



## 5.0 Human Resources

### 5.5 Workplace Conduct

#### 5.5.2PR Respectful Workplace Procedures (Addressing Respectful Workplace and Human Rights Complaints)

##### 1.0 Introduction

It is the desire of Island Health to provide an effective and consistent process for responding to respectful workplace and human rights complaints, regardless of whether the complaint is initiated internally or externally. This protocol also enables Island Health to develop an accurate picture of emerging issues for the purpose of targeting preventative measures.

This document is comprised of the following:

Section 2.0 [Roles and Responsibilities](#)

Section 3.0 [Reporting, Resolving and/or Investigating Respectful Workplace & Human Rights Complaints](#)

Section 4.0 [Informal Resolution Process](#)

Section 5.0 [Environmental Scan](#)

Section 6.0 [Formal Resolution Process](#)

Section 7.0 [Procedure for Medical Staff](#)

Section 8.0 [Procedure for Non-VIHA Employees](#)

Section 9.0 [Multiple Proceedings](#)

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**Note: This policy replaced 5.5.2 Human Rights, 5.5.2PR Human Rights Processing and Resolution Procedures for Complaints and 5.5.10 Dispute Resolution**

Section 10.0 [Handling of Complaints Initiated through the BC Human Rights Tribunal](#)

Section 11.0 [Handling of Complaints initiated under Article 4.03 – HEABC and the Facilities Subsector Association of Unions](#)

## **2.0 Roles and Responsibilities**

### **2.1 Individuals (Employees, Physicians, Students and other individuals who work within the organization)**

Responsibilities:

- Conducting themselves in a respectful and appropriate manner in the workplace and at work-related activities;
- Resolving differences in the workplace, and reporting any violations that they become aware of, in accordance with the Procedures; and
- Approaching their workplace or physician leader if support and assistance to do the above is needed.

Medical staff also has a requirement for respectful behaviour, in line with the professional conduct and disruptive behaviour section (17) of the Island Health Medical Staff Rules.

### **2.2 Workplace Leaders (Supervisors, Managers, Directors, Executive) and Physician Leaders**

Responsibilities:

- Modeling respectful and appropriate conduct in the workplace;
- Taking corrective action, with the assistance of their Business Partner, if they observe harassment, bullying, disrespectful behaviour or discrimination.
- Reviewing the details of the policy with new individuals during their orientation and providing them with a copy;
- Emphasizing respectful workplace conduct during the performance management process with employees, volunteers and physicians; and
- Taking all allegations and/or complaints about violations of the Respectful Workplace Policy seriously, addressing them in a timely manner, seeking assistance as necessary to achieve the resolution of complaints in accordance with this Policy and providing ongoing education about this Policy.

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Physicians also have a requirement for respectful behaviour in the workplace in line with Section 17 of the Island Health Medical Staff Rules.

Nothing in this Policy is intended to reduce the rights and responsibility of a workplace or physician leader to appropriately and in good faith, manage the work performance of individuals in their work teams.

### **2.3 Vancouver Island Health Authority**

Responsibilities:

- Educating its employees, workplace leaders and physicians regarding:
  - Human rights, harassment, bullying, appropriate behaviour in the workplace and dispute resolution;
  - All forms of discrimination, including discriminatory harassment, and about prevention and eradication; and
  - Ways to promote and maintain an environment free of discrimination and harassment;
- Preventing discrimination from occurring within Island Health;
- Responding promptly and effectively to complaints of discrimination;
- Broadly disseminating information regarding the procedures for filing and resolving complaints; and
- Providing a process for:
  - Informal resolution of respectful workplace complaints; and
  - Reporting and investigating respectful workplace complaints, including discrimination and discriminatory harassment.

### **2.4 Business Partners**

Responsibilities:

- Guiding managers and individuals through the application of the Policy;
- Consulting in a timely manner on appropriate interventions;
- Making recommendations to the Specialist, Respectful Workplace on options including the engagement of external consultants, mediators, educators and coaches as required to help individuals manage differences and foster the skills and knowledge necessary to maintain a respectful workplace;

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- Providing advice to workplace and physician leaders on appropriate remedies for violations of the Policy; and
- May act as investigators provided they have had no prior involvement in the situation.

