

Miami Cerebral Palsy Residential Services, Inc.
Job Description & Employee Performance Evaluation

Name: _____ Original Date of Hire: _____ Month/Day/Year: _____

Title: **RESPIRATORY THERAPIST** Annual Anniversary Date: _____ Classification: **Hourly Non-Exempt**

Purposes of this Performance Evaluation:

To take a personal inventory to pin-point weaknesses and strengths and to outline and agree upon a practical improvement program. On an annual basis, these Evaluations will provide a history of development and progress.

Instructions:

1. Using the first box, the **employee** will use this form for self-evaluation (you will be describing yourself). Please use a “√” on each rating scale over the descriptive phrase which most nearly describes yourself. You may “√” more than one rating scale if appropriate to show range in description of yourself.
2. Using the second box, **Supervisors** will place an “X” on each rating scale, over the descriptive phrase which most nearly describes the person being rated.
3. Carefully evaluate each of the qualities separately and use “Comments” as a means of clarification.
4. Two common mistakes for supervisors in rating are: (1) A tendency to rate nearly everyone as “average” on every trait instead of being more analytical in judgment. The rater should use the ends of the scale as well as the middle, and (2) the “Halo Effect”, i.e., a tendency to rate the same individual “excellent” on every trait or “poor” on every trait based on the overall picture one has of the person being rated. However, each person has strong points and weak points, and these should be indicated on the rating scale.
5. Options: Supervisor and employee may complete evaluation together or separately and then compare ratings.

I. Overall Evaluation of Interpersonal Skills and Abilities:

Listed below are a number of Interpersonal Skills and Abilities that MCPRS feels are important for success:

- A. Interpersonal Skills** is the polite attention, positive manner and compassion shown towards **individuals we serve, families, other employees** and the people you may supervise.

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Discourteous and/or impolite.	Occasionally appears impolite or lacking interpersonal skills.	Generally courteous and polite.	Frequently demonstrates positive interactions.	

Comments: _____

- B. Composure** is the ability to tolerate pressure and to remain calm in crisis situations.

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cannot tolerate pressure; becomes very nervous.	Occasionally “blows up” under pressure; is easily irritated.	Has average tolerance for crisis; usually remains calm.	Tolerates most pressure; very good tolerance in crisis situations.	

Comments: _____

C. Dependability is the ability to do required jobs well, with minimum supervision and/or follow up.

Requires close supervision; is unreliable.

Sometimes requires close supervision.

Usually takes care of necessary tasks & completes with reasonable promptness.

Requires little or no supervision; generally is reliable.

Requires absolute minimum supervision. Is always reliable.

Comments: _____

D. Adaptability is the ability to understand instructions, to meet changing conditions and to solve new problem situations.

Requires repeated instruction, direction & explanation.

Requires more than average instructions and explanations.

Grasps instructions with average ability.

Usually quick to understand & learn.

Exceptionally keen, alert & creative.

Comments: _____

E. Neatness/Safety is the orderliness and cleanliness in which an individual keeps his/her work area and follows safe work practices.

Disorderly or untidy; creates hazards.

Some tendency to be careless, untidy and/or unsafe.

Ordinarily keeps work area fairly neat & safe.

Quite conscientious about neatness, safety & cleanliness.

Extremely neat, clean, orderly & insures safety of self & others.

Comments: _____

F. Initiative/Motivation is your personal commitment to go above and beyond your job duties.

Shows minimal interest or efforts towards job improvement.

Occasionally exhibits interest & efforts toward job improvement.

Generally attempts to improve performance.

Frequently performs above expectations.

Extremely dedicated to perform above expectations consistently.

Comments: _____

G. Communication is the ability to give and receive information accurately.

Frequently secretive & evasive; does not initiate positive communication.

Frequent misunderstandings, resulting in communication breakdowns.

Gives & receives information satisfactorily.

Readily exchanges ideas & information; promotes accurate info transmission most of the time.

Effectively expresses & receives ideas promoting acceptance & action; consistently communicates ideas in a pro-active manner.

Comments: _____

H. Team Building is the willingness to work with others, to make group decisions, to promote cooperation and group togetherness.

Often acts alone; does not encourage team process/ideals.

