge their mutual understanding that the Hospital’s policies addressing remote and hybrid work, including the policy titled “Remote and Hybrid Work Policy,” apply to CRONA-represented Nurses.
9. PNDP: See attached revised contract language and SHC PNDP Handbook. The parties also agree to update the footer to refer to 4/1/2025 – 3/31/2028.

The parties have discussed and confirmed that any Nurse holding a valid BSN Waiver as of April 1, 2025, shall continue to be eligible to maintain their Clinical III or Clinical IV status in accordance with the PNDP for the term of the parties’ 2025 – 2028 Agreement.

The parties also confirmed their understanding that a Nurse who currently possesses an Associate Degree in Nursing or a diploma is eligible to be promoted through the PNDP to Clinical Nurse III, so long as the Nurse is enrolled in a Bachelor of Science in Nursing or Master in Nursing program.

10. Sleep Rooms/On Call: See attached.

11. Weekend Staffing: See attached revised Side Letter Re Weekend Premium Pay and Weekend Staffing.

Within ninety (90) days of ratification, the Hospital shall provide education for managers regarding the collective bargaining agreement's provisions relating to weekend staffing and scheduling, including information that nothing in the collective bargaining agreement requires managers to schedule Nurses to work every other weekend and nothing in the collective bargaining agreement prohibits managers from scheduling Nurses to work only one out of every three weekends.

In conjunction with the education described above, the Hospital will also, within ninety (90) days of ratification, notify managers and schedulers that they have the option of pre-populating individual Nurses to work every other weekend or to work less frequently than every other weekend, or managers and schedulers may turn off the pre-population of the weekends.

12. Student Loan Repayment: See attached revised Side Letter.

13. Immigration Enforcement.

No later than 30-days after ratification of the 2025 – 2028 CBA, SHC and LPCH agree to communicate to all Nurses a One Point Lesson, addressing how Nurses should respond to law enforcement officers, including those seeking to enforce federal immigration law.

The One Point Lesson will include the following points:

- If law enforcement or government officials come to your unit or department requesting information about a patient or attempting to access a patient care area, do not provide any information or grant access and **immediately contact Security Services at 650-723-7222 (staffed 24 hours, 7 days a week) for assistance and further guidance.** Unit leadership should also be notified.
- Nurses are advised to state the following when interacting with a law enforcement officer: "I/We have been directed to immediately contact Security Services to inform them of any law enforcement in hospital/clinical space requesting information."
- Nurses should not confirm (or deny) a patient's presence at SHC or LPCH.
- Unless or until access to a patient room is approved by Security, a Nurse may ask the officers to move to a non-patient facing area and may verbally deny officers entry to patient rooms, but should not physically obstruct officers.
- Security Services will contact Risk and/or the Privacy Office (Privacy Pager#: 25584).
- If the officer alleges that they possess any document that would allow them access to specific information, Security or management will ask to make a copy and send to [PrivacyOfficer@stanfordhealthcare.org](mailto:PrivacyOfficer@stanfordhealthcare.org) and [Riskmanagement@stanfordhealthcare.org](mailto:Riskmanagement@stanfordhealthcare.org) for review.
- Nurses are prohibited from disclosing patient information without authorization from Risk Management, Privacy Office, or Security Services.

14. Educational Assistance: See attached.

15. Prior tentative agreements signed by the parties:

- a. Tentative Agreement re Section 22 (Time Off for CRONA Officers), executed January 30, 2025
- b. Tentative Agreement re Section 34 (Nurse Practice Committee), executed February 4, 2025
- c. Tentative Agreement re Section 4 (Information Requests), executed February 4, 2025
- d. Tentative Agreement re Section 33 (Nurse Staffing), executed February 20, 2025
- e. Tentative Agreement re Section 36 (Health, Welfare and Safety), executed March 3, 2025
- f. Tentative Agreement re Sections 28 (Written Warnings and Discipline) and 29.3.6 (Right to Representation), executed March 3, 2025
- g. Tentative Agreement re new Section 44 (New Technology), executed March 29, 2025
- h. Tentative Agreement re Section 29 (Grievance and Arbitration), executed March 31, 2025
- i. Tentative Agreement re Section 15.12.1 (Relief Nurse Attendance), executed April 1, 2025

16. The parties agree to make the following change to the agreement:

- a. The parties agree that they will update the use of “s/he,” “his/her,” and other similar gendered pronouns to use “they,” “their,” and similar gender-neutral pronouns throughout both contracts and PNDP handbooks.

17. Side Letters: The parties agree to include all Side Letters agreed to by the parties during the term of the 2022 – 2025 Agreement.

- a. Occupational Health Nurses
- b. Interventional Platform Service Lead Role
- c. Combining of Rest Periods
- d. Supplemental Short Term Disability Insurance

18. Continue in the 2025 – 2028 collective bargaining agreement all Side Letters printed at the end of the 2022 – 2025 collective bargaining agreement, with the following modifications:

- a. Replace Side Letter Between “Stanford Health Care and CRONA Re Student Loan Repayment Program 2022” with the new negotiated language.
- b. Replace “Side Letter Between Stanford Health Care and CRONA Re Weekend Premium Pay” with the new negotiated language.

c. Remove “Side Letter Between Stanford Health Care and CRONA Re Strategic Recruitment and Retention Program 2022.”

19. Case Managers: During the course of the negotiations for this Tentative Agreement, the Case Managers joined the CRONA collective bargaining unit by way of an election, the results of which were certified by the National Labor Relations Board on March 24, 2025. The parties agree to work efficiently and in good faith to negotiate a Side Letter addressing the inclusion of the Case Managers in the collective bargaining agreement.
20. Term of the Agreement: Effective on April 1, 2025 and concluding on March 31, 2028, with corresponding changes to Section 3 of the collective bargaining agreement.
21. Unless modified by this Tentative Agreement, the terms of the 2022 – 2025 Agreement shall remain in effect.

April 1, 2025

*Aaron L. Agenbrood*

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SHC

April 1, 2025

*BJ Christolm*

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CRONA

**Retiree Medical Benefits (SHC Section 9, LPCH Section 8).**

SHC

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9.6 Retiree Medical Insurance. Benefit eligible Nurses will be able to participate in the Employer's Retiree Medical Plan, based on their age and years of service (adjusted hire date) as described under the terms of the plan. Effective January 1, 2017, any benefit eligible nurse who is a Group B or Group C retiree will have a one-time opportunity to elect the Group D Retiree Health Reimbursement Account benefit described in Section 9.7 in lieu of such Group B or Group C benefit. Failure to so elect such Group D benefit when eligible to do so will result in the retiree receiving the Group B or Group C benefit, as applicable, to which they are entitled under the Plan.

9.7 Retiree Health Reimbursement Account. Nurses will participate in the Employer's Retiree Health Reimbursement Account based on their age and years of service (adjusted hire date) as described under the terms of the plan. For Nurses eligible to participate in the RHRA:

9.7.1 ~~Effective January 1, 2023, T~~he Group D Retiree Health Reimbursement Account benefit will be increased by three percent (3%) on January 1, 2026; by three percent (3%) on January 1, 2027; and by three percent (3%) on January 1, 2028.~~fifty percent (50%), except that the Group D benefit shall be increased by seventy five percent (75%) for Nurses who retire at ages 55 through 64 (before age 65) and who have at least 25 years of continuous service as defined in the Retiree Medical Plan as of the date of the Nurse's retirement.~~

LPCH

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8.6 Retiree Medical Insurance. Benefit eligible Nurses will be able to participate in the Employer's Retiree Medical Plan, based on their age and years of service (adjusted hire date) as described under the terms of the plan. Effective January 1, 2017, any benefit eligible nurse who is a Group B or Group C retiree will have a one-time opportunity to elect the Group D Retiree Health Reimbursement Account benefit described in Section 8.7 in lieu of such Group B or Group C benefit. Failure to so elect such Group D benefit when eligible to do so will result in the retiree receiving the Group B or Group C benefit, as applicable, to which they are entitled under the Plan.

8.7 Retiree Health Reimbursement Account. Nurses will participate in the Employer's Retiree Health Reimbursement Account based on their age and years of service (adjusted hire date) as described under the terms of the plan. For Nurses eligible to participate in the RHRA:

8.7.1 ~~Effective January 1, 2023, T~~he Group D Retiree Health Reimbursement Account benefit will be increased by three percent (3%) on January 1, 2026; by three percent (3%) on January 1, 2027; and by three percent (3%) on January 1, 2028.~~fifty percent (50%), except that the Group D benefit shall be increased by seventy-five percent (75%) for Nurses who retire at ages 55 through 64 (before age 65) and who have at least 25 years of continuous service as defined in the Retiree Medical Plan as of the date of the Nurse's retirement.~~

**Current 2025**

Your Years of Continuous Service When You Retire	Your Age When You Retire							
	55-61	62-64	65	66	67	68	69	70+
15	\$12,403.13	\$17,364.38	\$29,767.50	\$32,248.13	\$34,728.75	\$37,209.38	\$39,690.00	\$42,170.63
16	\$14,263.59	\$19,224.84	\$31,627.97	\$34,108.59	\$36,589.22	\$39,069.84	\$41,550.47	\$44,031.09
17	\$16,124.07	\$21,085.32	\$33,488.45	\$35,969.07	\$38,449.70	\$40,930.32	\$43,410.95	\$45,891.57
18	\$17,984.54	\$22,945.79	\$35,348.91	\$37,829.54	\$40,310.16	\$42,790.79	\$45,271.41	\$47,752.04
19	\$19,845.00	\$24,806.25	\$37,209.38	\$39,690.00	\$42,170.63	\$44,651.25	\$47,131.88	\$49,612.50
20	\$21,705.47	\$26,666.72	\$39,069.84	\$41,550.47	\$44,031.09	\$46,511.72	\$48,992.34	\$51,472.97
21	\$24,186.09	\$29,147.34	\$41,550.47	\$44,031.09	\$46,511.72	\$48,992.34	\$51,472.97	\$53,953.59
22	\$26,666.72	\$31,627.97	\$44,031.09	\$46,511.72	\$48,992.34	\$51,472.97	\$53,953.59	\$56,434.22
23	\$29,147.34	\$34,108.59	\$46,511.72	\$48,992.34	\$51,472.97	\$53,953.59	\$56,434.22	\$58,914.84
24	\$31,627.97	\$36,589.22	\$48,992.34	\$51,472.97	\$53,953.59	\$56,434.22	\$58,914.84	\$61,395.47
25	\$39,793.36	\$45,581.48	\$51,472.97	\$53,953.59	\$56,434.22	\$58,914.84	\$61,395.47	\$63,876.09
26	\$42,687.42	\$48,475.54	\$53,953.59	\$56,434.22	\$58,914.84	\$61,395.47	\$63,876.09	\$66,356.72
27	\$45,581.48	\$51,369.61	\$56,434.22	\$58,914.84	\$61,395.47	\$63,876.09	\$66,356.72	\$68,837.34
28	\$48,475.54	\$54,263.67	\$58,914.84	\$61,395.47	\$63,876.09	\$66,356.72	\$68,837.34	\$71,317.97
29	\$51,369.61	\$57,157.73	\$61,395.47	\$63,876.09	\$66,356.72	\$68,837.34	\$71,317.97	\$73,798.59
30	\$54,263.67	\$60,051.79	\$63,876.09	\$66,356.72	\$68,837.34	\$71,317.97	\$73,798.59	\$76,279.22

Effective January 1, 2026

Your Years of Continuous Service When You Retire	Your Age When You Retire							
	55-61	62-64	65	66	67	68	69	70+
15	\$12,775.22	\$17,885.31	\$30,660.53	\$33,215.57	\$35,770.61	\$38,325.66	\$40,880.70	\$43,435.75
16	\$14,691.50	\$19,801.59	\$32,576.81	\$35,131.85	\$37,686.90	\$40,241.94	\$42,796.98	\$45,352.02
17	\$16,607.79	\$21,717.88	\$34,493.10	\$37,048.14	\$39,603.19	\$42,158.23	\$44,713.28	\$47,268.32
18	\$18,524.08	\$23,634.16	\$36,409.38	\$38,964.43	\$41,519.46	\$44,074.51	\$46,629.55	\$49,184.60
19	\$20,440.35	\$25,550.44	\$38,325.66	\$40,880.70	\$43,435.75	\$45,990.79	\$48,545.84	\$51,100.88
20	\$22,356.63	\$27,466.72	\$40,241.94	\$42,796.98	\$45,352.02	\$47,907.07	\$50,462.11	\$53,017.16
21	\$24,911.67	\$30,021.76	\$42,796.98	\$45,352.02	\$47,907.07	\$50,462.11	\$53,017.16	\$55,572.20
22	\$27,466.72	\$32,576.81	\$45,352.02	\$47,907.07	\$50,462.11	\$53,017.16	\$55,572.20	\$58,127.25
23	\$30,021.76	\$35,131.85	\$47,907.07	\$50,462.11	\$53,017.16	\$55,572.20	\$58,127.25	\$60,682.29
24	\$32,576.81	\$37,686.90	\$50,462.11	\$53,017.16	\$55,572.20	\$58,127.25	\$60,682.29	\$63,237.33
25	\$40,987.16	\$46,948.92	\$53,017.16	\$55,572.20	\$58,127.25	\$60,682.29	\$63,237.33	\$65,792.37
26	\$43,968.04	\$49,929.81	\$55,572.20	\$58,127.25	\$60,682.29	\$63,237.33	\$65,792.37	\$68,347.42
27	\$46,948.92	\$52,910.70	\$58,127.25	\$60,682.29	\$63,237.33	\$65,792.37	\$68,347.42	\$70,902.46
28	\$49,929.81	\$55,891.58	\$60,682.29	\$63,237.33	\$65,792.37	\$68,347.42	\$70,902.46	\$73,457.51
29	\$52,910.70	\$58,872.46	\$63,237.33	\$65,792.37	\$68,347.42	\$70,902.46	\$73,457.51	\$76,012.55
30	\$55,891.58	\$61,853.34	\$65,792.37	\$68,347.42	\$70,902.46	\$73,457.51	\$76,012.55	\$78,567.60

Effective January 1, 2027

Your Years of Continuous Service When You Retire	Your Age When You Retire							
	55-61	62-64	65	66	67	68	69	70+
15	\$13,158.48	\$18,421.87	\$31,580.35	\$34,212.04	\$36,843.73	\$39,475.43	\$42,107.12	\$44,738.82
16	\$15,132.25	\$20,395.64	\$33,554.11	\$36,185.81	\$38,817.51	\$41,449.20	\$44,080.89	\$46,712.58
17	\$17,106.02	\$22,369.42	\$35,527.89	\$38,159.58	\$40,791.29	\$43,422.98	\$46,054.68	\$48,686.37
18	\$19,079.80	\$24,343.18	\$37,501.66	\$40,133.36	\$42,765.04	\$45,396.75	\$48,028.44	\$50,660.14
19	\$21,053.56	\$26,316.95	\$39,475.43	\$42,107.12	\$44,738.82	\$47,370.51	\$50,002.22	\$52,633.91
20	\$23,027.33	\$28,290.72	\$41,449.20	\$44,080.89	\$46,712.58	\$49,344.28	\$51,975.97	\$54,607.67
21	\$25,659.02	\$30,922.41	\$44,080.89	\$46,712.58	\$49,344.28	\$51,975.97	\$54,607.67	\$57,239.37
22	\$28,290.72	\$33,554.11	\$46,712.58	\$49,344.28	\$51,975.97	\$54,607.67	\$57,239.37	\$59,871.07
23	\$30,922.41	\$36,185.81	\$49,344.28	\$51,975.97	\$54,607.67	\$57,239.37	\$59,871.07	\$62,502.76
24	\$33,554.11	\$38,817.51	\$51,975.97	\$54,607.67	\$57,239.37	\$59,871.07	\$62,502.76	\$65,134.45
25	\$42,216.77	\$48,357.39	\$54,607.67	\$57,239.37	\$59,871.07	\$62,502.76	\$65,134.45	\$67,766.14
26	\$45,287.08	\$51,427.70	\$57,239.37	\$59,871.07	\$62,502.76	\$65,134.45	\$67,766.14	\$70,397.84
27	\$48,357.39	\$54,498.02	\$59,871.07	\$62,502.76	\$65,134.45	\$67,766.14	\$70,397.84	\$73,029.53
28	\$51,427.70	\$57,568.33	\$62,502.76	\$65,134.45	\$67,766.14	\$70,397.84	\$73,029.53	\$75,661.24
29	\$54,498.02	\$60,638.63	\$65,134.45	\$67,766.14	\$70,397.84	\$73,029.53	\$75,661.24	\$78,292.93
30	\$57,568.33	\$63,708.94	\$67,766.14	\$70,397.84	\$73,029.53	\$75,661.24	\$78,292.93	\$80,924.63

Effective January 1, 2028

Your Years of Continuous Service When You Retire	Your Age When You Retire							
	55-61	62-64	65	66	67	68	69	70+
15	\$13,553.23	\$18,974.53	\$32,527.76	\$35,238.40	\$37,949.04	\$40,659.69	\$43,370.33	\$46,080.98
16	\$15,586.22	\$21,007.51	\$34,560.73	\$37,271.38	\$39,982.04	\$42,692.68	\$45,403.32	\$48,113.96
17	\$17,619.20	\$23,040.50	\$36,593.73	\$39,304.37	\$42,015.03	\$44,725.67	\$47,436.32	\$50,146.96
18	\$19,652.19	\$25,073.48	\$38,626.71	\$41,337.36	\$44,047.99	\$46,758.65	\$49,469.29	\$52,179.94
19	\$21,685.17	\$27,106.46	\$40,659.69	\$43,370.33	\$46,080.98	\$48,791.63	\$51,502.29	\$54,212.93
20	\$23,718.15	\$29,139.44	\$42,692.68	\$45,403.32	\$48,113.96	\$50,824.61	\$53,535.25	\$56,245.90
21	\$26,428.79	\$31,850.08	\$45,403.32	\$48,113.96	\$50,824.61	\$53,535.25	\$56,245.90	\$58,956.55
22	\$29,139.44	\$34,560.73	\$48,113.96	\$50,824.61	\$53,535.25	\$56,245.90	\$58,956.55	\$61,667.20
23	\$31,850.08	\$37,271.38	\$50,824.61	\$53,535.25	\$56,245.90	\$58,956.55	\$61,667.20	\$64,377.84
24	\$34,560.73	\$39,982.04	\$53,535.25	\$56,245.90	\$58,956.55	\$61,667.20	\$64,377.84	\$67,088.48
25	\$43,483.27	\$49,808.11	\$56,245.90	\$58,956.55	\$61,667.20	\$64,377.84	\$67,088.48	\$69,799.12
26	\$46,645.69	\$52,970.53	\$58,956.55	\$61,667.20	\$64,377.84	\$67,088.48	\$69,799.12	\$72,509.78
27	\$49,808.11	\$56,132.96	\$61,667.20	\$64,377.84	\$67,088.48	\$69,799.12	\$72,509.78	\$75,220.42
28	\$52,970.53	\$59,295.38	\$64,377.84	\$67,088.48	\$69,799.12	\$72,509.78	\$75,220.42	\$77,931.08
29	\$56,132.96	\$62,457.79	\$67,088.48	\$69,799.12	\$72,509.78	\$75,220.42	\$77,931.08	\$80,641.72
30	\$59,295.38	\$65,620.21	\$69,799.12	\$72,509.78	\$75,220.42	\$77,931.08	\$80,641.72	\$83,352.37

## Use of PTO (SHC Section 10.1.4, LPCH Section 9.1.4)

### SHC

#### 10.1.4 Use of PTO.

*[Text to be inserted as 10.1.4.f. – and subsequent paragraphs to be re-lettered.]*

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- f. A Nurse may make arrangements for another Nurse to work for them if they obtain the approval of their manager. When such arrangements are made and approved, the Regular Nurse must first use any accrued PTO and the remainder of the shift will be unpaid. A Nurse may exercise such a substitution arrangement no more than four times per calendar year. Such approved coverage shall not result in premium pay for the Nurse who has agreed to work the shift in question.**

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### LPCH

#### 9.1.4 Use of PTO.

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- k. A Nurse may make arrangements for another Nurse to work for ~~them~~**her/him** if ~~they~~**he** obtains the approval of their manager. The Regular Nurse must use PTO when such arrangements are made and approved, **or the Nurse may choose to have the time they were scheduled to work be unpaid if their PTO bank is insufficient to cover the shift. Such approved coverage shall not result in premium pay for the Nurse who has agreed to work the shift in question.**

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- p. Vacation. The Employer will make a good faith effort to grant each Nurse at least two (2) consecutive weeks of vacation, if requested, without requiring the Nurse to find coverage. **The Employer shall allocate weeks of vacation sufficient to meet this commitment and sufficient to permit Nurses to schedule all weeks of pre-approved vacation time to which they are entitled under the Pre-Approved Vacation and Pre-Approved Education Days Policy, including by calculating and publishing at the beginning of each calendar year the number of weeks of vacation that will be made available to Nurses in each area or unit, and re-assessing those calculations on a quarterly basis.**

**Holidays (SHC Section 10, LPCH Sections 7 and 9).**

SHC

10.1.5 Holidays. The following holidays are built-in components of the PTO accrual rates: New Year's Day, Martin Luther King's Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, **the Friday after Thanksgiving Day**, Christmas Day, and the Regular Nurse's Birthday or alternatively, any other work day mutually agreed upon by the Regular Nurse and her/his supervisor within the year following the Nurse's birthday. However, Regular Nurses required to work on any actual holiday, except their birthday, will be paid 1-1/2 times the regular hourly rate of pay including any applicable shift differential for all time worked between 10:45 p.m. on the eve of the holiday and 11:15 p.m. on the day of the holiday. In addition to the one and one-half (1-1/2) times pay, the Regular Nurse may claim eight (8) hours of accrued PTO to be paid at the hourly base wage rate plus shift differential if applicable in accordance with Section 7.5.7.

LPCH

7.9 Holiday Premium. Nurses required to work on any of the following holidays will be paid 1 1/2 times the regular hourly rate of pay including any applicable shift differential for all time worked: New Year's Day, Martin Luther King's Birthday, Memorial Day (last Monday in May), Independence Day, Labor Day, Thanksgiving Day, **the Friday after Thanksgiving Day**, and Christmas Day. In addition to the 1 1/2 times pay, the Regular Nurse may claim eight (8) hours of accrued PTO to be paid at the hourly base wage rate plus shift differential if applicable in accordance with Section 7.5.6.

