

 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> "Touching Lives Everyday"</p> <p><b>Policies and Procedures</b></p>	<p><b>Quality Through Compliance</b></p>	<p>Policy No.:</p> <p><b>CMP 0018</b></p>
		<p>Revision No.:</p> <p>N/A</p>
<p>Subject:</p> <p><b>Non-Retaliation and Non-Retribution</b></p>	<p>Issued by:</p> <p>Audit and Compliance Committee</p>	<p>Effective Date:</p> <p>February 11, 2011</p>
	<p>Approved by:</p> <p><i>Carol VanCamp</i></p> <p>HHSC Board of Directors By: Carol VanCamp Its: Secretary/Treasurer</p>	<p>Supersedes Policy:</p> <p>N/A</p>
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**I. PURPOSE:**

HHSC is responsible for the proper use of its resources and the public and private support that furthers the realization of its mission. HHSC is committed to conducting its affairs in full compliance with the law and with its own policies and procedures. Such adherence strengthens and promotes ethical and fair practices and treatment of all employees, medical staff, and those who conduct business with HHSC.

The purpose of this Policy is to encourage and enable good-faith reports by HHSC employees and medical staff of observed or suspected misconduct or noncompliance with Federal or State law and/or HHSC policies and procedures, without fear of retaliation or retribution.

**II. DEFINITIONS:**

For the purposes of this policy, "retaliation" and "retribution" is any detrimental act or omission that is taken against an employee or staff member that reports a real or suspected violation of law or other wrongdoings. Retaliation and retribution include any negative action taken against a person who reports a compliance or violation of Federal or State law to Hospital management, the appropriate compliance officer, and/or the Corporate or Regional Compliance Hotline. Retaliation and Retribution may take the form of, but is not limited to, verbal or non-verbal harassment, inappropriate behavior, lack of promotion when otherwise warranted, unfair work assignments as compared to other colleagues in similar situations, poor performance appraisal system (PAS) when not appropriate, or unfair or unequal treatment.

**III. POLICY:**

- A. HHSC will not condone retaliation or retribution against employees and medical staff who report potential violations of criminal, civil or administrative law to

Hospital management, the appropriate compliance officer, and/or the Corporate or Regional Compliance Hotline.

- B. Employees and medical staff shall immediately report any known or suspected violations of law or other wrongdoings to those identified in II.A. above.
- C. No employee or member of the Medical Staff shall participate in any act of retaliation or retribution against another individual for reporting any compliance issue or question. Any employee who participates in any act of retaliation or retribution may be subject to action in accordance with the disciplinary provisions of an applicable collective bargaining agreement, civil service rules, HHSC policies or other applicable state or federal regulation.
- D. Self-reporting does not shield an employee from the consequences of a violation s/he may have committed. However, self-reporting may be taken into account as a factor in determining an appropriate course of responsive action.

#### **IV. PROCEDURE:**

- A. Knowledge or suspicion of misconduct, violations of law, or other wrongdoing must immediately be reported to Hospital management, the Regional Compliance Officer, the Chief Compliance and Privacy Officer, or the Corporate Compliance or Regional Hotline.
- B. All HHSC management must maintain an open-door policy and assure their staff that their facility and HHSC truly encourage open communication regarding perceived violations and that there will be no retaliation or retribution for doing so.
- C. Any employee or staff member who believes that he/she has been subject to conduct in violation of this policy should report this concern directly to the Regional Compliance Officer, Chief Compliance and Privacy Officer, or Corporate Compliance or Regional Hotline.
- D. The Regional Compliance and Privacy Officer and/or Chief Compliance and Privacy Officer gathers and documents relevant information regarding the matter reported, as warranted. An investigation may be conducted by the appropriate Compliance Officer, as appropriate.
- E. Following investigation, if any, the investigating Compliance Officer and/or designee makes a report to the appropriate Regional Chief Executive Officer, the Regional Director for Human Resources, and the HHSC President and Chief Executive Officer. The Regional Director for Human Resources works with the Corporate Vice President for Human Resource as necessary and the Regional Chief Executive Officer to determine appropriate action.

**V. APPLICABILITY:** This policy shall apply to all HHSC facilities, employees, volunteers, and medical staff members.

**VI. AUTHORITIES:** OIG Guidance as published in *Federal Register*, 70 (19): 1-31-05. Hawaii's Whistleblowers Protection Act (Haw. Rev. Stat. § 378-62); HHSC Code of Conduct.