<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

	4	3	2	1
MJR	Consistently Exceeds	Occasionally Exceeds	Meets Expectations	Does Not Meet Expectations
Quality & Safety for Patient Care	Work unit meets Unit-specific Enterprise Quality and Safety Goal Max (cascade from leadership goal) - these should be clearly identified for staff and documented during midyear; AND TWO (2) of the following items;  OR  Meet FIVE (5) of the following:  Current Super User/Validator;  Formal poster related to quality and safety or research presentation;  Championing a quality initiative for work unit;  Podium presentation research papers day;  Facilitates and/or leads daily huddle;  Hand hygiene 95% or greater for work unit (clinical staff – RN, NCT, MA, LPN, etc);  BCMA compliance for individual 95% or greater;  (NO HARM/QuALITY WORK))-actively engaged in participating/teaching coworkers about new initiatives & products;  At threshold or greater for quality metrics for unit/clinic specific goal (determined by dyad or leadership team — these should be clearly identified for staff and documented during midyear;  Wildcards (inpatient only) — participates and meets unit specific goal.  Population Health Only (must also meet two of the following) — Enterprise/MVBC metrics (these should be clearly identified for staff and documented during midyear).	Meet Unit-specific Enterprise Quality and Safety Goal Target (cascade from leadership goal) - these should be clearly identified for staff and documented during midyear, AND ONE (1) of the following items;  , AND ONE (1) of the following items;  OR  Meet THREE (3) of the following:	Meet THREE (3) of the following:  Follows all bundle compliance (NO HARM/QUALTIY WORK, outreach, etc);  Plan of care for patient is individualized; Clinical interventions are appropriate, timely and evidence based; Patient teaching is completed appropriately and documented; Participates in daily safety huddles with cameras on if virtual; Possesses knowledge of Quality metrics; Core Measures, NSI; enterprise goal plan and/or other key metrics for their work unit. Actively attempts to complete SDoH assessments  AND  Work unit must meet ONE (1) of the following Hand Hygiene 85% or greater for unit (clinical staff - RN, NCT, MA, LPN, etc)); BCMA compliance for individual 85% or greater; At threshold or greater for quality metrics for unit/clinic specific goal (determined by dyad or leadership team) - these should be clearly identified for staff and documented during midyear.  Population Health Only (must also meet the following) — Average Monthly Outreach. Average Monthly Patient Roster	If employee meets any of the criteria in this column, then their score will be a 1.  Does not individualize plan of care for patient;  Clinical interventions are incomplete, not documented, not timely;  Clinical intervention inappropriate for patient;  Patient teaching is not completed or not documented;  Multiple instances of non-compliance with bundle/quality components, SDoH compliance, etc;  Does not understand Quality metrics; Core measures, NSI, enterprise goal plan and/or other key metrics for their work unit;  Does not attend/participate in daily huddles;  BCMA compliance for individual <85%;  Hand hygiene for work unit (clinical staff – RN, NCT, MA, LPN) < 85%.  Does not complete monthly peer to peer wildcards (inpatient only);  Does not follow standard policy for documenting in EHR and for telephone/outreach encounters.  Does not complete delegated task in a timely manner.  Does not follow established workflows.

