



Nurse Practitioner

Performance Review Process

2022

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A. Introduction Letter

Nurse Practitioner Manager/Nurse Practitioner:

Enclosed you will find a Nurse Practitioner (NP) Performance Review Process for the nurse practitioner/s under your management.

The different forms in the review process were designed to look at various aspects of nurse practitioner practice i.e. communication, competencies, collaboration, documentation skills, role model, educator as a few examples.

Not every form has to be completed for every nurse practitioner

A discussion should take place between the nurse practitioner manager and the nurse practitioner to determine the best process for each nurse practitioner practice setting.

Enclosed you will find:

- [Nurse Practitioner Self-Assessment](#)
- [Manager Assessment](#)
- [Co-workers Assessment](#) (RN, LPN, Pharmacist, Physiotherapist, etc.)
- [Collaborating/Consulting Physician Assessment](#)
- [Nurse Practitioner Core Competencies Assessment](#) completed by Co-Nurse Practitioner
- [Patient Assessment](#)
- [Chart review](#) for Nurse Practitioner to be completed by a Co-Nurse Practitioner (5-10 Charts for Review)
- [Horizon Performance and Development Review-Health Discipline](#)

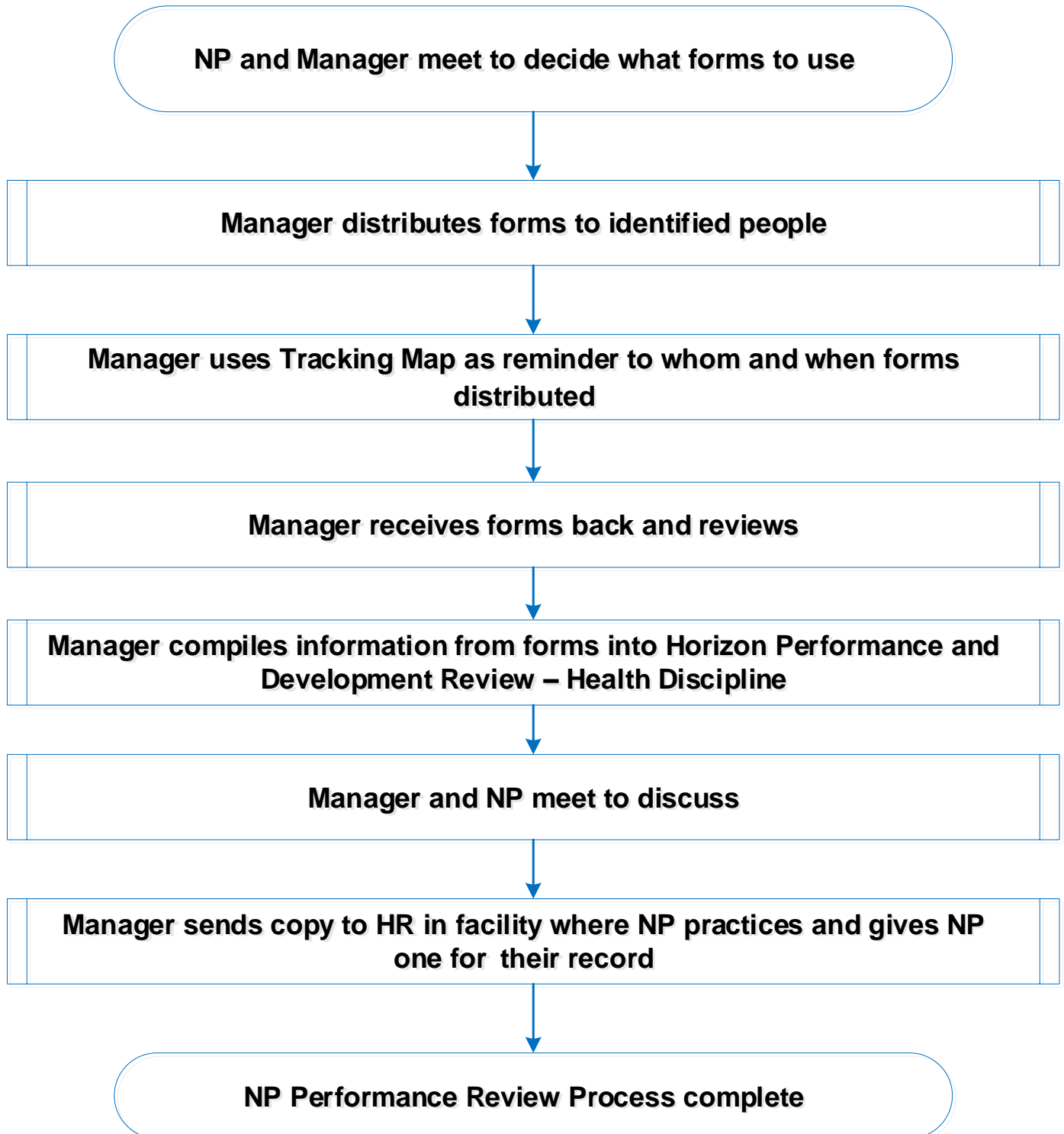
Once the Nurse Practitioner review process is determined, the NP manager will distribute the appropriate forms (with envelopes to ensure confidentiality) to the individuals who will be assessing the NP. Included is a [Tracking Map](#) to keep a record of the forms distributed and when they are expected to be returned. Once the forms are returned to you, the assessments are summarized into the Horizon Performance and Development Review-Health Discipline form. Subsequently, the manager and NP meet to review the content.

