

SOUTH DAKOTA HEALTH PROFESSIONALS ASSISTANCE PROGRAM

3130 West 57th Street #111 ♦ Sioux Falls SD 57108

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WORK QUALITY ASSESSMENT FORM

Name of Individual Monitored:	
Name of Worksite Monitor:	Telephone:
Professional Relationship to Monitored Individual:	
Name of Facility:	
Address:	
Date of Report:	Report Time Frame: from _____ to _____
Date of Initial Employment:	
Number of Hours Worked During Reporting Period:	
Number of Sick Days:	Number of Vacation Days:

<input type="checkbox"/> I have received and read a copy of this individual's HPAP Participation Agreement.
<input type="checkbox"/> I have reviewed the Worksite Monitor Informational Training available on the SD Board of Nursing Website.
This individual has access to controlled substances: Yes <input type="checkbox"/> No <input type="checkbox"/>
This role does not involve home health or providing care in a private residence. Initial: _____

Signature: _____

The list below includes a series of behaviors that describe unsatisfactory job performance and may help to identify a troubled or at-risk individual. Please comment on the behaviors marked on the checklist.

ABSENTEEISM

- Instances of leaving without permission
- Excessive sick leave
- Frequent Monday and/or Friday absences
- Repeated absences, particularly if they follow a pattern
- Lateness at work, especially on Monday mornings, and/or returning from lunch
- Leaving work early
- Peculiar and increasingly unbelievable excuses for absences or lateness
- Absent more often than other employees for colds, flu, etc.
- Frequent unscheduled short-term absences (with or without medical explanation)

“ON THE JOB” ABSENTEEISM

- Continued absences from post more than job requires – “goofing off”
- Long coffee breaks, lunch breaks
- Repeated physical illness on the job
- Frequent trips to the restroom

UNEVEN WORK PATTERN

- Alternate periods of high and low productivity

HIGH ACCIDENT RATE

- Accidents on the job
- Accidents off the job, but affecting job performance
- “Horseplay” which causes unsafe conditions

GENERAL LOWERED JOB EFFICIENCY

- Coming to or returning to work in an obviously altered condition
- Missed deadlines, unreliable
- Complaints from patients, family members
- Improbable excuses for poor job performance
- Cannot be depended on to be where they say they will be or do what they say they will do
- Shuns job assignments, incomplete assignments

OTHER BEHAVIORS

- Sleeping on the job
- Withdraws from others, isolates self
- Mood swings
- Increasing irritability
- Relates problems at home with relationships, with finances, etc.

CONFUSION / PROBLEMS WITH MEMORY

- Difficulty following instructions
- Increasing difficulty handling complex assignments
- Difficulty recalling instructions, details, conversations, etc.
- Difficulty recalling one’s own mistakes

DIFFICULTY IN CONCENTRATION

- Work requires greater effort
- Jobs take more time
- Repeated mistakes due to inattention
- Making bad decisions or using poor judgment
- Errors in documentation
- Forgetfulness

POOR EMPLOYEE RELATIONSHIPS ON THE JOB

- Failure to keep promises and unreasonable excuses for failing to keep promises
- Over-reaction to real or imagined criticism
- Borrowing money from co-workers
- Unreasonable resentments
- Avoidance of associates
- Lying and exaggerating
- Complaints from co-workers, supervisors, other staff
- Blames others for problems

Rate the individual’s performance regarding the following statements:

The monitored individual ...	HIGHLY DISAGREE ~ AGREE ~ HIGHLY AGREE				
The individual is able to practice in a professional manner and carry out assigned functions, including handling of controlled substances if applicable.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual is able to handle stress.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual, to the best of my knowledge, has remained clean and sober during this reporting period.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates timeliness and accuracy in their record keeping.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual is available as scheduled.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates a professional demeanor to colleagues / staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates a professional demeanor to patients / clients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual’s work is of overall high quality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Please provide any additional significant observations or information which would assist the Health Professionals Assistance Program in its monitoring of this individual.

Have there been any changes in practice responsibilities since the date of the last report?
