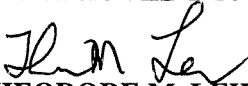


**GUAM MEMORIAL HOSPITAL AUTHORITY
HUMAN RESOURCES MANUAL**

APPROVED BY:  THEODORE M. LEWIS Interim Hospital Administrator/ CEO	RESPONSIBILITY: Human Resources Hospital Wide	EFFECTIVE DATE:	POLICY NO. 8650-1.204	PAGE 1 of 7
TITLE: PROBATIONARY AND SCHEDULED PERFORMANCE EVALUATION				
LAST REVIEWED/REVISED: 7/92, 9/92, 4/94, 11/96, 12/07, 3/12, 8/2015				
ENDORSED: EMC 3 /2012, 8/2015				

PURPOSE:

To establish a uniform procedure for conducting and reporting Probationary and Scheduled Performance Evaluation review process for full-time and part-time employees of GMHA.

The Probationary and Scheduled performance evaluation system is a continuous process that informs employees where they stand and how their performance compares to job standards and the supervisor's expectations. It provides employees with appropriate feedback and direction in maximizing their job performance and allows for proper disciplinary action to take place when employees do not perform their job duties competently.

The supervisor's judgment in evaluating the employee should be based on **FACT *rather than unsupported opinions***. Supervisors are responsible for keeping track of observed incidents of employee performance that clearly illustrate whether the employee is performing above, on target or below the performance standards and/or expectations of the job. The supervisor should highlight performance that is very good or outstanding as well as work that needs improvement. Good, as well as poor, performance should not be described with vague or superficial words.

POLICY:

It is the policy of GMHA to conduct Probationary and Scheduled performance evaluation of each employee in relation to the job standards and/or position description for efficient performance of work.

It is the supervisor's primary responsibility for defining the job with the class specification and documenting all pertinent information related to the employee's work performance. The supervisor must inform employees on how well they are doing by discussing their work

Communication channels between the supervisor and employee must be open. The supervisor and employee should have a positive attitude toward the evaluation process. During the rating period, the employee should be given praise on exemplary work performed. In situations where the employee is not performing up to the work planning and job standards, the employee should be counseled and provided immediate corrective action. When praise or corrective action is being given it should be documented and reflected on the probationary or scheduled performance evaluation for that period.

When an employee is detailed to a supervisory position for a period of not less than ninety (90) days, he shall be responsible for the outstanding due/overdue probationary and/or schedule performance evaluations.

Failure on the part of the department head and/or acting appointees to submit the documentation on a timely basis will result in progressive disciplinary measures.

PROCEDURE:

A. PROBATIONARY:

Full-time employees are required to serve a six-month probationary period. Therefore, the guideline under section A.1 applies. (See attachment #1, Monthly and/or Semi-Annual Performance Evaluation)

Part-time employees shall be evaluated no later than 15 days after they have worked six months regardless of the number of worked hours; the second evaluation shall be completed after twelve (12) months of employment. The timeline under section A.1 does not apply. The evaluation does not change or subject the employee to a permanent status or any salary adjustment. (See attachment #1, Monthly and/or Semi-Annual Performance Evaluation)

Employees serving a six month probationary period should receive a position description and a work planning appraisal form. The position description and work planning, provides the employee with an opportunity to learn the duties and responsibilities of his position in which he will be accountable and to demonstrate his capabilities in carrying them out.

The probationary period is used by the department to determine an employee's competence and whether or not the employee will be granted a permanent appointment to the position he applied for.

A.1 PROCESSING THE PROBATIONARY PERIOD:

The Probationary period for new employees shall be documented on a monthly basis. In the event that an employee who is hired in the clinical area is found to have compelling reasons which faulted patient safety violations and/or misconduct which affects the efficiency of services of GMHA or any offense which may be deemed detrimental to GMHA. The department head may consider recommending immediate termination of the employee to the Hospital Administrator without the employee serving the minimum of three (3) months probationary period. (Referenced examples of such offense can be found in the Personnel Rules and Regulations - Adverse Action procedures)

Probationary periods for full-time employees may be extended up to an additional six (6) months but not to exceed a total of twelve (12) months when it is determined that such an extension is necessary to thoroughly evaluate the employee's ability to perform the full scope of assigned duties. Written notice of the extension shall be given to the employee prior to the expiration of the probationary period.

