Wake Forest Baptist Medical Center	**Performance Management Policy**	**Type:**	**Tier 2**
		Effective Date:	**October 2014**
		Revised Date:	
		Contact:	**Human Resources**
Approval Signature: Cheryl E H Locke		**Date Approved:**	**October 2014**
Typed Name and Title: Cheryl E. H. Locke, Vice President and Chief Human Resources Officer			

1) General Policy Statement

Wake Forest Baptist Medical Center seeks to resolve staff/faculty performance concerns whenever possible. This policy provides guidelines for performance management procedures that should be followed when staff/faculty members do not meet expectations for behavior or practice. Corrective actions must be administered consistently within a department.

a) Scope: All WFBMC staff, faculty and leadership
b) Responsible Department/Party/Parties:
   i. Policy Owner: Human Resources
   ii. Procedure: Human Resources
   iii. Supervision: Human Resources
   iv. Implementation: Human Resources

2) Definitions

For purposes of this policy, the following terms and definitions apply:

a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

3) Policy Guidelines

a) General Guidelines

The behaviors and practices expected of Wake Forest Baptist Medical Center staff/faculty members are described in the Performance Standards Policy.

When it becomes necessary to address a performance or behavior problem, leaders must be careful to follow corrective action steps consistently within the department and within Medical Center guidelines. Corrective actions are part of a formal process and should be used to improve performance.

Leaders should always discuss a behavior or incident with the staff/faculty member before taking action, to ensure that they have all the necessary facts related to the incident. Performance discussions should always be documented and filed appropriately.

b) Determining Appropriate Action

Leaders should refer to the Performance Management Decision Guide (Exhibit A, page 5) when determining the appropriate decision related to a performance or behavior problem. This resource can help leaders determine how human factors or systems issues may have contributed to an incident. Human Resources Business Partners are available for consultation about the use of the Decision Guide or any decision related to corrective action.

After referencing the Decision Guide, a leader may determine that corrective action is appropriate. The four-step Corrective Action Plan outlined below is provided as a general guideline for taking action and may be modified when appropriate to fit individual circumstances. Leaders may begin with any step in the process, depending on the seriousness of an incident. For instance, intentionally ignoring safety procedures is more serious than wearing inappropriate clothing to work, and calls for a more advanced step in the process.

For staff/faculty members who are bound by a contract, the Vice President and Chief Human Resources Officer or the Associate Vice President of Human Resources will consult with the appropriate members of the Senior Leadership Team to determine appropriate action.

For management-level positions, leaders will consult with the Human Resources Business Partner to determine appropriate action.

c) Corrective Action Plan

Recommended corrective action steps are as follows:

1. **Verbal Advisory** – This is to formally inform the staff/faculty member of unacceptable behavior or performance and to inform him/her that another incident will result in further action, up to and including discharge. A verbal advisory should be part of the staff/faculty member's department file.

2. **Written Advisory** – If unacceptable behavior or performance continues, the staff/faculty member should be notified that another incident will result in further action, up to and including discharge.

3. **Final Written Advisory** – If unacceptable behavior or performance continues, the staff/faculty member should receive a final written advisory notifying him/her that another incident will result in discharge. The leader must consult with Human Resources before giving a final written advisory.

4. **Discharge** - If prior corrective actions do not resolve the performance or behavior problem, the staff/faculty member is subject to discharge. Some behaviors of a very serious nature may result in immediate discharge following the first incident.

   The organization takes the discharge of a staff/faculty member very seriously, and leadership must approach the decision with caution. The leader must consult with Human Resources before a staff/faculty member is discharged. Documentation must include the reason for the discharge, the effective date of the discharge, and the staff/faculty member's right to file an appeal.

d) Performance Improvement Plan

An alternative to corrective action is the Performance Improvement Plan (PIP). The PIP is typically used when a staff/faculty member's overall work performance needs to be corrected. The PIP identifies a time period during which a staff/faculty member's work performance is to improve and be sustained. During this period, the leader should meet regularly with the staff/faculty member and provide constructive feedback. An effective PIP will include the following:

I. Identify the performance to be improved or the behavior to be corrected
II. Provide clear expectations and/or metrics about the work to be performed, and assign a corresponding time frame
III. Identify the resources available to help the staff/faculty member make the required improvements
IV. Establish a plan for reviewing the staff/faculty member's progress and providing feedback to the staff/faculty member for the duration of the identified time period
V. Specify possible consequences if performance standards identified in the PIP are not met

e) Administrative Leave

Investigations may be required for certain behaviors, to establish facts and ensure fair and consistent decision-making. If events related to a reported incident are not clear, a staff or faculty member may be placed on administrative leave until an investigation can be conducted. In such cases, administrative leave is only for investigative purposes and is not considered a step in the performance management process. Administrative leave is with pay.

