

**Department of Energy  
Richland Operations Office  
Independent Investigation Report**

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**US Public Health Service / Federal Occupational Health**

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**Date Completed: April 21, 2010**

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**Agency: U.S. Department of Energy (DOE), Richland Operations Office (RL), Special Concerns Office (SCO)**

**Title: Independent Investigation Report of Allegations of a Hostile Work Environment, Retaliation and Wrongful Termination by Computer Science Corporation (CSC), Advance Med Hanford (AMH), Occupational Health Facility**

**Causing Organization: Advance Med Hanford (AMH), Occupational Health Facility**

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**Scope:**

The scope of this investigation is based on the termination of a former CSC/AMH employee, who is the Concerned Individual (CI). The scope includes the investigation of allegations that due process for termination was not followed, record keeping processes were not followed, and that the CI was experiencing retaliation and a hostile work environment.

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**Executive Summary:**

(b)(6) On March 24, 2010, the CI raised several concerns to RL SCO. Specifically, 1) the CI stated [ ] is working in a hostile work environment, 2) the CI believes [ ] is being (b)(6) retaliated against, 3) the CI stated that [ ] was wrongfully terminated.

A total of eighteen (18) individuals were interviewed. Five (5) employees were CSC/AMH management, seven (7) were present and former CSC/AMH staff (exempt and non-exempt), two (2) were (b)(6) workers (AMH patients), and four (4) were from DOE management.

The investigation concluded that most of the concerns raised by the CI were not substantiated and one, while disputed, was partially substantiated.

(b)(6) The investigation found that CSC/AMH had the authority to terminate the CI with or without cause or advance notice. It was also found that CSC/AMH had cause to terminate the CI due to [redacted] increasing pattern of anger, verbal attacks and physical intimidation toward managers and other employees; instances where standards of professionalism were not met; and because the CI did not consistently follow record keeping processes.

The investigation found that a progressive pattern of disciplinary action took place and due process was followed in this termination.

Although generally disputed by CSC/AMH management, the evidence shows that the CI may have been retaliated against and was most likely, at times, working in a hostile environment.

### Background:

(b)(6) On March 24, 2010, the CI filed a concern with RL SCO stating: "I am getting written up daily" and believe that "I am working in a hostile work environment and cannot perform my job task effectively." The CI also stated that "I was told that I cannot (b)(6) (b)(6)" The CI indicated that [redacted] previously reported to (b)(6) (b)(6) (b)(6) The CI believes [redacted] is being retaliated against. The CI also stated that "17 people were removed from the (b)(6) without proper documentation." The CI also stated that "the SOMD asked if I was aware of other staff in my office while I was out of the office."

### Investigation Results Regarding the Allegations:

1) Does CSC/AMH have the authority to terminate the CI? Yes

It is undisputed that CSC/AMH has the authority to terminate employees. CSC Management Policy states in Section 200 of the Human Resources manual in the Employment-at-Will section 3.1: "...CSC is free to establish or terminate the employment relationship at any time, with or without cause or advance notice." It is undisputed that this authority to terminate the employment relationship at will is consistent with the contract between DOE and CSC/AMH and is consistent among contracts throughout DOE. CSC Management Policy HRMP 214 "Employee Terminations" 4.1.2 was reviewed. This policy requires that "when employees with five or more years of service are affected, the Business Unit Human Resources Vice President must review the requested action and approve the documentation. Review and approval must be obtained through each successive level of management up to and including the employee's line Vice President. This approval must be documented

and available for review by the Corporate Director, Global Employment Management." AMH's Principal Manager confirmed that this chain of approval was obtained prior to the termination. Subsequently, the Principal Manager provided an e-mail from the Vice President and General Manager of CSC's Business Services Division as well as CSC's Vice President of Human Resources that documents this approval. This e-mail is on file in the investigator's evidence file.

- 2) Did CSC/AMH have cause to terminate the CI and was due process followed in the termination? Yes

CI Anger, Verbal Attacks, and Physical Intimidation toward Managers and Other Employees

(b)(6) It is undisputed that the CI is passionate about the (b)(6). All interviewees stated and documents reviewed agree that the CI is knowledgeable about the (b)(6) and that because of multiple Site Occupational Medical Directors (SOMDs) since (b)(6) the CI has been (b)(6) (b)(6). It is undisputed that the CI is, above all else, a patient's advocate. It is undisputed that the patients in the CI's (b)(6) (b)(6) hold (b)(6) in the highest regard. It is undisputed that because (b)(6) the CI (b)(6) (b)(6) (b)(6) is a factor that leads the CI to feel so passionately about the program. Interviewees generally stated that they saw this (b)(6) and (b)(6) (b)(6) as a conflict of interest.