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

Service/Patient Centeredness/Customer Service  OR  Work unit metes Target for identified patient experience/key driver questions.  OR  Work unit metes Target for identified patient experience goal or predetermined patient experience/key driver questions.  OR  Meets THREE (3) of the following:  Identify one area of improvement and/or change to better meet the needs of an underserved/underrepresented patient population (i.e. non-English speaking patient), use of dedicated fields in EPIC to document pronouns and preferred name of patients, dietary needs of patients during Ramadam, end-of-life care decisions among African American patients, peer support process for individuals subjected to inappropriate language/racial sturs, etc.). Must develop a unit (Inting plan to address the need)  OR STARs, semal recognition/get well network/thank you cards specifically related to patient care;  1 STAR award related to patient care;  2 acknowledgement/mention from patients on Press Ganey patient experience survey or leader rounds;  Daisy Award winner for past year;  OR  Muture the transfold goal for specific enterprise goal (cascaded from leadership goal), or process for individuals subjected to inappropriate language/racial sturs, etc.). Must develop a unit (In		4	2	2	1
Work unit meets Mag goal for specific enterprise patient centeredness goal (accaded from leadership goal), or predetermined patient experience goal or spreadership goal), or predetermined patient experience goal or predetermined patient experience/key driver questions.  Meets THREE (3) of the following:  Identify one area of improvement and/or change to better meet the needs of a underserved/underrepresented patient population (i.e. non-English speaking patient, use of dedicated fields in EPIC to document pronouns and preferred name of patients, dietary needs of patients during Ramadan, end-of-life care decisions among African American patients, peer support process for individuals subjected to inappropriate language/racial sturs, etc.). Must develop a unit/Chine patient experience survey or leader rounds;  Object to limit the complete of patients of the rith past year;  Object to limit the complete past of patients of the rith past year;  Object to limit the processor of individuals subjected to patient care;  Object to limit the processor of patients of the rith past year;  Object to limit the processor of patients of the rith past year;  Object to patient care;  Object to patient care;  Object to patient	MJR	Consistently Exceeds	Occasionally Exceeds	Meets Expectations	Does Not Meet Expectations
	Centeredness/	Work unit meets Max goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.  OR  Work unit meets Target for identified patient experience goal or predetermined patient experience question or key driver and TWO (2) of the following:  Identify one area of improvement and/or change to better meet the needs of an underserved/underrepresented patient population (i.e. non-English speaking patient, use of dedicated fields in EPIC to document pronouns and preferred name of patients, dietary needs of patients during Ramadan, end-of-life care decisions among African American patients, peer support process for individuals subjected to inappropriate language/racial slurs, etc.). Must develop a unit plan to address the need;  Nursing specialty award recipient within past year;  6 STARs, email recognition/get well network/thank you cards specifically related to patient care;  3 acknowledgements/mention from patients on Press Ganey patient experience survey or leader rounds;  Daisy Award winner for past year;  Multiple Daisy award nominations for past year.	Work unit meets <u>Target</u> goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.  OR  Meets <u>THREE (3)</u> of the following:  Identify one area of improvement and/or change to better meet the needs of an underserved/underrepresented patient population (i.e. non-English speaking patient, use of dedicated fields in EPIC to document pronouns and preferred name of patients, dietary needs of patients during Ramadan, end-of-life care decisions among African American patients, peer support process for individuals subjected to inappropriate language/racial slurs, etc.). Must develop a unit/clinic plan to address the need;  Nursing specialty award nominee within past year;  4 STARs, email recognition/get well network/thank you cards specifically related to patient care;  1 STAR award related to patient care;  2 acknowledgement/mention from patients on Press Ganey patient experience survey or leader rounds;  Daisy Award winner for past year;	Work unit meets <a href="Threshold">Threshold</a> goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.  OR  Meets all of the following:  Rounds for outcomes on every patient according to organizational standard;  Models behavioral expectations & demonstrates service excellence to all customers;  Establishes a nurse/patient therapeutic relationship  No patient/family/peer complaints;  Attitude is supportive of positive unit morale, follows dress code and usage of	If employee meets any of the criteria in this column, then their score will be a 1.  Does not meet Threshold goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.  OR  Received TWO (2) substantiated negative comments from patient via rounding, Press Ganey survey, leader rounds;  Does not adhere to the principals of AIDET; Fails to demonstrate professionalism and respect;  Does not perform and document hourly rounding based on organizational standard; Pattern behavior of negative tone and facial expression in interactions with peers, patients, colleagues, etc.; Does not communicate appropriately

\*Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

Meets FIVE (5) of the following:	
Identify one area of improvement and/or change	
to better meet the needs of an	
underserved/underrepresented patient	
population	
(i.e. non-English speaking patient, use of	
dedicated fields in EPIC to document pronouns	
and preferred name of patients, dietary needs	
of patients during Ramadan, end-of-life care	
decisions among African American patients,	
peer support process for individuals subjected	
to inappropriate language/racial slurs, etc.).	
Must develop a unit plan to address the need;	
<ul> <li>Nursing specialty award recipient within past year;</li> </ul>	
o 6 STARs, email recognition/get well	
network/thank you cards specifically related to	
patient care;	
<ul> <li>1 STAR award related to patient care;</li> </ul>	
<ul> <li>3 acknowledgements/mention from patients</li> </ul>	
on Press Ganey patient experience survey or	
leader rounds;	
<ul> <li>Daisy Award winner for past year;</li> </ul>	
Multiple Daisy Award nominations for past year.	

