

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE HUMAN RESOURCES COMMITTEE
OF THE BOARD OF DIRECTORS**

**Tuesday, September 22, 2016 – 12:30 p.m. – Assembly Room 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

**The Committee may make recommendations
to the Board on any of the items listed below,
unless the item is specifically labeled “Informational Only”**

	Agenda Item	Time Allotted	Requestor/Presenter
1.	Call To Order/Opening Remarks	1 min.	Chair Kellett
2.	Approval of Agenda	1 min.	Chair Kellett
3.	Public Comments – Announcement Comments may be made at this time by members of the public on any item on the Agenda before the Committee’s consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee’s consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item.	2 min.	Chair Kellett
4.	Ratification of minutes	1 min.	Chair Kellett
5.	Old Business		
	a. None		
6.	New Business		
	a. Review Employee Benefits– Discussion/Action	30 min.	Norma Braun
	b. Review and Discussion of Administrative Policies – Discussion/Action 415- Dress & Appearance Philosophy 424- Coaching & Counseling for Work Performance Improvement 430- Licensure- Monitoring Licenses, Registrations and Certificates-TCMC 437- Flex/Float to Activity 474- Compensation for Education 478- Authorization to Hire New Employees & Engage Consultants 426- Performance Evaluations 485- Hiring and Employment; Screening Current Employees 486- Hiring and Employment; Pending Charges against Current Employees 487- Hiring and Employment; Conviction/Exclusion/License Revocation of Current Employees 488- Hiring and Employment; Employee Requirements to Report Changes in Certification	30 min.	Norma Braun
7.	2016 Work Plan	1 min.	Chair Kellett
8.	Committee Communications	3 min.	Chair Kellett
9.	Date of Next Meeting – October 11, 2016	1 min.	Chair Kellett
10.	Adjournment	1 min.	Chair Kellett
	Total Time Budgeted for Meeting	2 hrs.	

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3348 at least 48 hours prior to the meeting so that we may provide reasonable accommodations.

TRI-CITY MEDICAL CENTER
 HUMAN RESOURCES COMMITTEE
 OF THE BOARD OF DIRECTORS
 August 9, 2016

Voting Members Present: Chair Cyril Kellelt, Director Laura Mitchell, Director Rosemarie Reno, Dr. Hamid Movahedian, Virginia Carson, Joe Quince, Gwen Sanders, Dr. Martin Nielsen, Dr. Gene Ma, Salvador Pilar

Non-Voting Members Present: Steve Dietlin, CEO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO; Norma Braun, CHRO; Esther Beverly, VP of HR

Others Present: Quinn Ablar, Rudy Gastelum, Frances Carbajal

Members Absent: Sharon Schultz, CNE

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	Chair Kellelt called the meeting to order at 12:35 p.m.		Chair Kellelt
2. Approval of the agenda	Chair Kellelt called for a motion to approve the agenda of August 9, 2016. Director Reno moved and Ginny Carson seconded the motion. The motion was carried unanimously.		Chair Kellelt
3. Comments from members of the public	Chair Kellelt read the paragraph regarding comments from members of the public.	No public comments.	Chair Kellelt
4. Ratification of Minutes	Chair Kellelt called for a motion to approve the minutes of the July 12, 2016 meeting. Ginny Carson moved and Director Reno seconded the motion. The motion was carried unanimously with date of next meeting correction from July to August.		Chair Kellelt

Topic	Discussion	Action Follow-up	Person(s) Responsible
5. Old Business	None		
a. Recordkeeping RFP Comparison	<p>Quinn Ablar, Total Rewards & HRIS Director presented the committee with a side by side comparison summary. Quinn gave an overview on received recordkeeping services submissions and clarified submitted rates and fees. The committee discussed those outcomes and Lincoln's increase proposal which came in as the lowest proposed rate to date.</p>	<p>Chair Kellelt called for a motion to approve Lincolns RFP. Director Mitchell moved and Director Kellelt seconded the motion. The motion was carried unanimously.</p>	Norma Braun
b. Turnover Report & Outcomes Plan	<p>Norma Braun, CHRO clarified committee request from July and advised that turnover by department and trends by month analysis and planned actions to be taken with outcomes results of analysis findings will be compiled and presented in December in addition to being added to HRC work plan in July and December yearly per the committee's request.</p>		Norma Braun
6. New Business			
c. B.O.D Dashboard- Stakeholder Experience	<p>Esther Beverly, VP of HR discussed the recurring dashboard quarterly results and advised of moving to quarterly discussion on the agenda vs. monthly to avoid repetition of exact same data monthly.</p>	<p>The committee agreed to receive quarterly dashboard results quarterly vs. monthly.</p>	Chair Kellelt
d. Employee Health & Wellness	<p>Rudy Gastelum, EHS Director updated the committee on the status of the employee wellness program. Rudy discussed incentives, active participant count, successes, challenges and overall program redesign.</p> <p>The committee reviewed 2016 goals and discussed 2017 outcomes based incentive goals and request for proposals plan.</p>		Norma Braun
e. Work Plan	<p>The work plan was reviewed.</p>		Chair Kellelt

