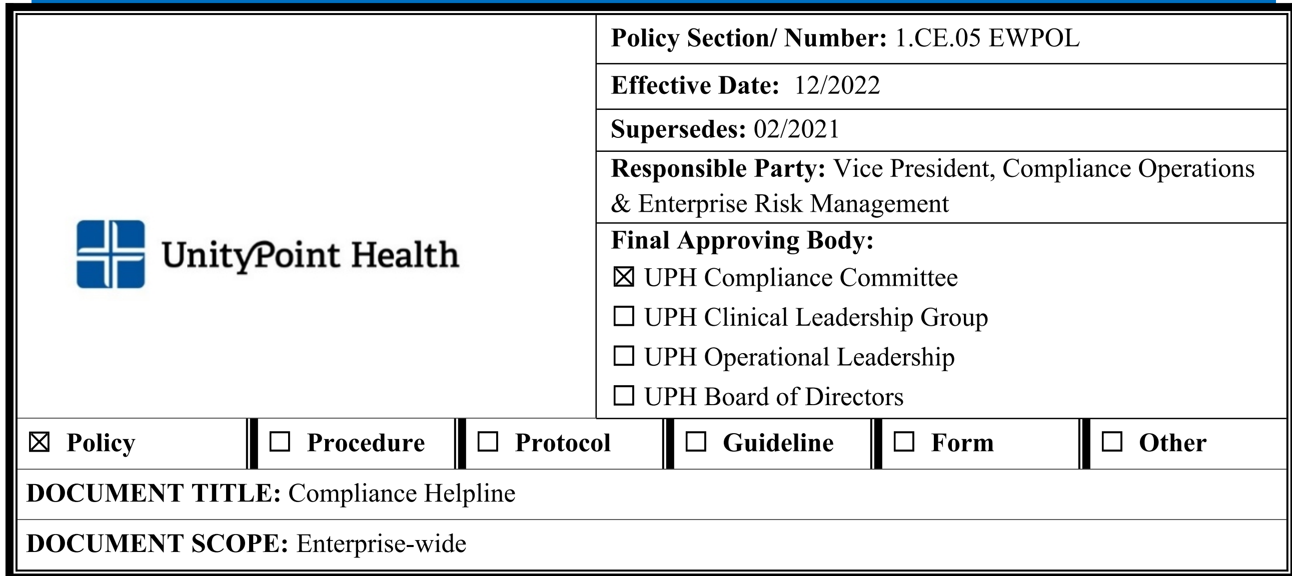

ENTERPRISE DOCUMENT

UnityPoint Health	
	Policy Section/ Number: 1.CE.05 EWPOL
	Effective Date: 12/2022
	Supersedes: 02/2021
	Responsible Party: Vice President, Compliance Operations & Enterprise Risk Management
	Final Approving Body: ☒ UPH Compliance Committee ☐ UPH Clinical Leadership Group ☐ UPH Operational Leadership ☐ UPH Board of Directors

☒ **Policy**	☐ **Procedure**	☐ **Protocol**	☐ **Guideline**	☐ **Form**	☐ **Other**
DOCUMENT TITLE: Compliance Helpline					
DOCUMENT SCOPE: Enterprise-wide					

PURPOSE:

The purpose of this policy is to establish processes and mechanisms to ensure that Team Members have a means for reporting concerns or suspected violations of law or policy while protecting those who make good faith reports.

BACKGROUND:

UPH Team Members have a duty to report wrongdoing. Reports to management will be handled in a prompt and professional manner. There are times when an individual 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 individuals 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.

DEFINITIONS:

Terms not otherwise defined within this document include the following terms. Standard definitions may be found in Policy 2.AD.01, Systemwide Policy Development.

APPLICATION:

This policy applies to Team Members

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 (www.mycompliancereport.com / Access ID: UPHT)

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 Chief Compliance Officer, UPH Internal Audit Services, or UPH affiliate Compliance Officers/Leaders. 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 Affiliate or UPH Chief Compliance Officer and may result in disciplinary action against the individual retaliating against the person making a report.

PROCEDURE:

A. Availability.

1. 24 hours a day.

2. 7 days a week.

B. Reporting Assurance.

1. The identity of the individual reporting a concern ("Reporter") to the UPH Compliance Helpline, web reporting tool, or through other means will be kept in strict confidence unless specifically noted as otherwise.

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

3. "Good faith" means that you reasonably believe that wrongdoing may have occurred.

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

5. If a UPH Team Member retaliates against a Reporter who submits a report in good faith, the Team Member who retaliates may be subject to immediate discipline, up to and including termination.

6. Federal and state laws provide civil remedies to individuals 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.

7. All reports will be investigated promptly.

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

C. Reporting Guidelines.

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.

