

\*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
Nursing Service /Patient Care	<ul style="list-style-type: none"><li>Meet Unit-specific Enterprise Quality and Safety Goal <u>Max</u> (cascade from leadership goal) - <b>these should be clearly identified for staff and documented during midyear; AND TWO (2)</b> of the following items;</li></ul> <p><b>OR</b></p> <p>Meets <b>FIVE (5)</b> of the following:</p> <ul style="list-style-type: none"><li>Current Super User/<b>Validator</b>;</li><li>Formal poster related to quality and safety or research presentation;</li><li>Championing a quality initiative for work unit;</li><li>Podium presentation research papers day;</li><li>Hand hygiene 95% or greater for work unit (clinical staff – RN, NCT, MA, LPN, etc);</li><li>BCMA compliance for individual 95% or greater;</li><li>(NO HARM/QUALITY WORK) -actively engaged in participating/ teaching co-workers about new initiatives &amp; products;</li><li>6 STARs, email recognition/get well network/thank you cards specifically related to patient care;</li><li>1 STAR award related to patient care;</li><li>3 acknowledgements/mention from patients on Press Ganey patient experience survey or leader rounds;</li><li>Daisy Award winner for past year;</li><li>Multiple Daisy award nominations for past year;</li><li>At threshold or greater for quality metric(s) for unit/clinic specific goal (determined by dyad or leadership team) – <b>these should be clearly identified for staff and documented during midyear;</b></li><li>Wildcards (<b>inpatient only</b>) – participates and meets unit specific goal.</li></ul> <p><b>Population Health Only</b> (must also meet <b>one</b> of the following) –</p> <ul style="list-style-type: none"><li>Colorectal screening at 74%;</li><li>SDOH assessments at 90% or greater;</li></ul>	<p>Meet Unit-specific Enterprise Quality and Safety Goal <u>Target</u> (cascade from leadership goal) - <b>these should be clearly identified for staff and documented during midyear, AND ONE (1)</b> of the following items;</p> <p><b>OR</b></p> <p>Meet <b>THREE (3)</b> of the following:</p> <ul style="list-style-type: none"><li>Abstract for poster and/or podium presentation related to quality and safety;</li><li>Hand hygiene 90% or greater for unit (clinical staff – RN, NCT, MA, LPN, etc);</li><li>BCMA compliance for individual 90% or greater;</li><li>(NO HARM/QUALITY WORK)-actively engaged in participating/ teaching co-workers about new initiatives &amp; products;</li><li>4 STARs, email recognition/get well network/thank you cards specifically related to patient care;</li><li>1 STAR award related to patient care;</li><li>2 acknowledgement/mention from patients on Press Ganey patient experience survey or leader rounds;</li><li>Daisy Award winner for past year;</li><li>Daisy Award nominee for past year;</li><li>At threshold or greater for quality metric for unit/clinic specific goal (determined by dyad or leadership team) – these should be clearly identified for staff and documented during midyear;</li><li>Wildcards (<b>inpatient only</b>) – participates and meets unit specific goal;</li><li><b>Identifies and initiates unassigned tasks, within scope of practice, without manager direction.</b></li></ul> <p><b>Population Health Only</b> (must also meet <b>one</b> of the following) –</p> <ul style="list-style-type: none"><li>Breast cancer screening at 80%;</li><li>SDOH assessments at 85% or greater;</li><li>Readmission rate at 11% or less.</li></ul>	<p>Meet <b>Seven (7)</b> of the following:</p> <ul style="list-style-type: none"><li>Follows all bundle compliance (NO HARM, <b>outreach, etc</b> );</li><li>Plan of care for patient is individualized;</li><li>Clinical interventions are appropriate, timely and evidence based;</li><li>Patient teaching is completed appropriately and documented;</li><li><b>Participates in daily safety huddles with cameras on if done virtually;</b></li><li>Possesses knowledge of Quality metrics; Core Measures, NSI; enterprise goal plan and/or other key metrics for their work unit;</li><li>Rounds/<b>assesses</b> for outcomes on every patient according to organizational standard;</li><li>Establishes a nurse/patient therapeutic relationship;</li><li>Reporting changes in patient condition, in timely manner, supporting RN;</li><li><b>Actively attempts to complete SDOH assessments</b></li></ul> <p><b>AND</b></p> <p>Work unit must meet <b>ONE (1)</b> of the following</p> <ul style="list-style-type: none"><li>Hand Hygiene 85% or greater for unit (clinical staff - RN, NCT, MA, LPN, etc);</li><li>BCMA compliance for individual at 85% or greater;</li><li><b>At threshold or greater for quality metric for unit/clinic specific goal (determined by dyad or leadership team – cascades from leadership) – these should be clearly identified for staff and documented during midyear.