Topic	Discussion	Action Follow-up	Person(s) Responsible
f. Committee Communications	Mrs. Reno enjoys interaction between current committee members. NICU event blurb to all email users and HOTC requested by Dr. Hamid Movahedian.		Chair Kellelt
g. Date of next meeting	September 13, 2016		Chair Kellelt
h. Adjournment	Chair Kellelt adjourned the meeting at 1:15 p.m.		Chair Kellelt

- direct patient care cannot wear artificial fingernails or nail jewelry. Nails must be less than one fourth inch in length, clean and trimmed.
3. Shoes
 - a. Pursuant to safety requirements and TCHD policy, closed-toe shoes may be required. Open-toe shoes (including sandals) may be worn when approval is obtained from the appropriate Director or Chief Human Resources Officer.
 4. Grooming
 - a. All employees must maintain a clean, presentable appearance.
 - b. All employees should undertake to bathe regularly and to control body odor, including using deodorant or other odor controlling products as necessary.
 - c. All employees must cover tattoos when possible, including wearing long sleeves, turtlenecks or opaque hose.
 - d. Hair, beards, and moustaches must be trimmed, groomed and clean.
 5. Hats/Head Coverings
 - a. Personal hats and other personal head coverings are deemed not to be acceptable attire for TCHD employees.
 - b. Unless approved by management, only hats or head coverings that are a part of a TCHD approved employee uniform, or that are worn for health or safety reasons may be worn during working hours.
 - c. Management may approve head garb worn for religious reasons, so long as patient and/or employee safety is not compromised by the wearing of such head garb.
 6. Fragrances
 - a. When used, fragrances shall be applied in moderation. For purposes of this section, fragrances shall include any products that produce a scent strong enough to be perceived by others.

C. GENERAL:

1. Employees who are inappropriately dressed may be sent home and directed to return to work promptly, once suitably attired. Such employees will not be paid for this time. Disciplinary action, pursuant to Policy #424 will be taken with repeated violations of this policy.
2. TCHD-supplied uniforms or scrub attire for use in designated areas (Operating Room, Angiography Lab, Lift Team, etc.) are not to be worn for general purposes or as a substitute for personal attire.
3. TCHD employees shall not wear uniforms or scrub attire from other healthcare institutions on TCHD premises.
4. Individual departments may, with the approval of the department Director, establish more specific dress guidelines, which are appropriate to their unit.
5. The Chief Human Resources Officer or designee may grant exceptions to this policy for Special Hospital Initiatives or upon request as required by law to accommodate an employee's protected status.

6. This policy shall be provided to all new hires for review prior to the completion of the hiring process.7. TCHD will comply with all applicable laws relating to religious dress and grooming practices, including California Government Code sections 12926 and 12940.

Administrative Policy Manual

ISSUE DATE: 9/82 **SUBJECT:** Coaching and Counseling for Work Performance

REVISION DATE: 9/90; 11/94; 12/00; 10/01; 3/03; **POLICY NUMBER:** 8610-424
7/05, 2/09, 2/11; 09/13

Human Resources Committee Approval: 09/13
Board of Directors Approval: 09/13

A. PURPOSE:

1. To provide supervisors with guidelines for implementing disciplinary and non-disciplinary procedures and to facilitate discussions with employees regarding work performance and/or work-related behavior and conduct. The objectives are:
 - a. To exchange information
 - b. To give and receive feedback
 - c. To identify and resolve problems
 - d. To explore topics related to successful work performance
 - e. To provide opportunities for the employee to modify his/her behavior in order to perform effectively
 - f. To ensure that corrective action is taken when and as appropriate

B. POLICY:

1. Employee discipline is intended to be corrective in nature with the objective of obtaining compliance with rules, orders, procedures, standards of conduct and competent job performance. Disciplinary action will be commensurate with the facts surrounding the alleged violation(s) and the past record of the employee. When coaching is not effective, then supervisors must engage in more formal counseling which may be disciplinary in nature. Examples of discipline are verbal counseling, written counseling, final written, or termination. Tri-City Healthcare District (TCHD) reserves the right to impose any of these forms of discipline at any time it deems appropriate at its discretion. Employees represented by a CBA must follow the terms and conditions of that agreement.
2. The following are examples of behavior that may warrant disciplinary action, including counseling, up to and including termination.
 - a. Criminal conduct, a violation of federal, state or local law that is related to the employee's job duties, employee and patient safety, or impinges on TCHD's reputation, including but not limited to, fraud, theft, misrepresentation, and/or dishonesty including falsification of time records and misrepresenting reasons for any absence from work. Where violations of law are suspected, TCHD reserves the right to report such suspected violations to the appropriate law enforcement agency and the licensing board.
 - b. Employees must report any criminal convictions under state or federal law, in writing to the Human Resources Department within five (5) working days of such conviction.
 - c. Performing duties in an unsatisfactory or unacceptable manner.
 - d. Insubordination, including but not limited to improper conduct toward a supervisor or refusal to perform a task assignment in an appropriate manner.
 - e. Failure to treat other TCHD employees, officials, patients, or the public with respect and courtesy in accordance with the TCHD Service Standards, Mission and Values.
 - f. Violation of TCHD policies, including but not limited to, TCHD Alcohol and Drug Testing for Employees (AP 429), Harassment policy (AP 403), Workplace Violence (AP 463), or any other TCHD policy.
 - g. Failure to comply with all TCHD rules, standards, guidelines, and regulations including all safety regulations.
 - h. Disruption of District Business.

