



Effective Date: 02/00; Rev. 02/02, 08/04; 03/07, 09/09, 12/15

**POLICY:** An effective Compliance Program provides individuals with a means for reporting concerns or suspected violations of law or policy while protecting those who make good faith reports. Iowa Health System, d/b/a UnityPoint Health (“UPH”) has established a Compliance Helpline with two options for reporting:

- A call-in number (**1-800-548-8778**), and
- An online Web reporting tool (<http://www.unitypoint.alertline.com>)

which is available at any time to any individual to report actual or potential compliance violations or workplace safety concerns.

All reports made to the Helpline will be investigated in a prompt and reasonable manner by the UPH Compliance Officer or UPH Internal Audit Services. Individuals shall not be subject to retaliation on the part of any person affiliated with UPH based on reports that are submitted in good faith. Any such retaliation is a violation of the UPH Compliance Program, should be reported immediately to the UPH or affiliate Compliance Officer and may result in disciplinary action against the individual retaliating against the person making a report.

**SCOPE:** UPH system wide. All UPH and affiliate facilities including, but not limited to, hospitals, ambulatory surgery centers, home care programs, physician practices, and all UPH and affiliate departments.

**BACKGROUND:** Every employee of UPH has a duty to report wrongdoing. Reports to management will be handled in a prompt and professional manner. There are times when an employee may feel uncomfortable making a report to management. An integral component of an effective compliance program is the establishment of a reporting mechanism that provides employees with a means by which to voice concerns on compliance, other regulatory issues or workplace safety without fear of retribution. Workplace safety can include employee or patient safety, staffing, or other topics or concerns that will make the workplace safer or more compliant. UPH has contracted with an outside resource to ensure reports remain completely anonymous if so requested.

## **PROCEDURES:**

### 1. Availability.

1.1 24 hours a day.

1.2 7 days a week.

2. Reporting Assurance.

2.1 The identity of those reporting concerns (“Reporters”) to the UPH Compliance Helpline, web reporting tool, or through other means will be kept in strict confidence unless specifically noted as otherwise.

2.2 Individuals shall not be subject to retaliation by any person affiliated with UPH based on reports that are submitted in good faith.

2.3 “Good faith” means that you reasonably believe that wrongdoing may have occurred.

2.4 Any such retaliation is a violation of the UPH Compliance Program and should be reported immediately to the affiliate or UPH Compliance Officer.

2.5 If a UPH employee retaliates against an individual who submits a report in good faith, the employee who retaliates may be subject to immediate discipline, up to and including termination.

2.6 Federal and state laws provide civil remedies to employees who have been unlawfully retaliated against. In addition, some federal laws, applicable to both UPH and to individuals who retaliate, define unlawful retaliation as a felony with penalties of potential prison time or large fines.

2.7 All reports will be investigated promptly.

2.8 If wrongdoing is discovered, UPH will take appropriate action.

3. Reporting Guidelines.

3.1 General compliance questions and issues should be handled on a local level. Individuals are encouraged to speak with their local management first to try to resolve any issues.

3.2 To get help with an ethics or compliance concern, to report a potential violation of the UPH Compliance Program, Policies or the Code of Conduct, or to report a workplace safety concern, contact any of the following:

3.2.1 Your supervisor or local management;

3.2.2 Your affiliate or UPH Compliance Officer;

- 3.2.3 UPH Law Department or Internal Audit Services; or
- 3.2.4 UPH Compliance Helpline (either the call-in number or the web reporting tool).

4. Helpline Service Answering Reports.

- 4.1 UPH has contracted with an outside resource (helpline service) to ensure anonymity of Reporters.
- 4.2 The helpline service will document information received on an intake form. The following information will be recorded by the person receiving the report:
  - 4.2.1 Facility;
  - 4.2.2 Date and time of the report;
  - 4.2.3 Any relevant information concerning the allegations;
  - 4.2.4 Name of Reporter (unless anonymous); and
  - 4.2.5 Contact phone number for Reporter (unless anonymous).
- 4.3 The Reporter will be provided a case number to reference and a call back time of no greater than 14 days later. The preference of Reporters to remain anonymous will be respected.
- 4.4 The helpline service will categorize reports by the following types:
  - 4.4.1 Inquiry;
  - 4.4.2 Referral;
  - 4.4.3 Compliance Concern; and
  - 4.4.4 Follow-Up.
- 4.5 The helpline service will give a Priority Ranking to all reports.
  - 4.5.1 Priority “A” is one that requires immediate action involving an allegation of threat to person, place or environment. Verbal notification will be made to the UPH Compliance Officer regardless of time of day. Verbal and written notification will be made to Internal Audit Services.

