

St. Anthony Regional Hospital Career Achievement

PARTICIPANT FILLS THIS SECTION OUT

Name _____ EMPLOYEE NUMBER _____
☐ Nursing ☐ Dietitian ☐ Social Worker ☐ Respiratory Therapist ☐ Radiology ☐ Rehab
 Department Name: _____ Total Expected Points _____

The criteria and reference guide are reviewed and revisions are made each year. It is your responsibility to read the criteria and requirements needed to obtain requested points.

CRITERIA & REFERENCE GUIDE – 2023

BINDER REQUIREMENTS:

1. Material should be placed securely in a BINDER NO LARGER THAN 1 ½ INCHES. Binder cover should include Name, department, etc.
2. All items should be 3 holed punched and NOT be loose in the binder.
3. If you need help streamlining your binder, please contact your department representative to assist you, or the council chair.
4. Binders should include criteria with anticipated points filled out in the Associates Points column.
5. If your binder is torn or tattered, it is the responsibility of the participant to purchase a new binder and include your name on the spine.
6. If you receive points in one area, you may not also receive points in a different area for the same work. (i.e., If you revise/create a protocol and provide staff education on the protocol, you may either receive points to revise/create A protocol OR staff education NOT BOTH!)

Required Criteria for Achievement Program:

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|--|--------------------------------|--|
| 1. Applicant is employed a minimum of 1 year at St. Anthony Regional Hospital. | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |
| 2. Applicant has Annual Performance Review scores of Meets Expectations or higher. | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |
| 3. Applicant has maintained job requirements of their position, including but not limited to: | | |
| - Completed all mandatory compliance and safety training in accordance with timelines (HS, department meetings, Annual Competencies, Simulations etc.) | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |
| - Maintained certification/licensure within the defined process as outlined in the Personnel Requirements/listed on job description | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |
| - Maintained consistent and regular attendance including reporting for work on time and in accordance with department guidelines. | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |
| - Complies with all laws and regulation in performance to responsibility including patient Health information from improper use or disclosure | <input type="checkbox"/> Meets | <input type="checkbox"/> Does Not Meet |

If an applicant receives a warning or suspension during the current year of their participation in the Career Achievement Program, that applicant will be ineligible to continue in the program.

I have reviewed the above and the **APPLICANT** has met all the required criteria.

Manager signature _____ Date _____

YOUR NAME AND DATE NEEDS TO BE ON ALL EVIDENCE

| I. Demonstrably Better Quality (Improving and Advancing our Patient Care) <i>Please refer to the reference guide for required evidence.</i> | | Points | Max Points | Expected Assoc. Points |
|---|--|--------|------------|------------------------|
| A. Internal Education- Maximum 35 points <i>*If teaches same content more than once, will only receive points once.</i> | | | 35 | |
| <input type="checkbox"/> Teaches an education class a minimum of 2 times per year (2 classes = 5 points, 4 classes and greater = 10 points) (May receive points for teaching classes or for instructor certification but not both). | | 5 | 10 | |
| <input type="checkbox"/> Assist in developing a new Evidence Based Unit policy/procedure/protocol | | 10 | | |
| <input type="checkbox"/> Assist in revising an existing Evidence Based unit policy/procedure/protocol | | 5 | | |
| <input type="checkbox"/> Education at staff huddle/meeting/class | | 5 | | |
| <input type="checkbox"/> Develops educational content (including HealthStream, unit skills fairs, etc.) | | 10 | | |
| <input type="checkbox"/> Poster presentation at department/hospital level | | 5 | | |
| <input type="checkbox"/> Unit competency | | | | |
| <input type="checkbox"/> Develop unit competency | | 10 | | |
| <input type="checkbox"/> Validate staff in unit competency | | 5 | | |
| <input type="checkbox"/> Completes Nurse Residency Program, with 80% attendance | | 10 | | |
| <input type="checkbox"/> Participates in simulation event, not required by department | | 5 | 10 | |
| <input type="checkbox"/> Attends a St. Anthony presentation, not required by department | | 5 | 10 | |
| B. Community Education- Patient/Family Education- Maximum 20 points (approved/requested/hosted by St. Anthony) | | | 20 | |
| <input type="checkbox"/> Patient care education material developed | | 5 | | |
| <input type="checkbox"/> Teaches patient/family educational program | | 10 | | |
| <input type="checkbox"/> Presents community presentation | | | | |
| <input type="checkbox"/> Local/Regional | | 10 | | |
| <input type="checkbox"/> Statewide | | 15 | | |
| <input type="checkbox"/> Outreach education (health fair, support groups, student outreach) | | 5 | | |
| <input type="checkbox"/> Poster presentation | | | | |
| <input type="checkbox"/> Local/Regional | | 10 | | |
| <input type="checkbox"/> Statewide | | 15 | | |
| C. Project- Maximum 20 points | | | 20 | |
| <input type="checkbox"/> Developing or strengthening service lines, systems and technologies | | 5 | | |
| <input type="checkbox"/> SuperUser for new equipment and/or technology | | 10 | | |
| D. Unit/Hospital Committees/ St. Anthony Representative on Community Committee- Maximum 25 points | | | 25 | |
| <input type="checkbox"/> Member or Co-Chair of committee that meets minimum of 4x/year and attends 80% of meetings for the entire year | | 10 | 10 | |
| <input type="checkbox"/> Chair of committee that meets minimum of 4x/year (not just scheduled to meet) – chair 80% of meetings | | 15 | | |
| II. Partnership with Associates (Motivation for Personal Growth and Development) <i>Please refer to the reference guide for required evidence.</i> | | Points | Max Points | Expected Assoc. Points |
| A. Certification- Maximum 30 points (certification verification form required) | | | 30 | |
| ➤ <u>Nursing/Medical Assisting (Not required by job)</u> | | | | |
| <input type="checkbox"/> Certification (national) in area of expertise used in your role at St. Anthony | | 25 | | |
| <input type="checkbox"/> Second certification in area of expertise in clinical setting | | 5 | | |

