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| [ ]  | **JOB DESCRIPTION****PERFORMANCE EVALUATION** **Period Covered by this Performance Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| [ ]  |
| **Employee Name:**      | **Department/Unit:**      | **Supervisor Name**  | **Supervisor Title:** |
| **Current Title/Title Code:** | **Approved Title & Title Code** (for reclassifications only):      | **Compensation Approval:**  | **Effective Date:**        |
| **ER Code:** [ ]  A [ ]  B [ ]  C [ ]  D [ ]  E [ ]  F [ ]  G | **# of Employees Supervised (attach org chart):**     **LIST FTE & TITLES** | **Total Budget Responsible for:**$      |
| **Bargaining Unit:** [ ]  99 [ ]  CX [ ]  HX [ ]  NX [ ]  EX [ ]  SX [ ]  TX [ ]  RX [ ]  K4 |
| **Grade:** |
| **Methods of Measurement Include the Following:** | **AGES SERVED** |
| [ ]  Direct Observation | [ ]  Documentation | [ ]  Neonates (< 30 days) | [ ]  Adults (> = 18 years and < 65 years) |
| [ ]  Feedback from staff or patients | [ ]  PI Reports | [ ]  Infants (> 30 days and < 1 year) | [ ]  Geriatrics (> = 65 years) |
|  | [ ]  Pediatrics (> = 1 year and < 13 years) | [ ]  Not Applicable |
| [ ]  Adolescents (> = 13 years and < 18 years) |  |
| **Place an “X” if over 20% of work is exposed to one or more of the following conditions:** |
| [ ]  Confined area | [ ]  Noise Exposure | [ ]  Extreme temperatures | [ ]  Potential allergenic/irritant conditions |
| [ ]  Exposed to weather | [ ]  Vibrations | [x]  Atmospheric conditions | [ ]  Other (specify) |
| **SUMMARY STATEMENT:** |
| **TYPE OF SUPERVISION RECEIVED:** |
| Amount**of Time** | Duties and Tasks | Rating | Comments |
| D | M | E |
|  | MANAGEMENT OF HUMAN RESOURCES* Identify and recruit effective people.
* Develop and retain staff within the department
* Encourage cooperation, teamwork and facilitate constructive conflict resolution.
* Motivate staff and establish departmental goals.
* Plan, prioritize and use effective time management.
* Prepare, monitor and manage departmental budgets.
 | [ ]  | [ ]  | [ ]  |  |
|  | **LIST DUTIES TO BE PERFORMED BY THE INCUMBENT** | [ ]  | [ ]  | [ ]  |  |
|                      | **UCLA C-I-CARE/Patient Experience Practices: MY COMMITMENT TO CARE*** Observe and practice all the Service Standards listed in the “World Class Practices” (which I have read and signed).
* Practice C-I-CARE when interacting with patients, their families, visitors, or internal customers.
* Connect with the patient and family members by addressing them as Mr./Ms., or by the name that they prefer.
* Introduce yourself and your role.
* Communicate what you are going to do, how long it is going to take, and how it will impact the patient.
* Ask and anticipate patient and/or family needs, questions or concerns.
* Respond to patient and/or family questions and requests with immediacy.
* Exit courteously and/or with an explanation of what will come next (or when you will be back to check on them).
* Practice C-I-CARE phone etiquette during all phone interactions
* Always exercise courtesy whenever patients, family members, visitors and co-workers are present.
	+ Respect privacy and dignity of our patients, family members, visitors and co-workers.
	+ Maintain professionalism in the presence of patients, their families, visitors and co-workers
* Observe departmental Patient Experience plan, competencies and practices.
	+ Act as a role model, verbally and behaviorally demonstrating skill, enthusiasm, positive problem solving, commitment and loyalty to the profession and the organization.
	+ Participate in positive problem solving by providing suggestions and possible solutions to identified concerns/problems in the work place.
* Comply with Health System Workplace Conduct Policy
	+ Engaging in disruptive behaviors that interfere with or prevent normal work functions or compromise patient safety, including passive or active behaviors will not be tolerated as stated in the HS Workplace Conduct Policy.
* Comply with Health System Dress Code Policy and practices
 | [ ]  | [ ]  | [ ]  |                      |
|  | INSTITUTIONAL AND/OR PROFESSIONAL STANDARDS* Comply with HIPAA and Confidentiality Policies and Procedures as they apply to the job
* Comply with Department of Public Health (DPH), The Joint Commission and other accreditation and regulatory agencies standards
* Adhere to all Hospital Policies and Procedures
* Knowledge and adherence to Infection Control and Environment of Care Guidelines and Procedures as described in the annual education module
* Demonstrate adherence to the requirements for using the electronic medical record
* Demonstrates understanding of institutional and department specific emergency management procedures/responsibilities to maintain personal, patient, and co-worker safety, maintains competencies in these areas, and participates in disaster/emergency related exercises and education.
 | [ ]  | [ ]  | [ ]  |  |
|  | PERFORMANCE IMPROVEMENT* Adhere to current organizational Performance Improvement priorities
* Participate in quality studies through data collection and dashboard data collection
* Make recommendations and take actions to improve structure, system or outcomes
 | [ ]  | [ ]  | [ ]  |  |
|  | OTHER DUTIES | [ ]  | [ ]  | [ ]  |  |

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| **Skills, Knowledge and Abilities****(Complete this section for Job Descriptions only. Disregard if used for Performance Evaluations.)** |
| **REQUIREMENTS:** | List any equipment (machines, tools, office appliances or motor vehicles) required to do the job, with or without a reasonable accommodation. Indicate whether use is seldom, occasional, frequent, or constant.      |
| [ ]  | CPR: |       |
| [ ]  | License: |       |
| [ ]  | Certifications: |       |
| [ ]  | Degree: |       |
| [ ]  | Experience: |       |
|       |

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| --- | --- | --- |
| Does Not Meet Expectations [ ]  | Meets Expectations [ ]  | Exceeds Expectations [ ]  |
| **Comments:**      |
| **Future Plans and Actions:**      |
| **Employee Comments:**      |
| ***To update our files, please answer the following questions:***Have you received a higher education degree in past 12 months: Yes\_\_\_\_ No\_\_\_\_If Yes, in what field:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:\_\_\_\_\_\_\_\_\_\_\_\_\_Have you received a national certification in the past 12 months: Yes\_\_\_\_ No\_\_\_\_If yes, please list and bring a copy of certificate to your Dept. Personnel Rep.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Employee SignatureI have reviewed this Job Description and/or Performance Evaluation |  | Date |
| **Evaluator Signature** |  | Date |
| **Department Head or Designee Signature** |  | Date |