

Subject: CORPORATE INTEGRITY	Page 1 of 8	Policy # 1.68
Title: REPORTING OF POTENTIAL WRONGDOING	Revision of: 01/01/2004	Effective Date: 04/03/05

I. PURPOSE:

It shall be the policy of Northwestern Memorial HealthCare and its affiliates and subsidiaries (collectively, "NMHC") to assure compliance with the US Sentencing Commission Guidelines, the Illinois Hospital Report Card Act (HRCA), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) related to reporting of potential wrongdoing and protection from retaliation for reporting potential wrongdoing.

See Section 6 of the NMHC Code of Ethics, Policy 5.07/1.11 Integrated Code of Ethics. See also NMH Patient Care Policy – Incident Reporting System, Policy 5.08.

The purpose of this Policy is to assure that:

- A. All NMHC personnel understand the means and methods for reporting wrongdoing, including patient safety and quality of care concerns, as well as the necessary safeguards and protection from retaliation.
- B. A structured process exists for conducting investigations of suspected, potential, or known wrongdoing designed to ensure objective fact-gathering assessments and analysis.
- C. Counsel is notified whenever a compliance issue is identified which could create significant regulatory risk so NMHC can obtain appropriate advice to reduce legal and financial exposure.
- D. Communications between NMHC Personnel and Counsel are handled in a manner, which preserves the attorney-client privilege or attorney work product privilege, if appropriate.
- E. The foregoing goals are achieved in a manner consistent with maintaining records of the Corporate Integrity Program.

II. POLICY:

- A. It is the duty of all NMHC personnel to report suspected potential or known instances of wrongdoing. Prompt, accurate and thorough disclosure of these occurrences is not only an expectation of employees but is an obligation and requirement of all NMHC personnel.
- B. It is the policy of NMHC to maintain a channel of open communications at all levels of management to allow for reporting of suspected, potential, or known wrongdoing.
- C. It is the policy of NMHC to address all reports of suspected, potential, or known wrongdoing.
- D. It is the policy of NMHC that NMHC personnel should not be disciplined or otherwise punished or retaliated against on the basis that he or she reported, in "good faith," a suspected, potential, or known act of wrongdoing,
- E. It is the policy of NMHC that NMHC will not intimidate, threaten, or punish an employee to prevent him or her from reporting, in "good faith," a suspected, potential, or known act of wrongdoing.

III. DEFINITIONS:

- A. "NMHC" means Northwestern Memorial HealthCare or any controlled affiliate or subsidiary thereof.
- B. "NMHC Personnel" means NMHC officers, employees, volunteers, and members of the NMH medical staff or house staff who hold paid or unpaid NMH medical administrative positions such as NMH clinical department chairs, section and division chiefs, or special care unit directors.

- C. "Counsel" refers to NMHC's Office of General Counsel or outside counsel as designated.
- D. "Corporate Integrity" means NMHC's Office of Corporate Integrity or the department of Corporate Integrity.
- E. "Incident" means any clinical or administrative circumstance or occurrence that may create material legal liability to NMHC, including but not limited to conduct which may have violated civil or criminal laws or regulations.
- F. "Serious Incident" means any clinical or administrative circumstance or occurrence that could result in significant civil or criminal liability and/or exclusion from the Medicare, Medicaid or other governmental programs or that may create material legal liability to NMHC, including but not limited to conduct which may have violated civil or criminal laws or regulations.
- G. "Wrongdoing" means any activity, practice or policy that is in violation of any governing law, regulation, rule, or standard, or that the employee reasonably believes poses a risk to the health, safety, or welfare of a patient or the public. Wrongdoing includes activities that an employee reasonably believes raise a concern of patient safety or quality of care. .
- H. "Good Faith" means the information reported or disclosed is reasonably believed to be true and a violation has occurred or may occur.

IV. PROCEDURE:

A. Reports of potential or suspected wrongdoing

NMHC personnel are required to report all instances of potential, suspected or known wrongdoing.

All NMHC personnel are encouraged to contact the Office of Corporate Integrity with questions concerning policies, laws and regulation pertaining to the NMH Code of Ethics. See Policy 5.07 Code of Ethics.

Upon discovering a suspected, potential or known act of wrongdoing, an individual is required to contact and report full details to his or her immediate manager or another appropriate individual as further explained in Section B below.