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| <input type="checkbox"/> ACLS/BCLS/PALS/NRP/TNCC/HazMat/ NRP, NOT required by job <input type="checkbox"/> <u>Dietician (Not required by job)</u> <input type="checkbox"/> Certification in area of expertise in your role at St. Anthony (CNSC, CDE, CDR Specialty Certification, etc.) <input type="checkbox"/> Second certification in area of expertise <input type="checkbox"/> AND Certificate Program (Adult Weight Management or Childhood and Adolescent Weight Management), BCLS, Insulin Pump Trainer- NOT required by job <input type="checkbox"/> <u>Social Worker (Not required by job)</u> <input type="checkbox"/> Certification in area of expertise used in your role at St. Anthony (LISW, CADC, CT, CHP-SW, ACHP-SW, ASW-G, SW-G, C-ACYFSW, C-YFSW, C-SWHGC, OSW-C, etc.) <input type="checkbox"/> Second certification in area of expertise <input type="checkbox"/> ACLS/BCLS/PALS/NRP/TNCC NOT required by job <input type="checkbox"/> <u>Respiratory Therapy Staff (Not required by job)</u> <input type="checkbox"/> Certification in area of expertise used in your role at St. Anthony (RPFT, NPS, Asthma Educator, etc.) <input type="checkbox"/> Second certification in area of expertise <input type="checkbox"/> ACLS/BCLS/PALS/NRP/TNCC/ Hazmat NOT required by job <input type="checkbox"/> <u>Rehab Services (Not required by job)</u> <input type="checkbox"/> Certification in area of expertise used in your role at St. Anthony <input type="checkbox"/> Second certification in area of expertise <input type="checkbox"/> ACLS/BCLS/PALS/NRP/TNCC NOT required by job <input type="checkbox"/> <u>Radiology (Not required by job)</u> <input type="checkbox"/> One additional certification in area not required by your primary job <input type="checkbox"/> Two additional certifications in areas not required by your primary job <input type="checkbox"/> ACLS/BCLS/PALS/NRP/TNCC NOT required by job | 5 25 5 5 25 5 5 25 5 5 25 5 5 25 5 5 | 10 10 10 10 10 10 10 | |
| B. Advanced degrees- (Not required by job) Maximum 15 points <input type="checkbox"/> Currently enrolled in advanced degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate | 5 5 10 15 | 15 5 10 15 | |
| C. Recognition- (related to your position at St. Anthony)- maximum 30 points <input type="checkbox"/> Press-Ganey Survey or Patient Satisfaction Survey <input type="checkbox"/> From medical staff <input type="checkbox"/> From patient letter/family member <input type="checkbox"/> From hospital staff (including STAR cards and Pulse) <input type="checkbox"/> Daisy Award <ul style="list-style-type: none"> ○ Nominated for award ○ Award winner <input type="checkbox"/> Regional/Statewide award/recognition related to your position <ul style="list-style-type: none"> ○ Nominated for award | 5 5 5 5 5 20 5 | 30 10 | |

