EMPLOYEE

Name: _____

Title: ☐ HHA ☐ CNA

ANNUAL EVALUATION

Year: _____

Lumar's Health Care, Corp.

www.pnsystem.com *305.818.5940*

EMPLOYEE EVALUATION SHEET - PROBATION PERIOD / ANNUAL* (circle)

Lumar's Health Care, Corp.

Name of Employee: _____

Date of Employment: _____ Position/Title: ☐ HHA ☐ CNA

Immediate Supervisor: _____

EVALUATION

ITEM Discussed	Exceptional	Satisfactory	Non-Satisfactory Improvement Needed
Personal appearance/ Code of conduct/ Behavior			
Punctuality/Visits Frequency compliance			
Attitude to work /Attitude to other workers and staff			
Acknowledgment/ Contract-Agreement reviewed			
Attitude-Communication with patients/family			
Responsibility, JOB DESCRIPTION Discussion in details, follow Physician Plan of Care, Updates as needed.			
Confidentiality/Privacy/HIPAA guidelines			
Initiative/Duties/Abilities/QA-QI-PI/Agency Evaluation program participation/learning experience			
Morals/Ethics/Courtesy/Conflict of interest			
Ability to record relevant notes, delivery on time, documentation guidelines compliance			
Ability to communicate in legible, professional manner, participation in Case Conference, follow standards precautions, Infection control compliance.			
Knowledge of professional procedures, equipments-med. device, Participation in continue education, In-services program, Reporting guidelines (Agency, Physician).			
Ability to relate to patient, doctor, community, patient's family and other professionals			
Overall impression regarding quality of care			

GOALS SETTINGS:_____

_____

_____

Achievement Date: _____

Comments: _____

_____

Employee/Contractor Signature: _____ Date: _____

_____ _____

Signature of Administrator/DON/Evaluator Date

* **Annual Evaluation include:** ☐ Self Evaluation/Input ☐ Joint Visit ☐ Competency ☐ Job Description discussion ☐ GOALS setting
(Managers/Administrators staff: ☐ Leader Evaluation, PAC members: ☐ PAC Evaluation)

Lumar's Health Care, Corp.

EMPLOYEE RESPONSE INPUT (Self Evaluation)

(To improve our services to our patients we need your input and concern, please fil out the following form, and return it to our Agency.)

Employee Name and Title: _____

Date: _____

*** Annual Competency Skill, Evaluation SELF EVALUATION**
As per your annual skill and/or evaluation, we identified:

Area that need Improvement: _____
_____
_____

Please indicate how you will improve your skill and services, planning and goals setting:
_____
_____
_____
_____

Plan of care compliance, career development : _____
_____
_____
Initiative/Duties/Family-Patient rapport _____
_____
_____

*** Annual Joint visit on site, Supervisor/Title:** _____ **Signature:** _____

As per our joint supervisory visits, we identified the following improvement needed:
_____
_____
_____
_____

Please indicate how you will improve your services, treatment and procedures:
_____
_____
_____
_____

Please indicate any concern and suggestion to improve our services, and our relation with you and with our patients/community:
_____
_____
_____
_____

Employee Signature: _____ Date: _____

Lumar's Health Care, Corp.

HOME HEALTH AIDE/CNA COMPETENCY TEST *(PRACTICAL PART)*

Competency shall be determined through Observation of the Aide's Performance of each Activity