## **2.5 Specialist, Respectful Workplace**

The Specialist, Respectful Workplace (“Specialist”) has expertise in the identification and handling of respectful workplace issues, in alternative dispute resolution processes, and in handling human rights complaints. The Specialist is an independent resource person available to all employees, including workplace and physician leaders. The Specialist is accountable to the Executive Director of People and Organizational Development (ED).

Responsibilities:

- Arranging for the delivery of education about human rights, harassment, bullying, appropriate behaviour in the workplace and dispute resolution;
- Providing confidential advice and/or coaching to individuals and workplace or physician leaders regarding harassment issues;
- Mediating or arranging for mediated discussions between individuals at the informal level;
- Facilitating or arranging for facilitated group interventions, before or after a formal complaint;
- Conducting an initial assessment of submissions to ensure they fall within the parameters of this Policy; and
- Acting as a case manager for formal complaint processes.

## **2.6 Executive Director of People and Organizational Development**

Responsibilities:

- Deciding whether time limits for filing formal complaints should be extended; and
- Approving the engagement of an investigator or mediator for formal complaints under the Procedures.

## **3.0 Reporting, Resolving and/or Investigating Respectful Workplace & Human Rights Complaints**

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There are two avenues of resolution under the Respectful Workplace Procedures: **informal and formal**. These procedures encourage direct resolution of disputes and provide individuals with options to assist them in that resolution.

To that end, **we expect the informal approach to be used first** except in instances where there are threats of harm to person or property or previous examples of retaliation. Should the informal process fail to produce resolution, a formal approach may be taken.

This procedure provides navigation to all parties through the internal process, and in no way precludes an individual who thinks that they may have been the recipient of discriminatory behaviour from pursuing the matter in accordance with the terms of the existing contract of employment or collective agreements and/or via the BC Human Rights Tribunal ([see section 9.0](#)).

### **3.1 Confidentiality**

To protect the interests of the complainant(s), the respondent(s), and any others who may be involved, confidentiality will be maintained throughout the resolution processes to the extent practicable and appropriate considering the individual circumstances. Information that must be shared will be disclosed on a “need to know” basis. Parties to a complaint, including witnesses, are not to share information or discuss the details of the complaint.

### **3.2 Consequences of Retaliation**

Any retaliation against any party involved in a complaint or complaint resolution process will not be tolerated and may lead to discipline up to and including termination.

### **3.3 Bad Faith, Vexatious, Vindictive, False or Frivolous Complaints**

Where the complaint is considered vexatious, vindictive, false or frivolous in nature and/or made in bad faith, the ED OF POD will recommend the appropriate action to the workplace or physician leader.

Any breaches of confidentiality, acts of retaliation or complaints found to be vexatious, vindictive, false, and frivolous in nature or made in bad faith may lead to disciplinary action for the party involved, up to and including termination.

#### 4.0 Informal Resolution Process

If an individual identifies a situation with another individual that is negatively impacting their work, the individual will attempt to deal with the concern directly by completing the steps outlined below.

- Step 1 – [Informal Conversation](#)
- Step 2 – [Workplace or Physician Leader/Designate Involvement](#)
- Step 3 – [Alternative Dispute Resolution](#)

**If, for any reason, an individual feels uncomfortable approaching his/her own workplace or physician leader, s/he can speak to the next level of workplace or physician leader.**

##### 4.1 Step 1 - Informal Conversation

	Who	Action
a	Individual	Ask the other person to meet at a convenient time and in a private place to engage in cooperative problem solving. You may choose to have someone with you to act as a witness, observer and support.
b	Individual	Raise the issue with the other person in a way that helps both understand the interaction and achieve resolution by : <ul style="list-style-type: none"> <li>• Describing the troubling behaviour and the impact; be prepared to be specific about behaviours</li> <li>• Listening to the other’s perspective;</li> <li>• Exploring your respective interests (needs, concerns, hopes);</li> <li>• Creating options for solving the situation;</li> <li>• Developing an agreement that meets as many as possible of the interests.</li> </ul>
c	Individual	Determine if the issue is successfully resolved. <ul style="list-style-type: none"> <li>➤ If the issue is <b>resolved</b>, no further steps are taken.</li> <li>➤ If the issue is <b>not resolved</b> or if the person refuses to participate, proceed to 1d (next step).</li> </ul>
d	Individual	Request a meeting with your workplace or physician leader or, in their absence, a designate.

