To the Temple University Community:

Three months ago, I created a Special Task Force to review recommendations in the report by Judge Louis Freeh. The Task Force was charged to (1) review in detail the Report of the Special Investigative Counsel ("the Freeh Report") of July 12, 2012, (2) identify potential implications for Temple University (including the Temple University Health System) and potential recommendations for action as warranted by its findings and (3) make a report on its findings and any recommendations simultaneously to the Chairman of the Board of Trustees, University Counsel and the Acting President. I asked that the Task Force complete its work by September 15, 2012.

Last week, the Chairman of the Board, University Counsel and I had the opportunity to meet with members of the Task Force, and receive and discuss their final report. In talking with the Task Force members, I was especially impressed by the group's hard work and dedication in accomplishing its task and its ability to balance Temple's mission, which includes high levels of interaction with and outreach to the City of Philadelphia, with keen attention to the safety of non-matriculating minors.

I want to thank the Task Force members for their dedication, diligence and hard work. The group was chaired by JoAnne Epps, Dean of the Beasley School of Law. Joining her were William Bergman, Vice President for Operations; Dr. James Earl Davis, Interim Dean of the College of Education; Dr. John DiMino, Director of Tuttleman Counseling Services and a licensed psychologist; Dr. Frank Friedman, Professor, College of Science and Technology; Michael Gebhardt, Deputy University Counsel; Dr. Stephanie Ives, Dean of Students; Beth Koob, Chief Counsel for Temple University Health System; Eleanor Myers, Associate Professor in the Beasley School of Law and Faculty Athletics Representative; Harry Young, Associate Vice President for Human Resources; and Lisa Zimmaro, Assistant Vice President, Risk Management and Treasury. The Task Force was staffed by four senior administrators: Anne Nadol, Assistant Vice President, Executive Office of the President; Dr. Kathryn D'Angelo, Assistant Vice President, Finance and Administration; Marylouise Esten, Associate Dean of the Beasley School of Law; and Sherryta Freeman, Senior Associate Athletic Director, Compliance.

As part of the process, I had asked the Task Force to inform me of any changes that would need to be effective prior to the beginning of the school year. Two areas were identified, and immediate action was taken. First, we contacted the Campus Security Authorities (CSAs), individuals who are designated under the Clery Act to report campus-related crimes as specified in the law. We reminded the CSAs of their special role and how they can report incidents. Second, we recognized the need for appropriate
policies to ensure the safety of non-matriculated minors staying overnight in university housing. A temporary moratorium on overnight visits by non-matriculated minors was put in place at the beginning of the school year until such time that we have appropriate policies in place for the different types of circumstances involving overnight visitors.

Ensuring institutional integrity is a university-wide responsibility. That being said, I have taken the additional action of having our Internal Audits Department (a) have each of its auditors review the Freh Report and the report of the Special Task Force; (b) include in its schedule an audit of our institutional compliance with the Clery Act and (c) have each auditor, during audits of any Temple University unit, be cognizant of the matters raised in the Special Task Force report and the Freh Report as they relate to Temple University, especially with respect to the protection of minors.

The report of the Task Force is now available at http://www.temple.edu/president/institutionalintegrityreport.pdf. Please join me in thanking the Task Force members for an excellent job.

To build on the work of the Task Force, I am appointing a small group, including Dean Epps, to assist me in designing an implementation strategy, with a timetable, that takes into consideration the findings and recommendations in this report.

Again, I want to thank the committee members and everyone who helped them in this process.

Sincerely,

Richard M. Englert
Acting President
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I. Scope of Review

On July 17, 2012, Acting President Richard Englert appointed a special task force at Temple University to review the findings and recommendations contained in the report of the special investigative counsel to Pennsylvania State University and to consider opportunities for improvement within our own institution. The charge of the Task Force was:

(1) to review in detail the Report of the Special Investigative Counsel ("the Freeh Report") of July 12, 2012;

(2) to identify potential implications for Temple University (including the Temple University Health System) and potential recommendations for action if warranted by its findings; and

(3) to make a report on its findings and any recommendations simultaneously to the Chairman of the Board of Trustees, Acting President and University Counsel.

The Task Force was chaired by JoAnne A. Epps, Dean of the Beasley School of Law. Joining Dean Epps as members were: William Bergman, Vice President for Operations; Dr. James Earl Davis, Interim Dean of the College of Education; Dr. John DiMino, Director of Tuttleman Counseling Services and a licensed psychologist; Frank Friedman, Professor, College of Science and Technology; Michael Gebhardt, Deputy University Counsel; Dr. Stephanie Ives, Dean of Students; Beth Koob, Chief Counsel for Health Sciences; Eleanor Myers, Associate Professor, Beasley School of Law, and Faculty Athletics Representative; Harry Young, Associate Vice President for Human Resources; and Lisa Zimmaro, Assistant Vice President for Risk Management and Treasury. The Task Force was staffed by senior administrators: Anne Nadol, Assistant Vice President, Executive Office of the President; Dr. Kathryn D’Angelo, Assistant Vice President, Finance and Administration; Sherryta Freeman, Senior Associate Athletic Director, Compliance; and Marylouise Esten, Associate Dean for Students, Beasley School of Law.

The Task Force was asked to provide a final report by September 15, 2012. The first meeting of the Task Force took place on July 20, 2012. At that first meeting, the scope of the charge to the Task Force was narrowed by Acting President Englert, in recognition of the time frame, the scope and the resources of the Task Force, when compared to the extensive investigation conducted by the Freeh Report team. Specifically, the Task Force was directed to focus attention initially on: (1) a review of University activities involving minors; and (2) an assessment of compliance with The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the “Clery Act”). If time allowed, the Task Force was encouraged to make additional recommendations on topics covered by the Freeh Report and beyond the scope of activities involving minors and the Clery Act.
Subsequent meetings of the Task Force were held on July 27, 2012; August 9, 2012; August 17, 2012; September 7, 2012; and September 14, 2012. The members decided to call the group “The Task Force on Institutional Integrity,” reflecting the scope of the Freeh Report and the issues it raised.

The Task Force began its work with a thorough review of the Freeh Report and its recommendations. Members of the Task Force began to solicit and collect information on activities at the University involving minors, University policies and procedures, and crime reporting. Acting President Englert called on all officers and deans at the University to review the Freeh Report and send any comments and any pertinent information from their portfolios to Dean Epps. The Task Force received presentations on the Clery Act in general and on the University’s implementation of the requirements of the Clery Act. The Task Force also received information and offers of assistance from both inside and outside of the Temple University community.