- i. Misuse and/or unauthorized use of property, including but not limited to, equipment or material owned by TCHD, employees, staff, physicians, patient or guests (AP 609 Disciplinary Action for Breach of Confidentiality, 257 Cellular Phone & Radio Transmission and pay practice 475.12 Meal and Rest Breaks).
 - j. Any unauthorized disclosure or use of TCHD's records, including but not limited to administrative files, documents, or data bases, patient information files or records, or employee information files or records. (AP 455-Confidentiality and AP 479 Social Media).
 - k. Possession of weapons while on TCHD property or while conducting TCHD, related business or TCHD sponsored events, including off-site (AP 463 Workplace Violence).
 - l. Failure to adhere to TCHD's procedure for safeguarding and preventing the waste of controlled drugs or an inappropriate or unauthorized use of TCHD's Pyxis Pharmacy override system (AP 429 Alcohol and Drug Testing of Employees).
 - m. Disclosure of any information deemed as confidential included but not limited to information received during an investigation, passwords and other secure codes and employee information (AP 455, Confidentiality).
3. TCHD's policy is not a progressive discipline policy. Certain types of unsatisfactory employee performance or misconduct may result in disciplinary action up to and including termination without other informal or formal disciplinary action.

C. DEFINITIONS:

1. Coaching:
 - a. Informal discussions with employees to identify areas of employees' work performance that do not meet performance expectations and to provide guidance in developing skills, modifying behaviors and addressing undesirable conduct.
2. Counseling:
 - a. Formal discussions implemented by supervisors when coaching is not successful at motivating an employee to change his/her work performance or when employee conduct or behavior violates TCHD policy or service standards, presents an immediate danger or threat of danger to other employees or to patients.
 - b. Counseling will result in written documentation to the employee's file, and may result in termination of employment. Counseling sessions will be documented on a Work Performance Improvement Form (WPIF).
3. Administrative Leave:
 - a. When an employee appears to have been involved in misconduct or performance deficiency, he/she may be placed on Administrative Leave in order to allow TCHD to conduct a comprehensive investigation. Human Resources must be notified when placing an employee on Administrative Leave.
 - b. Human Resources will notify Information Technology and Security.
4. Supervisor:
 - a. Supervisor refers to any level of leadership from supervisor to Chief level.

D. COACHING AND COUNSELING PROCESS – WORK PERFORMANCE IMPROVEMENT FORM:

1. Coaching consists of a documented verbal discussion between the manager or supervisor and the employee. Coaching is informal in nature and should be used when matters do not require formal counseling of an employee's performance. If coaching is unsuccessful in resolving an employee's identified deficiencies or if the nature of the deficiency warrants more than informal action, then supervisors should engage in the counseling process.
2. Counseling consists of a meeting involving the supervisor and employee to discuss deficiencies in the employee's conduct and/or performance expectations. Counseling should be documented on the WPIF and should include the following:
 - a. A written description of the incident/event/deficiency including observable behaviors and comments as well as the date, time, place and the policy/policies violated or conduct to be improved.
 - b. A copy of the policy, standard, practice, rule, or regulation that has been violated, if any.
 - c. An action plan for improvement.
 - d. A concise description of the consequence if the action plan is not followed and/or expectation is not met.
3. The employee will be given the opportunity to write a response to the work performance