Occasionally acts in a territorial manner preventing group cohesiveness.

Generally promotes group processes by seeking out all appropriate team members.

Willing & able to work with others to promote positive organizational growth.

Continuously supports & assists in team process/ideals.

Comments: _____

I. Time Management is the ability to use available work time effectively, in order to complete tasks/assignments on schedule.

Consistently does not complete work on time.

Inconsistently completed work on time.

Generally completes work in an efficient & timely manner.

Effectively prioritizes & completes work in a timely basis.

Outstanding time management.

Comments: _____

Adapted from Form 102, VW Eimicke Association, Inc.

II. Specific Duties & Responsibilities

Job Title: RESPIRATORY THERAPIST
 Supervisor: DIRECTOR OF NURSING
 Dept. /Div.: MEDICAL
 Classification: Hourly/Non-Exempt

****Key:** **A** = Always **O** = Often
S = Sometimes **R** = Rarely
NB= No Basis for Comment
 (see page 12 for definitions)

Goals Next Year	Specific Duties & Responsibilities	Was it Accomplished?		How was it Accomplished?				
		Yes	No	A	O	S	R	NB
	1. Responsible for complying with all State, Federal and local rules, regulations, safety standards, laws and Individual's Bill of Rights as follows:							
	a. Participates in the survey process by attending to surveyors needs, offering information, answering questions, attending exits and attending to all other survey needs, as dictate.							
	2. Provide daily direct respiratory therapy services to individuals being served upon orders of Miami Cerebral Palsy Residential Services, Inc. primary physician.							
	3. Assess respiratory status (to include Ventilator Care Dependent) individuals upon their admission as well as on-going to include a plan of care addressing treatment modalities, therapy methods, and recommendations based on assessment and consultation with physician. (including vendor agency therapist and vendor clinical Director and nursing in outcome and physician orders/recommendations)							
	4. As a member of the Interdisciplinary Team actively participate in the continuing (IDT) interdisciplinary evaluation of appropriate individuals receiving respiratory therapy/and Vent Care services for purposes of annual IPP development, when applicable, by providing an annual respiratory therapy/Ventilator dependent individuals assessment and goals , as applicable. RT is responsible for monitoring and follow-up of services to the respiratory/Vent Care needs of facility individuals we support.							
	5. Completion of all documentation and paperwork i.e.: respiratory therapy progress notes and care plans on applicable individuals as required by regulations. Ensures Vent Care Vendor staff is completing Vent Care checklists and shift notes and MCPRS Nursing staff (HCC) work together in development of Care Plan of Ventilator dependent individuals. Care Plan is Reviewed by MCPRS RT and initialed next to HCC as approval.							

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		Yes	No	A	O	S	R	NB
	6. Troubleshoots and provides consultation services related to respiratory and Vent Care problems of the individuals we serve with Director of Nursing and physician (i.e. Primary care physicians, hospital based physicians, community based physicians). And Ventilator Care Clinical Director of Vent Care Provider Agency).							
	7. Provide recommendations regarding infection control as it relates to the respiratory/Ventilator dependent stability of the individuals served.							
	8. Participates in on-going staff development and training in both formal and informal settings for nursing staff and other professional, paraprofessional and non-professional staff members as applicable and as follows							
	a. Provides training to all new personnel during pre-service orientation in the area of respiratory therapy and (Ventilator Care new hire nurses, utilizing Vent Care vendor Clinical Director as resource.)							
	b. Ensures all departmental nursing staff are provided with initial and continuing respiratory therapy training that enables them to perform duties effectively, efficiently and competently. This training is completed within designated time frames as identified. Works with Vent Care vendor Clinical Director and ensures competency is achieved and demonstrated by nurses (prior to assigning to Ventilator Care Program). Reports to DON staff nurses who have achieved and demonstrated Vent Care competency and are ready for working with Vent Care individuals for DON skills/competency checklist review and approval.							