</b></li></ul> <p><b>Population Health Only</b> (must also meet <b>one</b> of the following) –</p> <ul style="list-style-type: none"><li>AWV: Average Monthly Outreach = 150;</li></ul>	<ul style="list-style-type: none"><li><b>If employee meets any of the criteria in this column, then their score will be a 1;</b></li><li>Does not individualize plan of care for patient;</li><li>Clinical interventions are incomplete, not documented, not timely;</li><li>Clinical intervention inappropriate for patient;</li><li>Patient teaching is not completed or not documented;</li><li><b>Multiple instance of non-compliance with bundle components, SDOH compliance, etc;</b></li><li>Does not understand Quality metrics; Core measures, NSI, enterprise goal plan and/or other key metrics for their work unit;</li><li>Does not attend/participate in daily huddles;</li><li>BCMA compliance for individual &lt;85%;</li><li>Hand hygiene for work unit (clinical staff – RN, NCT, MA, LPN) &lt; 85%;</li><li>Does not perform and document hourly rounding based on organizational standard;</li><li>Received <b>TWO (2)</b> substantiated negative comments from patient, Press Ganey survey, or leader rounds;</li><li>Does not complete monthly peer to peer wildcards;</li><li>Does not report changes in patient condition, in timely manner, to supporting RN.</li><li><b>Does not follow standard policy for documenting in EHR and for telephone/outreach encounters.</b></li><li><b>Does not complete delegated task in a timely manner.</b></li><li><b>Does not follow established workflows.</b></li></ul>

	<ul style="list-style-type: none"><li>○ Readmission rate at 10.8% or less.</li></ul>		<ul style="list-style-type: none"><li>○ CCM: Average 80 Patient Roster;</li><li>○ TCM: Average 125 Monthly Outreaches;</li><li>○ Medication Reconciliation at 95%.</li></ul>	
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MJR	4 Consistently Exceeds	3 Occasionally Exceeds	2 Meets Expectations	1 Does Not Meet Expectations
Service	<p>Work unit meets <b>Max</b> goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.</p> <p><b>OR</b></p> <p>Work unit meets <b>Target</b> for identified patient experience goal or predetermined patient experience question or key driver and <b>TWO</b> (2) of the following:</p> <p><b>OR</b></p> <p>Meets <b>FIVE (5)</b> of the following:</p> <ul style="list-style-type: none"> <li>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;</li> <li>Develops an atmosphere that is safe for all employees to ask for help;</li> <li>Regularly offers assistance in an area of strength to co-workers struggling in that area;</li> <li>Volunteer to accept work in an area other than home unit;</li> <li>Recognize when peer needs assistance and helps to complete tasks to catch up in work;</li> <li>Once caught up with own tasks, actively looks for ways to help peers;</li> </ul>	<p>Work unit meets <b>Target</b> goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.</p> <p><b>OR</b></p> <p>Meets <b>THREE (3)</b> of the following:</p> <ul style="list-style-type: none"> <li>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;</li> <li>Develops an atmosphere that is safe for all employees to ask for help;</li> <li>Regularly offers assistance in an area of strength to co-workers struggling in that area;</li> <li>Volunteer to accept work in an area other than home unit;</li> <li>Recognize when peer needs assistance and helps to complete tasks to catch up in work;</li> <li>Once caught up with own tasks, actively looks for ways to help peers;</li> <li>4 STARs, email recognition/get well network/ thank you cards specifically related to peer support;</li> <li>1 STAR award related to peer support;</li> <li>3 acknowledgements/mention from patients on Press Ganey patient experience survey or leader rounds;</li> <li>Nursing Specialty award recipient within past year.