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Harassment

APPROVALS:

MEC: 03/05/12; OT: 03/21/12; BOD: Q12-1

Scope: Medical Center Beckman Research Development Group Foundation

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"), which includes City of Hope (Development), City of Hope National Medical Center ("COHNMC"), City of Hope Medical Foundation, & the Beckman Research Institute ("BRI"), 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. Third parties who violate this policy will be appropriately addressed.

It is important to understand that the behavior need not be intentional, but if it is perceived as offensive or creating a hostile working environment, it may constitute Unlawful Harassment, and is therefore unacceptable. Unlawful Harassment includes many forms of offensive behavior.

Examples of conduct that could constitute Unlawful Harassment are set forth in Appendix One, attached to this policy. Harassment of any kind, including sexual Harassment, of one employee by another employee or supervisor is prohibited under the law and under this policy.

II. POLICY:

Policy Section II – Content – Harassment		
Section II-A	Unlawful Harassment and Unlawful Sexual Harassment Reporting & Investigation:	All allegations will be evaluation and handled proportionate to the findings of the investigation. Coercion and/or intimidation by anyone will not be tolerated. File a written complaint immediately with your supervisor.
Section II-B	Leadership’s Role in Investigation and Resolution of Harassment:	Obligations of Managers and Supervisors, including prompt action, i.e. investigation, resolution, assistance in maintaining a Harassment-free workplace.
Section II-C	Role of Human Resources in Harassment Investigation and Action Recommendations:	Chief HR Officer/designee is responsible for doing consultation with highest ranking line manager of the individual making the allegation & working with that person to conduct an investigation followed by recommendations to appropriate action consistent with the procedures set forth in this policy and procedure.
Section II-D	Prohibition of Retaliation:	No retaliation will be tolerated against a Harassment Complaint or for participating in the investigation of such a complaint. Any complaints of retaliation must be reported to leadership or HR. However, anyone making a false claim or providing false information will be subject to disciplinary action and possible immediate termination.
Section II-E	Disciplinary Action:	Any violation of this policy shall result in disciplinary action up to and including immediate termination of employment. Medical Staff Members will be disciplined according to Medical Staff Bylaws, policy and rules and regulations.

- A. Unlawful Harassment and Unlawful Sexual Harassment Reporting & Investigation:**
- 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.
 - If you feel that you are or have been subjected to any kind of Harassment, coercion or intimidation by anyone, whether by one of your co-employees, a client or vendor, a member of management, or any third party doing business with COH, we encourage you to advise the perceived harasser of the offensive behavior and request that the behavior cease immediately, and also file a written complaint with your supervisor immediately. However, if your complaint involves your supervisor, or you are not satisfied with your supervisor's response, or if for any reason you do not wish to bring the problem to your supervisor's attention, you may present your concern to the Director of Employee and Labor Relations or any other supervisor or manager of COH, who will, in turn, direct the matter to the Human Resources Department for investigation. The Director of Employee and Labor Relations or other manager of COH will assist you in preparing any written documentation necessary.
- B. Leadership’s Role in Investigation and Resolution of Harassment:**
- 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 Chief Human Resources and Diversity Officer, the Medical Staff President (if a Medical Staff Member is involved) or designees; and assisting in any investigation/resolution of the incident.
 - Harassment investigations may include interviews of individuals believed to have information regarding the alleged Harassment. The results of the investigation will be

communicated to the complaining employee, to the alleged harasser and, if appropriate, to others directly concerned at the conclusion of the COH’s investigation. If Harassment is found to have occurred, appropriate disciplinary action, up to and including termination, will be taken against the harasser and further Harassment prevented. Appropriate action will be taken to remedy the injury, if any, to the employee subjected to the Harassment.

C. Role of Human Resources in Harassment Investigation and Action Recommendations:

1. Specifically, the Chief Human Resources & Diversity Officer, or designee is responsible for:
 - a. 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.
 - b. Working with that person to conduct an investigation of all alleged incidents of Unlawful Harassment or Unlawful Sexual Harassment.
 - c. Making recommendations to take appropriate action consistent with this policy.
 - d. Following the procedures set forth in this policy.

