

AGENDA

Corporate Compliance /Privacy and Internal Audit Committee Meeting of the El Camino Hospital Board

Thursday, January 21, 2016, 5:00 – 7:15 p.m.

El Camino Hospital, Conference Room F (ground level)

2500 Grant Road, Mountain View, California

Ramy Houssaini will participate via teleconference from the following address:

46 Rue de la Montagne Saint Genvieve 75005, Paris, France

Purpose: The Corporate Compliance/Privacy and Internal Audit Committee is responsible for providing direction for both the Corporate Compliance and Internal Audit programs at all locations of El Camino Hospital (ECH). Responsibilities include providing oversight on compliance issues requiring executive-level interaction, assessing physician relationship risk as it relates to compliance, reviewing HIPAA/Privacy laws as they relate to compliance and directing ECH on compliance strategies. The Committee also serves as the ad-hoc mobilization team for any external investigations and/or actions. Further, additional responsibilities include providing direction and oversight to ongoing internal audit activity and determining appropriate organizational response in order to identify and mitigate organizational risk.

AGENDA ITEM	PRESENTED BY		
1. CALL TO ORDER/ROLL CALL	John Zoglin, Chair Corporate Compliance Committee		5:00 – 5:01 p.m.
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair Corporate Compliance Committee		5:01 – 5:02
3. PUBLIC COMMUNICATION	John Zoglin, Chair Corporate Compliance Committee		5:02 – 5:07
4. REPORT ON BOARD ACTIONS	John Zoglin, Chair Corporate Compliance Committee		5:07 – 5:10
5. MEMBER VACANICES AND RECRUITMENT RECOMMENDATIONS	John Zoglin, Chair Corporate Compliance Committee		5:10 – 5:15
6. CONSENT CALENDAR ITEMS Any Committee Member may pull an item for discussion before a motion is made. Approval: a. Minutes of Corporate Compliance Meeting of November 12, 2015	John Zoglin, Chair Corporate Compliance Committee	<i>public comment</i>	motion for recommendation required 5:15 – 5:17

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at 650-988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		
7. RECOMMENDATION REGARDING DELEGATING BOARD OVERSIGHT OF ORGANIZATIONAL POLICIES ATTACHMENT 7	Mary Rotunno, General Counsel		information 5:17 – 5:30
8. POLICIES FOR APPROVAL i. Cover Sheet – Approval of Policies ii. Summary of Policies/Protocols for Review and Approval <i>Policies with Major Revisions</i> a. PTO – Rehab Services Staff b. Certified, Licensed and Registered Employees <i>Policies with Minor Revisions (Attachment 8)</i> ATTACHMENT 8	John Zoglin, Chair Corporate Compliance Committee	<i>public comment</i>	motion for recommendation required 5:30– 5:35
9. KEY PERFORMANCE INDICATORS, SCORECARD AND TRENDS Memo, Scorecard, and Trend Graph ATTACHMENT 9	Diane Wigglesworth, Compliance/ Privacy Officer		information 5:35 – 5:40
10. NEW ARTICLES a. Moody’s – Cyber Risk b. KPMG – Health Care and Cyber Security ATTACHMENT 10	Diane Wigglesworth, Compliance/ Privacy Officer		information 5:40 – 5:45
11. ADJOURN TO CLOSED SESSION			5:45
12. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair Corporate Compliance Committee		5:45 – 5:47
13. CONSENT CALENDAR Any Committee Member may pull an item for discussion before a motion is made.	John Zoglin, Chair Corporate Compliance Committee		5:47 – 5:50
<ul style="list-style-type: none"> ▪ Approval Closed Session Minutes (9/24/15), <i>Govt. Code Section 54957.2.</i> ▪ Information Conference with legal counsel – pending or threatened litigation – Gov’t. Code Section 54956(d)(2). <ul style="list-style-type: none"> - Compliance and Privacy Logs - Internal Audit Follow Up - Internal Audit Work Plan 			motion required information
14. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on Marketing Assessment	Diane Wigglesworth, Compliance/ Privacy Officer David Marlow, Strategic Marketing Concepts Steve Jackson, National Research Corporation		information 5:50 – 6:20

AGENDA ITEM	PRESENTED BY		
15. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on ERM Risks	Mick Zdeblick, Chief Operating Officer		information 6:20 – 6:35
16. Conference with legal counsel – pending or threatened litigation - <i>Gov't. Code Section 54956.9(d)(2)</i> . - Report on Internal Audit Activity	Diane Wigglesworth, Compliance/ Privacy Officer		information 6:35 – 6:45
17. Conference with legal counsel – pending or threatened litigation - <i>Gov't. Code Section 54956.9(d)(2)</i> . - Discussion on IT Security	Greg Walton, Chief Information Officer		information 6:45 – 7:05
18. <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets. - Discussion on Pacing Calendar	John Zoglin, Chair Corporate Compliance Committee		information 7:05 – 7:07
19. RECONVENE OPEN SESSION To report any required disclosures regarding permissible actions taken during Closed Session.	John Zoglin, Chair Corporate Compliance Committee		7:07
20. STATUS OF FY:16 COMMITTEE GOALS <u>ATTACHMENT 20</u>	John Zoglin, Chair Corporate Compliance Committee		information 7:07 – 7:10
21. COMMITTEE COMMENTS	John Zoglin, Chair Corporate Compliance Committee		7:10 – 7:15
22. ADJOURNMENT	John Zoglin, Chair Corporate Compliance Committee		7:15 p.m.

Upcoming Corporate Compliance Committee Meetings:

- March 17, 2016
- March 23, 2016 – Semi Annual Board and Committee Education
- May 21, 2016

**a. Minutes of Corporate Compliance Meeting of
November 12, 2015**

CONFIDENTIAL

Minutes of the Closed Session
Corporate Compliance, Privacy and Internal Audit Committee
Thursday, November 12, 2015
El Camino Hospital, 2500 Grant Road, Mountain View California
Medical Staff Conference Room

Members Present

John Zoglin, Chair
 Sharon Anolik-Shakked
 Christine Sublett
 Jeff Davis

Members Absent

Ramy Houssaini
 Wes Alles

Staff Present

Diane Wigglesworth, Director Corporate Compliance
 Tomi Ryba, CEO
 Greg Walton, CIO
 Mick Zdeblick, COO
 Iftikhar Hussain, CFO
 Mary Rotunno, General Counsel
 Cindy Murphy, Board Liaison
 Julie Johnston, Benefits/ Compensation (phone)
 Hassnain Malik, Sr. Director Enterprise Solutions
 Matt Harris, Controller

Others Present

Dan Hansen, Protiviti
 Alex Robison, Protiviti

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	The Closed Session meeting of the Corporate Compliance, Privacy and Internal Audit ("CCPIA") Committee of El Camino Hospital (the "Committee") was called to order by Chair Zoglin, at 5:55 pm.	
2. AGENDA ITEM 12 – Potential Conflict of Interest Disclosure	Chair Zoglin asked if there were any conflicts of interest on any of the items on the agenda. None were reported.	
3. AGENDA ITEM 13 – Consent Calendar	<p>Chair Zoglin asked if anyone wished to pull any Consent calendar items, indicating that he had questions on Item E – Internal Audit Workplan, and Item D - Internal Audit and Corporate Compliance Follow-up Table. Ms. Wigglesworth addressed both issues and confirmed that the Committee would like to continue to see the Internal Audit Workplan and Follow-up chart on a regular basis.</p> <p>Ms. Sublett reminded all that at the last Committee meeting it was agreed that the scope of the HIPAA Security Rule (last item on the work plan) would be expanded to include not only the administrative safeguards, but technical and physical safeguards as well. Ms. Wigglesworth acknowledged the oversight, and indicated that this would be corrected.</p> <p>Motion: To approve the Closed Session Consent Calendar Movant: Sublett Second: Davis Ayes: Anolik-Shakked, Davis, Sublett, Zoglin</p>	<i>Motion approved</i>

Agenda Item	Comments/Discussion	Approvals/Action
	<p>Noes: None Abstentions: None Absent: Houssaini, Alles, Recused: None</p>	
<p>4. AGENDA ITEM 14 – IT Security</p>	<p>Mr. Walton provided an update on the HIPAA Remediation Project. A lot of progress has been made, and Protiviti will be moving off the project at the end of November. Dan Hansen from Protiviti provided an overview of the corrective actions programs that have been fully set up, and how their utilization is revealing and identifying vulnerabilities. An IT steering oversight group will be on hand to prioritize and mitigate issues over time. Hassnain Malik explained that new servers are being scanned several times a week and are current within a 30 day cycle. Mr. Hansen and Mr. Malik left the meeting at 6:25pm.</p> <p>Mr. Walton indicated that he would be attending a conference in January addressing cyber security in health care. This is a very important topic because of the extreme vulnerability of this industry. Mr. Walton indicted that at some point ECH will need to address how much the organization is willing to pay for security, making a comparison of the value of our health information to our financial information. Ms. Ryba interjected here that because January leads into budget planning, it would be helpful to determine our total spend for IT, benchmarked against others as a total expense so that we know where we sit. We also need some context on benchmarks and peer institutions. Mr. Walton will bring this information to the next Committee meeting following the conference.</p> <p>Ms. Sublett asked who owned the many policies to be approved that apply to IT. Mr. Walton indicated that IT has mapped all 141 policies back to multiple owners within the organization, and are working to get procedures written by the end of this year. Templates and coaching on writing are being provided to get procedures written as quickly as possible.</p>	
<p>5. AGENDA ITEM 15 – Report on Internal Audit Activity</p>	<p><u>Accounts Payable and Spend Control Audit</u> Alex Robison of Protiviti and Matt Harris, ECH Controller, joined the meeting at 6:25p.m. Mr. Robison provided a brief review of an Accounts Payable and Spend Control Audit. Overall, out of 100,000 transactions for the fiscal year, only .003% of all transactions were found to be duplicates, resulting in only \$43,000 of duplicate payments, which is very good. Protiviti has offered to provide a macro in Excel that can be reviewed by the organization in advance. Opportunities are being explored to transition to EDI. Mr. Robison and Mr. Harris left the meeting at 6:35 pm.</p> <p><u>MSP (Medicare Secondary Payer) Audit</u> This audit, which takes place about every 3 years, was requested by the government to make sure ECH bills anyone else who might possibly be responsible for payment before Medicare is billed. The audit revealed that ECH has not been consistent in capturing all</p>	

Agenda Item	Comments/Discussion	Approvals/Action
	<p>required information on MSP forms. The new Epic system will help our constancy in the future. Our response to this audit was submitted to Medicare and was accepted.</p> <p><u>Coding Review</u> Findings of this annual audit reflected a 97% overall coding accuracy for inpatient, with a similar percentage for outpatient, based on ICD-9 coding. It is anticipated that there will be individual staff variations in performance, and the department manager will monitor. HIM department has employed an outside consultant to determine accuracy of ICD-10 coding and results of that review will be provided to this Committee with results of all future audits.</p> <p><u>Audits currently in-Progress – Department of Managed Health Care, Marketing Assessment, and Physician Lease</u> Results for these audits should be available to share with the Committee in January.</p>	
6. AGENDA ITEM 16 – Pacing Calendar	<p>In reviewing the pacing calendar, Chair Zoglin asked for some definition regarding the pacing plan item indicating that the Management team will bring information to the Committee on risk tolerance levels relative to the ERM. Ms. Ryba indicated that because ERMs are very difficult to rate in terms of tolerance, management will attempt to bring information back to the Board that will elicit conversation.</p>	
7. ADJOURNMENT OF CLOSED SESSION	<p>Chair Zoglin requested a motion to adjourn closed session and reconvene to open session.</p> <p>Motion: To adjourn Closed Session and return to Open Session Movant: Sublett Second: Anolik-Shakked Ayes: Anolik-Shakked, Davis, Sublett, Zoglin Noes: None Abstentions: None Absent: Houssaini, Alles Recused: None</p> <p>Meeting reconvened to Open Session at 6:43 pm.</p>	<i>Motion approved</i>

Attest as to the approval of the foregoing minutes by the CCPIA Committee and by the Board of Directors of El Camino Hospital:

John Zoglin
Chair, ECH CCPIA Committee

ATTACHMENT 7

Attachment 7a - Cover Sheet Governing Body Oversight of Policies January 2016

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Board Oversight of Organizational Policies Compliance Committee January 21, 2016
Responsible party:	Mary Rotunno, General Counsel
Action requested:	For Discussion
Background: <p>At the November 12, 2015 Compliance Committee meeting, the Committee reviewed a presentation by the Compliance Officer on Regulations Regarding Board Oversight of Organizational Policies and requested that the General Counsel contact colleagues at other health systems to determine practices by other hospital governing bodies.</p>	
Other Board Advisory Committees that reviewed the issue and recommendation, if any: <p>None.</p>	
Summary and session objectives : <ul style="list-style-type: none"> • Dignity Health’s Board has delegated authority to Management to approve Administrative policies. All clinical policies must be approved by the Community Board at each Dignity Health hospital. • John Muir Health’s Board approves all policies, including clinical and non-clinical policies. Board members are provided with a summary document for new policies and policy revisions. Copies of policies are available on the JMH Board portal. • Stanford’s and LPCH’s Boards have delegated authority to approve new policies and major revisions to various committees of the respective Boards. The Credentialing and Policies/Procedures Committee has delegated authority to approve all clinical policies. Approval of non-clinical policies are delegated to other Board committees as specified on Appendix B of the Policy on Board of Director Approval of Hospital Policies. Stanford and LPCH have adopted criteria for determining policies that require Board approval, which approval is delegated to a Board committee, and provides that the Board review a list of all new non-clinical policies periodically to determine whether the Board wishes to delegate approval of any of such new policies to a Board Committee by adding them to Appendix B. Approval of minor policy revisions are delegated to Management through an administrative procedure and are not reviewed by any Board Committees or the Board. • Sutter Health’s Board generally delegates authority to approve clinical policies to the Quality Committee of the Board or the Medical Affairs Committee of the 	

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

	<p>Medical Staff. The Sutter Board has delegated authority to approve administrative policies to Management through the systemwide Policy Committee for all affiliated entities. The Sutter Board retains approval rights over certain policies with significance such as the ERISA plan.</p>
	<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> 1. What, if any, changes should be recommended to the ECH policy approval process to enhance the effectiveness of the ECH Board and Committees? 2. Should the Board delegate authority for review of policies to Board Committees, similar to Stanford/LPCH and Sutter? If yes, should this issue be referred to the Governance Committee for recommendation on such delegated authority? 3. Is the Compliance Committee comfortable with the concept of delegated approval of non-clinical policies to Management, including financial policies? If so, should the Board or Governance Committee review a list of non-clinical policies to determine whether Board or Committee approval is desirable? 4. Is the Compliance Committee comfortable with the concept of delegated approval of minor revisions of policies to Management to eliminate the need for Board and Committee approval of minor revisions? 5. When Committee or Board approval of a policy is required, should the Committee/Board packet be limited to a list of policies requiring approval with a brief summary of new policies and revisions? A copy of the policies with redline revisions would be posted on the Board portal and available for review by Committee/ Board members but not included in the Board packet.
	<p>Proposed Committee motion, if any:</p> <p>This is a Discussion item.</p>
	<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Memo to Compliance Committee from Diane Wigglesworth dated October 29, 2015 2. Appendix B of LPCH Board of Director Approval of Hospital Policies

Attachment 7b - Oct. 29 2015 Memo to Committee - Policy Regulations for Board

Memorandum

DATE: October 29, 2015

TO: Corporate Compliance/Privacy and Internal Audit Committee

FROM: Diane Wigglesworth, Sr. Director Corporate Compliance

SUBJECT: Regulations Regarding Board Oversight of Organizational Policies

BOARD ACTION: **INFORMATION ONLY**

Requirements regarding Governing Body oversight of policy and procedures are derived from the Conditions of Participation/Medicare and Medicaid. As a surrogate for providing “Deemed Status”, the Joint Commission also speaks to oversight of policy and procedures by the Governing Board. Additionally, California Title 22 regulations clearly spell out the obligations for the Governing Board as well as the Medical Staff in oversight of policy and procedures. There is varying language by each of the organizations summarized in the table below.