(b)(6) One physician interviewee who had coordinated the (b)(6) previously (and was interviewed by phone) stated that when an issue involved benefits to the patients (such as (b)(6) Hospital (b)(6)) "something clicked in (b)(6) head and (b)(6) could no longer deal with facts and data. (b)(6) could (b)(6) no longer be objective, and (b)(6) mind switched to emotion." When the physician disagreed with (b)(6) decision to send a patient to (b)(6) Hospital, the CI would become angry and argumentative. (b)(6) would argue blindly, without facts or evidence. (b)(6) had been given a (b)(6) as (b)(6) wished (b)(6) and sometimes spent funds on (b)(6) when the physician said no, there was no indication that the patient should go." "The CI tended to think that everything that happened to the patients was directly due to (b)(6) But that's not the case. It is the physician's duty to make these determinations. (The CI) argued about my decisions. It was difficult working with (b)(6) It is undisputed that the CI has for many years had a strong personality that easily switches to anger and emotion. Most individuals interviewed agreed that this pattern has become more frequent, angrier, more intimidating, and in some cases physically threatening to others over the past six months to a year.

Performance evaluations consistently and progressively demonstrate that anger issues are a problem. Between 2007 and 2010, performance evaluations use the following descriptors: (CI) "tends to react rather than respond..." "Would like

(b)(6) to see (the CI) work on [redacted] internal customer relationships especially under stressful situations... (CI) "tends to reactively defend [redacted] turf." (The CI)... "has created a hostile, uncomfortable, and ineffective work environment where the teams cannot come together... negatively reacts to situations rather (than) professionally responding. [redacted] is disrespectful to [redacted] Team Lead, staff, and outside customers." (b)(6)

Interviewees generally stated that if anyone disagreed with the CI's position, the person disagreeing became the target of [redacted] anger. The CI herself admits that [redacted] sometimes gets emotional about the (b)(6) [redacted]. The CI said, "I'm an (b)(6) [redacted] at heart, and sometimes get carried away." Most interviewees who work closely with the CI state that they have seen over the past six months to a year, a pattern of increasing anger and out of control behavior. Some meetings with the CI were described as a "blood bath" because of [redacted] anger. One interviewee stated that during a meeting she was afraid physically for herself because of the CI's threatening behavior towards her individually. The interviewee stated she was fearful that her tires would be slashed by the CI. (b)(6)

Most interviewees stated that they had witnessed this behavior and were not surprised that the CI was terminated because of it. Some interviewees stated that they would not attend future meetings with the CI because they were afraid of [redacted]. One employee said she would not attend meetings with the CI in the future unless the Clinic Director or Principal Manager was present to protect her. One supervisor said, "I would never allow one of my employees to talk to me the way (the CI) talks to [redacted] supervisor. If my employee talked to me that way, they'd be gone." One interviewee said that it had been explored to have someone other than the CI's current Team Lead supervise [redacted] however other supervisors were not willing to do it. Progressive counseling by the CI's supervisor over the past three years did not improve the CI's anger and threatening behaviors. (b)(6)

#### CI's Standards of professionalism:

A physician interviewee stated that while the CI did a good job of (b)(6) [redacted] program from a (b)(6) [redacted] perspective, the CI had been given a (b)(6) [redacted] (b)(6) [redacted] in any way [redacted] wished because (b)(6) [redacted] (b)(6) [redacted] program. In this physician's opinion, [redacted] was having a "field day" spending money that was not medically indicated and did not manage resources effectively. Even when a physician determined that a patient's condition did not indicate a referral to travel to (b)(6) [redacted] hospital, the CI sometimes sent the patient anyway. The CI also ordered lab work that was not indicated and argued angrily with the physician when he stopped it. The CI sometimes wrote restrictions from work before there was evidence that such a restriction was indicated and [redacted] became angry when the physician changed the restriction. Another physician discussed similar situations. (b)(6)

The CI freely discussed internal issues with patients. One interviewee described a situation where she saw a very upset patient in the Federal Building who had been talking with the CI about internal DOE CHC/AMH issues. In this case the CI had told the patient that "they" are taking away all the [redacted] files, which was not accurate. (The files issue will be discussed more completely below.) The patient told the interviewee: "They're taking the files. They're trying to terminate (the CI). They should terminate (the (b)(6) ) and not (the CI)." When the interviewee questioned the patient, the patient conceded that he had never met (the SOMD) and drew his conclusions from what the CI had told him.