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:

a. Direct supervisor or manager;

b. Direct supervisor's or manager's supervisor;

c. Affiliate Compliance Officer or Compliance Committee;

d. UPH Chief Compliance Officer (515-440-5100);

e. UPH Audit Services (515-241-4397); or

f. UPH and affiliated entity's Compliance Helpline (1-800-548-8778 or www.mycompliancereport.com / Access ID: UPHT). This independently operated service is available 24 hours a day, 7 days a week, and you may remain anonymous, if you wish.

D. Helpline Service Answering Reports.

1. UPH has contracted with an outside resource (helpline service) to ensure anonymity of Reporters.

2. The helpline service will document information received on an intake form. The following information will be recorded by the person receiving the report:

116 a. Facility;
117
118 b. Date and time of the report;
119
120 c. Any relevant information concerning the allegations;
121
122 d. Name of Reporter (unless anonymous); and
123
124 e. Contact phone number for Reporter (unless anonymous).
125
126 3. The Reporter will be provided a case number to reference and a call back time of
127 no greater than 14 days later. The preference of the Reporter to remain anonymous
128 will be respected.
129
130 4. The helpline service will categorize reports by the following types:
131
132 a. 1-Compliance Hotline Call;
133
134 b. 2-Request for Information/Referral;
135
136 c. 3-Internal Compliance Line Call; and
137
138 d. 4-Website Report.
139
140 5. The helpline service will give a Severity Ranking to all reports.
141
142 a. Severity 1 is one that requires immediate action involving an allegation
143 of threat to person, place or environment. Verbal notification will be
144 made to the UPH Chief Compliance Officer regardless of time of day.
145 Verbal and written notification will be made to the UPH Compliance
146 Department.
147
148 b. Severity 2 is an ongoing issue that will be reported to UPH Compliance
149 Department within normal business hours.
150
151 c. Severity 3 is for all other types of reports that do not require immediate
152 response.
153
154 6. All reports will be documented by the helpline service on a Work Place Alert
155 Report and sent by the helpline service via e-mail to the UPH Chief Compliance
156 Officer and designees.
157

158 E. Responding to Reports.
159
160 1. UPH Chief Compliance Officer, or designee, will send a copy of the Work Place
161 Alert Report along with the Case Disposition Log to the appropriate Affiliate Compliance
162 Officer/Director for resolution.
163
164 2. The Affiliate Compliance Officer/Director will work with appropriate staff to
165 resolve any issues, inquiries, etc. Resolution will be documented on the Case Disposition
166 Log.
167
168 3. The Reporter may only be contacted directly if he/she has given permission for
169 such contact or if the information provided by the Reporter leads an investigator to attempt
170 to call the individual for more information or for additional context to the report.
171
172 4. **Case Disposition Logs must be returned to UPH Compliance Department by**
173 **the requested date indicated on the log.** The information in this log will be ***read*** to the
174 Reporter by the helpline service for those reports made via the call-in number, or, a link
175 will be e-mailed to the Reporter for reports made via the web reporting tool.
176
177 5. UPH Compliance Department will follow up with the Affiliate Compliance
178 Officer/Director to ensure completion of the Case Disposition Log and will forward the
179 Case Disposition Log to the helpline service and the UPH Chief Compliance
180 Officer/Director, where appropriate.
181
182 F. Investigations and Follow-Up.
183
184 1. If it is determined from the responses that a formal investigation should be
185 conducted, the UPH Chief Compliance Officer will contact the UPH Law Department for
186 a determination as to whether the investigation should be conducted under attorney-client
187 privilege.
188
189 2. If the investigation is to be conducted under attorney-client privilege, the UPH Law
190 Department will determine the scope of the investigation and select an investigator.
191
192 3. If the investigation will not be conducted under attorney-client privilege, the UPH
193 Chief Compliance Officer will request investigation by UPH Internal Audit Services staff.
194
195 4. Results of the investigation should be documented and reviewed by the Executive
196 Director of Internal Audit Services and, if requested, the UPH Chief Compliance Officer.
197
198 5. Based on the review, the UPH Chief Compliance Officer, or if the investigation of
199 the case has been performed by Internal Audit Services, then the Executive Director of

200 UPH Internal Audit Services should make a recommendation as to whether the case is
201 substantiated or unsubstantiated.

202

203 a. If misconduct was detected during the investigation, the Affiliate CEO and
204 affiliate Compliance Officer will be notified.
205
206 i. For substantiated cases, management will be advised of the results
207 of the investigation with a request for the development of a
208 corrective action plan.

