

UAMS MEDICAL CENTER CLINICAL PROGRAMS PERFORMANCE APPRAISAL
(Job Title) ACRC/OPC QUALITY IMPROVEMENT FACILITATOR

KEY:	V= Verbal	
S=Self	PR=Peer Review	
E=Evaluator	D=Demonstration	
PT=Post Test	CEU=Continuing Education Units	

I. GUEST RELATIONS **S E PT V PR D CEU**

Adheres to UAMS Guest Care Guidelines | | | | | | |

<http://www.uams.edu/uhr/policy/humanresources/hr103.htm>

Uses appropriate communication (written & verbal) | | | | | | |

*Uses line of authority when communicating information/problems involving patients/staff. *Communicates accurate and complete information.
 *Listens and initiates feedback to ensure effective communication. *Ventilates frustrations in appropriate time, place and manner. *Practices discretion (confidentiality) in information shared with patients & peers.

Availability/Responsiveness | | | | | | |

*Adheres to department attendance standards by: Observed assigned work hours, reports promptly to duty notifying department of scheduled, unscheduled absences and tardiness per policy. Responds to staffing needs of unit.

Respectful of others (Patients, visitors and staff) | | | | | | |

*Respects patient's privacy and confidentiality. *Treat patients and visitors with care, compassion and dignity. *Promote positive image of University Hospital. *Assist other staff members in completing job assignments. *Being cooperative and pleasant to co-workers. *Respond to co-workers needs

Takes proactive approach toward customers | | | | | | |

*Shows courtesy toward visitors by being pleasant and helpful on the telephone or in person (introducing self, making eye contact and calling others by name). *Assist patients and visitors with information and/or solutions to problems. *Helping or offering assistance to patients, visitors and staff who look confused.

GUEST RELATIONS SCORE 0 0

COMMENTS:

II. SAFETY AND EMERGENCY PREPAREDNESS **S E PT V PR D CEU**

Adheres to UAMS patient safety plan (Follows policy) | | | | | | |

<http://www.uams.edu/uhr/policy/administration/a406.htm>

Complies with safety instructions | | | | | | |

*Adheres to safety standards related to equipment and electrical safety, infection control and OSHA requirements. *Knowledgeable regarding role in emergency codes and procedures. *Completes all mandatory competency requirements annually.

Observes safe work practices | | | | | | |

*Assumes responsibility for personal safety by using proper body mechanics, universal precautions and proper handling of hazardous materials.
 *Responds in emergency situations.

Provides input on safety issues | | | | | | |

Promotes a safe work environment | | | | | | |

*Intervenes in unsafe situations by taking action. *Documents in PSN system.

SAFETY AND EMERGENCY PREPAREDNESS SCORE 0 0

COMMENTS:

III. INSTITUTIONAL/PROFESSIONAL STANDARDS							S	E	PT	V	PR	D	CEU
Adheres to UAMS Code of Conduct (Follows policy)													
http://www.uams.edu/adminguide/win04401.html													
Adheres to Clinical Programs and Department Policies													
http://www.uams.edu/us/policy/pp-toc.htm													
Adheres to Clinical Program and Departmental dress code standards													
http://www.uams.edu/uh/policy/humanresources/hr204.htm													
*Complies with dress code policy including wearing UAMS ID badge and demonstrates a professional image in appearance.													
Works effectively with team/work groups and others to fulfill UAMS mission													
*Serves as resource person to support department members in performance of duties.													
Adopts practices to improve work processes, enhance guest satisfaction and reduce wastes and costs													
*Notifies appropriate staff members of problems requiring prompt intervention. *Identifies and reports areas where cost effectiveness can be implemented within the department. *Utilizes department supplies, equipment and services appropriately.													
Protects confidential information													
*Adheres to UAMS policy in managing all communications and handling of health care records to prevent improper disclosure and to protect patient confidentiality.													
INSTITUTIONAL/PROFESSIONAL STANDARDS SCORE							0	0					
COMMENTS:													
IV. PROCESS IMPROVEMENT							Evaluation						
							S	E	PT	V	PR	D	CEU
Participates in ongoing hospital performance assessment and process improvement.													
http://www.uams.edu/UH/policy/administration/a601.htm													
Ensures continuing department performance assessment and process improvement.													
Creates work processes to enhance customer satisfaction and reduce waste.													
PROCESS IMPROVEMENT SCORE							0	0					
Comments:													
V. PERFORMS ROLE QUALITY IMPROVEMENT FACILITATOR							Evaluation						
							S	E	PT	V	PR	D	CEU
V.1 PRACTICES ACCORDING TO SAFETY AND INFECTION CONTROL POLICIES													
Monitors clinical safety practices: identifies trends and notifies Clinic Manager or Director of variances and implements plan for correction in a timely manner													
Acts as a resource for safety standards													
Monitors compliance with a safe patient care environment													
Comments:													

