I. POLICY/PURPOSE

It is the policy of UPMC to provide guidelines for progressive corrective action and discharge. Each staff member is expected to perform his or her job effectively; demonstrate acceptable behaviors; maintain steady attendance; adhere to department, business unit, and UPMC policies; respond positively to direction; and consider the best interests of the patients, visitors, physicians, and fellow staff members. It is the policy of UPMC that corrective action for failure to meet these standards shall be administered in a manner that is timely, impartial, consistent, reasonable and confidential. The underlying objective of this policy is to correct behavior and promote the individual staff member’s growth and development; and to provide quality, safe patient care in an environment conducive to excellence. In order to ensure that adequate time is allotted to correct behavior, a staff member receiving corrective action at or above the Written Warning level will not be permitted to apply for transfer opportunities for six months from the date the action was received.

Links to policies referenced within this policy can be found in Section IX.

II. SCOPE

This policy applies to all non-supervisory, non-management United States based UPMC staff members who have completed their orientation period. This policy does not apply to temporary staff members. Corrective action and discharge of temporary staff members will be determined by UPMC WorkSource. (UPMC WorkSource refer to HS-HR0749 WorkSource Corrective Action and Discharge Policy)

III. GUIDELINES

A. Corrective steps should be taken to identify and to assist in resolving problems of unsatisfactory conduct on the job. The corrective steps consist of counseling and warnings that are intended to help a staff member improve his or her conduct.

B. The absence of or seriousness of previous corrective events and the length of time between events should be considered as factors in determining corrective action. Subsequent offenses need not be of the same or similar nature to previous warnings to warrant the next level of corrective action or discharge.
C. Supervisors are encouraged to recommend the services of the Employee Assistance Program (EAP) to staff members during verbal counseling. If a staff member is given corrective action at a level higher than a verbal counseling, the supervisor is strongly encouraged to make and document a supervisory referral to the EAP. Supervisors may also make mandatory referrals to the EAP under certain circumstances as described in UPMC policy HS-HR0732, Employee Assistance Program (EAP). Any issues related to staff member’s performance should be addressed via UPMC policy HS-HR0724, Performance Management.

IV. CORRECTIVE ACTION

All physicians, managers and staff members involved in investigation or deliberation of corrective action must maintain confidentiality of that information.

A. Supervisor Counseling (verbal)

A counseling session is a meeting between the supervisor and the staff member to discuss any difficulty the staff member is having in meeting standards of conduct and/or attendance. These difficulties may include, but are not limited to:

1. absenteeism, tardiness (in early phases)
2. inadvertent failure to properly report time or report absence
3. unauthorized break or failure to return from break on a timely basis
4. inappropriate dress or conduct
5. violation of UPMC policy HS-HR0744 Clean Air/Smoke-Free Campus Policy
6. is determined to have engaged in risky behavior under A Just Culture

The supervisor should note in writing the date, time, content of discussion, and action decided upon during the counseling session. These records are to be kept by the supervisor.

B. Written Warning

A written warning is used to record continuing behavior problems when prior verbal counseling was unsuccessful in correcting the problem or is used for the first occurrence of a more serious nature.

Depending on circumstances, the following single events may be appropriate for a written warning without prior counseling (not intended to be all inclusive):

1. violation of safety or sanitation rules
2. violation of a UPMC or departmental policy, practice or procedure
3. violation of departmental policies regarding reporting hours worked and working overtime
4. unauthorized use of business unit bulletin boards
5. unauthorized absence
6. is determined to have engaged in careless behavior under A Just Culture.

C. Suspension/Final Written Warning

A suspension without pay of up to five (5) days or a final written warning is used to address continuing problems as described in A and B above where previous action has been ineffective.

Depending on circumstances, the following single events may be considered serious in nature and result in a suspension without pay (of up to five days unless otherwise specified) or a final written warning without prior corrective action (not intended to be all-inclusive):

1. horseplay
2. profane or inappropriate language or indecent conduct, particularly in proximity to patients or visitors
3. illegal gambling on UPMC premises
4. accepting or soliciting tips, gifts, loans or other gratuities from patients, visitors, or other staff members
5. violation of solicitation policies
6. work negligence or carelessness
7. failure to keep licensure up to date per UPMC policy HS-HR0706, Licensure, Certification, Registration of Staff Members (would result in an unpaid suspension of up to 30 days).
8. failure to complete mandatory education (would result in an unpaid suspension of up to 14 days or a final written warning).
9. inappropriately accessing confidential information, including Protected Health Information (would result in an unpaid suspension of up to 14 days or a final written)

Suspension without pay or a final written warning is a serious step and requires the approval of: department head, administrative director or vice president, and the Human Resources director or designee.

Staff members involved in corrective action may receive a final written warning in lieu of suspension.

D. Discharge/Suspension Pending Investigation

Discharge may be used immediately for more serious violations or as a last resort when prior progressive corrective action steps have failed. Discharge requires due deliberation over the facts of a given situation and the nature of a staff member’s record. In order to provide the time necessary to assess the appropriateness of discharge, suspension pending investigation may be utilized. The supervisor
should, if possible, consult with a human resources representative before taking this action, but in those instances when that is not possible, the supervisor may immediately suspend the staff member pending investigation and then contact the Human Resource department afterwards. Suspensions pending investigation are unpaid. If, after investigation, it is determined that the staff member has not committed an offense warranting corrective action, he or she will be compensated for wages lost due to the suspension.