	Joint Commission	CMS	Title 22
Policy	Yes	Yes	Yes
Procedure	Not mentioned	Yes	No

A policy is defined as a principle or method that is developed for the purpose of guiding decisions and activities related to governance, management, care, treatment and services.

CMS regulations dictate that the Governing Board must have oversight and approval of all aspects of the organization. When an organization is cited by CMS for a deficiency, the citation has four aspects: 1) first the organization’s Governing Board is cited for failure to provide oversight of “whatever is the finding”; then, 2) the Medical Staff is cited for failure to provide oversight; then, 3) the Administration is cited for failure to provide oversight; and 4), a specific citation of failure to provide a safe environment or document medication administration, etc. The Governing Board delegates and must assure that medical staff has written policies and procedures for emergency treatment and other hospital-care delivery.

The Joint Commission regulations dictate that a policy is developed by the organization’s leadership, approved by the Governing Body of the organization and maintained in writing. Governance has the ultimate authority and responsibility for establishing policy, maintaining quality of care, treatment, and services. Governance may be a separate entity and/or it may delegate clinical aspects to the medical advisory/executive committee.

California Title 22 is the most prescriptive and indicates “policies shall be approved by the governing body” and “procedures shall be approved by the administration and medical staff where such is appropriate.” (Medical Staff in our instance would be the Medical Executive Committee.)

As required by regulations, currently the Hospital’s Governing Body must review and approve all policies at least every three years to be compliant with Joint Commission. If a policy is new or revised, it must be approved by the Board before the Hospital can adapt. Management is working on separating procedures from policies to limit the amount of review required by the Board.

Attachment 7c - LPCH Board Exhibit

This policy applies to: <input type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Date Written or Last Revision: April 2015
Name of Policy: Board of Director Approval of Hospital Policies	Page 8 of 8
Departments Affected: All Departments	

APPENDIX B

Non-Clinical Policies Subject to Board Approval

- A. For approval by the Audit and Compliance Committee
 - 1. Code of Conduct
 - 2. Committee on Management Controls and Compliance Charter and Membership
 - 3. Conflict of Interest and Commitment
 - 4. Gift Processing
 - 5. Conflict Management resolution for Medical Staff, LPCH Board of Directors, etc
 - 6. Record Retention and Destruction Policy

- B. For approval by the Credentials and Policies/Procedures Committee
 - 1. Informed Consent

- C. For approval by the Finance Committee
 - 1. Academic Affiliation Agreements
 - 2. Capital Assets Definition
 - 3. Contract Administration
 - 4. Contracting Authority
 - 5. Debt Collection
 - 6. Expenditure Approval Authority
 - 7. Financial Irregularities Investigations
 - 8. Inter-entity Agreements
 - 9. Risk Management Program
 - 10. Shared Services
 - 11. Charity Care/Financial Assistance
 - 12. Uninsured Patient Discount Policy
 - 13. Board Policy on Joint Ventures with For-Profit Ventures

- D. For Approval by the Quality, Service and Safety Committee
 - 1. Commitment to Address Community Needs through Community Benefit Programming (formerly known as: Community Needs Assessment)

- E. For approval by the Joint Development Committee
 - 1. Fundraising Guidelines

Cover Sheet – Approval of Policies

COMPLIANCE COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Policy Approval
Responsibility party:	Diane Wigglesworth, Director Corporate compliance
Action requested:	Approval of Policies
Background: <p>As required by title 22 and Joint Commission the Hospital's governing body must review and approve all organizational policies at least every three years if there are no changes and if a policy is new or revised it must be approved by the Board before the Hospital can adopt. Policies are being brought to the appropriate board advisory committee for review and recommendation before being placed on the Hospital Board consent calendar for approval. All policies have been internal reviewed and have received appropriate approvals before being presented to a board committee.</p>	
Committees that reviewed the issue and recommendation, if any: <p>N/A</p>	
Summary and session objectives : <ul style="list-style-type: none"> Review policies and recommend for Board approval 	
Suggested discussion questions: <ol style="list-style-type: none"> None 	
Proposed board motion, if any: <p>Recommend that the Hospital Board approve the policy.</p>	
LIST OF ATTACHMENTS: <p>Spreadsheet summarizing the polices with major, minor or no revisions</p> <p>Complete policy available on the Board portal for review</p>	

Summary of Policies/Protocols for Review and Approval

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL

NEW POLICIES				
Policy Number	Policy Name	Department	Revised Date	Summary of Policy Changes
POLICIES WITH MAJOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	PTO- Rehab Services	Rehab	12/15	1. Standardize process for submission and approval of PTO 2. Established "Window" periods for submitting PTO requests for more than 7 days.
	Certified, Licensed and Registered Employees	HR	12/15	Updated titles, reinserted that an employee must report actual or actions pending against licensure to management.
POLICIES WITH MINOR REVISIONS				
Policy Number	Policy Name	Department	Review or Revised Date	Summary of Policy Changes
	Staff Non Participation	HR	12/15	Updated titles and workflow.
	Solicitation and Distribution	HR	12/15	Updated titles, workflow, and prohibited activities. Stated that the policy is not intended to conflict with NLRA Section 7 rights.
	Discrimination in Employment	HR	12/15	Updated titles and workflows.
	Employee Grievance Procedure	HR	12/15	Updated titles and workflows.
	Employee Records	HR	12/15	Updated titles and workflows.
	Employment Procedures	HR	12/15	Updated workflows and titles.
	Rest and Meal Breaks	HR	12/15	Updated to comply with legal requirements, "major fraction thereof".
	Lactation Accommodation	HR	12/15	Reviewed and slight updates.
	Time away from Work	HR	12/15	Reviewed and slight updates.
	Internal Transfer	HR	12/15	Reviewed and slight updates.
	Provisional Period	HR	12/15	Reviewed and updated to provide for new provisional period after returning to employment after a year of longer.
	Resignation- Separation of Employment	HR	12/15	Updated titles and workflows
	Management Organization	HR	12/15	Updated name of district, small changes for clarity.
	Hospital Volunteers	HR	12/15	1. Reworded purpose to be more straightforward 2. Referenced Infectious Disease Screening Policy for health requirements 3. Added information regarding initial orientation duties 4. Added information about what to do if injured or exposed while volunteering
POLICIES WITH NO REVISIONS - REVIEWED				
Policy Number	Policy Name	Department	Review or Revised Date	

PTO – Rehab Services Staff



POLICY/PROCEDURE TITLE: Rehab Services- Request for PTO (~~Rehab Services~~)
CATEGORY: Clinical and Support Services
LAST APPROVAL DATE:

SUB-CATEGORY: Rehabilitation Services
ORIGINAL DATE: 9/3/2015

COVERAGE: Rehab Services Department Staff (Mountain View and Los Gatos Campuses)

PURPOSE: All PTO requests are subject to the reserved right of the hospital (Rehabilitation Services Department) to approve the scheduling of employee time off.

STATEMENT: Rehabilitation Services management will make every effort to authorize time off requests; however meeting our patient care needs is the first priority, therefore we must have core staffing available.

PROCEDURE:

~~a.~~^{A.} The following procedures apply to all benefitted full time and part-time employees.

1. Employees are to request PTO using e-Time, by submitting a Calendar Request and also an e-mail to their supervisor. Verbal requests will not be processed.

~~2.a.~~ ^{a.} PTO requests ~~requests for for less than 7 days (unavailable to work) or less, a week a~~ reasonable attempt will be made to approve ~~de~~ or declined ~~within e on or before the~~ 5th-business days.

~~a.b.~~ ^{b.} PTO R-requests ~~greater one week than for 7 or more than 7 days (unavailable to~~ work) are approved only if requested in the open window periods described in ~~#3c.~~

~~3.c.~~ ^{c.} Each calendar year there are ~~two-three~~ open windows for PTO requests for greater than ~~one week~~ 7 days unavailable to work:

~~a.i.~~ ^{i.} Window Periods:

~~i.ii.~~ ^{ii.} **Window 1:** PTO requests ~~between from July 1-December 31~~ January 1 through April 30: All requests must be submitted in e-time w/ an e-mail to Supervisor/Manager, starting ~~January 1st~~ July 1st thru July 15th of the preceding year and must be received by the supervisor no later than ~~January 31~~ July 15th.

Employee will be notified by ~~March 1~~ July 20th regarding the status of request(s) (i.e. approval ~~or disapproval~~ granted or conditional).

~~ii.iii.~~ ^{iii.} **Window 2:** PTO requests ~~from between January 1-June 30~~ May 1 through August 31: All requests must be submitted in e-time w/ an e-mail to Supervisor/Manager starting ~~July 1st~~ November 1st thru November 15th of the preceding year and must be received by the supervisor no later than ~~July 31~~ November 15th. Employee will be

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notified by ~~September 1- November 20th~~ regarding the status of request(s) (i.e. approval, ~~or disapproval, granted~~ or conditional).

iv. **Window 3:** PTO requests from **September 1 through December 31:** All requests must be submitted in e-time w/an e-mail to Supervisor/Manager starting March 1st thru March 15th and must be received by the supervisor no later than March 15th. Employee will be notified by March 20th regarding the status of request(s) (i.e. approval, disapproval, or conditional).

~~iii-v.~~ The standard maximum length will 3 weeks per year, with up to 4 weeks permitted every other year. ~~The maximum length of a single vacations requests will be weeks,~~ except for requests during the prime vacation time as defined in #24 below.

4-2. Prime Vacation Times:

- a. The following time periods are designated as prime vacation times within the Rehabilitation Services Department:
 - June 15-Aug 31 and December 15-Jan 1
- b. During the prime vacation times, the maximum length for vacation request will be two weeks with the exception of three weeks every other summer. More time will be considered if core staffing needs are met.
- ~~b-c.~~ Prime vacation time PTO requests should include first, second and third choices. Approval or denial will include look back to previous prime vacation time off granted.

3. PTO Approval: In the event of conflicting PTO requests, consideration will be based on the following:

- a. Within the Window Periods:
 - i. Seniority
 - ii. Previous approval of PTO within the prime time period
- b. Outside of the Window Periods:
 - i. First come first serve
 - ii. Seniority
 - ~~5-iii.~~ Previous approval of PTO within the prime time period

- ~~a.~~ Business need
- ~~b.~~ First come first serve
- ~~c.~~ Previous approval of PTO within the prime time period
- ~~d.~~ Accrued PTO
- ~~e.~~ Seniority
- ~~f.~~ Special or extenuating circumstances

6-4. General statements:

- a. Staff are encouraged to trade and negotiate coverage between teach other to facilitate approval of PTO requests
- b. PTO granted for a scheduled weekend may require that hours are made up on another weekend, due to tight weekend staffing
- ~~e-b.~~ Staff will not make travel arrangements and other commitments prior PTO approval. PTO approval will not be granted on this basis.
- ~~e-c.~~ Employees with high PTO accrual are encouraged to use it during non-prime time vacation periods.

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e-d. Benefitted employees must use PTO for requested time off. *Time off without pay* will not be granted.

e. Major Holidays: Thanksgiving, Christmas and New Year's: Every other year, all inpatient Rehab therapists are expected to work a major holiday. A sign-up sheet will be posted by September 1st.

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APPROVAL	APPROVAL DATES
Patient Care Council:	
ePolicy Committee:	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

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f.

b. Certified, Licensed and Registered Employees



POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 8/06/1996

COVERAGE:

El Camino Hospital employees whose positions require certificate, license, or registration. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

To ensure safe patient care and to comply with county, state, and federal regulations and Joint Commission standards requiring that all licensed professional employees possess a current license, certification, or registration.

STATEMENT:

It is the policy of El Camino Hospital to comply with County, State, Federal, and Joint Commission requirements requiring employee licensing, certification, or registration.

All employees whose positions require a certificate, license, or registration must have a verification of current and active certification, licensure, or registration in their files in order to maintain employment with El Camino Hospital.

Professional certification, licensure and registration are verified with the credentialing agency (primary source verification) unless the agency does not provide such verification.

Life-saving certifications (e.g. BLS, ACLS, PALS, NRP, etc.) are considered verified when the employee presents a current certification card from an approved program or when the employee has completed the certification course at El Camino Hospital.

PROCEDURE:

New hires must provide their original current/renewed certificate, license or registration (with their signature on the document, if applicable) and current photo identification, to

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POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

the Human Resources Department prior to their first day of work. Licensure will be verified from the issuing source as part of the pre-employment screening.

Current employees transferring to a position requiring a new certification, license or registration must comply with the same requirements as new hires.

Expiration and Renewal

Human Resources will verify licensure, certification or registration from the issuing agency and place a copy of the verification in the employee's personnel file.

1. If an employee possesses a certification, license or registration and the issuing agency provides neither a secure electronic nor telephone verification system, employees must personally bring in their original renewed certificate, license or registration (with their signature on the document, if applicable) and current photo identification to the Human Resources Department prior to the expiration date. In this case, Human Resources cannot accept a certificate, license or registration delivered by fax, mail or by another person. A photocopy of the document will be placed in the employee's personnel file by Human Resources.
2. If Human Resources is unable to verify the renewal of the certificate, license or registration by the expiration date, the employee will not be scheduled to work and may not be paid until the certificate, license or registration is made current.