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9.1.5 Holidays. The following holidays are built-in components of the PTO accrual rates: New Year's Day, Martin Luther King, Jr.'s Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, **the Friday after Thanksgiving Day**, and Christmas Day.

## Relief Differential.

### SHC

15.13.2 ~~Effective on May 22, 2016,~~ Relief Nurses in the C and D classifications will receive an additional ~~Ten Dollars (\$10.00) Seven Dollars and Fifty Cents (\$7.50)~~ per hour added to the Relief Nurse's hourly base wage rate. ~~Effective on May 22, 2016,~~ Relief Nurses in the Limited, A, and B classifications will receive an additional ~~Fifteen Dollars (\$15.00) Ten Dollars (\$10.00)~~ per hour added to the Relief Nurse's hourly base wage rate.

### LPCH

14.12.5 ~~Effective on May 22, 2016,~~ Relief Nurses in the C classification will receive an additional ~~Ten Dollars (\$10.00) Seven Dollars and Fifty Cents (\$7.50)~~ per hour added to the Relief Nurse's hourly base wage rate. ~~Effective on May 22, 2016,~~ Relief Nurses in the Limited, A, and B classifications will receive an additional ~~Fifteen Dollars (\$15.00) Ten Dollars (\$10.00)~~ per hour added to the Relief Nurse's hourly base wage rate.

**Schedule Posting (SHC Section 18, LPCH Section 17).**

SHC

18.4 Schedules will be posted for four (4) week periods. These schedules will be posted at least **three (3) two (2)**-weeks (which includes the day of the posting) prior to the beginning of the next schedule. The Employer will make a good faith effort to post the Thanksgiving and Christmas/New Year's schedules at least four (4) weeks in advance of the schedule period. **No later than July 10, 2022, t**The posted schedule shall reflect when a Nurse is scheduled to work over the Nurse's minimum regular commitment.

LPCH

17.9 Schedule Posting. Schedules shall be posted for four (4) week periods at a time. The posting shall be at least **three (3) two (2)** weeks before the start of the schedule period. **No later than July 10, 2022, t**The posted schedule shall reflect when a Nurse is scheduled to work over the Nurse's minimum regular commitment.

**Mix of Shifts (SHC Section 18, LPCH Section 17).**

SHC

**18.10 The Employer shall not schedule a Nurse to work a mix of “day,” “evening,” or “night” shifts as defined in Section 7.5.2, unless the Nurse has agreed to accept a position that is identified as a “Rotator” on the Nurse’s Personnel Action Form or in the Human Resources information system.**

- a. If a Nurse identified as a “Rotator” in a non-inpatient area is assigned, in compliance with the seniority provisions of Section 37.7, to alternate between “day” shifts and “night” shifts, the Nurse shall not be required to alternate between “day” shifts and “night” shifts any more frequently than after one (1) complete two-week pay period working in a “day” or “night” designation, provided that nothing shall prohibit the Nurse from volunteering to alternate more frequently.**
- b. Participation in staff meetings, Employer-required training, and other non-patient care activities shall not be considered time assigned to or worked in a given shift designation for purposes of this subsection 18.10.**

LPCH

**17.11 The Employer shall not schedule a Nurse to work a mix of “day,” “evening,” or “night” shifts as defined in Section 7.5.2, unless the Nurse has agreed to accept a position that is identified as a “Rotator” on the Nurse’s Personnel Action Form or in the Human Resources information system.**

- a. If a Nurse identified as a “Rotator” in a non-inpatient area is assigned, in compliance with the seniority provisions of Section 17.4, to alternate between “day” shifts and “night” shifts, the Nurse shall not be required to alternate between “day” shifts and “night” shifts any more frequently than after one (1) complete two-week pay period working in a “day” or “night” designation, provided that nothing shall prohibit the Nurse from volunteering to alternate more frequently.**
- b. Participation in staff meetings, Employer-required training, and other non-patient care activities shall not be considered time assigned to or worked in a given shift designation for purposes of this subsection 17.11.**

**PNDP (SHC Section 41, LPCH Section 38, and corresponding PNDP handbooks).**SHC

## SECTION 41

## PROFESSIONAL NURSE DEVELOPMENT PROGRAM

During the course of their 2010-2011 negotiations, the parties negotiated a Professional Nurse Development Program (“PNDP”), which is incorporated by reference herein. The intent and purpose of the PNDP is to improve nursing practice at the Hospitals and not to limit or cap the number of nurses who can achieve or retain Clinical Nurse III or IV status if they satisfy the criteria of the PNDP. The parties agree to apply the criteria and procedures set forth in the PNDP in good faith. The Hospital shall not use the criteria or procedures set forth in the PNDP to impose a cap on the number of Nurses who may achieve or retain Clinical Nurse III or IV status. A Nurse denied a promotion or renewal may exercise the appeal rights set forth in the PNDP, but may not grieve the decision. Nothing in this Agreement shall prevent the parties from negotiating changes to the PNDP in future negotiations, including the introduction of limits on the number of Clinical Nurse III or IVs.

1. The Hospital agrees to provide training on how to write exemplars.
2. Applicants will be provided information regarding programs that exist to support RNs in improving their clinical expertise and professional development such as training and scholarship programs that are available.
3. Panel members appointed by CRONA will be paid by the hospital pursuant to the “Staff and Committee Meetings” provisions of the Agreements (Section 7.9). A Nurse appointee may take the panel time within his or her commitment with the advance agreement of the supervisor.
4. The wage scales for the Clinical Nurse III and Clinical Nurse IV positions shall be as set forth in Appendix “A” – Wage Schedule. The change to a Clinical Nurse rate of pay will be effective beginning the pay period following written notice of acceptance for promotion or final appeal of a demotion.
5. Transition Period
  - a. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III position to the Nurse.
  - b. At the time of renewal in a non-panel year, if a Clinical Nurse IV is unable to maintain his/her Clinical Nurse IV status but the Nurse Manager determines that the Nurse meets the requirements for Clinical Nurse III, the Nurse Manager shall offer the Nurse a Clinical Nurse III position.
  - c. All Clinical Nurses who terminate and seek reemployment must come back as Clinical Nurse II or a Relief Clinical Nurse II.
  - d. BSN Waiver – A nurse with five (5) or more years of service as a registered nurse, two (2) or more continuous years of service with Stanford Health Care and/or Lucile Salter Packard Children’s Hospital at Stanford, and who was a Staff Nurse III or Staff Nurse IV as of October 1, 2015, but does not possess a BSN or MSN degree or a Doctorate of Nursing 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 Clinical Nurse IV if the nurse has or obtains a nationally recognized certification, as specified in subsection (iii) below. Notwithstanding the foregoing but only until March 31, 2022, a nurse who was a Staff Nurse III or Staff Nurse IV as of October 1, 2015 with at least twenty (20) years of service with Stanford Health Care and/or Lucile Salter Packard Children’s Hospital at Stanford, shall be

eligible for this waiver of a BSN or higher degree, regardless whether that nurse has or obtains a nationally recognized certification.

- i. To be eligible for a waiver of a BSN or higher degree, the nurse must have obtained a Clinical Nurse III or Clinical Nurse IV position no later than March 31, 2022 and thereafter may use the BSN waiver to maintain such a position. The nurse may use the BSN waiver to apply multiple times for Clinical Nurse III and/or Clinical Nurse IV level.
  - ii. A nurse who obtains a Clinical Nurse III or Clinical Nurse IV position pursuant to this BSN waiver provision and thereafter maintains a nationally recognized certification specified in subsection (iii) below (if required under this provision) will be deemed during future review periods to meet the requirement for purposes of retaining the Clinical Nurse III or Clinical Nurse IV status the nurse obtained prior to March 31, 2022.
  - iii. A certification that qualifies for the BSN waiver is either the most applicable certification in the nurse's area of specialty or a certification that supports the basic clinical practice in the nurse's area of work, e.g., pediatric certification for pediatric units and clinics at LPCH; O.B. certification for O.B. clinics and Labor & Delivery and Postpartum units at LPCH; medical/surgical certification for acute care pediatric units and clinics at LPCH, acute care units and clinics at SHC, and the cancer centers at LPCH and SHC; critical care certification for critical care units at SHC or LPCH; or ambulatory care certification for outpatient clinics at LPCH and SHC (other than the cancer centers).
  - iv. The seniority and experience requirements provided for in this section shall be determined as of April 7, 2011.
- e. Nurses who apply for and are accepted for Clinical Nurse III or Clinical Nurse IV status under the Professional Nurse Development Program will be placed on the step on the appropriate Clinical Nurse III or Clinical Nurse IV scale commensurate with their service or prior experience credit (e.g., if they are on Step 5 of the Staff II wage scale and are accepted as a Clinical Nurse III or IV, they will be placed at the Step 5 of the applicable wage scale).
- f. The Hospital agrees that, during the life of the ~~2025 – 2028 2019 – 2022~~ Agreement, it will maintain records of all applicants for Clinical Nurse III or Clinical Nurse IV who go before the Clinical Nurse Selection Panel, whether they are accepted or rejected by the Panel, the reason given for rejecting each nurse, who among those rejected utilized the appeal process, and the result of the appeal process in each case. At the completion of each application period, the information concerning nurses who are rejected (identified by Employee ID Number) will be compiled and shared with CRONA in Joint Conference.
- g. Role of Panel during term of ~~2025 – 2028 2019 – 2022~~ Agreement: Notwithstanding Section XI (7) of the PNDP, no changes shall be made to the negotiated terms of the PNDP during the term of the ~~2025 – 2028 2019 – 2022~~ Agreement. As provided by Section XI(6) of the PNDP, the PNDP panel may continue to exercise its authority to interpret the terms of the PNDP. In addition, the PNDP Panel may make recommendations as provided by Section XI(7) on procedural and other issues that are not addressed by the terms of the PNDP.

LPCH

## SECTION 38

## PROFESSIONAL NURSE DEVELOPMENT PROGRAM

During the course of their 2010-2011 negotiations, the parties negotiated a Professional Nurse Development Program (“PNDP”), which is incorporated by reference herein. The intent and purpose of the PNDP is to improve nursing practice at the Hospitals and not to limit or cap the number of nurses who can achieve or retain Clinical Nurse III or IV status if they satisfy the criteria of the PNDP. The parties agree to apply the criteria and procedures set forth in the PNDP in good faith. The Hospital shall not use the criteria or procedures set forth in the PNDP to impose a cap on the number of Nurses who may achieve or retain Clinical Nurse III or IV status. A Nurse denied a promotion or renewal may exercise the appeal rights set forth in the PNDP, but may not grieve the decision. Nothing in this Agreement shall prevent the parties from negotiating changes to the PNDP in future negotiations, including the introduction of limits on the number of Clinical Nurse III or IVs.

1. The Hospital agrees to provide training on how to write exemplars.
2. Applicants will be provided information regarding programs that exist to support RNs in improving their clinical expertise and professional development such as training and scholarship programs that are available.
3. Panel members appointed by CRONA will be paid by the hospital pursuant to the “Staff and Committee Meetings” provisions of the Agreements (Section 7.10). A Nurse appointee may take the panel time within his or her commitment with the advance agreement of the supervisor.
4. The wage scales for the Clinical Nurse III and Clinical Nurse IV positions shall be as set forth in Appendix “A” – Wage Schedule. The change to a Clinical Nurse rate of pay will be effective beginning the pay period following written notice of acceptance for promotion or final appeal of a demotion.
5. Transition Period.
  - a. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III position to the Nurse.
  - b. At the time of renewal in a non-panel year, if a Clinical Nurse IV is unable to maintain his/her Clinical Nurse IV status but the Nurse Manager determines that the Nurse meets the requirements for Clinical Nurse III, the Nurse Manager shall offer the Nurse a Clinical Nurse III position.
  - c. All Clinical Nurses who terminate and seek reemployment must come back as Clinical Nurse II or a Relief Clinical Nurse II.
  - d. BSN Waiver – A nurse with five (5) or more years of service as a registered nurse, two (2) or more continuous years of service with Stanford Health Care and/or Lucile Salter Packard Children’s Hospital at Stanford, and who was a Staff Nurse III or Staff Nurse IV as of October 1, 2015, but does not possess a BSN or MSN degree or a Doctorate of Nursing 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 Clinical Nurse IV if the nurse has or obtains a nationally recognized certification, as specified in subsection (iii) below. Notwithstanding the foregoing but only until March 31, 2022, a nurse who was a Staff Nurse

III or Staff Nurse IV as of October 1, 2015 with at least twenty (20) years of service with Stanford Health Care and/or Lucile Salter Packard Children's Hospital at Stanford, shall be eligible for this waiver of a BSN or higher degree, regardless whether that nurse has or obtains a nationally recognized certification.

- i. To be eligible for a waiver of a BSN or higher degree, the nurse must have obtained a Clinical Nurse III or Clinical Nurse IV position no later than March 31, 2022 and thereafter may use the BSN waiver to maintain such a position. The nurse may use the BSN waiver to apply multiple times for Clinical Nurse III and/or Clinical Nurse IV level.
- ii. A nurse who obtains a Clinical Nurse III or Clinical Nurse IV position pursuant to this BSN waiver provision and thereafter maintains a nationally recognized certification specified in subsection (iii) below (if required under this provision) will be deemed during future review periods to meet the requirement for purposes of retaining the Clinical Nurse III or Clinical Nurse IV status that the nurse obtained prior to March 31, 2022.
- iii. A certification that qualifies for the BSN waiver is either the most applicable certification in the nurse's area of specialty or a certification that supports the basic clinical practice in the nurse's area of work, e.g., pediatric certification for pediatric units and clinics at LPCH; O.B. certification for O.B. clinics and Labor & Delivery and Postpartum units at LPCH; medical/surgical certification for acute care pediatric units and clinics at LPCH, acute care units and clinics at SHC, and the cancer centers at LPCH and SHC; critical care certification for critical care units at SHC or LPCH; or ambulatory care certification for outpatient clinics at LPCH and SHC (other than the cancer centers).
- iv. The seniority and experience requirements provided for in this section shall be determined as of April 7, 2011.
- e. Nurses who apply for and are accepted for Clinical Nurse III or Clinical Nurse IV status under the Professional Nurse Development Program will be placed on the step on the appropriate Clinical Nurse III or Clinical Nurse IV scale commensurate with their service or prior experience credit (e.g., if they are on Step 5 of the Staff II wage scale and are accepted as a Clinical Nurse III or IV, they will be placed at the Step 5 of the applicable wage scale).
- f. The Hospital agrees that, during the life of the ~~2025 – 2028-2019 – 2022~~ Agreement, it will maintain records of all applicants for Clinical Nurse III or Clinical Nurse IV who go before the Clinical Nurse Selection Panel, whether they are accepted or rejected by the Panel, the reason given for rejecting each nurse, who among those rejected utilized the appeal process, and the result of the appeal process in each case. At the completion of each application period, the information concerning nurses who are rejected (identified by Employee ID Number) will be compiled and shared with CRONA in Joint Conference.
- g. Role of Panel during term of ~~2025 – 2028-2019 – 2022~~ Agreement: Notwithstanding Section XI (7) of the PNDP, no changes shall be made to the negotiated terms of the PNDP during the term of the ~~2025 – 2028-2019 – 2022~~ Agreement. As provided by Section XI(6) of the PNDP, the PNDP panel may continue to exercise its authority to interpret the terms of the PNDP. In addition, the PNDP Panel may make recommendations as provided by Section XI(7) on procedural and other issues that are not addressed by the terms of the PNDP.

## **On-Call Reporting Time and Sleep Room (SHC Section 7.7, LPCH Section 7.7).**

### SHC

7.7 On-Call Systems. There are two types of On-Call, titled “Restricted” and “Unrestricted”.

7.7.1 Restricted On-Call. This type of On-Call is considered to be hours worked and will be compensated accordingly. The Nurse is required to remain on-call on the Employer’s premises or at some designated place (within a restricted geographical area.)

7.7.2 Unrestricted On-Call. This type of On-Call is not considered to be hours worked. The Nurse is not required to remain on the Employer premises or any other particular place, but is required to leave word where s/he may be reached by telephone. The Employer will compensate a Nurse on unrestricted on-call at one half the hourly base wage rate for scheduled unrestricted on-call hours. If a Nurse is called into work while on unrestricted on-call status, s/he will be paid at the rate of one and one-half (1-1/2) times the regular hourly rate of pay for actual hours worked and will be guaranteed a minimum of two (2) hours pay at this rate, unless, with supervision’s approval the Nurse wishes to return to her/his home to resume on-call status. A Nurse called in to work under this paragraph will be compensated according to subsection 7.6 for any overtime hours worked.

7.7.3 Sleep Room. The Employer shall maintain a list of a sufficient number of appropriate locations to sleep, which may include off-site lodging paid for by the Employer. **This list shall be made available to the Nurses and posted both electronically and in a conspicuous location in any unit or area that utilizes an on-call system. The posted information shall be updated no less than every six (6) months.** The Patient Care Manager, Administrative Nursing Supervisor, or their designee will identify **in writing** from that list a location to sleep for each Nurse placed on-call who has worked a minimum of twelve (12) consecutive hours or who has less than eight (8) hours before her or his next scheduled shift begins. From time to time, the Nurse Practice Committee shall meet and review the list of pre-designated appropriate sleep locations to discuss potential modifications or expansions to the list.

7.7.4 Effective August 28, 2016, a Nurse may not be assigned call in an amount exceeding twelve (12) hours per week.

## LPCH

7.7 On-Call System. On-Call is not considered to be hours worked. The Nurse is not required to remain on the Employer premises or any other particular place, but is required to leave word where she or he may be reached by telephone or beeper. The Employer will compensate a Nurse on on-call at one-half the hourly base wage rate for scheduled on call hours. If a Nurse is called into work while on on-call status, she or he will be paid at the rate of one and one-half (1 ½) times the regular hourly rate of pay for actual hours worked and will be guaranteed a minimum of two (2) hours' pay at this rate, unless, with supervision's approval, the Nurse wishes to return to her/his home to resume on-call status. A Nurse called in to work under this paragraph will be compensated according to subsection 7.6 for any overtime hours worked.

7.7.1 Sleep Room. The Employer shall maintain a list of a sufficient number of appropriate locations to sleep, which may include off-site lodging paid for by the Employer. **This list shall be made available to the Nurses and posted both electronically and in a conspicuous location in any unit or area that utilizes an on-call system. The posted information shall be updated no less than every six (6) months.** The Patient Care Manager, Administrative Nursing Supervisor, or their designee will identify **in writing** from that list a location to sleep for each Nurse placed on-call who has worked a minimum of twelve (12) consecutive hours or who has less than eight (8) hours before her or his next scheduled shift begins. From time to time, the Nurse Practice Committee shall meet and review the list of pre-designated appropriate sleep locations to discuss potential modifications or expansions to the list.

7.7.2 Effective August 28, 2016, a Nurse may not be assigned call in an amount exceeding twelve (12) hours per week.

**Weekend Staffing** (SHC Section 17, LPCH Section 16, Side Letters Re Weekend Premium Pay).

The Hospitals acknowledge CRONA's withdrawal of its proposed language for SHC Section 17.2.1 and LPCH Section 16.2 based on the hospitals' representations that nothing in the collective bargaining agreements bars management from scheduling Nurses to have two out of every three weekends off; the Hospitals propose the attached revised Side Letters and the following language for inclusion in any tentative agreement(s):

“Within ninety (90) days of ratification, the Hospital shall provide education for managers regarding the collective bargaining agreement's provisions relating to weekend staffing and scheduling, including information that nothing in the collective bargaining agreement requires managers to schedule Nurses to work every other weekend and nothing in the collective bargaining agreement prohibits managers from scheduling Nurses to work only one out of every three weekends.”

“In conjunction with the education described above, the Hospital will also, within ninety (90) days of ratification, notify managers and schedulers that they have the option of pre-populating individual Nurses to work every other weekend or to work less frequently than every other weekend, or managers and schedulers may turn off the pre-population of the weekends.”

**SIDE LETTER  
Between  
Stanford Health Care  
and  
CRONA**

**Re Weekend Premium Pay and Weekend Staffing**

Stanford Health Care and CRONA have agreed as follows:

The parties agree that a Nurse who voluntarily agrees to work in a “weekends only” or “weekends preferred” position is not eligible for premium pay under Section 17.2 (titled “Guarantee of Weekends Off”) of the parties’ collective bargaining agreement. Effective no later than May 1, 2021, the job description for a Clinical Nurse position and a posting for a new “weekends only” position shall state that a Nurse who voluntarily agrees to work in a “weekends only” position is not eligible for premium pay under Section 17.2.

The parties agree that Nurses may request a “weekends only” or “weekends preferred” position, and that the Hospital may post such a position. Such a position should be posted in accordance with Section 23.1.1.

In conjunction with their 2025 – 2028 negotiations, the Hospital and CRONA discussed weekend scheduling practices. The parties agreed that nothing in the collective bargaining agreement requires Nurses to be scheduled to work every other weekend and that managers may schedule all or some of the Nurses in a unit or area to work one out of every three weekends, if staffing permits.

**SIDE LETTER**

**Between**

**LPCH**

**AND**

**CRONA**

**Re Weekend Premium Pay and Weekend Staffing**

Lucile Packard Children’s Hospital Stanford and CRONA have agreed as follows:

The parties agree that a Nurse who voluntarily agrees to work in a “weekends only” or “weekends preferred” position is not eligible for premium pay under Section 16.2 (titled “Guarantee of Weekends Off”) of the parties’ collective bargaining agreement. Effective no later than June 30, 2022, the job description for a Clinical Nurse position and a posting for a new “weekends only” position shall state that a Nurse who voluntarily agrees to work in a “weekends only” position is not eligible for premium pay under Section 16.2.

The parties agree that Nurses may request a “weekends only” or “weekends preferred” position, and that the Hospital may post such a position. Such a position should be posted in accordance with Section 22.1.1.

In conjunction with their 2025—2028 negotiations, the Hospital and CRONA discussed weekend scheduling practices. The parties agreed that nothing in the collective bargaining agreement requires Nurses to be scheduled to work every other weekend and that managers may schedule all or some of the Nurses in a unit or area to work one out of every three weekends, if staffing permits.