B. Management and Employee Responsibility

1. Managers should assess the report and then contact the appropriate departments for assistance.
2. Appropriate departments to consult for assistance include:
 - (a) Risk Management (926-RISK) (926-7475) including reporting of any event or condition which:
 - i. may result or has resulted in an injury to a patient or visitor;
 - ii. may result or has resulted in a serious injury to any employee, volunteer, student, house staff or medical staff member;
 - iii. may result or has resulted in impairment of patient care; or,
 - iv. reflects a variation from customary policy, procedure or practice affecting patient care.

If the event or act, practice or policy falls within the scope of policy 5.08, Incident Reporting, the individual is encouraged to report to his/her manager and is required to report to Risk Management (926-RISK).

In accordance with the Illinois Hospital Report Card Act (HRCa), NMHC affords employees a reporting process that provides for non-retaliation protections related to reporting an action, practice or policy that the employee reasonably believes poses a risk to the health, safety, or welfare of a patient or the public, or involves an allegation of unsafe, dangerous, or potentially dangerous care within the hospital.

NMHC provides non-retaliation protection for NMHC personnel who:

- Disclose acts of potential wrongdoing related to patient safety to a manager or a nursing staff supervisor, to a private accreditation organization *such as JCAHO (see below)*, or to a regulatory agency;
- Initiate, cooperate, or otherwise participate in an investigation or proceeding brought by a regulatory agency or private accreditation body;
- Object to or refuse to participate in an activity or practice that involves potential wrongdoing related to patient safety; or
- Participate in a committee or peer review process or file a report or complaint that discusses allegations of potential wrongdoing related to patient safety.

To report under this process that affords non-retaliation protection, the employee must provide written notice to a hospital manager of the activity, policy, practice or violation, and allow the manager a reasonable opportunity to correct the problem. However, written notice is not required under the following circumstances:

- If the employee is reasonably certain that the activity, policy, practice, or violation is known by a hospital manager who has had an opportunity to correct the problem and has not done so;
- If the employee is reasonably certain that the activity, policy, practice, or violation involves the commission of a crime;
- If the employee is reasonably certain that the activity, policy, practice, or violation places patient health or safety in severe and immediate danger; or
- If the employee participates in a survey, investigation, or other activity of a regulatory agency, law enforcement agency, or private accreditation body that was not initiated by the employee.

See NMH Policy 5.08 Incident Reporting System for further information on incident reporting. If the employee report was written, the manager shall respond to the employee in writing within seven (7) days to acknowledge receipt of the report. The manager shall provide written notice of any action taken within a reasonable time of receiving the employee's notice of potential wrongdoing related to patient care or safety.

In accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements, an employee who has a concern about patient safety or quality of care may report **these** concerns to JCAHO at:

JCAHO Office of Quality Monitoring

E-Mail:
complaint@jcaho.org

Mail:

Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Fax:
(630) 792-5636

NMHC provides non-retaliation protection for NMHC personnel who report a concern about patient safety or quality of care to the JCAHO.

- (b) Human Resources (926-2141) including retention, work-life balance, benefits, employment laws, rules of personal conduct, family medical leave, collective bargaining, discrimination, threatening or hostile work environment, harassment by fellow employees and diversity.
 - (c) Security (926-3117) including theft, workplace violence, narcotics diversion, bomb threats, criminal acts, trespassing, vandalism, access or abduction and other forms of harassment.
 - (d) Environmental and Occupational Safety (926-SAFT)(926-7238) including laws and regulations concerning the hospital environment, exposure to toxic materials, air or water pollution or workplace safety including workers compensation.
 - (e) Quality (926-3010) including hospital licensing, meeting accreditation standards, state and federal regulations for hospital and related NM facilities, and healthcare clinical practice.
 - (f) Research (926-2249) including improper use of human subjects, unauthorized consent to use patient information in research activities and any legal issues regarding research projects.
 - (g) Infection Control (926-2729) including reporting an infectious disease or any knowledge pertaining to the spread of infectious materials.
 - (h) Patient Privacy (926-3375) including confidentiality and security of protected health information and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - (i) Internal Audit (926-5341) including internal controls, safeguarding of assets, fraud and embezzlement, and security of patient information.
3. If the matter continues to be unresolved, or the individual is uncomfortable contacting his or her manager again, the employee is required to contact his or her manager's manager, the departments listed in B.2. above, or the Office of Corporate Integrity.
 4. Employees are required to contact the Office of Corporate Integrity when:
 - a. The individual is not comfortable raising the issue with his or her manager, with the manager's manager, or with the applicable department in B.2. above.
 - b. The manager, the manager's manager, or the applicable department listed in B.2. above maybe involved in the suspected, potential, or known act of wrongdoing.
 - c. The individual has previously raised this issue with his or her manager, the manager's manager, or the applicable department listed in B.2. above, and the issue or matter continues.
 5. Whether reporting to a manager in person, by phone or in writing, the individual is required to provide as much detail as possible, including names, dates (times), places and the specific conduct the employee feels may violate a law, regulation or the NMHC Code of Ethics. Reports should include a name, telephone number and address where he or she may be contacted.

