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August 7, 2018

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**8TH SEMI-ANNUAL REPORT
August 2018**

Dear Dr. Shannon, Inspector General Blanchard, and Ms. Robinson:

This is my eighth semi-annual report issued pursuant to Section IV.C.2 of the CCHHS Employment Plan (Plan). This report covers my office's training, monitoring, auditing, and investigative activities from January 16, 2018, through July 15, 2018.

TRAINING

Interviewers & Leadership

There have been no significant modifications to the Plan Interviewer training sessions. My office conducts classroom Plan Interviewer training to all new or newly promoted employees that are eligible to participate in the hiring processes. Plan Interviewer training is usually held once a month, but sometimes there is the need to add additional sessions. Now a majority of CCHHS management completes this training online during Annual Education (rolled out late summer each year). Only those who have taken the classroom training may complete the annual online course.

Supplemental Policies & Procedures

Similar to the Plan Interviewer training, my office conducts a Supplemental Policies & Procedures classroom training session each month for new or newly promoted employees. This training is also required to be completed annually. However, this year we have created an online course to roll out with Annual Education for all of those employees who have previously received the classroom session.

Starting this August, all annual Plan training requirements will be satisfied using the online learning courses during Annual Education. The only classroom sessions will be for new or newly promoted employees and Human Resources (HR) employees.

HR Training

Despite the move to online courses for annual training, HR still attends classroom training annually on the Hiring Processes as well as the Supplemental Policies & Procedures. The classroom training usually covers changes or problem areas that the team needs to strengthen. However, this year we incorporated one of the more extensive Recruitment Process training sessions in the annual HR training, because it had been three years since current personnel completed that training. Although HR attends classroom training each year with my office, all HR and Employment Plan Office (EPO) staff complete the online courses during Annual Education as well.

Summary

In total, my office conducted fewer trainings in 2018 than in years past. Overall, we conducted the following classroom trainings this reporting period:

Training Session	Number of Sessions
HR	7
Interviewer/Manager	9
Supplemental Policies	7

Departments may also request (or be required) to have additional refresher training courses provided. This year we completed several of those around the Discipline Policy or Interview and Selection processes, which will be identified later in this report.

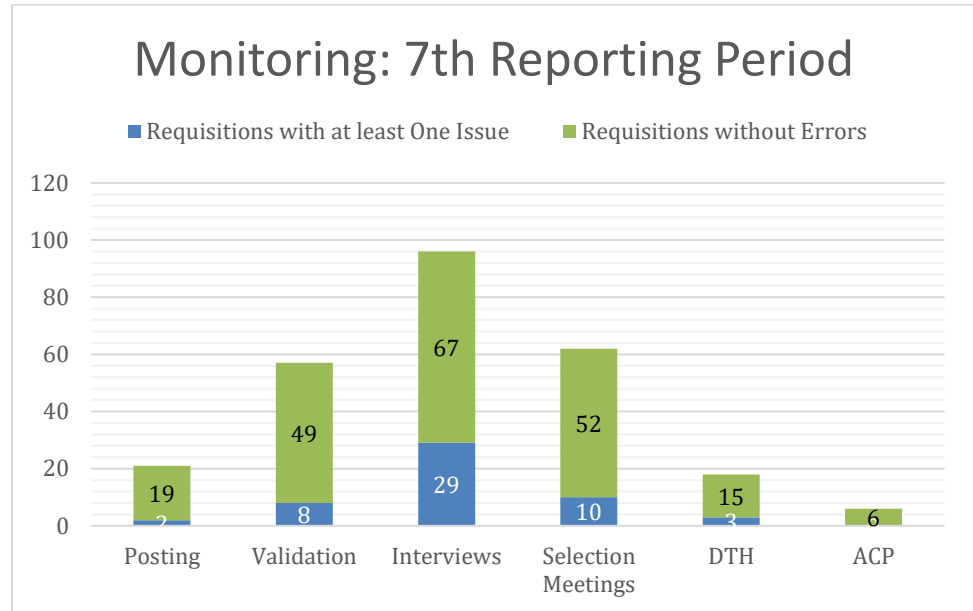
MONITORING

Hiring

Hiring is the most complex of all of the Plan processes at CCHHS. Therefore, my office works closely with HR to correct errors as they occur, and when errors do occur, to reach out to management as soon as possible so that the errors are not repeated. The graph, below, represents the monitoring activity done this period and the number of violations or errors noted by my office.¹

¹ As noted in previous reports, at no time did an error or violation result in an improper offer to a candidate. All errors were caught prior to that phase of the process due to the safeguards outlined in the Plan as well as set up by HR.

It is important to remember that my office only monitors a fraction of hiring processes for any given period. For context, this reporting period there were over 500 requisitions publicly posted, and over 13,000 applications submitted to those requisitions.² The numbers represented below are in proportion to the total number of requisitions and multiple processes per requisition handled by HR.



Posting

We increased our review of the requisitions posted to ensure that the job descriptions and minimum qualifications were appropriately documented and screened during the application process. We reviewed 21 postings (independent of reviewing the DTH packets), and only identified two that had incorrect screening questions associated with the posted job description. These errors occurred because there had been recent job descriptions changes or incorrect templates used. In each case, the issue was brought to HR's attention and corrected. Overall, that is a 90% rate of compliance.

Validation

This reporting period, we monitored 57 validations once HR had completed the screening of applicants. In eight (8) of those reviews, we identified that either an applicant was included on the interview list that was not qualified, or an applicant was omitted from the interview list that did meet the minimum requirements. Of the eight (8) requisitions which we noted an

² It is important to note that the Direct Appointment and Medical Chair/Division Appointment processes do not require a public posting nor are the number of applicants tracked by my office until a final selection has been made.

error or concern, three (3) of those concerns related to the mistakes by the department(s) during their Application Review Panel (ARP) meeting conducted for Actively Recruited Positions. In each case, the panel incorrectly assessed the candidates' qualifications and selected candidates to interview that did not meet minimum qualifications.³ HR caught the errors and corrected them before interviews proceeded.