In this case the employee will be placed on administrative suspension without pay effective the day following the expiration date. The Human Resources Business Partner will communicate with the manager to coordinate the following:

- (1) Completion of a certified letter of suspension without pay for seven (7) days. This letter will be mailed to the employee on the first business day following the certificate, license, or registration expiration date.
 - (2) Those employees who have still not submitted the appropriate documentation after the seven (7) day suspension will be issued a letter of termination on the first business day following the seven (7) day suspension.
3. The procedure for notifying managers and employees regarding certificate, license, or registration expirations is as follows:
 - a. Each month the Human Resources Department will send out a Certificate, License, and Registration Expiration Report to

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POLICY/PROCEDURE TITLE: HR- Certified, Licensed, and Registered Employees

managers for information purposes. This report will list employees whose certificates, licenses, or registrations are due to expire within the next three (3) months.

b. Simultaneously, the Human Resources Department will also send a courtesy email notice to the El Camino Hospital work email address of those employees whose certificates, licenses, or registrations are due to expire in three (3) months. The email will outline the required documentation and deadline for receipt.

c. Each month, the Human Resources Department will send an email and a letter to home address of record provided by those employees whose certificates, licenses, or registrations are due to expire in approximately thirty (30) days. The email and letter will outline El Camino Hospital's documentation requirements and the consequences to the employee as a result of a failure to provide the required documentation.

Responsibilities:

Employee: It is the employee's responsibility to ensure the license, certification, or registration is obtained or renewed prior to the expiration date whether or not the employee has received a courtesy email notice from the Human Resources Department. The employee must immediately notify his/her manager and the Human Resources Business Partner if he/she receives notification from the issuing agency that there is action pending against the license, registration, or certification, the license/certification/registration has new or changed restrictions, or has been suspended or revoked.

Manager/Supervisor: Upon receipt of notification from HR, the employee's supervisor is expected to communicate with the employee ~~The is strongly encouraged-expected to communicate with the employee~~ regarding ~~their notification of~~ certificate, license, and registration status. The manager may not schedule an employee to work past the expiration date of the employee's professional certification, license or registration, unless Human Resources has received and verified proof of renewal with the issuing agency.

Human Resource Department: The Human Resources Department is responsible for maintaining professional certificate, license, and registration database records, generating departmental reports, producing employee notifications regarding certificate, license, and registration status, and providing consultation to Departments on these matters.

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POLICY/PROCEDURE TITLE:HR- Certified, Licensed, and Registered Employees

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 8/6/96, 4/28/98, 3/14/0, 11/03, 03/02/2005, 08/10/06, 02/16/09, 11/12

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ATTACHMENT 8

Attachment 8c - HR- Staff Non-Participation Requests



POLICY/PROCEDURE TITLE: 3.10 Staff Non-Participation Requests

CATEGORY: Human Resources

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 5/18/95

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COVERAGE:

All El Camino Hospital employees.

PURPOSE:

El Camino Hospital is committed to ensuring that a caregiver's cultural values, ethics, and religious beliefs are considered while ensuring that patient care is not negatively affected by an employee/caregiver's conflict with providing care.

STATEMENT:

El Camino Hospital recognizes that a caregiver's personal cultural values, ethics, and religious beliefs can impact on how care is provided. Accordingly, El Camino Hospital will consider any individual's request not to participate in any aspect of care to be provided to an assigned patient due to cultural/ethical/religious conflicts.

El Camino Hospital is committed to ensuring that a patient's treatment is not negatively affected by an employee/caregiver's conflict with providing care to that patient. To that end, El Camino Hospital has implemented the following procedure:

PROCEDURE:

D. Guidelines:

1. If an employee has a personal conflict regarding the bioethical nature of patient care policies/procedures (including, but not limited to "do not resuscitate" status, withholding of nutrients, elective terminations, etc.) the employee shall immediately notify the manager in writing of his/her request for non-participation.
2. When a new patient care service/practice is added and/or an incumbent initially becomes aware that such a conflict exists, the employee shall immediately put her/his request for non-participation in writing to the manager. As soon as the manager is notified of the request, the care of the patient(s) involved will be reassigned as soon as is practicable.

Comment [TS1]: Does this policy allow an employee to make a "blanket" request to not be assigned to a specific type of patient—for example, to never participate in termination of a pregnancy—or does an individual need to make the request each time the situation arises? Just curious how it actually plays out.

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POLICY/PROCEDURE TITLE: 3.10 Staff Non-Participation Requests

3. The manager or designee should evaluate the request for non-participation ~~should be reviewed~~ based on the legitimacy of the request, patient care needs, and any other operational staffing issues.
4. The preliminary resolution of the non-participation request may, if necessary, be reviewed with the Director Human Resources Operations or designee.
5. The manager or designee should reply to the request for non-participation as soon as possible.
6. The written employee request for non-participation and the manager resolution shall be delivered to the Human Resources Department and placed in the employee's personnel file.
7. Requests for non-participation will not be considered in emergency situations.

El Camino Hospital will not discriminate against any employee for submitting a request for non-participation and will not knowingly permit such discrimination by management or coworkers. If the individual continues to feel a personal conflict, he/she may request a transfer to another available vacant position for which he/she is qualified.



POLICY/PROCEDURE TITLE: 3.10 Staff Non-Participation Requests

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 5/18/95, 5/1/98, 3/14/01 (formerly numbered 3.18), 11/04/03, 11/28/06, 10/15/08, 03/09, 11/12

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Attachment 8d - HR Solicitation and Distrubition



POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

CATEGORY: Human Resources, Administrative

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Administrative Policies & Procedures

ORIGINAL DATE: 9/94

COVERAGE:

All El Camino Hospital staff

PURPOSE:

To provide a consistent process for the review of requests regarding Solicitation and Distribution, and to clarify what activities are considered limited or prohibited in the Hospital and/or on work time.

STATEMENT:

El Camino Hospital policy prohibits the unauthorized solicitation and the distribution or sale of any material on hospital premises at any time. Employees are prohibited from soliciting other employees, agency contingent labor, independent contractors, vendors, patients (and their families and visitors), and any others during work time and in patient care areas at any time. Certain Hospital-related activities may be provided limited access; for example, the El Camino Hospital (ECH) Foundation giving campaign is an authorized Hospital activity. Exceptions to this policy must be approved by the appropriate executive council staff a minimum ~~thirty~~ of thirty (30) days prior to the proposed activity. Violation of and noncompliance with the provisions of this policy are subject to disciplinary action.

DEFINITIONS:

Solicitation includes such activities as requests for: signatures, contributions of money or time, purchase of or donations for merchandise, cookies, candy, etc. and support of religious, political or other non-hospital organization activities.

Patient care areas include patient rooms, patient treatment and procedure rooms or areas, patient admitting or registration areas, patient waiting rooms, and lounges used by patients and their families or visitors. Employee break rooms are generally not considered patient care areas.

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POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

Work time includes the work time of the employee to whom the solicitation or distribution of material is directed as well as to that of the employee making the solicitation or distribution, and any others in the area who may overhear or be aware or distracted by of the solicitation or distribution –activity. Work time as described in this policy excludes the employee’s breaks and meal periods.

Approved exceptions may be made for activities that relate to and are in support of the Hospital’s mission. These include, but are not limited to ECH Foundation employee giving campaign, health screenings and education for patients, employees, volunteers or medical staff; walks, runs and other fundraising activities for community health-related organizations (examples such as cancer or heart associations); and other programs that support the health related needs of the community.

PROCEDURE:

A. The following activities are prohibited:

- 1) The unauthorized solicitation, distribution, or sale of any material and/or services on Hospital premises by/to non-employees and Hospital personnel at any time.
- 2) The solicitation of employees by employee union representatives and non-employee union organizers during an employee’s work time and/or in patient care areas at any time.
- 3) The solicitation of an employee by another employee during work time and in-patient care areas at any time.
- 4) The distribution of material not approved by the Hospital by an employee to another employee during work time and in-patient care areas at any time.
- 5) The solicitation of time or monetary contributions for commercial or noncommercial reasons at any time, except for narrowly focused and specifically pre-approved fundraising activities.
- 6) Unauthorized use of any hospital assets; including but not limited to computers, email, copy and fax machines, interoffice mail, telephone, Vocera for non-hospital business is prohibited.

B. Requests for an approved exception to solicit charitable giving of time or money for health related activities such as those sponsored by the heart or cancer associations must be submitted to the Operations Council member that has responsibility for the areas

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POLICY/PROCEDURE TITLE: Administrative: Solicitation and Distribution

related to the activity. Requests must be in writing and include the name of organization, description of the activity, reason for request, date(s), time(s) and location, cost and resources needed and communication plan with draft flyer etc. Requests must be submitted at least thirty (30) days prior to the activity.

- C. All other requests for exceptions to this policy must be submitted to the Chief Human Resources Officer ~~thirty~~ (30) days prior to the activity.

Solicitation Policy Talking Points

- There are many different kinds of solicitations—ranging from donations to health-related charities, donations to services and of items for the financially disadvantaged ~~poor~~, to fundraisers for schools and religious organizations, to offers for sales of items for an individual's personal gain or to benefit others whom they have a personal interest.
- While these may be offers for very different “causes” they are all similar in that they involve asking people (employees, temporary agency labor, contractors, patients, visitors) for their money, goods and/or time, for non-hospital business.
- While there are many worthy organizations, as an organization the hospital focuses our energies on specific hospital related and approved programs.
- To avoid distractions from our primary mission of patient care, and out of respect for all employees, patients, and visitors, we prohibit solicitations on work time, and in all patient care areas of the hospital.
- It is for these reasons that we have a policy in place that prohibits solicitation with exceptions as may be specifically approved by the Operations Committee or Human Resources as applicable.
- This policy is not intended to conflict with any applicable law. Employees may engage in protected concerted activities within the requirements of this policy during their non-work time and in non-patient care areas.

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POLICY/PROCEDURE TITLE:Administrative: Solicitation and Distribution

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

9/94, 5/98, 12/00, 5/01, 3/05, 7/06, 06/09, 11/12

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Attachment 8e - HR- Discrimination in Employment



POLICY/PROCEDURE TITLE: HR- Discrimination in Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 9/11/1994

COVERAGE:

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

El Camino Hospital is an equal opportunity employer and makes employment decisions on the basis of qualifications and competencies. El Camino Hospital prohibits unlawful discrimination in employment based on race, ancestry, national origin, color, sex, sexual orientation, religion, disability (including AIDS and HIV diagnosis), marital status, age (40 and over), medical condition (rehabilitated cancer and genetic characteristics), refusal of Family Care Leave, refusal of leave for an employee's serious health condition, denial of pregnancy disability leave, retaliation for reporting patient abuse in tax supported institutions, or any other status protected by federal, state or local laws. All such discrimination is unlawful and will not be tolerated.

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This commitment applies to all persons involved in the operations of El Camino Hospital, including supervisors and co-workers, and applies to all employment practices, including advertisements; applications and interviews; licensing or certification; referrals by employment agencies; salary, classifications and duties; hiring, transferring, promoting or leaving a job; working conditions; participation in a training or apprenticeship program, employee organization or union.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

STATEMENT:

This policy is written to insure understanding of and compliance with California and Federal laws which prohibits discrimination in employment.

DEFINITIONS:

1. It is the responsibility of every employee, regardless of supervisory status, to adhere to these policies. An employee who is found to have violated the Discrimination in Employment policy shall be subject to disciplinary action up to and including termination.
2. To assure the dignity and worth of each individual, El Camino Hospital managers and supervisors are responsible to provide an environment which is committed to this policy.

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PROCEDURE:

Individuals with a Disability - Reasonable Accommodation

(See California Government Code § 12926 and the federal Americans with Disabilities Act 42 U.S.C. 12101, *et seq.*)

1. The manager will make good faith attempts to provide reasonable accommodation for the known physical or mental limitations of an individual with a disability who is an applicant or employee, unless an undue hardship would result.
2. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job will contact Human Resources and/or the appropriate manager and specify the restrictions on job duties and what accommodation is being requested to perform the essential functions of the job. Employee Health Services, together with Human Resources and the appropriate manager, will conduct an interactive process to identify any barrier(s) that would make it difficult for the applicant or employee to perform her/his essential job functions, and potential accommodations which would allow the essential functions of the job to be performed. If the accommodation is deemed reasonable and will not impose an undue hardship, the manager in consultation with Human Resources will make the accommodation.
3. If an applicant or employee believes she/he has been subject to any form of unlawful discrimination, she/he must provide a written complaint to Human Resources or the manager.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

F. Procedure for Discrimination Complaints

1. An individual who believes that she/he has not received equal opportunity in employment must report the incident to her/his direct supervisor, manager, department director or to a Human Resources Business Partner or the Director Human Resources Operations ~~the Manager, Labor Relations~~ immediately. The report should be submitted in writing. If the incident involves the employee's direct supervisor, manager or department director, the employee must report the incident immediately to the Human Resources Department. Employees are to be assured that their doing so will not result in any reprisal or retaliation.
2. The written complaint must be specific and include the dates of the alleged incident, names of the individuals involved, names of any witnesses, and as much information as possible regarding the complaint. El Camino Hospital will timely initiate an effective, thorough and objective investigation and attempt to resolve the situation.
3. Any department director/manager/supervisor who receives a report or complaint of a violation of this policy must report it immediately to a Human Resources Business Partner or the Director of Human Resources Operations.
4. If El Camino Hospital determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination.
5. El Camino Hospital will not retaliate against any employee for filing a complaint and will not knowingly permit retaliation by management or coworkers.

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POLICY/PROCEDURE TITLE:HR- Discrimination in Employment

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly titled "11.02 Equal Employment Opportunity Practices;" also 11.06 Americans with Disabilities Act now included herein), 11/03, 12/06, 2/09, 11/12

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Attachment 8f - HR- Employee Grievance Procedure

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure**CATEGORY: Human Resources****LAST APPROVAL DATE: 11/12**

SUB-CATEGORY: Human Resources**ORIGINAL DATE: 9/11/1994****COVERAGE:**

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

A grievance is an appeal made by an employee or group of employees requesting personal relief in a matter of concern or dissatisfaction relating to an employment issue involving said employee(s).

STATEMENT:

It is the policy of El Camino Hospital to encourage the resolution of misunderstandings, disagreements, or grievances of employees promptly and impartially, without fear of reprisal, at the lowest organizational level possible. The following procedures are intended to achieve that objective.

