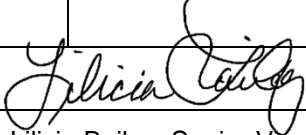
 Wake Forest® Baptist Health	Performance Management Policy	Type:	Tier 2
		Effective Date:	October 2014
		Revised Date:	November 2018
		Contact:	Human Resources
Approval Signature:		Date Approved:	11/29/2018
Typed Name and Title: Lilia Bailey, Senior Vice President and Chief People Officer			

1) 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) **WFBH:** Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Imaging (WFBI), NCBH Outpatient Endoscopy, and Wake Forest Health Network (WFHN).
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBH. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBH, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

3) Policy

A. General

1. The behaviors and practices expected of Wake Forest Baptist Medical Center staff/faculty members are described in the Performance Standards Policy.
2. When it becomes necessary to address a performance or behavior issue 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 as a tool to encourage improvement.

Leaders should always discuss a behavior or incident with the staff/faculty member before deciding to take any action. It is important to ensure that all the necessary facts have been gathered and reviewed. Performance discussions should always be documented.

B. Determining Appropriate Action

1. Leaders should refer to the [Performance Management Decision Guide](#) when determining the appropriate decision related to a performance or behavior issue. This resource can help leaders

determine how human factors or systems issues may have contributed to an incident. Employee Relations Consultants are available for consultation about the use of the Decision Guide or any decision related to corrective action.

2. 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.
3. 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 may call for a more advanced step in the process.
4. For staff/faculty members who are bound by a contract, the Associate Vice President of Client Partnerships or the Vice President of Human Resources will consult with the appropriate members of the Senior Leadership Team to determine appropriate action.
5. For management-level positions, leaders will consult with the Employee Relations Consultant to determine appropriate action.

C. Corrective Action Process

1. Recommended corrective action steps are as follows:
 - a. **Verbal Advisory** – is the first step to formally address an unacceptable behavior or performance issue with the staff/faculty member. (At the leader’s discretion an informal coaching may be done prior to starting the formal Corrective Action process with a Verbal Advisory. All coaching completed should be documented in the staff/faculty member’s departmental file).
 - b. **Written Advisory** – is the next step in the process, if unacceptable behavior or performance issues continue.
 - c. **Final Written Advisory** – is the next step in the process, if unacceptable behavior or performance issues continue. The staff/faculty member should be advised that another incident occurring after the Final Written Advisory is issued, could result in end of employment. The leader must consult with Employee Relations before issuing a Final Written Advisory.
 - d. **Discharge** - if prior corrective actions do not resolve the performance or behavior issue it may result in the end of employment. **The leader must consult with Employee Relations before discharging a staff/faculty member.**
 - e. **Some behaviors or policy violations of a very serious nature may result in immediate discharge following the first incident. Employee Relations must be consulted when considering immediate end of employment.**
2. 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 Employee Relations 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, if applicable.

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 should include the following:

1. Identify the performance to be improved or the behavior to be corrected
2. Provide clear expectations and/or metrics about the work to be performed and assign a corresponding time frame
3. Identify the resources available to help the staff/faculty member make the required improvements
4. 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
5. Specify possible consequences if performance standards identified in the PIP are not met

E. Administrative Leave

1. 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.
2. Leaders should inform the staff/faculty member of the following:
 - a. They should not be in the workplace during administrative leave
 - b. They should be available during regularly scheduled hours of work to participate in the investigation as needed
 - c. They should not conduct any business on behalf of the Medical Center during administrative leave
 - d. They should maintain the confidentiality of the investigation
3. Leaders must consult with Employee Relations 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 Employee Relations as soon as possible.

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 agreement with the action, but only that the document(s) has been presented and reviewed with the staff/faculty member. 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 should be given to the staff/faculty member and another copy must be sent to Employee Relations, the original documentation must be saved in the staff/faculty member's department file.

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 issue and may be considered in determining future consequences, up to and including end of employment.

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, the leader may make a referral to the Medical Center's Employee Assistance Program, which is available as a benefit to all staff/faculty.

I. **Questions**

Questions regarding how the policy applies to a specific situation should be directed to the PeopleLink Team at (336) 716-6464, PeopleLink_UM@wakehealth.edu

4) **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.

5) **Related Policies or Links:**

[Code of Conduct](#)

[Values/Behavioral Anchors](#)

[Leader's Guide to Managing Performance](#)

6) **Governing Law, Regulations, or References**

None

7) **Attachments**

None

8) **Revision/Review Dates:**

10/14, 11/18