

BOARD POLICY ON SEXUAL HARASSMENT INVOLVING A PHYSICIAN¹

WHEREAS, it has been and currently is the policy of the Board that sexual harassment of or by employees, patients, members of the Medical Staff, and others has no place and will not be tolerated in this Hospital;

WHEREAS, the federal Equal Employment Opportunity Commission has declared that sexual harassment constitutes illegal discrimination under Title VII of the Civil Rights Act of 1964 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;

NOW THEREFORE, the Board restates its policy that sexual harassment will not be tolerated and hereby directs the Chief Executive Officer to see that appropriate steps are taken to communicate the Board's intent, as expressed in this policy, to employees, patients, and Medical Staff members. Specifically, the Chief Executive Officer shall make sure that employees, patients, and members of the Medical Staff are aware of the Hospital's policy against sexual harassment and that adequate procedures are in effect to facilitate prompt reporting of specific acts of sexual harassment that may occur within the Hospital and that prompt action is taken on all complaints that are made. Moreover, recognizing that it is ultimately the responsibility of the Board to provide a hospital environment free from sexual harassment, the Board shall take whatever action is necessary to ensure such an environment, including preventing individuals who engage in sexually harassing conduct from entering hospital facilities.

**PROCEDURE TO INVESTIGATE A COMPLAINT OF
SEXUAL HARASSMENT INVOLVING A PHYSICIAN**

1. Reports of sexual harassment from a physician, nurse, other hospital employee, or patient who observes or who has been the victim of sexual harassment shall be made in writing and signed by the person preparing the complaint. The complaints shall include a factual description of the incident, including quotations of any offending language used.
2. Any hospital employee report of sexual harassment involving a member of the Medical Staff shall be submitted to the employee's supervisor, who shall forward it to the Chief Executive Officer, or other member of the Executive Council. If an employee's report of sexual harassment involves his or her supervisor, or if the report concerns conduct that the employee believes has been or will be condoned by the supervisor, the employee may submit the report directly to the Chief Executive Officer.
3. All patient reports of sexual harassment involving a member of the Medical Staff, as well as reports by one Medical Staff member filed against another Medical Staff member, shall be submitted directly to the Chief Executive Officer, or other member of the Executive Council.
4. The Chief Executive Officer shall immediately notify the President of the Medical Staff or the Physician in Chief upon receipt of a report complaining of sexual harassment. These individuals, or such other individuals who shall be designated by the Chief Executive Officer, shall interview the individual who filed the report and, when possible, others who were present when the incident occurred.
5. After interviewing the individual who filed the report and others who were present, or receiving a report of such interviews, the Chief Executive Officer or designee, and the President of the Medical Staff or designee shall determine whether the report of sexual harassment is credible. If a determination is made that the complaint is credible, the Chief Executive Officer or designee and President of the Medical Staff or designee shall determine to handle the matter either on a formal basis, by referring the matter for a formal investigation pursuant to the Medical Staff Bylaws, or on an informal basis by scheduling a meeting with the individual who has allegedly engaged in the improper conduct.²

6. If a verified complaint is handled on an informal basis, there shall be a meeting with the individual, which shall be attended by the Chief Executive Officer or designee and the President of the Medical Staff or designee. At that meeting, the individual who has been alleged to have engaged in improper conduct shall be fully advised of the nature of the complaints and shall be given an opportunity to respond to the allegations raised. Copies of relevant complaints shall be provided in full detail to the physician so that he or she may be fully advised of the conduct at issue.
7. If, at the conclusion of this meeting, it is believed that the alleged improper conduct did in fact occur, the physician involved shall be informed that:
 - a) the improper conduct may violate federal law and will not be tolerated by the Hospital;
 - b) the improper conduct must cease and, if appropriate, an apology must be offered to the complainant involved; and
 - c) further incidents of a similar nature will result in the individual not being permitted to enter the Hospital and the initiation of formal disciplinary action in accordance with the Medical Staff Bylaws.
8. Minutes shall be kept of the meeting.
9. If the individual has agreed to stop the improper conduct, the meeting shall be followed up with a formal letter to be placed in his or her confidential file.
10. If the individual refuses to agree to stop the conduct immediately, such refusal shall result in notice that he or she will not be permitted to enter the hospital facilities until such agreement is obtained. Such exclusion is not a suspension of clinical privileges, even though the effect is the same. Rather, the action is taken because the Hospital has no choice but to protect its employees and others on its premises from improper conduct.
11. Any further reports of harassment, after the individual has agreed to stop the improper conduct, shall result in an immediate investigation by the Chief Executive Officer and the President of the Medical Staff (or their designees). If the investigation results in a finding that further improper conduct took place, the physician shall be excluded from the Hospital and formal disciplinary action in accordance with the Medical Staff Bylaws shall be instituted.

Recommended by the Medical Executive Committee:

President of the Medical Staff

Date

Approved by the Board of Directors:

Chief Executive Officer or Board Secretary

Date

3/00; 3/04

¹This policy is intended to complement the Hospital's policy against sexual harassment involving employees as set forth in hospital personnel policies.

²These individuals shall exercise discretion in determining whether to handle the complaint on a formal or informal basis, taking into consideration the seriousness and number of complaints at issue.