It is appropriate to suspend a staff member pending investigation:

- where there is probable cause to believe a staff member has committed an offense that is considered to be immediately dischargeable;

- immediately after an event in which there was actual or potential harm to patients, visitors, other staff members, or property damage where the staff member may have responsibility for the event. Probable cause is not an element in such cases.

The supervisor must advise the staff member that he or she is placed on suspension pending investigation.

The documentation and action recommended, at the conclusion of the suspension, must be reviewed and approved in advance by: the department head, the administrative director or vice president, and the Human Resources director or designee.

Depending on circumstances, the following events are usually considered cause for immediate discharge (not intended to be all inclusive):

1. unauthorized removal of employer property, possession of stolen goods
2. dishonesty
3. theft
4. sexual harassment or harassment based on race, color, religion, sex, sexual orientation, national origin, age, disability, or other lawfully protected status
5. creating a hostile work environment
6. disclosing or accessing confidential information including Protected Health Information where there was no business need to know
7. smoking in a hazardous area or other serious safety violation
8. grossly negligent, careless, malicious or willful act, which may result in injury, damage, or loss of revenue
9. withholding or providing false, material information in employment application
10. falsification of records
11. intentional altering of time records
12. unlawful and unauthorized manufacture, distribution, dispensation, possession, or use of a controlled substance on UPMC premises, while conducting UPMC business off UPMC premises or when on duty
13. charged with, and not found innocent of a crime, which would diminish trust in the staff member’s future performance
14. convicted of a crime that requires the wearing of a monitoring device while working
15. fails to notify UPMC within five (5) days of being convicted of any crime other than a summary offense
16. off duty conduct which would diminish trust in the staff member’s future performance
17. threatening, abusing, or doing harm to others
18. disorderly conduct or fighting on or near UPMC premises or while on duty
19. unauthorized possession of explosives, firearms, or other weapon
20. insubordination
   a. refusal to follow orders of supervisory personnel
   b. publicly displaying disrespect towards a supervisor
   c. threatening, intimidating, coercing or interfering with a supervisor
   d. refusal to cooperate in an internal investigation
21. refusing to submit to a fitness for duty examination
22. sleeping on the job or giving the appearance of sleeping on the job
23. walking off the job
24. disruptive, offensive or harmful use of electronic communications
25. acting outside the scope of one’s position, authority or certification

The manager, Human Resources director or designee should communicate by letter to the staff member the decision to discharge or to return to work if the staff member was suspended pending investigation. A copy is included in the staff member’s personnel file.

V. RESPONSIBILITY AND AUTHORITY TO ADMINISTER CORRECTIVE ACTION

A. All levels of corrective action should be discussed with a Human Resources representative.

B. Action involving a “written warning” must be approved by the department head or designee. A record of action at and beyond the “written warning” stage must be permanently maintained in the staff member’s file in Human Resources.

C. Suspensions, final written warnings and discharge must be approved by: the department head, the administrative director or vice president, and Human Resources director or designee before final action is taken.
VI. DOCUMENTATION

A. All corrective actions and discharges must be documented and should include the following:

1. the level of corrective action being applied (e.g., written warning, suspension, discharge) which should be noted in the title and text of the document;

2. the date, time, location, and the sequence of events of the current event and the specific reason;

3. the action plan recommended including referrals to support services, behavioral expectations, and restrictions placed on the staff member for attendance-related problems;

4. the level and reasons for previous corrective actions and the dates of these actions; and

5. for corrective action (not discharges) a statement indicating that future/further corrective action may accompany the next violation of policy or failure to perform to standard.

B. Suspension, final written warnings and termination documentation must include a reference to the appropriate provision of the grievance procedure as established by UPMC policy HS-HR0707, Grievance Procedure.

C. Corrective actions should be reviewed, discussed, and signed by the supervisor and the staff member. The staff member may note his or her response on the official documentation. The date of the discussion must be indicated on the documentation. The staff member will be provided with a copy of the documentation.

D. If the staff member refuses to sign the official documentation of corrective action, the supervisor must note their refusal on the document and initial the document.

E. After this review has taken place, the original, signed copy of the action must be forwarded, marked confidential, to Human Resources. A Human Resources representative must review the documentation and forward it to the staff member’s personnel file.

VII. JOB ABANDONMENT

A staff member who is absent for three consecutive scheduled workdays without notifying his or her supervisor is considered to have abandoned his or her job. The
supervisor will process the staff member as having voluntarily terminated for job abandonment. The manager or Human Resources representative or designee will provide a termination letter to the staff member. If the staff member later produces an explanation, that in the sole judgment of UPMC represents a “good cause” for this absence, the department head and the Human Resources director or designee may consider reinstatement of employment.

VIII. GRIEVANCE PROCEDURE

An eligible staff member who considers him or herself unfairly treated by any actions taken under this policy may resort to UPMC policy HS-HR0707 Grievance Procedure. Grievances must be filed within the timeframes as set forth in the grievance policy.

IX. POLICIES REFERENCED WITHIN THIS POLICY

- HS-HR0749 WorkSource Corrective Action and Discharge
- HS-HR0732 Employee Assistance Program (EAP)
- HS-HR0724 Performance Management
- HS-HR0744 Clean Air/Smoke-Free Campus
- HS-HR0706 Licensure, Certification, Registration of Staff Members
- HS-HR0707 Grievance Procedure

A JUST CULTURE

SIGNED: Gregory K. Peaslee
Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

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SPONSOR: Senior Vice President, UPMC and Chief Human Resources and Administrative Services Officer

* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.