A.1.1 The Human Resources Department shall forward the first six (6) Monthly Performance evaluation forms to the Department Head for all new full-time

employees. In addition, the evaluation form for part-time hires will be forwarded to the department head on the fifth and eleventh month after their hire date.

- A.1.2 The Department Head/Supervisor shall evaluate the employee on a monthly basis.
- A.1.3 The Department Head/Supervisor shall discuss the evaluation with the employee.
- A.1.4 The completed form must be submitted fifteen (15) days from the date of hire refer to the due date on the evaluation form. Failure to submit the Monthly Evaluation forms on a timely basis (no later than the due date of each month) will result in progressive disciplinary measures.
- A.1.5 After each Monthly performance evaluation period, signatures must be obtained and the original monthly evaluation form shall be forwarded to the Human Resources Department for filing in the employees' Personnel File and a copy of the monthly evaluation shall be provided to the employee by the Department Head.
- A.1.6 At the end of the third (3rd) month, the department may request for an extension if the supervisor and/or department head feels that the employee is not performing satisfactory. The employee must be told and acknowledge that his probationary period is extended for up to six (6) months no later than the fifth (5th) month evaluation period. The employee must be told during the monthly evaluation period, documented and acknowledged on the evaluation of such action pending.
- A.1.7 On the fifth (5th) month evaluation, the department head must attach the unit specific orientation documentation prior to forwarding for respective signature and routing to the Human Resources Department for filing.
- A.1.8 When the Unit Specific orientation documentation is not attached to the fifth (5th) month evaluation form, the Human Resources department shall return the document back to the department. The supervisor will have two (2) work days to resubmit the document.
- A.1.9 At the sixth (6th) month evaluation, the work planning performance evaluation form (Attachment II) must accompany the sixth (6th) month evaluation. On the sixth (6th) month evaluation form, the employee is advised that he will retain employment. This is documented on the monthly form.

When an employee is granted an extension during the initial six (6) months of probationary period and the employee continues to perform unsatisfactorily the department head may recommend termination to the Hospital Administrator not less than fifteen (15) days prior to the expiration of the extended probationary period.

Employees who fail to render satisfactory or above average service during their probationary period shall be terminated. Employees terminated during the probationary period have no rights of appeal.

Upon satisfactory or above average completion of a probationary period, the Human Resources Department shall process a personnel action for permanent status.

The Department head and/or Division Head shall sign off on the evaluation form completed by the employee's supervisor.

B. SCHEDULED PERFORMANCE EVALUATION:

The Human Resources staff shall notify all department heads of those employees with due/overdue scheduled performance evaluation. A list of due and/or overdue Scheduled Performance evaluations are compiled and distributed on a Quarterly basis by the Human Resources Department.

Department heads will submit the completed scheduled performance evaluation form (Attachment II) to the Human Resources Department. The Competency Summary form shall accompany the Scheduled Performance evaluation when the competency review summary is due. The Competency Summary form is due when the last competency employee review is beyond three (3) years. The department head shall have thirty (30) days to complete the Competency Summary form and submit it to the Human Resources department. Failure to submit the summary within the prescribed timeline shall constitute progressive disciplinary measures. Refer to section C of this policy.

The performance evaluation shall be completed by the individual who oversees, reviews and observes the daily performance of the employee or the supervisor who is closely acquainted with or directly responsible for the employee's work.

Salary increment is not automatic. A scheduled performance evaluation report shall be used as the basis document in the granting of salary increments, determining order of layoffs, and in rating employee's suitability for promotions. Satisfactory or Outstanding ratings shall be necessary for promotions or for granting of salary increments. An unsatisfactory rating may be the basis for demotion, dismissal, transfer, or denial of increment.