(b)(6)

(b)(6) During my interview with the CI, [redacted] brought a patient with [redacted] to the first hour of [redacted] interview. In my presence [redacted] discussed internal issues in front of the patient. It was the patient who sometimes coached [redacted] on what to tell me. It was the patient who said, "now tell her about the files."

(b)(6)

(b)(6)

A physician interviewee was concerned because the CI showed a letter to a patient that the SOMD was writing, but the letter wasn't finalized and had no signature.

- Does the CSC/AMH documentation show a progressive pattern of disciplinary action? Yes

All documents requested were provided, plus additional documentation not requested. All sixty-five (65) documents were read and taken into account, along with interviewee statements. Documentation shows a pattern of progressive action, beginning with comments in annual performance evaluations, verbal counseling, written counseling generally in the form of e-mails, and finally a "Letter of Caution" prior to termination.

While the pattern of counseling leading to termination is documented, there is no documentation showing specific disciplinary action occurring prior to termination. In other words, there is no evidence that the CI at any time was prohibited from attending meetings due to [redacted] pattern of anger and threats toward others at meetings, or that [redacted] was reassigned either temporarily or permanently. Reassignment, however, may have been difficult if there were no other supervisors willing to act in this role for the CI.

(b)(6)

(b)(6)

Under a federal process, as opposed to the contractor's process, the documentation would have been expected to be in a different format detailing a little more tightly the progressive pattern. Within the documents provided, much of the evidence was buried within e-mails. However, the information was there, but required searching. While this is sometimes a bit awkward, e-mail documentation is effective in that it clearly shows dates, times, and to and from whom the information was sent and received.

3) Did the CI follow record keeping processes? No

CHC/AMH alleges that the CI did not follow a "common medical practice" of not filing e-mails in patient's charts. During the interviews, some AMH interviewees referred to a "policy" against filing e-mails in patient charts. However, when asked, the SOMD and Health Information Lead stated that there is no policy that addresses filing or not filing e-mails in patient medical records. The CI was told by [redacted] supervisor that [redacted] could not file e-mails in patient medical records. The specific e-mail filed by the CI was not provided in the document packet that I received for review, however, the patient who was referenced (but not by name) in the e-mail was an interviewee. During the interview with him, the patient showed me the e-mail. I asked, and received permission from the patient, to copy the e-mail, which I did. Later, during interviews, I confirmed with the CI, the (b)(6) and the (b)(6) that this was the e-mail filed by the CI. This e-mail had no patient identifier on it. The content included communication between the patient's supervisor and the SOMD addressing questions pertaining to clearance definitions, timeliness of notification of work restrictions, and discrepancies in documentation. It was an internal e-mail and did not include medical information specifically, but did contain work restriction information. Without patient identification information on the e-mail, it was clearly not intended by those who wrote the e-mail to be included in the patient medical record. During the interview with the (b)(6) who was a part of the e-mail thread, [redacted] confirmed that [redacted] did not intend for the e-mail to be filed in the patient record and was concerned that the CI would file internal communication in the medical record. There is disagreement as to the chain of events that led to the filing of this e-mail in the medical record. The patient contends that the CI did not tell him about the e-mail (although [redacted] was Ccd on one portion of the thread and thus received the whole thread), and that [redacted] did not give him the e-mail. The (b)(6) and the (b)(6) contend that the CI gave the employee the e-mail. The employee states that he got the e-mail from his supervisor and asked the CI to place the e-mail in his medical record. The patient also states that he did not learn of the e-mail from the CI, but heard about it from the SOMD during a meeting with the SOMD. Once he learned of the e-mail, he requested it through a release of information that the CI filled out and the patient signed. He did not receive the e-mail from AMH, he states, but he got it from his supervisor. While this is a convoluted issue and difficult to sort out, the filing of e-mails issue, on its own, is likely not an offense deserving termination. There is no policy prohibiting filing e-mails, and I know of no "common medical practice" prohibiting it. Also, one employee stated that [redacted] files e-mails in charts "all the time" and that this is well known to management. (This will be discussed further below.) However, it would generally be considered an objectionable practice to file e-mails in medical records not written by oneself without the knowledge or direction from the writers of the e-mail. Because this has become an issue at AMH, and because there are internal discrepancies over this practice, AMH should consider writing a policy addressing e-mail filing in medical records. The

internal discrepancies concerning this practice will be further discussed below. I reviewed the medical record that allegedly had the e-mail filed in it, but I found no e-mail included. I was told by the Health Information Lead that the e-mail had been removed. In my view, all that can be said about the filing of e-mails from a disciplinary action perspective is that the (b)(6) who is the CI's supervisor, directed the CI to not file e-mails in patient charts. It is alleged that the CI filed e-mails in patient charts after being told not to, which would, at a minimum, constitute insubordination. (Also refer to "hostile work environment" section below.)