##### 4.2 Step 2 – Workplace or Physician Leader/Designate Involvement

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If an individual has been unsuccessful in Step 1, s/he may approach their workplace or physician leader. If, for any reason, s/he feels uncomfortable in approaching their own workplace or physician leader, s/he can speak to the next level of workplace or physician leader.

The workplace or physician leader will make every effort to respond to concerns raised within 10 working days in the following way:

Step	Who	Action
a	Individual	Discuss the issue with your workplace or physician leader. Be specific about the behaviours causing concern.
b	Workplace or Physician Leader	Attempt to assist the individual by: <ul style="list-style-type: none"> <li>• Hearing the concern;</li> <li>• Acknowledging the impact on the individual;</li> <li>• Clarifying what the individual wants and needs;</li> <li>• Exploring the formal and informal options for resolution.</li> </ul> <p><b>Tip:</b> You may choose to contact a Business Partner or the Specialist for guidance or coaching in this regard.</p> <p>If the individual indicates that s/he wants to resolve the concern informally, <i>proceed to 2c (next step)</i></p>
c	Workplace or Physician Leader	Explore a variety of informal resolution options with the individual. Possibilities include, but are not limited to: <ul style="list-style-type: none"> <li>• Facilitating a discussion between the individuals</li> <li>• Requesting agreement to contact the other person to explore ways of resolving the complaint</li> </ul>
d	Workplace or Physician Leader	Determine if the issue is successfully resolved: <ul style="list-style-type: none"> <li>➤ If the issue is <b>resolved</b>, take no immediate action as agreed;</li> <li>➤ If the issue is <b>not resolved</b>:                             <ul style="list-style-type: none"> <li>▫ Proceed to step 3 of the Informal Resolution process; or</li> <li>▫ Proceed to the Formal Resolution process</li> </ul> </li> </ul>

### 4.3 Step 3 – Alternative Dispute Resolution

Alternative Dispute Resolution (“ADR”) includes any voluntary process that aims to assist two (or more) people to reach resolution. Parties may gain a better understanding of each other’s

interests, improve communications and reach cooperative solutions leading to better future relations. Both individuals have to agree to the ADR process.

Step	Who	Action
a	Individual	Requests that their workplace or physician leader initiate the ADR process
b	Workplace or Physician Leader	Contact the Specialist
c	Specialist	Appoint a qualified internal or external <i>mediator or facilitator</i> ** not otherwise involved in the process
<p><b>Note:</b> During the pre-mediation process, each person will have the opportunity to request that they be accompanied and assisted during the ADR process by a support person which may include a union steward. Participation of support people will be defined by and is at the discretion of the mediator or facilitator.</p>		
d	Workplace or Physician Leader	Determine if the issue is successfully resolved: ➤ If the issue is <b>not resolved</b> , individuals may consider initiating the <a href="#">Formal Resolution process</a> .

*\*\* A mediator or facilitator is an impartial, neutral third party with expertise in ADR processes whose purpose is to assist parties to formulate their own consensual resolution of the matters at issue between them. The mediator or facilitator will not be asked to represent any party in any future proceedings related to the dispute.*

If the individual decides not to proceed, but concerns are revealed regarding the physical or psychological impact of the alleged behaviour on other members of the Island Health community, Island Health retains the right to initiate its own determination and resolution process under the Procedures. The decision to do so will be made by the Specialist in consultation with the ED OF POD.

