

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE HUMAN RESOURCES COMMITTEE
OF THE BOARD OF DIRECTORS**
Tuesday, April 10, 2018 – 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		
	NONE		
6.	New Business		
	a. B.O.D Dashboard- “Stakeholder Experience” – Informational Only	5 min.	Chair Kellett
	b. Consideration to appoint Gwen Sanders to a second term on the Employee Fiduciary Retirement Subcommittee – Discussion/Action	5 min.	Chair Kellett
	c. Review HR Metrics- Quinn Abler, HR Director – Informational Only	5 min.	Esther Beverly
	d. Key Grievance/ER-LR Data – Informational Only	5 min.	Esther Beverly
	e. Review and Discussion of Administrative Policies – Discussion/Action 403- Discrimination, Harassment & Retaliation Prevention Policy 455- Confidentiality 485- Hiring and Employment; Screening Current Employees	15 min.	Esther Beverly
7.	Work Plan	1 min.	Chair Kellett
8.	Committee Communications	2 min.	Chair Kellett
9.	Date of Next Meeting – July 10, 2018	2 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
October 10, 2017**

Voting Members Present:	Chair Cyril Kellett, Director Rosemarie Reno, Director Leigh Anne Grass, Dr. Hamid Movahhedian, Joe Quince, Salvador Pilar, Dr. Martin Nielsen, Dr. Gene Ma, Virginia Carson, Gwen Sanders
Non-Voting Members Present:	Kapua Conley, COO; Sharon Schultz, CNE; Norma Braun, CHRO; Carlos Cruz, CCO; Esther Beverly, VP of HR
Others Present:	Frances Carbajal, Carmela Ford, Kandace Mccrae, BB&T; Denise Hujing, BB&T
Members Absent:	Steve Dietlin, CEO

Topic	Discussion	Action Follow-up	Person(s) Responsible
1. Call To Order	Chair Kellett called the meeting to order at 12:35 p.m.		Chair Kellett
2. Approval of the agenda	Chair Kellett called for a motion to approve the agenda of October 10, 2017. Director Reno moved with agenda sequence change and Gwen Sanders seconded the motion. The motion was carried unanimously.	Start agenda sequence with 6.d. Dr. Kellett will need to exit the meeting early due to a personal apt.	Chair Kellett
3. Comments from members of the public	Chair Kellett read the paragraph regarding comments from members of the public.		Chair Kellett
4. Ratification of Minutes	Chair Kellett called for a motion to approve the minutes of the September 12, 2017 meeting. Director Reno moved with correction and Dr. Movahhedian seconded the motion. The motion was carried unanimously.	Correction- 9.12.17 HRC agenda to reflect as follows: 6.c. Ginny Carson does not wish to be appointed to a second term on the Employee Fiduciary Retirement Subcommittee due to her second term on HRC will end in 2018.	Chair Kellett

Topic	Discussion	Action Follow-up	Person(s) Responsible
		This committee recommends Mrs. Carson stay on the Employee Fiduciary Retirement Subcommittee until her term with HRC ends. Mrs. Carson agrees.	
5. Old Business	None		
6. New Business			
a. Review Employee Benefits	<p>Denise Hujing and Kandace Mccrae from BB&T presented TCHD's Benefits program overview. Norma Braun, CHRO explained in detail current and proposed coverage changes for 2018. Proposal includes HMO copays for outpatient services; PPO copay increases, adding a three tier prescription drug copay and standardizing current plan. The committee reviewed and discussed comparable market data, employee and TCHD's financial impact as well as possible copay modifications.</p> <p>Director Reno called for a motion to approve the proposed benefit changes with three tier prescription copayment deduction modification from proposed \$75.00 to \$50.00. Director Grass moved and Director Reno seconded the motion. The motion was carried with majority vote- Director Reno, Director Grass, Sal Pilar, Ginny Carson and Dr. Movahhedian in favor. Gwen Sanders, Dr. Martin Nielsen and Joe Quince opposing.</p>	Director Reno requests a copy of the Benefits renewal proposal grid.	Norma Braun
b. Policy Discussion/Action Policy 8610-433 Paid Time Off Program	The Committee reviewed Policy 8610-433. Director Reno called for a motion to send Policy 8610-433 with renewal dates at the end of the policy in addition to the first page to the Board of Directors for approval. Ginny Carson moved and Dr. Movahhedian seconded the motion. The motion was carried unanimously.	Policy 8610-433 to be sent to Board of Directors for approval.	Norma Braun