PROCEDURE:**Exclusions:**

The following exclusions, listed below, are in addition to exclusions listed elsewhere in the Human Resources Policies and Procedures:

- All provisional employees, including internal transfers shall not have recourse to this grievance procedure.
- Position classification or reclassification shall not be a matter of grievance.
- Performance evaluations shall not be a matter of grievance.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

-
- Decisions regarding layoff, reduction in force or reorganization shall not be a matter of grievance.
 - Decisions about involuntary change in work status shall not be a matter of grievance.
 - The content of El Camino Hospital policies, regulations, or procedures shall not be a matter of grievance.
 - Documented Verbal Counseling as defined in Human Resources Policy 7.01, Discipline and Discharge shall not be a matter of grievance.
 - A supervisor's determination of performance standards and objectives for an employee's position shall not be a matter of grievance.
 - Employees may not request disciplinary or other action affecting another employee as the remedy sought. Employees may request only those remedies that are personal to them.
 - Legal counsel may not be present nor participate in the grievance procedure.

F. Informal Grievance Procedure:

1. In most cases, candid discussion between the employee and supervisor or manager will resolve the problem without the requirement of formal grievance proceedings.
2. **The Human Resources Business Partners or Director of Human Resources Operations**, are also available to facilitate discussion between the employee and supervisor or manager in order to achieve resolution on an informal basis.

G. Formal Grievance Procedure:

If a matter is not satisfactorily resolved through the informal procedure, the grievant may present the case as a formal grievance utilizing the following procedure:

Step 1 – Manager/Director

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

1. Within fourteen (14) calendar days of the occurrence of the incident about which the employee is aggrieved, the employee must initiate a formal grievance by presenting the case to her/his manager. The formal grievance must be submitted utilizing the official grievance form available in the Human Resources Department. The grievance must:

- Be in writing;
- Identify the aggrieved;
- Contain sufficient detail to identify and clarify the basis for the grievance;
- Specify the time and place of occurrence;
- Contain consideration given or steps taken to secure informal resolution;
- Specify the remedy requested by the employee;
- Contain the name of the employee's representative, if any; and
- Be signed by the grievant.

2. The grievant's manager will conduct an investigation as warranted by the circumstances, discuss findings with the grievant and issue a decision to the grievant in writing within fourteen (14) calendar days of receipt of the formal grievance.

| **Step 2 – Division Executive**

1. If the manager's resolution to the issue under grievance is not resolved to the satisfaction of the employee, the employee may then submit her/his grievance to the appropriate **Division Executive** within seven (7) calendar days of receipt of the manager's decision.

2. The Chief Human Resources Officer or Human Resources Business Partner designee will schedule a meeting between the employee, department manager and/or supervisor, and the appropriate vice president to discuss the issue being grieved.

3. The **Division Executive** will conduct an investigation as warranted by the circumstances, discuss findings with the grievant and issue a decision to the grievant in writing within fourteen (14) calendar days of receipt of the request for reconsideration.

4. The decision of the **Division Executive** is final in all grievances, except those which involve suspension for more than five (5) scheduled work days without pay, or demotion with loss of pay, or termination. With those exceptions, the vice president's decision is final and not subject to further review.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

Step 3 - Grievance Hearing

1. If the **Division Executive** resolution to the issue under grievance is not resolved to the satisfaction of the employee and the grievance involves suspension for more than five (5) calendar days without pay, or demotion with loss of pay, or termination, the employee may then submit her/his grievance to the Chief Executive Officer within seven (7) calendar days of receipt of the vice president's decision.
2. The Chief Executive Officer (or designated representative) will select a panel comprised of eight (8) individuals who are employed in the capacities of supervisor, manager or director. None of the individuals selected for this panel will be from the grievant's department.
3. The grievant will then be asked to select five (5) individuals from the panel to act as the Review Committee. The grievant will have three (3) calendar days in which to make this selection and may not request panel substitutions or replacements.
4. Upon receipt of the grievant's selection, the **Chief Human** Resources Officer (or designated representative) will poll the Review Committee members to select a date for the grievance hearing. The employee will be notified in writing of the exact date and time of the hearing.
5. The Chief Human Resources Officer (or HRBP designee) will act as the facilitator of the grievance hearing. The role of the Review Committee will be to participate in the grievance hearing, review the grievance as presented and request additional information, if necessary.
6. The Review Committee will issue a written recommendation to the Chief Executive Officer within fourteen (14) calendar days from the date of the grievance hearing. Recommendations from the Review Committee shall include background, facts, findings and conclusion. Any votes made by the Review Committee shall be made by secret ballot.

Step 4 - Final Decision

1. Within fourteen (14) calendar days of receipt of the recommendation from the Review Committee, the Chief Executive Officer will respond in writing to the grievant stating the final decision. The decision of the Chief Executive Officer is final and not subject to further review.

POLICY/PROCEDURE TITLE:HR- Employee Grievance Procedure

H. Time Limits:

Failure to meet time limits for filing a grievance may be basis for rejection of the grievance.

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

9/11/94, 5/1/98, 3/14/01 (formerly numbered 10.00), 11/03, 12/06, 02/09, 11/12

ATTACHMENTS:

Please see: FORM: Employee Grievance Report

Attachment 8g - HR- Employee Records

POLICY/PROCEDURE TITLE:HR- Employee Records**CATEGORY:** Human Resources**LAST APPROVAL DATE:** 11/12

SUB-CATEGORY: Human Resources**ORIGINAL DATE:** 9/11/94**COVERAGE:**

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail. This policy also applies to former employees who have terminated their employment within the prior four (4) years.

PURPOSE:

El Camino Hospital maintains an accurate and confidential personnel file for each employee. This record includes, but is not limited to, information regarding pay, benefits, performance reviews, discipline, commendations, recognition, employee health, and any other employment-related documentation. The right to privacy guaranteed by the California Constitution protects employee personnel files from improper disclosure to third parties. An employee may waive the privacy of his/her own personnel records by authorizing the release of personnel information to his/her union. Human Resources retains and safeguards employee records in accordance with applicable State and Federal laws. Personnel ~~and employee health files~~ for employees regularly assigned at the Los Gatos campus will be retained at that site.

STATEMENT:**PROCEDURE:****D. Employee Requests:**

1. An employee may view their personnel file in the presence of a member of the Human Resources department, by making an appointment with a Human Resources representative.
2. The employee may make notes about the contents of the file, but may not remove documents from the file. Photocopies may be made of documents that contain the employee's signature. Personnel files are the property of the Human Resources Department and Hospital.
3. If an employee wishes to review their medical file, refer to ADM Policy 2.18 Patient access to Protected Health Information.

POLICY/PROCEDURE TITLE:HR- Employee Records

E. Verification of Employment:

Human Resources has made arrangements with an outside agency, The Work Number, to requests for verification of employment by providing only the following information:

- Full name of current or former employee as it appears most recently in the employee's records
- Title(s) of last position(s) held
- Date of hire
- Date of separation
- Human Resources may release additional information only with the written consent of the current or former employee.

F. Requests for References:

1. All personnel should direct all written or oral requests for information concerning present, former or temporary employees from parties outside of El Camino Hospital to The Work Number, which is specifically authorized to narrowly respond to the request an employee's own employment information.
2. Human Resources responds to requests for references by providing the same information that is provided in response to verification of employment requests (see above).

G. Manager Requests:

Managers are required to use the ***Request to Review Confidential Information*** form available in the Human Resources Department as follows:

1. A manager may request in writing to review the personnel records, excluding benefits-related information, of those employees under their supervision.

POLICY/PROCEDURE TITLE:HR- Employee Records

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
_____Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01, 11/4/03, 10/16/06, 02/13/09, 06/08/09, 11/12

ATTACHMENTS:

[3.02a Request to Review Confidential Information - FORM](#)

Attachment 8h - HR- Employment Procedures



POLICY/PROCEDURE TITLE: HR- Employment Procedures

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

SUB-CATEGORY: Human Resources

ORIGINAL DATE:

PURPOSE: El Camino Hospital has established guidelines and procedures for job requisitions, job posting, ~~and~~ advertising, and outreach in filling positions.

STATEMENT:

El Camino Hospital desires to employ highly qualified and skilled employees. El Camino Hospital does not hire employees under the age of eighteen (18).

El Camino Hospital complies with all applicable laws regarding equal employment opportunity for individuals ~~(see 11.01 Discrimination in Employment). This commitment applies to all persons involved in the operations of El Camino Hospital, including supervisors and co-workers.~~

DEFINITIONS (as applicable):

PROCEDURE:

Requisition Process

This process initiates the recruitment process for new and/or current regular, per diem or temporary positions.

1. Appropriate approvals must be obtained in order for the Human Resources Department to post a new or replacement position.
2. To initiate the recruitment process, the manager is required to submit a request to the Human Resources Department ~~in the form of an email to hrtransactions@elcaminohospital.org~~ containing the specifics of the position or a completed and approved appropriately signed new job classification approval form.

E. Posting

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.



POLICY/PROCEDURE TITLE:HR- Employment Procedures

1. All postings will remain open (posted) for a minimum of seven (7) calendar days and will include:
 - Minimum qualifications: Each posting will state the minimum qualifications and requirements for a candidate to be considered and a brief description of the position. Postings may also include listings of additional desired qualifications for the position.
 - Date of posting.
2. Notice of availability of positions will be posted ~~for seven (7) calendar days~~ in any of the following areas before an offer of employment can be made:
 - On a designated bulletin board in the home department and on the Hospital website;
or
 - ~~In the department of origin if the position is appropriate for internal department specific posting. An internal posting can be used to increase or decrease the FTE hours/status of an employee(s) in a job classification within the department, and in the cases of an unrepresented position, to change the benefits status (per diem to regular) of a position. Internal postings cannot be used to change the benefits eligibility of a position.~~
 - 3.3. ~~For any exceptions to these posting requirements, see Human Resources Policies and Procedures 3.11 Internal Transfer. In cases where there may be any conflict with the specific requirements of a Collective Bargaining Agreement or Memorandum of Agreement, the agreement will prevail.~~

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F. Advertising/ Outreach Options

Recruitment is available to confer with the Hiring Manager and Department to consult on advertising and other recruitment options, subject to approvals by the Director of Talent Acquisition. Advertising for employment at El Camino Hospital is arranged by the Recruiter after conferring with the hiring manager and after receiving approval from the Director Workforce Planning & Recruitment."

G. Application Process:

1. Applications are accepted for posted positions only and must be completed on the Hospital website.

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POLICY/PROCEDURE TITLE:HR- Employment Procedures

2. Recruitment staff reviews all applications and resumes based on qualifications and forward the most qualified applicants to the hiring manager.
2. Online applications will be retained in the application system database for two years. A hard copy of the application will be placed in the personnel file for hired applicants.

H. Hiring Process:

Employment with El Camino Hospital is subject to the applicant successfully completing the new hire process. Human Resources must extend all offers of employment.

1. The hiring manager notifies recruitment staff that an applicant has been selected by responding with an email or through the candidate selection form.
2. Background and reference checks must be satisfactorily completed before any offer of employment can be extended.
3. Once an offer has been extended, recruitment staff will schedule the prospective new hire for a pre-employment screening examination by Employee Health Services. All offers of employment are contingent upon applicants successfully completing both their Employee Health Services pre-employment screening (including a drug screen), providing proof of work eligibility and appropriate licensure/certification. Failure to successfully complete the pre-employment process or failure to provide required licensure/certification , may result in withdrawing the offer of employment or termination.



POLICY/PROCEDURE TITLE:HR- Employment Procedures

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee: HR 2/15	
Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 8/6/96, 5/1/98, 3/14/0, 11/17/03, 12/02/03, 11/20/06, 06/08/09, 11/12

REFERENCES: (as applicable)

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:
[3.01a Interviewing Matrix Grid - FORM](#)

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Attachment 8i - HR - Rest and Meal Breaks



POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

CATEGORY: Human Resources
LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 9/11/94

COVERAGE:

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

El Camino Hospital provides rest and meal breaks for employees. Non-exempt employees are provided rest and meal breaks according to the current Wage Order 5 issued by the California Industrial Welfare Commission (IWC).

STATEMENT:

It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for meals and breaks.

PROCEDURE:

DA. Rest Breaks:

1. El Camino Hospital will provide a rest break of fifteen (15) minutes for every four (4) hours worked.
2. In order to minimize disruption to the department, management may designate scheduled ~~the~~ rest periods.
3. The employee may leave the work station but must return to work no later than the end of her/his rest break.
4. Rest break time is paid time.
5. Failure to provide the non-exempt employee with an opportunity to take a rest period for every four (4) hours or substantive fraction thereof worked will require the employee to be paid one (1) hour of pay at the employee's regular rate of compensation for each work day that the rest period(s) is not provided. The employee must complete a *Notification of Missed Rest Break and/or Meal Break* form (see attached) and submit to the manager on the day of the occurrence, and indicate the missed rest period on his or

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

her in ~~eTime~~ electronic time card, see Human Resources Policy 2.05 Electronic Time Cards).

Comment [TS1]: Consider using the term "electronic time card" rather than the name of the current system.

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EB. Meal Breaks:

An employee is provided an uninterrupted required to take a meal break of at least thirty (30) minutes whenever she/he is assigned a work schedule period of more than five (5) hours. Mangement may designate scheduled meal breaks.

1. Meal periods are not counted as hours worked if:
 - The employee is completely relieved of all duties;
 - The employee is free to leave the work station and the work site; and
 - The meal period is at least 30 minutes long.
2. When the non-exempt employee is required to work during her/his meal break, or is unable to take an uninterrupted meal break, she/he will be paid for the meal break as time worked.
3. If overtime is incurred because of a meal break worked, the non-exempt employee will be paid in accordance with El Camino Hospital overtime policies.
4. Failure to provide the non-exempt employee meal period(s) according to the current IWC wage order will require the employee to be paid one (1) hour of pay at the employee's regular rate of compensation for each work day that the meal period(s) is not provided. The employee must complete a *Notification of Missed Rest Break and/or Meal Break* form (see attached) and submit to the manager on the day of the occurrence and properly code the missed break in ~~eTime~~ electronic time cards.

Comment [TS2]: Consider using the term "electronic time card" rather than the name of the current system.

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CF. General Provisions - Rest/Meal Breaks

1. The following practices are not permitted:
 - Combining rest breaks, or rest and meal breaks;
 - Omitting rest or meal breaks in order to report to work late or to leave work early during a scheduled work day; or
 - Dividing rest or meal breaks
2. Time used for smoking, leaving the immediate work area for reasons such as getting food or beverages, personal telephone calls, etc., is considered to be included within the employee's part of rest and meal breaks.