Interviews & Selection Meetings⁴

My office monitored far more interviews this reporting period than selection meeting processes. On a few occasions, this was due to unavailability of a monitor at the time of the meeting. However, much of this discrepancy in numbers (96 interviews monitored verses 62 selection meetings) was due to a lack of necessity to hold a selection meeting. A selection meeting is only held if there are candidates eligible to consider after the candidates have been scored during the interview process. Many interview processes failed to identify a candidate that was able to score high enough for consideration.⁵

Overall, during this reporting period there was approximately 70% compliancy with the interview process requirements. Many of the errors were the result of the interview panel deviating from the HR-approved interview questions. The Plan requires that HR approve all questions to be assessed during the interview; however, in a few cases an un-approved question was added to the process or the questions were modified during the interviews. These additions or modifications were significant deviations from the requirements of the Plan and were not subtle changes to the previously approved interview questions.

The remaining issues identified related to the panel failing to complete the interview evaluations the same day the interviews occurred or panelists failing to explain their evaluation when necessary. In each case, HR appropriately identified the issue before the DTH was processed and required corrections before proceeding with the process.

Selection Meetings, as noted above, do not always follow an interview process due to the failure of candidates to score above the 3.0 average score threshold. We monitored 62 selection meetings this reporting period, but only 9 of those had issues. The most common issue by far is the failure to take

³ HR and my office affords the ARP much deference in the interpretation of the minimum qualifications. The errors noted in this report reflect significant deviations from accepted, common interpretations or overlooked information provided by applicants.

⁴ Please note, that although the graphs refer to distinct requisition numbers, for the Interviews and Selection Meeting processes, I did incorporate duplicate requisition numbers if we monitored multiple, but distinct, processes for the same requisition.

⁵ As a reminder, a candidate can only be considered for selection if that candidate has an average interview score of 3.0 or higher (out of 5.0).

notes about the decision as required by the Plan. These errors were identified on the spot, and the panel was instructed by the monitor to create selection meeting notes. Despite this guidance, there were a few DTH packets provided to HR that had insufficient notes when the documents were provided to HR.

Issues that cropped up this reporting period that had not occurred in a while are (1) failing to conduct a selection meeting when one is necessary or failing to give notice of the selection meeting as required, and (2) selecting a candidate the panel knows does not meet all of the minimum qualifications. Although there were only a few of these, it was concerning enough to warrant scheduling meetings with those managers to give immediate re-training. Future monitoring efforts will identify if the re-training corrects these issues for those departments.

Decision to Hire (DTH)

Our monitoring of the DTH packets completed and sent by HR identified significant improvement in catching and correcting errors made by the hiring departments. The graph in the summary section shows a continuous improvement from reporting period to reporting period, culminating in this reporting period with 83% compliance. Some of the improvement is attributable to familiarity with the Plan processes and a lack of change in the last few years regarding DTH requirements. However, I think another factor impacting the improvement was the Recruitment Team received an extensive refresher course on the hiring process as part of its annual Plan training.

These sessions were essentially a repeat of the detailed and extensive training this team underwent three and a half years ago when the Plan was approved by the Court. The refresher training initiated a lot of dialogue between amongst the HR staff which led to not only identifying required practices, but best practices to achieve those requirements.

Advance Clinical Position (ACP)

My office monitored six different ACP positions during this reporting period; three (3) interview processes and three (3) Decision to Hire (DTH) files for physician, psychologist and nursing positions. We did not identify any issues related to these processes; there was 100% compliance with the processes we monitored.

Direct Appointments

My office reviews all completed Direct Appointment requests to hire (RTH) pursuant to Plan Section VIII.G.3. This reporting period, the CEO, through HR, submitted 10 Direct Appointment RTHs. All of them were complied with the Plan requirements.

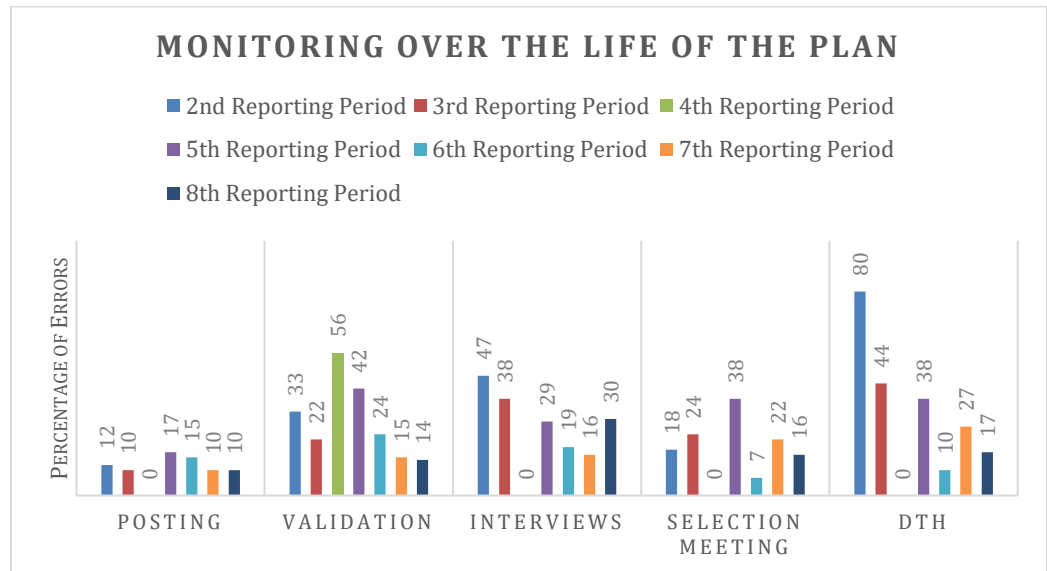
A similar process is used when the CEO and Board of Directors appoint someone to a Department, Division or Section Chair of the Medical Departments of the Medical Staff (Plan Section VI.B). HR submitted six (6) Medical Department appointment RTHs this reporting period. All of them complied with the Plan requirements.

