

Reporting Policy: Non - Retaliation / Non- Retribution for Reporting

Shore Memorial Hospital Shore Rehab Shore LifeCare Shore Health Care at Home MMC Lingle/Goldstein Surgical Assoc. Orthopedic Assoc.

Written: 2/98 Reviewed: Revised:11/2004, 3/05, 5/07

Adopted by the Board 4/28/2000,3/30/2005

President / CEO

Chairman of Board

Compliance Officer

Purpose: To define the policy for the reporting of potential compliance related events or issues at Shore Health Services, Inc., and establish disciplinary guidelines for protection and enforcement regarding the individuals involved in the reporting process.

Policy: All staff members (including all supervisors and managers) are responsible for promptly reporting actual or potential wrong-doing — including actual or potential infringements of law, regulation, policy, procedure, or the Code of Conduct — through proper channels.

These channels include: the employee’s immediate supervisor or manager, a level supervisor or manager, the Human Resources Department, the Office of Compliance and Risk Management, the Corporate Compliance Officer, and the Compliance Hotline.

Staff members properly fulfilling their reporting obligation will be protected from retribution or retaliation as detailed in Section B of the policy guidelines.

Standard 1 APR 17
2 016 Compliance for Hospitals

Guidelines: A. Internal Reporting

Staff may use any of the above-mentioned channels for reporting. It is often most effective to report concerns to a supervisor or manager in the employee’s work place.

B. Non - Retaliation / Non- Retribution for Reporting

Shore Health Services, Inc. understands that staff members may not report concerns if it is perceived that the reporter may be subjected to retaliation or harassment as a result of such action. No Shore Health Service's supervisor, manager, or staff member is permitted to engage in retaliation, or any form of harassment, directed against a staff member reporting a concern. Any manager, supervisor, or employee who engages in such retribution or harassment is subject to discipline up to, and including, dismissal on first offense. Any substantiated instance of retaliation or harassment against a reporting staff member will be brought to the attention of the President by the Compliance Officer. The President, **appropriate Vice President**, the Compliance Officer, and the Human Resources Department will coordinate to determine appropriate disciplinary action in response to said retaliation or harassment.

A staff member may not exempt him or herself from the consequences of malfeasance or inadequate performance by reporting his or her own malfeasance or inadequate performance. However, the consequences of malfeasance or inadequate performance may not, in any case, be more severe should the staff member make an unsolicited self-report. Generally, a prompt and forthright disclosure of an error by an employee, even if the error constitutes malfeasance or inadequate performance, will be considered constructive action by the employee. Such constructive actions will be documented and referenced when establishing a disciplinary response.

Summary: All staff members of Shore Health Services, Inc. have an OBLIGATION to report concerns about actual or potential wrong – doing. Failure to address and report such actual or potential wrong- doing is, in fact, a violation of Shore Health Services' Standards of Conduct, and may result in disciplinary action. Shore Health Services, Inc. is firmly committed to a policy encouraging timely disclosure of such concerns. Shore Health Services' policy expressly prohibits any action directed against a manager or staff member as a response to, or as an attempted deterrent of, a good faith report.

References: Council of Ethical Organizations, 214 South Payne Street, Alexandria Virginia 22314, used with specific permission.

OIG Draft Supplemental Compliance Program Guidance for Hospitals, 69FR 32012, June 8, 2004.

OIG Model Compliance Program Guidance for Hospitals, 63FR 14289,
February 23, 1998

OIG Notice, Provider Self-Disclosure Protocol, 63FR 58399, October 30, 1998

OIG Compliance Guidance, Corporate Integrity Agreement Annual Report Content
Checklist, May 30, 2000

Shore Health Services, Inc. Standards of Conduct, STA-C001,
(Intranet/Adm. Policies/Vol. II/Corporate Compliance Section)

[Joint Commission Manual of Accreditation of Hospitals 2007.](#)

[Related Policies.](#)

[Progressive Discipline Policy \(PRO-HR042 – Intranet/Adm. Policies/ Vol. II/ HR
Section\)](#)