(b)(6) AMH/CHC alleges that the CI had original medical record documents in (b)(6)  
(b)(6) office. The CI states that (b)(6) had no original medical record documents in (b)(6)  
(b)(6) office, that (b)(6) always took medical record documents to the Health Information  
(b)(6) Department at the end of the day, and that all medical record information  
(b)(6) documents in (b)(6) office were copies and a part of (b)(6) (b)(6)  
(b)(6) File or historical (b)(6) documents. Both the (b)(6)  
and the (b)(6) confirmed during interviews that they found original medical record reports locked in the CI's office that were not incorporated in the official medical record. The (b)(6) was very specific about what was found, including two (2) original reports from (b)(6) Hospital that were 3-4 months old. Additionally, included in the document packet is an e-mail dated March 5, 2010 from a Health Information Technician to (b)(6) that says, "I located 5 charts on (the CI's) shelf (in the Health Information Department), with (b)(6) results in them that had not been to providers. I also found 5 charts in various locations, that are still showing pending (b)(6) (? reports) and a clearance had never been issued. A couple of them are almost a year old..." The (b)(6) during our interview, corrected this statement from the technician and said these documents were not almost a year old but were 3-4 months old. In any event, the outcome was that the medical provider was not able to review this patient information in a timely manner and the required 10-day window to get letters out was missed. Although disputed by the CI, there are three (3) witnesses who confirm that this was the case. Medical record keeping processes were not followed by the CI which potentially delayed patient treatment.

4) Was the CI retaliated against and working in a hostile environment? **Partially Substantiated**

Interviewees stated that at (b)(6) (b)(6) the CI and the (b)(6) and when that (b)(6) (b)(6) the supervisor had "all kinds of dirt" on the CI and "retaliated" against the CI, making the CI's working environment very difficult in which to function. These statements are not well documented, and would be difficult to do so, but more than one interviewee, independent from one another, made similar statements.

One interviewee who performs somewhat different tasks from the CI, but similar in general scope, stated that she, the interviewee, files e-mails in the medical record "all the time." When asked if the (b)(6) knows about this, she said, "yes, we talked about one just this week." When the interviewee was asked if she files the e-mails herself, or if Health Information personnel do the filing, she stated, "both." The interviewee confirmed that there is no policy against it, however the CI was prohibited from filing e-mails completely. There is no documentation or findings from interviews that the CI was given guidance on what type of e-mails are appropriate to file and what are not. In regard to the filing of e-mails, it appears that employees are treated differently, one from another.

(b)(6) There is one well documented incident that appears to indicate that retaliation may have occurred and may demonstrate that the CI was working in a hostile environment. On or about 12-11-09 the (b)(6) learned that there may have been original medical records or components of medical records locked in the CI's office. (b)(6) had a key to the office but had to get a key made to the files. The (b)(6) was directed by (b)(6) to help the (b)(6) look for medical records in the CI's office and help "clean out" the CI's files. Both (b)(6) confirm that original medical record documents, including those with Personal Identifying Information (PII) on them, were found in the CI's office and that they had not been sent to the Health Information Department for filing. The CI, however, states that no original documents were in (b)(6) office, only copies. I specifically asked the CI this question on three separate occasions and each time (b)(6) insisted that there were no original records in (b)(6) office, that everything in (b)(6) files were copies, sometimes with (b)(6) own comments written on them. The CI described what was in (b)(6) office as "desk notes," and as such, "historical (b)(6) notes." The CI and the patient who accompanied the CI during the first hour of (b)(6) interview, referred to 10 CFR 850.39 (a) and (b) (1) which states that heads of DOE departmental elements must "designate all record series as required under this rule as agency records, therefore, subject to all applicable agency records management and access laws; and (2) Ensure that these record series are retained for a minimum of seventy-five years." The CI and patient contend that the desk notes are historical (b)(6) notes, and as such a part of the record set. AMH-CSS-175 B "Designated Records Set Policy" states in section (b)(6) that the (b)(6) is a part of the Legal Health Record (LHR) and defines the LHR as "individually identifiable health information (IIHI), regardless of media type, which is collected and directly used in and/or to document healthcare or health status. When releasing the LHR, AMH will disclose all records, including but not limited to the following: (b)(6) The policy does not include a definition of what constitutes the (b)(6) or if by definition this file includes desk notes. The Health Information Team Lead stated that the (b)(6) file is the electronic file only.