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

3. Breaks are to be taken in designated employee break areas only. Break rooms and the cafeteria ~~ea~~ a are acceptable areas for breaks. Breaks shall not be taken in areas designated as patient or visitors waiting areas, consultation rooms or patient care areas. It is not permissible to take breaks in patient rooms.
4. Employees who remain on hospital premises while on break must wear his or her badge visibly and identify themselves to management or security personnel if asked.

Formatted: Font: (Default) Arial**G. D. Extended Rest Breaks for Breastfeeding Mothers****Formatted:** No bullets or numbering

1. California law requires the Hospital to provide any employee who is a nursing mother with a reasonable amount of break time and a private place to express breast milk. The Hospital provides a lactation room for the employee's personal use at Maternal Connections.
2. If the employee needs additional time beyond the normal paid rest break for expressing milk, they are required to make advance arrangements with their manager, and the time will be provided unpaid.
3. The employee may also choose to use their lunch meal break time to express breast milk.

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POLICY/PROCEDURE TITLE: 3.09 Rest and Meal Breaks

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.16), 11/04/2003, 11/04/06, 03/09, 11/12

ATTACHMENTS:

3.09a Notification of Missed Rest Period and/or Meal Period – FORM
[HR- Missed Rest or Meal Period form](#)

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Attachment 8j - HR - Lactation Accommodation Policy



POLICY/PROCEDURE TITLE: 3.14 Lactation Accommodation Policy

CATEGORY: Human Resources

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 12/23/08

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COVERAGE:

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

To provide information to employees in regard to requests for time and an appropriate location to express breast milk during breaks in the work day.

STATEMENT:

El Camino Hospital shall make reasonable efforts to provide the employee with the use of an appropriate private space and pre-scheduled time as needed within patient care and business operational needs, to express breast milk.

PROCEDURE:

El Camino Hospital will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employees' infant child as long as El Camino Hospital's operations will not be significantly disrupted. Employees shall use their paid rest break, and if the employee needs a reasonable amount of additional time beyond the normal paid rest break for expressing milk, unpaid time will be provided. The employee will give reasonable notice ahead of time if she will need additional time beyond the regular, designated break time.

El Camino Hospital shall make reasonable efforts to provide the employee with the use of a private room or other location with a door that can be secured, other than a toilet stall, and in close proximity as much as practicable to the employees' work area, for the employee to express milk. It is not the responsibility of the Hospital to provide equipment such as breast pumps, ~~other equipment~~, nor refrigeration facilities to store the expressed milk.

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POLICY/PROCEDURE TITLE:3.14 Lactation Accommodation Policy

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/12
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 12/23/08, 06/09, 11/12

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Attachment 8k - Time Away from Work (5721_-1)



POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

CATEGORY: Human Resources
LAST APPROVAL DATE: 06/15

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 9/11/1994

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COVERAGE:

Full and part-time El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the MOU will prevail.

PURPOSE:

This policy is written in recognition of the importance of the need to provide for time away from work for reasons that do not require a Leave of Absence as set forth in Human Resources Policy 5.08, and to assure compliance with specific federal and state laws governing time away from work.

STATEMENT:

Employees may request time away from work for reasons which are not formal leaves of absence under Human Resources Policy 5.08. Time away from work shall be requested of the Department Manager with as much advance notice as possible to avoid disruption of patient care and business operations. It is the policy of El Camino Hospital to comply with federal and state laws governing time away from work, and will make all best efforts to accommodate such time away as defined below.

PROCEDURE:

El Camino Hospital allows for time away from work as it relates to the following circumstances:

- 1) Jury Duty
- 2) Legal Appearance as a Witness
- 3) Voting
- 4) Victims of Domestic Violence and Sexual Assault
- 5) Victims of Crime
- 6) School Activities & Discipline
- 7) Military and Military Spouse Leave
- 8) Civil Air Patrol and Civil Volunteer Leave

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POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

A. Jury Duty:

1. An employee shall notify her/his manager as soon as she/he receives a jury duty notice.
2. Employees will be paid the difference between her/his base salary rate (without shift differential) and the amount received for serving on the jury for each regularly scheduled workday falling within the time of jury duty, up to a total of 160 hours or 20 days annually, whichever occurs first. Employees may then use their accrued PTO or leave without pay.
3. Any requests for jury pay in excess of 160 hours or 20 days will be made in writing by the employee, submitted for review to the Chief Human Resources Officer, and will be considered on a case by case basis.
4. In most cases, reasonably considering traffic and location of the court, an employee must report to work during standby or periods of extended time off, postponement, or similar delay, when he/she has not been directed to report to court, and his/her physical presence is not required at the courthouse.
5. An employee on the PM or night shift should be scheduled so she/he does not work on the same day(s) she/he serves on jury duty. If an employee voluntarily works a PM or night shift on a day she/he also serves on jury duty, she/he will be paid at the regular rate for the hours actually worked and jury duty pay will not be deducted from her/his paycheck.
6. An employee must submit the jury duty payment verification to her/his manager. The manager will forward the verification to Payroll. Jury duty pay received by the employee shall be deducted from the subsequent paycheck.
7. Time spent on jury duty leave is not considered hours worked for calculating overtime, but does count for pension accrual and pension hours.
8. Employees may volunteer for additional days/hours of work on their regular days off or nights in addition to paid jury duty leave. They will be paid all appropriate differentials for any hours worked.

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

B. Legal Appearance:

1. When an employee is required to appear as a witness at the request of El Camino Hospital, or as a result of activities performed within the normal scope of her/his duties assigned by El Camino Hospital, the employee will be paid at her/his base hourly rate. All other witness duty, including personal matters not arising directly from the performance of duties assigned by El Camino Hospital shall be at the employee's expense and require use of PTO. An employee is not eligible for compensation when she/he has been notified she/he is "on-call" or waiting to be called to appear.
2. If legal appearance is required on a scheduled day off, she/he will be paid for the day at her/his base hourly rate and she/he will be given another day off within the pay period if scheduling permits as determined by the manager.
3. If the employee is scheduled to work the night prior to legal appearance time she/he will have the night off if scheduling permits as determined by the manager.
4. The manager will determine on an individual basis whether the employee will be required to report to work during the portion of her/his shift not spent in legal appearance time.
5. If the employee is not required to work by the manager (or her/his designee), she/he will be paid for her/his scheduled shift at her/his base hourly rate.
6. There will be no loss of benefits or compensation as a result of legal appearance time, except shift differentials and to the extent the employee is reimbursed for legal appearance services (i.e., witness/subpoena fees). The employee will be required to furnish El Camino Hospital with proof of legal appearance.
7. Legal appearance time on as required on behalf of El Camino Hospital constitutes hours worked and applies toward overtime and premium pay.

C. Voting

If an employee does not have sufficient time outside of working hours to vote at a statewide election, the voter may, without loss of

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

pay, take off enough working time that, when added to the working time available outside of working hours, will enable the voter to vote. The employee must give two working days' notice that such time is needed. The time away from work will not exceed two hours, and will be granted only at the beginning or end of a shift, and only to the extent necessary when added to the time available outside of work to enable the employee to vote. Employees must use their accrued PTO as long as it is available.

D. Victims of Domestic Violence and Sexual Assault

Employees who are victims of domestic assault or domestic violence may be allowed time away from work to obtain relief such as a restraining order or other court assistance or to obtain services related to domestic violence or sexual assault. If feasible, the employee must provide advance notice and the employee must provide documentation in the form of a police report, court order, medical professional counselor or other domestic violence advocate. The time taken shall run concurrently if applicable with protected family or medical leave time as set forth in Human Resources Policy 5.08, Leave of Absence.

E. Victims of Crime

— An employee who is the victim of certain types of felonies or has an immediate family member or registered domestic partner who is the victim of certain types of felonies may take time away from work to attend judicial proceedings. If feasible, the employee must provide advance notice and the employee must provide documentation from a court or governmental agency, a prosecuting or district attorney's office, or an agency advocating on behalf of the victim that verifies that the employees was attending a judicial proceeding. The time taken may run concurrently with protected family or medical leave time as appropriate as set forth in Human Resources Policy 5.08, Leave of Absence.

F. School Activities & Discipline

The parent or legal guardian of a child in grades K – 12 who has been suspended from school may take time away from work if he/she is required to appear at the school in connection with that suspension. The parent or guardian of a child in grades K–12, or attending a licensed day care facility, may take up to 40 hours off

POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

per calendar year for the purpose of participating in activities of the school or licensed day care facility. However, the time away from work for school activities may not exceed 8 hours per calendar month.

In order to be approved for time away from work for school discipline or school related activities, employees must provide documentation from the school or licensed day care facility as proof that the employee participated in the activity on a specific date and at a specific time. When taking time away from work for school activities or school discipline, employees must use accrued PTO as long as it is available.

G. Military and Military Spouse Leave

Coverage applies to employees who are in service in the uniformed services; such as Army, Navy, Air Force, Marine Corps, Coast Guard and the reserves of each of these. Also covered are commissioned corps of the Public Health Service and any other category of people designated by the president in the time of war or national emergency. Service is defined as active duty on a voluntary or involuntary basis.

Spouses of military personnel qualify for Military Spouse Leave if they are a spouse of a "qualified" service member, work and average of 20 or more hours per week and provide notice to their employer of their intention to take leave, within two business days of receiving official notice that the service member will be on leave from deployment.

H. Civil Air Patrol and Volunteer Civil Service Leaves

To qualify for Volunteer Civil Service Leave you must be required to perform emergency duty. The amount of time an employee can use for volunteer civil service leave is unlimited. Emergency rescue personnel is defined as any person who is an officer, employee or member of a fire department, fire protection or firefighting agency of the federal government, California state government, local government, special district or other public or municipal corporation or political subdivision of California. Also qualifying are officers of a sheriff's department, police department or private fire department.



POLICY/PROCEDURE TITLE: 5.07 Time Away from Work

To qualify for Civil Air Patrol Leave, an employee must be a volunteer member of the California Wing of the civilian auxiliary of the U.S. Air Civil Air Patrol, responding to an emergency operation mission.

Certification regarding these leaves is required; employees shall provide documentation prior to the granting of either of these leaves.

Information on any leave of absence may be obtained through the human resources department or through the State of California Chamber of Commerce.

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	6/02/15
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 9/11/94, 5/1/98, 3/14/01, 11/03, 1/04, 12/13/06, (formerly Human Resources Policy, 5.07,) 12/13/08, 03/09, 11/12

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Attachment 8I - HR - Internal Transfer



POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

CATEGORY: Human Resources
LAST APPROVAL DATE: 06/2015

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 9/11/94

COVERAGE:

All El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

To describe the process of applying for a position for current employees.

STATEMENT:

It is El Camino Hospital policy to hire and retain highly qualified and skilled people to maintain a flexible work force. Positions may be filled through promotion or lateral transfer, or by hiring people from outside El Camino Hospital. The method used to fill positions is the sole discretion of El Camino Hospital and unless otherwise specifically stated, one method does not take precedence over another.

In addition to its goal of maintaining a flexible work force and supporting efficient operations, El Camino Hospital seeks to encourage and facilitate growth opportunities for employees through appropriate transfers.

PROCEDURE:

A. Employee-Initiated Transfers

1. It is the responsibility of the employee to complete an on-line Internal Transfer request for each posted position for which she/he desires to be considered for.
2. An employee must have a minimum of one hundred eighty (180) days of service in his/her present position and satisfactory performance in the position to apply for internal transfer. The employee must meet the basic skills and qualification of the posted position to be considered. Exceptions to the satisfactory job performance requirement must be approved by the accepting hiring manager and have been reviewed by the Human

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POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

Resources Business Partner; ~~and~~ this review must be documented in writing for the employee personnel file.

3. An employee on a leave of absence for medical reasons is ineligible to apply for a transfer until medically cleared to return to work. An employee on a leave of absence for non-medical reasons may initiate a transfer request provided the employee is available to return to work within thirty (30) days. (See section C.7. of this policy.)

B. Employer-Initiated Transfers.

There may be circumstances where it is in the best interest of El Camino Hospital to transfer an employee. Such transfers will normally take precedence over requested transfers.

C. Internal Transfer Process:

1. Postings will be in accordance with the posting requirements stated in Human Resources Policies and Procedures 3.01 Employment Procedures, unless otherwise stated in this policy.
2. After reviewing the transfer request, recruitment staff will forward the ~~request~~ transfer request from a qualified internal applicant to the hiring manager.
3. The hiring manager shall arrange to interview the applicant and obtain information about the employee's current performance, including review of the employee personnel file before making a decision. The employee's electronic signature on the Internal Transfer Request Form authorizes the hiring manager to review the personnel file.
4. The hiring manager will notify Human Resources of the selection/non-selection of the employee ~~via email~~ in writing to HR transactions or by signing the transfer form and returning it to Human Resources. Recruitment staff will verify that this selection is compliant with hospital policy ~~and and any the~~ applicable MOU.
5. All transfers for an employee with a documented permanent work restriction must be reviewed and approved by Employee Wellness & Health Services (EWS) before the transfer can occur. A substantive change in the essential functions of the employee's proposed position or work status may require EWS, the hiring manager and the employee to engage in an interactive process to evaluate what reasonable accommodations are

Comment [TS1]: This seems to imply that if an internal candidate is minimally qualified they will always be interviewed. Is that intended?

POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

available to the employee in the new position.

6. Recruitment staff will offer the position to the selected employee and confirm the details.
 - a. If the offer is declined Human Resources will notify the hiring manager and indicate the ~~employee's decision~~declination in the applicant tracking system.
 - b. If the offer is accepted, Human Resources will note this on the transfer request and notify the hiring manager. An employee who accepts an offer is required to proceed with the transfer and remain in that position for at least one hundred eighty (180) days. Any requests for exception to this must be reviewed by a Human Resources Business Partner and approved by the Director of Human Resources Operations.-
7. The date of transfer will be determined by agreement between the respective managers. The employee should normally start the new position within thirty (30) days after the date of acceptance of the new position. In the case of promotion, the transfer will occur no more than thirty (30) days after acceptance of the new position. Transfers will be effective on the first day of a pay period. All required documentation must be received by Human Resources before a transfer is processed.
8. Employees who transfer or change job classifications for any reason must complete a new provisional period as described in Human Resources Policies and Procedures 3.07 Provisional Period.
9. Any exceptions to this policy must be reviewed and approved by the Chief Human Resources Officer, after review by the hiring manager and Human Resources Business Partner or the Manager of Director of Human Resources Operations.

Comment [TS2]: Is this intended to mean "who transfer into a new job classification" or does it apply to any and all transfers?