HHA/CNA Name: _____

ACTIVITY ☐Done in the Patient's Home ☐Office/Dummy Pt	**Observed Date**	**Competent Date**	**Comments/Initials**
1- Demonstrate Vital Signs Reading and Recording: Temperature - Oral (adult/pediatric), Pulse - Apical - Radial, Blood Pressure, Respirations			
2- Observation, reporting and documentation of patient status and the care or service furnished			
3- Appropriate and safe techniques in personal hygiene and grooming that include: Bath, Shampoo, Foot, Nail and skin care, Oral hygiene, Toileting and elimination. Assist with dressing			
4- Adequate nutrition, feeding, diet and fluid intake			
5- Basic infection control procedures			
6- Demonstrate Safe Techniques for Assisting with Ambulation, ROM, Positioning, Transfer			
7- Assisting with self administration of Medication. Medication reminder.			
8- Demonstrate Safe Techniques for Assisting with Personal Care & ADL's, including all types of baths: Bed, Sponge, Tub, Shower, Chair			
9- Demonstrate Use of Assistive Devices: Cane, crutches, walker, W/C, Hoyer lift (optional)			
10- Communications skills, Reporting guidelines to supervisor/Agency			
11- Maintenance of a clean, safe, and healthy environment			
12- Recognizing emergencies and knowledge of emergency procedures			
13- The physical, emotional, and developmental needs of and ways to work with the populations served, including the need for respect for the patient, his or her privacy and his or her property.			
14- Demonstrate Proper Body Mechanics: Transferring self, Transferring patient			
15- Weight, Pain Management			
16- Record Intake/Output. Catheter/Ostomy care.			
17- Light housekeeping, wash clothes			

Comments:_____

DON/Qualified RN Signature: _____ Employee Signature:_____

Lumar's Health Care, Corp.

Evaluating Hand Hygiene Technique

Staff Name/Title: _____ Evaluation Date: _____

(Must be completed in Joint visit, assesing a patient, at initial visist, and the annually)

Evaluator/Supervisor Name/Title: _____

Observation Audit Tool *(Results must be addedd to the Agency Aggregated data hand hygiene effectivesness summary report)*

Observation— form to be completed for *every* contact with the patient/near patient environment for total visit duration

Patient no._____ Visit date: _____ GRADE/RESULTS: ☐ Excellent ☐ Good ☐ Fair ☐ Need Improvement

(Monitoring of the staff at key points in time such as: before patient contact; after contact with blood, body fluids, after contact with contaminated surfaces (even if gloves are worn); before invasive procedures; after removing gloves, after touching patient or patient sorroundings)

Activity (described in full, e.g. handled bedclothes, urinary catheter, wound care):	
Hands decontaminated	Yes ☐ No ☐
Product	Alcohol base formulation: ☐ Hibisol ☐ Hibiscrub ☐ Soap ☐ None ☐
Time (in seconds)	___
Surfaces decontaminated	Dorsal ☐ Palmar ☐ Interdigital ☐
Drying	Thorough ☐ Not thorough ☐ Not dried ☐ N/A ☐
Pedal bin	Used correctly ☐ Not used correctly ☐ N/A ☐
Gloves worn	Yes ☐ No ☐ Sterile ☐ Not sterile ☐
Sharps	Recapped ☐ Not recapped ☐ N/A ☐
Comments/Recommendations:	
Activities classified as clean or dirty	

Staff Signature: _____ Evaluator Signature: _____

Lumar's Health Care, Corp.

HAND HYGIENE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

(Use this questionnaire to annually survey clinical staff about their knowledge of key elements of hand hygiene)

Staff Name/Title: _____ Evaluator Name/Title: _____ Date: _____

1. In which of the following situations hygiene be performed?
   A. Before having having direct contact with a patient
   B. Before inserting an invasive device (e.g., intravascular catheter, foley catheter
   C. When moving from a contaminated body site to a clean body site during an episode of patient care
   D. After haven direct contact with a patient or with items in the immediate vicinity of the patient or with a patient or with items in the immediate vicinity of the patient
   E. After removing gloves

Mark the number for the answer:

☐ **1.** B and E ☐ **2.** A, B and D ☐ **3.** All of the above

2. If hands are not visible soiled or visible contaminated with blood or other proteinaceous material, which of the following regimens is the most effective for reducing the number of pathogenic bacteria on the hands of personnel?