Upon receipt of the scheduled performance evaluation, the Human Resources Department will process a Personnel Action, send it out for certification of funding and obtain signature from the Hospital Administrator/CEO or designee.

The Human Resources Department will forward the personnel action to the Payroll Department for processing. The original personnel action with a copy of the signed evaluation will be forwarded to Payroll for distribution with employee's pay check. A copy of the personnel action will also be distributed to Retirement Fund Office, Budget Office, Payroll, HR chronological file and a copy in the personnel file with the original scheduled performance evaluation. In addition, personnel action of employees in the classified service shall be forwarded to the Civil Service Commission.

Timely completion of scheduled performance evaluations shall be an important job factor for all department head and supervisors. Failure of the department head and/or supervisor to submit a timely performance report will constitute grounds for administrative disciplinary action.

When a salary increment is delayed beyond its scheduled effective date the salary increment shall be made effective as of the date originally due. However, when there is a salary freeze in effect, all increments within the specified period and beyond will not be processed until the freeze is lifted. Increments will not be retro-active to the original date of when the salary increment is due. The effective date of the salary adjustment shall be when the freeze is lifted. However, the freeze does not affect the next increment period. Therefore, the reviews of performance evaluations shall continue without any break in between the freeze period.

GMHA employees receive an overall performance rating based on the following criteria for overall rating of performance. The following criteria for overall rating of performance shall be used:

- * Outstanding = 85% of job factors rates as exceeds work performance standards.
- * Satisfactory = 70% of job factors rated as meets work performance standards.
- * Unsatisfactory = 50% of job factors rates as below work performance standards.

Sample formula: # job factors x 85% = # outstanding job factors needed

In the event that the completed Scheduled performance evaluation does not meet the criteria of the overall rating process, the scheduled performance evaluation shall be returned to the department head. (Refer to supervisory handbook)

C. PROGRESSIVE DISCIPLINARY NON-COMPLIANT PROCESS:

1. Supervisors and department head/division heads (classified and/or unclassified appointment) are held accountable for the delays of not submitting employees Monthly and/or Scheduled Performance evaluation. The following process is the start of the progressive disciplinary process:
2. Employees who are detailed to a supervisory position and above (classified and/or unclassified appointment) are held accountable for employee's Probationary and Scheduled Performance evaluation when the detail appointment is more than the initial 90 day period.
3. The progressive discipline notices are given after the supervisor or department head/division head has received the initial quarterly list of employees due for the quarter. A second notice is sent out as a reminder of the due/overdue evaluation forms. The progressive discipline leading up to the Adverse Action is the following process/guidelines for non-compliance.
 - 3.1 First Offense – A letter of warning – The first (1st) Overdue” letter is prepared by the Hospital Administrator and is sent to the department head for the first infraction of not meeting the evaluation period timeline.
 - 3.1.1. The department head and/or division head shall provide to the Hospital Administrator