## Student Loan Repayments.

Note: Only the Side Letter between SHC and CRONA is reproduced. This proposal includes parallel changes in the LPCH-CRONA Side Letter Re Student Loan Repayment Program.

### SIDE LETTER

Between Stanford Health Care

and

CRONA

Re Student Loan Repayment Program

202~~2~~<sup>5</sup>

The Hospital shall ~~continue its establish a~~ student loan repayment program. Payments made pursuant to the student loan repayment program may be used for principal or interest payments on qualified educational loans incurred by an eligible Nurse for the purpose of obtaining a nursing degree (i.e., ADN, BSN, MSN, DNP, or Ph.D in Nursing) and shall not exceed the amount owed by the Nurse. The program shall allow repayments as provided in this Side Letter:

1) Tuition Reimbursement Funds: Effective on September 1, 20~~22~~<sup>25</sup>, a Nurse eligible for educational assistance and professional enrichment under Section 14.2 may elect to use up to one hundred percent (100%) of the Nurse's annual educational reimbursement funds under Section 14.3.3 for eligible student loan payments. The amount elected by the Nurse may not exceed the maximum tax-free student loan payment amount permitted by ~~federal law the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), as extended by the Consolidated Appropriations Act of 2021~~. Any amount of a Nurse's annual educational reimbursement that a Nurse does not elect to use for eligible student loan payments shall remain available for use pursuant to the terms of Section 14.

In advance of each academic year, a Nurse electing to use all or a portion of the Nurse's educational reimbursement funds for student loan payments shall make an election to use a designated portion of the Nurse's educational reimbursement funds for this purpose and shall agree to the terms of the program, including providing relevant information to process the loan payment and connecting the Nurse's student loan service provider to the Employer's Student Loan Benefit system to receive contributions.

The Employer shall prepare the application procedures for Nurses to make this election and shall establish a process for the submission of documentation regarding qualifying loans, which shall be discussed in advance with CRONA.

All payments under this Side Letter shall be made in compliance with the law and IRS regulations, including applicable IRS limits. The student loan repayment program shall ~~remain in place while automatically terminate at the earliest point it is no longer~~ allowed by applicable federal law, ~~or the expiration of the 2025 – 2028 CBA, whichever comes first.~~

**SHC**

**SECTION 14**

**EDUCATIONAL ASSISTANCE AND PROFESSIONAL ENRICHMENT**

14.1 Purpose.

- 14.1.1 To encourage and assist eligible Nurses in increasing their effectiveness in performing the duties of their present jobs and to increase their knowledge and effectiveness as Registered Nurses.
- 14.1.2 To recognize and support according to the terms set forth below the ongoing need for continuing education for many Nurses as part of maintaining licensure or certification required by the Employer.

14.2 Eligibility.

- 14.2.1 Regular full-time and part-time Nurses who have completed their trial period and one thousand (1000) hours actually worked and "C" and "D" Relief Status Nurses who have completed their six month trial period and the equivalent number of hours (1000), are eligible to participate in this program.
- 14.2.2 Nurses who have not completed the eligibility requirements set forth above are not eligible to participate in this program. Once eligible a Nurse must maintain an eligible status throughout the entire course(s) or reimbursement will not be granted. Nurses on leave of absence are not authorized to take any training or class and will not receive pay for time they spend attending any such training or class and are not eligible for expense reimbursement under this section.
- 14.2.3 Nurses who have completed the eligibility requirements set forth above and who are granted an educational leave pursuant to Section 19 of this Agreement will continue to be eligible for reimbursement under the terms of this program so long as the Nurse maintains at least a "C" commitment.

14.3 Reimbursement.

- 14.3.1 The Employer will pay tuition for courses taken for credit (including Home Study), certification exams and certification renewals completed by eligible Nurses according to the Program, Course, and/or Exam qualifications in 14.7, and reimbursement procedures in the Employer's Reimbursement Policy. Eligible parttime Regular and Relief Nurses will be eligible for reimbursement on a pro-rata basis.
- 14.3.2 When required in connection with a qualified course, the reimbursement may cover lab fees, textbooks and software required by the course.
- 14.3.3 Reimbursement Section. The dollar maximum is Two Thousand Dollars (\$2000.00) per academic year (September 1 through August 31) for eligible full-

time Regular Nurses and pro-rated amounts of that maximum for eligible part-time Regular and Relief Nurses.

- a. Educational reimbursement may cover Continuing Education Course Tuition (includes cost of Continuing Education hours for ACLS, Chemo certification and Trauma Continuing Education hours, AR, PALS and NRP, tuition for PALS and NRP outside SHC, and Lane Library privileges); fees for professional certification and renewals, membership in a professional Nursing organization, Nursing Research Projects at SHC through SHC Nursing research; travel, lodging for out-of-area professional conferences; professional journals, books, software and audio-visual materials.
- b. The Employer will respond to a Nurse's request for reimbursement or prior approval of expenses under this Section within thirty (30) days of receipt of the request; and, if the request is denied, the Employer's response will inform the Nurse of the position of the person who made the decision and the reason(s) why the request was denied.

14.3.4 Continuing Education Hours. All continuing education programs certified by the BRN and which are job related as defined in 14.7.1.b and accredited by the State of California for re-licensure shall qualify for educational assistance under the terms for reimbursement set forth in 14.7 and 14.8. In addition, all the Employer sponsored Continuing Education hours shall qualify for educational assistance under the terms for reimbursement.

#### 14.4 Paid Educational Hours.

14.4.1 Effective with the 2022-2023 Academic Year, a full-time Regular Nurse shall be entitled to forty (40) hours with pay each academic year (the end of the pay period immediately before September 1 through the end of the pay period immediately before August 31, as set forth below) to attend programs and courses, in accordance with the procedures and guidelines provided herein. Eligible Regular part-time Nurses and Relief Nurses will be eligible for reimbursement on a pro-rata basis.

- a. For the contract period, the dates inclusive of the academic year, for which a Regular Nurse will be able to use their education hours, are as follows:
  - (1) ~~2025/2026~~~~2022/2023~~: August ~~1724~~, ~~202522~~ through August ~~2919~~, ~~202623~~
  - (2) ~~2026/2027~~~~2023/2024~~: August ~~3020~~, ~~202623~~ through August ~~2817~~, ~~202724~~
  - (3) ~~2027/2028~~~~2024/2025~~: August ~~2948~~, ~~202724~~ through August ~~2616~~, ~~202825~~

~~b. For the current 2021 – 2022 academic year, Nurses still have the ability to use Education Hours through August 31, 2022.~~

14.4.2 Procedure.

- a. If pre-approved educational hours have not been granted to a Nurse pursuant to the Employer's policy, the eligible Nurse must apply in writing at least thirty (30) days in advance, and no less than fifteen (15) days prior to the posting of the schedule during which the time is being requested, specifying the course, institute, workshop or class certification or exam the eligible Nurse wishes to attend, and the number of hours requested. Requests received less than thirty (30) days in advance and less than fifteen (15) days prior to the posting of the schedule during which the time is being requested may be granted at the sole discretion of the Manager.
- b. A Nurse may request educational hours over the Nurse's commitment, for actual time spent attending a course, which may be granted at the sole discretion of the Manager.
- c. The Employer shall schedule educational hours in accordance with scheduled work and staffing assignments and make a good faith effort to notify the Nurse within ten (10) days after receipt of a request whether or not the request for hours has been granted.
- d. The Employer shall provide reimbursement within thirty (30) working days of receipt of the completed paperwork by the Department of Human Resources.
- e. The decision to approve or deny a request for educational time off is within the sole discretion of the Employer, but such time will not be denied unreasonably.

14.4.3 Yearly Basis. Each eligible Nurse shall be eligible for educational hours as provided in this Section on the basis of the academic year, which is the period from **September 1—August 31 defined in Section 14.4.1 of this agreement.**

14.4.4 Accumulation. A Nurse entitled to apply for educational hours who does not apply waives them for the year. Nurses will make every attempt to request educational hours in a timely manner throughout the year. If an eligible Nurse requests educational hours for a program within the guidelines provided herein and does not receive them in the year for which qualified, the eligible Nurse may accumulate them for use in the following year.

14.4.5 Payment for Educational Hours.

- a. If an eligible Nurse requests and receives approval for an educational program taking less than the Nurse's full shift, the Nurse may elect to take the remaining hours of the shift, up to a maximum of the Nurse's full shift (i.e., eight (8), ten (10), or twelve (12) hours), as educational hours, PTO or absent time.

- b. Subject to (a), above, if an eligible night shift Nurse requests permission to attend an educational program which would otherwise qualify under the educational hours and pay provisions provided herein, but which falls entirely outside the night shift, the Nurse's regularly scheduled shift, the Employer shall make a good faith effort to schedule the educational hours in lieu of the Nurse's night shift immediately preceding the program.

14.4.6 Home Study. Education time may be granted for home study courses according to the following procedure:

- a. The eligible Nurse has received pre-approval for the home study course according to the procedures outlined in this Agreement.
- b. Upon providing proof of successful completion of the home study course to the Manager, the eligible Nurse will be eligible for paid education time according to the terms of Section 14.2.
- c. Education time for home study courses will be provided at the ratio of one (1) hour per one (1) credit earned.
- d. All procedures for approval and reimbursement for education time for home study courses will be in compliance with applicable procedures of this Agreement.

14.5 Educational Training and Classes Required by the Employer.

14.5.1 The Employer will pay all Nurses (including Nurses not eligible to participate in the Educational Assistance and Professional Enrichment program) for the time spent and expenses incurred by the Nurse on educational training and classes that are required by the Employer, in accordance with applicable law and subject to advance approval of the Nurse's manager.

- a. Notwithstanding the foregoing, the Employer will not pay the costs of fees, materials, and other expenses for any Nurse if the training and classes and related materials are available from or through the Employer but the Nurse takes the training or class elsewhere, unless the Nurse schedules to take the training or class pursuant to subparagraph (b) below.
- b. As provided above in Section 14.2.2, the Employer will not pay a Nurse for time spent attending Employer-required training and classes while on a leave of absence. If a Nurse has been released to return from an approved leave of absence but must complete required training or a class before being permitted

to return to work, the Nurse's return to work date shall be scheduled by the Manager to occur on the first day that the Nurse is able to attend a scheduled session of the missing required training or class.

- 14.5.2 Educational training and classes required and provided by the Employer (including Skills Fair) will be charged against an eligible Nurse's educational hours if Continuing Education hours are provided and the Nurse elects to receive such Continuing Education hours, but a Nurse's educational hours will not be charged for Employer required training and classes if the Employer requires the Nurse to accept Continuing Education hours.
- 14.5.3 All other training and classes offered but not required by the Employer and taken by a Nurse will be charged against the eligible Nurse's educational hours if the Nurse elects to receive pay.
- 14.6 Shift Differential for Educational Classes. Nurses who take educational training and classes required by the Employer will receive shift differentials based upon the time of day the required training or class (s)he attends takes place. Nurses who take training and classes not required by the Employer shall be paid the Nurse's base hourly rate, without overtime premium or differentials, if the Nurse elects to receive pay.
- 14.7 Program, Course, and/or Exam Qualifications.
- 14.7.1 Only courses taken for credit, certification exams and renewals, according to the following criteria, will be accepted for tuition assistance. A grade of "C" or higher must be obtained in a course taken for credit to qualify for reimbursement.
- Criteria.
- a. Courses required for undergraduate, graduate or professional degree in the field of Nursing.
- b. Vocational, correspondence, extension, college or occupational skills courses, certification exams and renewals, and workshops which are clearly and demonstrably related to the effective performance of the eligible Nurse's present job or which in the judgment of the Employer will increase the Nurse's knowledge and effectiveness as a Registered Nurse with the Employer.
- 14.7.2 The approval of apparent course compliance will be made by the eligible Nurse's Unit Supervisor and will be then forwarded to the Vice President of Patient Care or her/his designee who may in consultation with the Human Resources Department either approve or deny the request.
- 14.8 Application Procedure.
- 14.8.1 Program, Course, Exam Approval (other than Continuing Education Hours) .
- a. Before enrolling for a program, course, and/or exam, the eligible Nurse must present her/his supervisor with a written request describing how the

program, course(s), and/or exam(s) meets the criteria set forth in 14.7 above.

- b. Programs, courses, and/or exams must be approved for qualification compliance by the applicant's Unit Supervisor and approved by the Vice President of Patient Care or designee prior to enrollment.
- c. If appropriate approval has been granted to an eligible Nurse for a total continuing program, e.g., completion of an undergraduate, graduate or professional degree in the field of Nursing, it is not necessary to request approval before registering for each course in the program.

If an eligible Nurse is not enrolled in a total program, such as the completion of a Bachelor's Degree, but desires to enroll in single courses, it is required that the Nurse seek appropriate approval for each individual course.

- d. The approved and completed form is retained in the Department of Nursing.

#### 14.8.2 Reimbursement.

- a. In order to receive reimbursement, the following must be submitted to the Nursing Administration within ninety (90) calendar days of the final date of the course(s):
  - (1) A completed current Tuition Reimbursement Application Form.
  - (2) Evidence of payment of expenses, e.g., a copy of a canceled check, receipt for payment or customer copy of credit card statement.
  - (3) Grade record – "C" or higher or certification of course completion in courses where no grade is given, e.g., a copy of the BRN Continuing Education Certificate.
  - (4) Copy of exam/passing score notification.
- b. Failure to submit paperwork before the defined time limit will result in nonreimbursement. If extenuating circumstances occur which are determined to be beyond the Nurse's control, e.g., grade record or canceled check has not been returned, the Nursing Administration Department must be informed in writing before the end of the ninety (90) calendar day limit.

#### 14.9 Specialty Continuing Education.

- 14.9.1 When the Employer provides continuing education for Nurses, at least every tenth (10th) such opportunity per course will be reserved for a Nurse not currently assigned to a unit requiring training in the specialty subject offered.

- 14.9.2 The Nurse must have sufficient educational hours or PTO to complete the program and must request the time off from her/his Unit Supervisor as provided in 14.4.2 above.

14.10 Sabbatical Assignment.

- 14.10.1 Purpose. The purpose of sabbatical assignments is to grant eligible Nurses the opportunity to receive assignments to a special project or a research project for the

purpose of enhancing professional development of the Nurse and of enhancing the practice and profession of nursing with the Employer.

- 14.10.2 Eligibility and Qualifications. All 0.8 time or more Regular Nurses with seven (7) or more years of continuous service with the Employer are eligible to apply for posted sabbatical assignment or to submit a proposal for a sabbatical assignment.

- 14.10.3 Terms of Sabbatical Assignments. The Vice President of Patient Care may identify the subject matter, duration, time commitment and other terms of the special project or research project, which will then be posted by the Nursing Department for application by eligible Nurses. In addition, any Regular Nurse with seven (7) or more years of continuous service may submit a written proposal for special project or research project. The proposal shall be submitted to the Regular Nurse's unit supervisor for review. If the supervisor determines it to be worthy of further consideration, the supervisor will submit it to the Vice President of Patient Care for review. If the Vice President of Patient Care approves the proposal in whole or in part, s/he will determine the duration, time commitment, and other terms of the special project or research project.

- 14.10.4 Selection. Selection among eligible applicants or among proposals for sabbatical assignments shall be based on the Vice President of Patient Care's judgment of the merit of the proposal and qualifications, skill and ability to perform the assignment, the operational needs of the applicants' units, past participation in Employer or nursing service committees and special projects. Whenever two (2) or more Regular Nurses are determined by the Vice President of Patient Care to be substantially equal, priority shall be given to Nurses who have not previously been offered a sabbatical assignment.

- 14.10.5 Pay and Benefits. Regular Nurses selected for sabbatical assignment shall be paid at their base wage rate and benefits for the duration of the sabbatical assignment.

- 14.10.6 Number of Sabbatical Assignments. The number and terms of sabbatical assignments shall be determined by the Vice President of Patient Care. If a sufficient number of research projects or special projects are identified for posting by the Vice President of Patient Care or if a sufficient number of Nurse proposals are approved by the Vice President of Patient Care, sabbatical

assignments shall be offered to up to three (3) Regular Nurses per contract year.

### LPCH Section 13

#### 13.5.1

- a. For the contract period, the dates inclusive of the academic year, for which a Regular Nurse will be able to use their education hours, are as follows:
  - (1) ~~2025/2026~~~~2022/2023~~: August ~~3124~~, 20~~2522~~ through August ~~2919~~, 20~~2623~~
  - (2) ~~2026/2027~~~~2023/2024~~: August ~~3020~~, 20~~2623~~ through August ~~2817~~, 20~~2724~~
  - (3) ~~2027/2028~~~~2024/2025~~: August ~~2948~~, 20~~2724~~ through August ~~2646~~, 20~~2825~~
- b. For the current 202~~44~~ – 202~~52~~ academic year, Nurses still have the ability to use Education Hours through August 30, 20~~2522~~.

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**SECTION 22**

**TIME OFF FOR CRONA OFFICERS**

- 22.1 ~~The CRONA president and two~~ Three designated CRONA officers shall be allowed reasonable time with pay each pay period not to exceed a total of thirty-two (32) hours for the three (3) for the purpose of conducting CRONA business with the Employer. Different officers may be designated by CRONA to use this time off on a rotating basis. Paid time under this subsection shall not be considered work time for the purposes of calculating overtime. CRONA will notify Nursing Administration after the election of officers as to the distribution of the CRONA hours. In the event that the distribution of the CRONA hours changes due to officer absence, CRONA will notify Nursing Administration prior to the pay period that the change occurs.
- 22.2 If requested by the officer, the paid time provided for in this subsection will be scheduled and taken within the officer's regularly scheduled hours (FTE). The time shall be scheduled in advance by mutual agreement between the officer and his or her supervisor in increments of at least one (1) hour. All benefits shall accrue on these hours, including shift differential and education benefits, and these hours shall be considered as pension eligible earnings under Section 12.1.3.c.
- 22.3 Alternatively, if requested by the officer, and upon advance notice to his or her supervisor, the paid time provided for in this subsection may be paid in addition to the officer's regularly scheduled hours (FTE). For such paid time, benefits shall not accrue.
- 22.4 CRONA shall provide the Employer with a list of its officers and apprise the Employer of any changes during the term of this Agreement.
- 22.5 CRONA's Nurse designees shall not be unreasonably denied Absent days and/or the use of PTO to attend Nurses' Association Conventions. CRONA recognizes that the decision to approve or deny either Absent days and/or PTO to attend such conventions because of scheduled work and staffing assignments is within the sole discretion of the Employer. CRONA shall notify the Employer of the identity of their designees and the date of the conventions, at least ~~thirty (30)~~ ninety (90) days in advance of such absence.

*BJ Chisholm*

For CRONA

1/30/2025 | 2:02 PM PST

*Aaron L. Agenbrood*

For SHC

1/30/2025 | 10:56 PM EST

**TENTATIVE AGREEMENT  
BETWEEN  
SHC AND CRONA  
FEBRUARY 3, 2025**

**SECTION 34**

**NURSE PRACTICE COMMITTEE**

- 34.1 Composition. The Nurse Practice Committee is a joint Employer/CRONA committee consisting of four (4) representatives selected by the Employer and four (4) Nurses selected by CRONA, and with advance mutual agreement, additional ad hoc Nurse or Patient Care Manager participants as the Committee determines to be of assistance on particular issues or problems. In the event that either the Employer or CRONA wishes to have additional representatives appointed to the Nurse Practice Committee from departments outside the Department of Nursing who have CRONA R.N. staff, the appointment would be subject to the Committee's approval. This committee will have a co-chair from the Employer and from CRONA chosen by the respective parties from within the eight (8) appointed members.
- 34.2 Purpose. To promote, develop, and continually enhance professional nursing practice, effective utilization of nursing resources, and an organizational climate conducive to professional practice.
- 34.3 Responsibilities.
- 34.3.1 To discuss items mutually agreed to be of concern as issues affecting Nursing Practice by both the Employer and CRONA.
- 34.3.2 To discuss and develop guidelines for the involvement of Nurses and other healthcare professionals, physicians in a collaborative partnership for in the provision of excellent patient care.
- 34.3.3 To consult, explore problems, and make recommendations to the Vice President of Patient Care regarding issues arising from staffing and patient care assignments or from Nurse objections to assignments.
- a. The Nurse Practice Committee may review each unit's current acuity and matrix tool, and monitor the appropriateness of staffing levels by reviewing the Nursing Department's benchmarks and quality indicators. Upon request the Committee will review changes in the composition of personnel of the affected units which result in a material change in the duties or work-load of Nurses working on the affected unit. Recommendations on staffing levels will be made to the Vice President of Patient Care. If the Nurse Practice Committee does not reach consensus on its recommendations, the issues will be referred for final discussion between the Vice President of Patient Care and the President of CRONA.

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- b. Assignment Despite Objection Form (ADO) as prepared by CRONA, will be an open agenda item for review by the Nurse Practice Committee with recommendations, if any, made in accordance with ~~34.3~~3.3.3. ADO forms will be made available on the units. The manager or designee shall respond in writing to this Assignment Despite Objection Form (ADO) within two (2) weeks after notification by CRONA. A copy shall be submitted to CRONA and the respective Patient Care Director.

34.3.4 To consider and make recommendations regarding changes that are desired from time to time by either party regarding “float regions” and “closed staffing units” before decision by the Vice President of Patient Care, the Committee will discuss ideas for other operational arrangements, if feasible, to minimize the need for Nurses to float outside their designated float region.

34.3.5 To develop guidelines for delegation of nursing care to non-R.N. staff.

34.4 Procedures.

34.4.1 Upon request of either the Employer or CRONA representatives, the issue or problem and the unit/region shall be identified and the Committee shall determine the appropriate procedure to discuss and review that issue or problem, including the appropriateness of inviting additional participants (Nurse(s) or Patient Care Manager(s)) from the unit or region to provide useful facts or particular expertise. The Committee shall defer placement of the issue on its agenda until the issue has been fully discussed and reviewed at the appropriate unit or region level.

34.4.2 The Nurse Practice Committee shall discharge its responsibilities in accordance with mutually agreed upon procedures. The Committee shall meet once a month, if necessary, to work on outstanding agenda items.