The (b)(6) and the (b)(6) stated during their interviews that the (b)(6) was in the CI's office with the (b)(6) the entire time that the office was searched and while the CI's four (4) drawer file cabinet was cleaned out. The (b)(6) (b)(6) said during her interview that she was directed by the (b)(6) to go and help the (b)(6) look for medical records in the CI's office. The (b)(6) said she was not in the office the entire time and that she primarily looked for and found original medical record material and she helped find documents containing PII. Two employees stated during interviews that they observed the (b)(6) (b)(6) in the CI's office by herself.

The (b)(6) documented that five (5) components of the medical record were found in the CI's office that were not in the medical record. She also documented that copies of PFTs were in multiple field files and that approximately 2-3 cubic feet of copies of medical records were found. The (b)(6) statements were consistent with this documentation and said that original medical record components containing PII were found in the CI office and subsequently taken to Health Information for processing and filing, and that copies containing PII were shredded. After the (b)(6) lead left the CI's office, the (b)(6) (b)(6) remained. As stated above, employees interviewed said that they observed the (b)(6) in the CI's office alone, cleaning out the files.

(b)(6) Subsequently, the CI's 4 drawer filing cabinet was emptied, its contents placed in the shred bins, and shredded. The (b)(6) stated that the CI's personal things were placed in two boxes. The CI states that even some of (b)(6) personal items were destroyed. The CI said that for example, (b)(6) personal (b)(6) medical record from (b)(6) Hospital was missing when (b)(6) returned to (b)(6) the office and, as of the date of the interview, it has not been found. The (b)(6) (b)(6) stated that she did not find the CI's personal medical record while she was cleaning the CI's office.

While there is a general description of what was found in the CI's office, no detailed inventory was kept that itemizes what specifically was found and shredded.

It is disputed between the (b)(6) and the CI whether permission was given by the CI for the (b)(6) to go through and shred the contents of the files. The (b)(6) stated both verbally and in writing that the CI gave permission for her to go through the files and shred items found there. The CI states that (b)(6) did not give (b)(6) permission to the (b)(6) to clean out the files and shred items. The CI stated, "I felt violated. She did it when I wasn't there. No one else has ever had their files gone through at AMH."

(b)(6) The (b)(6) was asked several times during the interview if she had received permission to go through the CI's office and shred contents of her files. The (b)(6) insisted that she had permission, and stated: "(The CI) even thanked (the (b)(6) and me for cleaning out files." After this statement, I called the (b)(6) and asked if the CI had thanked her for cleaning out the CI's files." The (b)(6) said: "No, I don't think (the CI) even knew I was there." Subsequently I asked the CI, "At any time did you thank (the (b)(6) and the (b)(6) for cleaning out your files?" The CI stated, "No, absolutely not. I didn't even know that (the (b)(6) was there. This is the first I've heard of it."

It is highly unusual that a supervisor would go through an employee's files and empty and shred the contents of a file cabinet. This action is contrary to CSC's own policy HRMP 207, section 200 Human Resources titled "Employee Conduct" where in section 4.1 it states in the Categories of Conduct section: "The following categories include, but are not limited to, types of conduct that are considered unacceptable and may be the basis of disciplinary action, including employment termination." In section 4.1.4 it states: Unauthorized Removal of Company Property or the Property of Someone Else—Removal from CSC or client premises of any property that is not the personal property of the employee, without prior written approval of management or the owner of the property. Business Units are responsible for establishing procedures governing the movement of any property on or off CSC's premises." It is documented that the (b)(6) received verbal permission from the (b)(6) and the (b)(6) was directed by the (b)(6) to assist, however, written documentation took place after the office was cleaned out and documents shredded. No prior written approval was found from either management or from the CI, who was owner of own personal property and who had been charged with control over (b)(6) field, or desk notes. (b)(6)

It was appropriate for original medical records or components of medical records to be found, removed from the CI's office, and taken to Health Information. However, it was not appropriate for the (b)(6) to "clean out" the CI's file and shred the contents without, at a minimum, a prior written approval or written directive from management, and preferably written permission from the CI. Also, if written approval was given, it would generally be considered common practice to catalog or inventory what was removed and shredded with more detail than found among the documents provided. This action demonstrates that retaliation and a hostile work environment may have been taking place.