Reference Checks

In March of 2017, HR began implementing the Plan provision that HR must conduct at least one professional reference check for every external candidate hired. It took some time to implement this provision of the Plan (approximately two years), because it needed to be outsourced to a vendor. CCHHS did not have the infrastructure to implement it in 2015 when the Plan was first implemented.

My office conducted an audit of the use of the vendor for the required reference checks and employment verifications. Overall, we found there was more than 85% compliance with the process. There were approximately 15 reference checks completed without a corresponding DTH sent to my office. We are currently investigating what occurred in each of those instances to determine if there was a Plan violation. To date, that review is pending.

Summary



The interviewing and selection processes appear to produce the most instances of non-compliance. Sometimes that non-compliance is a technical violation such as forgetting to provide proper notice of interviews and meetings or completing the forms accurately. These are the most pervasive from reporting period to reporting period. Nonetheless, monitoring by my

office and follow up by HR has insured that in all but one case over the last few years everyone hired by CCHHS has met the minimum qualifications for the position to which he/she was hired, and that selection of candidates is completed consistently throughout CCHHS.

Supplemental Policies

Most of our Supplemental Policies do not provide an opportunity for significant monitoring, because they are rarely utilized by management. These include: Demotion, Transfers, Interim Assignment, Layoffs & Recall, Third Party Vendors, and Grade 24 salary assignment or adjustments.

Nonetheless, I had the opportunity to monitor and implement several of the Supplemental Policies during this reporting period. I have identified each of the policies monitored, below, and the results of that monitoring. Discipline is the one policy that allows for the most monitoring, but I also was able to monitor the Transfer, Interim Assignment/Interim Pay, and the Salary Adjustments for Grade 24 Positions policies during this reporting period.

Transfers (#02.01.12)

There were four (4) transfer requests received by my office in February 2018. Two (2) were related to requests made in July of 2017, and the other two (2) for February of 2018. Each of the requests related to temporary transfers while the department worked to fill essential management vacancies. The two most significant requirements are that the selected employee can only transfer within the same department, and the transfer cannot be a promotion or demotion. All of the required information was provided, and the transfers were 100 % compliant with the policy during this reporting period.

Interim Assignment (#02.01.16)

During this reporting period, HR submitted six (6) approvals for Interim Assignment/Interim Pay according to the policy requirements. This included the assignment of the Interim Chief Human Resources Officer (CHRO) which was approved by the CEO instead of the CHRO.

One of the most significant requirements of this policy is that the selected employee meets the minimum requirements for the interim position. Thus, along with the request, a copy of the job description and the selected employee's resume is submitted. There were no concerns with any of the submissions, resulting in 100% compliance during this reporting period.

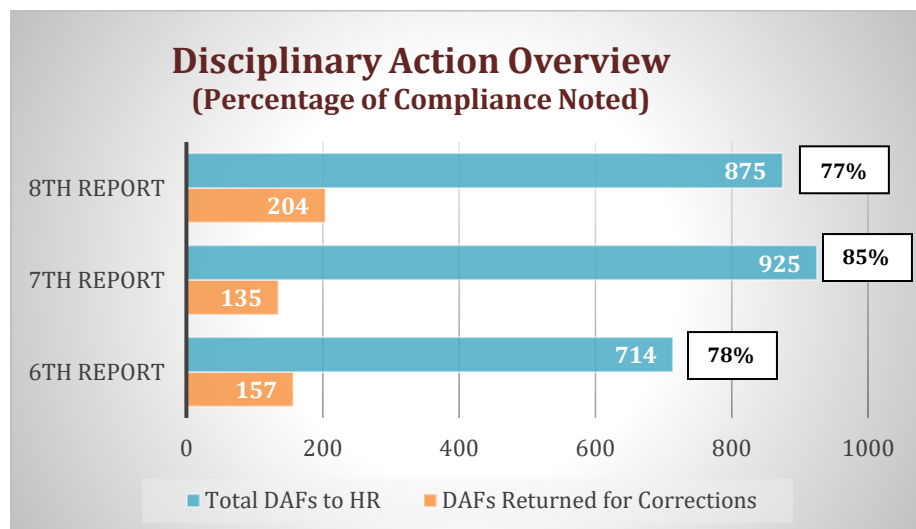
Training Opportunities (02.01.13) & Overtime (02.01.14)

My office did not conduct any audits of these two policies during this reporting period. However, the Plan requires that every June and December, I issue No Political Consideration Certificates (NPCC) to Department Heads for each of these policies. Thus, in June, I issued the NPCCs as required to all Directors-level and higher employees that need to complete the NPCCs. By the end of June, we had 93% compliance with the policy. After additional follow up, we were able to get 98% compliance. The employees that have not responded to date are on a leave of absence. They will complete the NPCCs upon their return.

In addition to signing the NPCCS, the departments must keep files associated with the allocation of training opportunities and overtime. We intend to conduct audits again this year, the results of which will be identified in the next report.

Discipline (02.01.15)

The Discipline Policy is one of the most widely used Supplemental Policies at CCHHS. During this six month reporting period, 875 Disciplinary Action Forms (DAFs) were sent to HR, and of those, approximately 204 (or 23%) were sent back to the department for corrections. Although there are many reasons that DAFs are sent back to management for corrections, the most common issues are missing signatures (of managers, employee, or witness(es)), lack of HR approval for suspensions and terminations, and inaccurate recording of prior discipline on the DAF. The graph below shows our monitoring results across each reporting period. My office monitors 100% of the DAFs submitted to HR.



This graph illustrates that there was a decrease in the percentage of compliance during this reporting period. During the 7th reporting period, CCHHS was at 85% compliance with the Discipline Policy, while this reporting period more closely resembles the 6th reporting period's compliance, 77% and 78% respectively. This decrease in compliance is likely attributed to two key changes at CCHHS this reporting period: (1) the elimination of HR's in house Labor Team, and (2) multiple changes to the Discipline Policy within a two month period. Each of these events caused significant confusion for management across all departments.