- improvement action during or after the meeting.
4. The supervisor will sign and date the WPIF.
 5. The employee will sign and date the WPIF indicating that the supervisor has reviewed the incident with the employee.
 - a. An employee's signature or initial does not signify admission or agreement with the work performance improvement action, but only that he/she has received a copy of the WPIF and has been counseled on the subject matter referenced therein. If an employee refuses to sign or initial the WPIF, the supervisor will state the same on the form to verify that the counseling occurred and that the employee refused to sign the form. A completed copy of the WPIF is to be given to the employee at the time of the counseling and the original sent to HR.
 6. Administrative Leave:
 - a. When an employee appears to have engaged in misconduct or performance deficiency, he or she may be placed on Administrative Leave in order to allow a full and comprehensive investigation.
 - b. TCHD employees may be placed on Administrative Leave.
 - c. Administrative Leave requires the approval of a Human Resources Representative. Before an employee is placed on administrative leave, the supervisor will review his/her intended course of action with the Human Resources Representative, unless emergency conditions warrant otherwise.
 - d. If an employee is on Administrative Leave, his/her badge, hospital keys, and any equipment (computer, pager), as deemed necessary, will be held by the supervisor.
 - e. When an employee is placed on Administrative Leave, the Administrative Leave Form shall be completed including the beginning date of the leave.
 - f. The supervisor updates the employees' Kronos record with the administrative leave paycode for the scheduled days.
 - g. The employee is not allowed on TCHD property, unless for medical treatment, until the conclusion of the investigation.
 7. Notice of Intent to Terminate Employment (Involuntary):
 - a. Before an employee is terminated, the supervisor will review his/her intended course of action with the Human Resources Representative. In some circumstances the employee may be placed on administrative leave in order to investigate. The supervisor updates the employees' Kronos record with the administrative leave pay code for the scheduled days.
 - b. The letter of intent to terminate defines the reason for the termination. This includes a statement of any policy, standard, practice, rule, or regulation that the employee has been found to have violated and a description of the evidence upon which the proposed action is based. The letter will state the effective date of termination. The letter will include information regarding the Fair Treatment/SKELLY Process policies AP 427 or 428, including any of TCHD's policies on which the termination is based. The intent to terminate letter must be reviewed by the Human Resources Representative before sending or giving the letter to the employee.

E. FORMS REFERENCED WHICH CAN BE LOCATED ON THE INTRANET:

1. Administrative Leave form

required to renew his/her license 10 calendar days before it expires. If an employee does not renew his/her license in the appropriate timeframe, the employee may be terminated. If this is a 2nd violation of this policy, additional disciplinary action may be taken upon renewal.

- c. In the event that any action is taken by any licensing agency or any credentialing body which might result in the accusation, sanction, revocation or suspension of a license/certification/registration then it is the employee's responsibility to notify his/her supervisor immediately following notice of any such activity by credentialing boards. Failure to comply may result in disciplinary action, up to and including termination of employment.
- d. The HRD will notify the appropriate Department Supervisors of expiring licenses/certifications/registrations through email and reports.

D. **CONTRACT EMPLOYEES:**

- 1. Each nursing contract employee (i.e. traveler) will have Primary Source Verification of his/her license maintained in Staffing Resources.
- 2. The individual Departments and Staffing Resources track travelers or other contract employees in the same manner as all licensed personnel.
- 3. Registry personnel, utilized on a shift-by-shift basis, will have their license/certification verified by their agency prior to their first shift and this information will be noted on each Registry employees Letter of Competency (LOC). Copies of the LOC are maintained and filed in Staffing Resources for nursing.

 **Tri-City Health Care District**
Oceanside, California

Administrative Policy Manual

ISSUE DATE: 12/87

SUBJECT: Flex/Float To Activity

REVISION DATE: 10/12; 02/13; 09/13

POLICY NUMBER: 8610-437

Human Resources Committee:

09/13

Board of Directors Approval:

09/13

A. INTRODUCTION:

1. The District reserves the unrestricted right to engage in Flex/Float to Activity. No District employee, representative or agent has the authority to limit this right, and any attempt to do so shall be void.

B. PURPOSE:

1. Management is responsible for the daily monitoring activities to ensure adequate staffing. Once it has been determined scheduled staffing levels exceed anticipated activity, this procedure is to be implemented. In interpreting this procedure it should be reinforced that the principal criteria for any flex/float activity will be to retain those personnel necessary to meet the requirements of patient care. All other criteria for a flex/float activity are subject to, and limited by, that overriding consideration.

C. DEFINITIONS

1. Job Classification - The position an employee holds, i.e., secretary, food service worker, registered nurse, etc.
2. Unit Seniority - Employee with the longest length of District service in the specific department/unit.
3. Period of Service - The amount of time an employee spends in a particular job classification department. This date is specific to Reassignment flex-to-activity situation only.
4. Activity - Unique to each department, activity may be defined in areas as census, units, procedures, employees, etc., by which levels of staffing are determined.
5. Alternative Work Assignment - Work available in a department other than an employee's primary work area in which an employee holds credentials and experience.
6. PTO Payment Eligibility Requirement - As defined in the "Paid Time Off Program" (PTO).
7. Flex-to-Activity - The daily review of activities versus scheduled staffing, which may result in Hospital Requested Time Off (HRTTO).
8. PTO-Flex Time - Time an employee is normally scheduled to work, which a manager determines, is not necessary due to a decrease in activities.

D. FLEX-TO-ACTIVITY:

1. Management is responsible to ensure the adequate provision of staffing. Once it is determined that planned levels are in excess of anticipated activity, this procedure is to be implemented.
2. Appropriate staffing needs are determined by job classification.
3. Once a job classification has been identified as being over staffed relative to activity, the management must investigate the staffing needs of other areas of the facility for alternative work options appropriate for the employee's skills and knowledge. In determining the priority of offering alternative work, the process below will prevail:
 - a. There will be no seniority recognition in alternative work assignments.
 - b. An employee accepting appropriate work assignment will be paid at their regular rate of pay.