Once the review process is completed, all forms received must be shredded with the exception of the Horizon Performance and Development Review which becomes a permanent record. A copy is filed in HR at the NPs employment facility and a copy is provided to the NP.

It is recommended that this NP Performance Review process be completed in the first year of the NP practice and then every three years unless there is an issue.

As with any performance review process, the intent is to have a positive process looking at strengths and identifying areas for development. The review time is an opportunity to discuss goals or objectives of the Nurse Practitioner and set action plans. It keeps the lines of communication open to enhance understanding of the Nurse Practitioner, their practice and the employer's expectations. The performance review process should foster an effective working relationship where common shared vision of the Nurse Practitioner role and responsibilities are discussed.

B. NP Performance Review Process Map



C. Nurse Practitioner Self-Assessment

Nurse Practitioner Name: _____

Nurse Practitioner Signature: _____

Date: _____

UC=Unable to Comment	1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	
Space for comments is provided below each characteristic should you want to explain your rating.					
	UC	1	2	3	4
A. Provides comprehensive care to clients across the health continuum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has good time management skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Communicates well (written and oral).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Demonstrates collaborative interaction with health care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is open to feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Practices within scope of Primary Health Care NP's and individual competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Practices ethically and within legislation and standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Practices within the context of a therapeutic nurse-client relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Demonstrates overall practice effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you have an acceptable level of satisfaction in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Are your learning goals/needs in your NP practice being met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Manager's Assessment

Nurse Practitioner Name: _____

Amount of contact with NP: **Infrequent** (1-2 weeks or >) **Frequent** (every day or 2-3 per week)

Assessment completed by: _____

Date: _____

UC=Unable to Comment	1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	
Space for comments is provided below each characteristic should you want to explain your rating.					
	UC	1	2	3	4
A. Is organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has good time management skills (patient care/record keeping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Communicates well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is available & approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Appropriately delegates responsibility to me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is open to feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Meets accountability benchmarks where established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Are there areas of practice you feel the NP needs to work on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Co-Worker's Assessment (RN, LPN, Pharmacist, Physiotherapist, etc.)

Nurse Practitioner Name: _____

Amount of contact with NP: **Infrequent** (1-2 weeks or >) **Frequent** (every day or 2-3 per week)

Assessment completed by: _____

Designation: _____

Date: _____

UC=Unable to Comment	1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	
Space for comments is provided below each characteristic should you want to explain your rating.					
	UC	1	2	3	4
A. Is organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has good time management skills (patient care/record keeping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Communicates well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Treats me with professional respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Has good record keeping skills (Clear notes & requests, legible writing, timely completion of documents / letters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Provides conscientious/compassionate care to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Appropriately delegates responsibility to me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. What do you like the most about working with this Nurse Practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Collaborating/Consulting Physician Assessment