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	c. Oversees and ensures that training is competency based.							
	d.. Provides monitoring, coaching and assistance to all staff on respiratory therapy programs.(including Ventilator Care R.T. staff from Vendor agency) and follows up as appropriate with Vendor Agency Clinical Director and maintains DON informed.							
	e. Identifies specific training needs for nursing department in conjunction with DON, establishes priorities and communicates such to all applicable parties, and follows up as required.							
	f. Implements own training, as needs dictate.							
	g. Receives training in own discipline to assure adequate delivery of services and to be aware of developments in the respiratory/Ventilator Care field to include participation of continuing education programs, in-services, lectures, etc as applicable.							
	h. Responsible for development and implementation of yearly scheduled in-service training to include both formal/informal training for the nursing staff as well as residential and other IDT members as applicable.							
	9. When interacting with individuals focus on skills and competencies directed toward individuals needs.							
	a. Respects and treats individuals with dignity and has a positive regard for how each person served is referred to.							
	b. Use behavioral principals in service interactions with individuals, uses developmental programming principals and techniques, i.e. functional training techniques and uses/implements positive behavior intervention programming.							
	c. Demonstrates the skills and techniques necessary to administer interventions to manage the inappropriate behavior of individuals served. Correctly and consistently implements behavior plans of individuals when working with them.							

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	10. Be available to accompany individuals served on medical specialty appointments in order to provide consultative services relative to their respiratory/Vent Care status, as needs dictate.							
	11. Be available to assess respiratory status and provide feedback on individuals hospitalized with respiratory problems/Ventilator dependent, as requested by director of nursing.							
	12. Responsible for department policy and procedures as follows:							
	a. Participates in the development, implementation and revisions of all policies, procedures and protocols relative to respiratory therapy/Ventilator Care services and practices.							
	b. Proper utilization and monitoring of staff, especially when problems in these areas exist.							
	c. Adequately directs staff activities ensuring staff are properly trained.							
	d. keeps up-to-date on agency general policy and procedures/manuals.							
	13. Exercises general budgetary direction over the department, responsible for the allocated budget as follows:							
	a. Makes recommendations specific to annual budget planning for upcoming year.							
	b. Monitors and manages department budget in conjunction with DON in a responsible manner (e.g. stays within financial constraints).							

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	c. Processes purchase requisitions, purchase orders, bills, receipts and invoices according to policy and in a timely manner.							
	d. Works closely and cooperatively with facility administrator and DON as applicable relative to policy and in a timely manner.							
	14. Department custodian of all respiratory therapy related property, management and control as follows:							
	a. Maintaining current inventory system to include proper identification, tracking, tagging and documentation.							
	b. Assist facility administrator and/or DON as applicable in the implementation of annual property, inventory/inspections to include: condition of items, cost, count, location, etc.							
	c. Ensuring prior maintenance and disposal of property, inventory/inspections to include: condition of items, cost, count, location, etc.							
	d. Follow proper purchasing and receiving systems.							
	e. Ensuring proper use and maintenance of equipment to include implementation of proper safety practices by personnel.							
	15. Responsible for department records as follows:							
	a. Ensures department significant events are well documented.							
	b. Ensures entries are legible, dated and signed.							
	c. Follows established records policies and maintains effective record keeping systems.							
	16. Conducts departmental needs assessments to determine strengths and weaknesses and design a plan to refine and enhance the department as needs dictate.							
	17. Develops revises and implements quality assurance monitoring tools and programs and participates in team and individual Quality Assurance as needs dictate.							
	18. Develops departmental goals that tie into departmental needs and overall agency philosophy and goals. Includes intra departmental staff in the process to obtain input and feedback as applicable.							

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		Yes	No	A	O	S	R	NB
	19. Be available on call as individual/facility needs dictate (including Ventilator dependent).							
	20. Responsible for the facilities emergency management plan as follows:							
	a. Assists in the development, maintenance and revision of the written emergency plan and procedures as applicable to respiratory therapy/Vent Care services to meet all potential emergencies.							
	b. Effectively implements the plan and troubleshoots as necessary.							
	c. Ensures all fire rating provisions relative to respiratory therapy/Vent Care services are met as per life safety code requirements by consulting with Director of Plant Operations.							
	d. Be available to facility administrators during times of natural disasters (i.e. hurricane, tornadoes, fire, etc.) as needs dictate or as directed by DON.							
	21. Works flexible schedule that will meet the needs of the individuals served and staff on multiple shifts while staying within the financial constraints of the agency.							
	22. Will provide CPR training on an on-going basis to staff.							
	23. Performs all other duties needed or requested by medical director and/or director of nursing (DON).							