- within ten (10) work days of the date of receipt of notice, a written justification why the evaluations are delayed.
- 3.1.2 The evaluation must be completed within the ten (10) work days after the receipt of notice.
 - 3.1.3 If the evaluation is completed prior to ten (10) work days of the notice given, no justification will be required.
 - 3.1.4 The completed evaluation shall be sent directly to the Hospital Administrator's office for receipt of document.
 - 3.1.5 Upon the review of the Hospital Administrator, the document shall be forwarded to the Human Resources Office for processing.
- 3.2 Second Offense - A letter of Reprimand - The second (2nd) Overdue" letter constitute a letter of Reprimand prepared by the Hospital Administrator. The letter of Reprimand indicates that the ten (10) work day timeline to submit the overdue evaluations was not met.
- 3.2.1 The department head and/or division head is given a Letter of Reprimand indicating that the timeline were not met and that a due date of five (5) work days from receipt of the letter of reprimand would be the ultimate progressive action before proceeding to the next level of discipline, the Adverse Action process.
- 3.3. The Adverse Action process is warranted when the first (1st) and second (2nd) offense are left open and remain non-compliant.
- 3.3.1 Notice of Proposed Adverse Action - Since the discipline is originating from the non-compliance of the completion of the Monthly and/or Scheduled Performance Evaluation forms, the Notice of Adverse Action shall be prepared by the Personnel Services Administrator in concurrence with the Hospital Administrator.
 - 3.3.1a The documented receipt of notice from the department head/division head shall be the supporting documentation for such action. Notices shall include the written initial notice of the due/overdue evaluations from HR, the reminder notice (second written notice) from HR and the Letter of Reprimand to the Department/division head, and any other communication provided during this period.
 - 3.3.1b. The date of the infraction shall be ten (10) work days from date of the issuance of the Letter of Reprimand to the employee. (The eleventh (11th) day shall be the start of the sixty (60) day window when management should have known of the infraction).
 - 3.3.1c. The Notice of Proposed Adverse Action is signed by the Hospital Administrator for serving to the employee.
 - 3.3.1d. The timeline for the response to the Hospital Administrator applies pursuant to the Adverse Action policy rules and procedure.
 - 3.3.1e. The Final Notice of Decision from the Hospital Administrator shall be served within the sixtieth (60th) day. The timeline from the Hospital Administrator applies pursuant to the Adverse Action policy rules and procedure.

D. SCHEDULED REPORTING:

The Personnel Service Administrator is responsible for providing to the HR –BOT subcommittee the following reports within fifteen (15) days of closing:

- D.1 Quarterly Employee Scheduled Performance evaluation summary report. Due fifteen (15) days after the close of the quarter end.
- D.2 Annual Employee Scheduled Performance evaluation. Due fifteen (15) days after the close of fiscal year end.
- D.3 Staffing Pattern Summary report. Due fifteen (15) days after the close of the month end.

REFERENCE:

GMHA Interim Rules and Regulations.

Title 4, Guam Code Annotated

ATTACHMENTS:

- I. Hospital-Wide Competency Summary Form
- II. Monthly and/or Semi annual Performance Evaluation
- III. Monthly and/or Semi annual Performance Evaluation Flowsheet
- IV. Work Planning and Performance Evaluation Form
- V. Work Planning and Performance Evaluation Flowsheet
- VI. Performance Appraisal Handbook (GMHA)

**GUAM MEMORIAL HOSPITAL AUTHORITY
Hospital-wide Employee Competency Summary Form**

Print Employee Name: _____ Dept.: _____ Job Title: _____ Immediate Supervisor: _____
 Competency Period From _____ to _____
 Competency Type: () New Hire Orientation () 5 Month Review () Annual Review () On-going Review () Clinical () Non-clinical
IC Standard: Demonstrate proficiency in performing procedures appropriately and effectively in accordance with standards as evidenced by unit-specific criteria, and age specific criteria for direct patient-care providers.