4. If there is not appropriate alternative work available the following may occur:
 - a. The hours the employee voluntarily takes off will be designated as PTO Flex Time (formerly) "Hospital Requested Time Off" on an employee's time record.
 - b. Non-Exempt Employees on PTO Flex Time may choose to use PTO, PTO Flex zero pay, or go into the negative (up to 40 hours max). Non-exempt employees who choose to go into the negative must pay back the negative hours balance through future accruals before utilizing any further negative hours.
 - c. If exempt employees are required to take a flex day they must use PTO or go into negative PTO.. Exempt employees may not use zero pay unless it is for a full week increment in which they did not do any work during that week.
5. If attempts to reduce extra staff by placing staff in alternate available positions or voluntary PTO Flex Time are not completely successful, then extra staff will be placed on non-voluntary PTO Flex Time based on the following criteria:
 - a. The principal criteria for any reduction in force will be to retain those personnel necessary to meet the requirements of patient care. All other criteria for flex to activity is subject to, and limited by, that overriding consideration. The following priority of criteria, therefore, may be altered or modified consistent with that need and requirement or approved department specific criteria.
 - i. The following is an example of status priority:
 1. 1st - Temporary, from least senior to most senior
 2. 2nd - Per Diem, from least senior to most senior
 3. 3rd - Benefited, from least senior to most senior
 4. 4th - Employee training period
6. Management will attempt to call employees at least two hours prior to the beginning of their shift to notify them of PTO Flex Time.
7. It is each employee's responsibility to provide his or her supervisor with a telephone number where he/she can be reached. This telephone number will be used to contact the employee when being placed on PTO Flex Time.
8. Employees who report to work after being called not to report within the appropriate time frame are not eligible for report-in pay but may use PTO.

All employees that are a member of a union must follow the terms of the collective bargaining agreement.

administration of this policy will be developed by the Vice President of Human Resources in concert with the Director of Education, and Clinical Informatics.

C. **Compensation for Education:**

1. Compensation for Mandatory Education, Pay Practice 474.01.
2. Compensation for Education Activities Related to Professional/Personal Educational Activities, Pay Practice 474.03.
3. Tuition Reimbursement Loan Program, Pay Practice 474.04.

Administrative Policy Manual

ISSUE DATE:	07/10	SUBJECT: Authorization to Hire New Employees and Engage Consultants.
REVISION DATE:	09/10; 09/13	POLICY NUMBER: 8610-478
Human Resources Committee Approval:		09/13
Board of Directors Approval:		09/13

A. **PURPOSE:**

To define the approval process for hiring new employees and engaging consultants at Tri-City Healthcare District (TCHD) and ensure that TCHD complies with all applicable laws and regulations regarding the classification of employees and independent contractors.

B. **DEFINITIONS:**

1. A consultant is an independent contractor retained to provide professional or technical services or advice or other consulting services to TCHD.
2. An employee is hired to render services to TCHD on a regular basis, is integrated into the operations of TCHD and works under the direction and control of TCHD.
3. An independent contractor is generally defined by the IRS by using a multi-factor common law test. An independent contractor generally is distinguished from an employee because the contractor retains the right to control the manner and means by which the work is accomplished. While it is impossible to describe every single independent contractor relationship, the IRS may recognize such a relationship where the contractor:
 - a. offers services to the public on a consistent basis;
 - b. provides specific services defined in a written agreement in return for a specified amount of compensation for a specified result;
 - c. performs services in a manner that is not subject to TCHD direction and control as to the methods used to obtain the results;
 - d. has the risk of profit or loss from operations;
 - e. maintains insurance policies (professional liability, workers' compensation, general liability etc.)
 - f. obtains and maintains appropriate business and/or professional licenses;
 - g. is not entitled to TCHD employee health and welfare benefits, and is not subject to withholding of employment or other applicable taxes.

C. **POLICY AND PROCEDURE:**

1. Employees and independent contractors must be properly classified to ensure that TCHD is in compliance with all applicable state and federal laws, regulations and requirements, including law and regulations regarding the issuance of 1099 forms and W-2 statements, the withholding of income, employment, Medicare, Social Security, state disability and other applicable taxes, and entitlement to TCHD health and welfare benefits.
2. Employee hiring.
 - a. No position may be filled, and no position may be created, posted, or advertised until approved by the CEO.
 - b. Employee hiring must comply with this Administrative Policy No. 8610-478.
3. Consultants/Independent Contractors.
 - a. All proposed consultant and independent contractor engagements must be submitted to the responsible Director, Vice President,, or Chief (COO, CFO, CMO, CHRO, CNE, CCO) and then submitted to the CEO for his/her written approval.
 - b. The engagement of a consultant or independent contractor also must comply with the legal and contract review process set forth in Policy Number 8610-278.
 - c. It is the engaging manager or director's responsibility to obtain necessary approvals under 3.a. and 3.b. above, monitor the consultants performance and approve all hours worked.
4. No offers of employment are valid unless they emanate from Human Resources.
5. Employees violating this policy are subject to discipline up to and including the termination of employment.