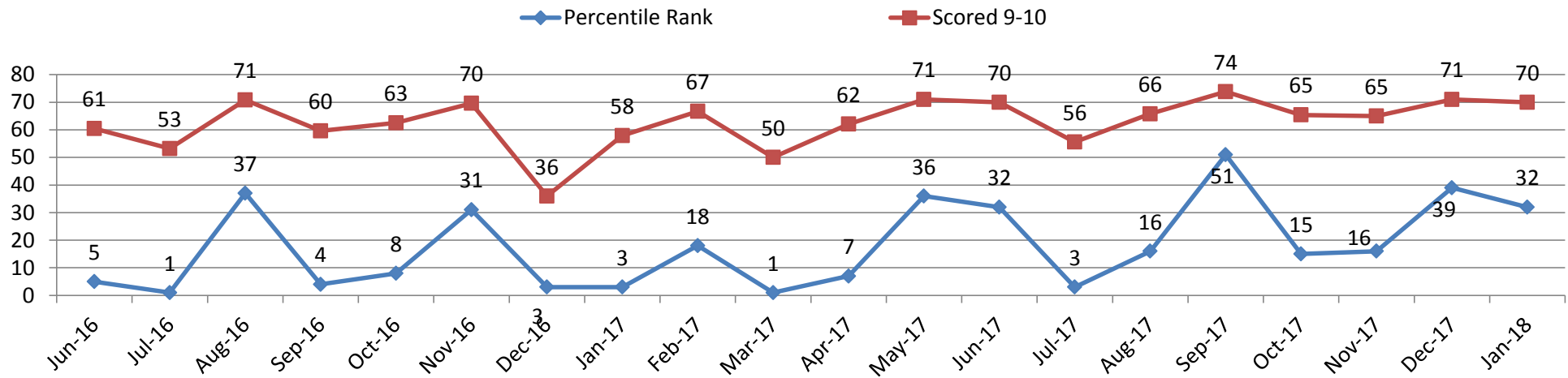
Topic	Discussion	Action Follow-up	Person(s) Responsible
Policy 8610-TBD Annual Leave Bank/ Extended Leave Bank	The Committee reviewed Policy 8610-TBD. Director Reno called for a motion to send Policy 8610-TBD with renewal dates at the end of the policy in addition to the first page to the Board of Directors for approval. Ginny Carson moved and Dr. Nielsen seconded the motion. The motion was carried unanimously with Gwen Sanders opposing.	Policy 8610-TBD to be sent to Board of Directors for approval.	
c. Manager and Director Roles	Nursing Directors vs. Managers overstaffing inquiry. Discussed different levels of job descriptions.	Director Reno requests samples of TCHD department organization charts	Director Reno
d. Leadership Development Plan	Committee discussion regarding future leadership development planning; career ladder process, internally post requisitions first, 2018 basic ED for leaders and succession planning.		Director Reno
e. Nurse/Allied Health Employee Forums	Suggest all employee forums twice a year. Discussion of how Benefits have been presented to employees through informational sessions, Brain Smart videos offered online and distribution of detailed booklets with all changes.		Director Reno
f. Review Quarterly Work Plan Draft	The newly drafted Work Plan to reflect new quarterly meeting schedule was reviewed & discussed.		Director Reno
7. 2017 Work Plan	The current 2017 Work Plan was reviewed & discussed.	HRC Meeting to be held quarterly unless need to meet prior to scheduled date is deemed.	Director Reno
8. Committee Communications	Director Reno inquired on the Employee Health & Wellness Program status. Norma Braun, CHRO explained new program in partnership with AHA on hold during Employee Health leadership search. Sharon Schultz, CNE informed the committee of newly established TCHD/AHA walking group in support of employee overall health & wellness ongoing efforts.		Director Reno
9. Date of next meeting	December 12, 2017		Director Reno

Topic	Discussion	Action Follow-up	Person(s) Responsible
10. Adjournment	Director Reno adjourned the meeting at 2:05 p.m.		Director Reno



Stakeholder Experiences

Overall Rating of Hospital (0-10)



Administrative Policy
Human Resources

ISSUE DATE: 05/83

**SUBJECT: DISCRIMINATION, HARASSMENT
AND RETALIATION PREVENTION
POLICY**

REVISION DATE(S): 01/09, 04/12, 02/13, 12/13, 11/14 POLICY NUMBER: 8610-403

Department Review: 11/17

Administrative Policies and Procedures Approval: 11/17

Human Resources Committee Approval: 08/14

Governance Council Committee Approval: _____ **11/14**

Board of Directors Approval: 11/14

A. POLICY:

1. Equal Employment Opportunity

- a. Tri-City Healthcare District ("TCHD") is committed to equal employment opportunity and to compliance with federal antidiscrimination laws. We also comply with California law, which prohibits discrimination and harassment against employees, applicants for employment, individuals providing services in the workplace pursuant to a contract, unpaid interns and volunteers based on their actual or perceived: race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including registered domestic partnership status), sex and gender (including pregnancy, childbirth, lactation and related medical conditions), gender identity and gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify), age (40 and over), sexual orientation, Civil Air Patrol status, military personnel and veteran status and any other consideration protected by federal, state or local law (collectively referred to as "protected characteristics").
- b. For purposes of this policy, discrimination on the basis of "national origin" also includes discrimination against an individual because that person holds or presents the California driver's license issued to those who cannot document their lawful presence in the United States. An employee's or applicant for employment's immigration status will not be considered for any employment purpose except as necessary to comply with federal, state or local law. Our commitment to equal opportunity employment applies to all persons involved in our operations and prohibits unlawful discrimination and harassment by any employee, including supervisors and co-workers.
- c. TCHD will not tolerate discrimination or harassment based upon these protected characteristics or any other characteristic protected by applicable federal, state or local law. TCHD also does not retaliate or otherwise discriminate against applicants or employees who request a reasonable accommodation for reasons related to disability or religion.

2. Prohibited Harassment

- a. TCHD is committed to providing a work environment that is free of illicit harassment based on any protected characteristics. As a result, TCHD maintains a strict policy prohibiting sexual harassment and harassment against employees, applicants for employment, individuals providing services in the workplace

pursuant to a contract, unpaid interns or volunteers based on any legally-recognized basis, including, but not limited to, their actual or perceived race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status (including registered domestic partnership status), sex and gender (including pregnancy, childbirth, lactation and related medical conditions), gender identity and gender expression (including transgender individuals who are transitioning, have transitioned, or are perceived to be transitioning to the gender with which they identify), age (40 or over), sexual orientation, Civil Air Patrol status, military and veteran status, immigration status or any other consideration protected by federal, state or local law. For purposes of this policy, discrimination on the basis of "national origin" also includes harassment against an individual because that person holds or presents the California driver's license issued to those who cannot document their lawful presence in the United States. All such harassment is prohibited.

