



CAP FAQs:

1. **Why should I participate? Sounds like a lot of work.**

It is a bit of work, as most good things are, but it is an investment in your professional future. CAP programs have shown to increase nurse satisfaction and retention and decrease turnover through engagement and recognition. It is totally voluntary, but it is a way to receive a tangible and significant monetary reward.

2. **How much are we going to get paid for each advancement?**

\$3000 annual bonus for a Level 3 and \$6000 annual bonus for a Level 4. This is prorated for your FTE, so a 0.45 FTE would get half of what a full .9 FTE gets (\$1500/\$3000).

3. **If it is a bonus, doesn't it get taxed at a higher rate?**

As we knew taxes- state, federal, Medicare and social security, are taken out as they are on all income. This comes to approx... 38.5%. and we have zero control over it due to IRS. If the bonus sum is less than \$ 5000, it is included in the regular pay check since the tax rate remains lower but if the sum is greater than \$5000, it is paid apart from the regular earnings, and the IRS and State require us to withhold at the supplemental tax rate, but this is still lower than the tax rate would be if added the bonus to one's regular pay, thus the separate check. Of course, if the withholding of taxes exceeds the annual liability, the excess will be refunded to employees when they file their annual tax return.

4. **If the bonus is part of my regular paycheck, how does that affect my retirement contributions?**

Due to scrutiny from the Department of Labor and retirement plan rules, the 401K percentage deductions must be applied to all eligible compensation. Contributions can be set up as a percentage or a flat amount. Flat amounts would not come out as they only come out of the regular payroll, percentages apply to all eligible payments. Most are pretax dollars (unless employee is contributing to the Roth Plan), so the recipient didn't have to pay additional tax on them since they were put into the 401K, also match by CHKD applies if the employee has obtained eligibility. The only way to change this is that the individual would need to change their deduction on the Transamerica site the Monday or Tuesday of the week prior to the week a check is to be paid, then change it back afterwards. The change will apply to both the employee's regular payment and the bonus. If the money has already been deducted, an individual can make the change at Transamerica now and skip/reduce future contributions (as many pay periods as desired) to recover what was contributed with the bonus. They will need to go to Transamerica and change it back when they want their contribution to resume.

5. **I am a nurse who does less than 50% direct patient care in my role, but I still indirectly affect patient care. Why am I not included?**

Our goal with creating this program was to address the lack of incentive for excellence to remain at the point of care. We wanted to create a program that offers the clinical RN the ability and motivation to grow and advance professionally without leaving the bedside. We recognized a great opportunity for



improvement this critical area and the CAP is focused on addressing it. However, shared governance is all about identifying needs and working towards solutions, so we encourage you to become involved and explore future proposals!

6. What about CAP programs or something like them for other disciplines?

Our shared governance is a nursing directed body, led by staff to improve our unique nursing needs and practices. We encourage other disciplines to explore our model and perhaps use it as a template for a program specific to their own needs.

7. What about Nursing Care Partners? Why aren't they included in the CAP?

Although we value our care partners very much, this is an RN based program requiring ongoing education, professional advancement and growth, and involvement in levels of care that are outside of the NCP's scope of practice. Again, any one is welcome to model something that may fit their unique needs after our program or attend our workgroup meetings to further explore where to start with their own journey.

8. If I reach a certain level, but my life circumstances change and I am no longer able to function at my level, what happens to me?

The application process and CAP rewards are completed on a year by year basis. If you fail to renew or maintain your level, you will not receive the lump sum that year. You would return to a level two and reapply at next review date if you are interested. You will see no change in your base pay regardless.

9. Does everyone have to hit each level of the CAP or can you skip a level?

You may skip a level and apply for a CN4, as long as you have the minimum qualifications to apply for that level.

10. If a person transfers units, and has to in a sense 'start over' in many ways. Will I lose my level? Do I get time to acclimate to my new unit? (Example: I was involved in many committees and projects for PICU that I am no longer involved with now that I am a new nurse in the PACU).

You will not lose your level, because you apply using your activities from the past 12 months. Once you get to your new unit, you may want to become involved early though to maintain your level, the next year. There are many activities that pertain to clinical and leadership at the bedside; committee involvement is not a requirement of CAP certification.

11. If I get a promotion, and no longer do the necessary amount of direct patient care, will I lose my CAP certification? What are my options?

At this juncture, the program is for clinical RNs under Patient Care Services who provide direct patient care ~~over~~. Salary positions have unique incentives and pay scales. There still exists an opportunity to create a professional advancement tool for nurses who fall between the cracks, and the CAP workforce



will continue its work into the future. A good way to create the change you want to see is to become involved and make it happen.

12. I'm not on any committees (not sure I want to be). Can I qualify for CAP?

Yes. The CAP tool kit/resources include an "activity menu" that can help you identify examples of professional activities that you are doing at the bedside. Shared Governance is committed to engaging all eligible RNs and the opportunities are diverse depending on your goals and interests. There are many paths to exceptional clinical practice. The key is engagement and evidence of contribution.

13. This is a lot of work! Where do I begin?

Check out the CAP link on KDnet under Nursing Shared Governance. Complete and submit your letter of intention. From there, the CAP team will assign you a mentor who can help guide you through the process of completing all the necessary steps and paperwork. The CAP policy is also on this link and outlines the process for application and approval. The portfolio documents and checklist for application are also provided at this link.

Please email any additional questions to CAP.RN@chkd.org