34.4.3 The Committee’s discussions will focus on the facts of the particular issue and identification of potential ways, if any, to resolve the issues. The Committee shall attempt to prepare a joint recommendation to the Vice President of Patient Care if appropriate to the particular issue or problem. If a joint recommendation is not made, either the Employer or CRONA representatives may request that the Committee refer the issue or problem for final discussion and review between the Vice President of Patient Care and the President of CRONA.

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34.4.4 It is understood that in order to promote full exploration of issues and efforts at problem solving, no matters discussed or action taken as a result of the work of the Committee shall change or alter any of the provisions of the Agreement or the obligations or rights under the Agreement of either CRONA or the Employer.

*BJ Christolm*

*Aaron L. Agenbrood*

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For CRONA

2/4/2025 | 2:12 PM PST

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For SHC

2/4/2025 | 6:04 PM EST

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BETWEEN  
SHC/LPCH AND CRONA  
February 3, 2025**

SHC

4.2 To the extent that CRONA may request information or data other than that provided by the terms of this Agreement, all such requests must be in writing by the CRONA President and directed to the Director of Employee and Labor Relations, or designee of the Employer. The Employer shall provide information requested to the extent relevant and necessary to CRONA's representation responsibilities under this Agreement. The Employer shall in good faith attempt to provide the information within ten (10) business days of the request.

If all or part of any information requested by CRONA is considered confidential by the Employer, then CRONA and the Employer will discuss and mutually agree upon ways to safeguard the confidentiality of any information provided. An assertion of confidentiality, however, will not relieve the Employer of its legally required obligation to provide information relevant and necessary to CRONA's representation responsibilities. The Employer may charge a fee for those requests which require special or extraordinary processing or staff time.

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February 3, 2025**

LPCH

4.2 To the extent that CRONA may request information or data other than that provided by the terms of this Agreement, all such requests must be in writing by the CRONA President and directed to the Director of Employee and Labor Relations, or designee of the Employer. The Employer shall provide information requested to the extent relevant and necessary to CRONA's representation responsibilities under this Agreement. The Employer shall in good faith attempt to provide the information within ten (10) business working days of the request.

If all or part of any information requested by CRONA is considered confidential by the Employer, then CRONA and the Employer will discuss and mutually agree upon ways to safeguard the confidentiality of any information provided. An assertion of confidentiality, however, will not relieve the Employer of its legally required obligation to provide information relevant and necessary to CRONA's representation responsibilities. The Employer will notify CRONA if the costs for those requests will require special or extraordinary processing or staff time. The Employer and CRONA will attempt in good faith to agree upon ways to modify the request in order to eliminate the special or extraordinary processing or staff time. If the parties are not able to agree upon such a modification, the Employer may charge CRONA for the costs.

*BJ Chisholm*

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For CRONA  
2/4/2025 | 2:08 PM PST

*Aaron L. Agenbrood*

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For LPCH 2/4/2025 | 6:05 PM EST

*Aaron L. Agenbrood*

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For SHC 2/4/2025 | 6:05 PM EST

**TENTATIVE AGREEMENT  
BETWEEN  
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FEBRUARY 18, 2025**

**Patient Classification System**

**SHC**

**33.1 Patient Classification System and Committee.**

- 33.1.1 As required by law, the Hospital shall maintain a documented and legally compliant patient classification system for determining the nursing care needs of individual patients that reflects the assessment, made by a registered nurse, of patient requirements and provides for shift-by-shift staffing based on those requirements. As provided by law, a patient classification system means a method for establishing staffing requirements by unit or area of practice, patient, and shift that includes (a) a method to predict nursing care requirements of individual patients, (b) an established method by which the amount of nursing care needed for each category of patient is validated for each unit and for each shift, (c) an established method to discern trends and patterns of nursing care delivery by each unit, each shift, and each level of licensed and unlicensed staff, (d) a mechanism by which the accuracy of the nursing care validation method can be tested, (e) a method to determine staff resource allocations based on nursing care requirements for each shift and each unit, and (f) a method by which the hospital validates the reliability of the patient classification system for each unit and for each shift.
- 33.1.2 The Hospital shall maintain a committee, referred to here as the workload acuity validation work group (“WAVWG”), which, consistent with applicable law, shall review at least annually the reliability of the patient classification system for validating staffing requirements to determine whether or not the system accurately measures patient care needs. Consistent with applicable law, the Hospital shall maintain and document a process by which all interested Nurses may provide input about the patient classification system, the system’s required revisions, and the overall staffing plan. [The Hospital shall, at least once a year, notify CRONA of the methods and timeline for Nurses to provide this input.](#)
- 33.1.3 The WAVWG shall consist of at least fifty percent (50%) Registered Nurses who provide direct patient care and are represented by CRONA. CRONA shall have the right to recommend to the Vice President of Patient Care Services the members of the WAVWG who provide direct patient care. The Vice President of Patient Care Services shall appoint the members of the WAVWG, not unreasonably rejecting recommendations by CRONA, with a goal to have balanced representation from each area and shift. [The Hospital shall notify CRONA of the identities of all the WAVWG members no less than once a year and, in the interim, shall inform CRONA of any changes to the membership.](#)

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33.2 Staffing Ratios.

The Hospital shall meet or exceed state-required patient staffing ratios in every applicable unit or area of practice at all times, including during meal periods and rest breaks, as provided by applicable law. As provided by law, additional staff in excess of these prescribed ratios shall be assigned in accordance with the patient classification system for determining nursing care requirements, considering factors that include the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement and evaluate the patient care plan, the ability for self-care, and the licensure of the personnel required for care. If, considering the factors identified in the preceding sentence, staffing is assigned in excess of the state-prescribed ratios, such assigned staffing shall be maintained during meal periods and rest breaks.

33.3 Staffing Plans.

33.3.1 Each unit shall maintain a staffing plan that is compliant with applicable law and based on patient care needs as determined by the patient classification system provided in Section 33.1. The unit or area's staffing plan shall be available to the Nurses on that unit in electronic form and in hard copy. The staffing plan shall be developed and implemented for each patient care unit or area of practice and shall specify patient care requirements and the staffing levels for registered nurses. The plan shall include the following: (1) staffing requirements as determined by the patient classification system for each unit or area of practice, documented on a day-to-day, shift-by-shift basis; (2) the actual staff and staff mix provided, documented on a day-to-day, shift-by-shift basis; (3) the variance between required and actual staffing patterns, documented on a day-to-day, shift-by-shift basis.

33.3.2 Staffing is determined by a combination of professional judgment, acuity and staffing plans/matrices. In meeting the staffing needs of the unit or area of practice the Resource Nurse is permitted to use judgment in adjusting staffing levels that may not be fully addressed by the acuity and staffing plan/matrix. The patient classification system shall provide guidance to the Resource Nurses regarding when, based on projected patient care needs, including patient census and acuity, a shift needs more or fewer Nurses than are scheduled to work; provided, however, that nothing in such guidance shall be inconsistent with applicable law.

33.4 Education on Staffing Plans.

In every unit and area of practice, the Employer shall provide the opportunity for education at least annually to all Nurses working in that unit or area regarding the staffing plan and the staffing plan elements identified in paragraph 33.3.1.

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33.~~5~~4 Dispute Resolution. Disputes regarding this Section shall not be subject to the grievance and arbitration procedure under Section 29, but instead the procedures in Section 34.4 shall apply to such disputes. If the Vice President of Patient Care and the President of CRONA cannot resolve a pattern of disputes regarding the provisions of this Section pursuant to the procedures in Section 34.4, the Hospital and CRONA will engage a mediator through the Federal Mediation and Conciliation Service to facilitate consensus building. The parties will request the assignment of a mediator with experience in the health care field. If consensus is not reached and with the mutual agreement of the parties, the mediator is authorized to issue to the parties the mediator's proposed resolution regarding the dispute.

**LPCH**

Corresponding changes current contract language and incorporating LPCH references (e.g. PCC vs. WAVWG) and numbering.

*BJ Christolm*

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For CRONA

2/20/2025 | 9:11 AM PST

*Aaron L. Agerbroad*

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For LPCH

*Aaron L. Agerbroad*

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For SHC

2/20/2025 | 6:13 PM EST

**TENTATIVE AGREEMENT  
BETWEEN  
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FEBRUARY 18, 2025**

**Workplace Violence Prevention (SHC Section 36, LPCH Section 34)**

**SHC**

- 36.1 The Employer shall be responsible for and shall maintain reasonable provisions for the health, welfare and safety of Nurses. CRONA recognizes the duty of employees, and shall encourage employees, to cooperate with the Employer by complying with the Employer's health and safety rules and regulations and utilizing personal efforts for the prevention of accidents or illnesses to employees. CRONA may make recommendations and suggestions concerning ways to improve safety conditions (including at parking locations used by Nurses) pursuant to Section 32, and shall use best efforts to place such recommendations and suggestions on the Joint Conference agenda in advance of Joint Conference meetings. For this purpose the Employer will notify CRONA of work-incurred injuries within the bargaining unit and provide copies of accident reports of such injuries on request.
- 36.2 The Employer recognizes its obligation to seek to accommodate when operationally feasible and consistent with the provision of safe patient care the needs of Nurses seeking to return to work following a leave for a verified work related disability. The Employer will provide CRONA every sixty (60) days the names of Nurses who have been released to return to work with restrictions and who have not been returned to work within sixty (60) days of that release. Upon request from CRONA, the Employer will meet with a representative of CRONA to discuss the feasibility of finding employment for the Nurse.
- 36.3 A Nurse who has been assaulted or threatened by a patient or visitor a member of the patient's family should immediately report the assault or threat to her or his their manager or designee. The manager or designee shall promptly offer shall a patient reassignment, Such a request shall not be unreasonably denied, taking into account whether other subject to the availability of other qualified nursing staff are available to care for the patient. Any situational assessment shall be considered in making subsequent assignments. The Nurse who has been assaulted or threatened, if able, shall promptly file an electronic incident occurrence report (i.e. SAFE Report). The Employer shall track the number of incidents reported in which a Nurse has been offered a patient reassignment pursuant to this paragraph, and any reassignments that have not been made due to unavailability of nursing staff, and shall report that information and the unit or area in which the incident(s) occurred to the Workplace Violence Committee on a quarterly basis. A Nurse whose request for reassignment has been denied may request that Joint Conference review the denial at the following month's meeting.

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- 36.4 The Employer shall maintain a Workplace Violence Prevention Program compliant with applicable law. The Employer, in consultation with the Workplace Violence Committee (“WVC”), shall maintain a behavioral response team that is tailored to the relevant work setting and is available to each unit and area of practice in which Nurses work during that unit’s or area’s hours of operation to respond immediately to situations that a Nurse identifies as having the potential to lead to workplace violence, including situations involving patients or family members who demonstrate disruptive behaviors. In addition, the recommended team for in-person responses at the main medical center campus shall include the treating physician or delegate, a social worker, a representative of security and a representative of nursing leadership; provided however, that a behavioral response team that is convened pursuant to the parties’ Settlement Agreement regarding Behavioral Response Team Grievance shall be deemed consistent with this recommendation. The WVC shall discuss the appropriate composition of the behavioral response team for units not located on the main medical center campus. ~~The Employer shall announce no later than start of the fiscal year following ratification, but not earlier than 120 days after ratification the composition of the behavioral response team for units not located on the main medical center campus,~~ which shall include a representative of site leadership or a delegate who is not a CRONA-represented Nurse.
- 36.5 The Employer’s Workplace Violence Prevention Program shall be discussed at Nurse Practice Committee at least annually. Nurse Practice Committee shall review the program as it affects Nurses and shall provide input on appropriate modifications to the program, unit-based workplace violence prevention plans, the effectiveness of the behavioral response team, and training provided to Nurses. As part of these discussions at the Nurse Practice Committee, the Employer and CRONA shall review the recommendations of the WVC regarding the risk level assessment of each unit and area of practice, the type and modality of training regarding workplace violence prevention, de-escalation techniques to be provided to each unit and area of practice, and the Workplace Violence Incident Log for incidents related to Nurses.
- 36.6 On an annual basis, each unit shall provide the opportunity to Nurses for in-person training, which may include training during staff meetings, on the current protocols for responding in real time to incidents of workplace violence, and shall be offered on paid time and paid for by the Employer. The training shall include an opportunity for Nurses to ask questions regarding the protocols. Nurses will have access to the written behavioral response protocols.
- 36.7 If an issue related to the Workplace Violence Prevention Program is placed on the agenda of a Nurse Practice Committee meeting, the Employer shall appoint a member of its

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~~Employee Safety Council~~ Workplace Violence Committee to attend the meeting as a representative of the Employer.

36.8 CRONA shall appoint two Nurses from different patient care regions who shall serve on the Employer's WVC that has responsibility for the Workplace Violence Prevention Program.

36.9 No Nurse shall be subject to reprisals or retaliation for reporting a concern or incident relating to workplace violence, and no Nurse shall be subject to discipline for actions taken pursuant to Section 36.3.

36.10 Consistent with its obligation to provide reasonable provisions for the health, welfare, and safety of Nurses, the Employer shall:

36.10.1 Maintain a process for providing security and safety escorts (such as individual escorts or shuttle services) for Nurses to and from parking locations at the main medical center campus;

36.10.2 Review annually the safety conditions of parking locations controlled by the Employer, including the presence of video cameras and security guards; and

36.10.3 Discuss with the WVC safety concerns related to parking locations at which Nurses regularly park but which are not controlled by the Employer ("Non-Controlled Parking Locations"). In addition, the Employer agrees to raise and propose a resolution of concern(s) identified by the WVC related to Non-Controlled Parking Locations with the entity that controls those locations.

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**LPCH**

34.1 The Employer shall be responsible for and shall maintain reasonable provisions for the health, welfare and safety of Nurses. CRONA recognizes the duty of employees, and shall encourage employees, to cooperate with the Employer by complying with the Employer's health and safety rules and regulations and utilizing personal efforts for the prevention of accidents or illnesses to employees at the Employer. CRONA may make recommendations and suggestions concerning ways to improve safety conditions (including at parking locations used by Nurses). For this purpose, the Employer will notify CRONA of work-incurred injuries within the bargaining unit and provide copies of accident reports of such injuries on request.

34.2 The Employer recognizes its obligation to seek to accommodate when operationally feasible and consistent with the provision of safe patient care the needs of Nurses seeking to return to work following a leave for a verified work related disability.

A Nurse may notify the Employer by electronic mail or in writing when the Nurse believes an assignment has been or is unsafe for the Nurse or other employees. The Nurse is responsible for giving the notice to nursing management at her/his unit, and a copy will be provided to CRONA.

34.3 A Nurse who has been assaulted or threatened by a patient or ~~visitor a member of the patient's family~~ should immediately report the assault or threat to ~~her or his~~ their manager or designee. ~~The manager or designee shall promptly offer~~ shall a patient reassignment. ~~Such a request shall not be unreasonably denied, taking into account whether other subject to the availability of other qualified nursing staff are available~~ to care for the patient. Any situational assessment shall be considered in making subsequent assignments. The Nurse who has been assaulted or threatened, if able, shall promptly file an electronic incident occurrence report (i.e. iCare Report). The Employer shall track the number of incidents reported in which a Nurse has been offered a patient reassignment pursuant to this paragraph, and any reassignments that have not been made due to unavailability of nursing staff, and shall report that information and the unit or area in which the incident(s) occurred to the Workplace Violence Prevention Committee on a quarterly basis. A Nurse whose request for reassignment has been denied may request that Joint Conference review the denial at the following month's meeting.

34.4 The Employer shall maintain a Workplace Violence Prevention Program compliant with applicable law. The Employer, in consultation with the Workplace Violence Prevention Committee ("WVPC"), shall maintain a behavioral response team that is tailored to the relevant work setting and is available to each unit and area of practice in which Nurses work during that unit's or area's hours of operation to respond immediately to situations that a Nurse identifies as having the potential to lead to workplace violence, including

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situations involving patients or family members who demonstrate disruptive behaviors. In addition, the recommended team for in-person responses at the main medical center campus shall include the treating physician or delegate, a social worker, a representative of security and a representative of nursing leadership. The WVPC shall discuss the appropriate composition of the behavioral response team for units not located on the main medical center campus, which shall include a representative of site leadership or a delegate who is not a CRONA-represented Nurse. The behavioral response teams will be announced and implemented no later than start of the fiscal year following ratification, but not earlier than August 29, 2022.

- 34.5 The Employer's Workplace Violence Prevention Program shall be discussed at Nurse Practice Committee at least annually. Nurse Practice Committee shall review the program as it affects Nurses and shall provide input on appropriate modifications to the program, unit-based workplace violence prevention plans, the effectiveness of the behavioral response team, and training provided to Nurses. As part of these discussions at the Nurse Practice Committee, the Employer and CRONA shall review the recommendations of the WVPC regarding the risk level assessment of each unit and area of practice, the type and modality of training regarding workplace violence prevention, de-escalation techniques to be provided to each unit and area of practice, and the Workplace Violence Incident Log for incidents related to Nurses.
- 34.6 On an annual basis, each unit shall provide to Nurses in-person training, which may include training during staff meetings, on the current protocols for responding in real time to incidents of workplace violence. The training shall include an opportunity for Nurses to ask questions regarding the protocols. Nurses will have access to the written behavioral response protocols.
- 34.7 If an issue related to the Workplace Violence Prevention Program is placed on the agenda of a Nurse Practice Committee meeting, the Employer shall appoint a member of its Employee Safety Council to attend the meeting as a representative of the Employer.
- 34.8 CRONA shall appoint two Nurses from different patient care regions who shall serve on the Employer's WVPC that has responsibility for the Workplace Violence Prevention Program.
- 34.9 No Nurse shall be subject to reprisals or retaliation for reporting a concern or incident relating to workplace violence, and no Nurse shall be subject to discipline for actions taken pursuant to Section 34.3.
- 34.10 Consistent with its obligation to provide reasonable provisions for the health, welfare, and safety of Nurses, the Employer shall:

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34.10.1 Maintain a process for providing security and safety escorts (such as individual escorts or shuttle services) for Nurses to and from parking locations at the main medical center campus;

34.10.2 Review annually the safety conditions of parking locations controlled by the Employer, including the presence of video cameras and security guards; and

34.10.3 Discuss with the WVPC safety concerns related to parking locations at which Nurses regularly park but which are not controlled by the Employer (“NonControlled Parking Locations”). In addition, the Employer agrees to raise and propose a resolution of concern(s) identified by the WVPC related to NonControlled Parking Locations with the entity that controls those locations.

*BJ Christolm*

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For CRONA

3/3/2025 | 8:48 AM PST

*Aaron L. Ajenbrood*

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For LPCH

*Aaron L. Ajenbrood*

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For SHC

3/3/2025 | 11:40 PM EST

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**Written Warnings and Discipline**

**SHC SECTION 28**

28.1 Written Warning (excludes other Disciplinary Notices).

28.1.1 A written warning is provided primarily where previous verbal communications have been ineffective and the supervisor wishes to impress upon the Nurse the seriousness of a problem and/or more serious corrective action or discharge is not deemed warranted. If the Nurse's supervisor is not a Registered Nurse, the assessment of the Nurse's clinical skills shall be provided by a non-CRONA Nurse. The supervisor will advise the Nurse that s/he may request a CRONA representative at the meeting in which the written warning will be delivered. A CRONA representative must be available for a meeting within three (3) business days of the Nurse's request to have a CRONA representative at the meeting, or within such additional time as is agreed to by the Employer. A recurrence of similar related misconduct may result in further corrective action or discharge. Regular and Relief Nurses who have completed the trial periods specified in Section 6 and 15 of the Agreement may grieve the Written Warning pursuant to the provisions of Section 29 and the Nurse may provide written objections to the warning within fifteen (15) days of receipt. The objections will be placed in the Nurse's permanent personnel file.

28.1.2 Written warnings and attachments will be removed from the Nurse's permanent personnel file and will not be considered in any corrective action after twelve (12) months have lapsed since the date the warning was issued, unless the Nurse engages in similar or related misconduct within that period. Similar or related misconduct during that period may result in the warnings being extended an additional twelve (12) months and may result in whatever corrective action may be deemed appropriate. After a Nurse's termination of employment, written warnings shall not be disclosed to other prospective employers.

28.2 Temporary Relief of Duty Pending Investigation. If the Hospital determines that the circumstances are such that they warrant removing a Nurse from the workplace pending investigation for a possible disciplinary action or termination, the Nurse will be advised that (s)he is being temporarily relieved of duty, pending investigation. At the same time, the Hospital will also inform the Nurse of the date(s) and nature of the incident(s), as known at the time, unless the Hospital reasonably determines that because of the

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particular circumstances to do so would jeopardize the integrity of the investigation. The Nurse temporarily relieved of duty pending investigation shall remain in paid status for his or her previously scheduled shifts, except as provided in Section 28.2.

- a. The Hospital will conduct its investigation diligently, consistent with the circumstances.
- b. Both the Nurse and CRONA shall cooperate with the Hospital during the scheduling of the investigatory interviews. The Nurse and a CRONA representative shall be available to attend the investigatory interviews within three (3) ~~business calendar~~ days after the Hospital requests the investigatory interview. If the investigatory interview does not occur within this three (3) day period because either the Nurse or the CRONA representative is not available during this period, then the Nurse shall be on unpaid status until the investigatory interview is actually held.
- c. If upon investigation the Hospital imposes a termination or a suspension longer than the period during which the Nurse was relieved of duty without pay, the Hospital shall not attempt to recoup any amount paid to the Nurse while (s)he was relieved of duty, and all unpaid time when the Nurse was relieved of duty shall count against the suspension imposed.
- d. For the effect of written warnings on Clinical Nurse IIIs and IVs, see Section XVI of the Professional Nurse Development Program.

28.3 Discipline.

28.3.1 During the Trial Period of Employment.

- a. All newly hired Regular Nurses will serve a trial period of six (6) months, with no more than one (1) extension of three (3) months. The extension must be by mutual agreement between CRONA and the Employer unless the trial period has been automatically extended pursuant to Section 6.1. During the trial period of employment a Nurse may be disciplined for conduct or performance which is deemed unacceptable by the Employer. A trial period Regular Nurse is not eligible to use the Grievance Procedure in Section 29.
- b. All newly hired Relief Nurses will serve a trial period. For "A" and "B" Relief Nurses the trial period shall commence on the first day of employment and extend until the date the Relief Nurse has actually worked one thousand (1,000) hours or twelve (12) months of employment provided

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that the trial period shall in no case be less than six (6) months of employment. The trial period for “C” and “D” Relief Nurses shall be six (6) months. During the trial period a Relief Nurse may be terminated at any time at the Employer’s sole discretion and the Employer’s discretion shall not be subject to review under any provisions of this Agreement.