III. **Attendance** – You were absent _____ days this year, (Approved sick).

Comments: _____

Tardiness - _____

Dress Code - _____

Compliance - _____

IV. **OVERALL EVALUATION in comparison with other employees with the same or similar length of service** on this job and/or similar responsibilities/position within the agency. You may “X” several descriptions to indicate range in performance. **(Completed by Supervisor)**

- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Definitely
unsatisfactory. | Making progress. | Doing an
average job. | Above average. | Excellent. | Outstanding. |

V. **ACCOMPLISHMENTS/STRENGTHS/AREAS FOR IMPROVEMENT AND GOALS:**
(Completed by employee & supervisor)

ACCOMPLISHMENTS THIS PAST YEAR:

MAJOR STRONG POINTS ARE: (Completed by employee & supervisor)

AREAS TO BE IMPROVED/ FOCUS UPON: (Completed by employee & supervisor)

VI. **OVERALL COMMENTS (Completed by employee)**

VII. COMMENTS re: Status of last year's goals & areas to be improved upon and suggestions to improve agency, department or supervisor: (Completed by Supervisor)

VIII. SUGGESTIONS to improve agency/department and/or supervisor: (Completed by employee)

1. _____
2. _____
3. _____

IX. Are you interested in a promotional job opportunity with MCPRS, Inc.? Yes No

If yes, what position? _____

Why do you believe you should be given consideration for the position you have indicated? _____

SUPERVISOR'S COMMENTS:

X. **The base salary of your position is reviewed annually by MCPRS, Inc. We are committed to increasing base salaries if we have available resources. Miami Cerebral Palsy Residential Services, Inc. goal is to provide all employees with an annual cost of living increase at the end of each year's employment. The annual increase is based upon available financial resources.** (See Status Change Form when an increase is applicable.)

XI. **QUALIFICATIONS** (Education/Experience/Licenses/Personal Characteristics) **Classification: Hourly/Non-Exempt**

1. Certified /Registered Respiratory Therapy/Technician licensed in the State of Florida. Prefer specialization in ventilator management.
2. A minimum of 1 year experience in working with developmentally disabled population.
3. A minimum of 1 year working in an acute care setting (i.e. intermediate care facility, hospital, skilled nursing facility, or other related facility).
4. Flexible hours.
5. Prior formal training on Outcome Based Measure Performance and knowledge of the principles established by the Accreditation Council and services for people with disabilities require, or willing to obtain training and studying on own time and expense.
6. Must possess excellent communication skills. Must be able to work cooperatively and effectively in an interdisciplinary team setting.
7. Must have own reliable transportation with proof of valid vehicle insurance and excellent driving record.

XII. **JOB DESCRIPTION COMMITMENT:**

- A. I have read and am fully aware of all the responsibilities indicated in this position description, and I acknowledge the fact that I will be held accountable for insuring that all duties are carried out as deemed appropriate. The job description reflects the general details considered necessary to describe the principle functions of the job. It shall not be construed as a complete description of all work requirements that may be inherent to the job.
- B. As an employee of Miami Cerebral Palsy Residential Services, Inc., I understand that I am required to report to work (before, during and/or after) a period of civil unrest or natural disaster in accordance with the agency emergency procedures.
- C. As an employee of Miami Cerebral Palsy Residential Services, Inc. I am aware of and committed to a Drug Free Workplace.
- D. As an employee of Miami Cerebral Palsy Residential Services, Inc. I understand I am required to comply with all safety and health related policies.

XIII. SIGNATURES: Sign and Date at review meeting.

Self-Evaluation Employee Signature

Date

Annual Evaluation Employee Signature (**sign after evaluation**)

Date

Immediate Supervisor / Director of Nursing

Date

Reviewing Officer / Associate Director

Date

Key Definitions:

***Always* – at all times *Often* – many times *Sometimes* – at times, now & then *Rarely* – not often; seldom
No Basis for Comment – you were unable to observe this duty or the individual did not have an opportunity to accomplish task.**