E. Prohibition of Retaliation:

1. 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 is to be reported immediately to the Department Manager or supervisor, or to the Chief Human Resources and Diversity Officer (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:

1. 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:

Section III-A	Scenario One: Complaint of Harassment Between/Among COH Employees (Not involving a COH Medical Staff Member)
Section III-B	Scenario Two: Complaint of Harassment of a COH Employee by a COH Medical Staff Member
Section III-C	Scenario Three: Complaint of Harassment of a COH Medical Staff Member by a COH Employee
Section III-D	Scenario Four: Complaint of Harassment of a Hospital Patient by a COH Employee
Section III-E	Scenario Five: Complaint of Harassment of a Hospital Patient by a COH Medical Staff Member
Section III-F	Scenario Six: Complaint of Harassment of a COH Employee/Medical Staff Member by a COH Patient
Section III-G	Scenario Seven: Complaint of Harassment by a Vendor or Visitor
Appendix One	Definitions for Unlawful Harassment and Unlawful Sexual Harassment

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Complaining COH Employee	A. Scenario One: Complaint of Unlawful Harassment or Unlawful Sexual Harassment Between/Among COH Employees (Not Involving a COH Medical Staff Member)
Complaining COH Employee	1. Report the alleged incident or conduct immediately, either to your supervisor (Department Director, Vice President, or

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
	<p>highest line Manager) or to the COH Chief Human Resources Officer, 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.</p>
<p>Supervisor of Complaining Employee</p>	<p>2. Cooperate fully in any investigation of the incident.</p> <p>3. Take steps immediately to prevent the opportunity for any further complaint of Unlawful Harassment or Unlawful Sexual Harassment and notify the COH Chief Human Resources and Diversity Officer, or Designee of the complaint (if not yet informed).</p>
<p>Chief HR & Diversity Officer, or Designee</p>	<p>4. Assist in any investigation or resolution.</p> <p>5. 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:</p>
<p>Chief HR & Diversity Officer, or Designee; Supervisor of Complaining Employee; Supervisor of Accused Employee</p>	<p>a. Inform the alleged harasser that an allegation of Unlawful Harassment or Unlawful Sexual Harassment has been received.</p> <p>b. Conduct a preliminary investigation to obtain facts relevant to the charge of Harassment, including interviews of the complainant and the alleged harasser.</p> <p>(1) The alleged harasser, if appropriate, may be placed on a leave of absence from employment during the pendency of the investigation.</p>
<p>Chief HR & Diversity Officer, or Designee; Supervisor of Accused Employee</p>	<p>c. 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.</p> <p>d. If the charge is verified, take prompt and effective remedial action as follows:</p>
<p>Chief HR & Diversity Officer, or Designee; Supervisor of Complaining Employee</p>	<p>(1) Impose disciplinary action commensurate with the severity of the offense against the individual violating this policy.</p> <p>(2) Initiate other action as needed to prevent any further Harassment.</p>
<p>Chief HR & Diversity Officer, or Designee; Supervisor of Complaining Employee</p>	<p>(3) 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</p>

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
<p>Complaining COH Employee</p> <p>Supervisor of Complaining Employee</p> <p>Chief HR & Diversity Officer, or Designee</p> <p>Chief HR & Diversity Officer, or Designee, Division Chair/Dept. Director, Medical Staff President</p> <p>Chief HR & Diversity Officer, or Designee, Division Chair/Dept. Director, Medical Staff President</p>	<p>concerns that may arise in the future. Document this discussion for placement in the complaining employee’s personnel file.</p> <p>(4) 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.</p> <p>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 and any recommendations made as to how to prevent a recurrence for placement in the personnel file of both employees</p> <p>B. <u>Scenario Two:</u> Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Employee by a COH Medical Staff Member:</p> <ol style="list-style-type: none"> 1. 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. <ol style="list-style-type: none"> a. Employee is encouraged to document all facts relevant to the incident by completing an online TIPS Form (see Event Identification & Tracking Policy for TIPS information.) 2. Notify the Chief Human Resources Officer, or Designee of the receipt of a complaint of Harassment by a Medical Center employee against a COH Medical Staff Member. Confirm that an online TIPS form has been submitted completed online. 3. Notify the COH Medical Staff President for assessment and follow-up as appropriate. 4. 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. 5. 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