Mark the letter corresponding to the single best answer:

☐ **A**. Washing hands with plain soap and water
☐ **B**. Washing hands with an antimicrobial soap and water
☐ **C**. Applying 1.5 ml to 3 ml of alcohol-based hand rub to the hands and rubbing hands together until they feel dry

3. How are antibiotic-resistant pathogens most frequently spread from one patient to another in health in health care settings?

Mark the letter corresponding to the single best answer:

☐ **A**. Airborne spread resulting from patients coughing or sneezing
☐ **B**. Patients coming in contact with contaminated equipment
☐ **C**. From one patient to another via the contaminate hands of clinical staff
☐ **D**. Poor environmental maintenance

4. Which of the following infections can be potentially transmitted from patients to clinical staff if appropriate glove use and hand hygiene are not performed?

Mark the letter corresponding to the single best answer:

☐ **A**. Herpes simplex virus infection
☐ **B**. Colonization or infection with methicillin-resistant *Staphylococcus aureus*
☐ **C**. Respiratory syncytial virus infection
☐ **D**. Hepatitis B virus infection
☐ **E**. All of the above

5. *Clostridium difficile* (the cause of antibiotic-associated diarrhea) is readily killed by alcohol-based hand hygiene products

◯ True ◯ False

6. Which of the following pathogens readily survive in the environment of the patient for days to weeks?
   A. E. Coli
   B. *Klebsiella spp*
   C. *Clostridium difficile* (the cause of antibiotic-associated diarrhea)
   D. Methicillin-resistant *Staphyloccus aureus* (MRSA)
   E. Vancomycin-resistant enterococcus (VRE)

Mark the number for the best answer:

☐ **1**. A and D ☐ **2**. A and B ☐ **3**. C, D, E ☐ **4**. All of the above

7. Which of the following statements about alcohol-based hand hygiene products is accurate?

Mark the letter corresponding to the single best answer:

☐ **A**. They dry the skin more than repeated handwashing with soap and water
☐ **B**. They cause more allergy and skin intolerance than chlorhexidine gluconate products
☐ **C**. They cause stinging of the hands in some providers due to pre-existing skin irritation
☐ **D**. They are effective even when the hands are visible soiled
☐ **E**. They kill bacteria less rapidly than chlorhexidine gluconate and other antiseptic containing soaps

Staff signature: _____ Evaluator Signature: _____

Lumar's Health Care, Corp.

HANDWASHING
COMPETENCY EVALUATION

Employee Name: _____ Title: _____

Items	Yes No N/A	Comments
1. Wets hands and wrists completely: points fingers downward		
2. Applies soap over entire hand/wrist area; lathers well		
3. Scrubs hands and wrists well, paying attention to fingernails and between fingers.		
4. Rinses well, keeping fingers pointed Downward		
5. Dries hands and wrists completely Using a paper towel or a clean hand towel		
6. Turns off faucet with the paper towel or cloth towel		
7. If no running water or Handwashing Facilities not available, uses a Packaged Handwashing product or Hand sanitizer		
Additional Comments:		

Signature/Title of Evaluator:_____ Date:_____

Lumar's Health Care, Corp.

BAG TECHNIQUE
COMPETENCY EVALUATION

Employee Name: _____ Title: _____

Items	Yes	No	N/A	Comments
1. Bag is placed on clean hard surface				
2. Barrier is utilized as appropriate				
3. Bag is placed out of reach of children and animals				
4. Antiseptic no rinse gel or towelettes is available for Handwashing if necessary				
5. Washes hands before entering the bag				
6. Equipment used is cleaned prior to returning to bag if appropriate				
7. Clean and dirty supplies are maintained separately				
8. Supplies are maintained in the bag and checked for expiration on a regular basis				
Additional Comments:				

** Never Place the Bag on the Floor or Upholstered Furniture*
** Never Take a Bag into a house with bed bug or insect infestation.*
** Never take a Bag into a house with MRSA or antibiotic resistant organism.*

Signature/Title of Evaluator:_____ Date:_____