				Version 2
	ohns Hopkins Medicine	<b>B</b>	Policy Number	ADMIN003
	JHM Corporate and Administrative Policy Manual Administration		Effective Date	11/26/2018
<i>.</i>	<u>Subject</u> Issue Reporting Policy		Page	1 of 4
			Supersedes Date	02/05/2016
This document applies to the follo	owing Participating Organizations:			
HCGH OB/GYN Associates	Howard County General Hospital	Johns Hopkins All Children's Health System	Johns Hopkins All	Children's Hospital
Johns Hopkins Bayview Medica	l Center Johns Hopkins Community Physicians	Johns Hopkins HealthCare LLC	Johns Hopkins Hor	ne Care Group
Johns Hopkins Imaging	Johns Hopkins Medical Management Corporation	Johns Hopkins Medicine International	Johns Hopkins Reg	ional Physicians
Johns Hopkins Surgery Centers	Series Ophthalmology Associates	Potomac Home Health Care	Potomac Home Sup	oport
Sibley Memorial Hospital	Suburban Hospital	Suburban Outpatient Surgery Center	The Johns Hopkins Corporation	Health System

The Johns Hopkins Hospital

Keywords: issue reporting hotline, reporting issues

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#### I. PURPOSE

The Johns Hopkins Health System Corporation (JHHSC) wants all members of the Hopkins community to understand their opportunities to report any issue of concern, whether it is an issue they are experiencing directly or something about which they are aware that does not seem right. JHHSC also wants all directors, administrators, managers and supervisors to understand their responsibility to report, address and escalate any issues reported to them. This policy describes the process for reporting issues of concern so that they can be investigated, tracked, triaged, escalated, if necessary, and resolved appropriately and expeditiously.

#### II. POLICY

It is the policy of the Participating Organizations that, except as noted below, Staff are encouraged to promptly report any concern regarding potential compliance, safety, human resources, clinical, environment/facility-related, ethical, or any other Issue. It is the policy of the Participating Organizations that all directors, managers and supervisors must report, address and escalate any Issues reported to them. It is further the policy of the Participating Organizations that policy of the Participating organizations that policy of the Participating Organizations that all directors, managers and supervisors must report, address and escalate any Issues reported to them. It is further the policy of the Participating Organizations that Staff are protected from retaliation for making a good-faith report, complaint, or inquiry.

#### III. DEFINITIONS

Note: Defined words are capitalized throughout the text of this policy.

A. <u>Issue(s)</u> means significant concerns regarding potential compliance, safety, non-routine human resource, billing compliance, quality, clinical, environment/facility-related, or ethical matters. Issues does not include routine requests for maintenance or repairs, help desk calls, routine inspections, or similar actions unless such requests are not resolved or an

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issue arises out of the performance of such a requested service.



- B. <u>Participating Organizations means those entities listed above and signing this policy.</u>
- C. <u>Staff</u> means all clinical and non-clinical employees and volunteers of the Participating Organizations.

# IV. RESPONSIBILITY AND PROCESS

- A. JHHSC has established, and will continue to maintain, a hotline that can be accessed by any personnel to report Issues
  - 1. The hotline shall be accessible by a single, toll-free phone number, website and/or email address. Hotline staff shall direct Issues to the JHHSC Compliance Department for JHHSC Issues or to the JHU Chief Risk and Compliance Officer for JHU Issues.
  - 2. The JHHSC Compliance Department and JHU Chief Risk and Compliance Officer will refer the Issue to the institutional office or department responsible for the subject matter of the Issue for investigation and resolution.
  - 3. The responsible offices or departments will follow-up on all Issues to ensure Issue resolution and report back to the JHHSC Compliance Office and/or JHU Chief Risk and Compliance Officer as applicable.
- B. The JHHSC Compliance Office will report data regarding reported Issues and time to resolution periodically to the JHHSC Audit and Compliance Committee, and the JHU Chief Risk Officer will report as requested to the JHU Committee on Audits, Compliance and Insurance.
- C. All Staff are authorized to report Issues in one of three ways:
  - 1. Directly to the office or department responsible for the subject matter of the Issue;
  - 2. To their direct supervisor, their direct supervisor's supervisor, or Human Resources.
  - 3. Using the JHU/JHHSC hotline (by name or anonymously).
- D. Directors, administrators, managers and supervisors must report, address and escalate Issues reported to them, in an appropriate manner to the JHHSC and/or JHU office or department with responsibility for the subject matter of the Issue. If a supervisor or manager is uncertain where to report an Issue or wants further guidance concerning the matter, they may contact the JHHSC Compliance Department or JHU Chief Risk and Compliance Officer as applicable. Administrators, directors, managers and supervisors may also seek confidential legal advice from the JHHSC Legal Department or the JHU Office of the Vice President and General Counsel.
- E. Orientation programs for new Staff will stress the importance of reporting Issues and JHHSC's policies regarding non-retaliation.

# V. DISSEMINATION

This policy will be communicated to Staff via the following channels:

- 1. The Vice President for Human Resources of each Participating Organization will be accountable for dissemination and implementation of this document at the respective Participating Organization.
- 2. This Policy shall be placed on the enterprise location of the <u>Hopkins Policy and Document Library</u>.

## VI. <u>SUPPORTIVE INFORMATION</u>

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See Also:
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• <u>JHU Statement of Ethical Standards</u>

## Sponsor:

• JHM Corporate and Administrative Policy (CAP) Committee

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### **Developer(s):**

• JHHSC Corporate Compliance Officer

**Review Cycle -** Three (3) Years JHM Corporate and Administrative Policy Committee- Approval Date: 11/8/2018

## VII. <u>SIGNATURES</u>

Electronic Signature(s)	Date
Jonathan Ellen President, Johns Hopkins All Children's Hospital, Inc. and Johns Hopkins All Children's Health System, Inc.	11/16/2018
Steven Kravet President, Johns Hopkins Community Physicians, Inc.	11/16/2018
Steven Snelgrove President, Howard County General Hospital	11/23/2018
Patricia Brown President, Johns Hopkins HealthCare LLC	11/17/2018
Jacqueline Schultz President, Suburban Hospital and Suburban Outpatient Surgery Center	11/26/2018
Richard Bennett President, Johns Hopkins Bayview Medical Center	11/19/2018
Redonda Miller President, The Johns Hopkins Hospital	11/16/2018
Hasan Zia (CL) Acting President, Sibley Memorial Hospital, Inc.	11/20/2018
Walker Wylie President, Johns Hopkins Medical Management Corporation and Johns Hopkins Surgery Center Series	11/26/2018
Charles Wiener Acting President, Johns Hopkins International	11/16/2018
Kevin Sowers President, Johns Hopkins Health System; Executive Vice President, Johns Hopkins Medicine	11/19/2018
Peter McDonnell Chairman, Ophthalmology Associates, LLC	11/19/2018
Martin Bledsoe President, Johns Hopkins Imaging, LLC	11/16/2018

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MEDICINE	LISSUE REDOMING POLICY		Supersedes Date	02/05/2016
Mary Myers		11/16/2018		

Mary Myers	11/16/2018
President and CEO of the Johns Hopkins Home Care	
Group; President of Home and Community-based Services	
for the Johns Hopkins Health System	
Marc Hamburger	11/19/2018
Chief Operating Officer, Johns Hopkins Regional	
Physicians, LLC	