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

	4	3	2	1
MJR	Consistently Exceeds	Occasionally Exceeds	Meets Expectations	Does Not Meet Expectations
Professional Development & Competency	National Specialty Certification (outside of job requirement)  OR  Platinum/Gold on NPA  OR  Meets EIGHT (8) of the following:  Precept new graduates or new RNs to work unit;  Precept SNAPs, synthesis or other healthcare students;  Active member of professional nursing organization;  Hold an office at the regional, state, or national level in a professional nursing organization;  Leadership in Training participant;  Participant in unit/clinic/nursing enterprise committee or council;  Chair or co-chair unit/clinic/nursing/enterprise council  Journal club participant;  Journal club Facilitator/organizer;  Leading a discussion on a DEI related topic (book or article on health equity, social justice, systemic bias, etc.);  Serves as an Equity Ambassador for unit, clinic, division, or department;  Formal poster and/or podium presentation;  Completes Harvard Implicit Association Test (IAT) modules and has 1-2 action steps to address module findings.  Population Health Only: Lead an education session related to population health two (2) times per year.	OR  Meets FIVE (5) of the following:  Precept new graduates or new RNs to work unit;  Precept SNAPs, synthesis or other healthcare students;  Active member of professional nursing organization;  Hold an office at the regional, state, or national level in a professional nursing organization;  Leadership in Training participant;  Participant in unit/clinic/nursing enterprise committee or council;  Chair or co-chair unit/clinic/nursing/enterprise council  Journal article publication;  Journal club Facilitator/organizer;  Abstract for poster and/or podium presentation.  Leading a discussion on a DEI related topic (book or article on health equity, socia justice, systemic bias, etc.).  Population Health Only: Lead an education session related to population health one (1) time per year.	<ul> <li>Completes <u>all</u> competencies by deadline and/or according to policy;</li> <li>Attends all unit/clinic specific meetings; mandatory educational sessions;</li> <li>Maintains mandatory license &amp; certifications required for specific position;</li> <li>Attends/completes nursing biannual sessions (2 per year).</li> <li>Assumes accountability for professional development</li> <li>Communicates concerns, feedback and ideas to the rest of the team;</li> <li>Demonstrates responsibility and dependability in performing work duties and can be relied on by other team members;</li> </ul>	If employee meets any of the criteria in this column, then their score will be a 1.  RN license not renewed per policy; Failed to complete competency requirements on time; Does not attend unit specific meetings, educational sessions or committee meetings as required; Does not attend/complete nursing biannual sessions (2 per year).

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

MJR	4 Consistently Exceeds	3 Occasionally Exceeds	2 Meets Expectations	1 Does Not Meet Expectations
	Ambulatory RN only – (may include additional shifts in requirements for this level).	Ambulatory RN only - (may include additional shifts a	·	If employee meets any of the criteria in this column, then their score will be a 1.
Teamwork	Works <u>SIX (6)</u> additional shifts for adjusts schedule and is flexible with schedule to meet work unit/enterprise needs.	in requirements for this level). o Works 3 additional shifts or adjusts schedule and is flexible with schedule to meet work unit/enterprise needs.	<ul> <li>Work is completed within scheduled hours;</li> <li>Reports to work on-time &amp; as scheduled;</li> <li>Resources are used appropriately (computer, supplies, equipment, personal calls).</li> </ul>	<ul><li>Inappropriate cell phone use;</li><li>Inappropriate internet use;</li></ul>
	Meets SIX (6) of the following:  Perfect Attendance (no absences fiscal year); Develops an atmosphere that is safe for all employees to ask for help; Regularly offers assistance in an area of strength to co-workers struggling in that area; Volunteer to take pull and work in an area other than home unit/POD; Recognize when peer needs assistance and helps to complete tasks to catch up in work; Once caught up with own tasks, actively looks for ways to help peers; Is flexible with scheduling to cover needs of work unit; STARs, email recognition/get well network/thank you cards specifically related to peer support; STAR award related to peer support; Complete a minimum of 4 WBTs from myUK learning on diversity, equity, or inclusion plus completion of SAFE Pledge commitment.	Meets FOUR (4) of the following:  o Excellent Attendance (no more than 3 absences in fiscal year);  o Develops an atmosphere that is safe for all employees to ask for help;  o Regularly helps in an area of strength to coworkers struggling in that area;  o Volunteer to accept work in an area other than home unit;  o Accepts assignment to service lines outside their unit/POD;  Recognize when peer needs assistance and helps to complete tasks to catch up in work;  Once caught up with own tasks, actively looks for ways to help peers;  Is flexible with scheduling to cover needs of work unit/POD;  4 STARs, email recognition/get well network/ thank you cards specifically related to peer support;  TSTAR award related to peer support.  Complete a minimum of 2 WBTs from myUK learning on diversity, equity, or inclusion plus completion of SAFE Pledge commitment.	All RNs -  Fosters and models interdisciplinary team collaboration & cooperative relations;  Demonstrate behaviors toward resolving conflict with all customers;  Attitude is supportive;  Demonstrates willingness to work effectively with colleagues at all levels to solve problems;  Communicates concerns, feedback and ideas to the rest of the team;  Demonstrates responsibility and dependability in performing work duties and can be relied on by other team members.	<ul> <li>Multiple personal calls;</li> <li>Probation &amp;/or suspension related to attendance;</li> <li>Does not show any personal engagement in in satisfaction initiatives;</li> <li>Does not show any collaboration in an interdisciplinary team setting;</li> <li>Does not demonstrate behaviors to resolve conflict with others;</li> <li>Fails to work with others to achieve professional work environment;</li> <li>Shows lack of regard for the time of others;</li> <li>Display disruptive behavior that negatively affects patient care, education, research or other services performed by the individual or team;</li> <li>Does not actively participate in team meetings, fails to provide feedback and share own thoughts and ideas;</li> <li>Self-centered with approach to nursing tasks; rarely asks team members if they need assistance;</li> <li>Fails to provide a supportive environment for work unit such as gossiping, belittling or other behavior associated with horizontal violence.</li> </ul>

