

ASSISTANT DIRECTOR OF NURSING SERVICES		Check: <input type="checkbox"/> 1 st Quarter <input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter
QUARTERLY PERFORMANCE ASSESSMENT - 2007		
Name:	Administrator Name:	
DNS Name:		

During the Year:	<p>The Administrator and DNS should:</p> <ul style="list-style-type: none"> • Discuss progress and recognize interim accomplishments. • Revise expectations and measures, if needed. • Identify additional resources needed. • Review the development plan and revise, as needed.
Process:	<ol style="list-style-type: none"> 1. The Administrator and DNS complete the assessment form the month following the end of each quarter. 2. The Administrator and DNS delivers the assessment to the ADON , review progress, and address performance or development issue(s). 3. The Administrator and DNS assist the ADNS to identify resources, training, or tools needed to accomplish goals.

QUARTERLY PERFORMANCE MANAGEMENT ASSESSMENT – 2007

PERFORMANCE EXPECTATIONS	PERFORMANCE MEASURES	QUARTERLY PERFORMANCE PLAN ASSESSMENT
--------------------------	----------------------	---------------------------------------

<p>CENUS GOALS</p> <ul style="list-style-type: none"> • Grow the business through achieving or exceeding budgeted census. 	Actual census greater than or equal to UNIT TOTAL:	1 st Quarter:
	MEDICARE:	2 nd Quarter:
	MANAGED CARE:	3 rd Quarter:
	PRIVATE:	4 th Quarter:
	Partners with Financial Officer, Medicare Specialist, and Therapy Partners to achieve above mix targets. Provide services consistent with Part A coverage, eligibility, and census goals.and eligibility criteria and Part B Utilization Targets. MEDICARE B %: if applicable for LTC Patients on the Unit.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
	4 th Quarter:	

PERFORMANCE EXPECTATIONS	PERFORMANCE MEASURES	QUARTERLY PERFORMANCE PLAN ASSESSMENT
--------------------------	----------------------	---------------------------------------

<ul style="list-style-type: none"> ▪ Customer Satisfaction 	Customer Satisfaction Survey scores greater than or equal to ___% for responses to the question: “_____.”	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
	<u>AND</u> the rate of survey response is greater than or equal to ___%.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
<ul style="list-style-type: none"> • Consistently deliver clinical services of a quality in which one can be proud. 	As measured by facility benchmarks for: (set benchmarks for unit as appropriate) Pressure Sores 2.5% Physical Restraints 4% Weight Loss 2.5% Anti-psychotics 6.5% Falls (per 1000 patient days) 6.5%	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
<ul style="list-style-type: none"> • STATE/FEDERAL SURVEY REQUIREMENTS MET 	Correct all tags on first survey revisit and average number of tags per survey is below the state average for the prior year with scope and severity below a G and no substandard survey.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
<ul style="list-style-type: none"> • Maintain and implement clinical policies and procedures and standards that are consistent and current. 	Meet implementation deadlines and assure facility understanding and execution of standards and policies	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
<ul style="list-style-type: none"> • Support the development of best practices in Quality Improvement. 	Facility Quality Improvement System is in place and working, Meetings are held monthly and minutes are kept and distributed as required.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:

PERFORMANCE EXPECTATIONS	PERFORMANCE MEASURES	QUARTERLY PERFORMANCE PLAN ASSESSMENT
--------------------------	----------------------	---------------------------------------

		4 th Quarter:
<ul style="list-style-type: none"> Partner with Risk Management Company to preserve the reputation of the organization and minimize the costs associated with adverse patient outcomes. 	Patient liability claims indicate improvement over facility established benchmark of ___ claims and suits per ___ beds.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:

<ul style="list-style-type: none"> Consistent application of computer capabilities and attention to detail regarding the timeliness and accuracy of the MDS. 	Facility default rate not greater than 0.25%	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
	Assures hiring and retention of the best athlete for the MDS Coordinator position and provides orientation, training, mentoring and effective performance management for the position	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
	Assures timely and thorough completion of in-house medicare audit process.	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
Placeholder for preferred/non-preferred OTC drug management	Target set at _____%	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:

<p><u>Recruiting, Retaining and Developing Great people</u></p> <ul style="list-style-type: none"> ▪ Support the creation of a social and economic environment that promotes the retention of all associates and alignment throughout the organization. 	<p>Maintain a positive HOL/WAR balance throughout the year, control overtime to a level not greater than _____ and create a culture where contract labor utilization is equal zero.</p>	<p>1st Quarter:</p>
	<p>At least 37% of the respondents must respond that they "Strongly Agree" to the statement: "I would recommend this facility as a good place to work", <u>AND</u> the rate of survey response is equal to or greater than 65% of the staff.</p>	<p>2nd Quarter:</p>
	<p>Assure responsive facility management follow-up to associate issues raised as part of the Associate Customer Satisfaction Survey process.</p>	<p>3rd Quarter:</p>
	<p>Assures timely performance evaluations for all direct reports and assures process for timely annual evaluation and consistently applied discipline process for all Licensed Nurses and Certified Nursing Assistants.</p>	<p>4th Quarter:</p>
	<p>At least 37% of the respondents must respond that they "Strongly Agree" to the statement: "I would recommend this facility as a good place to work", <u>AND</u> the rate of survey response is equal to or greater than 65% of the staff.</p>	<p>1st Quarter:</p>
	<p>Assure responsive facility management follow-up to associate issues raised as part of the Associate Customer Satisfaction Survey process.</p>	<p>2nd Quarter:</p>
	<p>Assures timely performance evaluations for all direct reports and assures process for timely annual evaluation and consistently applied discipline process for all Licensed Nurses and Certified Nursing Assistants.</p>	<p>3rd Quarter:</p>
	<p>At least 37% of the respondents must respond that they "Strongly Agree" to the statement: "I would recommend this facility as a good place to work", <u>AND</u> the rate of survey response is equal to or greater than 65% of the staff.</p>	<p>4th Quarter:</p>
	<p>Assure responsive facility management follow-up to associate issues raised as part of the Associate Customer Satisfaction Survey process.</p>	<p>1st Quarter:</p>
	<p>Assures timely performance evaluations for all direct reports and assures process for timely annual evaluation and consistently applied discipline process for all Licensed Nurses and Certified Nursing Assistants.</p>	<p>2nd Quarter:</p>
	<p>At least 37% of the respondents must respond that they "Strongly Agree" to the statement: "I would recommend this facility as a good place to work", <u>AND</u> the rate of survey response is equal to or greater than 65% of the staff.</p>	<p>3rd Quarter:</p>
	<p>Assure responsive facility management follow-up to associate issues raised as part of the Associate Customer Satisfaction Survey process.</p>	<p>4th Quarter:</p>
	<p>Assures timely performance evaluations for all direct reports and assures process for timely annual evaluation and consistently applied discipline process for all Licensed Nurses and Certified Nursing Assistants.</p>	<p>1st Quarter:</p>
	<p>At least 37% of the respondents must respond that they "Strongly Agree" to the statement: "I would recommend this facility as a good place to work", <u>AND</u> the rate of survey response is equal to or greater than 65% of the staff.</p>	<p>2nd Quarter:</p>
	<p>Assure responsive facility management follow-up to associate issues raised as part of the Associate Customer Satisfaction Survey process.</p>	<p>3rd Quarter:</p>
	<p>Assures timely performance evaluations for all direct reports and assures process for timely annual evaluation and consistently applied discipline process for all Licensed Nurses and Certified Nursing Assistants.</p>	<p>4th Quarter:</p>

<p><u>Recruiting, Retaining and Developing Great People (continued)</u></p> <ul style="list-style-type: none"> ▪ Excellence in providing safe workplace for associates. 	<p>Worker's compensation costs equal budget and lost time claims are reduced by _____over last year.</p>	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:
<p><u>Personal Objectives</u></p>	<ol style="list-style-type: none"> 1. 2. 3. 	1 st Quarter:
		2 nd Quarter:
		3 rd Quarter:
		4 th Quarter:

PERFORMANCE ASSESSMENT SUMMARY	
<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> Yes No </p>	<p>Associate has adhered to Facility Code of Conduct and Business Ethics policy, including documentation and reporting responsibilities, during the evaluation period. If you evaluate an Assistant Director of Nursing as “No” describe the issue and the corrective action taken.</p>

PERFORMANCE RATING	CHECK APPROPRIATE BOX
---------------------------	------------------------------

Performance expectations and measurements are based on job functions and duties as stated in the job description and on annual goals which are mutually agreed upon by the manager and associate.

<input type="checkbox"/>	1. Exceeded all performance expectations – Accomplishments exceeded all expectations and significant contribution was made to achieve business plans. Extra assignments were undertaken. Co-workers often relied on this associate for help and advice. Overall, an outstanding performer who consistently contributed more than required.
<input type="checkbox"/>	2. Met all and exceeded most performance expectations – Performance consistently met all expectations and, in most areas, performance exceeded requirements. Associate required minimal supervision. Overall excellent performer who made more than the required contribution.
<input type="checkbox"/>	3. Met performance expectations – Performance expectations were met. Overall, a solid performer.
<input type="checkbox"/>	4. Did not meet performance expectations – Did not meet performance expectations required to perform job duties. Must be made aware of deficiencies, constantly needs a high degree of supervision and direction.

ADMINISTRATOR COMMENTS

DIRECTOR OF NURSING COMMENTS

ASSISTANT DIRECTOR OF NURSING COMMENTS (Optional)

ADNS NAME (PLEASE PRINT CLEARLY)	ADNS SIGNATURE	DATE
D.N.S. NAME (PLEASE PRINT CLEARLY)	D.N.S. SIGNATURE	DATE
ADMINISTRATOR NAME (PLEASE PRINT CLEARLY)	ADMINISTRATOR SIGNATURE	DATE