- b. This policy applies to all persons involved in our operations, including coworkers, supervisors, managers, temporary or seasonal workers, agents, clients, vendors, customers, or any other third party interacting with TCHD ("third parties") and prohibits proscribed harassing conduct by any employee or third party of TCHD, including nonsupervisory employees, supervisors and managers. If such harassment occurs on TCHD's premises or is directed toward an employee or a third party interacting with TCHD, the procedures in this policy should be followed.

- i. **Sexual Harassment Defined**

- 1) Sexual harassment includes unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:
 - a) Submission to such conduct is made a term or condition of employment; or
 - b) Submission to, or rejection of, such conduct is used as a basis for employment decisions affecting the individual; or
 - c) Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.
- 2) Sexual harassment also includes various forms of offensive behavior based on sex and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list:
 - a) Unwanted sexual advances.
 - b) Offering employment benefits in exchange for sexual favors.
 - c) Making or threatening reprisals after a negative response to sexual advances.
 - d) Visual conduct: leering; making sexual gestures; displaying sexually suggestive objects or pictures, cartoons, posters, websites, emails or text messages.
 - e) Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, or comments about an employee's body or dress.
 - f) Verbal sexual advances or propositions.
 - g) Verbal abuse of a sexual nature; graphic verbal commentary about an individual's body; sexually degrading words to describe an individual; suggestive or obscene letters, notes or invitations.
 - h) Physical conduct: touching, assault, impeding or blocking movements.

- i) Retaliation for reporting harassment or threatening to report sexual harassment.
 - 3) An employee may be liable for harassment based on sex even if the alleged harassing conduct was not motivated by sexual desire. An employee who engages in unlawful harassment will be personally liable for harassment even if TCHD had no knowledge of such conduct. TCHD cannot be liable for harassment complaints if it has not been brought to the attention of the employee's supervisor, Human Resources Department (HR) and/or the Compliance Department. Any harassing conduct must be reported through the appropriate channels. ~~TCHD discourages dating in the workplace, but if employee(s) date, there can never be any acts of bias, preferential treatment, and if the dating interferes with their job performance, they must terminate the dating relationship. If the dating results in a bad outcome, the alleged victim MUST through proper channels.~~ TCHD discourages romantic or sexual relationships between co-workers because such relationships tend to create compromising conflicts of interest or the appearance of such conflicts. In addition, such a relationship may give rise to the perception by others that there is favoritism or bias in employment decisions affecting the staff employee which is prohibited. If a relationship exist that creates harassment or a conflict of interest, it must be reported to the supervisor, HR or the Compliance Department.
 - ii. Other Types of Harassment
 - 1) Harassment on the basis of any legally protected characteristic, as identified above, is prohibited. Prohibited harassment may include behavior similar to the illustrations above pertaining to sexual harassment. This includes conduct such as:
 - a) Verbal conduct including threats, epithets, derogatory comments or slurs based on an individual's protected characteristic;
 - b) Visual conduct, including derogatory posters, photographs, cartoons, drawings or gestures based on protected characteristic; and
 - c) Physical conduct, including assault, unwanted touching or blocking normal movement because of an individual's protected characteristic.
- 3. Abusive Conduct Prevention
 - a. It is expected that TCHD and persons in the workplace perform their jobs productively as assigned, and in a manner that meets all of managements' expectations, during working times, and that they and refrain from any malicious, patently offensive or abusive conduct including but not limited to conduct that a reasonable person would find offensive based on any of the protected characteristics described above. Examples of abusive conduct include repeated infliction of verbal abuse, such as the use of malicious, derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the intentional sabotage or undermining of a person's work performance.
- 4. Protection against Retaliation
 - a. Retaliation is prohibited against any person by another employee or by TCHD for using TCHD's complaint procedure, reporting proscribed discrimination or harassment or filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a governmental enforcement

agency. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions or otherwise denying any employment benefit.

5. **Discrimination, Harassment, Retaliation and Abusive Conduct Complaint Procedure**
 - a. Any employee who believes that he or she has been harassed, discriminated against, or subjected to retaliation or abusive conduct by a co-worker, supervisor, agent, client, vendor, customer, or any other third party interacting with TCHD in violation of the foregoing policies, or who is aware of such behavior against others, should immediately provide a written or verbal report to his or her supervisor, any other member of management, HR or the Compliance Department either directly, or through the Compliance Hotline. Employees are not required to make a complaint directly to their immediate supervisor, but they must report any conduct to the HR or Compliance Department. Supervisors and managers who receive complaints of misconduct must immediately report such complaints to the HR and/or the Compliance Department, who will attempt to resolve issues internally. When a report is received, TCHD will conduct a fair, timely, thorough and objective investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected. TCHD expects all employees to fully cooperate with any investigation conducted by TCHD into a complaint of proscribed harassment, discrimination or retaliation, or regarding the alleged violation of any other TCHD policies. TCHD will maintain confidentiality surrounding the investigation to the extent possible and to the extent permitted under applicable federal and state law.
 - b. Upon completion of the investigation, TCHD will communicate its conclusion as soon as practical. If TCHD determines that this policy has been violated, remedial action will be taken, commensurate with the severity of the offense, up to and including termination of employment. Appropriate action will also be taken to deter any such conduct in the future.
 - ~~a. The federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) will accept and investigate charges of unlawful discrimination or harassment at no charge to the complaining party. Information may be located by visiting the agency website at www.eeoc.gov or www.dfeh.ca.gov.~~
 - c. All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension or termination of employment.
 - d. TCHD mandates that if any employee feels they are being harassed in any way, the employee must make a formal written complaint with HR and/or the Compliance Department. If an alleged victim does not report timely, TCHD cannot be held responsible for any alleged bad conduct. TCHD will courteously treat any person who invokes the complaint procedure, and will handle all complaints swiftly and confidentially to the extent possible in light of the need to take appropriate corrective action. Lodging a complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. Because of the damaging nature of harassment to the victims and the alleged violator, and to the entire workforce, aggrieved employees are strongly urged to report immediately so that an immediate investigation can take place. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation. No formal action will be taken against any person under this