During this reporting period, CCHHS made changes to the Discipline Policy on two separate occasions in close succession; this contributed to the high number of DAFs sent back for corrections. The changes were necessitated by the elimination of the CCHHS Labor Relations Team. The three most noteworthy policy changes that went into effect on May 2, 2018, were: 1) all DAFs needed to be sent to HR within 5 days of issuance to the employee; 2) that HR approval was no longer necessary to implement a suspension of one through nine days; and 3) who to contact when scheduling disciplinary meetings or needing HR approval for suspensions of 10 or more days or a termination.

After a few weeks, it became apparent that the change regarding suspensions and HR approval was not working. Therefore, CCHHS modified the Discipline Policy again, and implemented the new changes on June 5, 2018. This time, the policy reflected the original practice of requiring HR approval for all suspensions. In addition, a procedural guide was distributed to make sure everyone understood the Discipline Policy and processes in effect. However, despite the detailed memoranda and process guides provided, management no longer had an onsite team of experts (i.e. the Labor Team) to assist them.

After some confusion, the changes made on June 5 have been executed relatively well. There were two aspects of the Discipline Policy closely tracked by my office: HR approval of suspensions and terminations and submitting the DAFs within five days of issuing the discipline.

- Between June 5 and July 15, there were 24 suspension DAFs issued. Of the 24, 9 were issued without HR approval as required. This resulted in 62.5 % compliance with that aspect of the Discipline Policy within the first month.
- Between May 2 and July 15, there were 394 DAFs sent to HR. Of those, 143 were not sent to HR within the required five days. This resulted in (64%) compliance within the first two months of implementing that requirement.
- When looking at what occurred between June 5 and July 15, the trend improves. 210 DAFs were sent, and 59 were not sent to HR within the required five (5) days. This is 72% compliance with the policy,

demonstrating that management is improving in a short amount of time with implementing the changes to the Discipline Policy.

To assist management with these changes, my office, in conjunction with HR, provides training on this policy upon request of a department or group of managers. HR and my office provide feedback to management when corrections are necessary. Designated personnel in HR work with management on getting everything corrected, while my office sends reminders about the policy requirements to the manager and the Department Head whenever a violation is identified. This feedback appears to be working, as we have not seen a manager make the same error twice once the reminders (via Violation Letters) are sent out.

New Policies – Grade 24 Positions

CCHHS recently created two (2) policies to manage the salary determination of Grade 24 Positions and the salary adjustment of Grade 24 Positions. These policies were approved in May and implemented in June of 2018. A summary of each policy is listed below.

Classification of Grade 24 Positions (#02.01.21)

This policy provides the parameters to be considered and the process to utilize when classifying a Position as Grade 24. Grade 24 positions are higher-level management positions within CCHHS with titles such as “Director,” “Senior Director,” “Officer,” “System Director,” “Executive Director,” or “Chief.” Grade 24 Positions can also be positions that require an advanced degree, professional license, or specialized skills.

The Salary of a Grade 24 Position is determined by HR, taking many factors into consideration which are listed in the policy. When HR receives a request to create a new leadership position, it will, through its Compensation and Classification Team (Compensation Team), complete a Salary Determination Form and market analysis of the position. The Compensation Team submits the completed form to the Chief Human Resources Officer (CHRO) who reviews it and approves it or requests additional information or changes. Once approved, the Salary Determination Form is provided to my office and the Office of the Independent Inspector General (OIIG). No Salary Determination Forms have been provided to me since the implementation of this policy.

Salary Adjustments for Grade 24 Positions (#02.01.22)

This policy provides the parameters and process when determining whether a Grade 24 Position warrants a salary adjustment. There are many factors that the Chief Executive Officer (CEO) must take into consideration when

approving a Grade 24 salary adjustment, such as a significant increase in the span of control, market demands, and whether the minimum qualifications for the position have changed. The CEO must approve all Grade 24 salary adjustments.

A Grade 24 Position's salary can be adjusted when a Deputy CEO completes the Request Form and submits it with the current job description and the employee's resume to the CHRO. Detailed information is included in the request including a detailed explanation for the purpose of the salary adjustment. After review, the CHRO will determine whether the salary adjustment is appropriate and submit the recommendation to the CEO for final approval. A written notice of the CEO's decision is provided to the Deputy CEO and copies of the determination are provided to the EPO and OIIG.

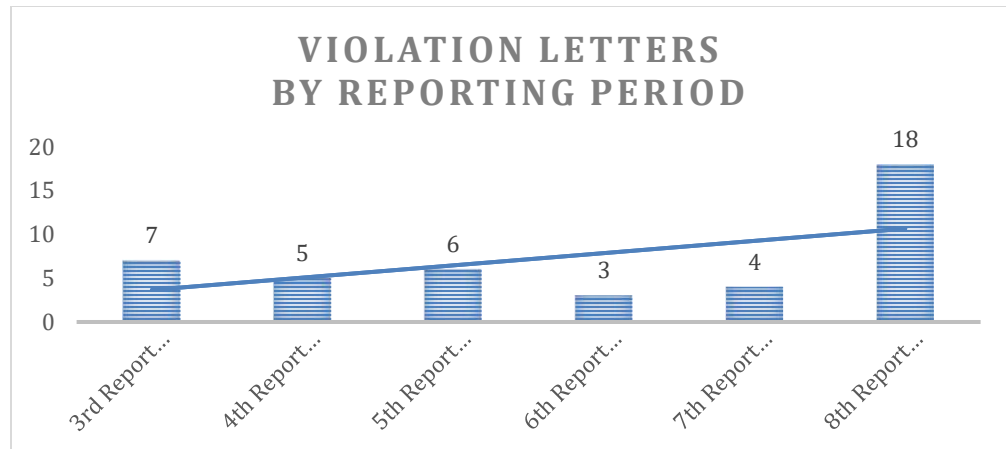
Since implementation of this policy in June, there has been one salary adjustment for a Grade 24 employee. The CHRO provided the CEO's approval and supporting documentation to the EPO and OIIG. I did not identify any concerns with the implemented process or determination.

