



# County of Santa Clara Emergency Medical Services Agency **EMS-813**

## **Performance Improvement Plan (PIP) Directions**

The use of Performance Improvement Plans (PIP's) require participation on the part of the prehospital care provider, employer, and the Santa Clara County Emergency Medical Services Agency. Development of a sound PIP requires open communication, critical thinking skills, a strategic planning focus, and dedication to success through remediation rather than, or in conjunction with, administrative action.

Either the employer or the Agency may complete PIP's. In the event that the Agency offers remediation, the employer must develop the plan according to this document utilizing the PIP. It is recommended that all employers utilize the PIP when conducting their internal remediation to ensure consistency and to permit cooperative resolution when/if the Agency becomes involved in the incident mitigation or investigation.

### **Purpose**

- Establish a standard format for developing individual remediation plans.
- Develop plans that include a clear identification of the problem to be addressed.
- Develop plans in cooperation with subject of remediation, employer, and Santa Clara County Emergency Medical Services Agency.
- Develop plans that address the development and/or reinforcement of effective critical thinking.
- Develop plans that will provide the prehospital care provider with a clear description of what must be done to complete identified required actions and the anticipated benefits.

## **Section 1 – Demographics**

**Last Name** – Write the prehospital providers last name in the space provided.

**First Name** – Write the prehospital providers first name in the space provided.

**MI** – Write the prehospital providers middle initial in the space provided.

**Employer** – Write the name of the prehospital providers employer in the space provided.

**Cert/Lic #** - Write the prehospital providers certification or licensure number in the space provided.



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## **Section 2 - Problem Description**

### **Description of Error**

- Provide an objective description of the error.
- This information should originate from input from the prehospital provider (PIP Intake Form) and the employer's educator and/or EMS Agency. Only validated facts may be listed. If the PIP Eligibility Form differs greatly from the impression of the employer's educator and/or EMS Agency, the PIP intake form should be attached to the PIP and a notation made in the "Comments from Plan Developer" section.
- If facts are not available or in question, a description of the situation should be provided in this section.
- The educator and/or Agency are responsible for finalizing the contents of this area as a PIP is being offered in lieu of or in coordination with punitive job actions.
- Document the number corresponding to the Critical/Effective Thinking component identified in Table 1 that requires remediation. List as many numbers as are applicable.

### **What factors lead to the error?**

- Provide an objective description of the factors that lead to the error that resulted in the need for a PIP.
- This information should originate from input from the prehospital provider (PIP Intake Form) and the employer's educator and/or EMS Agency. If the PIP Intake Form differs greatly from the impression of the employer's educator and/or EMS Agency, the PIP intake form should be attached to the PIP and a notation made in the "Comments from Plan Developer" section.
- Caution must be taken in this area so that blame is not placed on any party other than the subject of remediation.
- The educator and/or Agency are responsible for finalizing the contents of this area as a PIP is being offered in lieu of or in coordination with punitive job actions.
- Document the number corresponding to the Critical/Effective Thinking component identified in Table 1 that requires remediation. List as many numbers as are applicable.



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## **What consequences resulted from the error?**

- Provide an objective description of the consequences that lead to the error that resulted in the need for a PIP.
- This information should originate from input from the prehospital provider (PIP Intake Form) and the employer's educator and/or EMS Agency. If the PIP Intake Form differs greatly from the impression of the employer's educator and/or EMS Agency, the PIP intake form should be attached to the PIP and a notation made in the "Comments from Plan Developer" section.
- Caution must be taken in this area so that blame is not placed on any party other than the subject of remediation.
- The educator and/or Agency are responsible for finalizing the contents of this area as a PIP is being offered in lieu of or coordination with punitive job actions.
- Document the number corresponding to the Critical/Effective Thinking component identified in Table 1 that requires remediation. List as many numbers as are applicable.

## **How can the error be prevented in the future?**

- Provide an objective description of how the prehospital care provider will ensure that the error will not occur again in the future.
- This information should originate from input from the prehospital provider (PIP Intake Form) and the employer's educator and/or EMS Agency. If the PIP Intake Form differs greatly from the impression of the employer's educator and/or EMS Agency, the PIP intake form should be attached to the PIP and a notation made in the "Comments from Plan Developer" section.
- Caution must be taken in this area so that blame is not placed on any party other than the subject of remediation.
- The educator and/or Agency are responsible for finalizing the contents of this area as a PIP is being offered in lieu of or coordination with punitive job actions.
- Document the number corresponding to the Critical/Effective Thinking component identified in Table 1 that requires remediation. List as many numbers as are applicable.



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## **Section 3 – Required Actions**

### **Actions to be Completed**

Document the specific actions to be completed by the prehospital provider.

Ensure that actions will address the areas of weakness identified in Table 1 – Critical/Effective Thinking Components.

