

Boston Children's Hospital Ombuds Office Charter

Background

The Boston Children's Hospital Ombuds Office (the "Office"), was established and became operational in 2021 with the support of Executive Leadership to make ombuds services available to all staff, associated personnel, researchers, faculty, and trainees of Boston Children's Hospital, including the Children's Hospital and all related corporate entities (the "Hospital"). The Office was created to provide a safe and confidential space for listening, discussion and inquiry about issues and concerns related to managers, peers, and/or other- staff. It is intended to provide voluntary, informal, impartial, confidential, and independent assistance to all members of the Hospital community in addressing, managing, or resolving work-related issues.

The Office is designed to be a neutral and off-the-record confidential channel of communication, subject to the narrow exception described below, that supplements rather than replaces existing formal channels of communication such as Human Resources, the Office of Compliance, Office of General Counsel, and Office of Health Equity and Inclusion.

In addition to serving all members of the Hospital community, it is intended to help identify for the Hospital, without breaching confidentiality, policies, practices, and emerging trends where systematic change may be appropriate.

As such, and through the Office's anonymized and aggregated reporting on trends and organizational issues within the Hospital, the Office supports the ethics and other policies of the Hospital (e.g. Code of Conduct, Conflict of Interest) and promotes the Hospital's desire to operate with the highest standards of business conduct and management, including compliance with the United States Sentencing Guidelines and other applicable law and regulations that require or encourage organizations to have confidential and anonymous means for employees and others to raise, discuss, or seek guidance about workplace concerns without fear of retribution.

The Office is staffed by a professional Ombudsperson ("Ombuds") who complies with the provisions of this Charter and practice in accordance with the International Ombuds Association ("IOA") Code of Ethics and Standards of Practice.

The Hospital prohibits retaliation against any person who uses the services of the Ombuds. The Hospital prohibits intimidation, retaliation, and/or retribution towards individuals who raise concerns or untimely choose to report concerns in good faith through formal channels outside of the Office.

Responsibilities The Office provides confidential, informal, independent and impartial assistance to individuals through dispute resolution and problem-solving methods such as listening, providing options for taking action, conflict coaching, mediation, facilitation, and shuttle diplomacy. The Office responds to concerns and disputes brought forward by visitors to the Office and will convey trends and organizational issues, without breaching confidentiality, to high-level leaders in a confidential manner and on a periodic, routine basis. The Office will collaborate with other support services at the Hospital (see Exhibit A) to promote coordinated responses when applicable and ongoing learning from each other, and while maintaining the voluntariness, confidentiality, impartiality, informality, and independence of the Office. The Ombuds endeavors to make its services accessible

by all members of the Hospital community so that issues and concerns brought forward can be surfaced or resolved in an adequate manner.

Principles of Practice

As more fully described in the IOA's Code of Ethics and Standards of Practice

(<https://www.ombudsassociation.org/standards-of-practice-code-of-ethics>), the effective operation of the Office is based on adhering to four fundamental principles: independence, impartiality, informality and confidentiality.

i. Independence.

- The Office functions independently and outside of existing administrative structures, but for administrative and budgetary purposes reports directly to the Hospital's Chief Administrative Office/Chief Culture Officer and the Executive Vice President of Health Affairs.
- The Ombuds neither compels other offices to take specific action nor receives compulsory orders about how to approach a particular issue. The Office shall be, and shall appear to be, free from interference in the legitimate performance of its duties.
- The Ombuds has regular access to all levels of Hospital's Leadership, including the CEO and the Board, to deal with an issue or concern.

ii. Impartiality/Neutrality.

- The Office and the Ombuds are required to remain neutral and are neither part of management nor advocates for employees. The Ombuds does not take sides on behalf of any individual, cause or dispute but will seek to provide options to address concerns raised by a visitor. The Ombuds is, however, an advocate for processes that are fair, accessible and equitable to all parties.
- The Office and the Ombuds are not authorized to conduct formal investigations or participate in formal actions or proceedings, and will not do so. The following are also *outside* the purview and authority of the Office and the Ombuds authority: arbitrating or adjudicating cases, acting as an advocate or witness in any case inside or outside the Hospital; keeping case records for the Hospital; making factual determination of wrongdoing or innocence; determining sanctions; and making, changing, or setting aside any rule, policy, or administrative decision.
- The Office and the Ombuds shall not become involved in any matter in which it would be a conflict of interest for them to do so.
- While working with the Ombuds may address an employee's problem or concern effectively, the Ombuds does not serve as anyone's lawyer, representative, or counselor and should not be relied upon to represent anyone's legal rights. The Ombuds is not authorized to receive notice of claims against the Hospital in any circumstance. The Ombuds can provide information about available formal channels so that individuals may make informed choices about which process is best for them to pursue.

iii. Informality.

- The Ombuds provides informal assistance only, consistent with the Ombuds responsibilities, discussed above
- The Ombuds triages and coordinates with existing support services (see Exhibit A) such as, but not limited to, Office of Clinician Support, Employee Assistance Program, Office of Faculty Development, Research Integrity etc.
- Although the Ombuds may make inquiries to more fully explore an issue, the Ombuds does not keep formal records of the discussion with the employees that would be subject to the record retention policy. Documents with personally identifiable information are destroyed no later than 30 days after issue resolution. Records of the Office include only anonymous, aggregate data utilized for the purpose of annual reporting.

