ORGANIZATION POLICY

POLICY TITLE: EXTERNAL INVESTIGATIONS

POLICY NUMBER: 1204

POLICY: Onslow Memorial Hospital and all employees shall cooperate with properly authorized federal, state and local government officials in the conduct of any investigations. Compliance is achieved through providing honest and accurate information. The employee shall also provide OMH notice of any contact by an investigator in order for OMH to develop an appropriate response.

Signed Original in Executive Office

I. PROCEDURE:

If an employee is contacted, at work or at home, by a third party investigating work-related activities, the employee should:

Ask For Authorization - Authorization may be provided to the employee in the form of an identification card/badge, or a subpoena or other legal document. Inform the individual that you need to verify that the investigator has proper authorization with the OMH Compliance Officer.

Contact OMH As Soon As Possible - Whenever contact is made by a federal, state or local government investigator related to work-related conduct, stop your meeting with the investigator and contact the appropriate OMH representative in the following order:

A) During daytime/normal working hours:

1. Immediate Supervisor

2. Compliance Officer

3. Administrator on Call

B) At night and on holidays:

1. Immediate or House Supervisor
2. Administrator on Call

Direct the investigator to the Compliance Officer or the representative from Administration, once they arrive.

This notice will enable OMH to prepare an appropriate response and will permit OMH to cooperate effectively with the investigator.

C) Cooperate Within Reason

The general policy for OMH and OMH employees is to cooperate with any investigation within reason. An employee should answer questions truthfully and accurately. No employee, under any circumstances should lie or make misleading statements to the investigator or OMH.

The employee should also refrain from pressuring others to provide false or misleading statements. If the employee ever receives any pressure from another OMH employee or representative to do so, such conduct should be immediately reported to the Compliance Officer or your supervisor.

If the employee is not comfortable talking to an investigator at any time, request that a meeting with the investigator be rescheduled after you have had an opportunity to discuss the matter with the Compliance Officer or Executive on Call.

D) Do Not Release Records

Cooperation with investigators may involve record/document production. Prior to releasing any documents, the Compliance Officer must be contacted and the investigator should provide a subpoena demanding the release of the documents. If possible, do not release original documents to any third parties, including investigators, regardless of the reason for the request. If the investigator demands original documents and can produce a subpoena supporting the request, always attempt to copy the original documents prior to the release.

Under no circumstances should an employee alter or destroy OMH documents. Such conduct is outside the scope of employment and is grounds for immediate termination. If you ever become aware that alternation or destruction of documents has occurred, the Compliance Officer should be notified immediately.

E) Do Not Release Reports Generated By Or On Behalf Of OMH

Reports generated by OMH, or consultant reports commissioned by OMH, should not be released to investigators without authorization from the Compliance Officer. If an investigator requests such information, contact the Compliance Officer prior to release.

Signed Original in Executive Office

Documents prepared by Legal Counsel, or prepared under the direction of Legal Counsel, should never be released to an investigator. Do not release such information and direct the investigator to the Compliance Officer.

II. REFERENCES

Any questions regarding this policy should be directed to the Compliance Officer.

EFFECTIVE DATE: September 1, 2000

DEPARTMENTS PRIMARILY AFFECTED: ALL DEPARTMENTS AND MEDICAL STAFF

REVIEW DATE: January 2012, January 2015
January 2018

REVISION DATES: November 2004, October 2008

AUTHORIZED BY:

Penney Burlingame Deal, DHA, RN, FACHE
President and Chief Executive Officer

Regina Lanier, MSN, MAEd, RN
Senior VP Chief Nursing Officer

Scott Johnston, M.D.
Chief of Staff

Signed Original in Executive Office