## 5.0 Environmental Scan

There may be circumstances in which an environmental scan is considered for situations involving allegations of bullying involving multiple parties. An Environmental Scan is a process in which an investigator facilitates confidential conversations with individuals to help determine the nature and extent of workplace issues.

Step	Who	Action
a	Workplace Leader	Contacts the Specialist. If the concerns have come directly to the Respectful Workplace Office and not through the Leader, the Specialist may contact the appropriate Workplace Leader to discuss an Environmental Scan.
b	Specialist	Clarifies nature and frequency of contacts related to an

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		individual to determine if an environmental scan is appropriate and if confidentiality of those potentially interviewed can be maintained. Requests approval from Executive Director of POD to proceed.
C	Specialist	Appoints a qualified internal or external party to conduct the environmental scan. Note: the Specialist will act as case manager throughout the process.
d	Investigator	Conducts confidential interviews with identified individuals. Prepares a report identifying themes of concern based on information received during the interview process. Provides recommendations for resolution of issues identified during the scan.
e	Specialist	Receives and reviews the report with the appropriate Workplace Leader. Facilitates the preparation of an implementation plan relating to recommendations.

## 6.0 Formal Resolution Process

The Formal Resolution Process is often, but not always, the most appropriate process for allegations of discrimination and discriminatory harassment complaints due to legal responsibility and liability.

This procedure provides navigation to all parties through the internal process, and in no way precludes an individual who thinks that they may have been the recipient of discriminatory behaviour from pursuing the matter in accordance with the terms of the existing contract of employment or collective agreements and/or via the BC Human Rights Tribunal.

This process includes the following:

- Step 1 – [Making a formal complaint](#)
- Step 2 – [The Investigation Process](#)
- Step 3 – [Remedies and Interim Measures](#)
- Step 4 – [Closure and Follow-up](#)
- [Appeals](#)

### 6.1 Time Limits

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The time limit for making a Formal Complaint is six months from the last incident. This is consistent with the time limits noted in the [BC Human Rights Code](#).

A complaint which does not meet this time limit may be accepted for consideration under these procedures when, in the opinion of the ED OF POD:

- Circumstances warrant an extension of this deadline; or
- The delay in filing the complaint was incurred in good faith; or
- No substantial prejudice will result to any person because of the delay.

An application for an extension of the time limit shall be in writing and directed to the ED OF POD. The decision of the ED OF POD may be appealed to the Executive Vice-President, People, Organizational Development, Practice & Chief Nurse (EVP) or designate.

## **6.2 Alternative Dispute Resolution at the Formal Complaint Stage**

ADR is again available to both parties to try to resolve the complaint at any point during the Formal Process. Where both parties agree to an ADR process, they will advise the Specialist who will appoint a qualified internal or external mediator or facilitator not involved in investigating the complaint. Any person may withdraw from the ADR process at any point. Investigation will be suspended during the ADR process and may resume if ADR efforts are not successful.

## **6.3 Withdrawal of a Formal Complaint**

At any time during the course of an investigation of a formal complaint, the complainant may choose to withdraw his or her complaint without penalty unless the investigator finds that the complaint was frivolous, vexatious, vindictive, false or made in bad faith.

## **6.4 Record Keeping**

All records of Formal Complaints, including any and all oral or written information gathered, received, or compiled throughout the Formal Process shall be maintained by the Specialist in a secured confidential file.

All records shall remain on file for seven (7) years, after which they shall be destroyed. Anonymous data, however, shall continue to be recorded for statistical purposes only.

Access to the confidential files shall be governed by the provisions of the [Freedom of Information/Protection of Privacy Act](#).

## 6.5 Definitions:

*Complainant(s)* – The person(s) making a complaint that a violation of this Policy has occurred.

*Respondent(s)* – The person(s) alleged to have committed a violation of this Policy.

*Investigator* – An internal or external investigator (e.g. appointed or engaged by Island Health to conduct an investigation in relation to these Procedures).