VIOLATIONS

As outlined in my 3rd Semi-Annual Report issued in March 2016, there are several ways in which my office communicates with employees and management when there are violations of the Plan. One method is to issue an Incident Report that is associated with an Investigation. Those will be discussed in the Investigation section.

However, when technical violations occur and an extensive investigation is unnecessary, my office issues a Violation Letter to the manager and Department Head. During this last reporting period, I issued 18 such letters. Of the 18 letters issued, four (4) were related to the Discipline Policy following the implementation of changes to the policy (noted above).

The graph below outlines the number of Violation Letters issued per reporting period. As you can see, there was a significant increase during this reporting period. This resulted from increased monitoring activity this reporting period and multiple changes to the Discipline Policy.



A summary of each Violation Letter is provided, below, by category of issues:

Failure to Provide Notice of Interviews or Selection Meeting. This category, by far, is the most prevalent. The Plan requires the Hiring Manager of a position to notify HR and my office of scheduled interviews, application review meetings and selection meetings at least 48 hours in advance. There were six (6) Violation Letters issued to five (5) different departments in this category. Five (5) of the letters reminded the panel that they needed to notify my office of scheduled interviews. The other letter was a reminder to the department to provide notice of the application review meeting. These letters were issued when it was determined that this was not the Hiring Manager’s first instance of failing to provide proper notice.

Use of HR-approved Interview Questions. The Plan requires that HR approve all of the interview questions used during the General and Actively Recruited hiring processes. There were three (3) instances of Hiring Managers failing to use HR-approved questions. In one instance, the Hiring Manager did not send the questions to HR in advance to obtain the required approval. In the other two instances, the Hiring Managers added questions to the interview evaluations which had not been approved by HR. In each case, the concerns were addressed on the spot and did not impact the final selection or offer processes.

Failure to score evaluation forms as required. The Plan requires that interview panelists complete the interview evaluation forms immediately after the interview or after the last interview of that day. In addition, interview panelists need to explain any evaluation score of “1” or “5.” There were three (3) violations in this category. Panelists failed or refused to score after that day’s interviews in two (2) instances, and there was one (1) instance of a panelist failing to explain each time he scored a candidate’s response with a “1.”

In this last occurrence, HR identified the issue when reviewing the final paperwork and brought it to my attention after repeated attempts to get the paperwork corrected. HR and I met with the panelist and worked through each correction with him.

Disciplinary Action Forms (DAF). As indicated at the beginning of this section, four (4) of the violation letters issued related to the discipline policy and procedures. The Discipline Policy requires the Department Head and Supervisor to sign each DAF. In addition, if the Department Head issues a suspension, the Department Head must first get approval from HR. In two (2) of the occurrences, supervisor signatures were missing on the forms issued to the employee. The other two (2) letters were issued, because the Department Head failed to get approval from HR to issue the suspensions. All four (4) violation letters were issued to the same Department. And although the DAFs were corrected and re-issued to the employees, my office, in conjunction with HR, is scheduled to meet with the leadership team of this department to ensure these same mistakes do not recur.

Selection Meetings. The final two (2) violation letters were grounded in the selection process. In one (1) instance, the interview panel and Hiring Manager selected a candidate that did not meet the minimum qualifications for the position. This same issue had occurred the year before and was the subject of an investigation and incident report.⁶ As a result, I have scheduled a hiring process refresher course with the department's leadership and HR. The meeting will occur this month.

INVESTIGATIONS

During this reporting period, we received six (6) new complaints and issued 12 incident reports. Of the six (6) complaints filed, two (2) were closed with minimal or no investigation, including one (1) which was forwarded to another department for handling. In all, 19 files were closed (including the 2 new complaints); summaries provided below.

New Complaints

EPO2018-6/18-003: Complainant is an employee who believed that HR was allowing unqualified applicants to interview for a position, and that a pre-selected candidate for this same position lied on the application materials. The investigation is complete regarding these allegations. However, my office continues to look into how the Complainant obtained the information which led to the allegations. *Pending.*

⁶ Incident Report 17-011 was issued at the end of June. I sustained the allegations as described in the Investigation section of this report.

EPO2018-7: This file was opened by my office after a review of the interview evaluation questions. The Department appeared to be issuing a test despite the lack of notice of a test on the Notice of Job Opportunity (i.e. Posting). The position related to this incident is still active. We will determine the investigation status once monitoring is complete. *Pending.*

EPO2018-8: Complainant alleged unfair assessment and national origin discrimination during an interview process for a position to which he applied. My office is reviewing the interview materials and has forwarded the national origin discrimination complaint to the CCHHS EEO Director. *Pending.*

EPO2018-9/18-004: During the investigation of another complaint, my office identified a concern regarding the potential discipline of an employee and alleged falsification of documentation and records. I forwarded the allegation of falsification of documentation and records to the Corporate Compliance Office for investigation, and then opened the investigation into whether the manager failed to follow the discipline process. A grievance was also filed by the employee in this matter which was tangentially related to these issues. A grievance decision was recently issued and will be taken into consideration. *Pending.*

EPO2018-10: Complainant is a manager who alleged that one of her employees did not meet the minimum requirements for her current position into which she was placed. After a brief review of the related selection documentation and application materials, no violation of the Plan was identified and the file was closed without investigation. *Closed.*

EPO2018-11: Complaint is a former employee alleging CCHHS publicly posted information related to his separation from CCHHS. After a meeting with the Complainant, it was determined that CCHHS had not posted the information at issue. Complainant was referred to the correct office. *Closed.*

Reports Issued

The 12 incident reports issued are as follows:

15-002: The Complainant alleged that she was (1) denied a promotion in violation of her CBA, (2) subjected to gender and political discrimination, (3) was not selected for a position for which she interviewed, because the selected candidate was “friendly” with a former HR employee, and (4) once the favored employee was accepted for the position a similar position was posted but with higher minimum qualifications. After an extensive review of all of the documents related to the hiring processes, an interview with the Complainant, and research into the two positions, there was no evidence uncovered of a violation of the Plan. Employee was referred to her union representative to file a grievance if she believed there was a violation of the CBA. *Not sustained.*