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

	4	2	2	1
MJR	Consistently Exceeds	3	Meets Expectations	Does Not Meet Expectations
MJR  Efficiency	A Consistently Exceeds  Meeting Unit-specific Enterprise Efficiency Max Goal (Cascade from Leadership Goal).  OR  Meets FIVE (5) of the following:  Serves as a unit resource/charge nurse assisting coworkers in completing their work timely & answers questions per protocol;  Actively engages in opportunities to enhance throughput;  Escalates staffing issues to MGR/HOA/DCN;  Self-directed & takes ownership of issues on work unit (places work orders/tags broken equipment);  Works 6 extra shifts throughout the year;  Consistently adjusts & is flexible with schedule to accommodate unit;  Superuser;	Occasionally Exceeds  Meeting Unit-specific Enterprise Efficiency Target Goal (Cascade from Leadership Goal).  OR  Meets THREE (3) of the following:  Serves as unit resource/charge nurse assisting co-workers in completing their work timely, & answers questions per protocol;  Consistently engages in transfer process (in/out of unit) to facilitate timely transfers;  Escalates staffing issues to MGR/HOA/DCN;  Works 3 extra shifts throughout the year;  Occasionally adjusts & is flexible with schedule to accommodate unit;  Super user;  Validator.	Meeting Unit-specific Enterprise Efficiency Threshold Goal (Cascade from Leadership Goal).  OR  Meets all of the following:  Improves own work flow based on standard work;  Work is completed within scheduled hours;  Resources are used appropriately i.e., supplies, equipment, personal calls, internet and staff;  Reports to work on time and as scheduled;	If employee meets any of the criteria in this column, then their score will be a 1.  Does not incorporate changes into their workflow;  Consistently works past scheduled time to leave;  Consistently uses overtime to complete work;  Consistently fails to take a lunch requesting no meal.  Received more than One (1) written warning, probation &/Or suspension for any reason other than attendance.
	<ul> <li>Validator;</li> <li>5 years or greater longevity on unit/clinic</li> </ul>	o 5 years or greater longevity on unit/clinic		

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

MJR	4 Consistantly Evenade	3 Occasionally Eveneds	2 Mosts Expostations	1
Education	Meets TWO (2) of the following:  Develops and effectively communicates and shares educational materials with multidisciplinary team;  Staying up-to-date on current best practices, evaluating need for change of existing policies and procedures, and educating/socializing of practice changes;  Share information from in-services/lunch- and-learns/conferences/educational materials with staff.	Meets ONE (1) of the following:  Develops and effectively communicates and shares educational materials with multidisciplinary team;  Staying up-to-date on current best practices, evaluating need for change of existing policies and procedures, and educating/socializing of practice changes;  Share information from inservices/lunch-and-learns/conferences/educational materials with staff.	Assess patient/caregiver educational needs. Takes into consideration barriers to care;  Provides and reinforces appropriate education to patients and families about diagnosis and treatment options and compliance with plan of care per established treatment standards;  Consistently documents appropriate interventions and education;  Plan, design, and evaluate educational materials for patient population	If employee meets any of the criteria in this column, then their score will be a 1.  Fails to assess educational needs of patient and caregiver Fails to provide appropriate education to patients and families per established treatment standards Fails to document education appropriately Does not participate in the plan, design, and evaluation of patient educational materials