The Task Force’s inquiry was as comprehensive as time permitted. Accordingly, many of the recommendations may require additional investigation or practice and policy development, both immediately and in the future. In making its recommendations, the Task Force focused first on activities involving minors and Clery Act compliance. In addition, the Task Force discussed and made recommendations on several other topics covered by the Freeh Report. Therefore, the recommendations of the Task Force are organized in these two broad categories. In this Report, references to Temple University (“University”) include all campuses and the Temple University Health System.

II. Task Force Recommendations

A. Recommendations on Activities Involving Minors and Clery Act

1. Inventory of Activities

The Task Force recognized that occasionally University students will matriculate prior to their eighteenth birthdays. For purposes of its evaluation, the Task Force excluded this category of minors from its analysis, and instead turned its attention to non-matriculated minors.

The Task Force began with an effort to create a representative inventory of University activities involving non-matriculated minors, on the theory that the University could best evaluate its policies if it understood the range of activities in which non-matriculated minors might participate. The Task Force asked all deans and officers to report by August 1 all instances when non-matriculated minors are involved in University-sponsored programs, regardless of location, and in programs held at the University regardless of sponsorship. Such an inventory is inevitably incomplete; the University discontinues some activities and begins others on a regular basis. Nevertheless, it is clear from the information received that Temple is doing important mission-minded work, with significant benefit to the community, including young
people. The range of activities in which the University interacts with and serves the local and regional community is substantial, and our interaction with, and service to, our local and regional neighbors occurs in a multitude of ways of which the University can rightly be very proud.

In reporting the nature of activities in which the University or its representatives interact with non-matriculated minors, many members of the University community referred to the policies and practices already in place in recognition of the need to protect minors. Although the Task Force found that, in general, many very good practices and protocols are in place in these areas, more comprehensive analysis and coordination could provide more complete and widespread protections for non-matriculated minors.

The Task Force considered recommending that an inventory of activities involving non-matriculated minors be retained and regularly updated, but decided against making such a recommendation. The view of the Task Force is that a totally comprehensive list of activities is neither feasible nor necessary. Rather, the Task Force believes that what is needed is a representative list of categories of activities. This will permit the University to periodically review its policies and ensure that they adequately address the types of activities in need of policy regulation or recommended best practices. Accordingly, the Task Force makes the following recommendations regarding activities involving non-matriculated minors.

- The University should endeavor to maintain a representative list of categories of activities involving non-matriculated minors. Periodic review should be undertaken to ensure that the inventory contains a broadly representative group of such activities. Then-existing University policies and practices should be reviewed to ensure that they continue to appropriately address the range and nature of activities involving non-matriculated minors.

- The University should consider developing and promulgating a set of “Best Practices for Activities Involving Interactions with Non-Matriculated Minors.” Such a document should be made easily available to individuals and entities whose activities put them in contact with the target population of non-matriculated minors.

2. University Policy Review

In order to determine the appropriateness of University policies on activities involving minors, those policies must first be identified and reviewed. The Task Force educated itself regarding many such policies, but recognized that within the assigned time frame, a full review was not possible. Therefore, the Task Force recommends that the University engage in a comprehensive review of policies that pertain to activities involving non-matriculated minors, including the appropriateness of existing policies and whether additional or different policies are needed. In this vein, the Task Force recognizes the temptation to enact a flurry of new policies and cautions against such action. Instead, the Task Force believes that appropriate behavior with minors flows as much from a University community ethic and an understanding of laws that protect child welfare as it does from a host of hastily-enacted policies. Once the appropriate policies are identified, reaffirmed or enacted, they should be publicized and made easily accessible. In addition, procedures and practices should be consistent with University policies.
The following are the specific policy areas considered by the Task Force:

**Minors in University Housing:** Within the charge given to the Task Force was the instruction to report immediately to Acting President Englert any area that the Task Force concluded was in need of prompt review. The Task Force was informed that prior to Fall 2012 the University had no written policy regarding overnight visits in University housing by non-matriculated minors. Accordingly, in light of the start of the new academic year, the Task Force recommended that the University promptly review the University’s housing policy to determine if revisions were needed with respect to non-matriculated minors. Because of the limited time for comprehensive review before move-in for the Fall semester began, the University responded to this recommendation by implementing an immediate moratorium on overnight visits by non-matriculated minors until the University could conduct a more extensive review of this issue. Respecting the need for the temporary moratorium, the Task Force cautions that a complete ban on such visits could have unintended negative consequences. Specifically, such a ban would prevent opportunities for appropriate sibling bonding, younger siblings to identify with the University as a desirable college destination, student-athlete recruitment, and students who are parents of minor children to spend time together. Accordingly, the Task Force recommends that further consideration of an appropriate policy be conducted with the recognition that this is an area where flexibility may be needed.

**Minors on Campus Generally:** The University operates an open campus. The Task Force recognizes, therefore, the difficulty of enacting a comprehensive policy covering all the ways the University interacts with minors. The Task Force was informed, however, that the Office of University Counsel has begun the process of developing such a policy based on those recently implemented by other institutions. The Task Force encourages this effort.

**Guest Status:** The Task Force recommends that consideration be given to the variety of categories of guest status. Non-matriculated minors can be guests of students, faculty, other employees or alumni. They can be guests of University guests. The Task Force thus recommends that the University’s review analyze to whom policies are appropriately directed: students, employees, vendors, alumni or guests.

**Reporting:** With due consideration against adopting too many policies or creating an environment where members of the community feel compelled to take on inappropriate law enforcement roles, the Task Force recommends that the University consider how to create a culture where individuals report instances of misconduct. Questions to be considered are whether or not there should be a responsibility to report beyond that which the law requires, whether such a responsibility should extend only to certain misconduct, and whether strategies that encourage a culture of reporting are preferable to a policy that seeks to impose a responsibility to report.

**Scope of Policy Review:** The charge of the Task Force was to review the Freeh Report and to identify potential implications for Temple University. The incidents described in the Freeh Report arose in the context of child sex abuse. Nevertheless, the Task Force believes it would be a mistake for Temple to be too myopic in its review. Finding the proper line between
too narrow and impossibly broad requires judgment. The Task Force therefore recommends first that the University review the policies that pertain to protection of child welfare. Second, the Task Force recommends that the University consider whether, in reviewing its policies, the review ought to include policies that relate more broadly to any suspected crimes (in order to assist in creating a culture that encourages reporting of suspected misconduct). Third, the Task Force notes that the Temple University Health System has a Compliance Plan that includes standards of conduct. In conjunction with the Health System’s non-retaliation policy, these standards of conduct establish expectations with regard to employee reporting of misconduct. All employees must review and affirm familiarity with the standards on an annual basis. The University, too, has Rules of Conduct that are made known to employees at the time they are hired, are provided during the new employee orientation and are also available on the University website. The Task Force recommends that the University review these two standards of conduct and consider, as takes place at the Health System, a procedure that would require University employees to affirm, on a regular basis, familiarity with applicable standards with regard to reporting misconduct and the protections afforded to them if they do so. Finally, the Task Force finds this an appropriate opportunity to encourage that all University employees, including faculty, be included in the reach of such periodic reminders and requirements.