- c. Before a Regular or Relief Nurse in her/his trial period can be terminated primarily for unsatisfactory performance not involving serious performance deficiencies warranting immediate discharge, s/he must be interviewed by supervision. During the interview the Nurse must be thoroughly informed of those areas of job performance considered unsatisfactory. Supervision should then seek to work out a written plan with the Nurse, aimed at eliminating performance problems, or, if this is not practicable, the Nurse should be told what sort of improvement will be expected of the Nurse before the end of the trial period.
- d. Except in serious cases warranting immediate discharge, a Regular Nurse discharged during the trial period of employment who has completed the first ninety (90) calendar days of the trial period will receive a one (1) week notice of separation. The Regular Nurse may be required to work as usual during the notice period, or may be given pay in lieu of notice, or may be required to work part of the notice period and be paid in lieu of working the remainder of the period.
- e. Except in serious cases warranting immediate discharge or when the discharge involves a failure to maintain commitment, a Relief Nurse discharged during the trial period of employment who has completed the first five hundred (500) hours of employment will receive a one (1) week notice of separation. The Relief Nurse will not be required to work during the notice period and is not eligible for pay in lieu of notice.
- f. A Relief Nurse discharged during the trial period for failure to maintain commitment pursuant to Section 15.12.1 will be advised of the termination by letter to her/his last known address.
- g. CRONA will be notified of any Regular or Relief Nurse being considered for discharge in the trial period.

28.3.2 After the Trial Period of Employment.

- a. Discipline for Cause – Regular Nurses. Regular Nurses who have successfully completed the trial period of employment will not be disciplined except for just cause. Any discipline may be appealed by the

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Nurse under the provisions of Section 29. Except in serious cases warranting immediate discharge, Regular Nurses discharged after the trial period of employment will receive two (2) weeks notice of discharge. Regular Nurses may be required to work as usual during the two (2) weeks or may be given pay in lieu of notice, or may be required to work part of the notice period and be paid in lieu of working the remainder of the period.

- b. Discipline for Cause – Relief Nurses. Relief Nurses who have successfully completed the trial period of employment will not be disciplined except for just cause. Any discipline may be appealed by the Relief Nurse under the provisions of Section 29. Except in serious cases warranting immediate discharge or when the discharge involves a failure to maintain commitment, Relief Nurses discharged after the trial period of employment will receive two (2) weeks notice of discharge. The Relief Nurse will not be required to work during the notice period and is not eligible for pay in lieu of notice.
- c. A Relief Nurse discharged for failure to maintain commitment pursuant to Section 15.12.1. will be advised of the termination by letter to her/his last known address.

**28.3.3 Termination Primarily for Unsatisfactory Performance – Regular and Relief.**

- a. Probation for Non-Trial Period Nurses. Before a Nurse who has successfully passed the trial period can be terminated primarily for unsatisfactory performance (not including failure to maintain commitment) under the just cause provision herein, s/he must be interviewed by supervision. During the interview the Nurse must be thoroughly informed of those areas of job performance where s/he is considered unsatisfactory. Supervision shall then seek to work out a written plan with the Nurse, aimed at eliminating the performance problems and specifying what sort of improvement will be expected of her/him over the term of a defined probationary period not to exceed sixty (60) days in length, if supervision determines that a probationary period would be useful. The CRONA Nurse Advocate or a CRONA officer or officers designated by CRONA as the representative for the purposes of this paragraph will be notified when supervision determines that a Nurse may be placed on probation and at the Nurse's request may be present at the meeting to discuss the probation. CRONA will inform the Employer in writing of the CRONA officers so designated within thirty (30) working days after execution of this agreement and thereafter within ten (10) working days of any change in officer designation. The Nurse will be notified in writing concerning

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her/his status within ten (10) working days of the end date of the probationary period. A copy of the notification will be provided to CRONA.

- b. Termination for Cause – Regular and Relief. If the Nurse does not demonstrate her/his ability to satisfactorily perform her/his job after a defined probationary period or if supervision determines that a probationary period is not feasible, the Nurse may be terminated under the just cause provision set

forth above. A CRONA representative will be notified of the decision to terminate.

- c. Opportunity to Transfer After Trial Period – Regular Nurses. A Regular Nurse who is subject to probation or termination under this Section may request a transfer to another Nursing Unit provided that a position exists and that supervision of both affected units agree to the transfer. If a transfer is approved the Regular Nurse will be evaluated pursuant to Section 6.2 of this Agreement. The decision of unit supervision as to the feasibility of transfer shall not be reviewable under the terms of this Agreement.
- d. Opportunity to Transfer After Trial Period – Relief Nurses. A Relief Nurse who is subject to probation or termination under this Section may request a transfer to another Nursing Unit provided that a position exists and that supervision of both affected units agree to the transfer. If a transfer is approved the Relief Nurse will be evaluated pursuant to Section 15.6 of this Agreement. The decision of unit supervision as to the feasibility of transfer shall not be reviewable under the terms of this Agreement.

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29.3.6 Right to Representation. **The Nurse may upon request have a CRONA representative present.**

- a. Representation at Grievance Meetings. A grievant may be assisted or represented by up to two (2) representatives of CRONA at any Step Three meeting provided that no meeting will be delayed in order to obtain the presence of a second representative. In the event the Hospital intends to have more than two (2) representatives (not including a management witness, the management person alleged to have violated the Agreement, or the reviewing representative), it will notify CRONA in advance and

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- CRONA may have an equal number of representatives, provided that the meeting will not be delayed to obtain additional CRONA representatives.
- b. Representation at Investigatory Interview. When in the Employer's judgment an investigatory meeting is called for prior to any decision to discipline a Nurse, the supervisor shall inform the Nurse of the purpose and subject of the meeting prior to the meeting. The Nurse may upon request have up to two (2) CRONA representatives present, provided that the interview will not be delayed to obtain the presence of a second CRONA representative. If the Nurse requests the presence of a CRONA representative, the meeting shall occur within three (3) business calendar days of the Employer's request for the investigatory meeting. If the Nurse requests representation and if the Hospital intends to have more than two (2) representatives (not including a management witness), the Hospital will notify CRONA in advance, and CRONA may have an equal number of representatives provided that the meeting will not be delayed to obtain additional CRONA representatives. CRONA and the Employer, with advance notice to the other party, may each invite a trainee to observe, but not participate in, an investigatory meeting, and such trainee shall not count toward the number of representatives provided for herein. For purposes of the advance notice, the Employer shall notify the President of CRONA and CRONA shall notify the Director of Employee and Labor Relations. The Hospital will conduct its investigation diligently, consistent with the circumstances. The Nurse, and at the Nurse's request, CRONA will be informed of the status of the investigation within thirty (30) days of the date of an investigatory interview.

**LPCH**

**SECTION 27 WRITTEN WARNINGS AND DISCIPLINE**

27.1 Written Warning (excludes other Disciplinary Notices).

27.1.1 A written warning is provided primarily where previous verbal communications have been ineffective and the supervisor wishes to impress upon the Nurse the seriousness of a problem and/or more serious corrective action or discharge is not deemed warranted. If the Nurse's supervisor is not a Registered Nurse,

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the assessment of the Nurse's clinical skills shall be provided by a non-CRONA Nurse. The supervisor will advise the Nurse that s/he may request a CRONA representative at the meeting in which the written warning will be delivered. If a CRONA representative is requested to attend the meeting, the meeting must be held within three (3) ~~business calendar~~ days of the date the supervisor notifies the Nurse of the disciplinary meeting, or within such additional time as is agreed to by the Employer. If the CRONA representative is not available to attend the meeting during this time period, then the disciplinary meeting may proceed without the presence of the CRONA representative. A recurrence of similar related misconduct may result in further corrective action or discharge. Regular and Relief Nurses who have completed the trial periods specified in Section 6 and 14 of the Agreement may grieve the Written Warning pursuant to the provisions of Section 28 and the Nurse may provide written objections to the warning within fifteen (15) days of receipt. The objections will be placed in the Nurse's permanent personnel file.

27.1.2 Written warnings and attachments, not involving criminal violations, substance abuse, or unlawful harassment, will be removed from the Nurse's permanent personnel file and will not be considered in any corrective action after twelve (12) months have lapsed since the date the warning was issued, unless the Nurse engages in similar or related misconduct within that period. Final written warnings and attachments will not be removed from the Nurse's permanent personnel file. Similar or related misconduct during that period may result in the warnings being extended an additional twelve (12) months and may result in whatever corrective action may be deemed appropriate. After a Nurse's termination of employment, written warnings shall not be disclosed to other prospective employers.

27.2 Temporary Relief of Duty Pending Investigation. If the Hospital determines that the circumstances are such that they warrant removing a Nurse from the workplace pending investigation for a possible disciplinary action or termination, the Nurse will be advised that (s)he is being temporarily relieved of duty, pending investigation. At the same time, the Hospital will also inform the Nurse of the date(s) and nature of the incident(s), as known at the time, unless the Hospital reasonably determines that because of the particular circumstances to do so would jeopardize the integrity of the investigation. The Nurse temporarily relieved of duty pending investigation shall remain in paid status for his or her previously scheduled shifts, except as provided in Section 27.2.

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27.2.1 The Hospital will conduct its investigation diligently, consistent with the circumstances.

27.2.2 Both the Nurse and CRONA shall cooperate with the Hospital during the scheduling of the investigatory interviews. The Nurse and a CRONA representative shall be available to attend the investigatory interviews within three (3) ~~business calendar~~ days after the Hospital requests the investigatory interview. If the investigatory interview does not occur within this three (3) day period because either the Nurse or the CRONA representative is not available during this period, then the Nurse shall be on unpaid status until the investigatory interview is actually held.

27.2.3 If upon investigation the Hospital imposes a termination or a suspension longer than the period during which the Nurse was relieved of duty without pay, the Hospital shall not attempt to recoup any amount paid to the Nurse while (s)he was relieved of duty, and all unpaid time when the Nurse was relieved of duty shall count against the suspension imposed.

...

28.3.6 Right to Representation. A grievant may be assisted or represented by a representative of CRONA at any formal step of the grievance procedure.

a. Representation at Grievance Meetings. A grievant may be assisted or represented by up to two (2) representatives of CRONA at any Step Three meeting, provided that no meeting will be delayed in order to obtain the presence of a second representative. In the event the Hospital intends to have more than two (2) representatives (not including a management witness, the management person alleged to have violated the Agreement, or the reviewing representative), it will notify CRONA in advance, and CRONA may have an equal number of representatives, provided that the meeting will not be delayed to obtain additional CRONA representatives.

b. Representation at Investigatory Interview. When in the Employer's judgment an investigatory meeting is called for prior to any decision to discipline a Nurse, the supervisor shall inform the Nurse of the purpose and subject of the meeting prior to the meeting. The Nurse may upon request have up to two (2) CRONA representatives present, provided that the interview will not be delayed to obtain the presence of a second CRONA representative. If the Nurse requests the presence of a CRONA representative, the meeting shall occur within three (3) ~~business calendar~~ days of the Employer's request for the investigatory

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meeting. If the Nurse requests representation and if the Hospital intends to have more than two (2) representatives (not including a management witness), the Hospital will notify CRONA in advance, and CRONA may have an equal number of representatives provided that the meeting will not be delayed to obtain additional CRONA representatives. CRONA and the Employer, with advance notice to the other party, may each invite a trainee to observe, but not participate in, an investigatory meeting, and such trainee shall not count toward the number of representatives provided for herein. For purposes of the advance notice, the Employer shall notify the President of CRONA and CRONA shall notify the Director of Human Resources. The Hospital will conduct its investigation diligently, consistent with the circumstances. The Nurse and, at the Nurse's request, CRONA will be informed of the status of an investigation within thirty (30) days of the date of an investigatory interview.

*BJ Chisholm*

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For CRONA

3/3/2025 | 8:53 AM PST

*Aaron L. Agerbroad*

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For LPCH

*Aaron L. Agerbroad*

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For SHC

3/3/2025 | 11:41 PM EST

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**New Technology (New Language – SHC Section 44, New LPCH Section 41)**

44. New Technology

44.1 The Employer and CRONA recognize that the overriding principle governing the introduction and use of new technologies, including but not limited to Generative Artificial Intelligence, should be providing the highest quality patient care, promoting patient health and safety. Technology used in a clinical setting is intended to complement, not diminish, nursing skills, judgment, and decision-making.

44.2 The use of technology shall not limit the Nurse’s exercise of clinical judgment in assessment, evaluation, planning, and implementation of care, nor from acting as a patient advocate. Technology may affect nursing duties, including by enhancing nursing care, but is not intended to be used to eliminate the Nurse’s role in the delivery of patient care.

*BJ Chisholm*

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For CRONA

3/28/2025 | 10:23 PM PDT

*Aaron L. Agenbrood*

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For LPCH

*Aaron L. Agenbrood*

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For SHC

3/29/2025 | 12:40 PM EDT

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**SHC**

**SECTION 29 GRIEVANCE AND ARBITRATION**

29.1 Purpose: The purpose of the procedures set forth herein is to provide the parties with an orderly means of resolving differences which may arise between them. The parties intend that the procedures set forth shall be in lieu of any other formal procedure established by the Employer for resolution of employee grievances and shall be the exclusive means for resolution of CRONA's grievances against the Employer.

29.2 Grievances.

29.2.1 Only Nurses who have successfully completed the trial period of employment are eligible to use this grievance procedure, except that trial period Nurses may use this procedure for disputes over whether their paychecks are in accordance with the pay provisions of this Agreement, or whether they have been subjected to any discrimination of the type described in Section 2.

29.2.2 A formal grievance is a written claim by a Nurse or CRONA concerning a Nurse's wages, hours, or working conditions and involving the interpretation or application of this Agreement. A grievance may be filed by any individual Nurse covered by this Agreement or by any officer designated by CRONA. A grievance filed by CRONA when not on behalf of an individual Nurse shall be started at Step Two of this procedure.

29.3 Grievance Procedure.

29.3.1 Step One – Informal Discussions. A grievance may be started when a Nurse (called "grievant") tells her/his supervisor the facts of the grievance and asks for resolution within five (5) working days. A CRONA representative may be present at the option of the individual Nurse. If the grievant does not accept resolution of any part of the grievance, s/he may proceed to Step Two of this procedure or the grievant may at her/his option skip Step One and begin the grievance at Step Two.

29.3.2 Step Two – Submission of Formal Grievance. The grievance shall be submitted in writing to the Vice President of Patient Care within the time frames set forth in paragraph b. Timeliness below. The Vice President of Patient Care will submit a copy of the grievance to CRONA and to the Director of Employee and Labor Relations within two (2) working days from receipt of such grievance.

a. Content of Formal Grievance. The formal grievance shall be signed and dated by the grievant or designated CRONA officer and shall contain a brief description of the action or inaction complained of, the Employer management representative, if known, who is believed to have taken the action or failed to act, the date the action occurred or should

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have occurred, the resolution desired, and the Section or Sections of the Agreement alleged to be involved.

b. Timeliness. In cases of discipline, separation or layoff, the formal grievance shall be submitted no later than twenty-one (21) calendar days, and in all other cases no later than thirty (30) calendar days, after the date the action occurred or should have occurred. Notwithstanding the preceding sentence, if in the case of a grievance, the Nurse aggrieved did not know of the action or failure to act when it occurred, then the grievance shall be submitted no later than thirty (30) calendar days after the day when the Nurse could reasonably have been expected to have known. If, in the case of a grievance which is not a claim on behalf of any Nurse, neither CRONA nor any of its agents, knew of the action or failure to act when it occurred, then the grievance shall be submitted within thirty (30) calendar days after the day CRONA or any of its agents could reasonably have been expected to have known. Disputes as to timeliness shall be resolved by the arbitrator should the grievance proceed to that stage.

29.3.3 Step Three – Resolution or Referral for Review. The Vice President of Patient Care Services shall respond to the grievance or refer it to a reviewing Employer representative within seven (7) working days of receipt. A copy of the Vice President of Patient Care Services' resolution or notice of referral will be provided to the Nurse grievant, and CRONA, and the Director of Employee Labor Relations, or designee.

a. Review Meeting. The reviewing representative shall call a meeting with the grievant and/or CRONA officers, and any other person or persons as can, in the view of the reviewing representative, because of their knowledge of the facts, contribute to a discussion of the grievance. The review meeting will be conducted no more than fourteen (14) calendar days after the date of referral by the Vice President of Patient Care Services, provided CRONA representatives are available, and provided further that the parties may agree to extend the time period to a mutually convenient date.

b. Resolution. The reviewing Employer representative shall present a written determination on the grievance with copies to the grievant and CRONA within fifteen (15) working days after the review meeting unless mutually extended. The determination shall state the specific reasons for the decision either to grant or deny the grievance.

c. If CRONA does not accept the Step Three determination then within fifteen (15) working days of receipt of the determination, CRONA may refer the issue to mediation or arbitration, as described below, by written notice to the

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Director of Employee and Labor Relations with a copy to the Vice President of Patient Care Services. CRONA or its representatives shall contact the Employer's representative to initiate selection of a mediator or arbitrator within fourteen (14) calendar days of its referral of the grievance to mediation or arbitration.

29.3.4 Step Four (Optional) – Mediation.

a. As specified above, CRONA may request that the grievance be submitted to mediation, which shall be subject to agreement by the Employer. Within seven (7) days of CRONA's request to submit to mediation, the Employer shall inform the Union in writing whether the Employer is agreeing to mediation. If the Employer does not agree to mediation or fails to respond on a timely basis, the grievance shall instead be submitted to arbitration, as provided in Section 29.2.5, below.

b. If CRONA and the Employer have agreed to mediation, as provided above, the parties shall request the appointment of a mediator to hear the grievance from the Federal Mediation and Conciliation Service. The mediation session shall occur within thirty (30) days of the FMCS's designation of the mediator to mediate the grievance.

c. If the grievance is not satisfactorily resolved at the mediation session, CRONA may appeal the grievance to arbitration within three (3) calendar days of the date of the mediation session.

29.3.5 Step Five – Arbitration.

a. When CRONA has requested arbitration in accordance with this Section, CRONA and a representative designated by the Employer shall attempt to reach Agreement on an arbitrator by informal discussion. If agreement has not been reached within five (5) working days of the request for arbitration, the arbitrator shall be selected from the following seven (7) persons by the alternative striking of names, with the Employer striking first, until one remains, who shall be the arbitrator:

~~Alexander Gohn, Doug Collins, Andrea Dooley, Matthew Goldberg, Ronald Hoh, John Kagel, Najeeb Khoury, Yuval Miller, Anita Christine Knowlton, Geraldine Randall,~~ and Ilona Turner.

The first strike for arbitrators will be rotated between CRONA and the Employer.

b. Hearing. The arbitration shall begin as soon as possible giving due consideration to the schedules of the representatives and witnesses of the parties provided that failure of CRONA to request the setting of a hearing date within sixty (60) calendar days of the referral to arbitration

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shall result in a waiver of the claim. The hearing shall be closed unless the arbitrator rules otherwise. Prior to the hearing the parties shall attempt to reach agreement on a joint submission of the case to the arbitrator. If the parties fail to agree on a joint submission, each shall present a separate submission, and the arbitrator shall determine the issue or issues to be heard provided that the issue is arbitrable in accordance with this Section. The joint or separate submissions shall state the issue or issues and the specific Section or Sections of this Agreement which the arbitrator is to interpret or apply.

c. Resolution.

(1) After such hearing the arbitrator shall render as soon as possible a decision which shall be final and binding on all parties.

(2) The arbitrator shall have no power to add to, subtract from, alter, modify or amend any of the terms or provisions of this Agreement.

(3) The arbitrator's authority to award monetary damages shall be limited to compensatory damages.

d. Expense. The cost of compensation and expenses of the arbitrator, including the cost of a transcript unless a transcript is waived by mutual agreement of the parties and the arbitrator, shall be divided equally between the parties. However, each party shall bear its own expenses of representation and witnesses.

e. Expedited Arbitration. The parties may agree in writing that an individual grievance or grievances be submitted to expedited arbitration as set forth in this subsection e.

(1) The arbitrator shall conduct a hearing at the earliest date;

(2) Unless ordered by the Arbitrator, there shall be no transcript of the hearing and post-hearing briefs shall be waived;

(3) The Arbitrator shall use best efforts to render a decision within ten (10) working days following the Arbitrator's closing the hearing record.

Except to the extent modified in this subsection e, the remaining provisions of Section 29 shall be applicable to expedited arbitration.

29.3.6 Right to Representation. **The Nurse may upon request have a CRONA representative present.**

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a. Representation at Grievance Meetings. A grievant may be assisted or represented by up to two (2) representatives of CRONA at any Step Three meeting provided that no meeting will be delayed in order to obtain the presence of a second representative. In the event the Hospital intends to have more than two (2) representatives (not including a management witness, the management person alleged to have violated the Agreement, or the reviewing representative), it will notify CRONA in advance and CRONA may have an equal number of representatives, provided that the meeting will not be delayed to obtain additional CRONA representatives.

b. Representation at Investigatory Interview. When in the Employer's judgment an investigatory meeting is called for prior to any decision to discipline a Nurse, the supervisor shall inform the Nurse of the purpose and subject of the meeting prior to the meeting. The Nurse may upon request have up to two (2) CRONA representatives present, provided that the interview will not be delayed to obtain the presence of a second CRONA representative. If the Nurse requests the presence of a CRONA representative, the meeting shall occur within three (3) businesscalendar days of the Employer's request for the investigatory meeting. If the Nurse requests representation and if the Hospital intends to have more than two (2) representatives (not including a management witness), the Hospital will notify CRONA in advance, and CRONA may have an equal number of representatives provided that the meeting will not be delayed to obtain additional CRONA representatives. CRONA and the Employer, with advance notice to the other party, may each invite a trainee to observe, but not participate in, an investigatory meeting, and such trainee shall not count toward the number of representatives provided for herein. For purposes of the advance notice, the Employer shall notify the President of CRONA and CRONA shall notify the Director of Employee and Labor Relations. The Hospital will conduct its investigation diligently, consistent with the circumstances. The Nurse, and at the Nurse's request, CRONA will be informed of the status of the investigation within thirty (30) days of the date of an investigatory interview.

c. Representation at Disciplinary Meeting. When the Employer has determined that a Nurse is to be disciplined, the supervisor will advise the Nurse that s/he may request a CRONA representative at the meeting in which the written warning will be delivered. If a CRONA representative is requested to attend the meeting, the meeting must be held within three (3) calendar days of the date the supervisor notifies the Nurse of the disciplinary meeting, or within such additional time as is agreed to by the Employer. If the CRONA representative is not available to attend the meeting during this time period, then the disciplinary meeting may

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proceed without the presence of the CRONA representative. Prior to the meeting supervision will inform the Nurse of the purpose for the meeting.

d. Definition of Discipline. For the purposes of sub-sections b. and c. above only, an oral warning or reprimand shall not be considered discipline. Nothing in Section 29 shall require the Employer to schedule an investigatory meeting prior to making a decision to discipline a Nurse.