Reports of suspected, potential or known wrongdoing may be made in a variety of forms to the Office of Corporate Integrity. Appropriate methods are listed below:

- a. Verbally or in-person
- b. Via email to the attention of: the Office of Corporate Integrity at compliance@nmh.org

- c. Telephone 312-926-4800 (M-F – 8 AM-5 PM) office phone line
 - d. Anonymous Hot Line (312-926-4866 24 hour voice mail)
 - NMHC has established a reporting system, including an Anonymous Action Line, for use by NMHC Personnel wishing to report suspected, potential, or known acts of wrongdoing that the employee feels that he or she cannot report to his or her manager. This system assures complete tracking of all reports and the results of any investigations or inquiries from those reports on an anonymous basis.
 - e. Pager 312-695-6706 (24 hour)
 - f. In writing :
US Mail: The Office of Corporate Integrity, 240 E. Ontario, 240/3/340, Chicago, IL 60611
Interoffice mail to the: The Office of Corporate Integrity, 240/3/340
 - g. Fax 312-926-3175
6. It is the policy of NMHC that NMHC Personnel shall not be disciplined or punished or retaliated against on the basis that he or she:
- reported what he or she reasonably believed to be an act of wrongdoing or a violation of the Code of Ethics; or
 - objected to or refused to participate in an activity or practice that involved potential wrongdoing.

However, an individual will be subject to disciplinary action if NMHC reasonably concludes that the report of wrongdoing was knowingly fabricated by the employee or was knowingly distorted, exaggerated or minimized to either injure someone else or to protect him or herself.

Please refer to Human Resources Policy 4.65 – Rules for Personal Conduct, Section III.B.21 that prohibits making false or misleading statements, oral or written, that reasonably may have an adverse impact on the reputation or operation of Northwestern Memorial.)

An individual whose report of misconduct contains admissions of personal wrongdoing will not be guaranteed protection from disciplinary action. In deciding what, if any, disciplinary action may be taken against an employee, NMHC will consider the following:

- The admission was complete and truthful.
- The admission of wrongdoing was not previously known to NMHC.
- The discovery was not imminent.

The weight to be given to the self-disclosure will depend on all the facts known to NMHC, at the time it makes its disciplinary decisions.

C. Preliminary Assessment of Reports

1. A written record of the report shall be made using a form approved for use by Counsel for the Corporate Integrity Program. The Office of Corporate Integrity shall endeavor to obtain all required information.
2. No promises will be made to the party making the disclosure regarding his or her culpability or what steps NMHC may take in response to the report of wrongdoing.
3. The Office of Corporate Integrity shall make the preliminary assessment as to whether the alleged wrongdoing may be a violation of a state or federal law, a violation of NMHC Code of Ethics, a violation of Hospital or Corporate policy or otherwise puts NMHC at risk of

economic injury or injury to reputation. The preliminary assessment is subject to final approval by the Office of General Counsel.

4. The Office of Corporate Integrity shall take action commensurate with the gravity of the allegation, and determine if the allegation has a basis in fact. A preliminary assessment of any required short and long term remedial actions will be made in conjunction with appropriate coordination and collaboration with departmental and senior management.

The Office of Corporate Integrity shall use appropriate internal and external resources to authenticate or refute the fact of the allegations. The Office of Corporate Integrity may use internal and external resources, as needed.

5. If the Office of Corporate Integrity determines from the preliminary assessment that a Serious Incident has not occurred, the following procedure shall be followed:
 - a. The Office of Corporate Integrity shall notify the appropriate Vice President or Senior Vice President and develop and implement a corrective action plan, which may involve revision to policies, training, and/or other specific actions.
 - b. A record that the Incident was discovered and resolved will be made in the Corporate Integrity Department's non-privileged files. Such record shall be created in consultation with Counsel to assure that no privileged information is included therein.
6. If the leadership of the Office of Corporate Integrity determines from the preliminary investigation that a Serious Incident may have occurred, the following procedure shall be followed:
 - a. Corporate Integrity Department personnel shall immediately communicate the details of the incident to Counsel. Any written materials documenting the incident shall be addressed specifically to Counsel shall be marked "Privileged and Confidential, Attorney-Client Privilege" and shall otherwise be maintained, as described below.