Applicability: The Task Force recommends that policies be evaluated to ensure that they apply to all University programs, campuses and facilities, or that exceptions are made for appropriate reasons and through formalized mechanisms.

3. Employee Manual

The Task Force believes that many of the policies and other regulations addressing non-matriculated minors should be included in the Employee Manual. The Task Force was told that a revised Employee Manual is in process, and the Task Force recommends that such a revision be continued and completed as soon as practicable.

4. University Culture and Norms

It is the Task Force’s clear consensus that what gave rise to the events described in the Freeh Report was as much a product of institutional culture as it was an absence of particular policies. The Task Force believes it is important that the University ask itself whether cultural norms exist at Temple that might blind us to vulnerabilities that would put us at risk of failing to see a problem in our midst.

In addition, the Task Force concluded that it would be a missed opportunity if the University does not make a strong statement emphasizing the expectations borne by members of the University community and the importance of ensuring the safety of non-matriculated minors visiting the University and interacting with members of the University community.

The Task Force recommends that this strong statement of expectations be issued by University leadership. This could come from the Board of Trustees or from the President. The idea is that all members of the community should be aware, and should be reminded on a regular
basis, of what is expected in this area. By way of example, an annual reminder could be included in a “welcome back” message, in a free-standing reminder of what Temple values and expects or it could be incorporated in an annual affirmation of familiarity and compliance with standards of conduct.

5. Transparency and Reporting Mechanisms

Whatever obligations members of the Temple community may have, there must be clear and easily accessible information about what to do when someone suspects inappropriate conduct. The Task Force recommends that the University conduct an evaluation aimed at improving the transparency of policies involving interaction with non-matriculated minors, and ensuring that members of the Temple community have clear and easily accessible information about what to do when someone suspects inappropriate conduct. The Task Force noted with approval that a confidential on-line form for reporting misconduct exists, but also noted that it is available through the Office of Internal Audits page on the University website. As such, the Task Force was uncertain whether most individuals would know how to find the form. The Task Force also noted that the University has a “whistleblower” policy to protect people who make good faith reports of misconduct. It is located at section 13.17 of the Employee Manual. It is entitled “Anti-Retaliation in Employment,” in order to encourage employees to report any violations of policies, procedures and Rules of Conduct, whether or not those actions are within the scope of the Whistleblower Protection Act. The Task Force recommends that a cross-reference be added under the more familiar description, “Whistleblower” policy, to ensure that the Anti-Retaliation Policy is easily accessible.

6. Background Checks

Pennsylvania Act 33\(^1\) requires that individuals who engage in certain activities involving minors have both child abuse and criminal history record clearances prior to beginning any such activity. The Task Force determined that the Temple entities to whom Act 33 applies were familiar with the Act and generally complied with its requirements. The Task Force does recommend, however, that compliance with PA Act 33 be added to the list of items that the Department of Internal Audits reviews.

In addition to the specific requirement of PA Act 33, the Freeh Report can be seen to raise the broader question of whether a University should engage in a wider range of background checks than the law requires. This raises questions of to whom a background check would apply (all employees? faculty? student workers? vendors?), as well as the timing of such background checks (at the point of hire? periodic re-checks? if so, how often?).

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\(^1\) Act No. 1985-33 requires that certain staff members employed in the types of child care facilities and children’s programs listed under § 6000.2 (relating to applicability) have both child abuse and criminal history record clearances prior to employment. Only staff members who will be providing direct care, supervision, guidance or control of children are covered by Act No. 1985-33. Two clearances are required: a criminal records check to investigate past criminal convictions and a child abuse check to determine if there have been founded or indicated reports of child abuse naming the applicant as perpetrator. See:
http://www.pacode.com/secure/data/055/chapter6000/subchapAtoc.html

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These are questions that involve law, policy and practicality. Accordingly, the Task Force recommends that the University confer with Risk Management, University Counsel and Human Resources to develop an approach in this area that is rational, gives due concern to the safety of children, and is feasible.

Finally, the Task Force recommends that University Counsel, Risk Management and Human Resources confer and make a recommendation to the University administration about whether individuals who are registered sex offenders should be subject to additional policies with regard to interaction with non-matriculated minors.

7. Training

The Task Force’s recommendations on training are directed to two contexts – the requirements of the Clery Act and activities involving non-matriculated minors. The Clery Act imposes reporting requirements on certain University individuals who are designated as “Campus Security Authorities” (CSAs). The Task Force recommends that the University engage in more formal and regular training of its CSAs to ensure that they are reminded of the responsibilities their designation imposes.\(^2\) The Task Force noted an affirmative step in this direction in that Senior Vice President James Creedon emailed designated CSAs at the beginning of the 2012-13 academic year to remind them of their designation as CSAs, as well as their duties to report and instructions on how to report, building upon previous notices sent by Campus Safety Services (see Appendix A).

The Task Force also discussed the importance and feasibility of training beyond the requirements of the Clery Act. An example of previous broad-based training was the online anti-harassment education program for all faculty and staff. The 20-minute video and evaluation was intended to remind employees of the University’s anti-harassment policies and educate them about how to determine when appropriate action is necessary and what offices should be contacted if confronted with unlawful conduct. The Task Force recommends that consideration be given to periodically requiring similar training on issues involving inappropriate behavior with non-matriculated minors and, more broadly, on abuse awareness. The Task Force believes that such periodic training is valuable both in terms of the knowledge transmitted, as well as serving as a periodic statement of the importance the University places on these matters.

On a related note, the Task Force recommends that the University evaluate both the scope and method of training. As to scope, the Task Force recommends that additional training appropriately considered as within the category of institutional integrity should be required, at a minimum, of all University employees, including faculty. Beyond that, the Task Force recommends that consideration be given to deciding which additional groups of people should be required to be trained. At a minimum, this might include non-employees who are regular

\(^2\) The Task Force recommends that the University make available its Clery Act training to representatives of the Northeastern Hospital School of Nursing (“Northeastern”), which is also (though independently) subject to the Clery Act. The Task Force makes this recommendation with the understanding that the Northeastern Hospital School of Nursing has independent Clery Act reporting obligations, but on the theory that University training can be extended to Northeastern at minimal cost and inconvenience.
participants in the University community, e.g., emeritus faculty and vendors. As a related matter, the Task Force recommends that consideration be given to how best to provide additional training to all campus participants, including students and other regular campus visitors (e.g., vendors, contractors), recognizing that methods to ensure administrative and staff compliance may differ from methods to ensure faculty compliance and compliance by non-employees.