29.3.7 Adherence to Time Limits.

a. Processing of Grievances. The Employer and CRONA agree that grievances should be raised, and settlement attempted, promptly. Failure of CRONA or a Nurse to proceed within any time limit set forth in this Section shall constitute a waiver of the claim. Failure of the Employer to act within any time limit set forth herein shall entitle the grievant or CRONA officer to proceed to the next step. If the Employer has not responded within the required time limit, the Employer shall be deemed to have rejected the grievance on the last day of the period for response and the matter may be appealed to the next level. However, any of the time limits set forth in this Section may be extended by mutual written agreement of the Employer and CRONA.

b. Limit of Liability. The Employer shall not be liable for, nor shall any review or arbitration hearing concern, a claim for back wages or other financial reimbursement for any period prior to one hundred twenty (120) calendar days before the filing of the formal grievance which is the subject of the claim, review or arbitration hearing.

29.3.8 Grievance Pending. Grievances filed prior to the effective date of the current Agreement shall be heard under the terms and procedures set forth in the prior Agreement.

29.3.9 Informal Settlement Discussions. CRONA or the Employer may attempt to resolve a grievance at any time or at any level through informal settlement discussions. Such discussions shall in no way interfere with the grievance procedure nor require the participation of the grieving Nurse. All such discussions shall be treated as confidential and shall not be used as evidence for or against any position in any subsequent arbitration. No adjustment of a grievance through such discussions shall conflict with or supersede the terms of this Agreement or serve as precedent for the settlement of any other grievances filed under this Agreement.

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**LPCH**

**SECTION 28 GRIEVANCE AND ARBITRATION**

28.1 Purpose. The purpose of these procedures is to provide the parties with an orderly means of resolving differences which may arise between them. The parties intend that these procedures shall be in lieu of any other formal procedure established by the Employer for resolution of employee grievances and shall be the exclusive means for resolution of CRONA's grievances against the Employer.

28.2 Grievances.

28.2.1 Only Nurses who have successfully completed the trial period of employment are eligible to use this grievance procedure, except that trial period Nurses may use this procedure for disputes over whether their paychecks are in accordance with the pay provisions of this Agreement, for example, whether they properly received shift differential or overtime pay; or whether they have been subjected to any discrimination of the type described in Section 2.

28.2.2 A formal grievance is a written claim by a Nurse or CRONA concerning a Nurse's wages, hours, or working conditions and involving the interpretation or application of this Agreement. A grievance may be filed by any individual Nurse covered by this Agreement or by any officer designated by CRONA. A grievance filed by CRONA when not on behalf of an individual Nurse shall be started at Step Two of this procedure.

28.3 Grievance Procedure.

28.3.1 Step One – Informal Discussions. A grievance may be started when a Nurse (called "grievant") tells her/his supervisor the facts of the grievance and asks for resolution within five (5) working days. A CRONA representative may be present at the option of the individual Nurse. If the grievant does not accept resolution of any part of the grievance, s/he may proceed to Step Two of this procedure or the grievant may at her/his option skip Step One and begin the grievance at Step Two.

28.3.2 Step Two – Submission of Formal Grievance. The grievance shall be submitted in writing to the Vice President of Patient Care. The Vice President of Patient Care will submit a copy of the grievance to CRONA and to the Director of Employee and Labor Relations within two (2) working days from receipt of the grievance.

a. Content of formal grievance. The formal grievance shall be signed and dated by the grievant or designated CRONA officer and shall contain a brief description of the action or inaction complained of, the Employer management representative, if known, who is believed to have taken the action or failed to act, the date the action occurred or

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should have occurred, the resolution desired, and the Section or Sections of the Agreement alleged to be involved.

b. Timeliness. In cases of discipline, separation or layoff, the formal grievance shall be submitted no later than twenty-one (21) calendar days, and in all other cases no later than thirty (30) calendar days, after the date the action occurred or should have occurred. Notwithstanding the preceding sentence, if the Nurse aggrieved and CRONA (or its agents) did not know of the action or failure to act when it occurred, then the grievance shall be submitted no later than thirty (30) calendar days after the day when the Nurse or CRONA could reasonably have been expected to have known.

28.3.3 Step Three – Resolution or Referral for Review. The Vice President, Patient Care Services shall respond to the grievance or refer it to a reviewing Employer representative within seven (7) working days of receipt. A copy of the Director's resolution or notice of referral will be provided to the Nurse grievant, and CRONA, and the Vice President of Human Resources.

a. Review Meeting. The reviewing representative shall call a meeting with the grievant and/or CRONA officers, and any other person or persons as can, in the view of the reviewing representative, because of their knowledge of the facts, contribute to a discussion of the grievance. The review meeting will be conducted no more than fourteen (14) calendar days after the date of referral by the Vice President, Patient Care Services, provided CRONA representatives are available and provided further that the parties may agree to extend the time period to a mutually convenient date.

b. Resolution. The reviewing Employer representative shall present a written determination on the grievance with copies to the grievant and CRONA, and the Vice President of Human Resources, within fifteen (15) working days after the review meeting unless mutually extended. The determination shall state the specific reasons for the decision either to grant or deny the grievance.

c. If CRONA does not accept the Step Three determination then within fifteen (15) working days of receipt of the determination, CRONA may refer the issue to mediation or arbitration, as described below, by written notice to the Vice President of Human Resources with a copy to the Director of Nursing. CRONA or its representatives shall contact the Employer's representative to initiate selection of a mediator or arbitrator within fourteen (14) calendar days of its referral of the grievance to mediation or arbitration.

28.3.4 Step Four (Optional) – Mediation.

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- a. As specified above, CRONA may request that the grievance be submitted to mediation, which shall be subject to agreement by the Employer. Within seven (7) days of CRONA's request to submit to mediation, the Employer shall inform CRONA in writing whether the Employer is agreeing to mediation. If the Employer does not agree to mediation or fails to respond on a timely basis, the grievance shall instead be submitted to arbitration, as provided in Section 28.3.5, below.
- b. If CRONA and the Employer have agreed to mediation, as provided above, the parties shall request the appointment of a mediator to hear the grievance from the Federal Mediation and Conciliation Service. The mediation session shall occur within thirty (30) days of the FMCS's designation of the mediator to mediate the grievance.
- c. If the grievance is not satisfactorily resolved at the mediation session, CRONA may appeal the grievance to arbitration within three (3) calendar days of the date of the mediation session.

28.3.5 Step Five – Arbitration.

- a. When CRONA has requested arbitration in accordance with this Section, CRONA and a representative designated by the Employer shall attempt to reach Agreement on an arbitrator by informal discussion. If agreement has not been reached within five (5) working days of the request for arbitration, the arbitrator shall be selected from the following seven (7) persons by the alternative striking of names, with the Employer striking first, until one remains, who shall be the arbitrator:

~~Anne Andrews Ellis, Alexander Cohn, Doug Collins, Andrea Dooley, Matthew Goldberg, Ronald Hoh, John Kagel, Najeeb Khory, Yuval Miller, Geraldine Randall,~~ and Ilona Turner.

The first strike for arbitrators will be rotated between CRONA and the Employer.

- b. Hearing. The arbitration shall begin as soon as possible giving due consideration to the schedules of the representatives and witnesses of the parties provided that failure of CRONA to request the setting of a hearing date within sixty (60) calendar days of the referral to arbitration shall result in a waiver of the claim. The hearing shall be closed unless the arbitrator rules otherwise. Prior to the hearing the parties shall attempt to reach agreement on a joint submission of the case to the arbitrator. If the parties fail to agree on a joint submission, each shall present a separate submission, and the arbitrator shall determine the issue or issues to be heard provided that the issue is arbitrable in

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accordance with this Section. The joint or separate submissions shall state the issue or issues and the specific Section or Sections of this Agreement which the arbitrator is to interpret or apply.

c. Resolution.

1. After such hearing the arbitrator shall render as soon as possible a decision which shall be final and binding on all parties.
2. The arbitrator shall have no power to add to, subtract from, alter, modify or amend any of the terms or provisions of this Agreement.
3. The arbitrator's authority to award monetary damages shall be limited to compensatory damages.

d. Expense. The cost of compensation and expenses of the arbitrator, including the cost of a transcript unless a transcript is waived by mutual agreement of the parties and the arbitrator, shall be divided equally between the parties. However, each party shall bear its own expenses of representation and witnesses.

e. Expedited Arbitration. The parties may agree in writing that an individual grievance or grievances be submitted to expedited arbitration as set forth in this subsection e.

1. The arbitrator shall conduct a hearing at the earliest date;
2. Unless ordered by the arbitrator, there shall be no transcript of the hearing and post hearing briefs shall be waived;
3. The arbitrator shall use best efforts to render a decision within ten (10) working days following the arbitrator's closing the hearing record.
4. Except to the extent modified in this subsection e., the remaining provisions of Section 28 shall be applicable to expedited arbitration.

28.3.6 Right to Representation. A grievant may be assisted or represented by a representative of CRONA at any formal step of the grievance procedure.

a. Representation at Grievance Meetings. A grievant may be assisted or represented by up to two (2) representatives of CRONA at any Step Three meeting, provided that no meeting will be delayed in order to obtain the presence of a second representative. In the event the Hospital intends to have more than two (2) representatives (not including a management witness, the management person alleged to

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have violated the Agreement, or the reviewing representative), it will notify CRONA in advance, and CRONA may have an equal number of representatives, provided that the meeting will not be delayed to obtain additional CRONA representatives.

b. Representation at Investigatory Interview. When in the Employer's judgment an investigatory meeting is called for prior to any decision to discipline a Nurse, the supervisor shall inform the Nurse of the purpose and subject of the meeting prior to the meeting. The Nurse may upon request have up to two (2) CRONA representatives present, provided that the interview will not be delayed to obtain the presence of a second CRONA representative. If the Nurse requests the presence of a CRONA representative, the meeting shall occur within three (3) ~~business~~ calendar days of the Employer's request for the investigatory meeting. If the Nurse requests representation and if the Hospital intends to have more than two (2) representatives (not including a management witness), the Hospital will notify CRONA in advance, and CRONA may have an equal number of representatives provided that the meeting will not be delayed to obtain additional CRONA representatives. CRONA and the Employer, with advance notice to the other party, may each invite a trainee to observe, but not participate in, an investigatory meeting, and such trainee shall not count toward the number of representatives provided for herein. For purposes of the advance notice, the Employer shall notify the President of CRONA and CRONA shall notify the Director of Employee and Labor Relations. The Hospital will conduct its investigation diligently, consistent with the circumstances. The Nurse and, at the Nurse's request, CRONA will be informed of the status of an investigation within thirty (30) days of the date of an investigatory interview.

28.3.7 Adherence to Time Limits. The Employer and CRONA agree that grievances should be raised, and settlement attempted, promptly. Failure of CRONA or a Nurse to proceed within any time limit set forth in this Section shall constitute a waiver of the claim. Failure of the Employer to act within any time limit set forth herein shall entitle the grievant or CRONA officer to proceed to the next step. If the Employer has not responded within the required time limit, the Employer shall be deemed to have rejected the grievance on the last day of the period for response and the matter may be appealed to the next level. However, any of the time limits set forth in this Section may be extended by mutual written agreement of the Employer and CRONA.

28.3.8 Informal Settlement Discussions. CRONA or the Employer may attempt to resolve a grievance at any time or at any level through informal settlement discussions. Such discussions shall in no way interfere with the grievance procedure nor require the participation of the grieving Nurse. All such discussions shall be treated as confidential and shall not be used as evidence for or against any position in any subsequent arbitration. No adjustment of a grievance through

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such discussions shall conflict with or supersede the terms of this Agreement or serve as precedent for the settlement of any other grievances filed under this Agreement.

*BJ Christolm*

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For CRONA

3/31/2025 | 2:59 PM PDT

*Aaron L. Ajenbrood*

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For LPCH

*Aaron L. Ajenbrood*

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For SHC

3/31/2025 | 9:18 PM EDT

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**Relief Nurse Attendance**

**SHC**

**15.12.1**

Relief Nurses are required to make a written commitment of availability (as defined below) to her/his respective schedule planner. Shifts may be worked in four (4), six (6), eight (8), ten (10), or twelve (12) hour blocks in order to fulfill commitment. Relief Nurse commitment is successfully met by ~~actually~~ working all hours of their commitment for which the Relief Nurse is scheduled by the Employer unless s/he is canceled by the Employer. Failure of a Relief Nurse to keep her/his commitment may result in a corrective action notice and compliance will be expected for the next schedule period. Continued noncompliance may result in termination. A Relief Nurse’s absences that are protected by local, state, and/or federal law shall not be grounds for discipline.

**LPCH**

**14.11 Employment Commitment and Status.**

14.11.1 a. Relief Nurses will be hired or transferred into one of the following categories: Limited Relief; “A” Relief; “B” Relief; or “C” Relief, as detailed below. Relief Nurses are required to make a written commitment of availability (as defined below), including an agreed evening and night shift commitment.

b. Upon hire or transfer into a Relief position, a new Relief Nurse will be required to agree to work at least one-third (1/3) the applicable commitment on evening or night shifts, when needed.

c. A Relief Nurse’s absences that result from cancellation by the Employer, and/or that are protected by local, state, and/or federal law shall not be grounds for discipline.

d. Failure of a Relief Nurse to keep her/his commitment may result in a corrective action notice and compliance will be expected for the next schedule period. Repeated noncompliance may result in termination.

*BJ Chisholm*

For CRONA

4/1/2025 | 10:44 AM PDT

*Aaron L. Agenbrood*

For LPCH

*Aaron L. Agenbrood*

For SHC

4/1/2025 | 1:45 PM EDT

# **Stanford Health Care**

## *Professional Nurse*

## *Development*

## *Program (PNDP)*

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2025 – 2028

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# STANFORD HEALTH CARE

## PROFESSIONAL NURSE DEVELOPMENT PROGRAM (PNDP)

### GENERAL INFORMATION FOR NURSING STAFF

#### I. **Philosophy**

The SHC Professional Nurse Development Programs (PNDP) promotes the life-long pursuit of expertise of the clinical nurse.

SHC recognizes and rewards nurses who strive for excellence in the delivery of the highest quality of patient care, while demonstrating commitment to the profession of nursing.

The SHC PNDP is based on the work of Dr. Patricia Benner. Dr. Patricia Benner identifies five (5) stages of academic knowledge applied in the nurse's clinical practice. In the SHC PNDP, the last two of Benner's levels of performance characteristics are utilized: proficient (CN III) and expert (CN IV) (see page 4 for definitions and grid on pages 12-13).

Evaluation of the nurse's performance is further measured by one or two exemplars, which are written illustrations of the nurse's performance. Exemplars represent the nurse's contribution to a patient's welfare, and they reflect the nurse's clinical knowledge.

As part of the evaluation of the nurse's professional development, Benner's seven (7) domains further indicate his or her competence (pages 14-15). These competencies within each domain are evaluated as met or not met and demonstrate to the nurse and his or her manager or mentor that knowledge and clinical application for each level is present.

#### II. **SHC Program Objectives**

1. Provide an opportunity for nurses to develop a career path while recognizing nurses who demonstrate excellence in practice.
2. Attract and retain high quality nursing staff resulting in improved patient outcomes.
3. Create an environment where nurses are empowered as a valued member of the healthcare team.
4. Demonstrate academic advancement, obtaining specialty certifications and increase participation in professional activities.

### **III. Level Definitions**

Clinical Nurse III: Recognizes a situation in terms of the overall picture. Has an intuitive grasp of the situation based upon a deep background understanding.

Clinical Nurse IV: Has an intuitive grasp of each situation and zeros in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions.

### **IV. Components/Criteria Identified for Each of the Two Levels**

The following components comprise the criteria for the PNDP:

- A. Qualifications
- B. Clinical Expertise
- C. Leadership/Professional Growth and Contribution
- D. Continuing Education
- E. Performance Appraisal

The criteria for the program are outlined in the Summary Requirements table below.

## Professional Nurse Development Programs SUMMARY REQUIREMENTS

QUALIFICATIONS		
	Clinical Nurse III	Clinical Nurse IV
<b>Education</b>	<input type="checkbox"/> Proof of BSN/ <b>Masters in Nursing</b> / Doctorate of Nursing or continued enrollment in a program for those degrees	<input type="checkbox"/> Proof of BSN/ <b>Masters in Nursing</b> or Doctorate of Nursing
<b>Attendance</b>	<input type="checkbox"/> Must meet attendance standards	<input type="checkbox"/> Must meet attendance standards
<b>Performance Appraisal</b>	<input type="checkbox"/> Overall Score : Meets/Exceeds	<input type="checkbox"/> Overall Score : Acceptable/Fully Competent
<b>Corrective Action</b>	<input type="checkbox"/> No written warning or greater in the last twelve (12) months	<input type="checkbox"/> No written warning or greater in the last twelve (12) months
<b>Staff Meeting</b>	<input type="checkbox"/> Attend 75% of staff meetings conducted	<input type="checkbox"/> Attend 75% of staff meetings conducted
<b>Letter of Intent</b>	<input type="checkbox"/> Upload letter	<input type="checkbox"/> Upload letter
<b>Resume (panel years only)</b>	<input type="checkbox"/> Upload resume	<input type="checkbox"/> Upload resume
<b>Certification</b>	<input type="checkbox"/> Proof of Approved Certification/Recertification, using the same standard as in the Certification Pay provision of the Agreement (Section 7.11)	<input type="checkbox"/> Proof of Approved Certification/Recertification, using the same standard as in the Certification Pay provision of the Agreement (Section 7.11)
<b>Experience</b>		
Length of Service @ SHC	<input type="checkbox"/> 1 year	<input type="checkbox"/> 1 year
Years as a Professional Nurse	<input type="checkbox"/> Greater/equal to 3 years	<input type="checkbox"/> Greater/equal to 4 years
Years in specialty area for initial promotion	<input type="checkbox"/> Greater/equal to 1 year (years in specialty area may be cumulative as long as current, as determined by the manager)	<input type="checkbox"/> Greater/equal to 2 years (years in specialty area may be cumulative as long as current, as determined by the manager)
CLINICAL EXPERTISE		
<b>Assessment of Clinical Expertise</b>	<input type="checkbox"/> Proficient or Expert Clinical Expertise Assessment by Manager (with feedback from Resource Nurses and peers; at least one of the peers may be selected by Nurse)	<input type="checkbox"/> Expert Clinical Expertise Assessment by Manager (with feedback from Resource Nurses and peers; at least one of the peers may be selected by Nurse)
<b>Exemplar</b>	<input type="checkbox"/> 1 Exemplar (Panel Years Only)	<input type="checkbox"/> 2 Exemplars (Panel Years Only)
LEADERSHIP/ PROFESSIONAL GROWTH & CONTRIBUTION		
<b>Points</b>	<input type="checkbox"/> Obtains <u>30</u> PNDP points annually	<input type="checkbox"/> Obtains <u>45</u> PNDP points annually
<b>Categories</b>	<input type="checkbox"/> Points are from 3 categories	<input type="checkbox"/> Points are from 4 categories
<b>References (Panel Year Only)*</b>	<input type="checkbox"/> One Manager, Advanced Practice Nurse or Administrator <input type="checkbox"/> One Peer Selected by Applicant <input type="checkbox"/> One Peer Selected by Manager <input type="checkbox"/> One Physician/Resident, <b>Advance Practice Provider (APP)</b> or Non-Nursing Licensed Professional	<input type="checkbox"/> One Manager, Advanced Practice Nurse or Administrator <input type="checkbox"/> One Peer Selected by Applicant <input type="checkbox"/> One Peer Selected by Manager <input type="checkbox"/> One Physician/Resident, <b>Advance Practice Provider (APP)</b> or Non-Nursing Licensed Professional
CONTINUING EDUCATION		
<b>Annual Competencies</b>	<input type="checkbox"/> Completes annual competencies	<input type="checkbox"/> Completes annual competencies
<b>Trainings</b>	<input type="checkbox"/> Complete annual department	<input type="checkbox"/> Complete annual department

\*An applicant may obtain references from Nurse Practitioners for both the Management/Advanced Practice Nurse/Administrator category and the Physician/Resident, **APP** or Non-Nursing Licensed Professional category, but the same Nurse Practitioner may not provide a reference for more than one such category.

### V. Eligibility

1. No nurse can be required to participate in the PNDP program offered through SHC.

2. All Regular Nurses and Relief Nurse C’s and D’s in the CRONA represented bargaining unit at SHC are eligible to participate in the hospital’s Professional Nurse Development Program (PNDP). Relief A and B nurses are also eligible if in the 12 months prior to application for either promotion to or maintenance of a CN III or CN IV level have worked hours equivalent to a Relief Nurse C commitment.
3. All criteria must be met annually regardless of benefit status/hours worked. Annually shall be defined as within the 12 month period prior to the application due date, as provided in Sections VIII(3), IX(4), and X(4).

<b>Application Due Date</b>	<b>12-month period prior to application due date</b>
<b>February 1</b>	February 1, 00:00 AM of previous year to February 1, 23:59 PM of current year
<b>June 1</b>	June 1, 00:00 AM of previous year to June 1, 23:59 PM of current year
<b>October 1</b>	October 1, 00:00 AM of previous year to October 1, 23:59 pm of current year

4. To be eligible for promotion to or maintenance of a CN III or CN IV level, the nurse must possess an approved certification that is either the most applicable certification in the nurse’s area of specialty or a certification that supports the basic clinical practice in the nurse’s area of work. The standards for determining whether the nurse possesses an appropriate certification shall be the same as those provided in the Certification Payment provision of the Agreement (Section 7.11).
5. A Clinical Nurse III or IV who has been on an approved Leave of Absence, other than a personal leave, will have an additional period of time equal to the length of the leave to renew her/his promotion, up to six months after return from leave, unless by law a greater period of time is mandated.
6. Except as provided in Section XVI below, nurses who have received a written warning or greater within the last 12 months are not eligible to apply or maintain status as a CN III or CN IV. At the next application period following twelve (12) months from the date of the written warning, the nurse who meets all of the other criteria may apply or reapply.

**VI. Compensation/Recognition**

See Professional Nurse Development Program article in the Agreement.

**VII. Composition of the PNDP Panel**

The Clinical Nurse Selection Panel (“Panel”) shall be composed of twenty (20) members. Ten (10) of the members shall be Clinical Nurses selected by CRONA, at least six (6) of whom shall be Clinical Nurse IVs and four (4) of whom may be a Clinical Nurse III. Efforts will be made by CRONA to appoint members from diverse specialty areas.

The remaining ten (10) members of the Panel shall be Clinical Nurse Specialists, Nursing Professional Development Specialists, Nurse Scientists, or Nurse Managers, including Nursing

Directors, and Assistant Patient Care Managers, selected by the Hospital.

Eight (8) of the twenty (20) panel members will be scheduled for each panel interview – four (4) CRONA-designated members and four (4) Hospital-designated members. There shall be Chair and a Vice Chair of the Panel. The Vice Chair shall assist the Chair, and shall serve in the role of Chair in the absence of the Chair. The Chair and Vice Chair positions shall each rotate annually between a member appointed by the Hospital and a Clinical Nurse member. For all years after the first year, the Clinical Nurse members of the Panel will select who among them shall serve as Chair or Vice Chair during their rotations, and the Hospital-appointed members of the Panel will select who among them shall serve as Chair or Vice Chair during their rotations. While it is not required, it is the view of the Hospital and CRONA that elevation of the Vice Chair to Chair is desirable to afford some experience to the individual serving in the role of Chair.

Appointments to the Panel shall be for a two-year period. Appointees to the Panel may serve up to two (2) successive terms. An appointee who has been appointed to serve two successive terms may be reappointed to the Panel after the lapse of an intervening full two-year term.

### **VIII. Promotion Process**

1. Application for promotion is initiated by a nurse. It is the applicant's responsibility to notify their manager in advance of their intention to apply for promotion in a timely manner (preferably in writing at least 45 days prior to the deadline for submitting the application packet).
2. It is the applicant's responsibility to present a complete application package with all required documentation to their Nurse Manager or to the Nursing Director, if the manager is not a nurse (herein after referred to jointly as "Nurse Manager"), no later than 14 calendar days prior to the application deadline, so that the manager can provide appropriate support and feedback before the due date. The application shall include the applicant's preferred email address to be contacted about the application process.
3. PNDP application portfolio must be reviewed and approved or rejected by the Nurse Manager within 14 calendar days of its submission by the nurse.
4. The applicant shall submit the final PNDP application portfolio through the online system no later than the relevant deadline: **February 1, June 1, or October 1.**
5. The Panel (all eight (8) members, scheduled for the Panel ) meets to discuss the application.
6. Applicant attends a panel interview and presents an exemplar to the Panel within forty (40) calendar days of the application due date.
7. The Panel (all eight (8) members, scheduled for the Panel) will determine if the applicant meets the criteria, and can award achievement by an affirmative vote of no less than a majority (5 of the 8) Panel members. Any panel member who is from the same unit as the applicant may recuse himself or herself from the discussion and consideration of that applicant. The Panel will notify the applicant of its decision by sending an e-mail to the applicant's preferred email address within seven (7) calendar days of the panel review date. If the nurse is denied, a written explanation will be provided at the same time as the notification.
8. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
9. A nurse can submit an application portfolio for promotion no more than two (2) times per

calendar year. A Nurse may apply for promotion to Clinical Nurse IV within twelve months of his/her successful application to Clinical Nurse III, assuming that the points and activities supporting the application for Clinical Nurse IV remain current.

10. If a Nurse is denied promotion by the Nurse Manager or Panel, (s)he may exercise the appeal rights as set forth in Section XIV below.
11. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III position to the Nurse. The Applicant must notify the Nurse Manager of the applicant's response within 10 days of the written notice from the panel.

### **IX. Renewal Application Process – (Panel Year)**

1. The Panel will send renewal letters to current participants two (2) months prior to the expiration of the three-year term of their current status.
2. It is the applicant's responsibility to notify their manager in advance of their intention to apply for renewal in a timely manner (preferably in writing at least 45 days prior to the deadline for submitting the application packet).
3. It is the applicant's responsibility to present a complete application package with all required documentation to their Nurse Manager no later than 14 calendar days prior to the deadline for submitting the application packet, so that the manager can provide the appropriate support and feedback before the due date. The application shall include the applicant's preferred email address to be contacted about the application process.
4. PNDP application portfolio must be reviewed and approved or denied by the Nurse Manager within 14 calendar days of its submission by the nurse.
5. The applicant shall submit the final PNDP application portfolio through the online system no later than the relevant deadline: **February 1, June 1, or October 1.**
6. The Panel (all eight (8) members scheduled for the Panel) meets to discuss the application within forty (40) calendar days of the application due date.
7. The Panel (all eight (8) members scheduled for the Panel) will determine if the applicant meets the criteria, and can award achievement by an affirmative vote of no less than a majority (5 of the 8) Panel members. The Panel will notify the applicant of its decision by e-mail at the applicant's preferred email address within seven (7) calendar days of the panel review date. If the nurse is denied, a written explanation will be provided at the same time as the notification. Any panel member who is from the same unit as the applicant may recuse himself or herself.
8. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
9. A nurse can submit an application portfolio for promotion no more than two (2) times per calendar year. A Nurse may apply for promotion to Clinical Nurse IV within twelve months of his/her successful application to Clinical Nurse III, assuming that the points and activities supporting the application for Clinical Nurse IV remain current.
10. If a Nurse is denied renewal by the Nurse Manager or Panel, (s)he may exercise the appeal rights as set forth in Section XIV below.
11. If a Clinical Nurse II applies for Clinical Nurse IV and is denied, but the Panel determines that the Nurse meets the Clinical Nurse III requirements, the Panel shall offer a Clinical Nurse III position to the Nurse. The Applicant must notify the Nurse Manager of the applicant's response within 10 days of the written notice from the panel.

### **X. Interim Renewal Application Process (Non-Panel Years)**

1. A nurse who has achieved Clinical Nurse III or Clinical Nurse IV status will maintain that

status for three (3) years provided that the nurse continues to meet the required criteria and points each year, and in the interim years the nurse's portfolio has been submitted, reviewed and approved by the Nurse Manager. The nurse will not be required to appear before the Panel in the interim years. If denied by the Nurse Manager, the nurse will have the appeal rights set forth in Section XIV, below.

2. Nurse Manager or his/her delegate will send renewal letters to current participants two (2) months prior to expiration of current status.
3. It is the applicant's responsibility to notify their manager in advance of their intention to apply for renewal in a timely manner (preferably in writing at least 45 calendar days prior to the deadline for submitting the application packet).
4. It is the applicant's responsibility to present a complete application package with all the required documentation to their manager no later than 14 calendar days prior to the deadline for submitting the application packet, so that the manager can provide the appropriate support and feedback before the due date. The application shall include the applicant's preferred email address to be contacted about the application process.
5. Re-application portfolios will be due to the Nurse Manager by **February 1, June 1, or October 1**, as applicable, based on the original achievement date.
6. The PNDP re-application portfolio must be reviewed and approved or denied by the Nurse Manager by email to the applicant's preferred email address, within thirty (30) calendar days after the nurse's submission of the portfolio. If the Nurse is denied, a written explanation will be provided at the same time as the notification.
7. No change will be made to the status of the nurse's level until written notification of acceptance, or in the case of denial, until the appeal process is complete.
8. If a Nurse is denied continued status by the Nurse Manager, (s)he may exercise the appeal rights as set forth in Section XIV below.
9. If a Clinical Nurse IV is unable to maintain his/her Clinical Nurse IV status but the Nurse Manager determines that the Nurse meets the requirements for Clinical Nurse III, the Nurse Manager shall offer the Nurse a Clinical Nurse III position. The Applicant must notify the Nurse Manager of the applicant's response within ten (10) days of the written notice from the Nurse Manager.

## **XI. Role of the Panel**

1. The Panel will review and act upon all submitted portfolios based solely on the criteria provided in this PNDP.
2. The Panel will provide consultation to Clinical Nurses, and Nurse Managers about the PNDP.
3. Within seven (7) calendar days of the interview or panel review date, as applicable, the Panel will notify the applicant by email at the applicant's preferred email address of achievement or will give a written explanation for the denial at the same time as the notification.
4. The panel will maintain confidentiality of the proceedings, other than whether the applicant was promoted or denied promotion unless agreed otherwise by all the panel members.
5. The Panel will notify new members of ongoing rules and regulations.
6. The Panel, by majority vote (i.e. at least five (5) votes), will be the decider for all PNDP interpretation.
7. The Panel may make recommendations for changes to the PNDP by a majority vote (i.e. at least five (5) votes). Changes may be made if approved by the CNO.
8. The Panel, by majority vote (i.e., at least five (5) votes) may determine whether any additional

criteria are needed to define “proficient” or “expert” on the Assessment of Clinical Expertise Matrix (see pages 14-15).

9. The Panel will be responsible for problem solving issues that arise within the PNDP.
10. The Panel will be responsible for follow-up on employee issues/concerns.
11. On the day of a Nurse’s PNDP interview, the Panel may request additional existing documentation from the Nurse or her or his manager. The Nurse must provide the requested documentation within one (1) business day of the Panel’s request; the Panel may, however extend this time period if it chooses to do so.

## **XII. Role of the Nurse Manager**

1. The Applicant’s Nurse Manager will review and either approve or deny the applicant’s portfolio prior to submission to the panel for those applications that require panel approval.
2. The Nurse Manager shall provide a copy to the applicant of the completed Assessment of Clinical Expertise within thirty (30) calendar days of notification of the applicant’s intent to apply for promotion. The Applicant’s Nurse Manager will verify applicant’s compliance with eligibility criteria (e.g., no corrective action as defined in Section XVI; meets or exceeds overall rating on performance evaluation; and rating as expert or proficient based on the Assessment of Clinical Expertise).
3. The Nurse Manager will review and either accept or deny interim years renewal applications.

## **XIII. Role of the PNDP Liaison**

CRONA may appoint a Liaison to act as a resource on PNDP process and requirements questions. For that purpose, the liaison will be forwarded inquiries submitted by Nurses to the PNDP mailbox and may provide input prior to a response to such inquiries. The Liaison will not participate directly in the application portfolio review, applicant interviews, or promotion decisions. Time spent in the CRONA PNDP Liaison role will not be considered paid work time.

## **XIV. Appeals Process**

1. The applicant shall first discuss the situation with the Nurse Manager of his/her department. The applicant will then decide if he/she chooses to appeal.
2. The applicant shall submit the concern in writing to the Chief Nursing Officer within twenty-one (21) calendar days from the date of the denial-being appealed.
3. If the applicant requests a meeting during the appeal process, a meeting will be held with the Chief Nursing Officer and the denied applicant can choose to have a CRONA representative present at the meeting.
4. The Chief Nursing Officer or designee will investigate, consult with the Panel and the applicant’s Nurse Manager and then the Chief Nursing Officer will provide a written response which will include their understanding of the problem and the action to be taken, if any. The response of the Chief Nursing Officer shall be electronically transmitted within twenty-one (21) calendar days from the receipt of the appeal.

## **XV. Inter and Intra Department Transfers**

In the event of a transfer, the nurse will maintain his/her current Clinical Nurse status, if he/she meets the following requirement(s): (1) renews his/her Clinical Nurse status pursuant to Section IX or X (whichever is applicable), by the same date he/she would have been required to do so had no transfer occurred, except that his/her clinical expertise and performance appraisal shall be made by the Nurse Manager in the unit from which he/she transferred based on work performed by the nurse in that unit prior to the transfer, and (2) applies for and obtains Clinical Nurse III or IV status in the new unit, during a designated application period that occurs within nine (9) months from the date of transfer, using any points earned during the preceding twelve (12) months as of the relevant application due date, and demonstrating that he/she meets the required criteria based on the preceding twelve (12) months as of the relevant application due date.

## **XVI. Written Discipline**

A nurse who has received corrective action of a written warning or greater is not eligible to apply for Clinical Nurse III or IV status for twelve (12) months after the disciplinary action is issued.

A nurse who has received either (i) two corrective actions of a written warning, or (ii) a greater level of discipline, including a suspension or a Final Written Warning (as defined in the Hospitals' Corrective Action Policy), is not eligible to maintain a Clinical Nurse III or IV status during the rolling twelve (12) month period after the last such disciplinary action was issued.

“Corrective actions” do not include oral/documented verbal warnings.

Where a nurse who is removed from his/her Clinical Nurse III or IV status is challenging the discipline through the grievance and arbitration procedures, the nurse's Clinical Nurse status shall be subject to being reinstated with appropriate back pay should the process ultimately result in the discipline being voided; provided, the nurse otherwise continues to meet all other criteria for that status, including making reapplication as required if the status would have expired during the period while the grievance is pending.

Where a nurse who is applying or reapplying for Clinical Nurse III or IV status is challenging the discipline through the grievance and arbitration at the time he or she makes application to achieve or maintain Clinical Nurse III or IV status, the application will be considered for the status being sought without regard to the particular disciplinary action being challenged, and if the nurse is otherwise deemed qualified through the normal application/reapplication procedure, the Panel will award the appropriate Clinical Nurse status to the nurse, contingent upon the disciplinary action being voided. If the disciplinary action is voided, then the nurse will be placed in the Clinical Nurse status and appropriate back payment made. If the Clinical Nurse Status from which the nurse was removed expires during the period when the grievance is pending and the nurse either does not reapply or reapplies but is not awarded Clinical Nurse status by the Panel, then any entitlement to Clinical Nurse status and related pay ceases as of the date of expiration, regardless of the outcome of the grievance and arbitration process.

## **XVII. Exemplars**

The Panel will evaluate the exemplar(s) on the basis of whether the applicant included all components of format and not to evaluate the applicant's oral or written presentation skills. Panel will use the content of the exemplar(s) only to evaluate the demonstrated expertise of the applicant

(using the Benner Assessment of Clinical Expertise tool). The exemplar for a CN III shall cover at least two domains. Each exemplar for a CN IV shall cover at least three domains. The domains covered by a CN IV may be repeated among his or her exemplars. No exemplar(s) shall be required during Non-Panel Years.

**SHC PROFESSIONAL NURSING  
ASSESSMENT OF CLINICAL EXPERTISE**

**Professional Nurse Development Program**

\*Must meet or exceed all "Proficient" criteria for CN III. Must meet at least 9 of "Expert" criteria and be at least proficient in the remaining 2 for CN IV.  
(9 of 11 boxes checked)

**Expert = 20 points; Proficient = 10 points; Competent = 0 points**

Domain	Expert (Intuitive responses)	Meets	Proficient (Ability to Read Situations)	Meets	Competent (Ability to anticipate the likely course of action)	Meets
1) Therapeutic Relationships	Able to establish on the spot relationships with patients/families in difficult or crisis situations.		Consistently able to adapt approach readily when patient/family displays unexpected response.		Demonstrates ability to build effective therapeutic relationships.	
	Advocates for the patient/family perspective and works toward resolution of conflict.		Monitors patient satisfaction and takes action to improve care.		Assumes responsibility and accountability for patients.	
2) Patient Teaching	Able to develop and implement complex teaching plans.		Uses creative strategies to ensure patient/family possess understanding of the plan.		Collaborates with peers to develop and implement individualized teaching plans.	
3) Staff Teaching	Recognized by other staff nurses and physicians for their expert knowledge.		Provides guidance to new staff.		Utilizes educational resources available in hospital for promoting self-learning needs.	
	Heightened responsibility in supporting less experienced RNs.		Serves as coach or preceptor to evaluate and validate a colleague's clinical judgment.		Offers recommendations to enhance learning needs of unit staff.	
4) Diagnostic and Monitoring	Recognizes and reports subtle variations in patient responses.		Able to quickly evaluate when data may indicate a diagnosis not already identified.		Focuses on the whole clinical picture of the patient.	
	Sense the needs of other patients and the capabilities of the nurses assigned to them.		Sees changes that require actions other than those anticipated or planned.		Integrates input from other disciplines for decision making.	
5) Therapeutic Intervention	Develops innovative strategies to enhance patient care.		Utilizes critical thinking skills to interpret complex data.		Responds in a timely manner to changes in patient condition.	
6) Professional Accountability	Models high performance leadership behaviors i.e. thoughtful listening, effective questioning, and empowerment.		Fosters an environment of that promotes mutual respect and professional growth.		Models professional accountability for one's own clinical practice.	
	Acts as a change agent and facilitates implementation and evaluation of change.		Supports and actively participates in the change process.		Takes initiative by offering help to other colleagues without being asked.	

Domain	Expert (Intuitive responses)	Meets	Proficient (Ability to Read Situations)	Meets	Competent (Ability to anticipate the likely course of action)	Meets
7) Organizational and Work role	Performs skillfully under pressure. Able to juggle and integrate needs and requests of multiple patients without losing important information or missing significant needs.		Able to balance competing demands. Able to plan and coordinate multiple patient needs and reshuffle their priorities in the midst of constant patient changes.		Knows when to escalate issues when demand exceeds capacity. Responds to patient requests and needs with some ability to reshuffle priorities.	

- References: Benner, P. From Novice to Expert. Menlo Park, California: Addison Wesley Publishing Company, 1984.
- Benner, P., Tanner, C.A., & Chesla; C.A. Expertise in Nursing Practice. New York, Springer Publishing Company, 1996.
- Curley, M.A. Patient-nurse synergy: optimizing patients' outcomes. American Journal of Critical Care Medicine, 1998.

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

NOTE: Nurses in the Transfer Center shall be evaluated based on the agreed-upon Assessment of Clinical Expertise applicable to that unit.

**SHC Professional Nursing Assessment of Clinical Expertise (ACE) for Transfer Center RNs  
Professional Nurse Development Program (Transfer Center)**

**Applicant Name:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Description of Activities: This category is based on a bi-annual assessment of unit expertise conducted by the Manager with input from any Unit Resource Nurses and the applicant’s peers. (At least one of the peers may be selected by the Nurse). The tool “Assessment of Clinical Expertise” will be utilized to determine each nurse’s current level. Must meet or exceed all “Proficient” criteria for CNIII  
Must meet at least 9 of “Expert” criteria and be at least proficient in the remaining two for CNIV (9 of 11 boxes checked) Expert = 20 points; Proficient = 10 points; Competent = 0 points

<u>Domain</u>	<u>Expert</u>	<u>Meets</u>	<u>Proficient</u>	<u>Meets</u>	<u>Competent</u>	<u>Meets</u>
1) Therapeutic Relationship	Able to establish on the spot relationships with SHC/ referring providers in difficult or crisis situations		Consistently able to adapt approach readily when SHC/referring provider displays unexpected response.		Demonstrates ability to build effective therapeutic relationships.	
	Advocates for the provider’s perspective and works toward resolution of conflict		Monitors SHC/referring provider’s satisfaction and takes action to improve care		Assumes responsibility and accountability for cases.	
2) Customer Teaching	Able to develop and assist in process changes. i.e., Developing pathways to ensure the Transfer Center is transparent to the MDs we serve.		Uses creative strategies to ensure customers possess understanding of the transfer process. e.g. teach providers on the new MD to MD rules/ EMTALA ramifications.		Collaborates with peers to develop and implement Transfer Center workflow processes.	
3) Staff Teaching	Recognized by other staff nurses and physicians for their expert knowledge		Provides guidance to new staff		Utilizes educational resources for promoting self-learning needs	
	Heightened responsibility in supporting less experienced RNs		Serves as coach or preceptor to evaluate and validate a colleague’s clinical judgment		Offers recommendations to enhance learning needs of unit staff	
4) Diagnostic and Monitoring	Recognizes and reports subtle variations in patient condition.		Able to quickly evaluate when data may indicate a diagnosis not already identified		Focuses on the whole clinical picture of the patient	
	Recognizes changes in priorities/ case acuity and the capabilities of the RN & Communication Specialist assigned to them		Sees changes that require actions other than those anticipated or planned.		Integrates input from other resources for decision making	
5) Therapeutic Intervention	Develops innovative strategies to enhance Transfer Center patient care delivery.		Utilizes critical thinking skills to interpret complex data		Responds in a timely manner to changes in patient condition	
6) Professional Accountability	Models high performance leadership behaviors i.e. thoughtful listening, effective questioning, empowerment		Fosters an environment that promotes mutual respect and professional growth		Models professional accountability for one’s own clinical practice	
	Acts as a change agent and facilitates implementation and evaluation of change		Supports and actively participates in the change process		Takes initiative by offering help to other colleagues without being asked	

7) Organizational and Work role	Performs skillfully under pressure. Able to juggle and integrate needs and requests for multiple cases without losing important information or missing significant needs.	Able to balance competing demands. Able to plan and coordinate multiple case needs and reshuffle priorities during constant changes.	Knows when to escalate issues when demand exceeds capacity. Responds to provider requests and needs with some ability to reshuffle priorities
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Benner, Patricia. *From Novice to Expert* (1984). Menlo Park, CA.: Addison-Wesley Publishing Company

Benner, P., Tanner, C., and Chesla, C. *Expertise in Nursing Practice* (2<sup>nd</sup> Ed), 2009. New York: Springer Publishing

Company Curley, M.A... Patient-nurse synergy: optimizing patients' outcomes. *American Journal of Critical Care Medicine*, 1998.