## 6.6 Step 1 – Making a formal complaint

Step	Who	Action
a	Workplace or Physician Leader	Explain to the individual the various avenues that may be available to address the complaint (Island Health policy, collective agreement and/or the BC Human Rights Tribunal). If the decision is to proceed under this policy, <i>continue to 1b (next step)</i> .
b	Workplace or Physician Leader	Immediately contact the Specialist.
c	Complainant(s)*	Fill in and submit a Formal Complaint form , obtained by: <ul style="list-style-type: none"> <li>• Downloading from the <a href="#">Respectful Workplace website</a></li> <li>• Emailing HR Access: <a href="mailto:HRAccessHumanResources@viha.ca">HRAccessHumanResources@viha.ca</a></li> </ul> Be specific when completing a Complaint form, including dates, locations and witnesses. Sign and date the Complaint, mark the envelope “Confidential” and send it to the Specialist.
d	Specialist	Confirm, in consultation with the ED OF POD that the Complaint falls under the Respectful Workplace Policy. Assign an internal or external investigator within five working days of receipt of the Formal Complaint form. <b>Note:</b> the Specialist will act as case manager throughout the formal process.

## 6.7 Step 2 – The Investigation Process

Island Health will appoint an investigator who has the necessary experience and training to properly deal with the complaint.

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Step	Who	Action
a	Investigator*	Review all relevant documents (Formal complaint form and any other documentation presented as evidence). Conduct in-person interviews with the complainant, the respondent and all necessary witnesses.
The investigation will normally commence within two weeks of its authorization by the ED OF POD and be completed within 30 working days of the authorization.		
b	Investigator	Meet with the respondent and provide all the relevant information obtained in the course of the investigation.
c	Respondent**	The respondent will be given a reasonable chance to respond to the allegations.
d	Investigator	Follow up on any explanations provided by the respondent regarding the allegations. Submit to the Specialist a report with conclusions as to whether the evidence supports or does not support the allegations. Make recommendations for a remedy.
<p><b>Unsubstantiated Complaints</b></p> <p>If the investigator finds insufficient evidence to support the complainant’s allegations, the investigator will submit a finding of ‘no evidence’. There will be no record of the complaint on the complainant or respondent’s file and no penalty to anyone concerning the incident. A finding of ‘no evidence’ is a simple reflection of an absence of evidence to support the claim – nothing more. It is important to differentiate between a finding of no evidence and a “bad faith, vexatious, vindictive, false or frivolous complaint.”</p>		
e	Specialist	<p>Within 10 working days of receipt of the investigator’s findings and recommendations, the Specialist will:</p> <ul style="list-style-type: none"> <li>• Consult with all stakeholders</li> <li>• Facilitate the preparation of an implementation plan for corrective action and remedies</li> </ul> <p>Then:</p> <ul style="list-style-type: none"> <li>• Inform the complainant and the respondent through a letter of decision of the results of the investigation and the plan for corrective action and remedies.</li> <li>• Provide information on the appeal process under this Policy.</li> </ul>

### 6.8 Step 3 – Remedies and Interim Measures

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**a. Remedies**

The range of remedies for the complainant, if the complaint is upheld, may include, but are not limited to, the following:

- Oral and/or written apology from the respondent and/or Island Health; and
- Any administrative changes which are appropriate.
- Outcomes for the respondent, if the complaint is upheld, may include but are not limited to the following:
  - Coaching;
  - Counseling;
  - Education;
  - Re-orientation to this Policy and its purposes;
  - Transfer; and
  - Discipline up to and including termination with or without notice.

In circumstances where the complaint was found by the investigator to have been made in bad faith or to be vexatious, vindictive, false or frivolous, appropriate action will be taken which could include discipline for the complainant, up to and including dismissal. Remedies for respondents found to be falsely accused may include steps to restore any lost reputation and any other remedies that the ED OF POD may consider appropriate.

**b. Interim Measures**

Interim measures may be imposed during the complaint resolution process to ensure the work environment is safe and service within the involved area is not compromised. These measures will be determined and implemented by the appropriate workplace or physician leader in consultation with the ED OF POD, the Specialist and other relevant parties (e.g. BPs, unions, professional associations).