Nurse Practitioner Name: _____

Amount of contact with NP: **Infrequent** (1-2 weeks or >) **Frequent** (every day or 2-3 per week)

Assessment completed by: _____

Date: _____

UC=Unable to Comment	1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	
Space for comments is provided below each characteristic should you want to explain your rating.					
	UC	1	2	3	4
A. Communicates well (written/oral)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Collaborates / consults with physician when appropriate (needs physician expertise, diagnosis &/or treatment plan is unclear or beyond the scope of the NP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is open to feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is available and approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Co-Nurse Practitioner Core Competencies Assessment

Nurse Practitioner Name: _____
 Nurse Practitioner Reviewer: _____
 Signature: _____
 Amount of contact with NP: **Infrequent** (1-2 weeks or >) **Frequent** (every day or 2-3 per week)
 Date: _____

1. Health Assessment and Diagnosis

The nurse practitioner performs a comprehensive health assessment and synthesizes data from multiple sources to make a diagnosis of a health condition. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:
Strengths:
Areas for Development:

2. Health Management of Acute and Chronic Conditions

The nurse practitioner initiates and manages the care of clients with acute or chronic health conditions and/or monitors the ongoing therapy of clients with chronic illnesses by providing effective pharmacological, counseling, or other interventions. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:
Strengths:
Areas for Development:

3. Health Promotion and Disease Prevention

The nurse practitioner implements strategies to promote health and prevent illness with individuals, families, groups and communities. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

4. Collaborative Practice

The nurse practitioner works as a member of an interdisciplinary healthcare team having an understanding of each member's role and expertise. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

5. Professional Role and Responsibilities

The nurse practitioner practices autonomously, offering the full scope of nurse practitioner practice.

The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

6. Leadership

The nurse practitioner provides leadership in management of clinical care as a resource person, educator, role model, mentor, coach, and advocator. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

7. Communication

The nurse practitioner demonstrates interpersonal skills, effective communication with strong communication skills. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

8. Research

The nurse practitioner engages in evidence-based practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health care services; The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

9. Community Involvement:

The nurse practitioner works with professional/nonprofessional groups which directly/indirectly influences community health issues. The nurse practitioner:

Meets Objectives **Yes** **No**

Comments:

Strengths:

Areas for Development:

Overall Comments:

What is the Nurse Practitioner's greatest strength?

H. Patient Assessment

Nurse Practitioner Name: _____

Assessment completed by: _____

Date: _____

UC=Unable to Comment	1=Strongly Disagree	2=Disagree	3=Agree	4=Strongly Agree	
Space for comments is provided below each characteristic should you want to explain your rating.					
	UC	1	2	3	4
A. Communicates well (Easy to understand, listens well, explains well)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is caring and respectful towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is organized (Completes any forms on time, arranges specialist consults, good follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Can see NP on same day for emergencies or referred appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Can see NP within 2-4 weeks for regular appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Chart Review for Nurse Practitioner

To be completed by a Nurse Practitioner

Nurse Practitioner Chart Reviewer: _____

Date: _____

Presenting Complaint: _____

Age: _____

Assessment:	Yes	No	N/A
Subjective:			
History of Current Illness documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's perception of illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective:			
Current medications, medication allergies and patient compliance noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination appropriate to complaint and development age/stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic procedures appropriate (Lab/X-ray) to complaint and within NANB NP Schedules of Ordering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis/Differential Diagnosis:	Yes	No	N/A
Appropriate diagnoses listed including differentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Care:	Yes	No	N/A
Prescribe medications or treatment plan appropriate to diagnosis including any health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education regarding new medications or treatment documented (i.e. side effects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up instructions documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem list updated, future health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians consult if any documented with reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation:	Yes	No	N/A
Effectiveness and adherence to plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment plan revised as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation:	Yes	No	N/A
Documentation clear, concise, legible and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewer Comments:			

J. Tracking Map

Nurse Practitioner Review Form Tracking Map				
Action	Reviewer	Date Given	Date Returned	Notes
NP Self-Assessment				
Manager Assessment				
Co-Workers Assessment				
Collaborating/Consulting Physician Assessment				
NP Core Competencies Assessment				
Patient Assessment				
Chart review for NP				