During the document review and interview with the Principal Manager, it was noted that the decision to terminate the CI was made while the Principal Manager was away on vacation. The Principal Manager stated that he was on the phone

with Human Resources and upper management at CSC and others at AMH concerning the termination while he was on leave. The Principal Manager also stated that he gave permission to proceed with the termination. However, the Principal Manager also stated that he was so pressured during this time to be on the phone concerning this matter that his (b)(6) finally asked, "are you going to stay on the phone the whole time we're on vacation?" At that point he cut off the calls. It was also noted that the letter of termination was signed by the (b)(6) (b)(6) for the Principal Manager. In reviewing the events, these behaviors by the CI had been long standing concerns and the medical record issues had occurred many weeks previously. The files had been cleaned out and documents shredded months before. It was not clear during the interviews nor during the document review what the urgency to terminate may have been. It is unusual that both the cleaning out and shredding of documents and the termination of the CI occurred when key individuals were not present.

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### **Findings and Opportunities for Improvement:**

**Discussion:** The investigator found that CSC/AMH had the authority to terminate the CI; that CSC/AMH had cause to terminate the CI; and that due process was followed, however, evidence indicates that the CI may have been retaliated against and may have, at times, been working in a hostile environment.

Regarding the work environment: Improvements should be implemented by CSC/AMH in the following ways, 1) AMH should clarify the overall policy on filing e-mails in patient records. If some employees doing similar jobs are allowed to file e-mails in patient records, and others are not, it must be clear why the differences are made among or between employees. One employee should not generally be treated differently from other employees without clear and appropriate cause, 2). CSC/AMH's policy should clarify how to proceed if management itself determines the need to remove the property of another person. The current policy does not appear to be clear on this point, 3). If personal property or files (including desk notes), are destroyed by shredding or other means, a general inventory should not be considered sufficient. In such cases, a detailed inventory of files (including copies of files that are considered desk notes) should be kept of the items destroyed.

**Requirement:** In accordance with CSC's policy (HRMP 207, section 200 Human Resources, sections 4.1 and 4.1.4) and in consideration of general standards of practice, AMH should not allow supervisors or others to remove another person's property (including desk notes and such files) without prior written approval from the owner of the property. If there is cause to remove such property without prior written permission from the property owner, prior written approval must be received by management.

**Finding:** CSC/AMH is not in compliance with their HRMP 207, section 200 Human Resources, sections 4.1 and 4.1.4.

**RL SCO Closure Required:** YES  NO

**Discussion:** The investigator found that CSC/AMH had the authority to terminate the CI; that CSC/AMH had cause to terminate the CI; and that due process was followed: However, evidence indicates that the CI may have been retaliated against and may have, at times, been working in a hostile environment.

**Requirement:** CRD O 442.1A, supplemented Rev 2, Section D – General Supplemental Requirements, states the Contractor and subcontractor personnel shall be annually informed of the availability of the ECP, their rights to raise concerns relating to environment, safety, health, or management of DOE-related activities through the contractor or departmental ECP programs, and to do so without any fear of harassment or reprisal.

**Finding:** CSC/AMH is not in compliance with CRD O 442.1A, Supplemented Rev. 2.

**RL SCO Closure Required:** YES  NO

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### Documents Reviewed:

- 8-7-09 Summary of issues with CI: Did not test new data base in timely manner, does not know how to use MS Word adequately, coming or leaving work without notifying (b)(6)
- 10-14-09 example of forms used by CI instead of revised forms.
- 10-15-09 e-mail from (b)(6) to Clinic Director: CI refuses to use revised checklist/forms.
- 10-22-09 e-mail from (b)(6) to CI requesting Administrative Assistant job duties and time needed per week to do them.
- 10-30-09 e-mails between CI and (b)(6) requesting and denial of request for Admin Assistant, but assigning designated nurses and Team Leader to assist.
- 11-19-09 from CSC Employee Relations Specialist to (b)(6) (b)(6) regarding Ticket # (b)(6) contact information + Ticket documentation: "While I was covering (the CI's) time off I discovered outside medical records were in (b)(6) office dated 10-22-09 unopened. A patient dropped off records around 12-4-09 and I found them in his field file in (the CI's) office—nothing had been sent to Health Information (HI). Another field file contained medical records dated 6-8-09 that weren't in the patient's medical file. (The CI) has been talked to previously regarding getting medical records to HI as soon as (b)(6)

(b)(6)

receives them. I's (sic) like to add this to this ticket." [Note: There is something wrong with these dates because the date of the e-mail is before the events cited.]