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| ○ Award winner | 20 | | |
| D. Professional Organization: involvement related to your profession with Proof of PAID dues- maximum 15 points | | 15 | |
| <input type="checkbox"/> Member of organization | 5 | 5 | |
| <input type="checkbox"/> Officer or committee chair with 80% attendance in past year | 10 | 10 | |
| E. Publications- Maximum 20 points | | 20 | |
| <input type="checkbox"/> Radio/Television/Newspaper/Publication/St. Anthony Social Media article/presentation that promotes St. Anthony | 5 | | |
| <input type="checkbox"/> Published article in health related journal or book | 20 | | |
| III. Strengthen the Core <i>Please refer to the reference guide for required evidence.</i> | | | |
| A. Student Preceptor (May precept multiple students to equal the number of hours below)- Maximum 15 points | | 15 | |
| <input type="checkbox"/> 36-79 hours | 5 | | |
| <input type="checkbox"/> 80-120 hours | 10 | | |
| <input type="checkbox"/> >120 hours | 15 | | |
| B. Orients New Team Member/Team Member with New Role- Maximum 15 points | | 15 | |
| <input type="checkbox"/> 80-120 hours | 10 | | |
| <input type="checkbox"/> >120 hours | 15 | | |
| C. Dual Roles- Maximum 10 points | 5 | 10 | |
| D. Charge- Maximum 10 points | | 10 | |
| ➤ <u>Nursing</u> | | | |
| <input type="checkbox"/> 100-299 hours per year | 5 | | |
| <input type="checkbox"/> 300+ hours per year | 10 | | |
| E. Years of service/tenure at St. Anthony Regional Hospital- Maximum 25 points | | 25 | |
| <input type="checkbox"/> 1-4 years | 5 | | |
| <input type="checkbox"/> 5-10 years | 10 | | |
| <input type="checkbox"/> 11-15 years | 15 | | |
| <input type="checkbox"/> 16-25 years | 20 | | |
| <input type="checkbox"/> 26+ years | 25 | | |
| F. Peer Interviewing- Maximum 10 points (Project Approval form required) | | 10 | |
| <input type="checkbox"/> Involved in interview process/job shadow for potential new co-worker, supervisor, physician | 5 | | |
| G. Community Involvement if not currently being reimbursed (Volunteer Work)- Maximum 15 points | | 15 | |
| <input type="checkbox"/> Blood/ Hair Donor | 5 | | |
| <input type="checkbox"/> Walk Chair/ Team Captain | 10 | | |
| <input type="checkbox"/> Walk Participant | 5 | | |
| <input type="checkbox"/> Big Brother/ Big Sister | 10 | | |
| <input type="checkbox"/> Free Health Clinic | | | |
| ○ 1-10 hours | 5 | | |
| ○ >11 hours | 10 | | |
| <input type="checkbox"/> Other community involvement (i.e. health fair, troop leader, school, church, junior achievement, first responder) | 5 | 10 | |
| H. St. Anthony Involvement | | 10 | |
| <input type="checkbox"/> Participate in Wellness at Work | 5 | | |
| <input type="checkbox"/> Attend any event hosted by St. Anthony | 5 | | |
| <input type="checkbox"/> Other (as verified and approved by Manager) | 1 | 5 | |

Updated: Edu dept 4/13/23; 5/5/23; 7/7/23; 7/17/23

CAP Reference Guide

Listed after each achievement you will find examples that will help validate:

1) It was your work

2) It was completed in the current year.

It is CRITICAL that your evidence has your name as well as a date including the year on every piece of evidence you submit. Remember, the examples are merely suggestions; there may very well be other possibilities. The items asterisked (*) are required.

YOUR NAME AND DATE NEEDS TO BE ON ALL EVIDENCE

| Demonstrably Better Quality (Improving and Advancing our Patient Care) | | |
|---|---|--|
| Category | Evidence Needed | Notes |
| <u>Staff Education</u> | | |
| Teaches an education class a minimum of 2x/year | <ul style="list-style-type: none"> One of the following: <ul style="list-style-type: none"> Course roster including name, date, and year of class if a continuing education class. Listed on Project Approval Form if a non-continuing education class. | <p>May receive points for teaching a class or for instructor certification but not both.</p> <p>Examples of classes include BLS, ACLS, PALS, TNCC, EKG, and other education classes.</p> |
| Evidence based unit policy, procedures, or protocols (new and existing) | <ul style="list-style-type: none"> Copy of completed/approved policy with date revised Listed on Project Approval Form | |
| Education at staff huddle/meeting/class | <ul style="list-style-type: none"> Copy of education material presented One of the following: <ul style="list-style-type: none"> Staff meeting minutes (your name listed as a presenter) Listed on Project Approval Form | |
| Develops educational content (HealthStream, skills fair, etc.) | <ul style="list-style-type: none"> Copy of the material you taught and objectives | |
| Poster presentation | <ul style="list-style-type: none"> Picture of poster Listed on Project Approval Form | |
| Develops unit competency | <ul style="list-style-type: none"> Copy of competency Listed on Project Approval Form stating you developed the competency | Points may be awarded for both developing the competency as well as validating staff. |

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| Validates staff in unit competency as assigned by manager/designee | <ul style="list-style-type: none"> • Copy of competency • Listed on Project Approval Form stating you validated staff | Points may be awarded for both developing the competency as well as validating staff. |
| Completes Nurse Residency Program, with 80% attendance | <ul style="list-style-type: none"> • Attendance Verification Form signed by residency coordinator | |
| Participates in simulation event, not required by department | <ul style="list-style-type: none"> • Copy of HealthStream transcript documenting participation | |
| Attends a St. Anthony presentation, not required by department | <ul style="list-style-type: none"> • Copy of presenter brochure/agenda/sign-in sheet/ HealthStream transcript documenting participation | Examples include Hospital Week speaker, Employee Forum, benefits presentation, etc. |
| <u>Community Education</u> | | |
| Patient care education material developed | <ul style="list-style-type: none"> • Copy of educational material developed • Listed on Project Approval Form | |
| Teaches patient/family educational program with written objectives | <ul style="list-style-type: none"> • Copy of objectives and educational program with dates/times that it was completed • Listed on Project Approval Form | |
| Presents community presentation with written objectives | <ul style="list-style-type: none"> • Copy of objectives and educational program with dates/time that it was completed | |
| Community outreach education | <ul style="list-style-type: none"> • Listed on Project Approval Form | Examples include health fair, support groups, student outreach, other outreach events |
| Poster presentation | <ul style="list-style-type: none"> • Picture of poster • One of the following: <ul style="list-style-type: none"> ○ Your name and poster listed in literature of event ○ Acceptance letter from conference ○ Listed on Project Approval Form | |
| <u>Projects</u> | | |
| Developing or strengthening service lines, systems, and technologies with manager approval and definite parameters. | <ul style="list-style-type: none"> • Evidence of your project • Listed on Project Approval Form | |
| SuperUser for new equipment and/or technology | <ul style="list-style-type: none"> • Listed on Project Approval Form | |
| <u>Unit/Hospital Committee</u> | | |
| Member/Co-Chair/Chair of committee that meets minimum of 4x/year and attends 80% of meetings. | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Attendance Verification Form signed by chair of committee. | Physical attendance at 80% of meetings is required; there are no excused absences. If you are a |

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| | <ul style="list-style-type: none"> ○ Copy of meeting minutes with your name listed as an attendee. | <p>chair or a unit/hospital committee, you must designate as such on the Attendance Verification Form or meeting minutes.</p> <p>Include the dates of the meetings as well as attendance status of each member at each meeting.</p> <p>If a member joins after January, must attend 80% for all of the year.</p> |
| Partnership with Associates (Motivation for Personal Growth and Development) | | |
| <u>Certification</u> | | All evidence must include date/year of certification, expiration date AND Certification Verification Form |
| Certification in area of expertise (not required by job) | <ul style="list-style-type: none"> • Copy of certificate with expiration | If certification expires during CAP year, must show renewal evidence. |
| Any other certification in area of expertise, not required by job | <ul style="list-style-type: none"> • Copy of certificate with expiration date. | <p>If certification expires during CAP year, must show renewal evidence.</p> <p>If you haven't received your certificate, a computerized announcement after completion of testing stating that you passed the test will be sufficient.</p> <p>May receive points for teaching class or for instructor certification, but not both.</p> |
| Nursing and Social Worker: ACLS, BLS, PALS, NRP, TNCC, etc. (not required by job) | <ul style="list-style-type: none"> • Copy of current card with expiration date | If certification expires during CAP year, must show renewal evidence |

