

Eastern
Health

INTERIM PERFORMANCE APPRAISAL

Name: <u>Heather Predham</u>	Appraisal Date: <u>Sept. 28/07</u>
Employee #:	This appraisal covers the time period from <u>Jan 06</u> to <u>Sept. 07</u> .
Program/Department: <u>Quality & Risk Management Dept</u>	Type of Appraisal:
Position: <u>Risk Management Consultant</u>	1. Probationary
Location/site: <u>Regional</u>	<input checked="" type="radio"/> 2. Annual
Appraisal completed by: <u>Pam Elliott</u>	3. Exit
	4. Other (Specify) _____

1. Primary Job Responsibilities

Referring to the job description and department operational plan, list the primary job responsibilities in the table below. (Please use additional sheet if necessary). Please rate how well the employee fulfills these responsibilities using the following rating scale:

4 = Above Average 3 = Average 2 = Below Average 1 = Unsatisfactory

Primary Job Responsibilities	Rating	Comments
<u>Provides guidance and direction to staff and physicians regarding risk management issues and activities</u>		
<u>Leads and facilitates process improvement teams and investigations of adverse events</u>		

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	Yes	No	Comments
Integrity: Each person conducts themselves in an honest, fair, just and accountable manner. For consideration: Does the employee behave in a professional manner? Do they complete their work before handing off to others? Do they follow policies? Do they complete assigned tasks in the allotted time? Are they accountable for their actions?			
Respect: Each person treats others with compassion and understanding as evidenced in our attitudes and actions. For consideration: Does the employee treat co-workers with respect? Does the employee treat clients, residents, patients with respect? Does the employee value differences in people? Does the employee treat the work environment and equipment with respect?			

3. Strengths and Improvements

What are the employee's areas of strength?

What are the employee's areas for improvement?

How do clients and co-workers describe the work of the employee?

4. Training, Development and Career Goals

What training has the employee completed this year?

Is there safety training that the employee needs to attend? (ie. WHMIS, Emergency Preparedness, Lifting Techniques, CPI, TCI)

No: Yes: specify

Is training needed for the employee to be able to do their job?

No: Yes: specify

What training would the employee like to attend?

What are the employee's career goals?

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Employee's Comments

Employee Signature: *[Handwritten Signature]*Date: 07.09.20Appraiser's Signature: *[Handwritten Signature]*Date: Sept. 28/07Next Level Management Signature: *[Handwritten Signature]*Date: Oct. 15/07