policy unless HR and or the Compliance Department has received a written and signed complaint containing sufficient details to determine if the policy may have been violated.

B. EXTERNAL LINK(S):

1. Equal Employment Opportunity Commission <https://www.eeoc.gov/>
2. California Department of Fair Employment and Housing <https://www.dfeh.ca.gov/>

C. REFERENCE(S):

1. California Fair Employment and Housing Act, FEHA §§ 12900 – 12996 (1959).
2. Title VII of the Civil Rights Act, Pub L. §§ 88 – 352 (1964).

A. PURPOSE:

1. ~~Tri-City Healthcare District (TCHD) is committed to providing a workplace free of harassment, based on race, religious creed (including religious dress and grooming practices), color, national origin, ancestry, physical disability, mental disability, medical condition (including AIDS and/or HIV status), genetic information, military and veteran status, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, childbirth, breastfeeding, and/or related medical conditions. These characteristics are defined as “protected classes.” TCHD will not tolerate harassment of employees or non-employees by managers, supervisors, employees, co-workers, vendors, or third-party providers.~~

B. DEFINITIONS OF SEXUAL HARRASSMENT:

1. ~~QUID Pro Quo Sexual Harassment: Submission to unwelcome sexual advances or requests for sexual favors that are made a condition of employment or the receipt of employment opportunities (If you do this; I'll do that.).~~
2. ~~Hostile Work Environment: Unwelcome verbal, physical, or visual conduct of a sexual nature that unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.~~

C. EXAMPLES OF SEXUAL HARRASSMENT:

1. ~~Unlawful harassment includes any of the following:~~
 - a. ~~Verbal Harassment: Includes epithets, derogatory comments, or slurs based on any of the protected classes defined above, verbal sexual advances, repeated unwelcome sexual flirtations or propositions and requests for sexual favors. Additionally, continued or repeated comments of a sexual nature, graphic verbal commentaries about an individual's body, bullying, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations, also constitute verbal harassment.~~
 - b. ~~Physical Harassment: Includes conduct such as unwanted touching, spanking, offensive or abusive contact, assault, impeding or blocking movement, bullying, or physical interference with normal work or movement.~~
 - c. ~~Visual Forms of Harassment: Include derogatory posters, notices bulletins, cartoons or drawings on the basis of any protected class. Leering, making sexual gestures, and displaying sexually suggestive objects or pictures also constitute harassment (e.g. displaying on walls, cubicles, file cabinets and computer screens).~~
2. ~~Sexual harassment, as prohibited by law, is distinguished from a consensual sexual relationship by the elements of coercion, threat, unwanted attention, unwelcome or unwanted sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of sexual nature, without regard to the sex of the harasser and victim where either:~~
 - a. ~~Submission to or rejection of such conduct is made either explicitly a term or condition of employment or participation in other TCHD activities; or~~
 - b. ~~Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making personnel decisions affecting an individual; or~~

~~c. Such conduct unreasonably interferes with an individual's performance or creating an intimidating, bullying, hostile, or offensive work environment.~~

~~3. It is also unlawful and inappropriate for a patient to receive unwanted sexual advances or to be the subject of an intimidating, bullying, hostile or offensive patient care environment by a TCHD employee.~~

~~D. **POLICY:**~~

~~1. Every incidence of harassment will be investigated promptly, thoroughly, and in as confidential a manner as possible.~~

~~2. TCHD will not tolerate retaliation against any employee for cooperating in an investigation or reporting or making a complaint of harassment. Retaliation is an unwarranted, adverse action taken against an employee who reports misconduct. Retaliation may include, but is not limited to, changing the employee's work schedule without legitimate business justification, unwarranted negative performance review, disciplinary action taken against the employee without legitimate business reasons.~~

~~3. If TCHD determines that an employee has engaged in harassment or retaliation, appropriate disciplinary action will be taken. Disciplinary action for a violation of this policy can range from verbal or written warnings up to and including termination of employment.~~

~~4. Medical Staff members are required to uphold federal and state laws prohibiting harassment. TCHD takes any complaints of violations of this policy by Medical Staff seriously. Violations of this policy regarding harassment are grounds for corrective action in accordance with the Medical Staff Bylaws and policies.~~

~~E. **PROCEDURE:**~~

~~1. Any incident of harassment whether directed to the employee or overseen or overheard by another employee should be reported promptly to the employee's supervisor or manager (or to any other member of management) or to a Human Resources representative. Managers who receive complaints or who observe harassing conduct must inform a Human Resources representative immediately. Documentation of the incident by the employee is encouraged.~~

~~2. If the employee's supervisor is the individual who is harassing the employee, he/she may report the complaint to another manager or a Human Resources representative.~~

~~3. An employee will be advised when an investigation is completed and the results of that investigation.~~