15-017: Complainant alleged she interviewed for a position but was not selected despite meeting all the minimum qualifications and having 20 years of experience in the department. After reviewing all of the materials associated with the hiring process and discussion with the complainant, there was no evidence found of a Plan violation. *Not sustained.*

16-004: Complainant alleged that a Hiring Manager and interview panelists may have mishandled a hiring process which led to hiring an unqualified employee. Separately, my office looked into whether the employee's resignation in lieu of termination required placement on the CCHHS Ineligible for Hire/Rehire List. After an extensive investigation, I determined that the Hiring Manager, interview panelists, and HR did not know at the time that the former employee was offered the position or that she did not meet minimum qualifications for the position. Based on the former employee's interview and application materials, she appeared to be qualified for the job. That part of the Complaint was not sustained.

However, my office looked into whether the former employee should be placed on the Ineligible for Hire/Rehire List. Based on the former employee's admissions to the HR department and management, I concluded she resigned from her position in lieu of termination for a major cause infraction of the Personnel Rules and should be placed on the Ineligible for Hire/Rehire List. *Sustained in part.*

HR Response: Whenever I make a recommendation in an incident report, HR must issue a Response Report identifying whether the CEO has determined my recommendations will be implemented. The HR Response Report was late because the former CHRO had resigned and has since separated from CCHHS. The Interim CHRO has provided the HR Response Report and agreed with my recommendation to add the former employee to the Ineligible to Hire/Rehire list. That name will be added to the list with the next update later this month.

EPO2016-28/17-004: Complainant alleged that an employee (Employee 1) that was displaced during a layoff process was not treated equally to a similarly situated employee (Employee 2) during the previous layoff/displacement process. The investigation identified that Employee 1 was displaced into a position for which he was qualified that was available during his displacement process. However, after careful review, we identified that Employee 2 was incorrectly displaced into a position for which she was not qualified but that was available at the time she was displaced. The HR Labor team corrected Employee 2's displacement error in conjunction with Employee 2's union representatives. *Not sustained.*

However, I did make a recommendation for HR to review the layoff and displacement process to identify if there were sufficient procedures in place to ensure this error did not occur in the future.

HR Response Report: Whenever I make a recommendation in an incident report, HR must issue a Response Report identifying whether the CEO has determined my recommendations will be implemented. The HR Response Report was late because the former CHRO had resigned and has since separated from CCHHS. The Interim CHRO has provided the HR Response Report and agreed with the conclusion and identified that CCHHS will reach out to Cook County Bureau of Human Resources' Labor team (BHR Labor) to ensure that all employees subject to layoff that are displaced meet the minimum qualifications for the position prior to moving into the new position. CCHHS HR has not finalized that process with BHR Labor yet.

17-006: Complainant alleged that a Hiring Manager filled a vacant position with her niece despite having other well-qualified applicants to select. It was determined that the Hiring Manager was not related to the selected candidate, and the interview panel more than adequately documented reasons for selecting this candidate. *Not sustained.*

17-007: Complainant, a former Department Head, alleged that an interview panelist had unauthorized contact with a candidate prior to the interview and that contact was meant to intimidate the candidate. There was insufficient evidence to find there was an unauthorized contact. In fact, Complainant failed to provide any evidence in support of the allegation. *Not sustained.*

17-009: Complainant alleged that after she interviewed for a position, she learned that the interview panel had unauthorized contact with her current supervisor which led to her disqualification from the position. In addition, she alleged retaliatory discipline based on her union activity in the past. There was insufficient evidence to support the allegations and the hiring documentation established that the Complainant had difficulty answering many of the interview questions. *Not sustained.*

17-010: This investigation file had three separate complaints to investigate: (1) initial Complainant alleged that an applicant may have falsified his application materials; (2) the applicant alleged that HR wrongfully disqualified him for the position; and (3) after initially looking into allegations (1) and (2), my office investigated whether the Hiring Department violated the Overtime Policy. It was determined that the applicant did not falsify his applications materials, but that HR appropriately disqualified him based on those same application materials. It was also determined that the Hiring Department violated the Overtime Policy when it selected employees in one job classification to work overtime in a distinctly

different job classification. It was also determined that the Hiring Department, in an effort to distribute the overtime work, executed a hiring process outside of the Plan requirements and outside of HR's knowledge and participation.

The Hiring Department was found to have posted overtime opportunities for a position in the department and selected individuals to work that overtime through a hiring process and upon volunteering for specific work assignments. The Overtime Policy requires that an employee work overtime only in their job classification unless there is an emergency based on operating needs. This hiring and selection process to provide overtime work as described above took place over a period of four years on two separate occasions. The first unapproved hiring process took place in 2013, before the implementation of the Plan and the Overtime Policy. However, the second unapproved hiring process took place in 2017, three years after implementation of the Plan and one year after implementation of the Overtime Policy. The Department Head responsible had received several trainings on the Plan and Overtime policy.

Based on the above, I recommended:

First, regarding the violations of the Overtime Policy:

1. The Hiring Department submit a request to HR if it plans to continue to use the current employees to supplement the staffing needs of the other job classification work. If after review of the request, HR approves the use of the current employees to supplement staffing needs through the use of overtime, the approval should only be for the duration of the time expected to complete the hiring process for the current vacancies for the job classification at issue.
2. Once the vacancies are filled, the current employees should not perform overtime work for those positions unless that work fits within the job description of the current employees.
3. The appropriate Senior Leader or Department Head should determine and implement the proper level of discipline for the violations related to the Overtime Policy violation.
4. The Employment Plan Officer needs to revise the Supplemental Policies & Procedures training to ensure there is no similar misunderstanding about this policy and how it applies to CCHHS employees.

