Policy and Procedure Manual ADMINISTRATIVE - SECTION --- II HUMAN RESOURCES

Written: 11/89

Reviewed: 2/98; 9/98; 1/99; 11/01; 12/03; 8/07 Revised: 2/98; 9/98; 1/99, 11/01; 8/04; 11/07

Page: 1 of 9 (attachment)

APPROVALS:

MEC: 10/07; OT: 11/07; BOD: Q07-4

Scope: X Medical Center X Beckman Research

Harassment

X Development Group

I. PURPOSE / BACKGROUND

To set forth the institution's policy regarding Unlawful Harassment or Unlawful Sexual Harassment; explain the mechanism for reporting harassment and the review of any charges of harassment by those who feel they have or may have experienced Unlawful Harassment or Unlawful Sexual Harassment; and describe the potential consequences of any unlawful harassment by employees, Medical Staff Members, patients, visitors, vendors, and independent contractors.

City of Hope ("COH") is committed to providing a work environment free of Unlawful Sexual Harassment or other Unlawful Harassment on the basis of race, color, religion, gender, age, national origin, physical or mental disability, sexual orientation, or any other basis prohibited by law. COH will not tolerate any conduct that constitutes Unlawful Harassment or Unlawful Sexual Harassment by anyone including supervisors, co-workers, Medical Staff Members, visitors, patients, vendors, independent contractors and others doing business with COH. Employees found to be in violation of this policy will face disciplinary action up to and including immediate termination of employment without prior progressive discipline. Medical Staff Members will be disciplined in accordance with the provisions of the Medical Staff Bylaws, the Medical Staff Rules and Regulations, and Medical Staff Policy.

II. POLICY

- A. COH is committed to taking all reasonable steps to prevent Unlawful Sexual Harassment and other Unlawful Harassment from occurring in the work environment. Each and every allegation of Unlawful Harassment or Unlawful Sexual Harassment will have immediate evaluation and be handled proportionate to the findings of the investigation.
- B. Managers and supervisors, including Clinical Division Chairs and Department Directors, have an obligation to assist in maintaining a workplace free from Unlawful Harassment or Unlawful Sexual Harassment. They must take prompt appropriate action when they become aware of an incident of Unlawful Harassment or Unlawful Sexual Harassment. Such action may include efforts to prevent any further Unlawful Harassment or Unlawful Sexual Harassment; reporting any incident to the Vice President, Human Resources, the Medical Staff President (if a Medical Staff Member is involved) or designees; and assisting in any investigation/resolution of the incident.
- C. The Vice President, Human Resources, or designee is responsible for:
 - 1. Consulting with the Medical Staff President (as applicable, if a Medical Staff Member is involved), Department Director, Vice President or the highest ranking line manager of the individual making the allegation.
 - 2. Working with that person to conduct an investigation of all alleged incidents of Unlawful Harassment or Unlawful Sexual Harassment.

Harassment Page 2 of 9

- 3. Making recommendations to take appropriate action consistent with this policy
- 4. Following the procedures set forth in this policy.
- D. The following summarizes the action to be taken when an individual believes he/she has experienced an incident of Unlawful Harassment or Unlawful Sexual Harassment.
 - 1. Whenever an individual believes it is appropriate, he/she is encouraged to advise the perceived harasser of the offensive behavior and request that the behavior cease immediately. If the conduct/behavior continues, or, if the individual is uncomfortable about confronting the individual exhibiting the offensive conduct or otherwise wishes to report the matter, the individual shall report the conduct to his/her supervisor or to the COH Vice President, Human Resources.

E. **Prohibition of Retaliation**:

No one will be retaliated against for making a harassment complaint or for participating in the investigation of such a complaint. Any complaints of retaliation should be reported immediately to the Department Manager or supervisor, or to the Vice President, Human Resources (or designee) or to the Medical Staff President (as applicable, where a Medical Staff Member is involved). However, anyone who knowingly makes a false claim or knowingly provides false information in the course of an investigation will be subject to disciplinary action, up to and including immediate termination from employment without prior progressive discipline.

F. Disciplinary Action:

Any violation of this policy shall result in disciplinary action up to and including immediate termination of employment without prior progressive discipline. Medical Staff Members will be disciplined in accordance with the provisions of the Medical Staff Bylaws, the Medical Staff Rules and Regulations, and the Medical Staff Policy.