POLICY/PROCEDURE TITLE: 3.11 Internal Transfer

APPROVAL	APPROVAL DATES
HR Committee:	02/15
Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.20), 11/4/03, 10/16/06, 03/09, 11/12

REFERENCES: (as applicable)

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:

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Attachment 8m - HR- Provisional Period

POLICY/PROCEDURE TITLE: 3.07 Provisional Period

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 9/11/94

COVERAGE:

El Camino Hospital employees, excluding managers, directors and executives. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

The provisional period offers the supervisor the opportunity to assess and evaluate an employee's job performance during their initial employment and upon transfer to a new job or department, and to determine if the employee has demonstrated success during their orientation to the role. An employee may be terminated if they do not meet standards during the provisional period, and the employee may also use this opportunity to assess if she/he desires to continue in the job.

STATEMENT:

It is the policy of El Camino Hospital to require employees to complete a provisional period upon initial employment, promotion, transfer, reinstatement and/or rehire to determine suitability for employment or when changing positions within El Camino Hospital.

Employment with El Camino Hospital is a voluntary one and is subject to termination by the employee or the hospital at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of non-contractual employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President or the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.

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POLICY/PROCEDURE TITLE: 3.07 Provisional Period**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015****DEFINITIONS:**

1. **Reinstatement** - An employee will be considered "reinstated" when she/he previously worked for El Camino Hospital and returns to employment with El Camino Hospital following a break in service of less than one year.
2. **Rehire** - An employee will be considered "rehired" when she/he previously worked for El Camino Hospital and returns to employment with El Camino Hospital following a break in service of one year or more.

PROCEDURE:

1. Employees are required to complete a one hundred eighty (180) calendar day provisional period during initial employment regardless of status.
2. Employees who are reinstated, rehired, promoted, transferred, or who undergo a position change must also complete a new one hundred eighty (180) day provisional period.
3. Failure to Satisfactorily Complete A Provisional Period.
 - a. New Employees. El Camino Hospital reserves the right to terminate employment at any time during the one hundred eighty (180) day initial employment provisional period. El Camino Hospital also reserves the right to extend the duration of any initial employment provisional period up to one hundred eighty (180) additional days. El Camino Hospital retains sole and absolute discretion to determine when the above actions are appropriate.
 - b. Current Employees. El Camino Hospital reserves the right to extend the duration of any employment provisional period up to one hundred eighty 180 additional days. If at any time during the one hundred eighty (180) day employment provisional period, or extension, the manager determines the employee is failing to successfully complete the new provisional period, the employee is subject to one of the following actions:
 - i. Management-Initiated Return of the Employee to Her/His Previous Position. If the employee's previous position is still vacant and the employee's documented performance record in that job reflects a rating of "meets standards", management may, at their option, return the employee to her/his previous position. This is not intended to restrict the manager from taking action to fill the

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POLICY/PROCEDURE TITLE: 3.07 Provisional Period**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

employee's previous position prior to, or during, the employee's new provisional period.

- ii. Discipline and Termination. If none of the above options is available, an employee who does not successfully complete the one hundred eight (180) day provisional period may be terminated.

APPROVAL	APPROVAL DATES
HR Committee:	02/15
_____ Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 9/11/94, 5/1/98, 3/14/01 (formerly numbered 3.12), 11/4/03, 12/4/06, 03/09, 11/12

REFERENCES: (as applicable)**ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:**

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Attachment 8n - HR- Resignation-Separation of Employment

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

SUB-CATEGORY: Human Resources
ORIGINAL DATE: 10/2002**COVERAGE:**

El Camino Hospital employees. If there is a conflict between the Hospital policy and the applicable MOU, the applicable MOU will prevail.

PURPOSE:

El Camino Hospital has established guidelines and procedures for employees who wish to resign or who are discharged from employment.

STATEMENT:

Employment with El Camino Hospital is a voluntary one and is subject to termination by the employee or the hospital at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of employees.

This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President or the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.

PROCEDURE:

1. Resignation with Notice.
 - a. Employees who resign are requested to notify their manager at least fourteen (14) days in advance and are required to submit the resignation in writing.
 - b. Upon receipt of written resignation the manager must notify Human Resources of the action via uAccess, the Manager self-service portal. The manager should scan a copy of the employee resignation to uAccess as well as provide the original employee resignation letter to Human Resources for inclusion in the personnel file.

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

- c. If the employee is unable or refuses to give a written resignation, the manager must contact their Human Resources Business Partner for assistance.
- d. The manager is responsible for the following:
 - Obtaining written notice of resignation.
 - Advising the employee that her/his final paycheck is available for pick-up in Payroll by the employee in person on the last day worked. Employees who choose to schedule their last day worked on a weekend will be required to pick-up their final paycheck in Payroll on the next normal business day.
 - Completing the notification of termination via uAccess and providing the employee resignation letter to the Human Resources Department prior to the employee's last day of employment.
 - Approving and delivering the employee's final time record for processing prior to the employee's last day of employment.
 - Advising the employee they may wish to contact the Sr Benefits Analyst in Human Resources for an optional exit benefits meeting.
- 2. Exit Benefits Meeting: The exit benefit meeting is optional but recommended for all employees who resign. Upon submission of written or verbal resignation, the employee may contact the Senior Benefits Analyst in the Human Resources Department to schedule an exit benefits meeting.
- 3. Final paycheck:
 - a. Once final eTime has been completed by the Manager, Human Resources will coordinate with the Payroll office to request the issuance of final pay.
 - b. It is the responsibility of the Manager to approve that the employee works the number of hours listed on the employee's final time record in eTime and to notify payroll that the final timecard is completed before the end of the employee's last shift.

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment**CATEGORY: Human Resources****LAST APPROVAL DATE: 04/2015**

- c. Upon completion of the employee's last shift, the employee's final pay will be available in Payroll for the employee to pick-up during normal day shift working hours, Monday through Friday.
 - d. The employee's photo ID badge and any other Department/Hospital assets, including but not limited to electronics (Vocera, laptop computers, etc.), other equipment, and keys are to be turned in to the employee's Manager or designee in the home department no later than the last day worked.
 - e. If an employee is unable to pick up their final check, and wishes to request that their final check be sent by mail, they must put the request in writing or an e-mail to Payroll.
4. Hospital Property: All Hospital assets and property must be returned by the employee's last day of work.
5. Resignation without Notice
- a. The following may be considered to be voluntary resignations without notice:
 - i. Failure to report to work without authorization from the employee's manager (or approved designee), pending investigation.
 - ii. Failure to return to work when an LOA (or extension of LOA) expires.
 - b. If the employee resigns without notice, the manager must contact the Human Resources Business Partner for assistance.

6.. Re-employment Status

Employees who resign from El Camino Hospital may be considered for re-employment provided their previous work record, including job performance, conduct, and attendance, was satisfactory. ~~and the minimum notice was given prior to departing. Beth, to me this line reads that if someone does not give two weeks' notice they are not eligible to be re-employed. It this interpretation is correct, it is my opinion that one should not be "punished" for not providing two week notice. Outside of common courtesy there is nothing preventing one from taking that action.~~

7. Discharge

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

- a. All discharges (including resignations in lieu of discharge) are reviewed by the Human Resources Business Partner or Director of Human Resources Operations before action is taken.
- b. Termination checks will be prepared on or before the employee's last day of work. All wages earned (and any accrued time) must be paid immediately to an employee who is being discharged. The termination check is to be presented to the employee at the time of discharge.
- c. The Employee Resignation/Separation form and a written Action Report or Memorandum (termination notice) detailing the reasons for taking the action of discharge are to be completed by the manager. The Human Resources Business Partner is available for assistance.
- d. All items belonging to El Camino Hospital (keys, uniforms, I.D. Badge, etc.) are to be collected at the time of discharge.

APPROVAL	APPROVAL DATES
HR Committee:	02/15
_____ Medical Committee (if applicable):	
ePolicy Committee: n/a policy under revision prior to start	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	04/2015

Historical Approvals: 6/11/97, 5/1/98, 3/14/01 (formerly numbered 3.24), 11/4/03, 12/06, 03/09, 11/12

REFERENCES: (as applicable)

POLICY/PROCEDURE TITLE: 3.12 Resignation Separation of Employment

CATEGORY: Human Resources

LAST APPROVAL DATE: 04/2015

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:

Attachment 8o -HR - Management Organization



POLICY/PROCEDURE TITLE: 11.00 Management Organization

CATEGORY: Administrative

LAST APPROVAL DATE: 06/15

SUB-CATEGORY: General Administration

ORIGINAL DATE: 5/98

COVERAGE:

El Camino Hospital employees, Auxiliary, Volunteer groups, Medical Staff.

PURPOSE:

It is the policy of El Camino Hospital to create an organizational structure that meets the Hospital's current needs. ~~The Chief Executive Officer is required to develop such organizational structures.~~ It is the responsibility of the Chief Executive Officer or designee to develop, rreview, and/or revise the organizational structure annually.

STATEMENT:

~~This policy is distributed to all organizational units within the El Camino Hospital structure and is listed in all official hospital distribution lists.~~

Comment [TS1]: Not sure what this means?

Comment [JJ2]: Agree statement is outdated

PROCEDURE:

The following organizational structure has been established to position El Camino Hospital for future growth. This action is undertaken in accordance with the California Health and Safety Code, Title XXII, the Bylaws of the El Camino ~~Healthcare Hospital~~ District Board of Directors and the Bylaws of El Camino Hospital. -Organizational charts are updated at least annually and available to employees under Administrative policies.

(Refer to: Patient Care Policies and Procedures Manual, Section "0.00 Hospital Plan for Provision of Patient Care and Services", under 0.01 Overview).

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POLICY/PROCEDURE TITLE: 11.00 Management Organization

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals:

5/98, 6/99, 05/01, 02/04, 03/05, 12/06, 06/09, 10/12

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Attachment 8p - HR- Hospital Volunteers



POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

CATEGORY: Human Resources

LAST APPROVAL DATE: 11/12

SUB-CATEGORY: Human Resources

ORIGINAL DATE: 12/07/2006

COVERAGE:

Hospital volunteers who are members of the El Camino Hospital Auxiliary and ~~all~~ all other approved volunteers.

PURPOSE:

It is El Camino Hospitals policy to encourage volunteerism from the professional and nonprofessional community. ~~Qualifications and performance standards for volunteers are the same as for employees, except that volunteers are only subject to the communicable disease screening portion of the Employee Health Services pre-placement process.~~

El Camino Hospital approves individuals to volunteer at the Hospital based on qualifications needed to perform the volunteer function. In accordance with applicable laws, El Camino Hospital prohibits unlawful discrimination based on race, color, ancestry, national origin, color, sex, sexual orientation, religion, disability, marital status, age, medical condition or any other status protected by federal, state or local laws.

STATEMENT:

~~Examples may include:~~

- ~~• It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for _____~~
- ~~• It is the procedure of El Camino Hospital regarding _____ to ensure patient safety~~

DEFINITIONS (as applicable):

PROCEDURE:

1. Individuals wishing to volunteer with ~~the~~ El Camino Hospital-Auxiliary must contact the Auxiliary Recruitment Department.

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POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

2. Individuals wishing to volunteer with the Chaplaincy, Healing Arts Program or Pet Therapy volunteers must contact the hospital Chaplain.
 - a. Individuals wishing to volunteer with animals should refer to Administrative Policy 12.00 Animal Visitation.
3. Individuals wishing to volunteer in any other area must contact All other volunteers must contact Human Resources.
4. Individuals wishing to volunteer with animals should refer to Administrative Policy 12.00 Animal Visitation.
5. All persons requesting to volunteer must commit to and complete a minimum of 40 hours of volunteer work with El Camino Hospital in a one year period. Exceptions may be considered on a case-by-case basis by For persons who do not commit to the minimum hours requirement, exceptions to the requirements will be considered for approval on a case by case basis by the Manager the Director, Patient Experience Guest Services or Director, HR Operations Workforce Planning & Recruitment.
5. Before beginning duties, All volunteers must have a criminal background check and comply with the Infectious Disease Screening Policy prior to their first volunteer shift.
 6. Volunteers must also comply other periodic infectious disease screening requirements as outlined in the Infectious Disease Screening Policy. the Auxiliary or Department must have received clearance from Employee Health and received an approved Volunteer checklist from Human Resources.
6. All volunteers must receive an orientation to their role as well as to patient and environmental safety, infection prevention, confidentiality and security as applicable to their volunteer duties prior to beginning those duties and annually thereafter.
7. A volunteer who experiences an accident, injury or exposure in the course of his/her duties should notify the manager of the department where s/he is volunteering and/or the chair of his/her Auxiliary service, complete the online Accident, Injury, and Exposure Report, and seek treatment from his/her personal health care provider.
 - a. If emergency care is needed, the volunteer may be treated in the Emergency Department and will be required to register and have a medical evaluation. The volunteer's medical insurance company will be billed for this service.
 - b. Add info about EWHS coverage for some volunteersstejinajncognizeme fr.

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Comment [TS1]: What about SAHC?