V. PERFORMS ROLE QUALITY IMPROVEMENT FACILITATOR	Evaluation						
	S	E	PT	V	PR	D	CEU
V.2 DEMONSTRATES SUPPORT FOR EDUCATIONAL MISSION							
Has positive interaction with all multidisciplinary students							
Provides data to appropriate educators and staff for evaluations of students when requested							
Participates as resource and provides learning experiences for students							
Comments:							
V.3 PARTICIPATES IN CLINIC/ACRC/OPC COMMITTEE STRUCTURE							
Documents attendance at 80% of Clinic Management meetings and 75% of PI Committees which hold memberships and Leadership Council meetings							
Facilitates QI plan in congruence with goals, objectives and standards of ACRC/OPC/UAMS							
Comments:							
V.4 COMMUNICATES CLINICAL INFORMATION							
Shares information with co-workers within 4 weeks of attending an external educational offering via staff meeting/poster/in-service							
Reads and provides articles relevant to current patient safety issues, and accreditation standards monthly							
Presents at professional organization meetings and /or at departmental meetings.							
Provides ongoing inservices/information relevant to ACRC/OPC/UAMS PI initiatives							
Comments:							
V.5 UTILIZES PROFESSIONAL NURSING ORGANIZATION PROBLEM SOLVING IMPROVEMENT OF NURSING PRACTICE AND EXPLORATION OF ISSUES							
Actively participates on PNO as resource enabling accomplishment of council goals							
Provides written council information required by designated date							
Comments:							
V.6 DEMONSTRATES KNOWLEDGE OF CLINICAL PROGRAMS AND ACRC/OPC STANDARDS							
Refers to manuals to validate decisions regarding policies and standards of care							
Serves as a resource for peers/staff in interpreting policies and standards							
Participates in the on-going and annual review and revisions of clinic policies ensuring that accreditation standards are met. *Provides standards as resource.							
Participates in development of new standards and annual review of standards							
Comments:							
V.7 MAINTAINS COMPETENCIES SPECIFIC TO QUALITY/ACCREDITATION ISSUES							
Maintains certification by National Association of Healthcare Quality Board							
Maintains current knowledge of JCAHO, Arkansas Health Department and AFMC regulations and serves as an expert resource for ACRC and OPC							
Completes annual Leadership Behavior Competencies							
Comments:							