III. PROCEDURE

RESPONSIBLE	
PERSON(S)/DEPT.	PROCEDURE
	I. Scenario One: Complaint of Unlawful Harassment or Unlawful Sexual Harassment Between/Among COH Employees (Not Involving a COH Medical Staff Member)
Complaining COH Employee	A. Report the alleged incident or conduct immediately, either to your supervisor (Department Director, Vice President, or highest line Manager) or to the COH Vice President, Human Resources, or designee. All information reported will be treated as confidential to the extent possible and will be disclosed only on a need-to-know basis for the purpose of investigation and resolution of the employee's complaint.
Supervisor of Complaining Employee	B. Cooperate fully in any investigation of the incident
	C. Take steps immediately to prevent the opportunity for any further complaint of Unlawful Harassment or Unlawful Sexual Harassment and notify the COH Vice President, Human Resources, or Designee of the complaint (if not yet informed).
Vice President, Human Resources, or Designee	D. Assist in any investigation or resolution.

Page 3 of 9 Harassment RESPONSIBLE PERSON(S)/DEPT. **PROCEDURE** Notify the Supervisor of the accused COH employee E. (Department Director, Vice President, or highest line Manager) that a harassment complaint has been received and work with that Supervisor to: 1. Inform the alleged harasser that an allegation of Unlawful Vice President, Human Harassment or Unlawful Sexual Harassment has been Resources, or Designee: Supervisor of Complaining received Employee; Supervisor of Accused Employee Conduct a preliminary investigation to obtain facts relevant to the charge of harassment, including interviews of the complainant and the alleged harasser. The alleged harasser, if appropriate, may be placed on a leave of absence from employment during the pendency of the investigation. 3. Follow up on facts obtained during the preliminary Vice President, Human investigation, in order to complete a thorough and objective Resources, or Designee; investigation and determine whether Unlawful Harassment Supervisor of Accused or Unlawful Sexual Harassment has actually occurred. **Employee** If the charge is verified, take prompt and effective remedial action as follows: Vice President, Human Impose disciplinary action commensurate with the Resources, or Designee; severity of the offense against the individual violating Supervisor of Complaining this policy. **Employee** Initiate other action as needed to prevent any further harassment Advise the complainant that remedial action has been taken against the harasser and that, if necessary, additional steps will be taken to address any further concerns that may arise in the future. Document this discussion for placement in the complaining employee's personnel file. Consult with all parties to address any interpersonal problems that may result from the incident. Document this consultation and submit it to the COH Human Resources (HR) Department for placement in the personnel files of both employees. If the charge is not verified, consult with all parties to address any interpersonal problem that may result from the allegation. This discussion shall address behaviors or communications that may have contributed to the allegation and suggestions as to how to prevent a recurrence. Document the consultation with parties and any recommendations made as to how to prevent a recurrence

Harassment	Page 4 of 9
RESPONSIBLE	DDOCEDIDE
PERSON(S)/DEPT.	PROCEDURE for placement in the personnel file of both employees
	II. Scenario Two: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Employee by a COH Medical Staff Member:
Complaining COH Employee	A. Notify his/her Supervisor (Department Director, Vice President, or highest line Manager) of the conduct that he/she believes constitutes Unlawful Harassment or Unlawful Sexual Harassment.
	Encouraged to document all facts relevant to the incident by completing and signing a TIPS Form and submitting it to QRRM (see Event Identification and Tracking Policy for TIPS information.)
Supervisor of Complaining Employee	B. Notify the Vice President, Human Resources, or Designee of the receipt of a complaint of harassment by a Medical Center employee against a COH Medical Staff Member. Confirm that a signed TIPS form has been submitted to QRRM.
Vice President, Human Resources, or Designee	C. Notify the COH Medical Staff President for assessment and follow-up as appropriate.
Vice President, Human Resources, or Designee, Division Chair/Dept. Director, Medical Staff President,	D. Coordinate efforts to notify the COH Medical Staff Member/alleged harasser of the allegation and conduct a preliminary investigation of the harassment claim, including interviews of the complainant and the alleged harasser, to determine whether Unlawful Harassment or Unlawful Sexual Harassment has actually occurred.
	E. Initiate appropriate action in accordance with the Medical Staff Bylaws, Rules and Regulations and relevant policies if Unlawful Harassment or Unlawful Sexual Harassment by a COH Medical Staff Member is verified. This may involve such actions as referral to the Physician Well-Being Committee.
Medical Group HR Director	1. If the charge of Harassment is verified, and if the COH Medical Staff Member is an employee of the COH Medical Group, refer to Medical Group HR Director and commence appropriate action in accordance with relevant COH Medical Group policy.
Medical Staff President	G. Place a note in the Medical Staff Member's Credentials File that action has been taken in accordance with the Medical Staff Bylaws, Rules and Regulations, and Medical Staff Policy. Instruct the Medical Staff Services Department (MSSD) to forward a copy of the note for placement in the COH employee's file.
Vice President, Human Resources, or Designee	F. Advise the COH employee/complainant that remedial action has been taken against the harasser and that, if necessary, additional steps will be taken to address any further concerns that could arise in the future. Document this conversation with the