8. Clery Act Compliance

The Clery Act requires that all colleges and universities participating in federal student aid programs disclose timely and annual information about campus crime and security policies (see Appendix B). The Task Force believes that Temple University’s Clery Act compliance is robust. The Task Force was also pleased that following the publication of the Freeh Report, Acting President Englert added Clery Act compliance to the subjects to be periodically reviewed by the University’s Office of Internal Audits.

With that stated, the Task Force makes the following recommendations. First, as discussed above, the Task Force recommends that prompt attention be given to CSA notice and additional training. The Task Force determined that the University has a full complement of CSAs, but concluded that the University should take steps to ensure that CSAs are regularly reminded of their status and provided training as to their responsibilities. The Task Force also recommends that names of the CSAs be easily accessible to both the Temple community and the general public. As noted above, affirmative steps have already been taken in notifying CSAs of their designation. Second, the Task Force recommends that a review of incident reports not included in campus Daily Crime Logs be added to the matters periodically reviewed by the Department of Internal Audits. Currently the University’s annual Clery Act reporting is the primary responsibility of one part-time employee (a former University police lieutenant with many years of experience). Although the Task Force found the current efforts to be fully compliant, in view of the recommendation for increased training, the Task Force recommends that the University evaluate the adequacy of staffing of those responsible for Clery Act reporting.

B. Other Recommendations

1. University Integrity Officer

The Task Force concluded that ensuring that non-matriculated minors are protected is the responsibility of many University employees. Thus, the Task Force believes that it is appropriate to assess whether this is an area where centralized oversight would be of benefit. Specifically, the Task Force recommends that consideration be given to creating a University Integrity Officer, or some alternative structure that would house oversight of the many activities and interactions with non-matriculated minors in one place. The responsibility could be assigned to one person or more than one person. The scope of this individual’s or office’s responsibility would not necessarily be limited to interactions with non-matriculated minors and might, quite logically, include compliance with the laws, rules, or other regulations that affect the University’s operations, risk management and reputation. By way of example, the Task Force
notes that the Temple University Health System has a Corporate Compliance Officer with designated compliance liaisons at each affiliate location. The Health System’s Compliance Officer’s responsibilities and reporting relationships are described in the Corporate Compliance Plan (see Appendix C).

The Task Force also recommends that the University consider how to provide support to individuals in need of guidance on resolving potentially difficult issues that might or might not ripen into a report of misconduct. Such a support mechanism might be within the scope of the Integrity Officer’s role or might be located elsewhere.

2. University Accountability

The challenge is how to ensure that the campus community is vigilant and attentive. It is the view of the Task Force that this happens in two ways: by setting an institutional tone and by ensuring institutional accountability.

Currently, there are no prescribed institutional consequences that explicitly address a situation in which someone disregards a minor in need of assistance. Imposing such obligations can be fraught with peril. In what circumstances should the duty arise? To whom should the duty attach? The Task Force recommends that these questions be thoroughly considered with an eye toward creating a campus where all individuals recognize a responsibility to be accountable to the University in the face of inappropriate interactions with a non-matriculated minor. As a related matter, the Task Force discussed whether such consideration should be broadened to include other forms of misconduct, with the understanding that the list may expand as actual incidents are reported. In the end, the Task Force concluded that such an inquiry should not be limited to the particular behaviors at the heart of the Freeh Report, and recommends that the University thoughtfully evaluate the scope of behaviors that should appropriately be included in a review of institutional accountability.

3. Institutional Governance and Administration

It is the view of the Task Force that the Freeh Report starkly presents the absence of accountability at high levels. Lack of accountability and other undesirable policies and practices flourish in settings that shield actions from appropriate review. In contrast, the Task Force believes that appropriate transparency helps discourage actions that blind us to vulnerabilities or position us to overlook a problem in our midst. Accordingly, both lack of accountability and lack of transparency are areas worthy of further attention. The Task Force recognizes and respects the needs of institutions to function in ways and at times that cannot be fully transparent. At the same time, there are some topics, such as inappropriate interactions with non-matriculated minors, where the arrow points clearly in favor of transparency. One assurance of transparency is for the University governance and management structures to be confident that they, too, have removed impediments to the free flow of information to them and where appropriate, from them. Therefore the Task Force recommends that the Board of Trustees and the University administration conduct an independent evaluation to determine if their procedures are appropriately transparent, including whether the Board and executive leadership are
appropriately informed of important matters, and whether constituents feel adequately heard and their positions appropriately respected.

4. Athletics

The Task Force discussed the issue of whether athletics deserved special mention in this Report. Because intercollegiate athletics is subject to oversight by the NCAA, which, among other things, imposes a duty of institutional control on the University, the Task Force deemed it appropriate to address athletics separately. In that regard, the Task Force starts by noting that in 2009, Temple received the NCAA’s full re-certification after a self-study and review of many areas, including institutional governance and commitment to compliance. Nevertheless, the University, including the Athletics Department and its supporters within the University community, must resist the tendency to allow the Athletics Department to become isolated and unaccountable.

To that end, the Task Force makes two recommendations. First, the Task Force recommends that University policies be explicit in their application to all units of the University, including the Department of Athletics. This will ensure consistency of enforcement of policies and will help prevent a sense of isolation or exemption that might otherwise exist or develop. The Task Force notes that there are many efforts under way -- at the NCAA, athletic conferences and individual institutions -- to develop best practices regarding institutional integrity and control of intercollegiate athletics programs. Second the Task Force recommends that the University regularly review these external sources of best practices as they are developed to determine those most appropriate to incorporate into the University’s oversight and operation of its intercollegiate athletics program.

5. All Campuses

In all phases of review, the University should ensure that consideration is given to the appropriateness of applying policies to all campuses (recognizing that laws and norms may vary outside the University, the City of Philadelphia and the U.S.) and, once applied, ensure that the relevant campuses are regularly and effectively made aware of the existence of the policies.