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POLICY/PROCEDURE TITLE:HR- Hospital Volunteers

APPROVAL	APPROVAL DATES
Originating Committee or UPC Committee:	11/2012
_____ Medical Committee (if applicable):	
ePolicy Committee: (Please don't remove this line)	
Pharmacy and Therapeutics (if applicable):	
Medical Executive Committee:	
Board of Directors:	

Historical Approvals: 12/07/06, 02/17/09, 06/09, 11/12

REFERENCES: (as applicable)

ATTACHMENTS:, ADDENDUMS:, EXHIBITS:, OR APPENDICES:

[17.03a Hospital Volunteer Checklist.doc](#)
[17.03b Volunteer Application - FORM](#)

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ATTACHMENT 9

Attachment 9a - Cover Memo KPI Scorecard

COMPLIANCE COMMITTEE MEETING AGENDA ITEM COVER SHEET

Item:	Key Performance Indicators
Responsibility party:	Diane Wigglesworth, Director Corporate Compliance
Action requested:	Information Only
Background: Key performance indicators were developed to track required elements from the Federal Sentencing Guidelines. These indicators help the committee monitor activity and review organizational trends.	
Committees that reviewed the issue and recommendation, if any: N/A	
Summary and session objectives : <p style="margin-left: 40px;">Objective is to review the trending of key indicators. With the activation of Epic there was an increase in charging and billing related concerns brought forth. The Epic team worked with departments on corrective action and additional training for staff. Compliance is continuing ongoing monitoring of billing integrity. HIPAA reported issues YTD are up over the previous year however self-reported violations to CDPH have trended down from the previous year. Compliance is proactively monitoring Epic system access.</p>	
Suggested discussion questions: <p style="margin-left: 40px;">1. Are there any areas of concern?</p>	
Proposed board motion, if any: None	
LIST OF ATTACHMENTS: Corporate Compliance Scorecard and KPI 2 year trend graph	

Attachment 9b - Corporate Compliance Scorecard FY16

Totals as of December 2015

Corporate Compliance Scorecard FY15

El Camino Hospital

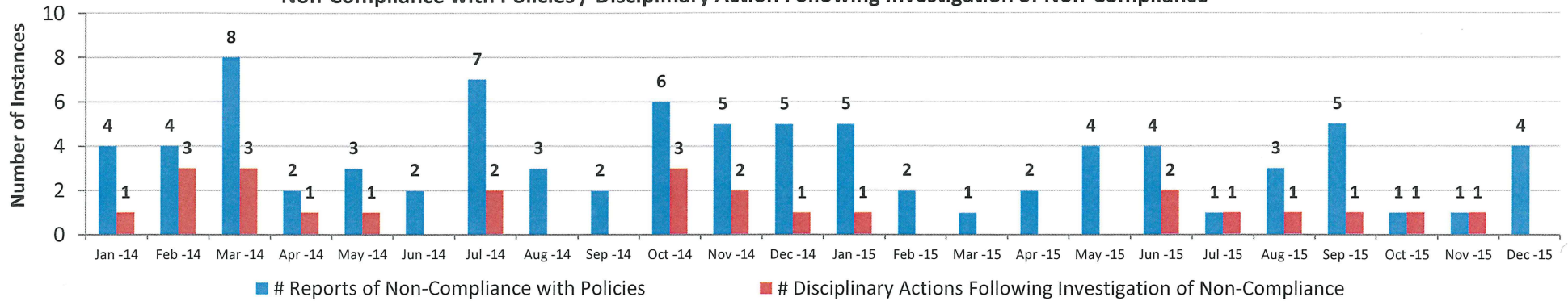
Key Performance Indicator	FY:16 Current Month	Current YTD Actual	Prior YTD Actual
Total Number of Hospital Discharges (excluding normal newborn)	1,594	9,244	9,451
Core Elements			
Policies and Procedures	Dec. 2015	Jul - Dec FY:2016	Jul - Dec FY:2015
Number of reported instance when policies not followed	4	15	28
Number of disciplinary actions due to Investigations	0	5	8
Education and Training	Dec. 2015	Jul - Dec FY:2016	Jul - Dec FY:2015
Percentage of new employees trained within 30 days of start date	100%	100%	100%
Investigations	Dec. 2015	Jul - Dec FY:2016	Jul - Dec FY:2015
Total number of investigations	18	110	97
Investigations open	1	4	0
Investigations closed	17	106	97
Hotline concerns substantiated	2	10	18
Hotline concerns not substantiated	1	12	4
Average number of days to investigate concerns	6	6	5
Reporting Trends	Dec. 2015	Jul - Dec FY:2016	Jul - Dec FY:2015
Anti-Kickback/Stark	1	19	19
EMTALA	0	4	2
HIPAA Reports	13	105	74
HIPAA Security Breaches	0	2	0
Billing or Claims	8	43	22
Conflict of Interest	0	2	0
Reported Events to CMS	Dec. 2015	Jul - Dec FY:2016	FY:15 Actual
Number of total events self reported by ECH	0	0	1
Number of self reported events followed up by CMS	0	0	1
CMS initiated visits (separate from ECH self reported events)	0	0	0
Number of statement of deficiencies issued to ECH	0	0	0
Number of Actual Sanctions, fines or penalties	0	0	0
Reported Events to CDPH	Dec. 2015	Jul - Dec FY:2016	FY:15 Actual
Number of total regulator events self reported by ECH	1	6	5
Number of self reported events followed up by CDPH	0	3	8
Number of total privacy breaches self reported by ECH	2	10	23
CDPH initiated visits (separate from ECH self reported events)	0	0	20
Number of statement of deficiencies issued to ECH	0	1	6
Number of Actual/Realized Sanctions, fines or penalties	0	0	0
Monitoring and Audit Findings	Dec. 2015	Jul - Dec FY:2016	FY:15 Actual
Total number of Audit Findings	3	21	42
Number of findings identified has high severity	0	1	15
Monitoring and Audit Findings	Dec. 2015	Jul - Dec FY:2016	FY: 15 Actual
Number of Open Liability Claims	10	10	13
Number of Open Liability Lawsuits	12	12	8

Attachment 9c - KPI Trend Graph

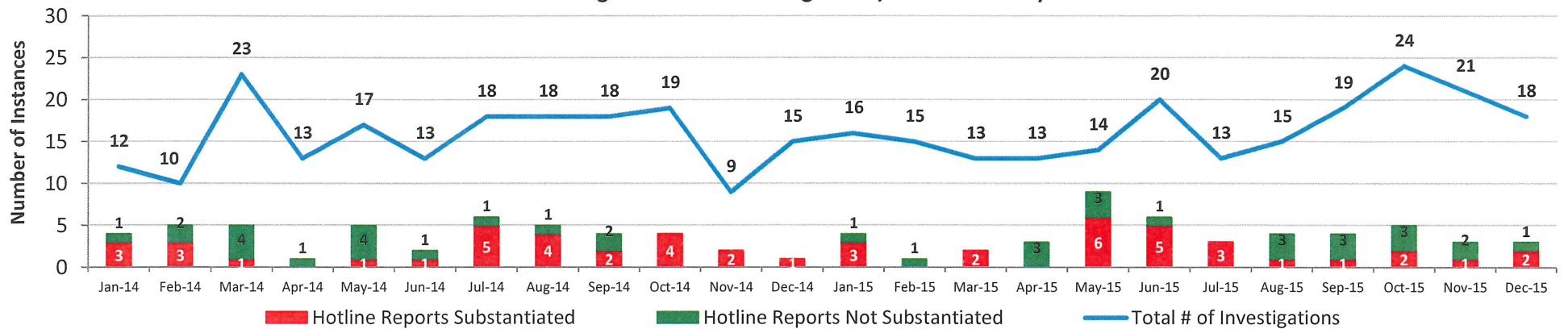
Corporate Compliance

Policies & Procedures

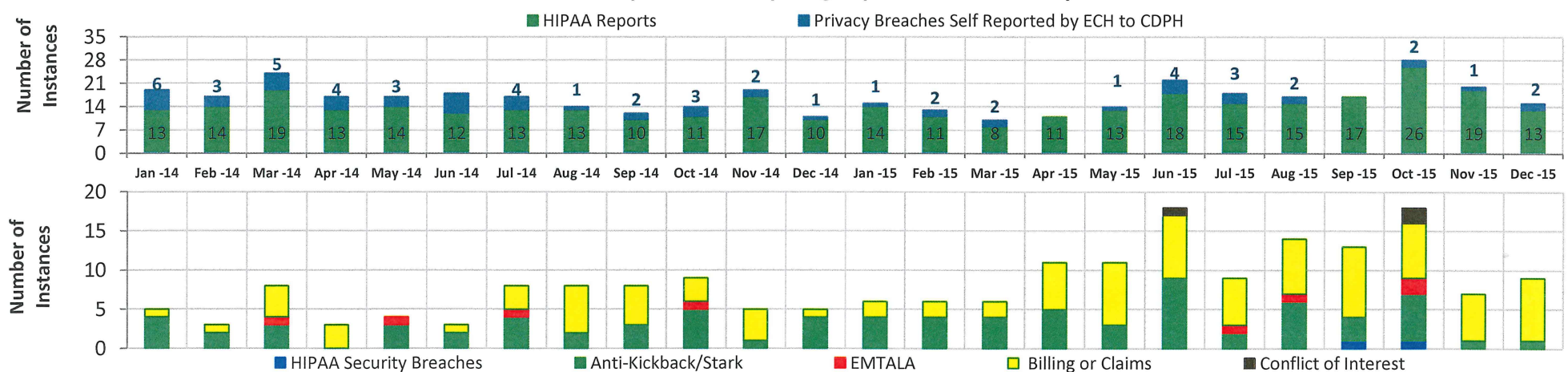
Non-Compliance with Policies / Disciplinary Action Following Investigation of Non-Compliance



Investigations: Total Investigations / Hotline Activity



Privacy Breaches Requiring Report to Outside Entity



ATTACHMENT 10

Attachment 10a - Moody's Cyber Risk



Announcement: Moody's: Threat of cyber risk is of growing importance to credit analysis

Global Credit Research - 23 Nov 2015

New York, November 23, 2015 -- The threat of cyber attacks continues to rise across all sectors, and the implications could start taking a higher priority in credit analysis, according to Moody's Investors Service in a new report. Moody's views material cyber threats in a similar vein as other extraordinary event risks, such as a natural disaster, with any subsequent credit impact depending on the duration and severity of the event.

"Cyber risk means different things for different sectors," says Jim Hempstead, Moody's Associate Managing Director and lead author of the report. "While we do not explicitly incorporate cyber risk as a principal credit factor today, our fundamental credit analysis incorporates numerous stress-testing scenarios, and a cyber event could be the trigger for one of those stress scenarios."

As computer networks and internet connectivity expand into new devices and services, and as more data becomes mobile, corporations and organizations will prioritize cyber risk mitigation through enhanced governance activities and investment in cyber defense. According to the report, "Cyber Risk of Growing Importance to Credit Analysis," security challenges will remain due to the constant evolution of cyber threats.

Assessing how prepared an issuer or organization is for a cyber threat presents challenges, owing to the complexity of the problem. Across all sectors, however, cyber risk is becoming an important priority.

In the report, Moody's identifies several key factors to examine when determining a credit impact associated with a cyber event, including the nature and scope of the targeted assets or businesses, the duration of potential service disruptions and the expected time to restore operations.

"More cyber security expertise is being added to boards and trustee governance," says Hempstead. "We expect many issuers will create distinct cyber security subcommittees, which is a material credit positive."

Moody's says that industries which house significant amounts of personal data, such as financial institutions, health care entities, higher education organizations and retail companies are at greatest risk to experience large-scale data theft attacks resulting in serious reputational and financial damage.

Other sectors considered critical infrastructure such as electric utilities, power plants, or water and sewer systems are more exposed to attacks that could lead to large-scale service disruption, causing substantial economic -- and possibly environmental -- damages to sovereign, state and local governments or utilities. However, Moody's believes such an attack would elicit immediate government intervention to restore operations, resulting in lower potential credit risk.

The report also looks at varying types of cyber threat actors and their motives, including nation state espionage groups, criminal enterprises, hacktivists and terrorists.

The report "Cross Sector -- Global: Cyber Risk of Growing Importance to Credit Analysis" is available to Moody's subscribers at http://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBC_1009792.

NOTE TO JOURNALISTS ONLY: For more information, please call one of our global press information hotlines: New York +1-212-553-0376, London +44-20-7772-5456, Tokyo +813-5408-4110, Hong Kong +852-3758-1350, Sydney +61-2-9270-8141, Mexico City 001-888-779-5833, São Paulo 0800-891-2518, or Buenos Aires 0800-666-3506. You can also email us at mediarelations@moodys.com or visit our web site at www.moodys.com.

This publication does not announce a credit rating action. For any credit ratings referenced in this publication, please see the ratings tab on the issuer/entity page on www.moodys.com for the most updated credit rating action information and rating history.

James Hempstead
Associate Managing Director
Public Finance Group

Attachment 10b - KPMG - Health Care and Cyber Security



HEALTH CARE AND CYBER SECURITY:

Increasing Threats Require
Increased Capabilities

kpmg.com



EXECUTIVE SUMMARY

Four-fifths of executives at healthcare providers and payers say their information technology has been compromised by cyber-attacks. At the core of the increased risk to healthcare organizations is the richness and uniqueness of the information that the health plans, doctors, hospitals and other providers handle. Apart from typical financial fraud, there is also the possibility of medical insurance fraud, or, in the case of providers, attacks on computer-controlled medical devices. As this is the largest part of the U.S. economy and a safeguard of peoples' well-being, healthcare is a matter of national security.

Despite such significant repercussions of a cyber-attack, the healthcare sector lags in terms of its preparedness for cyber threats. As recent events have made clear, protecting information is not easy. Hackers will find opportunities to exploit flaws in the way healthcare organizations currently fund, manage, enable, organize and implement their information protection capabilities.

In terms of technical capabilities, the healthcare industry is behind other industries in protecting its infrastructure and electronic protected health information (ePHI) – as commonly seen in the use of outdated clinical technology, insecure network-enabled medical devices, and an overall lack of information security management processes.

Based on our experience, healthcare organizations are facing increased security threats by:

- The **adoption of digital patient records** and the automation of clinical systems.
- The use of **antiquated EMR and clinical applications** that are not designed to securely operate in today's networked environment and software vendors who push that problem to the provider.
- The **ease of distributing ePHI** both internally (laptops, mobile devices, thumb drives) and externally (third parties, Cloud services).
- The **heterogeneous nature** of networked systems and applications (i.e. network-enabled respirator pumps on the same network as registration systems that can browse the Internet).
- The **evolving threat landscape**, where cyber-attacks today are more sophisticated and well-funded given the increased value of the compromised data on the black market.

Some organizations may not realize the sophistication of hackers and their means to infiltrate confidential patient data networks. Interconnectivity of data in healthcare holds huge promise for health outcomes – improving both quality and efficiency of medicine. The risks associated with interconnectivity are also great, however. The nature, depth and consequences of cyber-attacks in healthcare have all changed, and the approach to containing those threats has to change and align with a healthcare organization's objectives, as well.





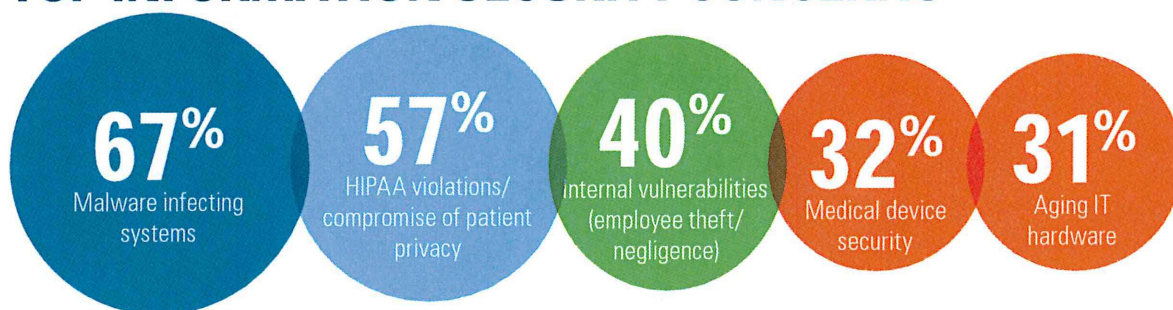
TOP CYBER SECURITY THREATS

The most important cyber security concerns for healthcare providers and payers are coming from external sources, according to KPMG's survey of 223 healthcare executives, who named external attackers and third-parties as their top vulnerabilities. The top threats are malware and HIPAA violations. (See charts.)

