

		POLICY	
		Title: Medical Staff Policy on Sexual Harassment Prevention	
Location: Centennial Hills, Desert Springs, Henderson, Spring Valley, Summerlin, Valley		Policy Number:	Page 1 of 5
Department of Document Owner: Medical Staff			
Original Effective Date: 05/2019		Last Revision Date: 05/2019	
Section:			

1. **Scope:**

This is a Facility-wide policy and applies to all patient care settings and operations in a Valley Health System hospital, which includes Centennial Hills Hospital, Desert Springs Hospital, Henderson Hospital, Spring Valley Hospital, Summerlin Hospital and Valley Hospital.

2. **Purpose:**

To establish standards for all individuals exercising privileges awarded by the Medical Staff process (“Practitioners”) which prohibit sexual harassment.

3. **Policy:**

It is the policy of the Facility and the Medical Staff that all Practitioners within or on behalf of the Facility treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner. The Facility and the Medical Staff do not tolerate verbal or physical conduct of a sexual nature by any Practitioner that is threatening, intimidating, coercing, creating an offensive or hostile work environment, or otherwise interfering with the Facility's operations or the use of the Facility (referred to hereafter as “sexual harassment”) by fellow Practitioners, Facility employees, patients or visitors.

A. While all forms of harassment are prohibited as behaviors that undermine a culture of safety, the intent of this Policy is to emphasize that sexual harassment is specifically prohibited. Each Practitioner has a responsibility to maintain the Facility free of any form of sexual harassment. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature are not appropriate at the Facility and will not be tolerated or condoned. No Practitioner is to threaten or insinuate, either explicitly or implicitly, to another individual that the refusal to submit to sexual advances will adversely affect that individual’s use or health treatment at the facility or the privileges, employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition impacting their privileges, employment, or career development. Furthermore, all Practitioners are prohibited from offering, promising or granting preferential

treatment to any fellow Practitioner, Facility employee, patient or visitor as a result of that individual engaging in or agreeing to engage in sexual conduct.

- B. Other forms of sexually harassing conduct in the Facility are also prohibited. Such conduct includes but is not limited to:
 - i. Sexual flirtations, touching, advances, or propositions;
 - ii. Verbal abuse of a sexual nature, including but not limited to inappropriate verbal comments about an employee's body or physical appearance;
 - iii. Graphic or suggestive comments about an individual's dress or body;
 - iv. The inappropriate use of sexually explicit or offensive language in discussions with or to describe an individual;
 - v. The display or transmission of sexually suggestive objects or pictures, including nude photographs;
 - vi. Questions about or discussions of another person's or one's own sexual experiences; or
 - vii. Sexually oriented gestures.
- C. Conduct of a criminal nature shall be handled through local law enforcement officials in accordance with Facility policy, local and State laws.

4. **Procedures**

A. Responsibility and Authority to Act:

- i. Allegations of sexual harassment may be made to a supervisor, the Chief Executive Officer, the Chief Medical Officer, the Director of Human Resources, Patient Advocacy, the Compliance Department or through the Compliance Hotline.
- ii. If it appears that the alleged sexual harassment involves a Facility employee (whether as the inappropriate actor or the victim), the individual receiving the report will report the allegations to Human Resources. Human Resources will be responsible for conducting a Facility investigation pursuant to Human Resource policies to the extent the alleged sexual harassment impacts any Facility employee.
- iii. In the event the alleged sexual harassment involves a Practitioner, the Chief Medical Officer, the Chief of Staff, and the Chief Executive Officer shall each be notified about the incident and shall each review the incident consistent with the Medical Staff Bylaws, Rules, Regulations and Policies. The Medical Staff may conduct a preliminary inquiry to determine whether

the allegations have merit to warrant either immediate corrective action, a recommendation for corrective action, or further investigation.

- iv. In the event the alleged sexual harassment involves a Practitioner and the Medical Staff undertakes an investigation, the Medical Staff may use Human Resources to assist in conducting its investigation. When Human Resources is assisting in a Medical Staff investigation, the actions, findings and recommendations by Human Resources shall be considered peer review activities subject to all applicable state and Federal peer review confidentiality and immunity provisions. Any information or documentation prepared by Human Resources in assisting the Medical Staff investigation shall not be deemed employment related information and shall not be stored in any employee personnel files.
- v. Issues of employee conduct will be dealt with in accordance with the terms of the individual's employment agreement and the Facility's Human Resources Policies. If an employed practitioner has clinical privileges and the Human Resources action does not address the impact on the clinical privileges, then the Practitioner will be subject to the Medical Staff process for review, investigation and corrective action as may be applicable. If the practitioner is a contractor, then the contract terms will control investigation and resolution of the issue. If the contract is silent as to investigation and resolution, then the Practitioner will be subject to the Medical Staff process for review, investigation and corrective action as may be applicable.