</li> </ul>	<p>Work unit meets <b>Threshold</b> goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.</p> <p><b>OR</b></p> <p>Meets <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>Models behavioral expectations &amp; demonstrates service excellence to all customers;</li> <li>No patient/family/peer complaints;</li> <li>Attitude is supportive of positive unit morale;</li> <li>Follows dress code appropriately;</li> <li>Fosters and models interdisciplinary team collaboration &amp; cooperative relations.</li> </ul>	<p><b>If employee meets any of the criteria in this column, then their score will be a 1.</b></p> <p>Does not meet Threshold goal for specific enterprise patient centeredness goal (cascaded from leadership goal), or predetermined patient experience/key driver questions.</p> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Does not adhere to the principals of AIDET;</li> <li>Fails to demonstrate professionalism and respect;</li> <li>Pattern behavior of negative tone and facial expression in interactions with peers, patients, colleagues, etc.;</li> <li>Does not communicate appropriately and/or thoroughly;</li> <li>Does not show any personal engagement in satisfaction initiatives;</li> <li>Does not show collaboration in an interdisciplinary team setting;</li> <li>Fails to work with others to achieve a professional work environment;</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> </ul>

	<ul style="list-style-type: none"><li>o 6 STARS, email recognition/get well network/thank you cards specifically; related to peer support;</li><li>o 1 STAR award related to peer support;</li><li>o 3 acknowledgements/mention from patients on Press Ganey patient experience survey or leader rounds;</li><li>o Nursing Specialty award recipient within past year.</li></ul>			
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Professional Development & Competency	<p>National Specialty Certification (outside of job requirement).</p> <p><u>OR</u></p> <p>TAP Advancement Level Two.</p> <p><u>OR</u></p> <p>Meets <b>SIX (6)</b> of the following:</p> <ul style="list-style-type: none"><li>○ Current Super User/Validator</li><li>○ Precept new graduates or new LPNs to work unit;</li><li>○ Precept synthesis or other healthcare students;</li><li>○ Active member of professional nursing organization;</li><li>○ Participant in unit/clinic/nursing enterprise committee or council;</li><li>○ Chair or co-chair unit/clinic/nursing/enterprise council;</li><li>○ Journal article publication;</li><li>○ Journal club participant;</li><li>○ Journal club Facilitator/organizer;</li><li>○ Leading a discussion on a DEI related topic (book or article on health equity, social justice, systemic bias, etc.);</li><li>○ Serves as an Equity Ambassador for unit, clinic, division, or department;</li><li>○ Formal poster and/or podium presentation;</li><li>○ Completes Harvard Implicit Association Test (IAT) modules and has 1-2 action steps to address module findings;</li><li>○ Advancing education.</li></ul> <p><b>Population Health Only :</b> Lead an education session related to population health two (2) times per year.</p>	<p>TAP Advancement Level One.</p> <p><u>OR</u></p> <p>Meets <b>FOUR (4)</b> of the following:</p> <ul style="list-style-type: none"><li>○ Current Super User/Validator;</li><li>○ Precept new graduates or new LPNs to work unit;</li><li>○ Precept synthesis or other healthcare students;</li><li>○ Active member of professional nursing organization;</li><li>○ Participant in unit/clinic/nursing enterprise committee or council;</li><li>○ Chair or co-chair unit/clinic/nursing/enterprise council;</li><li>○ Journal article publication;</li><li>○ Journal club participant;</li><li>○ Journal club Facilitator/organizer;</li><li>○ Leading a discussion on a DEI related topic (book or article on health equity, social justice, systemic bias, etc.);</li><li>○ Abstract for poster and/or podium presentation;</li><li>○ Advancing education.</li></ul> <p><b>Population Health Only :</b> Lead an education session related to population health one (1) time per year.</p>	<ul style="list-style-type: none"><li>○ Completes <b>all</b> 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 <b>nursing bi-annual sessions (2 per year);</b></li><li>○ Assumes accountability for professional development.</li></ul>	<ul style="list-style-type: none"><li>○ <b>If employee meets any of the criteria in this column, then their score will be a 1.</b></li><li>○ LPN license not renewed per policy;</li><li>○ Failed to complete WBTs on time;</li><li>○ Failed to complete Blitz/Blast on time;</li><li>○ Does not attend unit specific meetings, educational sessions or committee meetings as required;</li><li>○ Does not attend/complete <b>nursing bi-annual sessions (2 per year);</b></li><li>○ Does not maintain unit specific competencies.</li></ul>

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Efficiency	<p>Meeting Unit-specific Enterprise Efficiency Max Goal (Cascade from Leadership Goal).</p> <p><b><u>OR</u></b></p> <p>Meets <b><u>FIVE</u></b> (5) of the following:</p> <ul style="list-style-type: none"><li>○ Perfect Attendance (no absences in fiscal year);</li><li>○ Is flexible with scheduling to cover needs of work unit/clinic/POD;</li><li>○ Complete a minimum of 4 WBTs from myUK learning on diversity, equity, or inclusion plus completion of SAFE Pledge commitment;</li><li>○ Serves as a unit/clinic resource assisting co-workers in completing their work timely &amp; answers questions per protocol;</li><li>○ Actively engages in opportunities to enhance throughput;</li><li>○ Self-directed &amp; takes ownership of issues on work unit (places work orders/tags broken equipment);</li><li>○ Works 6 extra shifts throughout the year;</li><li>○ Consistently adjusts &amp; is flexible with schedule to accommodate unit/POD;</li><li>○ 3 years or greater longevity on unit/clinic;</li><li>○ At target or greater for efficiency metric for unit specific goal.</li></ul>	<p>Meeting Unit-specific Enterprise Efficiency Target Goal (Cascade from Leadership Goal).</p> <p><b><u>OR</u></b></p> <p>Meets <b><u>Three</u></b> (3) of the following:</p> <ul style="list-style-type: none"><li>○ Excellent Attendance (no more than 3 absences in fiscal year);</li><li>○ Is flexible with scheduling to cover needs of work unit/clinic/POD;</li><li>○ Complete a minimum of 2 WBTs from myUK learning on diversity, equity, or inclusion plus completion of SAFE Pledge commitment;</li><li>○ Serves as unit/clinic resource assisting co-workers in completing their work timely, &amp; answers questions per protocol;</li><li>○ Consistently engages in transfer process (in/out of unit/clinic) to facilitate timely transfers;</li><li>○ Works 3 extra shifts throughout the year;</li><li>○ Occasionally adjusts &amp; is flexible with schedule to accommodate unit/POD;</li><li>○ 2 years or greater longevity on unit/clinic;</li><li>○ Self-directed &amp; takes ownership of issues on work unit (places work orders/tags broken equipment).</li></ul>	<p>Meeting Unit-specific Enterprise Efficiency Threshold Goal (Cascade from Leadership Goal).</p> <p><b><u>All LPNs -</u></b></p> <ul style="list-style-type: none"><li>○ Demonstrate behaviors toward resolving conflict with all customers;</li><li>○ Attitude is supportive;</li><li>○ Demonstrates willingness to work effectively with colleagues at all levels to solve problems;</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><li>○ Improves own work flow based on standard work;</li><li>○ Work is completed within scheduled hours;</li><li>○ Resources are used appropriately (computer, supplies, equipment, personal calls, internet and staff);</li><li>○ Reports to work on time and as scheduled.</li></ul>	<p><b>○ If employee meets any of the criteria in this column, then their score will be a 1.</b></p> <ul style="list-style-type: none"><li>○ Inappropriate cell phone use;</li><li>○ Inappropriate internet use;</li><li>○ Multiple personal calls;</li><li>○ Probation &amp;/or suspension related to attendance;</li><li>○ Does not demonstrate behaviors to resolve conflict with others;</li><li>○ Shows lack of regard for the time of others;</li><li>○ Fails to provide a supportive environment for work unit such as gossiping, belittling, or other behavior associated with horizontal violence;</li><li>○ Does not incorporate changes into their workflow;</li><li>○ Consistently works past scheduled time to leave;</li><li>○ Consistently uses overtime to complete work;</li><li>○ Consistently fails to take a lunch requesting no meal;</li><li>○ Received more than One (1) written warning, probation &amp;/Or suspension for any reason other than attendance.</li></ul>