~~4. In addition to notifying TCHD about harassment or retaliation complaints, affected employees may also direct their complaints to the California Department of Fair Employment and Housing (DFEH), which has the authority to conduct investigations of the facts. The deadline for filing complaints with DFEH is one year from the date of the alleged unlawful conduct. If a matter before DFEH is not resolved through conference, conciliation, mediation or persuasion, DFEH may bring a civil action on behalf of the person claiming to be aggrieved. Employees can contact DFEH by referring to the information on TCHD's DFEH poster or by checking the state government listing in the local telephone directory.~~

Administrative Policy-~~Manual~~
Human Resources

ISSUE DATE: 12/02 SUBJECT: Confidentiality
REVISION DATE: 02/03, 10/05, 10/08, 05/11 POLICY NUMBER: 8610-455

Department Review: 12/17
Administrative Policies & Procedures Committee Approval: ~~n/a~~ 01/18
Human Resources Committee Approval: 04/15
Board of Directors Approval: 04/15

A. **PURPOSE:**

1. To ensure confidential patient and employee information is protected in accordance with Tri-City Healthcare District's (TCHD) legal and ethical responsibilities.

B. **SCOPE:**

- A-1. This policy applies to all of TCHD's Workforce Members to whom TCHD Confidential Information is disclosed and whose conduct in the performance of work for TCHD is under the direct control of TCHD or its employees, whether or not they are paid by TCHD.

B-C. **DEFINITION(S):**

1. **Business Associate:** Non-employee relationships where a person or entity performs duties, functions or any other activity on behalf of TCHD, that will or may involve the access and use of any Confidential Information. This agreement will provide for protection of Confidential Information in accordance with State and Federal law.
- 1-2. **Confidential Patient Information:** Any information about a patient including medical treatment, medical condition, and diagnoses, any demographic information, collected from an individual that (a) is created or received by a health care provider, health plan, employer or health care clearinghouse; and (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual and that identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. Confidential Patient Information includes patient identifiable information.
- 2-3. **Confidential Personnel Information:** Any information related to an employee, including social security number, home address, telephone numbers, emergency contacts, life insurance coverage and beneficiaries, benefits, salary or wages, resumes and applications for employment, reviews, warnings, and/or disciplinary action, and any other form or document found in an employee's personnel file.
- 3-4. **Confidential Employee Medical Information:** Any medical information relating to an employee including health insurance application form, life insurance application form, requests for medical leave, personal accident reports, worker's compensation reports, OSHA injury or illness reports, and any other form or document which contains private medical information related to a specific employee, and any other form or document found in an employee's personnel file.
- 4-5. **TCHD Proprietary and Confidential Information:** Information and physical material not generally known or available outside TCHD and information and physical material entrusted to TCHD in confidence by third parties. Examples includes, but are not limited to Confidential Patient Information, Confidential Employee Information, Confidential Employee Medical Information, TCHD's financial information, company competitive information, TCHD-developed intellectual property, business e-mail messages, and information about TCHD's affiliates, vendors and suppliers.

- 5.6. Confidential Information: Confidential Patient Information, Confidential Personnel Information, Confidential Employee Medical Information, and TCHD Proprietary and Confidential Information shall be collectively referred to as “Confidential Information” for the purposes of this policy.
- 6.7. Workforce Members: Includes employees, non-employees (volunteers, contractors, students, and vendors), physicians (including residents and physician assistants), and physician’s employees providing services at TCHD.

G.D. POLICY:

1. Workforce Member Responsibility: TCHD’s Workforce Members shall be responsible for maintaining the confidentiality of all Confidential Information entrusted to it and for reporting known or suspected unauthorized use, access or disclosure of Confidential Information. Minimum responsibilities include:
 - a. Understanding and following policies and department specific procedures appropriate to individual role and responsibilities.
 - b. Protecting information from unauthorized access, use, disclosure and transmission.
 - c. Maintaining safeguards for protection of information.
 - d. Reporting and/or securing Confidential Information found unattended or unsecured.
 - e. Reporting individuals who share passwords or who use other’s passwords and/or access codes.
2. Applicability This policy applies to all of TCHD’s Workforce Members to whom TCHD Confidential Information is disclosed and whose conduct in the performance of work for TCHD is under the direct control of TCHD or its employees, whether or not they are paid by TCHD.
- 2.3. Confidentiality Statement: Access to TCHD’s information systems and any Confidential Information is contingent upon execution of a Confidentiality Acknowledgement Agreement Form (“CAAF”) upon hire, appointment or initiation of service. The CAAF, which may be amended at TCHD’s discretion, is available on the shared drive and its terms are fully incorporated as if set forth separately herein.
- 3.4. Minimum Disclosures Necessary: When using, disclosing or requesting Confidential Information, reasonable efforts must be made to limit the amount of protected health information (PHI) disclosed to be the minimum amount of information necessary to accomplish the requestor’s intended purpose. This restriction does not apply to disclosing medical records for treatment. This requirement will be incorporated into all policies and processes that are established for access, use and/or disclosure of Confidential Information.
- 4.5. Business Associate Agreements: A Business Associate Agreement is required in non-employee relationships where a person or entity performs duties, functions or any other activity on behalf of TCHD, that will or may involve the access and use of any Confidential Information. This agreement will provide for protection of Confidential Information in accordance with State and Federal law. **The TCHD leader (for purposes of this policy, defined as manager or higher) that oversees the work of the Business Associate must ensure that a Business Associate Agreement has been executed.**
- 5.6. Safeguarding of Information: Confidential Information collected, generated, and/or stored by TCHD shall be maintained in such a manner as to prevent its unauthorized disclosure. Disclosure of Confidential Information shall be restricted to those who possess a need to know those who have been authorized to know or as may be required by State and/or Federal Law.
2. ~~Viewing or obtaining information not needed for job completion (regardless of the medium of storage) constitutes unauthorized disclosure of that information and a violation of this policy. TCHD characterizes as unacceptable any activity through which an individual:~~
 - a. ~~Allows or participates in access, use or disclosure of Confidential Information not needed for his or her job;~~
 - b. ~~Removes Confidential Information, including medical records;~~
 - c. ~~Without authorization, deletes, shreds, destroys, alters, dismantles, disfigures, prevents rightful access to or otherwise interferes with the integrity of Confidential Information and/or information resources;~~