209

210 ii. Action plans will be developed and forwarded to the Director of
211 UPH Internal Audit Services within 21 days of the request. Status
212 of all action plans will be updated to the Executive Director of
213 Internal Audit Services on a monthly basis and will be maintained
214 in the case file until the action plan is deemed to be complete.
215
216 b. For unsubstantiated cases, the Executive Director of UPH Internal Audit
217 Services will contact the appropriate management personnel to
218 communicate the close-out of the case.
219
220 i. The fact that the case was found to be unsubstantiated will be
221 communicated but the identity of the Reporter will not be disclosed
222 and the specific comments of identified individuals will not be
223 disclosed.
224
225 6. Once the corrective action, if appropriate, has occurred, or for all unsubstantiated
226 cases, a close-out memorandum will be generated that describes the allegations and facts
227 of the case, investigative approach and result, conclusions, and disciplinary or corrective
228 action as appropriate.
229

230 7. A case file will be maintained which contains the close-out memorandum,
231 investigation report, action plan, Workplace Alert Reports, Case Disposition Logs, and any
232 other case-related documents.

233
234 G. Information Retention.
235

236 1. The Helpline Service will retain files for 24 months.

237

238 2. UPH and the applicable Affiliate will retain files pursuant to Policy 1.AD.03,
239 Record Retention.

240

241 H. Summary Reporting.
242
243 1. The UPH Compliance Committee will review Compliance Helpline activity on a
244 regular basis.
245
246 2. Periodic reports will be provided to the Audit and Compliance Committee of the
247 UPH Board, to the Affiliate Compliance Officer, the Affiliate Board, and to the
248 UPH Senior Leadership Team.
249
250 3. Reporting will include a summary of reports received by type and area of concern
251 in addition to a status update of any specific compliance concern.
252
253 4. A more detailed reporting may be given on specific compliance concerns as
254 appropriate.
255
256
257 */s/ Andrea Eklund*
258 ________________________________
259 Andrea Eklund
260 UPH Chief Compliance Officer
261
262 Date: December 5, 2022
263
264 References:
265
266 Addenda:
267
268 Addendum A, “Legal Entity Operating Hospital”
269 Addendum B, “Summary of Changes”

270
271
272 # Addendum A: Legal Entity Operating Hospital
273
274 The below are entities for which the Document has been adopted, except if noted as an exception
275 on the first page under "Scope" and except if the hospital does not provide the service which is
276 the topic of the Document. The entities listed below are accurate as of January 11, 2023. A
277 current listing of legal named entities can be found at:
278 https://uphealth.sharepoint.com/sites/intranet/policies/UPHandSystemwide/Addendum%20A.pdf
279
280

Region	Legal Entity Operating Hospital
CEDAR RAPIDS	ST. LUKE'S METHODIST HOSPITAL
CEDAR RAPIDS	ST. LUKE'S/JONES REGIONAL MEDICAL CENTER
DES MOINES	CENTRAL IOWA HOSPITAL CORPORATION D/B/A UNITYPOINT HEALTH – DES MOINES
DES MOINES	GRINNELL REGIONAL MEDICAL CENTER
DUBUQUE	THE FINLEY HOSPITAL
FORT DODGE	TRINITY REGIONAL MEDICAL CENTER
PEORIA	METHODIST MEDICAL CENTER OF ILLINOIS
PEORIA	PEKIN MEMORIAL HOSPITAL
PEORIA	PROCTOR HOSPITAL
QC – MUSCATINE	UNITY HEALTHCARE
QUAD CITIES	TRINITY MEDICAL CENTER
SIOUX CITY	NORTHWEST IOWA HOSPITAL CORPORATION
WATERLOO	ALLEN MEMORIAL HOSPITAL CORPORATION
WATERLOO	UNITYPOINT HEALTH – MARSHALLTOWN
MADISON	MERITER HOSPITAL, INC.

281

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284

285 # Addendum B: Summary of Changes

286

287 A. **Document Change Details** The information below corresponds to the initial adoption of
288 the document or, if the document has been amended, the most recent amendment. The
289 Compliance Department shall retain Summary of Changes Addenda which document a
290 document's initial adoption and any subsequent document amendments.

Standard Approving Bodies:	Action/Date:
Chief Medical Officer Group	
Chief Nurse Executive Group	
Clinical Policy Review Committee	
Clinical Leadership Group	
Core Council	
UPH Compliance Committee	11/21/22
Specific Stakeholder Groups:	**Action/Date:**

291
292
293 B. **Summary of Updates:**
294

Reviewed/ Revised Date:	Summary of Changes:
02/2000	Policy was created.
02/2022	N/A
08/2004	N/A
03/2007	N/A
09/2009	N/A
12/2015	N/A
05/2020	Scope update only.
12/2022	Annual review completed. Minor revisions made.
01/2023	Policy was updated to new template, no other revisions were made.

295
296
297 NOTE: Contact the UPH Compliance Department for prior versions.