- 11-2-09 between CI and (b)(6) (b)(6) requesting more training regarding checking the daily and weekly exam schedule. States (b)(6) doesn't understand why they do this.
- 11-2-09 verbal counseling: delegate duties; improve skill level with MS Word, work harmoniously with supervisor and co-workers, show respect for team leaders authority, let go of request for Admin. Assistant, improve prioritization skills.
- 11-3-09 from CI to AMH principals announcing (b)(6) is no longer responsible for day to day tracking, reports, (b)(6) notices, (b)(6) process for entry, removal and or change in the (b)(6) tracking system. (b)(6)
- 12-28-09 from CI to (b)(6) (included Clinic Director and SOMD): "In your cleaning out of my office did you run across my personal medical file from (b)(6) in 2006? It is not where I last saw/stored it. By any chance did you remove it? I'm still very upset about the trashing of the all (sic) of the historical files from the (b)(6) program in 1998 through 2004."
- 12-28-09 from (b)(6) (included Clinic Director and SOMD) to CI in response to CI's e-mail: "I didn't find any file on you. There weren't any historical files either."
- 12-28-09 e-mail of apology from CI to two persons for response to workman's comp issues. Request for charge code information.
- 12-4-09 between CI, Clinic Director, and (b)(6) regarding general request for (b)(6) information.
- 1-27-10 (b)(6) Meeting minutes where a supervisor felt physically threatened by CI and had the thought that her tires might be slashed after the meeting.
- 2-1-10 and 1-27-10 from Nursing Services Team Lead to CI and others regarding meeting agendas.
- 2-1-10 e-mail from CI with request for FOIA information.
- 2-11-10 e-mails between (b)(6) and Employee Relations Shared Services specialist regarding Letter of Caution.
- 2-16-10 e-mail from (b)(6) to Employee Relations Shared Services specialist stating that the CI couldn't follow the conversation so got off the phone.
- 2-17-10 and 2-18-10 e-mails, confirmed by CI, patient, AMH (b)(6) (b)(6) (b)(6) and (b)(6) to have been placed in patient chart.
- 2-18-10 e-mails between (b)(6) and Employee Relations Shared Services specialist regarding Letter of Caution.
- 2-18-10 letter of caution from (b)(6) to CI because of CI's unwillingness to work harmoniously with others and outrageous behavior during meeting dated 2-4-10.

- 2-2-10 – 2-3-10 and 2-16-10 e-mails between CI and SOMD (Cc AMH Director, Clinic Director, and Program Manager Hanford Site Workers' Compensation Assistant Manager for Administration: Topic—Workman's Comp and AMH—who pays for outside services.
- 2-2-10 e-mail from Nursing Services Team Leader to CI and others: Agenda for the 2-9-10 meeting and what to bring.
- 2-4-10 "Small Meeting" announcement.
- 2-8-10 e-mail from (b)(6) to (b)(6) and AMH Director stating that she felt threatened by CI during a meeting describing the CI as intimidating and aggressive with hostile body language.
- 2-8-10 e-mails between (b)(6) and Employee Relations Shared Services specialist regarding Ticket #(b)(6)
- 2-9-10 e-mail from CI to SOMD, Clinic Director, and (b)(6) (b)(6) meetings during first week of month are not good times considering other requirements due, confidentiality issues with CCSI (State L&I), requirement to use PENSER/State L&I instead of Hanford medical provider/contractor.
- 3-10-10 e-mails between CI and the (b)(6) and others regarding patient complaints, scheduling, and notifications, plus excerpts from Risk Management Program policy on Open Door policy.
- 3-15-10 e-mails between Nursing Services Team Leader and CSC Employee Relations Leader—introductions and contact information.
- 3-16-10 e-mail from (b)(6) to CI "Recap of (b)(6) (b)(6) Meetings."
- 3-17-10 and 3-18-10 meeting notes—unsigned.
- 3-17-10 e-mail from (b)(6) to CSC Employee Relations Leader regarding Ticket #(b)(6) regarding CI's behavior during (b)(6) (b)(6) meeting.
- 3-22-10 e-mail from (b)(6) informing (b) that e-mails should not be filed in patient's charts nor referred to in progress notes.
- 3-23-10 e-mail from CSC Employee Relations Leader to CI cautioning CI to talk to manager in a professional and respectful manner with accompanying documentation.
- 3-23-10 e-mail from (b)(6) to CI regarding arguing with others during a meeting, inappropriate filing of case notes in patient chart, and direction to discontinue filing items by CI herself in patient chart—this is Health Records responsibility.
- 3-24-10 back through 8-12-09 summary of meetings with CI but no signature on document. Presumably compiled by (b)(6) Includes summary of cleaning of 4-drawer file cabinet with general description of what was found, not detailed inventory. (Note: dates that (b)(6) said she talked to CI about cleaning out files is when CI was on leave.)
- 3-26-10 Investigation Findings Summary for EC 20100015.01, .02, & .03 as discussed with CI, and accompanying documentation, including Notes from conversation with Program Manager Hanford Site Workers' Compensation