Section II: Discussion Items (*Competence, Knowledge and Skills, Terms of Employment*):

1. Behavioural

- Promotes an atmosphere of respect, compassion, support and sensitivity for Horizon's diverse population of patients, visitors, students, volunteers, employees and others.
- Demonstrates effective verbal, non-verbal and written communication that exhibits compassion, is clear, supportive and positive. Listens actively and focuses on respect, mutual trust and understanding.
- Creates and supports a culture that makes innovative constructive change happen. Demonstrates a commitment to teamwork and adapts to continuous improvement by being collaborative, innovative and flexible.

2. Customer Service

- Demonstrates an awareness of and values the roles of other service and care providers and their interrelationships.
- Contributes to the sustainability of the health care service delivery by using resources effectively and efficiently in that you do.
- Contributes to the sustainability of the health care service delivery through initiative and participation in quality improvement.

3. Knowledge / Skills

- Demonstrates knowledge, skills & judgment required for excellence in service provision.
- Applies problem solving process in effective decision-making.
- Assesses patient status and responds with appropriate interventions and evaluates the outcomes.
- Contributes to Discipline's body of knowledge.
- Encourages, supports, facilitates and/or participates in relevant research.

4. Continuing Competence / Personal Responsibility

- Effectively assesses own level of competence and readily accepts responsibility for own actions.
- Continually assesses performance to identify learning needs and opportunities for growth and improvement.
- Uses reflection and feedback from others to assess and improve own performance.
- Participates in activities to meet professional learning needs.
- Provides mentorship and guidance for the professional development of students, peers and other personnel.
- Promotes a learning and practice environment that supports ongoing professional development, professional responsibility and accountability.

5. Ethical / Compliance

- Demonstrates compassion, integrity, respect and commitment through adherence to Code of Conduct.
- Demonstrates excellence through compliance with policies, accepted ethical standards and relevant safety, accreditation, and other regulatory requirements.
- Responds to and reports situations that may have adverse outcomes for others.
- Acts as an advocate to protect and promote a patient's right to autonomy, respect, privacy, dignity, and access to information.
- Maintains appropriate boundaries in interactions with clients at all times.
- Is knowledgeable about professional responsibilities and demonstrates professional conduct at all times.
- Completes all required documentation in a timely and accurate manner.

6. Patient, Employee And Workplace Safety

- Demonstrates and consistently applies to knowledge of current patient, employee and workplace safety policies & practices.
- Demonstrates consistent application of all appropriate safety practices including correct use of personnel protective equipment and effective hand washing.
- Identifies reports and takes steps to lessen the impact of unsafe acts & conditions.

7. Attendance Reliability / Punctuality

- Demonstrates commitment to Horizon Health Network and enables the achievement of corporate goals and objectives through regular attendance at work.
- Exhibits respect and consideration for patients, visitors, students, volunteers, employees and others through meeting time commitments and punctuality.

Section II Rating Guide (Items 1-6)

The following provides a guideline for use in determining the appropriate ratings for Section II of the PDPR.

Rating for expected level of performance refers to the performance standards specified on the employee's work plan.

RATING 0 – NOT APPLICABLE

- Indicates that this does not apply to the employee in their work environment.

RATING 1 – UNACCEPTABLE**Needs Improvement - Does Not Meet Measures of Success**

- Indicates that the employee has failed to meet the measures of success set for most of the requirements of the position and that the performance is clearly below the satisfactory level.
- Due to the clearly unsatisfactory level of the employee's performance, close supervision is required even on the more routine aspects of the work.
- This rating implies that the employee failed to complete projects or assignments of major importance, or that they were improperly executed, resulting in serious consequences for the work unit.
- An initial rating at this level would indicate the need for immediate performance coaching by the manager, aimed at assisting the employee to correct and improve each unsatisfactory aspect of the performance.

Note: Successive ratings at this level, following implementation of developmental activities that have failed to bring about performance improvement, indicate the need either for coaching aimed at transfer of the employee to a more suitable position, or for initiation of appropriate constructive disciplinary procedures.