- 4.5.2 Priority “B” is an ongoing issue that will be reported to UPH Internal Audit Services within normal business hours.
- 4.5.3 Priority “C” is for all other types of reports that do not require immediate response.
- 4.6 All reports will be documented by the helpline service on a Work Place Alert Report and sent by the helpline service via e-mail to the Executive Director of UPH Internal Audit Services.
- 5. Responding to Reports.
  - 5.1 UPH Internal Audit Services will send a copy of the Work Place Alert Report along with the Case Disposition Log to the appropriate affiliate Compliance Officer/Director for resolution.
  - 5.2 The affiliate Compliance Officer/Director will work with appropriate staff to resolve any issues, inquiries, etc. Resolution will be documented on the Case Disposition Log.
  - 5.3 The Reporter may only be contacted directly if he/she has given permission for such contact or if the information provided by the Reporter leads an investigator to attempt to call the individual for more information or for additional context to the report.
  - 5.4 **Case Disposition Logs must be returned to UPH Internal Audit Services by the requested date indicated on the log.** The information in this log will be *read* to the Reporter by the helpline service for those reports made via the call-in number, or, a link will be e-mailed to the Reporter for reports made via the web reporting tool.
  - 5.5 UPH Internal Audit Services will follow up with the affiliate Compliance Officer/Director to ensure completion of the Case Disposition Log and will forward the Case Disposition Log to the helpline service and the UPH Compliance Officer/Director, where appropriate.
- 6. Investigations and Follow-Up.
  - 6.1 If it is determined from the responses that a formal investigation should be conducted, the UPH Compliance Officer will contact the UPH Law Department for a determination as to whether the investigation should be conducted under attorney-client privilege.

- 6.2 If the investigation is to be conducted under attorney-client privilege, the UPH Law Department will determine the scope of the investigation and select an investigator.
- 6.3 If the investigation will not be conducted under attorney-client privilege, the UPH Compliance Officer will request investigation by UPH Internal Audit Services staff.
- 6.4 Results of the investigation should be documented and reviewed by the Executive Director of Internal Audit Services and, if requested, the UPH Compliance Officer.
- 6.5 Based on the review, the UPH Compliance Officer, or if the investigation of the case has been performed by Internal Audit Services, then the Executive Director of UPH Internal Audit Services should make a recommendation as to whether the case is substantiated or unsubstantiated.
  - 6.5.1 If misconduct was detected during the investigation, the affiliate CEO and affiliate Compliance Officer will be notified.
    - 6.5.1.1 For substantiated cases, management will be advised of the results of the investigation with a request for the development of a corrective action plan.
    - 6.5.1.2 Action plans will be developed and forwarded to the Director of UPH Internal Audit Services within 21 days of the request. Status of all action plans will be updated to the Executive Director of Internal Audit Services on a monthly basis and will be maintained in the case file until the action plan is deemed to be complete.
  - 6.5.2 For unsubstantiated cases, the Executive Director of UPH Internal Audit Services will contact the appropriate management personnel to communicate the close-out of the case.
    - 6.5.2.1 The fact that the case was found to be unsubstantiated will be communicated but the identity of the Reporter will not be disclosed and the specific comments of identified individuals will not be disclosed.
- 6.6 Once the corrective action, if appropriate, has occurred, or for all unsubstantiated cases, a close-out memorandum will be generated that describes the allegations and facts of the case, investigative approach and result, conclusions, and disciplinary or corrective action as appropriate.

- 6.7 A case file will be maintained which contains the close-out memorandum, investigation report, action plan, Work Place Alert Reports, Case Disposition Logs, and any other case-related documents.
- 7. Information Retention.
  - 7.1 The Helpline Service will retain files for 24 months.
  - 7.2 UPH and the applicable affiliate will retain files pursuant to Policy 1.AD.03, Record Retention.
- 8. Summary Reporting.
  - 8.1 The UPH Compliance Committee will review Compliance Helpline activity on a regular basis.
  - 8.2 Periodic reports will be provided to the Audit and Compliance Committee of the UPH Board and to the UPH Core Management Team.
  - 8.3 Reporting will include a summary of reports received by type and area of concern in addition to a status update of any specific compliance concern.
  - 8.4 A more detailed reporting may be given on specific compliance concerns as appropriate.

*/s/ William B. Leaver*

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William B. Leaver  
UPH President