GREATEST VULNERABILITIES IN DATA SECURITY



TOP INFORMATION SECURITY CONCERNS



"The richness of the information means that the cyber security threat to healthcare has increased," says Michael Ebert, KPMG partner and healthcare leader at the firm's Cyber Practice. "The magnitude of the threat against healthcare information has grown exponentially, but the intention or spend in securing that information has not always followed."

As a result of divergent priorities, payers and providers have differing concerns when it comes to security breaches. For providers, regulatory enforcement issues or litigation can cut into already thin profit margins. "A hospital typically has some tough choices when it comes to investing," Ebert says. "If it has a million dollars it is more likely to spend on patient care and saving lives before protecting their data."

Payers tend to be larger, publicly traded organizations that operate in multiple jurisdictions. Their main concerns are a financial loss that could affect shareholders or a reputational impact that could dampen growth plans. (See charts.)

TOP CONCERNS FOR PROVIDERS	
Regulatory enforcement	50%
Litigation	45%
Financial loss	44%
Reputation	39%
Job security	6%

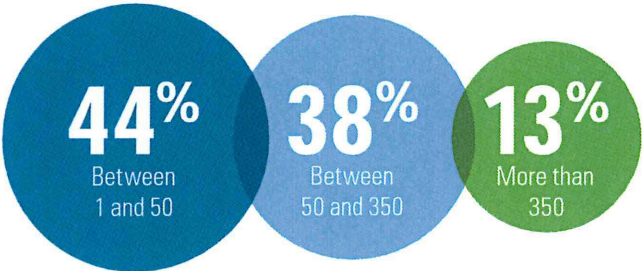
TOP CONCERNS FOR PAYERS	
Financial loss	57%
Reputation	46%
Litigation	38%
Regulatory enforcement	35%
Job security	3%

FREQUENCY OF CYBER SECURITY BREACHES

KPMG’s survey shows that healthcare organizations are on the high end of the spectrum when it comes to cyber-attacks. They are not as frequently targeted as the financial services sector, which has spent the last 20 years focusing on cyber security and protection.

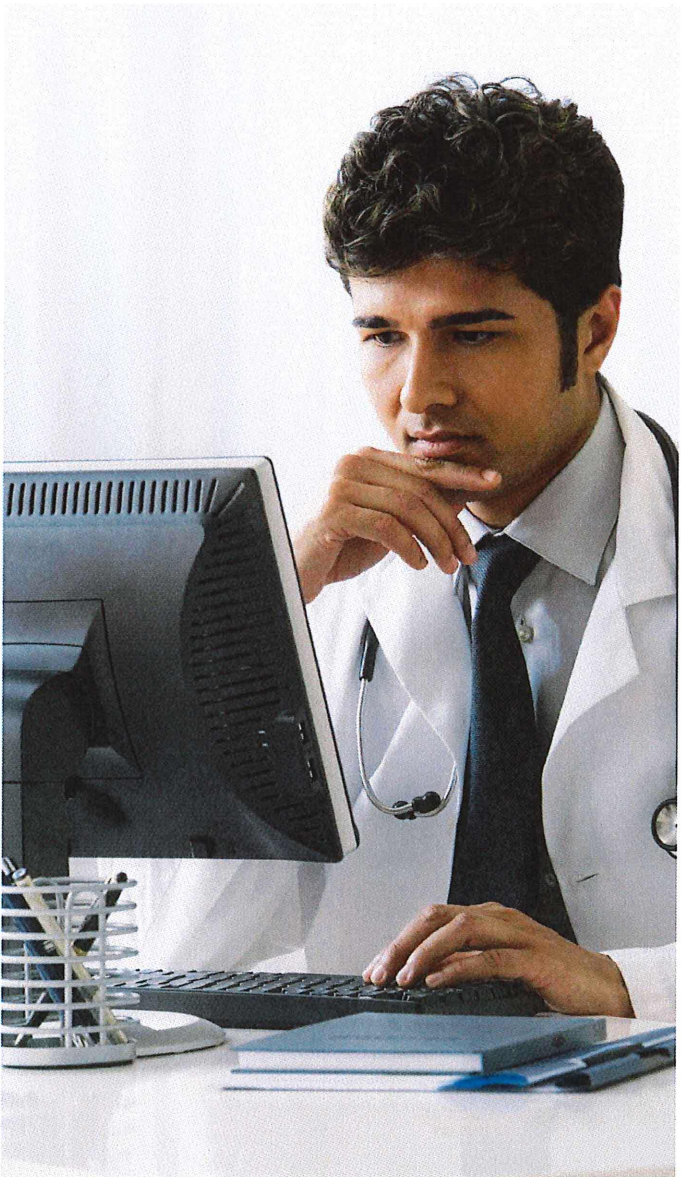
Of increased concern is the respondents’ attempts to track cyber threat attempts. Just 13% of KPMG’s survey respondents reported tracking more than once-a-day known attempts at a cyber security breach. (See chart.)

NUMBER OF CYBER THREAT ATTEMPTS TRACKED IN THE LAST 12 MONTHS



This is indicative of organizations not understanding, tracking, reporting and managing threats effectively. Mature incident and vulnerability management processes are lacking in most organizations, and thus, daily threats aren’t even reported or managed effectively by many organizations. One KPMG client saw a 1000% increase in incidents and vulnerability reporting to their enterprise once they implemented an effective Security Operations Center (SOC) to intercept, interpret, and report on threats.

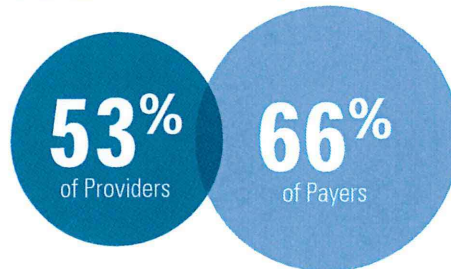
Ebert suspects that a large percentage of the organizations are underreporting security threats as well. “They are probably compromised and don’t even know it,” he points out. In fact, 25% of respondents surveyed by KPMG say that, based on their organization’s current protection systems, they don’t have or don’t know their capabilities, in real time, to detect if their organization’s systems are being compromised.



HOW CYBER SECURE ARE HEALTHCARE ORGANIZATIONS?

While a majority of organizations consider themselves prepared for defense against a cyber-attack, they may be overconfident about their capabilities, says KPMG's Cyber Practice. (See chart.)

CONSIDER THEMSELVES READY TO DEFEND AGAINST A CYBER-ATTACK



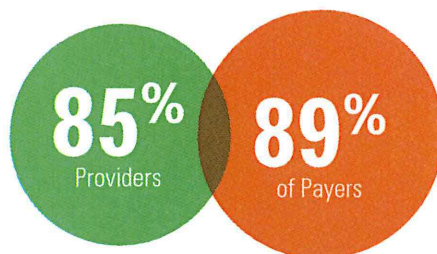
Instant management and instant response are very delicate matters that involve investigating, tracking and eliminating cyber threats, as well as communicating and reporting threats to the public and regulatory bodies.

Some organizations may hurt themselves by reporting breaches almost too quickly, before they understand where the threat is coming from, who the attacker is and which parts of the system have been compromised, Ebert says. "It's important to understand the attack's total footprint and how it's spreading before shutting it down. Otherwise an organization will not be able to prevent it from spreading or properly contain the attack," he added.

CYBER-ATTACK PREPARATION IS KEY

The KPMG survey reveals that, while the discussion around cyber security is occurring in executive suites (See Chart), many healthcare organizations have not yet taken all the necessary steps to prepare their organizations for cyber security threats. (See Box)

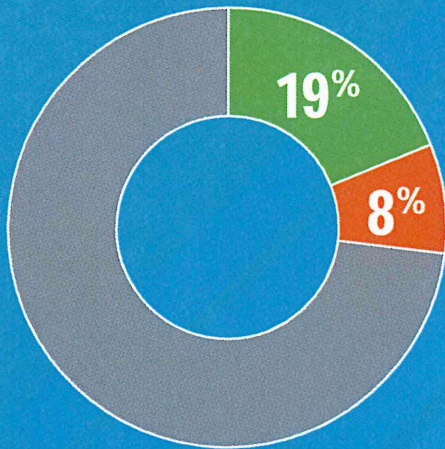
CYBER SECURITY HAS BEEN DISCUSSED AT THE BOARD LEVEL IN THE PAST YEAR



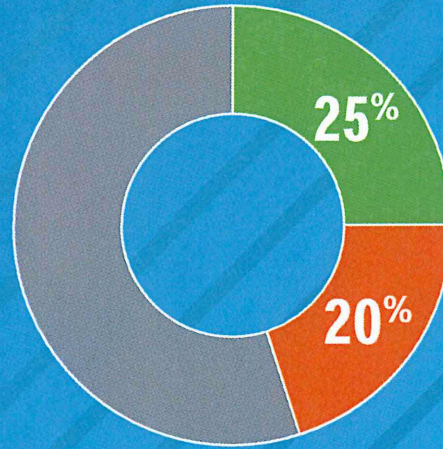
NOT EVERY HEALTHCARE ORGANIZATION IS PREPARED FOR CYBER-ATTACKS

In terms of human capital, almost one-fifth of healthcare providers don't have a leader solely responsible for information technology security, versus 8% of payers. (See Chart) The starting point of building a cyber security team should be appointing somebody responsible solely for information security, says Greg Bell, who leads KPMG's U.S. Cyber Practice. However, 23 percent of organizations do not have a security operations center to identify and evaluate threats.

DO NOT HAVE A LEADER SOLELY RESPONSIBLE FOR INFORMATION SECURITY



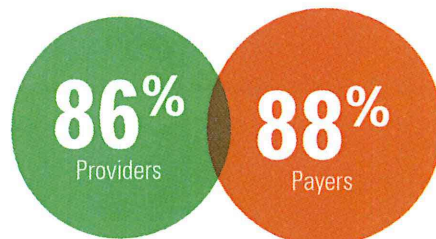
DO NOT HAVE INFORMATION SECURITY OPERATIONS CENTER



WHAT IS THE RIGHT INVESTMENT IN CYBER SECURITY?

While the majority of organizations surveyed by KPMG increased their spending on cyber security and invested in cyber security over the last 12 months, the investment has not resulted in adequate security in many areas. (See charts.) "That spending rate is probably underinvested considering that the threat to an organization has increased so much," says Ebert.

MY ORGANIZATION INVESTED IN INFORMATION SECURITY DURING THE PAST 12 MONTHS



MY ORGANIZATION HAS ADEQUATE IT SECURITY RESOURCES FOR THE FOLLOWING AREAS

IT compliance/risk management	70%
Managing firewalls and other critical network resources	60%
Handling security incidents	55%
Monitoring data leakage	53%
Monitoring technical infrastructure resources for health and welfare	49%
Managing vendor security risks	35%

This discrepancy between levels of investment in cyber security and capabilities is also the direct result of an ad hoc approach to building security into the networks, which boils down to uncoordinated buying. “If spending on security is not part of a cohesive, coordinated strategy, those expenditures tend to be more wasteful than beneficial,” warns Bell.

CONCLUSION

With the changing nature, depth and consequences of cyber-attacks in healthcare, the nature of preventing, monitoring and managing those threats requires a new approach, based on:

Incorporation of cyber security in the technology and network architecture upfront, via strategic design. Since many organizations achieved their interconnectivity by evolution, resulting in inadequate controls, what is in many cases required today is a redesign and development of a security implementation plan. Investment in security needs to become part of a cohesive, coordinated digital strategy.

A well-prepared and coordinated cyber security team and a security operations center. A successful approach requires appointing an executive with sole responsibility over cyber security, as well as capabilities for instant monitoring. Other areas that need to be covered include managing the breach itself and communicating with various constituencies.

Increased cyber security awareness and capabilities at all levels. Cyber security is a business risk as well as a technology risk. Thus cyber security executives need to be equally

conversant in both. While the executive involvement typically boils down to the awareness component, it is important to have board members savvy about cyber security and able to help management in this area.

Taking a broad view of the organization when implementing cyber security. By working with a variety of business partners, organizations have, in effect, become extended value chains. The third-party vector poses an increased cyber security risk. It is crucial to understand the inherent risk of having multiple third-parties engaged and to identify risks that have to be remediated.

METHODOLOGY

This report is based on data from a survey of 223 U.S.-based healthcare executives, conducted by Forbes Insights. Fifty-six percent came from for-profit organizations, and 44% from the not-for-profit sector. All had revenues of at least \$500 million; 70% had revenues over \$1 billion.



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ATTACHMENT 20

Corporate Compliance/Privacy and Audit Committee

Goals FY 2016

Progress to Complete as of January 13, 2016

Purpose

The purpose of the Corporate Compliance/Privacy and Audit Committee (“Compliance and Audit Committee”) is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its exercise of oversight by monitoring the compliance policies, controls and processes of the organization and the engagement, independence and performance of the internal auditor and external auditor. The Compliance and Audit Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

Staff: Diane Wigglesworth, Director of Corporate Compliance

The Director, Corporate Compliance/Privacy and Audit Committee shall serve as the primary staff support to the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chairs consideration. Additional members of the executive team or outside consultants may participate in the Committee meetings upon the recommendation of the Director, Corporate Compliance/Privacy and Internal Audit Committee and at the discretion of the Committee Chair.

Goals	Timeline by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable.)	Metrics of Success Achieved
<ul style="list-style-type: none"> Review and evaluate Hospitals audit plan for EPIC system access 	<ul style="list-style-type: none"> Q1 2016 – Complete 	<ul style="list-style-type: none"> Committee reviews and approves plan.
<ul style="list-style-type: none"> Review Enterprise Risk Management reporting tools and plan for continuous monitoring 	<ul style="list-style-type: none"> Q3 2016 – On Track. Committee to review and make risk tolerance recommendation to Board in Q3 followed by recommendation for ERM monitoring plan in Q4. 	<ul style="list-style-type: none"> Committee reviews ERM reporting tools and monitoring plan quarterly and then recommends a final version to the Hospital Board for approval by March 2016.
<ul style="list-style-type: none"> Review post EPIC IT security review and recommendations 	<ul style="list-style-type: none"> Q4 2016 – On Track to complete in Q4 	<ul style="list-style-type: none"> Committee reviews post EPIC IT security review and recommendations.

Submitted by:

John Zoglin, Chair, Corporate Compliance/Privacy and Compliance Committee

Diane Wigglesworth, Executive Sponsor, Corporate Compliance/Privacy and Compliance Committee