

<b>TRMC</b>	<b>Department: Administration - Compliance</b>	<b>Policies and Procedures</b>
	<b>Original Date: February 22, 1999</b>	<b>Approval:</b>
	<b>Subject: Compliance Reporting System</b>	<b>page 1 of 5</b>

- I. **SCOPE:** All hospital departments, medical staff, Board of Commissioners, vendors, auxiliaries, and other associates.
- II. **PURPOSE:** To provide all employees and associates with mechanisms for reporting concerns of improper or illegal conduct within the organization without fear of retaliation. [OIG Model Hospital Plan §II.4]
- III. **POLICY:** If, at any time, any employee/associate becomes aware of any apparent violation of the Hospital's compliance policies or applicable laws, he or she must report it to his or her supervisor or to the Compliance Officer. All persons making reports are assured that reports are treated as confidential and will be disclosed only on a bona fide need-to-know basis. [Code of Conduct]

It is the policy of Thibodaux Regional that no adverse action against a person shall be made solely on the basis that he or she reported what was reasonably believed to be an act of wrongdoing or violation of Hospital compliance policies or federal, state or local law. However, an employee will be subject to disciplinary action if investigation reasonably concludes that the report of wrongdoing was knowingly fabricated by the reporter or was knowingly distorted, exaggerated or minimized to either injure someone else or to protect the reporting party or others. [Code of Conduct]

- IV. **PROCEDURE:** Thibodaux Regional has instituted several reporting paths for an employee or associate to report fraud, abuse or other inappropriate conduct.

**(1) Contact Your Department Head/Administrative Staff Representative**

Employees are encouraged to promptly notify their respective Department Head or Administrative Staff Representative if they suspect that other employees, associates or vendors have participated in inappropriate conduct or are violating a hospital compliance policy. If you do not feel comfortable contacting your Department Head/Administrative Staff Representative, or do not get a satisfactory response, you are encouraged to contact the Compliance Officer or the toll-free hotline.

**(2) Contact the Compliance Officer**

If any employee/associate suspects a violation or has questions or is confused about the use of a compliance-related policy or procedure, employees/associates are encouraged to contact the Compliance Officer. The Compliance Officer can be reached in several ways:

- (a) By Phone: (985) 493-4761
- (b) By Fax: (985) 446-5033

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(c) By Mail: ATTN: Compliance Officer  
Thibodaux Regional Medical Center  
602 North Acadia Road  
Thibodaux, LA 70301

(d) Personal Interview

(e) By Email: dana.rodrique@thibodaux.com

**(3) Call the Toll-Free Hotline at 1-800-547-3149**

The Hospital has instituted a 24-Hour toll-free hotline as a convenience for employees and other associates who want to report suspicious conduct. Operators are trained to gather and handle information while protecting employee confidentiality to the highest degree possible.

Notices describing the hotline and telephone number shall be posted in common work areas and communicated to employees via memorandums, employee newsletters and as part of mandatory general compliance training sessions.

**DOCUMENTATION & REPORTING**

Matters reported through the hotline or to the Compliance Officer that suggests violations of compliance policies, regulations or statutes should be documented and investigated promptly to validate the complaint. A log shall be maintained by the Compliance Officer that records such calls, including the nature of any investigations and its results. Such information shall be included in reports to the Board of Commissioners, CEO and the Compliance Committee. [OIG Model Hospital Plan §II.D.2]

**HANDLING REPORTS**

The Hospital takes all calls and reports of wrongdoing generated through the Compliance Officer and the Hotline seriously. The Compliance Officer shall ensure that the following steps are taken whenever possible in the handling of such compliance reports:

- (1) A written record of the report shall be made using a standardized Compliance Report form. The Compliance Officer or Hotline Operator shall attempt to obtain all pertinent information required on the Compliance Report form.
- (2) No promises shall be made to the employee/associate making the disclosure regarding his/her liability or what steps the company may take in response to the report of wrongdoing.

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- (3) Following completion of the report and any required internal investigation, the Compliance Officer shall contact legal counsel if violation of state or federal law is suspected.
- (4) If a violation of state or federal law is determined, the Compliance Officer, Department Head and Administrative Staff representative(s) together with legal counsel shall take action necessary to determine corrective action and/or disciplinary measures in accordance with the hospital's Performance Improvement policy.
- (5) As part of the Compliance Officer's periodic reports to the Board of Commissioners, he/she shall include a report on all allegations of employee/associate wrongdoing, including the results of investigations and disciplinary actions taken.

### **CONFIDENTIALITY**

All calls received by the Compliance Officer or through the Hotline shall be kept confidential to the highest degree possible. While the hospital shall always strive to maintain the confidentiality of a caller's identity, there may be a point where the individual's identity may become known or may have to be revealed in certain instances should governmental authorities become involved. [OIG Model Hospital Plan §II.D.2]

### **TRAINING**

All employees and associates shall receive initial and annual training on the function and proper use of the hotline and other reporting mechanisms.

New Hires - via general orientation

Existing Employees - via annual training on Code of Conduct & Ethics

Board Members - via training at Board meeting

Physicians - via literature/orientation/Medical Staff meetings

Vendors - via literature training on Code of Conduct & Ethics

Auxilians - via annual training on Code of Conduct & Ethics

### **MONITORING & AUDITING**

The Compliance Officer will maintain a log of all reports of alleged misconduct reported to the Compliance Officer and the hotline. The Compliance Officer will monitor the number and types of calls received as well as corrective action taken. This information will be used to monitor trends and determine appropriate use of the hotline.

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**DISCIPLINARY ACTION**

The Hospital will take appropriate disciplinary action for an employee’s failure to report a violation by another employee, supervisor or outside contractor or provider. [OIG Model Plan §C] Managers and supervisors shall also be disciplined for failure to adequately instruct their subordinates or for failing to detect non-compliance. [OIG Model Plan §A.9] Any disciplinary action taken shall be consistent with the hospital’s Performance Improvement policy.

If an employee reports alleged misconduct and the report contains self-admissions of personal wrong-doing, the caller will not be automatically immune from disciplinary action. The weight to be given the self-admission will depend on all the facts known to the Hospital at the time it makes its disciplinary decisions. In determining what, if any, disciplinary action may be taken against an employee, the Hospital will take into account an employee’s own admissions of wrongdoing; provided, however, that the reporting employee’s conduct was not previously known by the Hospital or currently under investigation and that the admission was complete and truthful. [Code of Conduct]

**V. REFERENCES:**

Code of Conduct & Ethics  
Performance Improvement Policy

**VI. ATTACHMENTS:**

<b>ORIGINATED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>02/22/1999</u></b>
<b>REVISED/APPROVED BY: <u>Administrative Staff</u></b>	<b>DATE: <u>03/08/1999</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>07/29/2002</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>08/12/2002</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>07/12/2004</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>08/16/2004</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>05/09/2005</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>08/15/2005</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>06/12/2006</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>06/11/2007</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>06/18/2007</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>02/13/2008</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>03/03/2008</u></b>
<b>REVISED/APPROVED BY: <u>Compliance Committee</u></b>	<b>DATE: <u>04/13/2009</u></b>
<b>REVISED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>04/20/2009</u></b>
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<b>REVIEWED/APPROVED BY: <u>Executive Team</u></b>	<b>DATE: <u>05/17/2010</u></b>