V. PERFORMS ROLE OF ACRC/OPC QUALITY IMPROVEMENT FACILITATOR	Evaluation						
	S	E	PT	V	PR	D	CEU
V.8 ENSURES THAT EFFECTIVE NURSING CARE IS PROVIDED WITHIN THE MODALITY OF PROFESSIONAL PRACTICE							
Assesses quality of nursing care through monitoring and evaluation with input and direction of Clinic Managers and Directors							
Reviews selected documentation of nursing care provided to monitor practice improvement							
Reports data in systematic written format to appropriate manager by date due							
Participates in planning and coordination of the implementation and adherence to established standards of practice							
Facilitates practice improvement initiatives to address quality care issues							
Comments:							
V.9. PROVIDES OPPORTUNITIES FOR PROFESSIONAL GROWTH AND DEVELOPMENT OF STAFF MEMBERS							
Monitors and documents staff's compliance to standards of practice and action taken.							
Participates in clinic strategies to achieve quality patient care outcomes							
Assesses staff's educational needs with Clinic Manager based on compliance with clinic QI monitors and accreditation standards							
Provides inservices to clinic staff based on identified needs							
Comments:							
V.10 SERVES AS AN EMPLOYEE/PEER/PATIENT ADVOCATE							
Provides direction and education to staff enabling them to provide quality patient care and for professional development							
Collaborates and supports Clinic management involving resolution of quality issues or accreditation standards							
Comments:							
V.11 APPLIES COMMUNICATION SKILLS IN ALL INTERACTIONS WITH PATIENT, PEERS, OTHER DEPARTMENTS AND THE PUBLIC							
Uses line of authority and discretion when communicating information/problems involving patient/staff							
Manages intra- and interdepartmental issues to facilitate and demonstrate proficiency in problem-solving, decision-making and implementation of change							
Comments:							
V.12 USES CONSTRUCTIVE FEEDBACK TO IMPROVE PRACTICE							
Accepts constructive feedback, develops a corrective action plan, implements and evaluates outcomes							
Completes annual self evaluation with written goals and plan of action to enhance practice and submits to Director by due date. Evaluates goals quarterly							
Comments:							

V. PERFORMS ROLE OF ACRC/OPC QUALITY IMPROVEMENT FACILITATOR	Evaluation						
	S	E	PT	V	PR	D	CEU
V.13 PARTICIPATES IN THE RESEARCH PROCESS							
Facilitates data collection process for research/evaluation projects conducted in clinics.							
Assures practice changes occur only after current literature findings are incorporated into practice standards							
Comments:							
V.14 DEMONSTRATES COMMITMENT TO PROFESSIONAL NURSING							
Participates as an active member in relevant nursing organizations							
Participates as a committee chair or officer. Shares organizational goals, issues and projects with peers							
Comments:							
V.15 FACILITATES QUALITY IMPROVEMENT ACTIVITIES							
Develops annual QI plan and monitoring tools specific to QI activities in collaboration with Clinic Manager							
Compiles and analyzes quarterly QI reports							
Reports QI summary to Clinic Manager/Directors quarterly							
Facilitates and/or participates on QI process teams as requested							
Assists Clinic Manager in QI plans and monitor developments and implementation as requested							
Maintains comprehensive plan including all clinic QI. Utilizes PDCA format for QI plan initiatives							
Comments:							
V.16. COLLABORATES WITH RISK MANAGER							
Analyzes variance reports and the follow up for trends and participates in follow up for corrective action							
Recognizes actual legal/risk management issues, reports promptly and seeks assistance for potential problems							
Comments:							
V. 17 IMPLEMENTS MEASURE TO FACILITATE COMPLIANCE WITH REGULATORY AGENCIES' REQUIREMENTS							
Facilitates implementation of new/revised JCAHO regulations to departmental standards							
Provides inservices as required to update knowledge regarding accreditation standards							
Coordinates departmental compliance with AFMC quality issues							
Coordinates clinical programs compliance with nursing care standards							
Coordinates regulatory survey preparation and collaborates with clinic managers							
Comments:							

V. PERFORMS ROLE OF ACRC/OPC QUALITY IMPROVEMENT FACILITATOR							Evaluation								
							S	E	PT	V	PR	D	CEU		
V.18 FACILITATES IN CLINIC/NURSING/CLINICAL PROGRAMS PROJECTS															
Plans, organizes, completes and evaluates projects in an effective manner															
Establishes clear realistic project goals and objectives															
Manages projects in a logical sequence and utilizes available resources															
Comments:															
							ROLE OF QI MANAGER SCORE							0	0
VI. PROFESSIONAL GROWTH															
Criteria attached							S	E	PT	V	PR	D	C		
Participates in continuing education															
Participates in professional/institutional advancement															
Completes 40 hours of staff development activity															
							PROFESSIONAL GROWTH SCORE							0	0
Comments:															
Employee Comments:															
Evaluator Comments:															