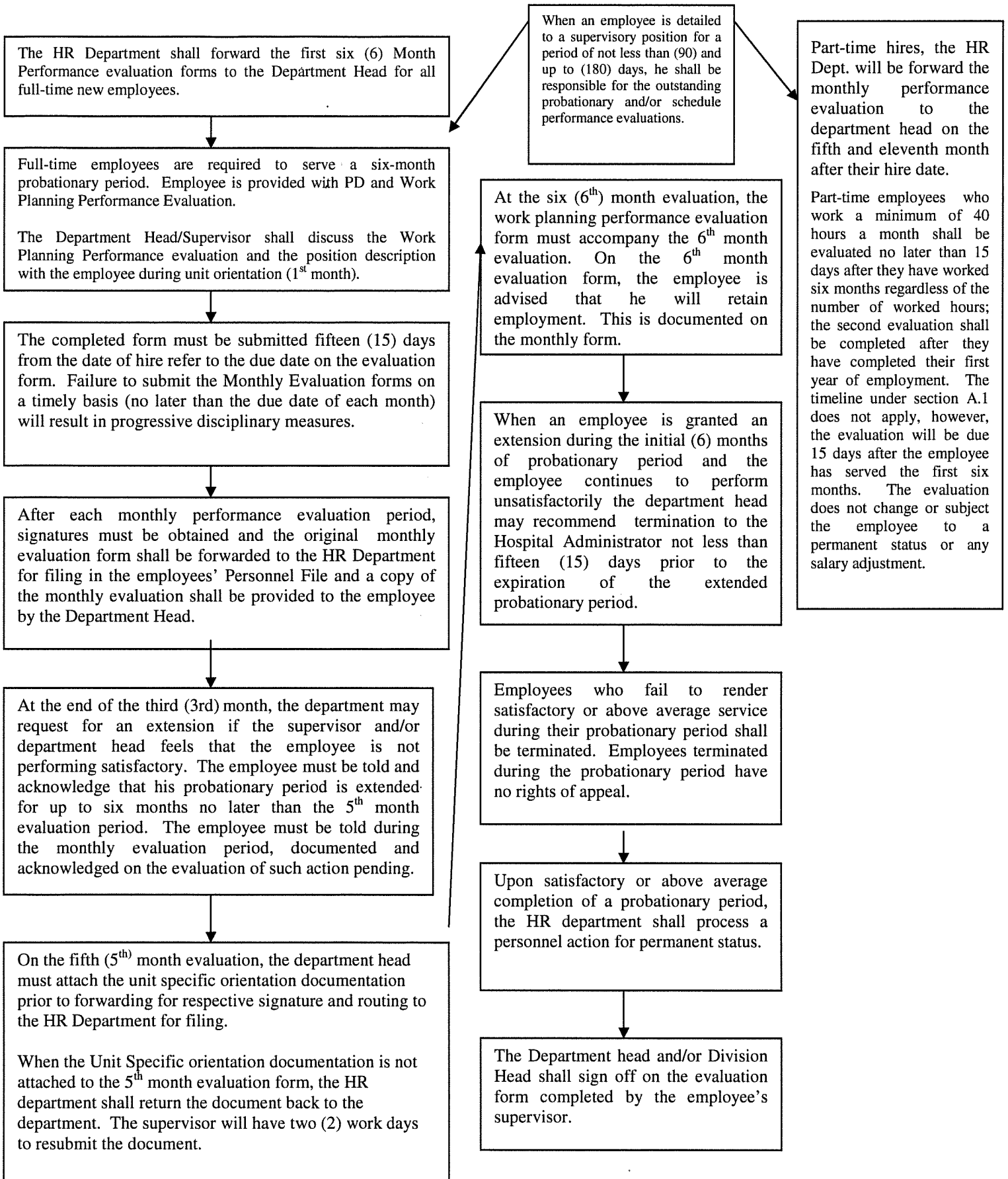
COMPETENCY ASSESSMENT KEY: All key factors must be reported in the checklist below.

Level of Competence (LOC)	Population: (POP)	Knowledge Based Verification Method: (VM)	Measurement Tool: (MT)	Action Plan: (AP)
0) Cannot perform skill independently	N - Neonate	NEO - New Hire Orientation	C - Checklist	A) Praise & Recognition
1) Requires practice/assistance to perform skill	P - Pediatric	CBT - Computer Based Training	O - Observation	B) Review policy
2) Competent-performs skill independently	AA - Adolescent	I - In-service	D - Demonstration	C) Practice with supervision
3) Competent-performs skill independently and able to assess competency of others	A - Adult	V - Videos	SL - Skills Lab (simulation)	D) Needs teaching & education
X) Not applicable	G - Geriatric	M - Mentoring	IS - Incident Summary	E) Re-assignment
	X - Not applicable	P - Preceptorship	PR - Peer Review	F) Progressive Corrective Action
		CS - Case Studies	RR - Record Review	X) Other (Must Specify)
		LM - Learning Modules (self study)	L - Licensure/Certification	
		X - Other (Must Specify)	VT - Verbal Test	
			WT - Written Test	
			X - Other (Must Specify)	