6. Assessment

Because of the limited time available to the Task Force, many of our recommendations are framed not as calls to action but as calls for more thorough review. As such, it would be presumptuous to invite a demonstration of specific outcomes. On the other hand, the Task Force does want to encourage the University to take seriously these recommendations for review and evaluation. Therefore, the Task Force recommends that the University President report to the Board of Trustees in Fall 2013 the actions of the University in response to this Report.
III. Conclusion

The members of the Task Force were impressed by the many ways in which the University has already developed practices, procedures and policies to ensure compliance with the Clery Act and the protection of non-matriculated minors at the University. Still, the Task Force members agree that the Freeh Report provides us with a unique opportunity to focus attention on important issues, and to make recommendations for improvements in our own University. In doing so, we want to emphasize that Temple University plays an important role in the Philadelphia community and we do not want our concerns or suggestions to thwart our efforts to be a resource for community members, especially for children who may one day aspire to be Temple students. We also recognize that protecting children is an essential responsibility of the University and it must clearly be stated that failure to do so is unacceptable. Striking this balance between community interaction and the protection of children should be at the heart of any future actions taken as a result of the work of this Task Force.

The members of the Task Force on Institutional Integrity are honored to have participated in this process. Thank you for the opportunity to serve our University.

Respectfully submitted,

JoAnne A. Epps, Dean, Beasley School of Law and Task Force Chair  
William Bergman, Vice President for Operations  
Dr. James Earl Davis, Interim Dean, College of Education  
Dr. John DiMino, Director, Tuttleman Counseling Services  
Dr. Frank L. Friedman, Professor, College of Science and Technology  
Michael Gebhardt, Deputy University Counsel  
Dr. Stephanie Ives, Dean of Students  
Beth Koob, Chief Counsel for Health Sciences  
Eleanor Myers, Associate Professor, Beasley School of Law & Faculty Athletics Representative  
Harry Young, Associate Vice President, Human Resources  
Lisa Zimmaro, Assistant Vice President, Risk Management and Treasury

Staffed by:  
Anne Nadol, Assistant Vice President, Executive Office of the President  
Dr. Kathryn D’Angelo, Assistant Vice President, Finance and Administration  
Sherryta Freeman, Senior Associate Athletic Director, Compliance  
Marylouise Esten, Associate Dean for Students, Beasley School of Law
Task Force Summary of Recommendations

The University should consider the following recommendations:

A. Recommendations on Activities Involving Minors and Clery Act

1. Inventory of Activities

   a) Maintain a representative list of categories of activities involving non-matriculated minors, review it periodically, and compare those activities to existing University policies and practices to ensure that the policies continue to appropriately address the range and nature of activities involving non-matriculated minors.

   b) Develop and promulgate a set of “Best Practices for Activities Involving Interactions with Non-Matriculated Minors.”

2. University Policy Review

   Engage in a comprehensive review of policies that pertain to activities involving non-matriculated minors, followed by a very careful analysis of the appropriateness of the existing policies and a study of whether additional or different policies are needed. Publicize policies and make them easily accessible.

3. Employee Manual

   Continue and complete the ongoing revision of the Employee Manual as soon as practicable.

4. University Culture and Norms

   Deliver a strong statement emphasizing the expectations borne by members of the University community and the importance of ensuring the safety of non-matriculated minors visiting the University and interacting with members of the University community.

5. Transparency and Reporting Mechanisms

   Conduct an evaluation aimed at improving the transparency of policies involving interaction with non-matriculated minors and ensuring that members of the Temple community have clear and easily accessible information about what to do when someone suspects inappropriate conduct.

6. Background Checks

   a) Include PA Act 33 compliance in reviews by Department of Internal Audits.
b) Develop an approach to conducting background checks that is rational, gives due concern to the safety of children, and is feasible, and consider additional policies for registered sex offenders with regard to interaction with non-matriculated minors.

7. Training

a) Engage in more formal and more regular training of Clery Act Campus Security Authorities to ensure that they are regularly reminded of the responsibilities their designation imposes.

b) Periodically require training on issues involving inappropriate behavior with non-matriculated minors and, more broadly, on abuse awareness.

c) Evaluate both the scope and method of additional training.

8. Clery Act Compliance

a) Provide regular notification and training of Campus Security Authorities.

b) Make the names of the Campus Security Authorities easily accessible to both the Temple community and the general public.

c) Add a review of incident reports not included in campus Daily Crime Logs to the matters that the Department of Internal Audits periodically reviews.

d) Evaluate the adequacy of staffing of those responsible for Clery Act reporting.

B. Other Recommendations

1. University Integrity Officer

a) Consider the creation of a University Integrity Officer or some alternative structure, whether that be one person or more than one person, to oversee the many activities and interactions with non-matriculated minors and University compliance with the laws, rules, or other regulations that affect the University’s operations, risk management and reputation.

b) Consider how to provide support to individuals in need of guidance on resolving potentially difficult issues that might or might not ripen into a report of misconduct.

2. University Accountability

Evaluate institutional accountability, with an eye toward creating a campus where all individuals recognize a responsibility to be accountable to the University in the face of inappropriate interactions with non-matriculated minors, as well as other behaviors that should
appropriately be included.

3. Institutional Governance and Administration

Conduct an independent evaluation of the Board of Trustees and the University administration to determine if their procedures are appropriately transparent and whether constituents feel adequately heard and their positions appropriately respected.

4. Athletics

a) State explicitly that University policies apply to all units of the University, including the Department of Athletics.

b) Review external sources to determine those most appropriate to incorporate into the University’s oversight and operation of its intercollegiate athletics program.

5. All Campuses

Ensure that consideration is given to the appropriateness of applying policies to all campuses (recognizing different laws and norms outside the University, the City of Philadelphia and the U.S.) and, once applied, ensure that the relevant campuses are regularly and effectively made aware of the existence of the policies.

6. Assessment

Require the University President to report to the Board of Trustees in Fall 2013 the actions of the University in response to this Report.
Appendices

A. Annual Notification to Campus Security Authorities

B. Clery Act-summary information and compliance areas

C. Excerpts from Temple University Health System Compliance Program
Appendix A: Sample Annual Notification to Campus Security Authorities

From: Maria G. Ramos On Behalf Of James P Creedon  
Sent: Tuesday, August 28, 2012 11:09 AM  
To: Campus Security Authorities Listing (maintained by Campus Safety Services)  
Cc: Carl S Bittenbender; cleone1@temple.edu; william.bergman@temple.edu; James P Creedon  
Subject: Clery Act

Dear Colleagues:

You have received this email because you have been identified as having university responsibilities that make you a “Campus Security Authority” under The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act.

The Clery Act requires Temple University to provide an annual safety and security report, which includes data and statistics about crime in the university community. In addition to input from law enforcement, certain university employees are designated as Campus Security Authorities (“CSA”) for the purpose of providing information for this report. CSAs are a vital part of data collection for the university’s annual safety and security report.