Harassment	Page 5 of 9
RESPONSIBLE	DD OCEDI IDE
PERSON(S)/DEPT.	PROCEDURE employee for placement in the employee's personnel file.
Vice President, Human Resources, or Designee; Medical Staff President	I. If the charge is not verified, consult with all parties to address any interpersonal problem that may result from the allegation. This discussion shall address behaviors or communications that may have contributed to the allegation and suggestions as to how to prevent a recurrence. Document the consultation with parties and any recommendations made as to how to prevent a recurrence for placement in the employee's personnel file and for placement in the Medical Staff Member's Credentials File.
	III. Scenario Three: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Medical Staff Member by a COH Employee:
Complaining COH Medical Staff Member	A. Notify the COH Medical Staff President, the Vice President, Human Resources (or designee), and the Supervisor (Department Director, Vice President, or highest line Manager) of the COH employee of the conduct that the Medical staff Member believes constitutes Unlawful Harassment or Unlawful Sexual Harassment by a COH employee.
	B. Encouraged to document all facts relevant to the incident by completing and signing a TIPS Form and submitting the TIPS Form to QRRM.
Vice President, Human Resources, or Designee; Supervisor of Involved COH Employee	C. Notify the COH employee/alleged harasser of the allegation and conduct a preliminary investigation of the harassment claim, including interviews of the complainant and the alleged harasser, to determine whether Unlawful Harassment and Unlawful Sexual Harassment has actually occurred. Consider whether it is appropriate to place the COH employee/alleged harasser on a leave of absence from employment during the pendency of the investigation.
Vice President, Human Resources, or Designee,	D. If the charge is verified, take prompt and effective remedial action as follows:
	1. Impose disciplinary action commensurate with the severity of the offense for violating this policy.
	2. Initiate other action as needed to prevent any further Unlawful Harassment or Unlawful Sexual Harassment.
Medical Staff President	3. Advise the COH Medical Staff Member that remedial action has been taken against the COH employee and that, if necessary, additional steps will be taken to address any further concerns that may arise in the future.
Vice President, Human Resources, or Designee; Medical Staff President	E. If the charge is not verified, consult with all parties to address any interpersonal problem that may result from the allegation. This discussion shall address behaviors or communications that may have contributed to the allegation and suggestions as to how to prevent a recurrence. Document the consultation with parties

Harassment	1	Page 6 of 9
RESPONSIBLE PERSON(S)/DEPT.		PROCEDURE
TEROON(O)/DEFT.		and any recommendations made as to how to prevent a recurrence for placement in the employee's personnel file.
		cenario Four: Complaint of Unlawful Harassment or Unlawful exual Harassment of a Hospital Patient by a COH Employee
Individual Hearing of the Patient's Complaint	A.	Notify the Patient Advocate at Ext. 62285 or the VP of QRRM at Ext. 63665.
	В.	Document all facts relevant to the incident. Complete a TIPS Form for submission to QRRM.
Patient Advocate or VP for QRRM	C.	Notify Vice President, Human Resources, and the Vice President for Patient Care Services.
Vice President, Human Resources and/or Vice President, Patient Care Services	D.	Notify the Supervisor of the accused COH employee (Department Director, Vice President, or highest line Manager) that a harassment complaint has been received and work with that Supervisor to:
		1. Inform the COH employee that an allegation of Unlawful Harassment or Unlawful Sexual Harassment has been received from a patient.
		2. Immediately remove the employee form any further duty associated with the care of the patient and prevent any further opportunity for the employee to have contact with the patient.
Vice President, Human Resources; Supervisor of the Accused COH Employee	E.	Conduct a preliminary investigation to obtain facts relevant to the charge of harassment, including interviews of the complainant and the accused COH employee. The COH employee, if appropriate, may be placed on a leave of absence from employment during the pendency of the investigation.
	F.	Follow up on facts obtained during the preliminary investigation in order to complete a thorough and objective investigation and determine whether Unlawful Harassment or Unlawful Sexual Harassment has actually occurred.
	G.	If the charge is verified, take prompt and effective remedial action against the COH employee as follows:
		1. Impose disciplinary action commensurate with the severity of the offense.
		2. Initiate other action as needed to prevent any potential claims of harassment in the future.
Patient Advocate or VP for QRRM	Н.	Advise the Hospital patient that appropriate action has been taken against the COH employee. Document this discussion for placement in QRRM documents.
VP for Patient Care System, VP of QRRM; COH Legal Counsel	I.	Evaluate whether the Unlawful Harassment or Unlawful Sexual Harassment, now confirmed, is required to be reported to law enforcement, a licensing board(s) and/or a regulatory body. If the Unlawful Harassment involves rape, the situation will be processed as a Sentinel Event in accordance with COH policy.