RATING 2- OPPORTUNITY FOR IMPROVEMENT**Fair to Good - Meets Most Measures of Success**

- Performance is uneven, meeting or even exceeding the measures of success with respect to some individual key responsibility areas, but falling below the measures of success set for other responsibilities.
- Employee sets priority on the individual key responsibility areas where their strengths lie, instead of the priorities of the work unit, resulting in the work plan being incomplete.
- The employee has the skill and knowledge required to implement the work plan, but requires a higher level of coaching than expected, given the level of the position and experience of the incumbent. Employee does not take on the full accountability of the position.
- Higher than normal frequency or repetition of errors.
- Development activities identified for the employee are directed toward improving current job performance in those individual key responsibility areas in which the measures of success are not being met. The below standard performance is not serious enough to be a major cause of concern to the manager, and can normally be remedied through coaching sessions.

Note: This rating typically applies to:

- ✓ An inexperienced employee who requires further development and seasoning in his/her job to be able to fully meet the measures of success with respect to all aspects of the job; or
- ✓ An experienced employee whose performance in certain aspects of the job is below standard.

RATING 3 – EFFECTIVE

Good to Very Good - Meets All Measures of Success

- Performance consistently meets the measures of success set with respect to all individual key responsibility areas, and occasionally exceeds measures of success in some individual key responsibility areas.
- When requested to do so, the employee readily accepts and carries out additional responsibilities as required, while continuing to meet the measures of success set out in the work plan.
- The employee requires no more than the expected level of supervision, and on a day-to-day basis, functions with minimal direction.
- There is balance between the quality and quantity of their work.
- Errors are few and seldom repeated.
- Deadlines are met except in circumstances beyond the employee’s control.
- Any developmental activities identified for the employee are directed toward refining job skills that are already at the acceptable level or acquisition of new skills required by changes in the job requirements.

RATING 4 – HIGHLY EFFECTIVE

Very Good to Excellent- Exceeds Most or All Measures of Success

- Performance consistently exceeds the measures of success set with respect to all or most individual key responsibility areas, while performance of all other job requirements meets expected performance standards.
- The employee’s work has involved an unusually high degree of challenge or pressure arising from factors such as an extremely heavy workload, unusually demanding deadlines, work involving a high level of public scrutiny, or the requirement to demonstrate an exceptionally high level of professional expertise sustained over a significant period of time (at least one quarter to one-half of the year).
- The employee functions efficiently and effectively with a minimum of direction.
- All work is of consistent high quality.
- All deadlines are met and many are surpassed.
- Errors are infrequent and of minimal importance.
- Developmental activities identified for the employee are usually directed toward preparation for higher level responsibilities; generally, no further development is required to meet the requirements of their current job.
- The employee is readily recognized by superiors, subordinates, and peers as exceptional on the basis of his/her performance in the past year.

ATTENDANCE SCORING GUIDELINES (Item 7):

0	Not applicable to attendance
1	Frequently/regularly misses time at work. Use of sick time and other paid and unpaid unplanned absences exceeds 80 hours. Action plans for improvement are successful for short periods of time only. Requires encouragement to arrive at work and meetings on time.
2	Sick time is above the Horizon target of 73.5 hours (9.8 days) per year but shows significant improvement or this may have been an unusually bad year for the employee. Arrives at work and meetings on time.
3	Sick time utilization is at or below the Horizon target of 73.5 hours (9.8 days) per year. Can be depended on to be at work when scheduled and to arrive on time to events/meetings.
4	Consistently exhibits excellent attendance [less than 11.25 hours (1.5 days) missed per year]. Always meets attendance commitment.

Upon completion, all signed Performance Reviews are to be forwarded to your local Human Resources Department.

Section I – Review Period	From: _____	To: _____	Review Date: _____
Employee Name: _____	Employee Number: _____	Status _____	
Program/Department/Unit: _____	Classification: _____		

Section II - Discussion Items (Competence, Knowledge and Skills, Terms of Employment) Refer to PDPR Section II Health Disciplines Rating Guidelines	**Rating Scale				
	0	1	2	3	4
1. Behavioural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge /Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Continuing Competence/Personal Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ethical/Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Patient, Employee and Workplace Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Attendance Reliability/ Punctuality (Refer To Attendance Rating Guidelines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****0** = Not Applicable **1** = Unacceptable **2** = Opportunity for Improvement **3** = Effective **4** = Highly Effective

Section III - List major accomplishments for the past year, including how excellence was demonstrated in living our values and how it contributed towards Horizon’s overall goals and objectives.