**6.9 Step 4 – Closure and Follow-up**

Step	Who	Action
Closure		
a	Specialist	Inform the complainant and the respondent of the results of the final implementation plan, including if appropriate, remedies, changes in work, and any disciplinary action.  Advise other parties involved in the complaint (witnesses and others) that the investigation has been concluded.

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		<b>Note:</b> this will take place once the appeal period set out in <a href="#">section 5.10 below</a> has expired.
<b>Follow-Up</b>		
It is recognized that experiences with discrimination or other behaviour contrary to this Policy can be difficult for the complainant, respondent and any other parties involved. Island Health is committed to providing support, information, and opportunities for an evaluation and feedback of the process to those involved in resolution under this Policy. There are several steps involved in the follow-up process, which include:		
b	Individuals	May access support available through the Employee and Family Assistance Program (“EFAP”).  May provide feedback to the Specialist at any time.
b	Workplace or Physician Leader	May contact the Specialist to arrange for a unit debriefing. This debriefing may include, but is not limited to, advising the unit that the situation has been resolved and actions to remedy the complaint have been taken.  May request further education and training on the Policy and its objectives.
b	Specialist	May request formal feedback on the Formal Process from the complainant and the respondent within 6 months after the complaint is resolved.

## 6.10 Appeals

Where the complainant or respondent is dissatisfied with the outcome or process, s/he may appeal directly to the EVP in writing **within 30 days** of receipt of the letter of decision.

Where the respondent is dissatisfied with the action taken, s/he may appeal directly to the EVP in writing within 30 days of receipt of the letter of decision.

This procedure provides navigation to all parties through the internal process, and in no way precludes individuals who think that they may have been the recipient of discriminatory behaviour from pursuing the matter in accordance with the terms of the existing contract of employment or collective agreements and/or via the BC Human Rights Tribunal.

## 7.0 Procedure for Medical Staff

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Depending on the situation, where the respondent is an Island Health employed physician, it may be appropriate to adopt the procedure outlined for all other Island Health employees. If this is being considered, advice should be sought from the Specialist first.

### **7.1 Investigation**

In the event that the respondent is a member of Island Health's Medical Staff, the Specialist – Respectful Workplace ("Specialist") shall liaise with the Department Head, Chief of Staff and/or Division/Site Chief to ensure that the investigation meets the documentation requirements outlined in the Medical Staff Rules. Once the investigation is complete, the Specialist and the Executive Medical Director shall meet with the respondent and the appropriate Department or Division Head/Chief of Staff to discuss the outcome of the investigation.

### **7.2 Outcomes**

The possible outcomes will be in line with Section 17 Professional Conduct and Disruptive Behaviour of the Medical Staff Rules.

### **7.3 Review**

In the event that the outcome requires a review by the Discipline Subcommittee of the Health Authority Medical Advisory Committee (HAMAC), the Senior Medical Administrator and the chair of HAMAC shall direct the formation of a Disciplinary Committee to consider the complaint and the report, and to make recommendation to the HAMAC, the CEO and Senior Medical Administrator. The Senior Medical Administrator of VIHA shall, as soon as possible, make known to the complainant and the respondent the resulting decisions and disposition of the complaint.

### **7.4 Board of Directors Role**

If the privileges of a member of the medical staff have been recommended for cancellation, suspension, restriction or non-renewal, the Board of Directors must consider the recommendation of the HAMAC and the CEO at its next meeting.

### **7.5 Regulatory College Role**

In line with the Island Health Medical Staff Bylaws, reports regarding professional and ethical conduct of members of the Medical Staff may be reported to the appropriate regulatory College.

## **7.6 Appeal**

If the member of the medical staff wishes to appeal privileges which have been cancelled, suspended, restricted, or not renewed as a result of this process, the appeal must be made to the Board of Directors in line with the Island Health Medical Staff Bylaws.

## **8.0 Procedures for Non-VIHA Employees**

### **8.1 Students**

In the event the respondent is a student, the workplace or physician leader, in consultation with the Specialist and the appropriate representative of the respondent's training organization, will implement the appropriate remedy.