The law defines a CSA as “[a]n official of an institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline, and campus judicial proceedings.” Examples of CSAs include deans, athletic team coaches, advisors for recognized student groups, or other administrators who oversee student housing, a student center or student extra-curricular activities. On the other hand, a teaching faculty member is unlikely to qualify except if he or she serves as an advisor to a student group. Similarly, typical clerical, administrative and service employees are also unlikely to have significant responsibility for student and campus activities. The CSA designation also includes any individual who has been specified by the university to receive and report offenses.

CSAs are responsible for reporting crimes and violations described in the Clery Act to Temple Police whenever they become aware of them. This information, when confirmed, is then included in the university’s federally mandated Clery Report, which is distributed every year on or before October 1. The information also assists in the identification of crime on and around campus.

As a CSA, you are not responsible for investigating crime, determining authoritatively whether a crime has taken place, or apprehending suspects – these are law enforcement’s responsibilities. CSAs are also not responsible for convincing victims to contact law enforcement if the victim chooses not to do so. A CSA is only responsible to report good faith allegations of Clery crimes and violations that he or she receives from others or Clery crimes and violations that he or she observes.
Crimes and violations that must be reported are:

Homicide Aggravated Assault Sexual Assault Robbery
Burglary
Motor Vehicle Theft (Stolen vehicles)
Arson
Weapon Violations (e.g. Possession, Brandishing)
Liquor Law Violations (e.g. Minor in possession)
Drug Abuse Violations
Hate Crimes (including all crimes above as well as bias-related theft, vandalism, intimidation, and simple assault)

In order to be reportable, the crime or violation must occur at one of the following locations:

On a Temple Campus, including Student Housing
Off campus but on Temple Affiliated Property (i.e., property occupied or controlled by Temple)

Public Property within one of Temple’s campuses or in the public streets, including the sidewalk on both sides of the street, immediately next to Temple’s campuses (think “Campus, sidewalk, street, sidewalk”)

Should you become aware of any crime or violation identified above, you should report it as soon as possible to Temple Police at 215-204-1234. If you are unsure of where something occurred or otherwise are uncertain whether you should report something, call Temple Police just to be sure.

We all have important responsibilities as CSAs, and I ask for your full attention to and support for this responsibility.

Sincerely,

James P. Creedon
Senior Vice President
Appendix B: Summary Information & Compliance Areas (Resources for the Clery Act)


The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"), codified at 20 USC 1092 (f) as a part of the Higher Education Act of 1965, is a federal law that requires colleges and universities to disclose certain timely and annual information about campus crime and security policies. All public and private institutions of postsecondary education participating in federal student aid programs are subject to it. The Clery Act requires the following:

Schools have to publish an annual report every year by October 1st that contains 3 years’ worth of campus crime statistics and certain security policy statements including sexual assault policies which assure basic victims' rights, the law enforcement authority of campus police and where students should go to report crimes.

Crime Statistics-
Each school must disclose crime statistics for the campus, unobstructed public areas immediately adjacent to or running through the campus, and certain non-campus facilities including Greek housing and remote classrooms. The statistics must be gathered from campus police or security, local law enforcement, and other school officials who have "significant responsibility for student and campus activities" such as student judicial affairs directors.

Access To Timely Information-
Schools are also required to provide "timely warnings" and a separate more extensive public crime log. It is these requirements which are most likely to affect the day-to-day lives of students. The timely warning requirement is somewhat subjective and is only triggered when the school considers a crime to pose an ongoing "threat to students and employees" while the log records all incidents reported to the campus police or security department.

Related Links:
Temple University Campus Safety Services: security reports and crime log: http://www.temple.edu/safety/reports/
http://www.temple.edu/about/PublicInformation.htm

Temple University Health System, Northeastern Hospital School of Nursing
This data is published annually
A Letter From the Chair of the Board

Temple University Health System’s success is a reflection of our employees’ honesty and integrity that have earned us our excellent reputation for ethical behavior. We must continue to be unwavering and steadfast in our adherence to the highest standards of business conduct in order to maintain and enhance that reputation.

TUHS’s continuing commitment to these high ethical standards is reflected in the TUHS Corporate Compliance Program, which was voluntarily adopted in 1996. This program provides guidance to ensure that our work is done in an ethical and legal manner. An essential predicate of this program is the commitment of each TUHS employee to advise TUHS management of anything that appears non-compliant with the increasingly complex framework of laws and regulations which control our delivery of health services. This Compliance Program also informs each employee how to obtain assistance with questions or concerns about the Standards of Conduct, which are an essential component of the program.

No compliance program can anticipate and address every situation that employees may encounter on the job. In many cases, common sense and good judgment will be the best guide. Some situations may lead you to seek advice from your supervisor or the Corporate Compliance Officer. Because of the complex regulatory environment in which we operate, questions will naturally arise and employees are encouraged to seek answers when confronted by such issues. There will be no retaliation against anyone for reporting a problem. Whatever you do, remember that when you act on behalf of TUHS, its reputation for honesty and integrity is in your hands.

On behalf of the Boards of Directors of TUHS, I urge each employee to remain thoroughly familiar with the contents of these compliance materials, and I encourage you to seek assistance when a question or concern arises. TUHS maintains a strong commitment to its mission, vision and values. If we continue to honor these commitments, and live by the standards of conduct that underpin them, we may look forward with confidence to continued personal and institutional success.

______________________________
Jane Scaccetti, Chair
TUHS Board of Directors
A. THE TEMPLE UNIVERSITY HEALTH SYSTEM CORPORATE COMPLIANCE PROGRAM

The Temple University Health System, Inc. (TUHS) Corporate Compliance Program is designed to develop and ensure effective internal controls that promote best practices and adherence to applicable Federal and State regulatory requirements. The adaptation and implementation of a voluntary compliance program significantly advances the prevention of fraud, abuse and waste in the delivery of healthcare services, while at the same time furthering the fundamental mission, vision and values of TUHS.

This Corporate Compliance Program is designed to promote a TUHS culture that encourages compliance with all regulatory requirements as best practice. This Compliance Program stresses prevention, detection and resolution of practice or conduct, which may not conform to Federal and State law and private payor healthcare requirements, as well as TUHS’s ethical and business practices.

The Corporate Compliance Program is applicable to all employees, agents, students and volunteers of TUHS and its subsidiaries, directors/governors serving on any TUHS Board, and TUHS vendors as appropriate. Accordingly, its provisions, including the Standards of Conduct, are applicable across the System. Particular areas of compliance practice and assessment are addressed in the TUHS Compliance Manual which should be referred to as appropriate.

