



Oswego Health Administrative  
**Policy and Procedure**

Category A

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To: Directors, Officers, Employees and Volunteers who provide substantial services to Oswego Health, Inc. and its affiliates (collectively “Oswego Health”)

From: Michael A. Harlovic, President and CEO

Policy: Whistleblower Policy: Reporting, Non-Retaliation and Non-Intimidation

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**PURPOSE:**

The purpose of this Whistleblower Policy (this “Policy”) is to offer a mechanism for all Individuals (hereinafter defined as corporate team members, employees, board members, professional staff members, contractors, vendors, volunteers or others who provide substantial services to Oswego Health):

1. To raise and identify good faith concerns, based upon reasonable belief, regarding violations, or suspected violations, of applicable law, corporate policy or fraudulent conduct, or any activity, policy, or practice of Oswego Health that the Individual reasonably believes poses a substantial and specific danger to the public health or safety, improper quality of patient care,<sup>1</sup> or improper quality of workplace safety<sup>2</sup> (hereinafter referred to as Non-Compliant Conduct);
2. To cooperate in investigations by Oswego Health, governmental agencies, or law enforcement concerning violations or suspected violations; and
3. To protect Individuals who take such action from retaliation and intimidation.

**POLICY:**

1. Reporting:
  - a. Oswego Health is committed to maintaining a workplace in which Individuals may freely raise good faith concerns regarding Non-Compliant Conduct, including the provision of care to patients. It is the affirmative responsibility of every Individual to abide by applicable laws and regulations and to support Oswego Health’s compliance efforts;

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<sup>1</sup> As used in this Policy, “improper quality of patient care” means, with respect to patient care, any practice, procedure, action, or failure to act of Oswego Health which violates any law, rule, regulation, or declaratory ruling adopted pursuant to law, where such violation relates to matters which may present a substantial and specific danger to public health or safety or a significant threat to the health of a specific patient.

<sup>2</sup> As used in this Policy, “improper quality of workplace safety” means, with respect to employees, any practice, procedure, action, or failure to act of Oswego Health which violates any law, rule, regulation, or declaratory ruling adopted pursuant to law where such violation relates to matters which may present an unsafe workplace environment, risk of employee safety, or a significant threat to the health of a specific employee.

- b. The Audit Committee of the Board of Directors of Oswego Health, Inc. (the “Audit Committee”) is responsible for selecting the Whistleblower Policy Administrator to oversee operational compliance with this Whistleblower Policy and to report all related findings to the Audit Committee, as required by the Audit Committee. The Audit Committee has selected the Oswego Health, Inc.’s Compliance Officer as the Whistleblower Policy Administrator;
  - c. Individuals who report their good faith belief of Non-Compliant Conduct may do so:
    - Either orally or in writing to their director or supervisor or the Human Resources Vice President or Employee Relations Manager;
    - By calling the Whistleblower Policy Administrator at (315) 349-5939;
    - By calling Oswego Hospital’s Compliance Hotline at (888) 373-5826;
    - By e-mailing Oswego Hospital’s Compliance Hotline through its Web based portal, [www.ethicspoint.com](http://www.ethicspoint.com); and/or;
    - By mailing their written concern to the Whistleblower Policy Administrator at the following address: Oswego Health, Attn: Compliance Officer, 110 West Sixth Street, Oswego, NY, 13126.
  - d. An Individual may file an anonymous report; however, Oswego Health will be unable to provide feedback to the reporting party if an anonymous report is made.
  - e. Whistleblower-related reports shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Disclosure of such reports to Individuals not involved in the investigation constitutes a serious disciplinary offense and may give rise to other actions, including civil lawsuits.
2. Non-Retaliation and Non-Intimidation:
- a. Oswego Health is committed to ensuring an environment that promotes prevention, detection and resolution of Non-Compliant Conduct without fear of retaliation or intimidation;
  - b. Oswego Health expressly prohibits retaliation and intimidation against any Individual for the reporting of suspected Non-Compliant Conduct based upon the Individual’s good faith, reasonable belief;
  - c. Anyone who commits or condones any form of retaliation or intimidation will be subject to discipline up to, and including, termination; and
  - d. Any Individual who alleges retaliation resulting from reporting of a violation or suspected violation should contact the Whistleblower Policy Administrator as set forth above.
3. Reports Pertaining to Substantial and Specific Danger to Public Health or Safety:
- a. Oswego Health will not take any retaliatory action against an Individual, whether or not within the scope of the Individual’s job duties, because such Individual does any of the following:

- i. Discloses, or threatens to disclose, an activity, policy, or practice of Oswego Health that the Individual reasonably believes poses a substantial and specific danger to the public health or safety to a supervisor or a public body;<sup>3</sup>
  - ii. Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such activity, policy, or practice by Oswego Health; or
  - iii. Objects to, or refuses to, participate in any such activity, policy, or practice.
- b. An Individual who makes a disclosure to a public body will not be protected from retaliatory action unless the Individual has made a good faith effort to notify Oswego Health by bringing the activity, policy, or practice to a supervisor's attention and has afforded Oswego Health a reasonable opportunity to correct the activity, policy, or practice.
- c. However, notification to Oswego Health before making a disclosure to a public body is not required if:
  - i. There is an imminent and serious danger to the public health or safety;
  - ii. The Individual reasonably believes that reporting to a supervisor would result in destruction of evidence or other concealment of the activity, policy, or practice;
  - iii. The activity, policy, or practice could reasonably be expected to lead to endangering the welfare of a minor;
  - iv. The Individual reasonably believes that reporting to a supervisor would result in physical harm to the Individual or another person; or
  - v. The Individual reasonably believes that the supervisor is already aware of the activity, policy, or practice and will not correct it.

#### 4. Reports Pertaining to Patient Care or Workplace Safety:

- a. Oswego Health will not take retaliatory action against any Individual because the Individual:
  - i. Discloses, or threatens to disclose, an activity, policy, or practice of Oswego Health or its agent that the Individual, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety to a supervisor, public body, news media outlet, or social media forum available to the public at large;

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<sup>3</sup> As used in this Policy, the term "public body" includes: (1) the United States Congress, any State legislature, or any elected local governmental body, or any member or employee thereof; (2) any Federal, State, or local court, or any member or employee thereof, or any grand or petit jury; (3) any Federal, State, or local regulatory, administrative, or public agency or authority, or instrumentality thereof; (4) any Federal, State, or local law enforcement agency, prosecutorial officer, or police or peace officer; (5) any Federal, State, or local department of an executive branch of government; or (6) any division, board, bureau, office, committee, or commission of any of the public bodies described above.

- ii. Objects to, or refuses to participate in, any activity, policy, or practice of Oswego Health or its agent that the Individual, in good faith reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.
  - b. An Individual will not be protected from retaliatory action unless the Individual has brought the improper quality of patient care or improper quality of workplace safety to the attention of a supervisor and has afforded Oswego Health a reasonable opportunity to correct the activity, policy, or practice.
  - c. However, notification to Oswego Health is not required if:
    - i. The improper quality of patient care or improper quality of workplace safety presents an imminent threat to public health or safety or the health of a specific patient or employee; and
    - ii. The Individual reasonably believes in good faith that reporting to a supervisor would not result in corrective action.

#### 5. Good Faith:

Anyone reporting suspected Non-Compliant Conduct must act in good faith and have reasonable grounds for believing the information disclosed rises to Non-Compliant Conduct. The act of making unsubstantiated allegations maliciously, recklessly, or with the foreknowledge that the allegations are false, will be viewed as a serious disciplinary offense and may result in discipline, up to and including dismissal or termination. Such conduct may also give rise to other actions, including civil lawsuits.

#### 6. Whistleblower Policy Administrator:

The Whistleblower Policy Administrator, or the Audit Committee when applicable, shall have full authority to investigate reports of Non-Compliant Conduct made in accordance with this Policy and may retain outside legal counsel, accountants, private investigators, or any other resource that the Whistleblower Policy Administrator reasonably believes is necessary to conduct a full and complete investigation of the allegations.

The Whistleblower Policy Administrator is responsible for assuring that:

- proper investigative channels are utilized;
- appropriate resources are employed;
- conflicts of interest are avoided;
- allegations are addressed fully;
- the Audit Committee receives a summary report of any investigation, with suggestions, if appropriate, for corrective and remedial action; and
- there is follow-up with the complainant (excepting instances of anonymous reporting).

#### 7. Deliberations:

Directors who are employees of Oswego Health may not participate in any deliberation of the Board of Directors or any committee relating to the administration of this Policy. Further, any person that is the subject of a report made under this Policy cannot be present at or participate in any deliberations or voting related to the complaint, but may be requested by the Whistleblower Policy Administrator, the Audit Committee or the Board, as applicable, to present background information related to the reported Non-Compliant Conduct.

8. Distribution:

This Policy shall be distributed by the Whistleblower Policy Administrator or by the Policy Administrator's designee to all directors, officers, employees and volunteers who provide substantial services to Oswego Health. Oswego Health shall also post a notice of protections, rights, and obligations of all directors, officers, employees, and volunteers who provide substantial services to Oswego Health arising under this Policy. Such notice shall be posed conspicuously in easily accessible and well-lighted places that are customarily frequented by directors, officers, employees, and volunteers, and applicants for the same.

11.28.22

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Date



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Michael A. Harlovic, President and CEO

Dev. 10/21/09

Revised: 8/2012, 2/28/13, 8/7/14, 11/2015, 11/2016, 11/2017, 4/2019, 10/2020, 10/2021, 9/2022