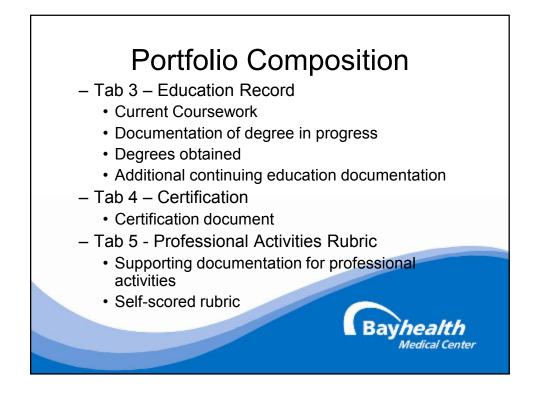
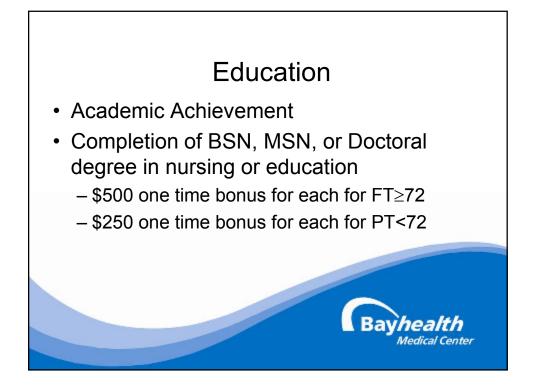


| Hospital | 1 | 2 | 3 | 4 | 5 | Bayhealth |
|--------------------------------|-----|-----|-----|-----|-----|-----------|
| Certification Reimbursement | No | No | No | No | No | Yes |
| Payment for BSN plus | No | No | No | Yes | Yes | No |
| Clinical Ladder | Yes | Yes | Yes | No | Yes | No |
| Sign-On Bonus | No | Yes | Yes | Yes | No | Yes |
| linical Ladder | | | | | | |