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Medical Group President or Designee	<p>such actions as referral to the Physician Well-Being Committee.</p> <p>a. 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 President or Designee and commence appropriate action in accordance with relevant COH Medical Group policy.</p>
Medical Staff President	<p>6. 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.</p>
Chief HR & Diversity Officer, or Designee	<p>7. 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 employee for placement in the employee’s personnel file.</p>
Chief HR & Diversity Officer, or Designee; Medical Staff President	<p>8. 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.</p>
Complaining COH Medical Staff Member	<p>C. Scenario Three: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Medical Staff Member by a COH Employee:</p> <p>1. Notify the COH Medical Staff President, the Chief Human Resources Officer (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.</p>
Complaining COH Medical Staff Member	<p>2. Complaining Medical Staff member is encouraged to document all facts relevant to the incident by completing an online TIPS Form for submission to QRRM.</p>
Chief HR & Diversity Officer or Designee; Supervisor of Involved COH Employee	<p>3. 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</p>

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	<p>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.</p>
<p>Chief HR & Diversity Officer, or Designee,</p> <p>Medical Staff President</p>	<p>4. If the charge is verified, take prompt and effective remedial action as follows:</p> <ul style="list-style-type: none"> a. Impose disciplinary action commensurate with the severity of the offense for violating this policy. b. Initiate other action as needed to prevent any further Unlawful Harassment or Unlawful Sexual Harassment. c. 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.
<p>Chief HR & Diversity Officer, or Designee; Medical Staff President</p>	<p>5. 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.</p>
	<p>D. Scenario Four: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a Hospital Patient by a COH Employee</p>
<p>Individual Hearing of the Patient's Complaint</p>	<p>1. Notify the Patient Advocate at Ext. 62285 or the VP of QRRM at Ext. 63665.</p> <p>2. Document all facts relevant to the incident. Complete a TIPS Form online for submission to QRRM.</p>
<p>Patient Advocate or VP for QRRM</p>	<p>3. Notify Chief Human Resources Officer and the Vice President for Patient Care Services.</p>
<p>Chief HR & Diversity Officer and/or Vice President, Patient Care Services</p>	<p>4. 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:</p>
<p>Chief HR & Diversity Officer and/or Vice President, Patient Care Services</p>	<ul style="list-style-type: none"> a. Inform the COH employee that an allegation of Unlawful Harassment or Unlawful Sexual Harassment has been received from a patient. b. Immediately remove the employee from any further duty

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
<p>Chief HR & Diversity Officer; Supervisor of the Accused COH Employee</p>	<p>associated with the care of the patient and prevent any further opportunity for the employee to have contact with the patient.</p>
<p>Patient Advocate or VP for QRRM</p>	<p>5. 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.</p> <p>6. 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.</p> <p>7. If the charge is verified, take prompt and effective remedial action against the COH employee as follows:</p> <ul style="list-style-type: none"> a. Impose disciplinary action commensurate with the severity of the offense. b. Initiate other action as needed to prevent any potential claims of Harassment in the future.
<p>VP for Patient Care System, VP of QRRM; COH Legal Counsel</p>	<p>8. Advise the Hospital patient that appropriate action has been taken against the COH employee. Document this discussion for placement in QRRM documents.</p> <p>9. 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.</p>
<p>Patient Advocate or VP of QRRM</p>	<p>10. 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.</p> <ul style="list-style-type: none"> a. Assign the patient to another caregiver and remove responsibility for the care of that patient from the now vindicated COH employee, if possible.
<p>Vice President for Patient Care Services; Supervisor of Accused COH Employee</p>	<p>E. Scenario Five: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a Hospital Patient by a COH Medical Staff Member</p>
<p>Vice President for Patient Care Services; Supervisor of Accused COH Employee</p> <p>Individual Hearing of the Patient’s Complaint</p>	<p>1. Notify the Patient Advocate at Ext. 62285 or the Vice</p>

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	<p>President of QRRM at Ext. 63665.</p>
<p>Patient Advocate or VP for QRRM</p>	<p>2. Document all facts relevant to the incident. Complete a TIPS Form online.</p>
<p>Medical Staff President</p>	<p>3. Notify the COH Medical Staff President and the Chief Nursing and Patient Services Officer of the Harassment complaint.</p> <p>4. 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 President or Designee, of the receipt of a Harassment complaint from a patient against a COH Medical staff Member.</p>
<p>Medical Staff President; Division Chair/Department Director of Accused Medical staff Member; VP for Patient Care Services; VP for QRRM</p>	<p>5. 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.</p>
<p>Medical Staff President; Medical Executive Committee of the Medical Staff</p>	<p>6. 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.</p>
<p>Medical Staff President; Div. Chair/Dept. Dir. of the accused Medical Staff Member; VP for Patient Care Services; VP for QRRM</p>	<p>7. 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.</p> <p>8. 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.</p>
<p>COH Medical Group President or Designee</p>	<p>a. 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.</p>
<p>Medical Staff President; VP for QRRM; COH Legal Counsel</p>	<p>9. 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 policy, “Sentinel Event and Adverse Event Evaluation, Reporting and</p>