Administrative Policy Manual
Human Resources

ISSUE DATE: 07/88 SUBJECT: Performance Evaluations

REVISION DATE(S): 10/12 POLICY NUMBER: 426

Human Resources Department Approval Date(s): 11/15

Administrative Policy and Procedure Committee Approval Date(s): 09/16

Human Resources Committee Approval Date(s): 11/15

Board of Directors Approval Date(s): 12/15

A. **PURPOSE:**

1. To ensure that all employees receive a periodic performance evaluation and competency assessment.

B. **POLICY:**

1. Department Managers will complete an annual performance evaluation for all employees.
2. All managers must have ongoing communication with the employee to discuss performance relative to specific competencies and manager's expectations.
3. The evaluation tool consists of pre-determined standards against which the employee's performance is measured based on essential functions and behaviors, adherence to the Compliance Program's Code of Conduct and Policies.
4. Employees covered under a recognized bargaining unit will be subject to the terms and conditions of their respective contract.
5. For individuals with clinical responsibility for the assessment, treatment, or care of patients, the job description and annual performance appraisals must address competencies appropriate to ages of the patients served. Employees must also have evidence of satisfactorily completing the minimal annual competency assessment.
6. Non-clinical employees must meet the annual competency assessment based upon the job description and performance appraisal.
7. Strict adherence to this policy is a management performance expectation. Noncompliance will be addressed in accordance with Administrative Human Resources Policy: Coaching and Counseling for Work Performance - 424.

C. **DOCUMENTATION:**

1. Written performance evaluation reports shall reflect that the factors set forth in Section B. above were considered in evaluating the performance of employees. These reports shall be maintained in each employee's personnel file consistent with the District's document retention policies.

C.D. **RELATED DOCUMENTS:**

1. Administrative Human Resources Policy: Coaching and Counseling for Work Performance - 424

Administrative Policy Manual
ComplianceHuman Resources

ISSUE DATE: 05/12

SUBJECT: Hiring and Employment; Screening
Current Employees/~~Covered~~
~~Contractors~~

REVISION DATE(S):

POLICY NUMBER: ~~8750-539-~~ 485

Human Resources Department Approval Date(s): 05/16

Administrative Policies and Procedures Approval Date(s): 09/16

Human Resources Committee Approval Date(s):

Board of Directors Approval Date(s): 05/12

A. **PURPOSE:**

1. ~~Policy 8750-539 provides (1)To provide a statement~~guidance of the Tri-City Healthcare District's (TCHD'S) policy regarding screening current employees ~~and Covered Contractors~~.

B. **DEFINITIONS:**

1. ~~Covered Contractor – an individual or entity that has a contractual relationship with TCHD (other than employment), including:~~
 - a. ~~Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;~~
 - b. ~~Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to any federal or state health care program.~~
2. ~~GSA EPLS – The General Services Administration's (GSA) Excluded Parties List System.~~
3. ~~OIG LEIE – The U.S. Department of Health & Human Services, Office of Inspector General's (OIG) List of Excluded Individuals/Entities.~~

C.B. **SCREENING CURRENT EMPLOYEES/~~COVERED CONTRACTORS~~:**

1. Periodically, but at least on ~~an annual~~ monthly basis, ~~the District~~TCHD shall screen current employees/~~Covered Contractors~~ against the:
 - a. Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE), and
 - b. United States General Services Administration Excluded Parties List System (GSA EPLS).
2. Periodically, but at least on an annual basis, the District shall require each employee to certify in writing that the employee:
 - a. Has not been charged with or convicted of committing any criminal offense;
 - b. Does not have any charges pending for violating any criminal law;
 - c. Has not been debarred, excluded or otherwise deemed ineligible for participation in Federal health care programs;
 - d. Is not the subject of or otherwise part of any ongoing federal or state investigation; and
 - e. Possesses a current professional license, registration, or certification, as applicable, and is in good standing with, and has had no Adverse Action taken by, any and all authorities granting such license, registration or certification, as applicable.
3. In the event that the employee cannot provide the certification set forth in Section II.B above, the employee shall provide complete and accurate information with respect to the matters at issue.
4. In addition, as specified in 8750-542, employees ~~and Covered Contractors~~ are required to report any criminal convictions under state or federal law, in writing to the District Human Resources

~~Department within five (5) working days of such convictions as per Administrative Human Resource Policy: Coaching and Counseling for Work Performance 424. - any changes relevant to the certification set forth in Section II.B above and/or Section II.F of Policy 8750-538 immediately upon becoming aware of any such change(s).~~

D.C. RETENTION:

1. Subject to legal constraints, ~~the District TCHD~~ shall not knowingly retain any employee ~~or Covered Contractor~~ if the employee/~~Covered Contractor~~:
 - a. Has been convicted of a criminal offense that has a bearing on the (a) trustworthiness of the employee/~~Covered Contractor~~, or (b) ability of the employee/~~Covered Contractor~~ to perform relevant job responsibilities; or
 - b. Has been convicted of committing a health care fraud-related criminal offense; or
 - c. Is currently debarred, excluded or otherwise ineligible for participation in Federal health care programs; or
 - d. Does not have a current professional license, registration or certification as applicable, and/or is not in good standing with, and/or has had Adverse Action taken by, the relevant state authorities that grant such license, registration or certification, as applicable.