<sup>\*</sup>Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

	4	3	2	1
MJR	Consistently Exceeds	Occasionally Exceeds	Meets Expectations	Does Not Meet Expectations
Coordination	Meets THREE (3) of the following:  Facilitates or assists in facilitating 90% multidisciplinary conferences of current patient case management discussion;  Facilitates or assists in 90% of team huddles for future planning;  Consistently functions autonomously at the top of scope of licensure;  Serves as content expert/resource to multidisciplinary team to direct patient care.	Meets TWO (2) of the following:  Facilitates or assists in facilitating 90% multidisciplinary conferences of current patient case management discussion;  Facilitates or assists in 90% of team huddles for future planning;  Consistently functions autonomously at the top of scope of licensure;  Serves as content expert/resource to multidisciplinary team to direct patient care.	<ul> <li>Partner with patients, families, and interdisciplinary team and community agencies to provide well-coordinated, timely, compassionate and multidisciplinary care;</li> <li>Acts as a liaison with patient population in order to match patient clinical needs to program/procedural offerings;</li> <li>Work across health care disciplines to assist in coordinating patient tests, procedures, appointments and treatments;</li> <li>Participate in hands on care delivery if situation warrants.</li> <li>Systematically assesses clinical quality and practice patterns and monitors to ensure compliance with clinical standards, protocols and inherent processes;</li> <li>Leads the development of routine quality and safety reports, ensuring that data is timely, accurate and transparent to all users;</li> <li>Designs, educates, and facilitates clinical process improvement approaches, using lean principles and clinical knowledge;</li> <li>Maintains and trends patient population specific data and communicates to team;         Establishes a nurse/patient therapeutic relationship considering the special needs of the patient and family by supporting patients throughout the healthcare process, from detection to treatment and beyond.     </li> </ul>	If employee meets any of the criteria in this column, then their score will be a 1.  O Does not partner with patients, families, and interdisciplinary team and community agencies to provide well-coordinated, timely, compassionate and multidisciplinary care;  Fails to act as liaison between patients and program;

\*Recommendation is that all PE evaluations start from right column (does not meet expectations) to left (consistently exceeds).

MJR	4 Consistently Exceeds	3 Occasionally Exceeds	2 Meets Expectations	1 Does Not Meet Expectations
Personnel and Resource Management	Meets FOUR (4) of the following: Serves as validator for annual competency of clinical skills. Precepts new nursing staff. Routinely holds staff huddles or team meetings. Manages time-off requests of staff while ensuring adequate staffing coverage. Increases Safety Index for direct staff in the annual employee engagement survey. Working additional shifts as needed to cover vacancies.	Meets THREE (3) of the following: Serves as validator for annual competency of clinical skills. Precepts new nursing staff. Routinely holds staff huddles or team meetings. Manages time-off requests of staff while ensuring adequate staffing coverage. Increases Safety Index for direct staff in the annual employee engagement survey. Working additional shifts as needed to cover vacancies.	<ul> <li>Determines priorities of care based upon acuity and volume.</li> <li>Determines daily staffing needs to ensure optimal coverage.</li> <li>Tracks performance metrics and room utilization.</li> <li>Delegates effectively and responsibly to others based upon license and certifications.</li> <li>Facilitates a flow of information among staff and establishing effective communication with huddles and team meetings.</li> <li>Creating an environment conducive to open expression of ideas and facilitating an environment of just culture.         Manages the day to day operations of clinic with assessing and evaluating the clinical environment.     </li> </ul>	If employee meets any of the criteria in this column, then their score will be a 1.  Fails to utilize acuity and volume when determining priorities of care.  Does not establish appropriate staffing needs allowing consistent gaps in coverage.  Consistently fails to monitor performance metrics.  Consistent inefficient room utilization.  Fails to delegate responsibility and tasks appropriately, dependent upon staff license and certifications.  Fails to communicate effectively with staff.  Impeding the open expression of ideas.