The TUHS Corporate Compliance Program is composed of five elements:

I. Standards of Conduct
II. Corporate Compliance Officer
III. Compliance Hotline (800-910-6721)
IV. Compliance Infrastructure
V. Continued Compliance-Supplementing this Program

STANDARDS OF CONDUCT

The first component of the TUHS Compliance Program is the Standards of Conduct which establishes the practices and ethical rules through which TUHS’s commitment to compliance and integrity in all of its operations will be realized, including our commitment to adhere to all pertinent laws and regulations.

Basic Pledge:
It is the goal of TUHS to conform its operations to all pertinent federal and state laws and regulations. We will also strive to ensure that all employees and contractors act in conformity
with this compliance program and all pertinent federal and state laws pertaining to the delivery of healthcare services.

Standards:
1. *Following the law:* TUHS employees will carry out their duties in a manner that is compliant with all relevant laws and regulations, and consistent with best practices adopted by TUHS.
2. *Reporting violations:* Each employee has an individual responsibility for reporting to an appropriate supervisor or senior management or the Chief Compliance Officer any activity by any colleague, physician, subcontractor, vendor or any process that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice, federal healthcare conditions of participation, or this compliance program.
3. *Medical Necessity:* All treatment recommended and implemented at TUHS will be medically necessary; medical necessity is determined by the accepted professional standards of the relevant medical profession. Treatment decisions will not be affected by the patient’s type of insurance or the patient’s ability to pay for such services.
4. *No Referral Payments:* TUHS will not pay any person or entity any form of remuneration for the referral of patients nor offer any financial inducement, gift or bribe to any prospective patients to encourage them to undergo treatment at TUHS.
5. *Accurate records:* All billing and patient records will be accurate, complete and as detailed as required by government and professional standards. Each step in the treatment process, from admission through discharge, shall be documented appropriately in the patient’s medical records. Furthermore, no service will be billed unless fully justified by the documentation of the medical staff as reflected in patient medical records.
6. *Full implementation of the Standards of Conduct:* The Standards of Conduct apply to all TUHS employees. To the extent feasible, TUHS will ensure that all pertinent provisions of the Standards of Conduct will be implemented fully for all TUHS-managed facilities, and bind any independent contractors, temporary or contract employees.

THE CORPORATE COMPLIANCE OFFICER

The second component of the TUHS Compliance Program is the Corporate Compliance Officer (CCO) who has the responsibility for implementing the Compliance Program and the Standards of Conduct throughout TUHS. The CCO has the authority to conduct audits and investigations; develop administrative policies and procedures to comply with ever expanding regulatory requirements undertake employee exit interviews; conduct staff training and periodic re-training in compliance education and procedures; and recommend appropriate discipline be imposed for violations of the Standards of Conduct. The CCO will provide routine reports to the TUHS Audit and Compliance Committee.

The CCO resides in the Office of Counsel and reports directly to the TUHS Chief Counsel. When warranted, the CCO may also bring matters directly to the attention of the Chair of the TUHS Board.
Each TUHS facility has appointed a designated compliance liaison to assist in maintaining consistent monitoring and enforcement of the TUHS Standards of Conduct. The CCO provides advice and coordination of training and audit activities in concert with the TUHS compliance liaisons. Each TUHS facility shall establish the requisite compliance infrastructure to ensure ongoing monitoring and enforcement of all elements of the TUHS Compliance Program.

THE COMPLIANCE HOTLINE (800-910-6721)

The third component of the TUHS Compliance Program is the TUHS Compliance Hotline. The purpose of this hotline is to enable members of the TUHS community to report any suspected violations of the Standards of Conduct or regulations. Each credible report shall be investigated by the CCO who may report findings to the TUHS Audit and Compliance Committee or directly to the Chair of the Board. The hotline permits anonymous reports with all call activity reported directly to the CCO. Questions or concerns may also be addressed to the hotline.

IV. COMPLIANCE INFRASTRUCTURE

The fourth component of the TUHS Compliance Program is a commitment by TUHS to develop mechanisms and infrastructure to ensure continuing compliance. Such mechanisms include audit program schedules with plans of corrective action to correct deficiencies, policies and procedures to ensure compliance with all regulatory requirements, educational programs, distribution of pertinent new statutes, regulations and governmental guidelines related to healthcare services. These specific requirements will be discussed in more detail below in the section that describes implementing the program.

While each TUHS facility will develop their compliance infrastructure to meet the requirement of the TUHS Corporate Compliance Program, the CCO is responsible for reviewing and coordinating all ongoing activities taken pursuant to the TUHS Corporate Compliance Program.

V. CONTINUED COMPLIANCE

The fifth aspect of the program is to implement appropriate supplements to the program as well as operational policies and procedures in the TUHS Compliance Manual, in response to emerging regulatory requirements. The CCO is responsible for supplementing and updating the compliance program, which includes the TUHS Compliance Manual, in order to ensure its continued viability with all new regulatory and legal developments. Such supplements will encompass any new regulatory area for which compliance is required throughout TUHS. The CCO will prepare appropriate supplements for review and approval of the TUHS Chief Counsel. The TUHS Board must approve any proposed supplement.

A. Compliance Program Supplements

The initial TUHS Billing Compliance Program which has been in continuous
operation since 1996 has been supplemented in order to comply with emerging regulatory requirements. These supplements which remain in operation are:

- The TUHS Home Health Provider Compliance Program
- The TUHS Ambulance Compliance Program
- The TUHS Health Information Security and Privacy Compliance Program
- The TUHS Physician Group Billing Compliance Program
- The TUHS Clinical Laboratory Compliance Program

These supplements are incorporated by reference in the TUHS Corporate Compliance Program and are available at: www.templehealth.org/TUHS legal.

B. The TUHS Compliance Manual

The TUHS Compliance Manual is a compendium of operational policies and procedures which have been implemented to ensure compliance with all regulatory requirements. These policies and procedures are implemented to cover areas which require specific operational protocols and standards to ensure adherence to established regulatory best practices. The manual will be updated as required.

The CCO will also be responsible for initiating appropriate training for all employees affected by the approved supplemental compliance mandates. Subsequent to the implementation of new policies and procedures to accommodate regulatory requirements, and following appropriate training, the CCO will formulate appropriate audit schedules utilizing either internal auditors or outside consultants to verify the effectiveness of the training and the administrative policies and procedures.

B. IMPLEMENTING THE PROGRAM

I. INTERNAL MONITORING PROTOCOL

A primary duty of the CCO shall be to facilitate both anonymous and attributable reports from TUHS employees or other sources. An open line of communication between the CCO and TUHS personnel is essential to the operation of this program. Reports may be received directly from employees in writing, through the Compliance Hotline, electronically transmitted or anonymously submitted. All reports will be confidential and no adverse action shall be taken against any employee who reports a possible problem.

