



Policy /Procedure Document	
Manual:	N/A
Origination Date:	05/1/2000
Last Review Date:	08/22/2018
Next Review Due:	08/2023
Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	WORKPLACE HARASSMENT
SCOPE:	The Equal Employment Opportunity Commission has declared that all forms of harassment based upon an individual's race, color, religion, sex, national origin, age or disability constitutes unlawful discrimination for which the employer may be held responsible even if the harassment is committed by a person who is not an employee of the Hospital.
DOCUMENT TYPE:	N/A
PURPOSE:	To clarify that workplace harassment, which would include anything creating a hostile environment, i.e., inappropriate language, touching, or sexual innuendos, of or by employees, patients, Medical Staff Members and Privilege Holders, and others has no place and will not be tolerated in this Hospital.
PHILOSOPHY:	N/A
DEFINITIONS:	While all types of harassment based on race, color, religion, sex, national origin, age and disability are serious and should be recorded, sexual harassment is often not as noticeable. Therefore, it demands special attention and awareness. Sexual harassment includes unwelcome workplace advances, requests for sexual attention as a condition of employment or professional relationship, and other verbal or physical conduct of a workplace nature, where there is an attempt to make submission to such conduct a term or condition of an individual's employment or professional relationship. Sexual harassment also includes the submission to or rejection of such conduct used as a basis for employment-related decisions with an individual's work performance or creating an intimidating, hostile or offensive work environment. Sexual harassment is not limited to actions by supervisors, but can also include conduct by co-workers or Medical Staff Members or Privilege Holders.
PROCEDURE:	

The Medical Executive Committee (MEC) restates its policy that workplace harassment will not be tolerated and hereby directs the President of the Medical Staff to see that appropriate steps are taken to communicate the MEC intent, as expressed in this Policy, to the Medical Staff. Specifically, the President of the Medical Staff shall ascertain that Medical Staff Members and Privilege Holders are aware of the Hospital's Policy against workplace harassment and that adequate procedures are in effect to facilitate prompt reporting of specific acts of workplace harassment that may occur in the Hospital and that prompt action is taken on all complaints that are made.

It is also a violation of policy for any person to retaliate against any employee, patient or Medical Staff Member or Privilege Holder for making a complaint about such harassment. Any person found to have violated this Policy on harassment will be subject to appropriate disciplinary action such as reprimand, suspension or termination. The type of disciplinary action imposed will depend on the nature and severity of the offense and the surrounding circumstances.

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Procedure to Investigate a Complaint of Workplace Harassment by a Practitioner:

If any individual working in the Hospital has observed or been the victim of Practitioner conduct that constitutes workplace harassment, the following steps should be taken:

1. A written report shall be filed with the individual's supervisor, the President of the Medical Staff, and the Vice President for Medical Affairs, who shall forward it to the Chief Executive Officer. The report shall include a factual description of the incident including quotations of any offending language used.
2. If, after a discussion with the individual who filed the report, it is found to constitute a credible report of conduct that constitutes workplace harassment, the Chief Executive Officer shall discuss the complaint(s) with the President of the Medical Staff and Vice President for Medical Affairs.
3. The Practitioner involved shall be required to meet with the Chief Executive Officer, the President of the Medical Staff, and the Vice President for Medical Affairs. The Practitioner shall be advised of the complaint(s) and be given an opportunity to respond. If, at the conclusion of that discussion, Hospital and medical staff leadership find that the reported acts did occur, the Practitioner shall be advised that such conduct is intolerable and in violation of federal law and Hospital policy.
4. Depending upon the nature of the allegations, the Practitioner, if appropriate, may be given an opportunity to voluntarily cease the conduct that gave rise to the complaint and to submit a written apology to the complainant. In some cases, more severe remedial action may be warranted. In those cases, it may be appropriate to immediately implement the procedures set forth in paragraph six (6) below.
5. If the Practitioner agrees to cease such conduct and to apologize to the complainant(s), the meeting shall be followed up with a formal letter of reprimand and admonition to be placed in his or her confidential Peer Review file.
6. Any further complaint(s) of workplace harassment, after the Practitioner has agreed to cease the harassing conduct, shall result in a formal investigation by the Chief Executive Officer and the President of the Medical Staff (or their designees). If the investigation results in a finding that the further workplace harassment took place, the Chief Executive Officer shall recommend to the Board that the Practitioner be suspended for a term or that his or her Appointment and Privileges be terminated, depending on the circumstances. However, prior to any formal action by the Board on the recommendation, the Practitioner shall be given formal notice of his or her right to request a Hearing pursuant to the Medical Staff Governance Documents.
7. If, after good faith efforts by the Chief Executive Officer and the President of the Medical Staff, the Practitioner refuses voluntarily to cease the conduct which gave rise to the complaint(s) or to apologize to the complainant(s), the Practitioner will be formally suspended by the Chief Executive Officer, acting for the Board, for a defined period of time pursuant to the Medical Staff Governance Documents. The Practitioner will be given formal notice of his or her rights to a Hearing following such suspension, in accordance with the Medical Staff Governance Documents.
8. The matter shall be reported to the MEC along with a brief explanation of the circumstances.

Document Revision History:		
Revision Date:	Revised By:	Summary of Changes:
05/1/2000	Medical Staff	Original Document
07/2015	Medical Staff	Reviewed
04/2018	Michael Blakesley, MD	Minor edits

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