E.D. DOCUMENTATION:

1. ~~Tri City Healthcare District TCHD shall document compliance with 8750-539. For employees, such documentation shall be maintained in the employee's personnel file consistent with the District's TCHD's document retention policies. For Covered Contractors, such documentation shall be maintained in the relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

F.E. RELATED DOCUMENT(S):

1. Administrative Policy 8750-542 – Hiring and Employment; Employee/~~Covered Contractor~~ Requirements to Report Changes in Certification
- 1.2. Administrative Human Resource Policy: Coaching and Counseling for Work Performance 424

ISSUE DATE: 05/12

SUBJECT: Hiring and Employment; Pending
Charges against Current
Employees/~~Covered Contractors~~

REVISION DATE:

POLICY NUMBER: ~~8750-540~~ 486

Human Resources Department Approval Date(s): 05/16

Administrative Policies and Procedures Approval Date(s): 09/16

Human Resources Committee Approval Date(s):

Board of Directors Approval Date(s): 05/12

A. PURPOSE:

1. ~~Policy 8750-540 provides (1) To provide~~ a statement guidance of the ~~Tri-City Healthcare~~ District's (TCHD's) policy regarding pending charges against its employees ~~or Covered Contractors~~.

A-B. DEFINITIONS:

1. Adverse Action – Adverse action means with respect to a professional license, registration, or certification, any negative finding, unfavorable decision or action, or any decision or action that could have a negative or unfavorable implication. It includes, but is not limited to: revocation, denial, fine, monitoring, probation, suspension, letter of concern, guidance, censure, reprimand, disciplinary action, restriction, required counseling, loss, voluntary or involuntary surrender, and initiation of inquiry, investigation or other proceeding that could lead to any of the actions listed.
~~Covered Contractor – A Covered Contractor is an individual or entity that has a contractual relationship with TCHD (other than employment), including:~~
 - ~~Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;~~
 - ~~Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to a federal or state health care program.~~
2. Federal health care program – The phrase “Federal health care program” shall have the same meaning as set forth at 42 U.S.C. 1320a-7b(f) and includes, by way of example, Medicare and Medicaid.

B.C. ACTION PENDING RESOLUTION OF CHARGES:

1. ~~If the District~~ TCHD learns that:
 - a. A current employee or ~~Covered Contractor~~ has been charged with a criminal offense bearing on trustworthiness, or the ability of the employee/~~Covered Contractor~~ to perform relevant job responsibilities,
 - b. A current employee ~~or Covered Contractor~~ has been charged with a criminal offense related to health care fraud,
 - c. A federal agency has issued a notice proposing to debar, exclude, or otherwise deem the current employee ~~or Covered Contractor~~ ineligible to participate in any Federal health care program, or;
 - d. ~~A state agency or authority has proposed to take an Adverse Action (as defined in 8750-537) against a professional license, certification or registration of a current employee, or~~ Covered Contractor,

~~1.2.~~ Then, pending resolution of the charges:

~~2-a.~~ If the employee/~~Covered Contractor~~ is in a position that involves direct responsibility for, or involvement in, patient care or billing any federal, state or private payer, then the employee shall be placed on Administrative Leave ~~and the Covered Contractor shall be removed from that position.~~

~~d.b.~~ If the employee/~~Covered Contractor~~ is not in a position that involves direct responsibility for or involvement in, patient care or billing any federal, state or private payer, then the employee/~~Covered Contractor~~ shall not be appointed to such a position.

C.D. DOCUMENTATION:

~~1.~~ ~~Tri-City TCHD shall document compliance with 8750-540.~~ For employees, such documentation shall be maintained in the employee's personnel file consistent with the [District's TCHD's](#) document retention policies. ~~For Covered Contractors, such documentation shall be maintained in the relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

B.E. RELATED DOCUMENTS:

1. [42 U.S. Code § 1320a-7b – Criminal penalties for acts involving Federal health care programs.](#)

Administrative Policy Manual
Compliance Human Resources

ISSUE DATE: 05/12

SUBJECT: Hiring and Employment;
Conviction/Exclusion/License
Revocation of Current
Employees/~~Covered Contractors~~

REVISION DATE(S):

POLICY NUMBER: ~~8750-541~~ 487

Human Resources Department Approval Date(s): 05/16
Administrative Policies and Procedures Approval Date(s): 09/16
Human Resources Committee Approval Date(s):
Board of Directors Approval Date(s): 05/12

A. **PURPOSE:**

1. ~~Policy 8750-541 provides (1) To provide a statement guidance~~ of the ~~District's TCHD's~~ policy regarding the criminal conviction, debarment or exclusion of employees ~~or Covered Contractors~~, or ~~the~~ revocation of the professional license, certification or registration of an employee ~~or Covered Contractor~~.