Harassment	Page 7 of 9
RESPONSIBLE	DD OCEDI IDE
PERSON(S)/DEPT. Patient Advocate or VP of	PROCEDURE I f the charge is not varified discuss with the nations (and the
QRRM	J. If the charge is not verified, discuss with the patient (and the patient's family as appropriate) any behaviors or communications that may have contributed to the patient's perception that Unlawful Harassment or Unlawful Sexual Harassment had occurred.
Vice President for Patient Care Services; Supervisor of Accused COH Employee	 Assign the patient to another caregiver and remove responsibility for the care of that patient from the now vindicated COH employee, if possible.
	V. Scenario Five: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a Hospital Patient by a COH Medical Staff Member
Individual Hearing of the Patient's Complaint	A. Notify the Patient Advocate at Ext. 62285 or the Vice President of QRRM at Ext. 63665.
•	B. Document all facts relevant to the incident. Complete a TIPS Form, sign and submit to QRRM.
Patient Advocate or VP for QRRM	C. Notify the COH Medical Staff President and the Vice President for Patient Care Services of the harassment complaint.
Medical Staff President	D. Notify the Medical Staff Member's Division Chair/Department Director, and as applicable (if the physician is an employee of the COH Medical Group), the COH Medical Group HR Director, of the receipt of a harassment complaint from a patient against a COH Medical staff Member.
Medical Staff President; Division Chair/Department Director of Accused Medical staff Member; VP for Patient Care Services; VP for QRRM	E. Coordinate efforts to notify the COH Medical staff Member/alleged harasser of the allegation and to conduct a preliminary investigation of the harassment claim, including interviews of the patient and the Medical Staff Member, to determine whether Unlawful Harassment or Unlawful Sexual Harassment has actually occurred.
Medical Staff President; Medical Executive Committee of the Medical Staff	F. Consider whether a summary suspension or restriction of Medical Staff Membership and/or clinical privileges of the accused Medical Staff Member should be imposed by the Medical Executive Committee in accordance with the COH Medical Staff Bylaws during the preliminary investigation.
Medical Staff President; Div. Chair/Dept. Dir. of the accused Medical Staff Member; VP for Patient Care Services; VP for QRRM	G. Follow up on facts obtained during the preliminary investigation, in order to complete a thorough and objective investigation and determine whether Unlawful Harassment or Unlawful Sexual Harassment has actually occurred.
	H. Initiate appropriate action in accordance with the Medical Staff Bylaws, Rules and Regulations and relevant policies if Unlawful Harassment or Unlawful Sexual Harassment by the COH Medical Staff Member is verified.
COH Medical Group HR Director	 If the COH Medical Staff Member is also an employee of the COH Medical Group, commence appropriate action in accordance with relevant COH Medical Group policy.