assistant Manager for Administration; excerpt from CSC Handbook on Timekeeping and Expense Reporting.

- 3-26-10 Letter of Termination signed by (b)(6) (b)(6) for George Baxter, Director.
- 3-3-10 e-mails between (b)(6) and (b)(6) referencing a 2-8-10 e-mail to a Employee Relations Shared Services specialist regarding meeting to discuss issues concerning CI.
- 3-8-10 e-mails between (b)(6) and a Health Information employee, and (b)(6) regarding finding 5 charts on the CI's shelf with (b) results that had not been sent to providers. Also some charts found that are almost a year old without being processed. (Later (b)(6) (b)(6) corrected this verbally to be 3-5 months instead of one year.)
- AMH Interview Schedule and revised schedules.
- AMH Organizational Chart.
- AMH Policy: "Custody & Control of Hanford Site Health Information."
- AMH Policy: "Designated Records Set."
- AMH Policy: "Release of Medical/Behavioral Records."
- AMH Position Description: (b)(6)
- Authorization for Release of Protected Information.
- (b)(6) Consent Form.
- CI Annual Performance Appraisals for years 2007, 2008, 2009, and 2010.
- Code of Ethics and Standards of Conduct."
- Continued Enrollment in the (b)(6)
- CSC Policy: "Employee Conduct."
- CSC Policy: "Employee Termination."
- CSC Policy: "Employment-at-Will."
- DOE Letter dated 3-31-10 from DOE Contracting Officer to CSC Senior Principal Contracts Administrator informing CSC/AMH of FOH independent review of allegations of a hostile work environment, retaliation, record keeping processes, and whether due process for employee termination was followed by AMH.
- Index to binder of documents for review.
- Interview schedule and revisions.
- Letters from anonymous AMH employees.
- Medical Examination Report and Opinion Letter, and document as revised.
- Patient Medical record in which e-mail was filed by CI. (Reviewed in presence of (b)(6)
- Request to call former (b)(6) Lead physician (no longer an AMH employee)
- Surveillance Report template.
- Undated unsigned document listing CI issues associated with ticket #(b)(6) not delegating duties to nurse or team lead, inability to work harmoniously within the workplace. Not accepting help from those assigned to help, aggressive behavior by CI, work conduct, threatening to other managers, creating a hostile work environment, lack of focus, fragmented behavior, nothing gets resolved with comments detailing these behaviors.

(b)(6)

- Undated unsigned document listing issues and events between 2-24-10 and 3-2-10: filing e-mails in patient charts, insubordination, not following managers instructions, failure to work harmoniously with others, failure to follow medical record release process.
  - Undated unsigned document titled "Risks associated with keeping (CI) employed."
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### Person's Interviewed:

- AMH Clinic Director
- AMH Concerned Individual (CI), terminated CSC/AMH employee
- AMH employees requesting to be interviewed
- AMH Finance Manager
- (b)(6) • AMH Former [redacted] program lead (physician)
- AMH (b)(6) [redacted]
- AMH (b)(6) [redacted] of CI
- AMH Principal Manager
- AMH Site Occupational Medical Director (SOMD)
- (b)(6) [redacted] workers who requested to be interviewed
- CSC Employee Relations Lead (Delaware)
- DOE Program Managers for Hanford Site Workers Compensation, Assistant Managers for Administration.
- DOE-RL Program Manager for Occupational Medicine
- DOE-RL Industrial Hygienist

(Note: The AMH Employee Concern Manager was a no-show for her interview.)

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### Management Debriefed:

D. Shoop, RL Deputy Manager  
J. Ward, Chief of Staff  
R. Presentin, Program Manager Occupational Medicine  
S. Branch, Employee Concerns Program Manager

DOE Management was debriefed on 4-8-10 at 3 pm – 4 pm in Doug Shoop's office.

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