

POPS Chapter 10 - First-Line Supervisors Performance Standards

These performance standards provide expectations for First-Line Supervisors (FLS) on the direction, monitoring, evaluation, and development of Disease Intervention Specialist (DIS) performance, which enable the program to meet short/long term objectives and increase program effectiveness. The FLS will ensure the performance application of the disease intervention process follows CDC, DSHS, and local guidelines. Standards can help identify those workers who are especially proficient in specific areas. These workers can then become candidates for assignments involving greater responsibility or technical skills to enhance career development. Where performance does not meet expectations, standards assist supervisors in identifying skill development needs. If an FLS is unable to perform at an acceptable level after a reasonable amount of remedial training or supervisory coaching, these standards can provide a framework for corrective action.

The success of the FLS effort is evaluated both by disease outcomes, as measured against program objectives, and by the quality of individual effort. It is the responsibility of the FLS to be familiar with [Chapter 9, Disease Intervention Specialists Performance Standards](#), and incorporate the DIS performance standards into the implementation of program activities. Programmatically, detailed and specific methodologies and technical direction may vary. These standards were designed to provide a general overview of the FLS duties and responsibilities. The FLS should seek guidance and clarification from their supervisor on any doubts or questions about these performance standards. A signature below indicates the *First-Line Supervisors Performance Standards* have been received, read, and understood.

Employee Signature		Date	
Supervisor Signature		Date	

10.1 Supervision

The quality of DIS performance must be among the highest priority concerns for all management and supervisory personnel. Each position within the STI program requires professional judgment and individual initiative. This involves a certain amount of flexibility, but it must be exercised within management’s expectations. Expectations must be widely communicated and clearly understood. Management will monitor process performance, correctly read what is happening, and assertively enforce compliance.

- Each FLS will ensure that the DIS has adequate training to provide a positive interaction with clients and co-workers and will follow up on evidence or reports to the contrary.

- The FLS will consistently plan assignments to maximize coverage for the program's functions.
- The FLS will maintain control files of all assigned work, review open workflows weekly in THISIS and check on any work past the deadline.
- The FLS will review DIS workloads to ensure fair distribution of work among DIS.
- The FLS will maintain files on each DIS containing documentation of significant events, such as, but not limited to: audits, training, employee counseling sessions, time and attendance, and personnel actions (both positive and negative). This file will also contain a recent photo of the DIS and the vehicle used in the field's make, model, year, and license plate number.
- Each FLS will be responsible for conducting monthly (at a minimum) team meetings. These team meetings should include a review of interesting or difficult cases to be used as a training tool (chalk talks).
- The FLS will maintain a signed job description and performance standards in the personnel file. The FLS will ensure that the DIS understands and has been given a copy of the DIS guidelines. A signed statement that the DIS has read and understands the guidelines should be maintained in the personnel file.
- The FLS will conduct performance evaluations on DIS (federal, state, and local) following the appropriate agency's guidelines.
- Performance evaluations for each DIS will be prepared using specific performance standards.
- The FLS will prepare a Performance Improvement Plan (PIP) for DIS with performance problems indicated through regular audits or failure to meet program objectives and goals for more than two consecutive months. These improvement plans will be designed to improve the DIS performance with supervisory involvement/modeling within set time frames.

10.2 Orientation/Training of New DIS

Orientation is the foundation for all future DIS performance development and is a critical responsibility of the FLS. Orientation should define the DIS role, performance expectations and identify where the person fits in the organization. Disease Intervention skills acquired through Introduction to [DIS Fundamentals Training Plan](#) must be refined and reinforced on the job. The

success of this phase depends on supervisory involvement, beginning with the evaluation and documentation of initial DIS work performance.

The FLS has a pivotal role in STI control. The supervisor’s main responsibility is to develop the performance potential of each DIS. FLS will complete the [Orientation Plan](#) of DIS Fundamentals Training in preparation for each newly hired DIS

- The FLS will conduct or facilitate successful completion of the [DIS Fundamentals Training Plan](#) by scheduling activities to coincide with the applicable module (e.g., case management, field investigations). The FLS will assure the DIS completes each module by scoring 80% or above prior to attending the Fundamentals to Sexually Transmitted Disease Intervention (FSTDI) course.
- The FLS will ensure the DIS maintains a calendar to document daily training activities during the pre-and post- FSTDI. The post-FSTDI assessment period is six months or longer if satisfactory performance is not achieved.
- The FLS will keep a formal log of DIS Training Demonstrations and Audits, including performance. The log will be shared with the local program manager at the end of each month.
- The FLS will supplement the DIS Fundamentals Training Plan with demonstration/modeling of record searching, field investigation, interviewing, case management and other activities for the DIS before FSTDI. On occasion, the FLS may delegate portions of the early development of the DIS to an experienced DIS peer. The FLS will still maintain the ultimate responsibility of training.
- During the post FSTDI follow-up assessment period (six months), the FLS will, at a minimum, complete the schedule below before the DIS is allowed to operate independently.