I acknowledge that I am aware of and understand how Horizon’s values are to be demonstrated in my day-to-day activities in support of Horizon’s goals and objectives.

Section IV - List goals for upcoming year in relation to job responsibilities (position profile) and development plans: (Include competency, expected outcome, timeframe, and measure of success)

Section V – [Employee Activity Profile](#) – Completed by Employee (*Optional*) Attached

Mandatory Certification / Recertification Completed **Attendance:** Hrs. Missed _____ # of incidents _____

Reviewed and re-signed the [Confidentiality – Declaration of Understanding](#)

Upon completion, all signed Performance Reviews are to be forwarded to your local Human Resources Dept.

Rater’s Comments / Signature: _____ **Date:** _____

My signature below indicates that I was given the opportunity to discuss my performance with my supervisor. Additionally, I acknowledge that I have read and understand the statements as found in the [Employer / Employee Promises](#) and have been given the opportunity to have any questions or clarifications addressed.

Employee Comments / Signature: _____ **Date:** _____

Horizon Employer/Employee Promise

At Horizon, we demonstrate a patient- and family-centred approach to care. Partnering with our community and patients, we strive towards our vision of providing “**Exceptional Care. Every Person. Every Day.**” Our employees are our most valuable resource to help us achieve our vision. Together, we demonstrate our values: **We show empathy, compassion and respect. We strive for excellence. We are all leaders, yet work as a team. We act with integrity, and are accountable.** Living these values everyday takes a shared commitment from management and staff.

As we evolve, Horizon is transforming how it provides services. Staff are encouraged to embrace change, collaborate with others and take initiative to make improvements using the best evidence available for better patient care.

Horizon’s Promise to Our Employees

On behalf of Horizon, I promise to live Horizon’s values within a diverse and dynamic environment.

We are committed to our employees’ wellness which includes promoting work-life balance, healthy lifestyles and a smoke-free environment. We promise to work with employees to identify and minimize potential risks for a safer work environment.

We will communicate openly and regularly across the entire organization. We will engage our employees by listening and responding to staff’s ideas and concerns. In addition, employees can be assured their privacy and confidentiality will be protected. This includes providing a workplace free of substance abuse with no tolerance for harassment or bullying.

We want a career with Horizon to be rewarding. To this end, we will provide opportunities for lifelong learning and skills development. We will provide a path for employee excellence and success by reviewing performance on a regular basis. And, we will appreciate and recognize employee achievements.

We take this commitment seriously.

Manager: _____ Date: _____

Employee’s Promise to Horizon

I promise to live Horizon’s values by showing empathy, compassion and respect towards coworkers and the people I serve. I will act with integrity, and treat all people with courtesy and dignity, without discrimination. This includes providing the Active Offer to our patients and visitors. As a leader, I will be accountable and support my team. I will demonstrate the values and behaviours identified and committed to by my work unit.

I will demonstrate a service-oriented and patient-centred care approach. As a healthcare worker, I understand my role as it contributes to the overall objectives of the organization. I understand the need for consistent practices and I will follow Horizon’s policies and procedures.

I am committed to Horizon privacy and confidentiality responsibilities as outlined in the *Confidentiality Declaration of Understanding* that I have signed. I will keep information about patients, coworkers and any other Horizon business in strict confidence and respectfully protect administrative and health records.

In striving for excellence, I recognize change in healthcare is constant. I will be flexible and adapt accordingly. Therefore, I am committed to my own continuous development, and will participate in regular performance reviews.

I will act professionally. I promise to work safely and attend work as scheduled so my team can deliver exceptional service every day. When I have concerns, I will present them to my manager/HR/union in a constructive and respectful manner. I will avoid or disclose any conflict of interest.

I understand failure to live up to this promise may result in disciplinary action.

I take this commitment seriously.

Employee: _____ Date: _____