REQUIRED COMPETENCIES ASSESSMENT CHECKLIST

A. REGULATORY REQUIREMENTS							Self Eval	LOC	POP	VM	MT	AP	Evaluator Initials
1. Hospital Orientation													
2. Unit Orientation													
3. Patient Safety Training - All Modules													
4. Environment of Care Compliance Training													
5. Professional Licensure/Certification # _____ expiration: _____													
6. National Incident Management System (NIMS)													
7. Life Support Certification (American Heart Association certification)													
a. Basic Life Support (BLS) TO: _____ exp. _____													
b. Neonatal Resuscitation Program (NRP)													
c. Pediatric Advanced Life Support (PALS)													
d. Adult Cardiac Life Support (ACLS)													
8. Other (specify)													

MONTHLY and/or SEMI ANNUAL PERFORMANCE EVALUATION



PERFORMANCE EVALUATION

Based on the performance standards determined earlier, select the rating that best describes the employee's performance on each of the job factors.

If "Below Work Performance Standards" or "Exceeds Work Performance Standards" is checked, please give your reasons for this rating. If "Below", indicate suggestions made to the employee on how to improve.

JOB FACTOR	PERFORMANCE LEVEL	COMMENTS/JUSTIFICATION
	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	
	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	
	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	
	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	
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	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	
	<input type="radio"/> Exceeds Work Performance Standards <input type="radio"/> Meets Work Performance Standards <input type="radio"/> Below Work Performance Standards	

OVERALL RATING: **OUTSTANDING** **SATISFACTORY** **UNSATISFACTORY**

COMMENTS: _____

TO THE EMPLOYEE:
 The summary evaluation shown is the rating assigned by your supervisor and reviewed by your department head. You have a period of five (5) days from the date you acknowledge this report in which to appeal.

I have reviewed this report on the date indicated below and have had the opportunity to discuss it with my rating supervisor. My signature does not necessarily mean that I agree with the rating.

Employee's Signature: _____ **Date:** _____

Evaluated By (Immediate Supervisor): _____ **Date:** _____

Reviewed By (Department Head): _____ **Date:** _____

Approved By (Hospital Administrator): _____ **Date:** _____

SCHEDULED PERFORMANCE EVALUATION

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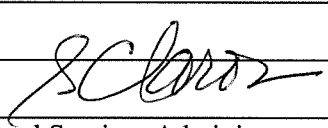
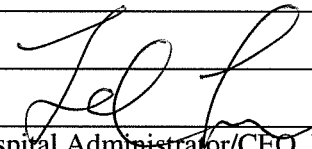
In the event that the completed Scheduled performance evaluation does not meet the criteria of the overall rating process, the scheduled performance evaluation shall be returned to the department head. (Refer to supervisory handbook)

GUAM MEMORIAL HOSPITAL AUTHORITY

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and endorsed the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bylaws | Submitted by | Department/Committee: <u>Human Resources Department</u> |
| <input type="checkbox"/> Rules & Regulations | Title: <u>Probationary and Scheduled Performance Evaluation</u> | |
| <input checked="" type="checkbox"/> Policies & Procedures | Policy Number (if applicable): <u>8650-1.204</u> | |

	Date	Signature
Reviewed	8/21/15	
Endorsed		
Title	Elizabeth M. Claros: Personnel Services Administrator	
Reviewed		
Endorsed		
Title	Associate Administrator, Operations	
Reviewed		
Endorsed	10-13-15	
Title	Theodore M. Lewis, Interim Hospital Administrator/CEO, EMC Committee	
Reviewed		
Endorsed		
Title		
Reviewed		
Endorsed		
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