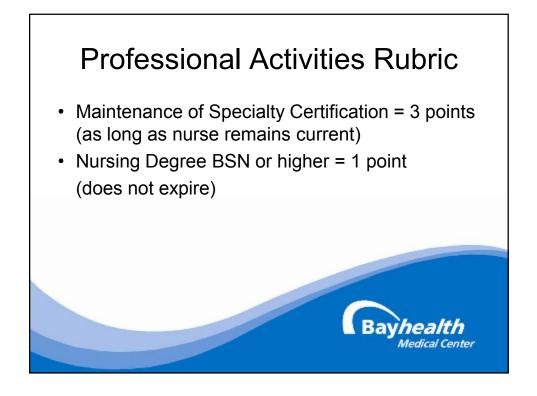


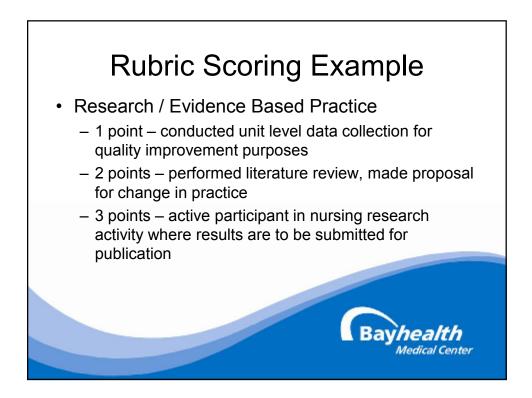


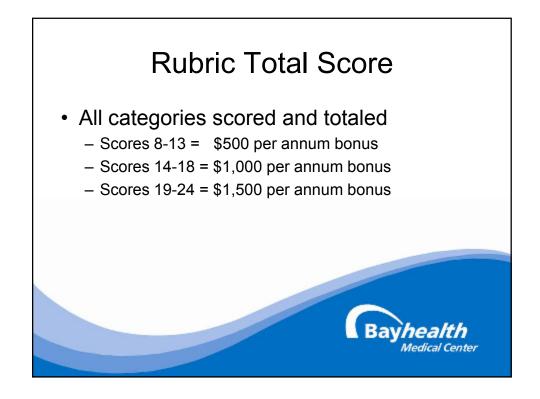
| Category | Advanced Beginner/Competent | Competent/Proficient | Proficient/Expert | Score |
|--|---|--|--|-------|
| Scoring | 1 | 2 | 3 | |
| Professional Nursing Organizations | Member of a relevant local or national professional organization | Active member of a relevant local or national professional nursing organization (attended > 50% of meetings and must be able to articulate level of activity) | Officer, active committee member (or similar) in a local or national professional nursing organization (must articulate significant activity) | |
| <u>GUIDELINES</u> | - Must provide documentation of membership (i.e. member ID Card, letter verifying membership) | - Must provide documentation verifying 50% of local meeting attendance for that individual organization. (i.e. copy of sign in sheets) | Must provide documentation verifying the office held or provide documentation verifying the lead position for a significant activity | |
| Volunteer Activities | Participate in group volunteer activities (walk in Heart Walk, Bike to Bay, etc.) (1-2 times year in current submission year) * | Frequent volunteer activity in church, civic, or other group for the benefit of community (3-6 times in current submission year)* | Act as coordinator, chair, or other lead individual in large-scale volunteer activity (i.e. Team Leader-Relay for Life in current submission year) * | |
| <u>GUIDELINES</u> | - Must provide documentation of participation (i.e. verification of registration) | Must provide documentation verifying participation in each event | Must provide documentation of participation and attendes Must provide documentation outlining the processes included for his activity Must provide documentation outlining the outcome of the activity | |
| Nursing Councils | Member of a Nursing Council at Bayhealth and attended $\geq 50\%$ of meetings | Active participation in a Nursing Council; attended ≥ 75% of meetings | Facilitator, chair, or officer on a Bayhealth Nursing Council or Subcommittee | |
| <u>GUIDELINES</u> | - Meeting minutes reflect individual's attendance to Council or subcommittee | - Meeting minutes must reflect the individual's contribution to that Council or Sub-Committee | - Must provide documentation of participation in 85% of the meetings scheduled annually | |
| Research / Evidence Based Practice | Conducted unit-level data collection for quality improvement purposes | Performed literature review; made proposal for a change in practice in unit or organization based on evidence (must provide detail) | Active participant in a nursing research activity where results are to be submitted for publication (provide detail) | |
| <u>GUIDELINES</u> | - Must provide evidence of all data collected and the process utilized for quality improve submertainto supporting if data was collected on more that one unit; if data was collected on more than one occasion | -The change does not have to be carried out for this activity to be met, however documentation for the documentation of or exceptance of the proposal and be bowided within evidence of a literature review must be provided - All details of the written proposal process must be provided | -Must provide written evidence of the conduction of a research project, hachding description of responsibility of the participant. Interature review conducted, design of the study, and the study results if available | |
| Publications | Authored an article in a local or community publication (Bayhealth VS for Nursing, Dover Post, etc.) | Authored an article published in professional media (Nursing Spectrum, Advance for Nurses, Nursing 2007). | Authored an article in a peer-reviewed journal or authored /co-authored a book or chapter in a book. | |
| | | | | |