- ~~Obtains information outside of approved channels without obtaining documented authorization to access such information.~~
- ~~Accesses one's own medical record in the electronic medical record. Use of the patient portal is the acceptable way to review one's medical record; other access is considered a breach.~~
- d. ~~The individual may visit the Registration or Medical Records department to sign up for the patient portal.~~
- 3. ~~**Violation of Policy:** Violators of this Policy shall be subject to disciplinary action by TCHD and reporting to the Licensing Board up to, and including, loss of privileges and/or termination. Individuals who access, use or disclose Confidential Information without proper authorization, will be subject to disciplinary action by TCHD and may, under certain circumstances, incur personal liability in connection with such unauthorized conduct.~~
- 6-7. Prohibited Uses/Disclosures of Confidential Information:
 - a. Not Meeting Minimum Use Necessary Standard: Viewing or obtaining information not needed for job completion (regardless of the medium of storage) constitutes unauthorized disclosure of that information and a violation of this policy.
 - b. Examples of Prohibited Uses/Disclosures: TCHD characterizes as unacceptable any activity through which an individual:
 - i. Allows or participates in access, use or disclosure of Confidential Information not needed for his or her job.
 - ii. Removes Confidential Information, including medical records.
 - iii. Without authorization, deletes, shreds, destroys, alters, dismantles, disfigures, prevents rightful access to or otherwise interferes with the integrity of Confidential Information and/or information resources.
 - iv. Obtains information outside of approved channels without obtaining documented authorization to access such information.
 - v. Accesses one's own medical record in the electronic medical record. Use of the patient portal is the acceptable way to review one's medical record; other access is considered a breach.
 - 1) The individual may visit the Registration or Medical Records department to sign up for the patient portal.
 - vi. Discloses Confidential Information, regardless of intent, in any form, including verbal, written or electronic, to:
 - 1) Individuals not involved in the care or treatment of TCHD patients;
 - 2) Individuals who are involved or know the patient but have no need to know the information; or
 - vii. Discloses Confidential Information in a setting where that information could be overheard by individuals who have no need to know, for example in elevators, lobbies, waiting rooms, hallways, dining rooms, etc.
 - viii. Discloses Confidential Personnel and/or Employee Medical Information to any third party, whether or not a TCHD employee, who does not have a legitimate need to know such information.
 - 1) A legitimate need to know such information may arise in connection with, and including but not limited to disciplinary actions to be taken against an employee, an employee's own emergency, and/or efforts to obtain treatment or care for an employee.
 - ix. Allows the use or disclosure of Confidential Information in a setting where information can be read or transferred from an unattended computer monitor or in violation with TCHD's Acceptable Use of Information and Computing Resources Policy ~~is prohibited and constitutes a violation of this policy.~~
- 8. **Termination of Employment:** Individuals whose relationship with TCHD terminates (whether voluntarily or involuntarily) will continue to be obligated to maintain confidentiality as defined in this policy and as provided for in the CAAF. Individuals must surrender all **of the following in**

their custody or control no later than the last day of employment or other affiliation with TCHD:

- a.** Access keys;
- b.** Access codes; ~~and~~
- ~~7.c.~~ **c.** ~~return any~~ Originals or copies of documents containing Confidential Information ~~in their custody or control no later than the last day of employment or other affiliation with TCHD.~~

B. RESPONSIBILITIES:

- ~~1.~~ TCHD's Workforce Members shall be responsible for maintaining the confidentiality of all Confidential Information entrusted to it and for reporting known or suspected unauthorized use, access or disclosure of Confidential Information. Minimum responsibilities include:
 - ~~a.~~ Understanding and following policies and department specific procedures appropriate to individual role and responsibilities;
 - ~~b.~~ Protecting information from unauthorized access, use, disclosure and transmission;
 - ~~c.~~ Maintaining safeguards for protection of information;
 - ~~d.~~ Reporting and/or securing Confidential Information found unattended or unsecured;
 - ~~e.~~ Reporting individuals who share passwords or who use other's passwords and/or access codes.
- ~~2.~~ Department Supervisors shall:
 - ~~a.~~ Determine appropriate levels of access to Confidential Information for all of TCHD's Workforce to ensure adequate performance of duties while ensuring the minimum disclosures necessary to achieve this objective.
 - ~~b.~~ Establish safeguards to protect privacy and security of information.
 - ~~c.~~ Evaluate the need for Business Associate Agreements as appropriate.
 - ~~d.~~ Know and follow procedures to report unauthorized disclosures of Confidential Information and other violations.
 - ~~e.~~ Adhere to Human Resource policies for disciplinary action.
 - ~~f.~~ Establish consistent procedures for appropriate disposal of documents or items containing Confidential Information.
 - ~~g.~~ Periodic monitoring of compliance with TCHD policies pertaining to confidentiality, privacy and security.
 - ~~h.~~ Provide on-going education and training on privacy and security policies and procedures.
 - ~~i.a.~~ Notify the appropriate departments of the termination of employment or relationship of any Workforce member.