### **Action Satisfaction Criteria/Date**

Document how successful completion of the *Actions to be Completed* will be determined. Identify a date by which the *Actions to be Completed* will be completed.

### **Effective Thinking**

Document the number corresponding to the Critical/Effective Thinking component identified in Table 1. List as many numbers as are applicable.

### **Validation**

Document the rationale for assigning the *Actions to be Completed*. If the action is supported by a recognized standard, identify the appropriate reference.

### **Comments from Plan Developer**

Document any additional comments, areas of clarification needed, etc. Additional sheets may be attached if necessary.

### **Plan Developed by**

Document the name of the person responsible for development of the plan.

### **Agency**

Document the name of the provider agency for which the developer is affiliated.

### **Date Plan Assigned to Prehospital Provider**

Document the date the plan was given to the prehospital provider.

### **Comments from Prehospital Care Provider**

Document comments from the subject of the PIP, additional sheets may be attached if necessary.

### **Plan Received by Prehospital Provider (signature)**

The prehospital care provider shall sign the plan once it has been reviewed with the plan developer. Any objections by the prehospital provider should be documented in the Comments from Prehospital Care Provider section.



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## **Section 4 - Disposition**

The prehospital provider should complete this section once they have completed the Required Actions. The prehospital provider should not review what they wrote on page one (Problem Description) prior to completing this section.

The responses to this section should be discussed between the plan developer and the prehospital care provider.

## **Section 5 – To be Completed by the PIP Developer**

### **Required Actions Completed**

The prehospital care provider has completed all of the required actions according to the Action Satisfaction Criteria and has been discussed with the plan developer. No additional actions are required.

### **Required Actions Not Completed**

Check this box if any of the Action Satisfaction Criteria have not been met. Agency or employer administrative action may be taken.

### **Additional Required Actions**

The generation of a new PIP is indicated in addition to any Agency, department, or company administrative action.



# County of Santa Clara Emergency Medical Services Agency Performance Improvement Plan (PIP)

## Eligibility Assessment

### Demographics

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Employer: \_\_\_\_\_ Cert/Lic. #: \_\_\_\_\_

### Qualifications

Are you currently the subject of a remediation plan or administrative action based on your actions as a prehospital care provider?  No  Yes

Do you understand that you are either responsible for, aided in, permitted to occur, or failed to intervene in a prehospital care error?  No  Yes

Do you understand that your failure to successfully complete the conditions of a remediation plan (PIP) may result in further administrative action?  No  Yes

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

### Problem Description

Description of Error

What factors lead to the error?

What consequences resulted from the error?

How can the error be prevented in the future?



# County of Santa Clara Emergency Medical Services Agency Performance Improvement Plan (PIP)

## Demographics

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Employer: \_\_\_\_\_ Cert/Lic. #: \_\_\_\_\_

## Problem Description

### Description of Error

What factors lead to the error?

What consequences resulted from the error?

How can the error be prevented in the future?

## Required Actions

Action to be Completed	Action Satisfaction Criteria/Date	Effective Thinking	Validation



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**Comments from Plan Developer**

Plan Developed by: \_\_\_\_\_ Agency: \_\_\_\_\_

Date Plan Assigned to Prehospital Provider: \_\_\_\_\_

**Comments from Prehospital Provider**

Plan Received by Prehospital Provider (signature): \_\_\_\_\_

**Disposition**

*To be completed by prehospital provider*

**What was the error that resulted in the development of this plan?**

**Why did the error occur?**

**How can the error be prevented in the future?**

**Do you feel the required actions in plan provided were beneficial?**

**Comments**

**To be completed by the PIP developer**

- Required Actions Completed – I have reviewed the Problem Description, Required Actions, and outcome with the prehospital care provider.
- Required Actions Not Completed
- Additional Required Actions (attach new PIP).

Signed (employers agent): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Agency): \_\_\_\_\_ Date: \_\_\_\_\_







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## Critical/Effective Thinking Components

**Table 1**

#	Critical/Effective Thinking Components
1	Interest in the sources of attitudes, beliefs, and/or values
2	Curiosity about the thinking process and/or eagerness to develop it further.
3	Confidence in abilities and a healthy attitude about failure.
4	Willingness to make mistakes.
5	Sensitivity to problems and/or issues.
6	Desire to reason and base judgements on evidence.
7	Willingness to subject ideas to scrutiny.
8	Willingness to entertain opposing views without reacting defensively.
9	Maintain a healthy attitude toward argumentation.
10	Fair-mindedness in evaluating issues.
11	Skill in evaluating the reliability of sources.
12	Skill in testing hypotheses.
13	Ability to make important distinctions.
14	Skill in recognizing and evaluating unstated assumptions.
15	Ability to recognize when evidence is insufficient.