Leadership should inform the staff/faculty member that he/she:

I. Should not be in the workplace during administrative leave
II. Should be available during regularly scheduled hours of work to participate in the investigation as needed
III. Should not conduct any business on behalf of the Medical Center
IV. Should maintain the confidentiality of the investigation

Leadership must consult with Human Resources before placing a staff/faculty member on administrative leave. If an incident requiring immediate response occurs outside Human Resources office hours, the leader may make the decision independently but must consult with Human Resources as soon as possible.

Human Resources will track administrative leave to ensure that an individual does not remain on leave for an extended period.

f) Documentation

All performance management actions must be documented through completion of the Corrective Action Form or a Performance Improvement Plan (PIP). Performance documents must be reviewed with the staff/faculty member and signed by both the leader and staff/faculty member. The staff/faculty member's signature does not indicate that he/she agrees with the action, but only that he/she has reviewed the document(s). If the staff/faculty member refuses to sign, the refusal must be noted in place of the staff/faculty member's signature.

A copy of the performance documents must be given to the staff/faculty member, and another copy saved in the staff/faculty member's department file. For actions of Written Advisory, Final Written Advisory or Discharge, the original documentation must be sent to Human Resources.

g) Corrective Action Records

Corrective action reports remain in the staff/faculty member's Human Resources employment record for a period of one year from the date of action and may be considered in determining consequences or, in some cases, discharge, if future performance or behavioral problems occur. Reports for some actions remain in the employment record throughout an individual's employment period. Examples include, but are not limited to: sexual harassment, substance abuse and breach of confidentiality.

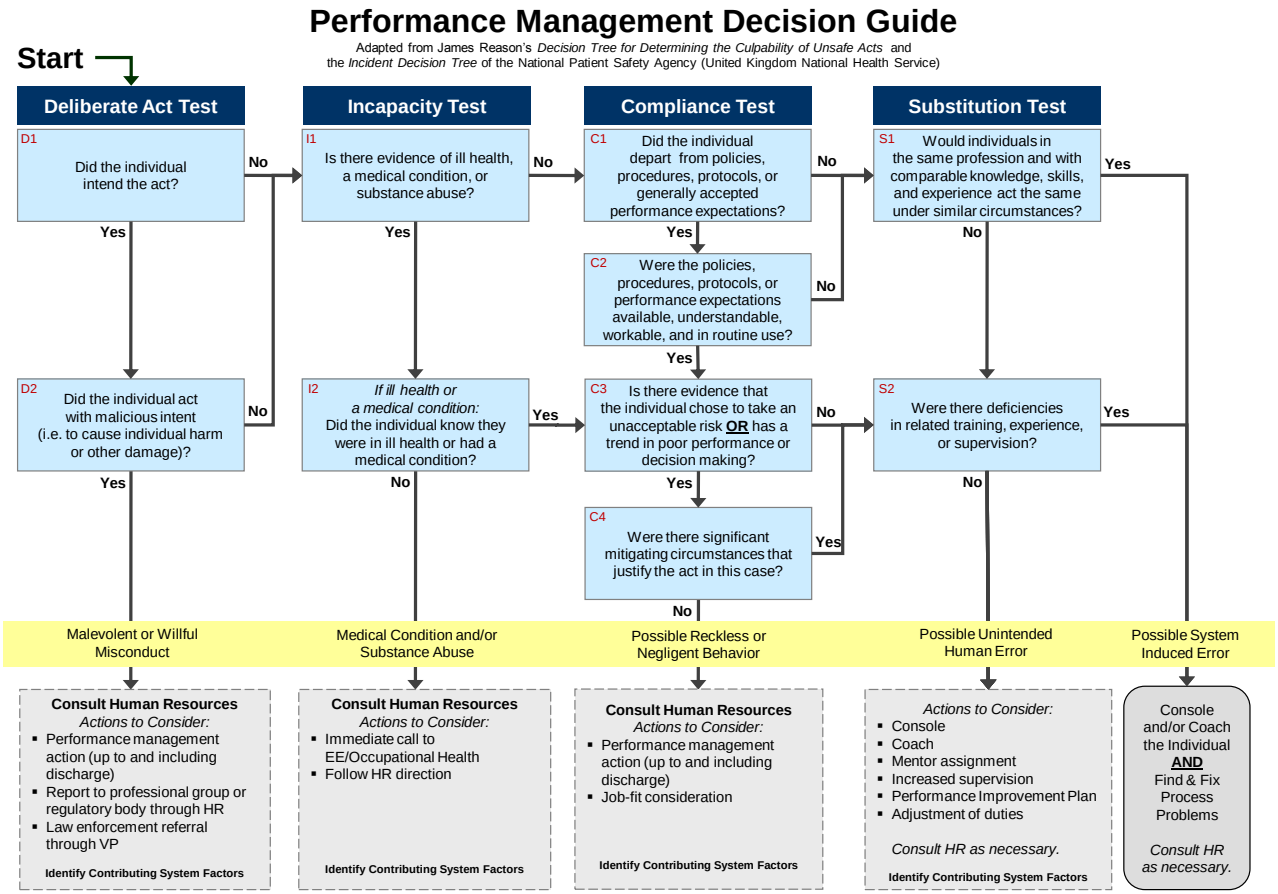
h) Employee Assistance Program
If a leader believes a staff/faculty member's performance is being adversely impacted by personal matters, then the manager may make a referral to the Medical Center's Employee Assistance Program.

