



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### PERFORMANCE PLANNING AND EVALUATION

**Effective Date:** May 8, 2014

**Policy #:** HR-12

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- I. PURPOSE:** To provide a uniform, consistent method of performance evaluation for employees.
- II. POLICY:** Written performance evaluations will be completed for each employee annually. Montana State Hospital (MSH) expects supervisors to provide employees with additional feedback about performance on an ongoing and less formal basis throughout the year and to follow up on performance deficits immediately.
- III. DEFINITIONS:**
- A. Appraiser —A supervisor or lead worker is expected to provide and complete employee's performance evaluations. Employees are generally appraised for a 12-month period.
  - B. Evaluation: The formalized process of providing feedback and documenting employee performance for an evaluation period.
- IV. RESPONSIBILITIES:**
- A. Hospital Administrator is responsible for ensuring a process exists to annually evaluate employee performance.
  - B. Supervisors (Appraiser) are responsible for employee annual evaluations. Employees may provide a self-evaluation.
  - C. Employees are responsible for actively engaging in the evaluation process.
  - D. Human Resources are responsible for oversight of this policy and appraisal system, training, and overall development of the process.
- V. PROCEDURE:**
- A. THE EVALUATION PROCESS
    - 1. The performance of each employee shall be evaluated annually. Employees may also be evaluated upon vacating, transferring, or terminating employment.

2. Employees are evaluated per the Employee Performance Appraisal Form adopted by MSH (See Attachment A).
3. Prior to the end of the evaluation period, the appraiser shall rate each category contained in the performance appraisal. Written comments from the appraiser are highly recommended.

**B. AFTER THE APPRAISAL FORM IS COMPLETED**

1. The Supervisor (Appraiser) shall discuss the appraisal with the employee and ask the employee to sign the appraisal document. If the employee refuses to sign, a witness other than the Supervisor shall sign and date the form to acknowledge the employee's refusal.
2. The employee shall be advised of the right to submit a written rebuttal to the appraisal.
3. The employee will be given a copy of the signed appraisal document; the original document will be maintained in the employee's personnel file.
4. Supervisors will forward all completed appraisals to Human Resources for final review, data compilation, and filing.

**C. MONITORING THE APPRAISAL PROCESS**

1. Employees who transfer during the appraisal period will be evaluated by their current supervisor at the end of the appraisal period. The current supervisor will be responsible for obtaining the necessary information from the employee's previous supervisor(s). Employees will have at least 90 days under the supervision of their current supervisor prior to evaluation.
2. The appraisal process shall be completed from January 1<sup>st</sup> to March 31<sup>st</sup> of each calendar year.
3. Supervisors will send completed forms and appropriate attachments to Human Resources to be filed in employee's personnel folders.

**VII. REFERENCES:** MOM – “Performance Management and Evaluation Policy”  
09/21/2012.

**VIII. COLLABORATED WITH:** Director of Human Resources, Director of Nursing Services, Director of Information Resources, Chief Financial Officer, Medical Director, Quality Improvement and Public Relations Director, and Hospital Administrator.



# MONTANA STATE HOSPITAL EMPLOYEE PERFORMANCE EVALUATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_ to: \_\_\_\_\_

Date Appraisal Conducted: \_\_\_\_\_

RATE EACH CATEGORY SEPARATELY – May include supporting comment and/or demonstrated example to support each rating given.

**JOB KNOWLEDGE & COMPREHENSION:** Understands and is knowledgeable of duties, methods, and procedures required by the job.

\_\_\_\_\_

Satisfactory:   
Needs Improvement:

**WORK QUALITY:** Completes work assignments thoroughly and completely in an accurate, prompt, and neat manner.

\_\_\_\_\_

Satisfactory:   
Needs Improvement:

**CONTRIBUTION TO WORKPLACE ENVIRONMENT:** Demonstrates and promotes cooperation and positive behavior in the workplace. Takes accountability for job responsibilities. Promotes and supports the organization and its patients.

\_\_\_\_\_

Satisfactory:   
Needs Improvement:

**WORK RELATIONSHIPS:** Gets along well with co-workers and patients. Treats everyone with courtesy and respect. Willingly accepts supervision. Follows up promptly on requests, complaints, and concerns. Responds appropriately in confrontational situations.

\_\_\_\_\_

Satisfactory:   
Needs Improvement:

**INITIATIVE/PROBLEM SOLVING/ DECISION MAKING:**

Performs with minimal supervision, acts promptly, seeks solutions to resolve unexpected problems that arise on the job, and makes practical routine decisions. Appropriately seeks supervisory guidance.

Satisfactory:   
Needs Improvement:

\_\_\_\_\_

**SAFETY:** Notifies supervisor of potential and actual safety issues. Prevents and takes corrective action for physical safety, sanitation, and infection control within work area. Considers safety of self and others while working.

Satisfactory:   
Needs Improvement:

\_\_\_\_\_

**ATTENDANCE & PUNCTUALITY:** Dependable, arrives at work on time, reports on all scheduled days, and adheres to break and meal schedules. Reports off and on and requests leave according to hospital policy and service level expectations.

Satisfactory:   
Needs Improvement:

\_\_\_\_\_

**CONTINUING EDUCATION:** Employee has completed the minimum required number of continuing education hours and actively and willingly participates in training activities.

Yes   
No

\_\_\_\_\_

**GENERAL SUPERVISOR’S COMMENTS:**

\_\_\_\_\_

My signature below indicates that I am aware of the duties and responsibilities of my position and that I have had an opportunity to review and comment on this evaluation.

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: The signature above does not necessarily indicate agreement with the evaluation outcome. An employee has the right to submit a written response.*

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**EMPLOYEE REVIEW OPTIONAL**

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How well does your position satisfy your personal/professional goals?

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What would you like to see changed/improved?

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What type of job training is of interest to you?

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Please summarize your thoughts/feelings about your employment with Montana State Hospital.

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_