### **8.2 Volunteers**

In the event that the respondent is a volunteer, the appropriate Volunteer Services manager, in consultation with the Specialist will implement the appropriate remedy.

### **8.3 Patients, Clients, Residents and Visitors**

In the event that the respondent is a patient, client, resident or visitor, the appropriate workplace or physician leader for the service in conjunction with the Specialist will implement the appropriate remedy.

### **8.4 Suppliers and Contractors**

In the event that the respondent is a supplier/contractor, the appropriate workplace or physician leader for the service, in conjunction with the Specialist and/or BP, will initiate contact with the appropriate

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personnel within either the Island Health Contract Management department or the external agency to determine the appropriate remedy. This clause does not apply to physician contractors.

## **9.0 Multiple Proceedings**

Island Health recognizes that a person who reasonably believes that his or her rights are being violated may have, in addition to access to this Policy, a number of other internal and external avenues available to address their concerns. These avenues may include, but are not limited to:

- Collective agreement processes;
- Medical staff processes;
- Filing a complaint with the British Columbia Human Rights Tribunal;
- Filing a complaint to relevant professional bodies, and;
- Pursuing private proceedings.

In the case where an individual has opted to exercise his or her rights under more than one avenue of redress, Island Health may request the employee to defer proceedings with the other avenues while the complaint under this Policy is being investigated.

If the employee does not wish to defer other proceedings, Island Health may, at its discretion, stop its investigation under the Policy pending the outcome of other proceedings. There may be circumstances where it is appropriate for both the internal and external processes to proceed simultaneously, in which case both the complainant and respondent will be notified.

## **10.0 Handling of Complaints Initiated through the BC Human Rights Tribunal**

In addition to our internal intake and investigation process, the British Columbia Human Rights Tribunal has published a number of guides and information sheets that explain the B.C. Human Rights Code and the Tribunal's process for complaint intake and investigation. Further, Tribunal staff is also available to assist the parties.

The B.C. Human Rights Tribunal is an independent, quasi-judicial body created under the B.C. Human Rights Code. The Tribunal is responsible for accepting, screening, mediating and adjudicating human rights complaints. The Tribunal offers the parties to the complaint the opportunity to try to resolve the complaint through mediation. If the parties do not resolve the complaint, the Tribunal holds a hearing. More information about the B.C. Human Rights Tribunal and Code is available at <http://www.bchrt.bc.ca/>.

## **10.1 Procedure**

When any office within Island Health receives a complaint initiated through the BC Human Rights Tribunal, the complaint will be immediately forwarded to the Specialist. The Specialist shall:

- 1) Notify VIHA Risk Management of the nature of the complaint in a timely manner;
- 2) Determine the appropriate means for responding to the complaint and establish a system for tracking the progress of the complaint resolution;
- 3) Ensure all time lines are complied with;
- 4) Upon resolution of the Complaint, coordinate collection of any and all oral or written information gathered, received, or compiled throughout the process and maintain these records in a secured confidential file pursuant to section 3.4; and
- 5) In consultation with BPs and other stakeholders, make recommendations to the ED OF POD for follow-up action.

## **11.0 Handling of Complaints Initiated under Article 4.03 of the Facilities Subsector Collective Agreement - HEABC and the Facilities Subsector Association of Unions**

The Specialist will be the point of contact for the investigator appointed pursuant to the above article. Upon being advised of the commencement of an investigation, the Specialist shall:

- 1) Notify the Island Health Risk Management of the nature of the complaint;
- 2) Establish a system for tracking the progress of the complaint resolution with the investigator;
- 3) Upon resolution of the Complaint, coordinate collection of any and all oral or written information gathered, received, or compiled throughout the process and maintain these records in a secured confidential file pursuant to section 3.4; and
- 4) In consultation with BPs and other stakeholders, make recommendations to the ED OF POD for follow-up action.

<p><b>Supporting and Related Policies and Procedures:</b> Employee and Family Assistance Program</p>
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