Post - FSTDI Assessment Period (Six Months)

First Month	Second Month through Sixth Month
FLS demonstrates/models a minimum of two original interviews and five field investigations	FLS completes the Interviewing Skills Observation/Feedback Record Monthly
FLS & DIS conducts a minimum of two dual interviews	FLS completes the Pouch Audit Twice a Month
FLS observes DIS conducting a minimum of two original interviews and five field investigations	FLS completes the Case Management Audit Twice a Month

First Month	Second Month through Sixth Month
FLS observes or models a minimum of two re-interviews with DIS	FLS completes the Interview Observation Audit - original, cluster, re-interview Monthly
FLS observes or models a minimum of two cluster interviews with DIS	FLS completes the Field Audit Monthly

- The FLS will complete a written skills inventory assessment summary of the DIS six months post-FSTDI. The summary must include interview skills, field skills, and case management skills and will document the DIS's progress and potential. It will be presented and discussed with the DIS by the FLS, with the Program Manager present, within 30 days of the end of the assessment period.

10.3 DIS Quality Assurance

Once the DIS has completed the post-FSTDI assessment period, the FLS will audit the DIS following the following schedules below. The FLS observes each experienced DIS to determine their current level of skills and abilities. When the accumulated assessments of any DIS confirm a consistently high quality of process performance, the FLS provides positive reinforcement and works through management channels to provide appropriate official recognition.

Quality Assurance Schedule

Type of Audit	7-12 Months Employment	> 1 Year Employment
Pouch Audit	Twice a Month	Monthly
Case Management Audit	Monthly	Monthly
Interview Observation	Monthly	Quarterly
Field Audit	Monthly	Quarterly

- The FLS will submit a monthly cumulative report of the number of reviews conducted to the next level of supervision.
- The FLS must perform audits that are evaluative, informative, and detailed. Audits are crucial to documenting a worker's continued performance and development. They are also critical documentation in recording work quality deficiencies and shaping

Performance Improvement Plans (PIPs).

- The FLS will ensure that DIS with identified performance weaknesses is placed on a written PIP with a coaching plan that includes more frequent assessments performed as if the DIS were a new hire (see above chart) or more frequently as needed.
- All audit forms will be documented, presented, and signed by the FLS and the DIS. The original form will be provided to the DIS. One copy will be given to the next level of supervision and the FLS for supporting documentation for evaluations. If a DIS refuses to sign an audit form, the FLS must document the refusal of the DIS to sign it in lieu of their signature on the audit.

10.4 Case Reviews

- The FLS will have a system to track case submission to ensure the DIS submits case write-ups within one day.
- The FLS will maintain a system to ensure all appropriate case management forms and fields (in THISIS) are complete, accurate, and in accordance with [Chapter 9, Disease Intervention Specialists Performance Standards](#).
- The FLS will review and analyze high-priority cases (all HIV and syphilis) within two days of submission. The FLS will document the technical assessment, supervisor suggestions, and instructions to direct the DIS to conduct specific activities to enhance case management. This review will be dated and returned to the DIS.
- The FLS will ensure that morbidity is reported per program guidelines.
- The FLS will review and document the status of open case management activities at least once a week to monitor the progress of DIS follow-up in regard to re-interviews, cluster interviews, and field investigation dispositions. The FLS will recommend a change of interviewer on all unproductive high-priority cases. The FLS will also be available for re-interviews and as a backup interviewer.
- The FLS will review source and spread determination made by the DIS and ensure that all efforts have been expended to identify/notify all source and spread candidates before closing the case.
- FLS will review, date, initial and approve completed cases for closure after ensuring that all reasonable activities have been pursued to their full completion. An FLS may not approve a case closure if the case has any open contacts or clusters, or a case has

information that has not been followed up.

- FLS will ensure cases are closed on an ongoing basis and will inform the next level of supervision of cases delinquent for closure (open beyond 45 days from the date interviewed).
- The FLS will ensure that closed cases are re-opened when the potential for additional intervention is identified.

10.5 Field Record Audits

- The FLS will conduct pouch audits to ensure that field investigations are managed in accordance with [Chapter 9, Disease Intervention Specialists Performance Standards](#).
- The FLS will date and document supervisory instructions on the Field Record (FR) or in THISIS to reinvigorate stalled investigations. FLS must ensure DIS understands that stalled investigations must be brought promptly to their attention and foster a culture of teamwork to bring these investigations to a successful closure.
- The FLS will review the Open Field Record workflow (generated from THISIS weekly and make recommendations to the DIS to expedite these investigations. FLS will inform the next level of supervision of FRs open over 14 days from the date assigned and take the necessary actions to bring the FR to closure.
- The FLS will initial all adverse-outcome FRs reviewed before closure. The FLS must document specific instructions to be carried out by the DIS prior to closing all B, D, J, G, H, L, 4 and 7 dispositions.
- Also, prior to closure, on FRs disposition J, D, B and 4 and 7 the FLS will conduct a phone call and field visit to ensure the DIS has explained the health consequences of refusing care to the client.
- The FLS will inform the next level of supervision of all closed B, D, H, J, 4 and 7 syphilis reactors and all HIV positives that have not been located for post-test counseling or refused a referral to Early Intervention.
- The FLS will track adverse dispositions to be aware of workers who have disproportionately high numbers or rates of adverse dispositions on the field records. The FLS will coach workers who have consistently high numbers/rates of adverse dispositions to discern and address the deficiencies in those outcomes.