D. Investigation of Reports

Counsel and the Office of Corporate Integrity shall develop and implement a plan for conducting an investigation of the Incident to conclusively determine whether it is serious.

"Serious Incidents" are those that could result in significant civil or criminal liability and/or exclusion from Medicare, Medicaid or other governmental programs or means any circumstance or occurrence that may create material legal liability to NMHC including but not limited to conduct which may have violated civil or criminal laws or regulations.

1. The investigation should determine the nature of the Incident, the evidence supporting the Incident, and the parties with relevant knowledge.
2. A report of the investigation shall be prepared by or for Counsel, so that Counsel may render legal advice regarding whether the Incident constitutes a Serious Incident, and, if so, how to implement appropriate corrective action.
3. Upon completion of the investigation, Counsel and the Office of Corporate Integrity shall advise appropriate officers of investigation results. If an incident has occurred, the Office of Corporate Integrity, with advice of Counsel, shall develop a corrective action plan with all relevant areas affected (i.e. Human Resources, Security, etc.) designed to remedy the improper conduct and prevent reoccurrence.
4. The Office of Corporate Integrity shall notify the Chief Executive Officer and the appropriate Vice President or Senior Vice President for the area unless such officer is the subject of the report.

V. EDUCATION:

- A. All managers should take appropriate measures to assure their staff that NMHC requires the reporting of potential wrongdoing and to assure them that employees will not be retaliated against for reporting.
- B. All managers should review this policy annually with their staff.
- C. Reporting of wrongdoing and non-retaliation are presented and communicated during Best Patient Orientation for all new employees and are also included in the Corporate Integrity Self-Study Guide and the NMHC Code of Ethics.

VI. AUDITS:

- A. As part of its ongoing compliance program, NMHC conducts routine periodic internal audits. The purpose of these audits is to assure that NMHC and NMHC personnel perform their functions in compliance with all laws, regulations and compliance policies.
- B. During the course of an audit, it may be discovered that a matter warrants assessment and/or investigation as described in Section IV.B and C above.

As part of the investigation, Counsel shall advise the Office of Corporate Integrity regarding how to describe the Incident in the audit report. As a general rule, the audit report shall accurately note that an issue has been identified and appropriate corrective action has been taken. It shall not, however, reveal privileged information.

VII. CORPORATE INTEGRITY DEPARTMENT RECORDS

- A. The Corporate Integrity Department shall maintain non-privileged records reflecting that NMHC maintains an active and effective compliance program. Such records shall document the compliance process.
- B. Whenever possible, a non-privileged record shall be maintained in Corporate Integrity Department files documenting that an Incident has been identified, investigated and corrected. Such record shall comply with Corporate Integrity Department policies. It may also be created in consultation with Counsel to assure that it does not reveal privileged information, or constitute a waiver of any attorney-client privilege covering other documents created in the course of investigating and correcting the Incident.

For all questions concerning this policy, please contact the Corporate Integrity Office at 312-926-4800.

For all questions specifically concerning patient care or safety issues governed by this policy, please contact Risk Management at 312-926-7475.

VIII. RELATED POLICIES & RELEVANT REGULATORY REFERENCES:

NMHC Code of Ethics, Policy 5.07/1.11 Integrated Code of Ethics.
NMH Patient Care Policy – Incident Reporting System, Policy 5.08.
Illinois Hospital Report Card Act (HRCA), Illinois Public Act 93-0563

IX. POLICY UPDATE SCHEDULE

This policy will be reviewed every three years, or more frequently as deemed necessary by the Office of Corporate Integrity.

X. KEY WORDS

Code of Ethics, Potential Wrongdoing, JCAHO, Quality of Care, Patient Safety, Reporting, Suspected Wrongdoing, Risk Management, Incident Reporting, Non-retaliation, Report Investigation

RESPONSIBLE PARTY:

John C. Landreth
Corporate Integrity Executive

REVIEWERS:

Director Risk Management
Corporate Integrity Committee
Vice President and General Counsel
Senior Vice President of Human Resources

APPROVAL PARTIES:

Dean M. Harrison
President and CEO,
Northwestern Memorial Hospital
Electronically Approved: April 3, 2005

Gary A. Mecklenburg
Interim President and CEO,
Northwestern Memorial Foundation
Electronically Approved: April 3, 2005