E. PROCEDURE:

8-1. Supervisor Responsibility:

- ~~a.~~ **a.** ~~Department Supervisors shall:~~
- ~~b.a.~~ Determine appropriate levels of access to Confidential Information for all of TCHD's Workforce to ensure adequate performance of duties while ensuring the minimum disclosures necessary to achieve this objective.
- ~~c.b.~~ Establish safeguards to protect privacy and security of information.
- ~~d.c.~~ Evaluate the need for Business Associate Agreements as appropriate.
- ~~e.d.~~ Know and follow procedures to report unauthorized disclosures of Confidential Information and other violations.
- ~~f.e.~~ Adhere to Human Resource policies for disciplinary action.
- ~~g.f.~~ Establish consistent procedures for appropriate disposal of documents or items containing Confidential Information.
- ~~h.g.~~ Periodic monitoring of compliance with TCHD policies pertaining to confidentiality, privacy and security.
- ~~i.h.~~ Provide on-going education and training on privacy and security policies and procedures.
- ~~j.i.~~ Notify the appropriate departments of the termination of employment or relationship of

any Workforce member.

9.2. Workforce Member Responsibility:

- a. **Completion of CAAF:** Each member of TCHD's Workforce shall execute the CAAF as follows:
 - ~~10-i.~~ Upon hire/credentialing/initiation of service (volunteers and contracted).
 - ~~11-ii.~~ With each employee performance evaluation or credentialing renewal.
- ~~D-b.~~ **CAAF Document Retention:** Executed CAAFs shall be maintained in files in either Human Resources Department or Medical Staff Services as appropriate.
 - ~~1-i.~~ CAAFs for students shall be maintained in the Education Department.
 - ~~2-ii.~~ CAAFs for volunteers shall be maintained in the Auxiliary Department.
- b.c. Reporting of Suspected Violations:** All members of TCHD's Workforce must report suspected violations of confidentiality through the existing compliance reporting channels:
 - ~~e-i.~~ Supervisor;
 - ~~d-ii.~~ Quality Review (QRR) Report;
 - ~~e-iii.~~ Patient Representative;
 - ~~f-iv.~~ TCHD Values Line;
 - ~~3-v.~~ TCHD Privacy Officer; and/or
 - ~~4-vi.~~ Human Resources
- ~~E-d.~~ **Application of Standard Safeguards:** All members of TCHD's Workforce must apply standard safeguards to work processes, including:
 - ~~1-i.~~ Limiting unauthorized persons from viewing, accessing or having access to Confidential Information whether in hard copy, electronic form or in any other format.
 - ~~2-ii.~~ Limiting the display of patient names to first and last initials or first name and last initials on white boards used for patient tracking, in public view.
 - ~~3-iii.~~ Limiting exposure of patient's name and other Confidential Information to public view.
 - ~~4-iv.~~ Preventing Confidential Information from being left unattended in public areas.
 - ~~5-v.~~ Limiting viewing of computer screens containing patient identifiable information to the public.
 - ~~6-vi.~~ Preventing disposal of documents or other items containing Confidential Information in the regular trash and disposing of such items in accordance with TCHD policy (i.e. shred or medical waste systems.)
 - ~~7-vii.~~ Limiting discussions of Confidential Information to those necessary to the performance of one's duties or in order to provide patient care and ensuring that such discussions take place in private areas. Discussing any Confidential Information in public areas, hallways, elevators, cafeterias, restrooms etc. is strictly prohibited.
 - ~~8-viii.~~ Maintaining strict confidentiality of passwords/access codes.
 - ~~9-ix.~~ Establishing and/or maintaining the physical security of Confidential Information, utilizing access controls, and locking storage cabinets.
 - ~~10-x.~~ Confidential Information may not be transmitted or removed from the premises, either physically or electronically, without authorization from Department Director/Designee.

F. VIOLATIONS OF POLICY:

- ~~C-1.~~ **Violators of this Policy shall be subject to disciplinary action by TCHD and reporting to the Licensing Board up to, and including, loss of privileges and/or termination. Individuals, who access, use or disclose Confidential Information without proper authorization, will be subject to disciplinary action by TCHD and may, under certain circumstances, incur personal liability in connection with such unauthorized conduct.**

~~F.G. FORM(S) REFERENCED WHICH CAN BE LOCATED ON THE INTRANET:~~

1. Confidentiality Acknowledgement/Agreement Form

G.H. RELATED POLICIES:

1. Administrative Policy: 237 Hospital Records Retention
2. Administrative Policy: 427 Fair Treatment for Supervisory and Management Employees
3. Administrative Policy: 428 Fair Treatment for Non-Management
4. Administrative Policy: 511 Business Associate Agreement
5. Administrative Policy: 513 Disclosure of Protected Health Information
6. Administrative Policy: 515 Use and Disclosure of ~~Protected Health Information~~ **PHI:— Patient Records**
7. Administrative Policy: 518 Notice of Privacy Practices
8. Administrative Policy: 522 Faxing ~~of~~ Protected Health Information
9. Administrative Policy: 524 Disclosure of Information to Public and Media
10. Administrative Policy: 528 Accounting for Disclosures of Protected Health Information **(PHI)**
11. Administrative Policy: 602 Network Access
12. Administrative Policy: 603 Internet Access
13. Administrative Policy: 604 Email Access
14. Administrative Policy: 609 Disciplinary Action for Breaches of Confidentiality ~~of Restricted Electronic information~~
15. Code of Conduct