- The FLS will ensure that correspondence and forms used by the DIS to refer clients follow current guidelines. In the case of mailed referrals, FLS must ensure that field visits have occurred so that mailed referrals are used as a supplement to the field visits.

10.6 Records/Reports

- The FLS may review DIS travel vouchers, timesheets and leave slips for accuracy, sign off for approval, and ensure these forms are routed through the proper channels.
- The FLS will provide individual feedback to DIS monthly.
- The FLS will assist in analyzing DIS and Team performance to determine areas of strength and missed opportunities. The FLS will then use this information to enhance and improve the program.
- The FLS will inform the next level of supervision of DIS performance deficiencies and corrective actions.

10.7 Clinic-Based Activities (if applicable)

- The FLS will prepare DIS clinic and field schedules and react appropriately to staffing shortages or changes that require scheduling adjustments to ensure disease intervention activities and program operations are not affected.
- The FLS will be assigned to clinic coverage and are responsible for working with the DIS and the clinical staff to facilitate clinic flow.
- The FLS will ensure the method for referring client(s) from clinician to DIS for interviewing/counseling is efficient and confidential.
- The FLS will ensure a system for clinicians and DIS to communicate with each other about the client's relevant concerns or problems.
- The FLS will work with the clinic management to ensure DIS referrals receive priority in the clinic.
- The FLS will ensure a process for monitoring and managing a physical or electronic system for notifying the registration and clinical staff a person is linked to an open investigation.

- FLS will review medical records to ensure DIS interviewing and counseling activities are documented per program standards.
- For new DIS (< 1 year) or DIS on PIPs, the FLS will discuss the pre-interview analysis and plan prior to original interviewing/counseling sessions and related re-interviews or cluster interviews.
- For new DIS with unproductive cases, the FLS will discuss original interviewing/counseling sessions and re-interview the client prior to the client's release.

10.8 Educational Presentation/Screenings

- The FLS will coordinate and oversee STI presentations and community outreach screenings.
- The FLS will maintain records on educational presentations/screenings conducted.
- The FLS will establish and maintain collaborative relationships with community-based organizations to identify target groups and assist with outreach activities.
- The FLS will establish and maintain collaborations with external and internal programs/agencies (as appropriate) to enhance disease intervention activities.
- The FLS will initiate innovative screening and disease intervention methods, including evaluating the performance and impact of these new activities.

10.9 Orientation Plan for FSTDI Preparation

Refer to [DIS Fundamentals Training Plan](#).

10.10 Worker Professional Development

The FLS will support DIS in diversifying their skillsets within program needs and work to increase their own skill sets on an ongoing basis.

10.10.1 Worker Career Development (New DIS)

- The FLS will assist DIS in preparing for career development during the first 24 months of the new DIS' career.
- The FLS will assist DIS in selecting and applying for professional development training during the first 24 months of the new DIS' career.
- The FLS will assist DIS in developing 6, 12, and 24-month plans for professional development beyond FSTDI.
- The FLS will guide new DIS in carrying out their 12 and 24-month plans for career development.

10.10.2 Worker Career Development (Experienced DIS)

- The FLS will provide professional development feedback quarterly to DIS.
- The FLS will encourage DIS to select and apply for professional development training.
- The FLS will assist more experienced DIS in preparing to assume greater levels of responsibility within program needs (surveillance, Lead DIS, health presentations, etc.) through modeling, coaching, and mentoring.
- These activities will be thoroughly documented.

10.10.3 FLS Career Self-Development

- The FLS will help develop 12 and 24-month plans for their career development in conjunction with the Program Manager.
- The plans will include specific dates for FLS assuming greater levels of responsibility within program needs (surveillance, program evaluation, rapid response team membership, etc.).
- The FLS will seek training opportunities for their professional development.
- The FLS will seek support from their Operations Manager and Program manager in diversifying their skillsets within program needs.
- These activities will be thoroughly documented.

10.11 Program Strategies and Goals

- The FLS will seek active participation in developing, implementing, and evaluating local area program strategies.
- The FLS will provide periodic reports regarding progress toward achieving program objectives and goals. The reports will be submitted according to program requirements.
- The FLS will analyze current strategies and adjust them as results from activities become known.
- The FLS will seek innovations and solve problems when clients are prevented from receiving program services.
- The FLS will provide leadership in quality of work and as a role model for achieving program objectives and goals.

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