Second, *regarding the violations of the Plan hiring processes:*

The appropriate Senior Leader or Department Head should determine and implement the proper level of discipline for the violations noted above. *Sustained in part.*

HR Response: HR provided the Response Report within the time required by the Plan.⁷ First, HR indicated that the appropriate paperwork was filed with HR to fill the vacancies which necessitated the overtime work. Based on current operational needs, the current employees will continue to work overtime in these job duties until the vacancies are filled. Once filled, the current employees will no longer work overtime in that area of the Department. Also, HR will not modify the current employees' job descriptions.

Second, the Senior Leader overseeing the Hiring Department issued written warning in accordance with the CCHHS Discipline Policy to the Department Head for both the violation of the Overtime Policy and Section V of the Plan (hiring process).

Finally, HR agreed that the EPO should modify the Supplemental Policies & Procedures training course to make it clear that employees can only work overtime in their current job classification unless there is a documented emergency for the department. This training has been modified and implemented accordingly.

17-011: Through monitoring a hiring process for Position X, my office noted that the interview panel selected a candidate that was not qualified for the position. We continued to monitor the selection process for Position X and alerted HR and the Department Head that unless they could provide documentation that the selected candidate met the training program qualification, an offer could not be made. Additional paperwork was not submitted to substantiate the candidate met the required qualification. While looking into all of the positions of that same classification many months later, it was identified that the candidate was in fact hired into Position X. The CCHHS employees in HR and the Department responsible for the hiring of this candidate no longer work at CCHHS, except one of the interview panelists. Based on these findings, I recommended that the HR Recruitment Team undergo additional training on hiring packet reviews and ensuring selected candidates meet the required qualifications according to the associated job description. In addition, I recommended the remaining panelist have retraining on his responsibilities in the selection of candidates to fill vacancies. A recommendation of discipline for the Recruitment & Selection Analyst involved was unnecessary as she had already been disciplined by her supervisor. Discipline was not recommended for the others, because they are

⁷ A 30 day extension was requested and approved in accordance with the Plan.

former employees (one retired, one resigned, and one was laid off). *Sustained.*

HR Response: In her report, the CHRO identified that she agreed with each of my recommendations. She instructed the Recruitment Manager to coordinate the refresher training.

EPO Note: The HR refresher training recommended has been completed. My office conducted these trainings on May 21st, June 5th and June 14th. As for my recommendation that the interview panelist received a refresher course on the interview process, that training is scheduled to take place next week.

17-012: Complainant alleged that after she was selected for a promotion, HR changed her rate of pay inconsistent with what she had been told at the time she accepted the offer. In addition, she felt she was singled out and discriminated against, because others that had been in her initial job classification did not get the reduction in pay as explained by HR. There was no evidence that Complainant was treated differently than others impacted by an HR error that was discovered shortly before she was promoted. The error was in violation of the Collective Bargaining Agreement (CBA), so HR corrected that error for all impacted employees; the Complainant was one of those employees. After the correction, Complainant's pay did not change, because she had received her annual step increase too soon. There was no violation of the Plan or Personnel Rules, and the actions taken by HR were in an effort to comply with the relevant CBA. *Not sustained.*

17-013: Complainant alleged that she was terminated without just cause and in violation of her CBA and the Personnel Rules. There was sufficient evidence that the Complainant was terminated within her probationary period and in accordance with the Discipline Policy. *Not sustained.*

18-001: Complainant alleged her transfer to another work location violated the Transfer Policy. She also alleged that her salary structure was changed so that she was no longer receiving pay for hours worked over 80 hours. My office found that Complainant's supervisor did follow the Transfer Policy when implementing her temporary transfer. In addition, the employment and payroll records confirmed that Complainant is a Fair Labor Standards Act (FLSA)-exempt employee and is not entitled to pay for hours worked beyond 80 hours in a two week period. *Not sustained.*

Other Closed Files

14-021: Complainant alleged that CCHHS nursing departments promoted less senior nurses over more senior nurses by intentionally

lowering the interview scores of the more senior nurses. The nurses grieved the process alleging a CBA violation occurred. Third Step hearing decisions for all the employees in the complaint but one were located. In each case, the third step hearing decision denied the grievance finding no CBA violation. As this matter was handled in the grievance process, there was nothing for EPO to investigate. *File closed without further investigation.*

15-010: The Complainant alleged that a position was posted for one shift but the interview was for another shift. After follow up with HR, it was determined that HR corrected the mistake with the Department Head and the Complainant was interviewed for the correct position and shift. *Closed.*

16-010: Follow up from information reported in the 7th Semi-Annual Report. As a reminder, this Incident Report concluded CCHHS incorrectly applied Personnel Rule 6.02(c)3 – Vacation Leave (Rule) by failing to apply the plain language of the rule which identified that Grade 24 and K12 positions would receive five (5) weeks of vacation from the start of employment in that position. I recommended the following: (1) CCHHS apply the Rule in accordance with my findings to all new and current employees (i.e. that all Grade 24 employees should receive 5 weeks of vacation from their start date); (2) an analysis of which Grade 24 and K12 employees are impacted by this incident report to determine who would need their vacation accrual adjusted; and (3) if CCHHS disagrees with my findings, that the Personnel Rules undergo an amendment to clearly reflect which employees are to receive 5 weeks of vacation from their start date.

HR Response Report: HR provide the HR Response Report in May 2018. In its response, HR stated the following:

Recommendation #1: “We disagree with the EPO’s interpretation [of the Rule]. ... This rule has never been interpreted this way by current or former HR Leaders.”

Recommendation #2: HR will conduct an analysis of the Grade 24 and K12 employees to determine if an error was made based on how CCHHS applied the Rule.

Recommendation #3: HR agreed that CCHHS would amend the Rule to clarify any ambiguities which may exist.