4. Questions
Questions regarding how the policy applies to a specific situation should be directed to a Human Resources Business Partner.

5. Related Links:
- **a)** Code of Conduct
- **b)** Values/Behavioral Anchors
- **c)** Leader's Guide to Managing Performance

6. Review/Revision/Implementation
- a) Review Cycle: This policy shall be reviewed by Human Resources at least every three years from the effective date.
- b) Office of Record: After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy.

Exhibit A


Performance Management Decision Guide
Adapted from James Reason's Decision Tree for Determining the Culpability of Unsafe Acts and the Incident Decision Tree of the National Patient Safety Agency (United Kingdom National Health Service)
Start
Deliberate Act Test
Incapacity Test
Compliance Test
Substitution Test
D1 Did the individual intend the act?
D2 Did the individual act with malicious intent (i.e. to cause individual harm or other damage)?
I1 Is there evidence of ill health, a medical condition, or substance abuse?
I2 If ill health or a medical condition: Did the individual know they were in ill health or had a medical condition?
C1 Did the individual depart from policies, procedures, protocols, or generally accepted performance expectations?
C2 Were the policies, procedures, protocols, or performance expectations available, understandable, workable, and in routine use?
C3 Is there evidence that the individual chose to take an unacceptable risk OR has a trend in poor performance or decision making?
C4 Were there significant mitigating circumstances that justify the act in this case?
S1 Would individuals in the same profession and with comparable knowledge, skills, and experience act the same under similar circumstances?
S2 Were there deficiencies in related training, experience, or supervision?
Yes
No
Malevolent or Willful Misconduct
Medical Condition and/or Substance Abuse
Possible Reckless or Negligent Behavior
Possible Unintended Human Error
Possible System Induced Error
Consult Human Resources
Actions to Consider:
Performance management action (up to and including discharge)
Report to professional group or regulatory body through HR
Law enforcement referral through VP
Identify Contributing System Factors
Consult Human Resources
Actions to Consider:
Immediate call to EE/Occupational Health
Follow HR direction
Identify Contributing System Factors
Consult Human Resources
Actions to Consider:
Performance management action (up to and including discharge)
Job-fit consideration
Identify Contributing System Factors
Actions to Consider:
Console
Coach
Mentor assignment
Increased supervision
Performance Improvement Plan
Adjustment of duties
Consult HR as necessary.
Identify Contributing System Factors
Console and/or Coach the Individual AND Find & Fix Process Problems
Consult HR as necessary.
June 2011
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