<u>Harassment</u>	Page 8 of 9
RESPONSIBLE	
PERSON(S)/DEPT.	PROCEDURE
Medical Staff President; VP for QRRM; COH Legal Counsel	I. Evaluate whether the Unlawful Harassment or Unlawful Sexual Harassment, now confirmed, is required to be reported to law enforcement, a licensing board(s) and/or a regulatory body and evaluate whether the event qualifies as a Sentinel Event to be processed in accordance with COH's Sentinel Event Policy.
Patient Advocate; VP for QRRM	J. Advise the Hospital patient that appropriate action has been taken against the Medical Staff Member.
Medical Staff President; Division Chair/Department Director of Accused COH Medical Staff Member	K. If the charge is not verified, discuss with the patient (and the patient's family as appropriate) any behaviors or communications that may have contributed to the patient's perception that Unlawful Harassment or Unlawful Sexual Harassment had occurred. Document that this discussion took place in the patient's Medical Record.
	Assign the patient to another physician and remove responsibility for the care of that patient from the now vindicated COH Medical Staff Member, if possible.
	VI. Scenario Six: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Employee/Medical Staff by a COH patient
Complaining COH Employee Medical Staff	A. Notify his/her Supervisor (Department Director, Vice President, or highest line Manager) of the conduct that he/she believes constitutes Unlawful Harassment or Sexual Harassment.
	B. Document facts relevant to the incident by completing and signing a TIPS form and submitting to QRRM.
VP for QRRM	C. Notify the Vice President, Human Resources, if the complaint involves an Employee; if Medical Staff, notify the Medical Staff President.
Vice President, Human Resources; and Medical Staff President/Division Chair	D. Coordinate efforts to conduct preliminary investigation of harassment claim, including any indicated interviews of the patient or others who might know information regarding the allegation.
	E. Include the patient's Attending Physician or designee in the planning of any discussion with the patient.
	F. Note: Depending on the severity of the situation, the patient may be warned to cease the behavior and the discussion will be documented in the Patient's Medical Record.
	G. Attempt to reassign the care of the patient to other care providers.
QRRM VP/Legal Council	H. Discharge the patient for care at COH per policy if the behavior continues and take other action based on legal counsel.
	VII. Scenario Seven: Complaint of Unlawful Harassment or Unlawful Sexual Harassment by a Vendor or Visitor

<u>Harassment</u>	Page 9 of 9
RESPONSIBLE	
PERSON(S)/DEPT.	PROCEDURE
Individual Hearing the	A. Notify the VP of QRRM at Ext. 68957 and Security at Ext.
Complaint	63562 of the complaint.
Vice President of QRRM	 B. Document all facts relevant to the incident. Complete a TIPS Form, sign and submit to QRRM. 1. If the matter involves a COH employee, contact the Vice President, Human Resources, to initiate a preliminary investigation and follow Scenario #4.
Vice President, Human Resources, or Medical Staff President (as applicable)	2. If the matter involves a COH Medical Staff Member, contact the Medical Staff President to initiate a preliminary investigation and follow Scenario #5.

COH Related Policies:

- Event Identification and Tracking System (TIPS) *
- Disciplinary Action
- Disruptive Behavior Policy
- Patient Complaints, Feedback and Grievance Policy
- Sentinel Event and Event Notification Analysis Policy

Related Form:

• * TIPS – Tracking Information for Patient Safety Form

Medical Staff Related Policies:

• Impaired Practitioners

References:

- Medical Staff Bylaws
 - Section 3.8, "Harassment Prohibited"
 - ❖ Article 8, "Corrective Action"
- Medical Staff Rules and Regulations
 - Section 25.0, "Professional Code of Conduct and Ethical Obligations"

Author: Director, Human Resource Services

Sponsor: Vice President, Human Resources Services

HR

Appendix One Terms and Definitions Applicable to This Policy

City of Hope (COH) – For the purposes of this policy, City of Hope ("COH") refers collectively to City of Hope National Medical Center ("COHNMC"), Beckman Research Institute ("BRI") and the Development Group ("DG").

City of Hope Employee – An individual who is compensated via COH's payroll system in any capacity of employment status (note: this would cover per diem, temps, part-time) and whose work status is established and fully governed by COH.

City of Hope Medical Group – Also known as the California Cancer Specialists Medical Group, Inc., a separate for-profit corporation that employs many of the COHNMC Medical Staff Members.

Medical Staff Member – Any practitioner (including physicians and psychologists) who has been appointed to the COHNMC Staff.

Unlawful Harassment - For purposes of this policy, Unlawful Harassment is defined to include any behavior that creates a hostile or intimidating work environment on the basis of race, color, religion, gender, age, national origin, physical or mental disability, sexual orientation, or any other basis prohibited by law. The following is a partial list of what may constitute unlawful harassing behavior:

- Intimidating words or acts
- Making or using derogatory comments, epithets, slurs or jokes
- Offensive gestures or veiled threats
- Physical touching (including non-intimate touching)
- Other behavior that is threatening, humiliating or which interferes unreasonably with any employee's work performance

Unlawful Sexual Harassment - Unlawful Sexual Harassment involves unwanted sexual advances or visual, verbal or physical conduct of a sexual nature. The following is a partial list of what may constitute sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advance(s)
- Visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters
- Verbal conduct: making or using derogatory comments, epithets, slurs or jokes
- Verbal abuse of a sexual nature; graphic verbal commentaries about an individual's body; sexually degrading words used to describe an individual and suggestive or obscene comments, letters, notes, email, voicemail, and/or invitations
- Physical conduct: touching, assault, impeding or blocking movements