B. **DEFINITION(S):**

- ~~Covered Contractor – A Covered Contractor is an individual or entity that has a contractual relationship with TCHD (other than employment), including:~~
 - ~~Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and Allied Health Professionals such as physician assistants and nurse practitioners;~~
 - ~~Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to a federal or state health care program.~~

C.B. **ACTION FOLLOWING CONVICTION/PROHIBITION/LICENSE REVOCATION:**

1. If a ~~District TCHD~~ employee ~~or Covered Contractor~~:
 - a. Has been convicted of a criminal offense that bears on trustworthiness, or the ability to perform relevant job functions or is related to health care fraud, or
 - b. Has been debarred, excluded or otherwise deemed ineligible to participate in Federal health care programs, then, subject to legal constraints, ~~the District TCHD~~ shall terminate the employee ~~or the Covered Contractor~~.
2. If a ~~District TCHD~~ employee ~~or Covered Contractor~~ has had his or her professional license, registration, or certification revoked, cancelled or otherwise removed or nullified, then (assuming that such license, registration or certification is needed to fulfill the duties and obligations of the employee ~~or Covered Contractor~~), subject to legal constraints, ~~the District TCHD~~ shall terminate the employee ~~or Covered Contractor~~ ~~or suspend such person pending the reinstatement of his/her license, registration or certification.~~

D.C. **DOCUMENTATION:**

1. ~~The District TCHD shall document compliance with 8750-541.~~ For employees, such documentation shall be maintained in the employee's personnel file consistent with the ~~District's TCHD's~~ document retention policies. ~~For Covered Contractors, such documentation shall be maintained in relevant Covered Contractor file consistent with the District's TCHD's document retention policies.~~

Administrative Policy Manual
ComplianceHuman Resources

ISSUE DATE: 5/12

SUBJECT: Hiring and Employment;
Employee/~~Covered Contractor~~
Requirements to Report Changes in
Certification

REVISION DATE(S):

POLICY NUMBER: ~~8750-542~~ 488

Human Resources Department Approval Date(s): 05/16
Administrative Policies and Procedures Approval Date(s): 09/16
Human Resources Committee Approval Date(s):
Board of Directors Approval Date(s): 05/12

A. **PURPOSE:**

1. ~~Policy 8750-542 provides (1)To provide a statement~~ guidance of the District's Tri-City Healthcare District's policy regarding the requirement that employees/~~Covered Contractors~~ report changes to their last certification regarding criminal acts, Adverse Action, and other events, to ~~the~~ District TCHD.

B. **GENERAL POLICY:**

1. District TCHD employees ~~and Covered Contractors~~ are required to report any changes to their most recent certification ~~made per Administrative Policy 4858750-538 and/or 8750-539~~ to the District TCHD immediately.

C. **SPECIFIC POLICY:**

1. As provided in Administrative Policies 8750-537538, and 485 through 487-8750-541, the District TCHD screens prospective employees ~~and Covered Contractors~~ and requires current employees ~~and Covered Contractors~~ to certify to the absence of criminal activity, exclusion, or Adverse Action, etc.
2. In addition, each District TCHD employee/~~Covered Contractor~~ must report any criminal convictions under state or federal law, in writing to the Human Resources Department within five (5) working days of such conviction as per Administrative Human Resource Policy: Coaching and Counseling for Work Performance 424. ~~is required to notify the District, through a written communication to his or her supervisor and the Chief Compliance Officer, immediately — but no later than two days — following a change in the information obtained by the District during the most recent screening, and/or the information provided by the employee/Covered Contractor on the most recent certification.~~

D. **RELATED DOCUMENT(S):**

1. Administrative Policy 8750-538 – Hiring and Employment; Screening for Eligibility of Prospective Employees
2. Administrative Policy 485 – Hiring and Employment; Screening Current Employees
3. Administrative Policy 486 – Hiring and Employment; Pending Charges Against Current Employees
4. Administrative Policy 487 – Hiring and Employment; Conviction/Exclusion/License Revocation of Current Employees
- 4.5. Administrative Policy: Coaching and Counseling for Work Performance 424

Human Resources Committee Work Plan | 2016

ACTION	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review Committee Members up for Renewal or Replacement			❖				❖			❖		
Review HR Metrics			❖				❖					❖
Review HR Charter				❖								
Review HR Employee Fiduciary Retirement Subcommittee Charter											❖	
Quarterly HR Employee Fiduciary Retirement Subcommittee Update - Lincoln & Prudent					❖						❖	
Review Employee Benefits- UHC									❖			
All HR Policies Reviewed (ongoing)	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗	↗
Workers Comp Cases Review					❖							
Review Training & Education Topics										❖		
Key Grievance / ER-LR Data											❖	
Review of Legal Developments/New Laws					❖							
Employee Health & Wellness/ Clinic							❖					