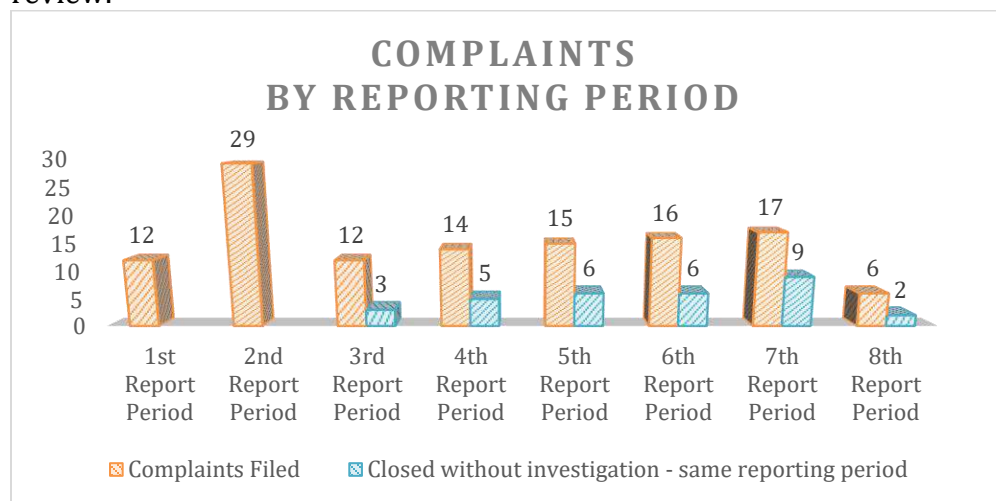
EPO Note: To date, the analysis has been started and is in its final stages. I will report on the final analysis and what may have transpired due HR’s response to my 2nd recommendation in the next report. In addition, CCHHS is working on the final draft of the amended Rule. Once finalized, I will report on that as well.

EPO2016-10: My office received an anonymous complaint with numerous allegations against two managers, including bullying by these managers. This information was forwarded to Senior Leadership by HR to look into the bullying and other performance related allegations. It was also alleged that the managers avoid discipline due to political connections. That portion of the complaint was forwarded to the OIIG for investigation. The only allegation concerning the Plan or related policies and procedures was about the managers interfering with staff transferring from the department. However, there was insufficient information to open an investigation. *Closed.*

EPO2017-22: As reported in the 7th Semi-Annual Report, the Complainant, an employee, alleged that factors outside of seniority and qualifications were used to select a candidate for a Pharmacy vacancy. The complainant also filed a grievance which has since been resolved. Neither my office, nor the Hearing Officer for the grievance, were able to identify any wrong-doing during the hiring process. *File closed without further investigation.*

Investigation Summary

The graph below provides a representation of the number of complaints filed by reporting period alongside the number of new complaints closed during that same reporting period. However, it does not show the volume of investigations completed or the complexities of the remaining investigations. It does show that we were trending up in the number of complaints filed and files closed without extensive investigation in prior reporting periods. That changed this semester dramatically (19 filed last semester as opposed to the six (6) filed this semester). Although it is unknown why there was the drop in complaints filed, 66% of the complaints filed this reporting period required more attention and an investigation, as opposed to less than 50% of the complaints last reporting period needing a full investigation or extensive review.



As we are nearing substantial compliance, I plan to take a deeper dive into our investigations (outstanding and completed) in the next report.

EMPLOYMENT PLAN AMENDMENTS

During this reporting period, HR submitted three requests to amend the Plan. Specifically, Exhibits 1, 5, and 12 were amended to reflect changes to positions already listed or to add additional positions to each Exhibit. Each of these Exhibits lists CCHHS positions which utilize hiring processes different from the General Hiring Process. Exhibit 1 identifies positions on the Actively Recruited Positions List, Exhibit 5 identifies positions on the Direct Appointment Position List, and Exhibit 12 identifies Medical Department and Division Chair positions.

The first request was in March to add positions to Exhibit 1 – Actively Recruited Positions List. HR submitted 29 positions to add. After review, all were approved except one. The one position did not meet the minimum qualification requirement regarding education. HR promptly removed that position, and 28 positions were added to Exhibit 1.

The second request was in May to add 26 positions to Exhibit 5 – Direct Appointment Position List and to modify the job descriptions and/or titles of 23 positions already listed.⁸⁸ After extensive review, it was determined that additional information and review was needed for the five (5) nursing positions proposed. The positions met the requirements to be added to Exhibit 5; however, some of these same types of positions were on Exhibit 1. Therefore, HR removed those positions from consideration in order to determine the correct place for those five positions. Exhibit 5 was updated to reflect changes to 24 positions.

In addition, HR proposed amending Exhibit 12 – Department & Division Chairs List by changing the title of a position already on the list. Exhibit 12 was updated to reflect the title change.

The third request was submitted in July. HR proposed the addition of one (1) newly created position to Exhibit 5. After review, no concerns were identified and Exhibit 5 was updated to add the new position.

SUMMARY

We did not conduct any audits of the Supplemental Policies & Procedures Manual this reporting period, but have plans to do in the near future. Despite

⁸⁸ Of the 24 positions already on Exhibit 5 but needing a change, eleven (11) of the positions were changed to reflect the correct title of the Position to which those eleven Positions report. Five (5) other positions had a title change and minor clean up; three positions

that, we have seen anecdotally that there is much improvement in the implementation of those policies over the last six (6) months. In addition, I have been encouraged by the trends seen through monitoring the hiring process. Although there is still room for improvement, as a whole, CCHHS appears to really be settling into the Plan processes well. We still find errors or violations, but not to the extent previously seen. It is no small feat to make a significant culture change in employment practices within a one to three year time frame.⁹ CCHHS has accomplished such a change through a significant increase in collaboration between HR, my office, and leadership, as well as improvement in documenting all of our employment actions more carefully, thoughtfully, and consistently.

Sincerely,



Carrie L. Pramuk-Volk

cc: Jeffrey McCutchan, General Counsel for CCHHS
Doug Elwell, Deputy Chief Executive Officer for CCHHS
Barbary Pryor, Interim Chief of Human Resources for CCHHS
Matthew Pryor, Office of the Compliance Administrator
Andrew Jester, Office of the Independent Inspector General
Brian Hays, Lock Lord LLP

⁹ The hiring provisions of the plan were implemented 3.5 years ago, and the non-hiring employment policies were implemented approximately 1.5 years ago.