- The Office complements but does not duplicate existing grievance procedures and compliance channels.

iv. Confidentiality.

- Confidentiality is essential to the Ombuds function and helps create a safe place for visitors to voice concerns, evaluate issues, and identify options or process a referral to another support service.
- A person may contact the Office anonymously.
- The Ombuds will hold all communications in strict confidence and will not reveal--and must not be required to reveal--the identity of visitors to the Office.
- The Ombuds will not reveal any information disclosed to them in confidence except in accordance with the IOA Standards of Practice, including not disclosing such information without a visitor's express permission, and then only at the discretion of the Ombuds. The Ombuds may, however, disclose otherwise confidential information if they determine what might be an imminent risk of serious physical harm.
- Because the Office is a purely voluntary resource that no one is required to use, those who do so will be understood to have agreed to the terms, conditions, and principles upon which it was established and not call on the Ombuds to testify or produce documents relating to confidential communications in any legal, administrative, or other proceedings. The Hospital has also agreed to respect the terms, conditions, and principles on which the Office was created and not call on the Ombuds to testify or produce documents relating to confidential communications in any legal, administrative, or other proceedings.
- The confidentiality of communications with the Ombuds may not be waived by others. The Office will resist any attempts by visitors or third parties to compel disclosure of confidential communications or documents by invoking the terms and conditions of this Charter and by asserting a claim of confidentiality under any applicable rule or statute under which confidential communications may be protected, including where applicable, rules or statutes dealing with mediation and other methods of alternative dispute resolution.
- The Ombuds will not keep written records or notes with identifying information on behalf of the organization. The Ombuds will maintain any and all case-related information (e.g., notes, phone messages, appointment calendars) in a secure location and manner, protected from inspection by others (including management), and will have a consistent and standard practice for the regular destruction of such information. The Ombuds will prepare any data or reports to be shared with the Hospital or otherwise made public in ways that protect visitor confidentiality. The Ombuds and the Hospital will cooperate with each other to implement policies and practices to protect the confidentiality of visitor identities and Ombuds' confidential communications.

Reporting section

- The Ombuds will prepare and deliver an annual report to the Hospital CEO Audit and Compliance Committee (or Board of Trustees), Chief Administrative Office, Chief Culture Officer, and the Executive Vice President of Health Affairs as appropriate. It will also be made available to the entire Hospital Community. Based on anonymous aggregate data, this report discusses recurring themes and trends in the reporting of issues or concerns, identifies patterns or problem areas in existing policies and practices, identifies opportunities for system-wide change and improvement, and may recommend revisions and improvements.

- The Ombuds may also report systemic issues or trends from time to time as appropriate to the Chief Culture Officer, Executive Vice President of Health Affairs, Hospital CEO, CHRO, GC/Chief of Staff, and/or Audit and Compliance Committee (or Board of Trustees).



Kevin B. Churchwell, MD, CEO

January 4, 2022

Date

Appendix A – Table of Boston Children’s Hospital Support Services

Department	Purpose and Need	BCH Clinicians	BCH Admin	Trainees	Faculty <small>(available services may differ depending on employer)</small>
Office of Clinician Support	The OCS is for all hospital faculty, clinicians and trainees. The program assists clinicians with any problem they may be having, whether it be work-related or personal.	X		X	X
Office of Faculty Development	Support the facilitation of career advancement and satisfaction of Harvard Medical School (HMS) faculty at Boston Children's Hospital			X	X
Office of Graduate Medical Education	Program is required for institutional accreditation by the ACGME. It must function as an alternative resource for trainees who feel that for whatever reason they cannot resolve their grievance internally in the program, with the leadership of their training program itself.			X	
Harvard Ombuds Office	The office is open to faculty, staff, students, trainees and appointees to HMS, HSDM, HSPH and their affiliated institutions. Ombuds Office seeks to enhance the ability of all visitors to deal more effectively with challenging situations on their own. * EXTERNAL TO BCH			X	X
Office of Research Compliance	Support employees with research integrity including concerns and questions re: mentorship, independent peer review and oversight, reproducibility, and accountability at each stage of research.	X	X	X	X
Office of Compliance	Report concerns about violations of state or federal laws and regulations, Boston Children’s Hospital Code of Conduct, (2) ask for guidance related to the Code of Conduct, or other policies or procedures; and (3) share suggestions and feedback.	X	X	X	X

Department	Purpose and Need	BCH Clinicians	BCH Admin	Trainees	Faculty <small>(available services may differ depending on employer)</small>
BCH Human Resources/Employee Relations	Support employee concerns with personnel policies such as leaves of absence, managing employment issues, and maintaining compliance with state and federal laws/regulations	X	X <small>(those who are W-2 employees of BCH)</small>	X <small>(those who are W-2 employees of BCH)</small>	
KGA / EAP	Provide prompt, confidential services and resources to help you address and resolve almost any household issue. EXTERNAL TO BCH	X	X <small>(those who are W-2 employees of BCH)</small>	X <small>(those who are W-2 employees of BCH)</small>	
Office of the General Counsel (OGC)	The internal legal department of Boston Children's Hospital. The OGC is responsible for all of the legal work arising from the activities of the Hospital and its staff. Provides advice and counsel to clinical and administrative staff.	X	X	X	X