B. Medical Staff Preliminary Inquiry, Investigation and Corrective Action

- i. Preliminary Inquiry - Upon receipt of a report alleging sexual harassment by a Practitioner, the Chief of Staff, department chair, the Chief Medical Officer, or the CEO shall conduct (or cause to be conducted by other appropriate individuals or committees) such preliminary inquiry of the allegations as is deemed to be reasonable and necessary. The Practitioner shall submit to a physical and/or mental evaluation if requested. A preliminary inquiry may also include review by an external consultant and/or the assistance of the Human Resources Department.

A preliminary inquiry shall not be considered to be an investigation for purposes of reporting to the National Practitioner Data Bank should the practitioner resign from the Medical Staff or not seek reappointment while a preliminary inquiry is being conducted. Rather, the purpose of a preliminary inquiry is to determine if a reasonable basis exists for formal inquiry, formal investigation, or corrective action.

The results of any preliminary inquiry shall be provided to the Medical Executive Committee, the Hospital CEO or designee and/or to the appropriate department chair, or designee, if the preliminary inquiry is conducted by a committee or individual other than the department chair. Upon completion of the inquiry, the Medical Executive Committee or the Hospital CEO or designee may recommend that any action be taken with regard to the practitioner's Medical Staff membership or privileges, or they

can refer the matter to the Medical Executive Committee for formal investigation.

- ii. Investigation – If it is determined that an investigation is necessary, the investigation shall be conducted in accordance with the Medical Staff Bylaws, Rule, Regulations and Policies. In addition to the procedures set forth in the Medical Staff Bylaws, Rule, Regulations and Policies, the Board of Governors may direct that a formal investigation be conducted by other individuals or bodies. If as a result of such investigation the Board determines that any corrective action should be taken, the Practitioner concerned shall be notified in writing what action the Board has determined should be taken and the basis for that action, and the Practitioner shall be notified of the practitioner’s right to request a fair hearing as may be applicable.
 - iii. Action - Following receipt of a report alleging sexual harassment, together with the results of a preliminary inquiry or the results of an investigation, the Medical Staff may implement corrective action according to the procedures set forth in the Medical Staff Bylaws, Rule, Regulations and Policies, including but not limited to precautionary/summary suspension and termination of the Practitioner’s membership and/or clinical privileges if warranted. Regardless of the Medical Staff’s decision to open an investigation and/or pursue corrective action, the Chief of Staff, the Chief Executive Officer, the CMO, and/or the responsible Medical Staff committee are each authorized to collegially intervene with a Practitioner if said individual or Committee thinks collegial intervention will improve the Practitioner’s understanding of and/or compliance with this Policy. The following collegial interventions, in any combination, may be implemented at the discretion of said individual or Committee:
 1. Assigning mandatory training or re-training on the Medical Staff’s standards regarding sexual harassment;
 2. Issuing letters of instruction, reprimand, or warning to a Practitioner detailing instances or patterns of non-compliance with, or misunderstanding of, this Policy and/or identification of actions necessary or advisable to resolve the non-compliance or improve the understanding of this Policy; or
 3. Requiring the Practitioner to successfully complete mandatory Continuing Medical Education or similar courses with the goal of improving the Practitioner’s understanding and/or compliance with this Policy.
- C. The Practitioner shall be advised that a summary of the event and corresponding actions shall be prepared and a copy provided to him or her. The Practitioner may prepare a written response to the summary. The Chief Executive Officer shall cause

the written report(s) of the incident, summary of the meeting, and any other records regarding the incident or the meeting to be kept as a confidential Medical Staff record.

D. Retaliation in any form against a fellow Practitioner, Facility employee, patient or visitor who exercises his or her right to make a complaint under this Policy is strictly prohibited. Retaliation will constitute independent grounds for discipline.

5. **References:**

42 CFR 482.22 - Condition of participation: Medical Staff.

TJC Standard LD.03.01.01, Comprehensive Accreditation Manuals.

TJC Sentinel Event Alert on Behaviors That Undermine a Culture of Safety, Issue #40, July 9, 2008 (https://www.jointcommission.org/assets/1/18/SEA_40.PDF).

TJC Sentinel Event Alert on the Essential Role of Leadership in Developing a Safety Culture, Issue #57, March 1, 2017 (https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf).