

required competencies. Performance appraisals also indicate whether nurses are meeting performance standards and expectations. The unit-based competency programs are tied directly to the performance appraisal process. All required competencies must be completed or demonstrated at the time of the annual performance appraisal.

Much of this happens informally throughout the year as well. Opportunities for feedback and evaluation are incorporated into the competency process through skills demonstration, the adverse-event review process, the communication of family feedback to individual staff, and the use of unit newsletters and SharePoints for staff to offer kudos to one another. Feedback and evaluation are also provided on a day-to-day basis by clinical practice managers and directors as they round on their areas.

Nurses in clinical administration and in leadership positions as well as all non-contract nursing staff follow the same process of self-evaluation, goal setting, and peer review. All advanced registered nurse practitioners (ARNPs) must complete the annual competency requirements required of all direct care nurses, including maintenance of any required certifications. Each nurse is asked to complete a self-evaluation utilizing the work content description (WCD). A professional portfolio is used to supplement the evaluation process and to showcase the clinical contributions and achievements of each ARNP. A complete portfolio is available for review upon request.

These exhibits illustrate the performance appraisal process: [4.1: RN Performance Evaluation Process Outline](#); [4.2: Completed Work Content Description/Annual RN Self-Evaluation with Evaluator and Peer Input](#); [4.3: Completed Work Content Description/Annual Evaluation for Nursing Director](#); [4.4: Performance Evaluation Overview](#); vol. 4, pp. 184–227. (Exhibit 4.4 is a PowerPoint presentation available on the nursing page of CHILD, the CHRMC intranet, and created as a guide to the performance appraisal process.)

Once self-evaluation has been completed, peer evaluations received, and required competencies completed, nurses at all levels meet with their manager or director to discuss the year's performance, areas of strength, and areas for growth and to set goals for the coming year. Progress toward goals is measured against data whenever possible. For instance, if a director's yearly goal relates to improving family experiences on his or her unit, the evaluation of progress toward that goal would need to include supporting data. The evaluation process requires 360-degree peer input, and this input is incorporated into the WCD so that self-appraisal, peer feedback, manager or director evaluation, and goals become a part of a single document. Goals for direct care nurses or nursing leaders are developed to align with organizational and nursing strategic goals and are mutually set at the time of the annual review. Completed performance appraisals for nurses in other roles are available upon request.

**2. Provide examples of how workplace advocacy policies and procedures safeguard employee rights and promote a safe and healthy work environment.**

Children’s Hospital places high priority on providing a safe environment for nurses as well as for everyone authorized to be on the premises. This is accomplished through a variety of resources such as workplace safety policies, incident reporting, codes of conduct, educational series, paid time off, stress management programs, and peer mediation and peer support programs.

Specific policies to safeguard employee rights address the following topics:

- Safe work environment
- Sexual and other types of harassment
- Vacation and sick leave
- Staff request to be excused from participation in an aspect of patient care

The Safe Work Environment Policy referenced above is included here as [CR 13; vol. 8, p. 55](#). The other policies listed will be available for review in the event of a site visit.

CHRMC has many other polices, practices, and programs focused on making the work environment as safe as possible for staff. The hazardous drug safe handling, disposal, and spills policy requires standardized practices to protect nurses who are administering hazardous drugs from exposure to them. It stipulates mechanisms of communication when a patient is receiving a hazardous drug and assures that the material resources needed to safely dispose of these drugs are available. Reports of exposure to hazardous drugs are rare.

True to the experience of clinical staff in hospitals everywhere, we have a growing number of allergic or latex-sensitive staff members. Additionally, we have certain latex-sensitive patient populations (such as children with myelomeningocele) that require us to maintain a latex-free environment. Over time, latex-containing products have been replaced with latex-free products, making the environment safe for everyone in this regard. **Sue Heffernan, MN, RN-BC**, clinical nurse specialist (CNS) for nursing professional development, has played an instrumental role in promoting a safer work environment as chair of the product standardization and review committee. All new products and devices are screened for potential employee-safety issues such as latex exposure, radiation, and sharps; and for human-factor issues such as potential for overuse, similarity in appearance to other products (which can lead to confusion), and safety alerts.