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<p>Patient Advocate; VP for QRRM</p> <p>Medical Staff President; Division Chair/Department Director of Accused COH Medical Staff Member</p>	<p>Disclosure”.</p> <p>10. Advise the Hospital patient that appropriate action has been taken against the Medical Staff Member.</p> <p>11. 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.</p> <p>a. 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.</p>
<p>Complaining COH Employee Medical Staff</p> <p>VP for QRRM</p> <p>Chief HR & Diversity Officer; and Medical Staff President/Division Chair</p> <p>QRRM VP/Legal Council</p>	<p>F. Scenario Six: Complaint of Unlawful Harassment or Unlawful Sexual Harassment of a COH Employee/Medical Staff by a COH Patient</p> <ol style="list-style-type: none"> 1. 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. 2. Document facts relevant to the incident by completing an online TIPS form. 3. Notify the Chief Human Resources and Diversity Officer, if the complaint involves an Employee; if Medical Staff, notify the Medical Staff President. 4. 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. 5. Include the patient’s Attending Physician or designee in the planning of any discussion with the patient. 6. 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. 7. Attempt to reassign the care of the patient to other care providers. 8. Discharge the patient for care at COH per policy if the behavior continues and take other action based on legal counsel.
<p>Individual Hearing the Complaint</p>	<p>G. Scenario Seven: Complaint of Unlawful Harassment or Unlawful Sexual Harassment by a Vendor or Visitor</p> <ol style="list-style-type: none"> 1. Notify the VP of QRRM at Ext. 68957 and Security at Ext.

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Vice President of QRRM Chief HR & Diversity Officer, or Medical Staff President (as applicable)	63562 of the complaint. 2. Document all facts relevant to the incident. Complete a TIPS Form online. a. If the matter involves a COH employee, contact the Chief Human Resources and Diversity Officer, to initiate a preliminary investigation and follow Scenario #4. b. If the matter involves a COH Medical Staff Member, contact the Medical Staff President to initiate a preliminary investigation and follow Scenario #5.

Owner: George Vukazich, Director, Employee / Labor Relations

Sponsor: Stephanie Neuvirth, Chief Human Resources and Diversity Officer

References:

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

Related Policies:

1. Disciplinary Action
2. Disruptive Behavior
3. Enterprise Information Security Policy
4. Enterprise Information Security Manual
5. Event Identification and Tracking System (TIPS) *
6. Grievance and Dispute Resolution
7. MSSD: Professional Conduct Behavior Standards (on MSSD P&P website)
8. Patient Complaints and Grievance
9. Sentinel Event and Adverse Event Evaluation, Reporting and Disclosure
10. Vendor Relations / Sales Representatives

Related Form:

1. TIPS – Tracking Information for Patient Safety Form (ACCESS ONLINE TIPS REPORTING)

Medical Staff Related Policies:

1. Impaired Practitioners

Appendix One: Acronyms, Terms and Definitions Applicable to this Policy

Appendix One

Acronyms, Terms and Definitions Applicable to This Policy

1. **City of Hope (“COH”)** – City of Hope National Medical Center (“COHNMC”), Beckman Research Institute (“BRI”), Development Group (“DG”) and the City of Hope Medical Foundation (“COHMF”), collectively referred to as City of Hope (“COH”), for the purposes of this policy.
2. **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.
3. **Medical Staff Member** – Any practitioner (including physicians and psychologists) who has been appointed to the COH Staff.
4. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center’s hospital license.
5. **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:
 - a. Intimidating words or acts
 - b. Making or using derogatory comments, epithets, slurs or jokes
 - c. Offensive gestures or veiled threats
 - d. Physical touching (including non-intimate touching)
 - e. Other behavior that is threatening, humiliating or which interferes unreasonably with any employee’s work performance
6. **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:
 - a. Unwanted sexual advances
 - b. Offering employment benefits in exchange for sexual favors
 - c. Making or threatening reprisals after a negative response to sexual advance(s)
 - d. Visual conduct: leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters
 - e. Verbal conduct: making or using derogatory comments, epithets, slurs or jokes
 - f. 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
 - g. Physical conduct: touching, assault, impeding or blocking movements