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| Dietician: AND Certificate Program (Adult Weight Management or Childhood and Adolescent Weight Management), BLS, Insulin Pump Trainer, etc. (not required by job) | <ul style="list-style-type: none"> Copy of current card with expiration date | |
| Respiratory Therapy: ACLS, BLS, PALS, NRP, TNCC, Asthma Educator, CBE, Pain Certification (not required by job) | <ul style="list-style-type: none"> Copy of current card with expiration date | |
| <u>Advanced Degrees</u> | | |
| Currently enrolled in advanced degree | <ul style="list-style-type: none"> Proof of enrollment from educational institution (i.e. transcript) for CAP year | |
| Bachelor's Degree | <ul style="list-style-type: none"> Copy of diploma | If just completed classes at end of year and have yet to receive diploma, ask your college/university for verification that you completed requirements and will receive your diploma. |
| Master's Degree | <ul style="list-style-type: none"> Copy of diploma | If just completed classes at end of year and have yet to receive diploma, ask your college/university for verification that you completed requirements and will receive your diploma. |
| Doctoral | <ul style="list-style-type: none"> Copy of diploma | If just completed classes at end of year and have yet to receive diploma, ask your college/university for verification that you completed requirements and will receive your diploma. |
| <u>Recognition</u> | | All evidence for Recognition should name each individual (not unit or area) and include a date of the recognition. |
| Press-Ganey or Patient Satisfaction Survey | <ul style="list-style-type: none"> Copy of Press-Ganey report with your name highlighted | If only a first name, have your manager verify it is you. |

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| Recognition by medical staff | <ul style="list-style-type: none"> • Copy of signed letter, email or signed not received by physician | |
| Patient letter/family member of grateful patient | <ul style="list-style-type: none"> • Copy of signed letter, email or note acknowledging your recognition | Could be written or verbal recognition from leader rounds, follow-up calls, etc. |
| From hospital staff (star cards or thank you cards) | <ul style="list-style-type: none"> • Copy of signed letter, email or note acknowledging your recognition | |
| Award nomination | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Copy of nomination write-up ○ Awards ceremony brochure ○ Congratulations email or signed note from manager/director/administration | |
| Award winner | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Copy of award ○ Announcement in "The Pulse" ○ Congratulations email or signed note from manager/director/administration | |
| <u>Professional Organization</u> | | Involvement related to your profession with evidence of paid dues. All evidence should include your name and date of expiration. |
| Member of organization | <ul style="list-style-type: none"> • Evidence of payment (credit card statement, bill, cleared check, etc.) • One of the following: <ul style="list-style-type: none"> ○ Copy of current membership card with date/year ○ Computer print-out showing membership (must include date/year of membership from organization) | |
| Officer or committee chair with 80% attendance in past year | <ul style="list-style-type: none"> • List of meeting dates • Front page of minutes to evidence your officer role | |
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| <u>Publications</u> | | |
| Radio/Television/Newspaper/Publication article/presentation that promotes St. Anthony | <ul style="list-style-type: none"> • Copy of presentation, article, radio script • Project Approval Form | |
| Published article in health related journal/book | <ul style="list-style-type: none"> • Copy of your article/chapter with your name | |
| Strengthen the Core | | |
| Student preceptor | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Copy of Student Preceptor CE form ○ Acknowledgement from instructor or students; make sure # of hours listed ○ Copy of student/intern schedule with manager's signature ○ Listed on Project Approval Form | |
| Orients new team member/team member with new role | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Preceptor pay on pay stub, include last pay voucher of year (black out info not needed) ○ Listed on Project Approval Form | |
| Dual roles | <ul style="list-style-type: none"> • Manager Verification Form | |
| Charge/Lead | <ul style="list-style-type: none"> • Copy of pay stub with charge pay total year to date (black out unnecessary information) | |
| Years of service/tenure | <ul style="list-style-type: none"> • Signed note from manager or HR stating years of service | |
| Peer Interviewing | <ul style="list-style-type: none"> • Copy of interviewing tool with candidate's name and date | |
| <u>Community Involvement</u> | | Points will not be received for donations (money or other items) |
| Blood Donor | <ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Copy of post procedure do's and don'ts with donated blood unit number ○ Handwritten note or email from blood bank verifying you donated and when | |
| Hair donor | <ul style="list-style-type: none"> • Letter from organization | |
| Walk chair | <ul style="list-style-type: none"> • Listed on Project Approval Form | |

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| | <ul style="list-style-type: none"> Letter or designation from organization indicating your leadership | |
| Walk participant | <ul style="list-style-type: none"> Registration confirmation, bib, or race results | |
| Big Brother/ Big Sister | <ul style="list-style-type: none"> Letter or email that you participated in the program | |
| Free health clinic | <ul style="list-style-type: none"> Letter/document from the clinic stating you volunteered there and the number of hours worked | |
| <u>St. Anthony Involvement</u> | | |
| Participate in Wellness at Work | <ul style="list-style-type: none"> Documentation from HR | |
| Attend a St. Anthony hosted community event | | St. Anthony picnic, Merchant's game, Breakfast with Santa, Lady's Night, softball tournament, etc. |
| Other | <ul style="list-style-type: none"> Funeral service program; signed off by manager | Patient funeral |

Updated: 7/23 Edu. dept