H.I. REFERENCE(S):

1. 1974 Federal Privacy Act
2. California Code of Regulations, Title 22, Section 70707(b)(8)
3. California State Confidentiality of Medical Information Act (CMIA)
4. Health & Safety Code 199.20
5. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
6. ~~JCAHO Accreditation Manual~~ **Joint Commission**

Confidentiality Acknowledgement/Agreement Form

TRI-CITY HEALTHCARE DISTRICT CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM

PRINT NAME: _____

DEPARTMENT: _____ EXTENSION POSITION: _____

During the course of your activity at Tri-City Healthcare District (TCHD) and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with TCHD's policies and procedures. In order for TCHD to properly care for patients and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to TCHD. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Personnel records and employee information.
5. Work Place Investigations
6. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of TCHD and its affiliates which has not previously been released to the public at large by a duly authorized representative of TCHD.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact the Values Line at 1-800-273-8452.

By reviewing each section and signing this Confidentiality Acknowledgment, I acknowledge and agree that:

1. I will only access business information for which I have a legitimate business purpose. I will not disclose TCHD proprietary, operational, or employee information except when expressly authorized to do so by TCHD.
2. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment and care of a particular patient.
3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of TCHD.
4. I will print information from any hospital information system only when necessary for a legitimate business purpose. I understand that patient medical information may only be stored in authorized locations such as the hard copy medical record jacket located in the Health Information Department. Exceptions may be incorporated into departmental policy when the exception is approved in writing by Tri-City Healthcare District's Director of Legal Services.



Tri-City Healthcare District
4002 Vista Way, Oceanside, California 92056

5. I will shred or dispose of all patient or employee identifiable information in a designated locked, confidential disposal bin.
6. Patient medical information available from any hospital information system may not be in final form. Therefore, I will not release printed hard copy to third parties, including parents/guardians, but will refer them to the Medical Records/Health Information Department for assistance. Exceptions may be incorporated into departmental policy so long as the exception is approved in writing by Tri-City Healthcare District's Director of Legal Services. Third parties or employees requesting copies of personnel and employee records will be referred to Human Resources.
7. My access and use of any hospital information system information is subject to routine, random, and undisclosed surveillance by the hospital.
8. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment/educational affiliation by Tri-City Healthcare District and its affiliates, or corrective action in conformance with current medical staff bylaws, rules and regulations.
9. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.
10. I understand that licensed health care providers are subject to sanctions for impermissible disclosure under numerous statutes and regulations including revocation, suspension, probation, public reprimand, and arrest.
11. If I am issued a unique password, it is my responsibility to maintain this code in a confidential manner. This password is my signature for accessing authorized on line computer systems. My password will ensure that the data for which I am responsible will not be available to anyone else; therefore, it is mandatory that my password and access data be kept strictly confidential.
12. My confidentiality obligation shall continue indefinitely, including at all times after my association with Tri-City Healthcare District and its affiliates, such as termination of my employment or affiliation with Tri-City Healthcare District and its affiliates.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Employee Signature

Date/Time

Print Name

Form Updated 9/13/05 & Revised: 01/18

Administrative Policy Manual
Human Resources

ISSUE DATE: 09/16

SUBJECT: Hiring and Employment; Screening
Current Employees

REVISION DATE(S): 09/16

POLICY NUMBER: 8610 - 485

Human Resources Department Approval Date(s): 05/17
Administrative Policies and Procedures Approval Date(s): 05/17
Human Resources Committee Approval Date(s): 05/17
Board of Directors Approval Date(s): 05/17

A. PURPOSE:

1. To provide guidance of the Tri-City Healthcare District's (TCHD'S) policy regarding screening current employees.

B. SCREENING CURRENT EMPLOYEES:

1. Periodically, but at least on a monthly basis, TCHD shall screen current employees 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, TCHD shall complete criminal background checks for employees who are assigned to the Crisis Stabilization Unit (CSU), the Security Department and the Behavioral Health Unit (if applicable) or any other employee that floats to the CSU department.
- ~~3. Periodically, but at least on an annual basis, TCHD 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.~~
- 4.3. In the event that the employee cannot provide the certification set forth in Section B.3 above, the employee shall provide complete and accurate information with respect to the matters at issue.
- 5.4. In addition, as specified in Administrative Policy: Pending Debarment, Criminal Charges or Adverse Action against Covered Contractors 8750-540, employees are required to report any criminal convictions under state or federal law, in writing to the Human Resources Department within five (5) working days of such convictions as per Administrative Human Resource Policy: Coaching and Counseling for Work Performance 424.

C. RETENTION:

1. Subject to legal constraints, TCHD shall not knowingly retain any employee if the employee:
 - a. Has been convicted of a criminal offense that has a bearing on the (a) trustworthiness of the employee, or (b) ability of the employee 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.

D. **DOCUMENTATION:**

- 1. For employees, documentation shall be maintained in the employee's personnel file consistent with the TCHD's document retention policies.

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

- 1. Administrative Policy: 8750-424 Coaching and Counseling for Work Performance
- 2. Administrative Policy: 8750-540 Pending Debarment, Criminal Charges or Adverse Action against Covered Contractors

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							❖					
B.O.D Dashboard- "Stakeholder Experience"				❖			❖			❖		

* HRC & Employee Fiduciary Retirement Subcommittee Charters to be reviewed every 3 years (last updated 2016)