## Professional Nurse Development Program Points

The *Points Program* allows credit for time and expertise in precepting, giving in-services or presentations, publishing original materials, obtaining specialty certification or recertification, and participation in various leadership activities. **Points are broken down into categories for ease in determining your points.**

### POINTS REQUIRED FOR PROMOTIONS / RENEWAL:

- From a Clinical Nurse II to a Clinical Nurse III: must accumulate 30 Points during the twelve (12) months preceding the application due date. Minimum of three (3) categories.
- To maintain a Clinical Nurse III: must maintain 30 Points per year. Minimum of three (3) categories. At the end of each of the first and second years of the three (3) year appointment, the portfolio must be submitted to the Nurse Manager for review and approval by the Nurse Manager. In the event of a denial, the nurse will have the appeal rights set forth in Section XIV. At the end of the three (3) year appointment, the nurse must follow the procedure for renewal by the Panel.
- From a Clinical Nurse II to Clinical Nurse IV, or from a Clinical Nurse III to a Clinical Nurse IV: must accumulate 45 Points during the twelve (12) months preceding the application due date. Minimum of four (4) categories.
- To maintain a Clinical Nurse IV: must maintain 45 Points per year. Minimum of four (4) categories. At the end of each of the first and second years of the three (3) year appointment, the portfolio must be submitted to the Nurse Manager for review and approval by the Nurse Manager. In the event of a denial, the nurse will have the appeal rights set forth in Section XIV. At the end of the three (3) year appointment, the nurse must follow the procedure for renewal by the Panel.

### Category A: Clinical Expertise

#### **Description of Activities**

This category is based on **the annual assessment of clinical** expertise conducted by the Manager with input from unit Resource Nurses and the applicant's peers (at least one of the peers may be selected by the Nurse). The tool "Assessment of Clinical Expertise" will be utilized to determine each nurse's current level.

#### **Points Awarded**

Proficient = 10 points

Expert = 20 points

Clarification: As long as the Nurse maintains his or her level of expertise, these points can be used every year, not just the year of assessment.

### Category B: Academic Credit Courses

#### **Description of Activities**

This category encompasses academic courses offered by an accredited college or university. These courses should address the bio-psychosocial knowledge base of professional human services. It is not essential that the course content be patient focused.

Examples include psychology, sociology, philosophy, social or cultural anthropology, research, education statistics, chemistry, biology, human anatomy and physiology, medical Spanish, health care management. College credits earned through challenge exams are acceptable.

Examples of courses that **ARE NOT** acceptable include but are not limited to: history, math, art, music, and English.

Credits earned under this category for nursing academic courses may also be used for meeting the applicant’s CE requirement.

**Points Awarded**

One academic credit hour = 1 point

**Limit = 9 Points**

**Acceptable Proof for Points**

Copy of grade report from the school, grade “C” or greater or a grade of “Pass” for a course taken as “Pass/Fail”.

**Category C: Educational Degrees**

**Nursing Degrees**

Completion of BSN	3 points
Completion of Masters in Nursing	6 points cannot be combined with a BSN
Completion of a Doctorate in Nursing Masters in Nursing	7 points cannot be combined with BSN or Masters in Nursing

**Non Nursing Degrees**

Four (4) year non-nursing related degree	1 point
Graduate level non-nursing job related degree	1 point
Non-nursing doctoral degree	3 points

**Combined Limit for C. 1 & 2= 7 Points**

**Acceptable Proof for Points:** Copy of diploma or transcript (official or unofficial) or another form of verification subject to the approval of the manager.

Clarification: These points can be used in subsequent years, not just the year of completion.

**Category D: National Certification/Recertification**

**Number of Points Awarded**

Five (5) points granted for approved certification in area of specialty in each year that the certification is in effect. To be eligible for points, the certification must meet the standard in the Certification Pay provision of the Agreement (Section 7.11), and must be current as of the due date of the application or renewal packet.

**Limit = 10 Points**

- (i) Points awarded are for most applicable certification in the nurse’s area of specialty;
- (ii) a qualifying certification must meet the standard in the Certification Pay provision of the Agreement (Section 7.11);
- (iii) a qualifying certification approved by a nurse’s manager may not be disapproved by the Panel, unless the certification is not one that has been approved by the ANCC or the Chief Nursing Officer;

(iv) disputes between a nurse and her or his manager about whether a certification qualifies for points may be raised at any time by the nurse with the panel; (v) as the interpreter of the PNDP, the Panel’s decision shall control; and (vi) the PNDP panel shall respond to the nurse’s inquiry within thirty (30) calendar days of the date of the nurse’s request.

**Acceptable Proof for Points:** Copy of letter from certifying body or certification card.

**Category E: Preceptorship/ Mentorship/Resource Nurse/Coaching**

**Number of Points Awarded**

Precepting of students, externs and nurses	1 point per 36 hours (10 points max) (fractional points acceptable)
Mentorship	5 points per mentee (10 points max)
Resource Nurse	200 to 300 hours per year (2 points) More than 300 hours per year (3 points)
Coaching (examples: EBP, Caritas, PNDP)	2 points

**Limit = 10 points**

**Acceptable Proof of Points**

Preceptor: Initial Competency assessment as developed by the Department. Employer report of preceptor hours for precepting and/or letter from Manager/Educator listing name of student, number of hours and precepting dates.

Mentor: Must show proof of completion of employer-recommended mentor training. Must have a letter from manager or Hospital sponsor validating mentor-mentee relationship and dates.

Resource: Employer report of resource nurse hours.

Coaching: Must provide letter from Hospital sponsor validating coaching activities and dates.

**Category F: Leadership**

**Description of Activities**

Encompasses activities that demonstrate a commitment to improve the care delivery environment through participation in departmental or house wide committees. This may include hospital committees formed to organize community service/volunteer activities.

**Number of Points Awarded**

<b>Member, PNDP Panel</b>	<b>5 (6+ Panel days per year)</b>
Approved Hospital-wide or Department Committee (including Nurse Practice Committee)	Member: 2; Chair or Co-Chair: 5
Member, professional organization*	Member: 2; Officer or Board Member: 5; Committee member: 3

\*Points awarded for a maximum of two professional organizations.

Hospital-wide Nursing Council/Shared Leadership Member: 2; Chair or Co-Chair: 5

Nurse Liaison/Champions/Super User/ Warrior, etc.**	One time activity: 2; Ongoing activity: 5***
**For the Nurse Liaison/Champions/Super User/Warrior activity, the Manager approves this designation on an annual basis.	
***One time activity is completed in 3 months or less; on-going activity requires more than 3 months and at least two hours of prep work a month.	
National/state professional committee member	3
Adjunct faculty	5/semester (online or class) 10 max
Performance Improvement Project Team Member	2
Performance Improvement Project Team Leader	5
Approved unit-based committee or activities positively impacting Hospital goals	2

**Limit = 15 points**

**Acceptable Proof of Points**

Completed committee or council participation evaluation. Committee must meet at least 4 times/year. Applicant must have attended at least 75% of meetings scheduled in the previous 12 months in order to be awarded any points. For applicants who served in multiple roles on a committee (e.g. chair, member) the applicant will be awarded points based on the role in which they spent the majority of their time over the last 12 months.

- For Committees/Task Forces: Chair to complete the “Hospital or Professional Committee Participation Evaluation” including % of attendance and comments regarding effectiveness/contributions (or, if applicant is the Chair, Sponsor to complete and sign in Chair’s place).
- For validation of approved Unit-based activities, performance improvement projects or status as Nurse Liaison/Champion/Super User/Warrior role: Manager must provide written documentation of rationale for points claimed.
- For adjunct faculty: Provide letter from academic institution validating faculty status and semesters/quarters classes taught.
- For professional organization: Provide copy of membership card. If organization does not provide membership card, provide other documentation containing nurse’s name, organization name, and verification of active membership.
- For approved activities positively impacting Hospital goals: Include description of activity and planned or actual impact on Hospital goals validated by manager.

**Category G: Advanced Clinical Skills**

Nurse Manager, in consultation with the respective Unit Council if one exists, shall decide what qualifies as advanced clinical skills for that unit.

Advanced Clinical Skills for a specific unit cannot be a skill that is required in order to work on the unit but must be a skill relevant to work performed on the unit as validated by the Nurse Manager.

**Acceptable Proof of Points**

Documentation from Nurse Manager that the Advanced Clinical Skill is currently on the approved list and validation that training has been completed.

**Three (3) points awarded per qualifying advanced clinical skill.**

**Limit = 12 points**

**Category H: Professional Presentations**

**Description of Activities**

Encompasses the RN’s participation as an instructor delivering content to nurses, other health care professionals, students or the public. The presentation must be delivered within a structured framework of teaching/learning. This includes presentations given to the public to improve the image of nursing (e.g., career fair at a middle school).

A presentation includes a seminar, in-service, clinical conference, patient/family educational program, consumer education program, Basic Cardiac Life Support, Advanced Life Support, Pediatric Advanced Life Support, Professional organization chapter educational activities, and/or presenting an original paper or poster presentations.

The participation may be as primary instructor, guest lecturer, panel participant, skills day instructor. If multiple presentations are submitted they must be different topics.

**Number of Points Awarded**

PALS, ACLS, BLS, TNCC, LVAD, NRP, TNATC	5 pts.	must be certified instructor and teach a minimum of 2 times a yr.
Housewide orientation lectures	3 pts.	Max 3 a year, must be on different topics
Nursing Grand Rounds / Housewide In-Service	5 pts.	
Unit level In-service	2 pts.	
<b>Nursing or Medical Conference</b>		
Podium Presentation	15 pts.	
Poster Presentation	10 pts.	
<b>Presentation at meeting of professional organization</b>	5 pts	

**Limit = 15 points**

**Acceptable Proof of Points**

PALS, ACLS, BLS, TNCC, LVAD, NRP, TNATC: Proof of active instructor certification and dates of teaching.

Podium and poster: Copy of presentation or poster and proof that content was presented at the applicable conference. Documentation should include the applicant’s name and date of presentation.

Other presentations: Evidence of participation in the presentation (e.g., brochure, announcement, or verification from the sponsor recognizing the applicant’s participation), including learning objective, sign-in list (if any) and outline or copy of presentation. Documentation should include applicant’s name and the date of the presentation.

**Category I: Professional Publications**

**Description of Activities**

Encompasses professional healthcare publications. The RNs responsibility in the publication may be authorship, co-authorship, or editorial. The item to be published may be a book, chapter in a book, paper, article, book review, etc. This item may be published in print or online in a book, journal, professional organization’s national or local newsletter, or hospital newsletter or publication, etc. Professionally authored multimedia aids are acceptable.

**Number of Points Awarded**

Editorial in a journal (healthcare related)	5
Article in a local newsletter	2
Article in unit newsletter (nursing practice related)	1
Editor for local newsletter	2 per issue, max 6 points
Writing a pamphlet (Pt or staff teaching tool)	Housewide = 5, unit = 3
Revising a pamphlet (Pt or staff teaching tool)	1 per tool, max 10 points
<b>Original research article (Primary author)</b>	<b>15</b>
<b>Original research article (co-author)</b>	<b>10</b>
Textbook Editor	15
Chapter in a book	15
Professionally authored multimedia aids, web	15
Journal article	10
Journal Reviewer (review of articles or book chapter)	3
Book Reviews, published	5
<b>Evidence based policy writing - New</b>	<b>5</b>
<b>Evidence based policy writing - Revised</b>	<b>3</b>

**Limit = 15 points**

**Acceptable Proof for Points**

A copy of the publication should be submitted when possible. If not, a copy of the title page and table of contents is required. Publisher’s notice of acceptance for publication should be submitted if Points are to be granted before printing.

**Professionally authored multimedia: Creates and presents health information related to nursing practice, which may include text, audio, video, and images. Applicant should provide a link or other means of reviewing the multimedia aids or webpage.**

For evidence based policy writing, the Nurse must submit the policy showing supporting evidence and the Nurse’s role.

**Documentation should include relevant date(s) and include the applicant’s name.**

**Category J: Community Service**

**Description of Activities**

Encompasses RN’s participation as a volunteer in health or medical related only community service.

**Activities may include:**

- (1) Involvement in the direct provision of medical care;
- (2) Participation in medical related community service, including in an organizational capacity or as a leader, facilitator, or presenter or volunteer; or
- (3) Volunteering in activities aligned with supporting Social Determinants of Health (SDoH), health equity, or the global environment.

**Number of points awarded:**

Health Fair	1 (organizer=3 points)
Health fund raising events (MS Walk, Heart Walk)	1
Recruitment Fair	1
Career Fair	1
Health Literacy event	1 (organizer=3 points)
Medical Mission trip	1 point/day (organizer=5)
Support Group	1 point/day (chair=5)
Health care camp (Heart Camp, CF Camp, etc.)	1 point/day
Health Care Legislative Advocacy (Participation in Advocacy Days)	1
Other health related community service activities	1 point/day
Serving on a Board/taskforce for an agency	2 points/year

(Cancer Society, Heart Association)

**Volunteer work for activities aligned with supporting Social Determinants of Health (SDoH), health equity, or the global environment**

1 point/day

**Limit = 8 points**

**Acceptable Proof for Points**

Community Service form or other documentation which outlines a description of duties and dates of service.

A brochure from the event listing applicant as a participant, volunteer, leader, presenter, organizer, facilitator, or chair, including information about the date of the event. Verification from Sponsor/Organizer describing applicant's role. Documentation should include information showing the date(s) of service.

## SHC

### EXEMPLAR FORMAT

An exemplar is a clinical situation in which your professional skills as a nurse were instrumental in your ability to assess, teach or intervene to affect an outcome of value to the patient or to your own growth and development. Think of a story that was especially meaningful to you as a professional nurse; a story that helped shape your practice today. The exemplar must be applicable to your current clinical practice and must ideally, have occurred in the past year.

**A. Name**

- Department
- Date

**B. Brief Background**

- Patient History and Diagnosis
- Your relationship in the situation
- Physician involvement (if important)

**C. Action Taken**

- Specific situation
- What you did
- Motivation for action
- What problems were anticipated and how that affected decision-making?

**D. Outcome**

- How did your action affect the outcome of the situation?
- What made your decision the best course of action in this situation?

**E. Debrief/Significance**

- How did this story change you personally or professionally?

## **SHC**

### **EXEMPLAR HINTS AND GUIDELINES**

1. Preferably no longer than 2-3 pages.
2. Typed, double-spaced.
3. Must be a clinical situation that actually occurred in your nursing practice career applicable to your current practice, and preferably in the last year
4. Think of situations in which your actions affected the outcome of a clinical situation.

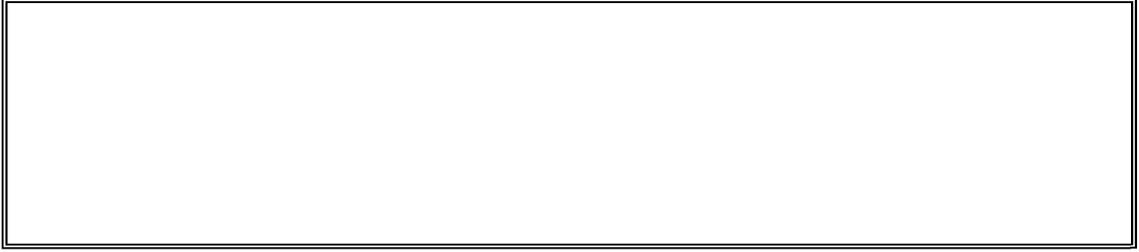
**The following may be helpful hints in thinking of the specific situations in your nursing practice:**

1. Have you been involved in situations in which your professional skills as a nurse were instrumental in your ability to assess, teach or intervene in that case?

Tell us about the care you deliver and the impact of that care.

Focus on:

- Coordination of care
  - Available services
  - Physician participation
  - Benner Assessment of Clinical Expertise (See PNDP pp. 14-15)
  - RN practice autonomy
  - Family centered care
  - Leadership
  - Quality Improvement
  - Evidence Based Practice
  - Research
  - Technology and Informatics Narratives
2. How does this example of your clinical choices made as an expert/knowledgeable nurse mesh with your personal goals in nursing and the goals of your department and/or hospital?



## LETTER OF INTENT FORMAT

### **ADDRESS TO:**

Professional Nurse Development Program Panel

### **BODY OF LETTER:**

1. Indicate the level for which you are applying.
2. Tell about your nursing experience.
3. Explain why you should be promoted to/or maintained at this level
4. List any additional information that might be useful to the PNDP Panel.

### **CLOSING:**

Include name, department and telephone extension, e-mail address, mailstop.

## **ELEMENTS OF A PROFESSIONAL RESUME (for promotion only)**

A resume represents your experience and qualifications in an organized written format, targeted to a specific occupational interest.

### **Information to Include**

#### Personal Data

Your name, address, and telephone number (home and work).

#### Employment Objectives

Identify the level for which you are applying.

#### Work Experience

List most recent first, include month and year going back a maximum of ten years. List duties and responsibilities. Focus on your accomplishments and contributions in each position, especially as they relate to the level for which you are applying.

#### Formal Education

Start with the most recent schools and pertinent specialized education. College graduates should list degree, college, and major and minor areas of study.

#### Professional/Community Activities/Memberships

Highlight leadership responsibilities.

#### Honors/Scholarships/Awards

List any achievements in college, community, or professional career.

#### Publications

**SHC PROFESSIONAL NURSE DEVELOPMENT PROGRAM REFERENCE:  
NON-NURSING LICENSED PROFESSIONAL REFERENCE SELECTED BY  
APPLICANT (Pharmacist, RRT, PT, OT, Dietician)**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse\_\_\_\_\_.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Comment on this individual’s ability to communicate with you or your department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Comment as to this individual’s ability to exhibit courteous and professional behavior when dealing with your department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one of the following four rating statements that you feel best describes this applicant’s ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department’s overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Name (printed)\_\_\_\_\_

Title\_\_\_\_\_

Signed:\_\_\_\_\_

Date: \_\_\_\_\_

Discipline of Person Completing this form: \_\_\_\_\_

**SHC PROFESSIONAL NURSE DEVELOPMENT PROGRAM REFERENCE:  
MANAGEMENT/ ADVANCED PRACTICE NURSE/ADMINISTRATION  
SELECTED BY APPLICANT**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse\_\_\_\_\_.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Please comment on this individual’s ability to coordinate the care of patients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please comment on this individual’s ability to be a team player and willingness to assist others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe a time you have seen this individual function as a role model, change agent or leader.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one of the following four rating statements that you feel best describes this applicant’s ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department’s overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Name (printed) \_\_\_\_\_

Title \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**SHC PROFESSIONAL NURSE DEVELOPMENT PROGRAM REFERENCE:  
PEER REVIEW REFERENCE SELECTED BY APPLICANT**

\_\_\_\_\_ has applied for a promotion to Clinical Nurse\_\_\_\_\_.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas

- 1. Please comment on this individual’s ability to communicate with patients, families and other members of the healthcare team:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Please comment on this individual’s ability to be a team player and willingness to assist others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one of the following four rating statements that you feel best describes this applicant’s ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department’s overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Name (printed)\_\_\_\_\_

Title\_\_\_\_\_

Signed:\_\_\_\_\_

Date: \_\_\_\_\_

**SHC PROFESSIONAL NURSE DEVELOPMENT PROGRAM**  
**REFERENCE: PEER REVIEW REFERENCE SELECTED BY MANAGER**

\_\_\_\_\_ has applied for advancement to Clinical Nurse\_\_\_\_\_.

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

- 1. Please comment on this individual’s ability to communicate with patients, families and other members of the healthcare team:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Please comment on this individual’s ability to be a team player and willingness to assist others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one of the following four rating statements that you feel best describes this applicant’s ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department’s overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Name (printed)\_\_\_\_\_

Title\_\_\_\_\_

Signed:\_\_\_\_\_

Date: \_\_\_\_\_

**Return to** \_\_\_\_\_ **[Manager]\* Email:** \_\_\_\_\_ **Fax** \_\_\_\_\_ - \_\_\_\_\_

**SHC PROFESSIONAL NURSE DEVELOPMENT PROGRAM REFERENCE:  
PHYSICIAN/RESIDENT/ADVANCED PRACTICE PROVIDER**

\_\_\_\_\_ has applied for advancement to Clinical Nurse \_\_\_\_\_

Your feedback on his/her abilities is an important part of the evaluation process. Please evaluate how the above person performs in the following areas:

1. Please comment on this individual’s ability to communicate with patients, families and other members of the healthcare team:

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2. Please comment on this individual’s ability to be a team player and willingness to assist others:

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3. Please describe a time when you have seen this individual function at a high level to get things done to improve the work environment or a patient care experience:

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Please choose one of the following four rating statements that you feel best describes this applicant’s ability to practice professional nursing:

- Outstanding:** Performance at this level consistently exceeds job expectations and is recognized by peers and/or customers as a leader and a positive example for others. Represents a level of performance that is rare and unusual.
- Highly Successful:** Performance at this level consistently generates results above those expected of the position. Contributes in a superior manner to the success of the department and organization.
- Successful:** Performance at this level meets expectations and represents what is expected of a trained, experienced employee. Employee consistently contributes to the department’s overall success.
- Improvement Expected:** Performance at this level falls below what is expected for a trained, experienced employee. Performance does not consistently meet expectations.

Name (printed)\_\_\_\_\_

Title\_\_\_\_\_

Signed:\_\_\_\_\_

Date: \_\_\_\_\_

**Return to** \_\_\_\_\_ **[Manager]\* Email:** \_\_\_\_\_ **Fax** \_\_\_\_\_ - \_\_\_\_\_

## Hospital or Professional Committee Participation Evaluation

Applicant Name: \_\_\_\_\_ Organization or Unit/Area/Dept: \_\_\_\_\_

The person named above is seeking advancement or re-credentialing in the Professional Nurse Development Program. Your assistance would be appreciated in evaluating their effectiveness in committee or activity participation. Please furnish the information requested below.

Committee: \_\_\_\_\_ Attendance: # attended out of possible: \_\_\_\_\_

To be eligible for points, a committee must meet a minimum of four (4) times per year.

EVALUATION	Meets Expectations	Doesn't Meet Expectations
Attendance (at least 75%) of scheduled meetings		
Participation		
Effectiveness/ Contributions		

Remarks: (Required)

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\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date



**PAGE NOT TO BE INCLUDED IN HANDBOOK**

The undersigned, as authorized representatives of CRONA and Stanford Health Care, attest the ratification and approval of this Professional Nurse Development Program.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

**Committee For Recognition Of Nursing Achievement    Stanford Health Care**

Colleen Borges

**Shareef Valentine**

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