| Scoring | 1 | 2 | 3 |
|--|--|---|---|
| GUIDELINES | -Must provide a copy of the published article listing the participant as the author | -Must provide a copy of the published article listing the participant as the author | - Must provide a copy of the published article listing the participant as the author (or one of the authors) |
| Education Activities (non-degree) | Completed an Education Module (through Edu. Dept) or completed other relevant education beyond what is mandatory for role. | Attended local or regional conference or completed a course that prepares individuals to teach others or presented a poster, Power Point, or lecture. | Attended national Conference and presented a unit based educational offering from items learned. (poster, Power Point or lecture) |
| GUIDELINES | -Must provide evidence of completion of the educational activity with a minimum of a passing grade equivalent | -Must provide evidence of conference attendance (i.e registration confirmation) - Must provide documentation of course completion for teaching or training (i.e. course completion documentation with a minimum of a passing grade equivalent) - Must provide documentation on in-service, such as a copy of the power point, completed attendance record for the event, etc. - Must provide a clear photograph of the poster used in a presentation, and writte a evidence of all research associated with the poster | -Must provide details of course/presentation content, class handout materials, completed attendance record, etc. -Must provide an evaluations summary for the course/presentation |
| Teaching Activities | Taught/gave presentation(s) at the Local or Community Level (health-care related) | Taught/gave presentation(s) at the Regional Level (health-care related) | Taught/gave presentation(s) at the National Level (health-care related) |
| <u>GUIDELINES</u> | -Provide related documentation -Pamphlet -Conference Brochure -Certificate | -Provide related documentation -Pamphlet -Conference Brochure -Certificate | -Provide related documentation - Acceptance Letter - Pamphlet /Conference Brochure -Certificate |
| Special Projects | Actively contributed to one or more projects impacting patients, nursing, or the organization (describe in detail) | Actively contributed to and implemented a significant project impacting patients, nursing, or the organization (describe) | Acted as a lead in a large-scale project (provide minutes and other documentation to support significance of project.) |
| UIDELINES | -Must provide written details of the project and relates the impact to the target group -Must provide documentation of the process utilized for the project | -Must provide written details of the project and relates the impact to the target group and documentation of process utilized for the project | -Must provide meeting minutes/details related to outcome and the significance of the project |
| Maintenance of Specialty Certification | | | 3 |
| otal Score | | | |
| Advanced Beginr Competent / Profi Proficient / Exper | icient Score 14-1 | \$500 per annum bonus \$1,000 per annum bonus \$1,500 per annum bonus | |

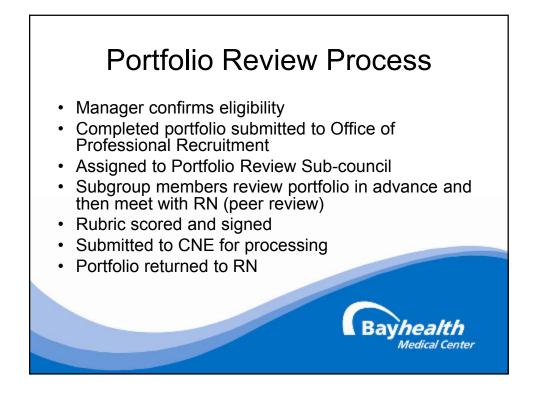






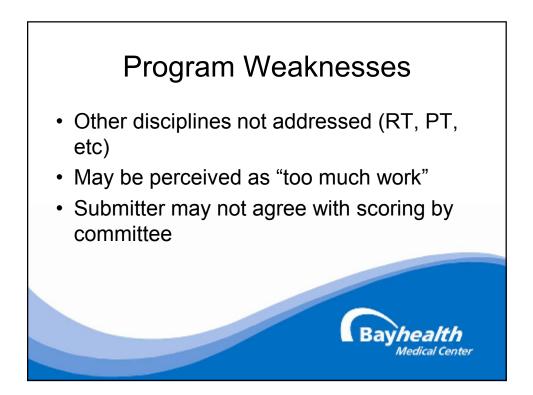


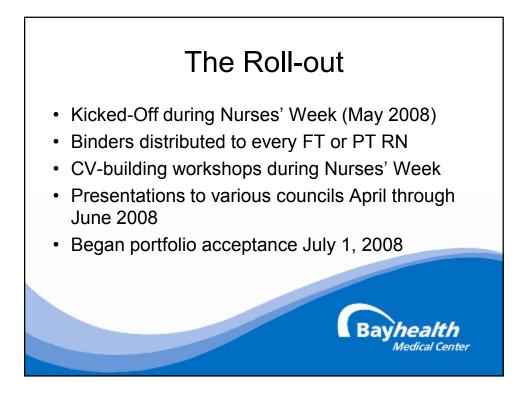












Projected Financial Impact

| Supplies | .\$ 2,500 |
|-----------------------------------|-----------|
| Professional Activities Rubric | |
| Education Bonuses | .\$10,000 |
| Certification Bonuses | .\$20,000 |
| | |
| Maximum Projected Impact per year | \$97,500 |
| | |
| | |
| | |
| | |

Bav*health*

Medical Center



