

Performance Improvement Plans

Overview

A Performance Improvement Plan (PIP) is designed to bring a non-performing DIS' outcomes up to program standards. Often misunderstood, a PIP is not punitive in nature.

A PIP will have one of two outcomes: (a) it improves a DIS' ongoing performance to a satisfactory level or (b) the DIS does not improve and the PIP becomes documentation if the program leadership decides to address the DIS' deficiencies through the personnel process.

It is also true that a PIP is time-consuming and intensive for the supervisor along with the DIS. A PIP is not entered into lightly, nor is it lightly regarded by its participants. It must be rigorous, accurate, and well-documented. It is the method and record of the program's intent to preserve a DIS by assisting him/her in improving his/her work toward program standards.

PIP Eligibility Determination

A DIS' performance relative to program objectives and indicators dictates whether that DIS is fully performing. This is determined by a 'basket' of indicator measures that are core to successful DIS performance.

Example for DIS:

- Contact Index (2.0) (syph & HIV combined)
- Cluster Index (1.0) (syph & HIV combined)
- Treatment Index (.75) (syph)
- Disease Intervention Index (.75) (syph & HIV combined)
- Speed of disease intervention (65% of field all field records must be closed with an A, C, 2, or 5 disposition within 7 days)

If a DIS underperforms in any of his/her core indicators for 2 consecutive months, or 4 months in a 12-month span, they are to be placed on a Performance Improvement Plan (PIP).

PIP Sequence

A PIP must be modular. This means a basic framework through which many varied performance needs may be identified, addressed, and evaluated. Though the framework/action sequence remains the same for all individuals, PIPs must have the flexibility to be tailored to individual performance needs, hence the importance of a modular approach.

The sequence is from the trigger mechanism to the conclusion or repetition of the PIP:

- DIS has identified, defined performance shortfall as per program indicators/guidelines
- Specific cause(s) of performance shortfall are identified
- Plan is created to address specific cause(s) of performance shortfalls (insertion of improvement modules occurs at this point in the process)

- Plan to address specific cause(s) is implemented and may be maintained for 30/60/90 days, as appropriate
 - DIS receives audits using a 'new hire' schedule for 90 days to ensure sustained improvement and receives fully met or better on 95% of audits
 - If the PIP is successful (as per above), the DIS exits the PIP process and returns to regular work standards
 - If the PIP is not successful in improving DIS' performance, the PIP may be repeated in full with adjustments in the PIP to address continuing performance shortfalls
- It should be noted that repeated PIPs for the same DIS may be an indicator of a DIS' inability to meet program needs. If it is determined that appropriate PIPs will not correct a DIS' performance, activities will shift from the realm of PIP into personnel action. That is outside the scope of a PIP, though the PIP supplies crucial documentation of the program's attempt to assist the DIS.

Modules Concept

The concept of modules is that the basic PIP framework/process is consistent, but that specific areas of need are addressed on an individual bases.

Example:

A DIS fails to meet their contact index for consecutive months FLS invokes the PIP.

The FLS meets with the DIS to see why the DIS believes s/he has not met program expectations.

The FLS then observes the DIS performing interviews to compare what they see with what the DIS thinks of his/her own performance.

Based on the feedback and interview observations, the FLS identifies/defines specific elements that the DIS needs to improve in order to be successful in eliciting contacts (e.g. improving listening skills, improving persistence, asking open-ended questions, using Nth degree questions, etc).

FLS arranges training designed to provide the opportunity for the DIS to improve his/her performance. This 'module' approach of providing training/technical assistance to address each element in which the DIS has not met performance requirements (FLS provides model behavior in co-interviews, arranges formal training such as ASTDI, etc).

Follow-up/Follow-through

It is critical to the DIS and the program that success in improvement be maintained over time. A 'roller-coaster' of peak and valley performance is discouraging both to the DIS and to his/her supervisor, so sustaining improvement over time is a must.

For those reasons, after completing the modular training the DIS will receive accelerated monitoring. For 90 days after completing of the modular training, the DIS will be audited using the same audit schedule as if s/he was a new hire, which is on a more frequent basis than is required of an experienced DIS.

The DIS must be fully successful on 95% of audits over that 90- day period to move out of the PIP. If the DIS is not fully successful on 95% of audits over that 90-day period,

s/he may be cycled back through the PIP again. If the audits the DIS did not pass were unrelated to the elements covered in the existing PIP, the DIS may be placed on another PIP to address the new performance shortfalls.

This standard is selected because a DIS cannot be considered successful if s/he sacrifices work quality in a different area to improve in the one covered under the PIP. This 'robbing Peter to pay Paul' may be indicative of other performance issues such as time management or understanding of program priorities.

If a DIS is repeatedly or consistently on a PIP, the DIS may need to be referred to higher management and/or personnel for other follow-up.

Core PIP Modules for DIS and FLS

Basic areas of emphasis and examples of approaches to problem-solving are designed to accompany the framework. The areas with pre-existing modules for use and/or modification are:

For DIS and FLS:

Successful Interviews (Eliciting contacts and/or clusters).

Successful case management/analysis (record search).

Accurate VCA.

Bringing field investigations to successful closure (record searching, problem-solving, interaction with care providers, time management, confidentiality, prioritization {disease and geographic}, appropriate telephone use).

Improving documentation (Completing forms correctly, Clear writing).

Successful Patient Interaction (Referral to care, mindset, cultural competency).

Disease knowledge (GC, Chlamydia, syphilis, HIV, HPV, HSV II, treatments).

Accurate use of STD*MIS.

Confidentiality.

Time Management.

For FLS:

Documentation (Writing Purposeful Audits, Appropriate Feedback and Directives).

How to Conduct Accurate Audits (Field, Interview, Pouch, And Case Management).

How to perform Accurate and Purposeful Case Management.

Differentiating Between Worker Performance and Conduct.

Program Operating Procedures and Standards

Creative Writing (reports).

Clear Writing (documents, reports, emails).

Basic Statistics (HIV/STD-related).

How to Write Accurate, Fair Annual Evaluations.