Responses to reports such as the initiation of investigations or suspension of billings will be coordinated with the TUHS Chief Counsel, and when appropriate, the Chair of the Board. Investigative resources include the use of an Internal Auditor, or outside consultants. The results of such activities shall be reported to the TUHS Audit and Compliance Committee, and the Chair of the Board as appropriate. The CCO will make recommendations to the TUHS Chief Counsel following investigations to facilitate plans for corrective actions and, if appropriate, disciplinary
sanctions against TUHS employees. Any such action will be reported to the Chair of the Board and the TUHS Audit and Compliance Committee.

II. AUDIT PROTOCOL

An ongoing audit and evaluation process is essential for the effectiveness of this Compliance Program. Accordingly, the CCO will meet periodically with internal auditors to establish an audit plan/cycle to review selected samples of records, bills or other documentation as deemed appropriate to ensure compliance with the Standards of Conduct throughout TUHS. The Internal Audits Compliance Audit Schedule will be reviewed and revised annually. The CCO may also direct specific audits as required using either internal auditors or other resources such as outside consultants. Internal Audit reports will be forwarded directly to the CCO and the TUHS Chief Counsel. Based upon audit results, the CCO may recommend to the TUHS Chief Counsel that the results of any internal audit or investigation should be disclosed to the appropriate governmental authorities. Such a recommendation shall address the manner in which a disclosure may be accommodated. Any internal report that identifies an overpayment or incorrect billing for medical services shall result in the prompt correction of such overpayment or incorrect billing either through repayment or reconciliation with the affected third-party payer.

Specific audit protocols have also been developed for all physicians subject to this Compliance Program in order to ensure compliance with the Standards of Conduct and all applicable Medicare/Medicaid regulations. The audits will coincide with physician specialty specific training on appropriate documentation and coding. Such audits will review concurrent medical record documentation with intended charges prior to the submission of any claims. Any physician who fails to demonstrate an understanding of the medical record documentation/coding requirements will be subject to re-training followed by another concurrent review of their documentation. Consistent failure to demonstrate an understating of the documentation/coding requirements may result in economic sanctions or other disciplinary action as appropriate. Any such disciplinary action will be appropriately reported to the TUHS Audit and Compliance Committee and the Chair of the Board.

III. EXIT INTERVIEWS

The CCO shall conduct an exit interview with any employee terminating employment with TUHS whose responsibilities have included billing/regulatory-controlled activities. One purpose of this interview shall be to solicit information about compliance with and possible violations of the Standards of Conduct so that they may be investigated. A second purpose is to determine whether the departing employee has any suggestions for improving the compliance program. The CCO shall report any such alleged violations to the TUHS Chief Counsel or the TUHS Audit and Compliance Committee summarizing the contents of the interviews with possible recommendations for further action.

C. EXERCISING DUE DILIGENCE IN DELEGATING DISCRETIONARY AUTHORITY
A primary purpose of the TUHS Compliance Program is to foreclose delegation of discretionary authority to any employee who has a discoverable propensity to engage in illegal activity. This is accomplished in several ways.

I. PROSPECTIVE EMPLOYEES

TUHS will undertake careful evaluations of all prospective employees. Applicants for employment are required to identify any criminal convictions while acknowledging that any information provided will be verified and that failure to provide accurate information shall be grounds for dismissal. In addition, a background check will be run on all prospective employees to verify application information. This background check will include a search of the list of sanctioned individuals maintained by the Office of Inspector General and the General Services Administration.

II. EXISTING EMPLOYEES

TUHS closely monitors the activities of its current employees. All employees are required to report all violations of the Standards of Conduct and any other suspected illegal activity to either their supervisor or the CCO. Each TUHS facility will periodically submit a listing of all current employees to a search of the sanction list maintained by the Office of Inspector General and the General Services Administration in order to attest that TUHS has no sanctioned individuals on payroll. Any employee suspected of engaging in illegal activity will either be suspended or re-assigned to other work responsibilities pending the outcome of an investigation of the alleged activities. Physicians who are suspected of failing to comply with the Standards of Conduct or Medicare/Medicaid regulations may have their billings for professional services suspended pending the outcome of an investigation of the suspected activity.

If during the course of employment a TUHS employee is found guilty of an offense involving fraud or abuse that results in sanctions or suspension from any federally funded healthcare program, the employee will be suspended or discharged.

D. COMPLIANCE TRAINING FOR EMPLOYEES

As part of the compliance program, TUHS pledges to provide initial training and periodic re-training for all TUHS employees and others providing services on behalf of TUHS. Compliance training at TUHS will deal with both substance and procedures. Discussions of TUHS Standards of Conduct and pertinent policies and procedures, which implement those standards, will be central to the training. The training will also explain how the TUHS disciplinary system will help enforce the compliance program. When appropriate, more detailed discussions of statutes, regulations and other laws pertinent to the compliance program will be presented. Documentation of each training session will be maintained by the respective TUHS facility.
Compliance training will consist of several separate but related programs. All current, non-supervisory employees involved in billing activities will participate in a basic compliance training program stressing the Standards of Conduct, the role ethical obligations must play as employees discharge their daily responsibilities, and the operational procedures that will be used to ensure that the Standards of Conduct are fully implemented. This training will be repeated as required. A required basic compliance session will be included in the orientation program for all new employees and, in the mandatory competencies for established employees. Employees will be required to document their attendance at each session.

Training sessions will also be scheduled to review and discuss new regulatory obligations as required. The CCO will distribute new regulations to affected TUHS employees and schedule training as appropriate. The CCO will also work with TUHS administration to develop policies and procedures consistent with new regulatory requirements to ensure compliance. The CCO will also be responsible for updating and revising the TUHS Internal Audit Schedule to ensure that the administrative policies and procedures developed to comply with new regulatory areas are operationally effective.

E. CONSISTENT ENFORCEMENT AND DISCIPLINE

To make the TUHS Compliance Program effective, the CCO will educate employees so that they understand that the program imposes specific employee responsibility, which entails appropriate discipline for violations of the Standards of Conduct. This training, which will be incorporated in all compliance training, will emphasize that employees not only must avoid violating the Standards of Conduct themselves, but that they have an affirmative obligation to report any violations committed by others, including departmental chairs, supervisors, and other administrators. The CCO will emphasize that any violation of the Standards of Conduct will be viewed as a serious infraction, and that discipline, including institution of appropriate procedures which may result in termination of employment, will be imposed upon transgressing employees. This standard of enforcement will be uniformly applied throughout TUHS.

Departmental chairs, supervisors and other administrators may be held accountable for the misconduct of any subordinates. Managers may be subject to discipline for failure to detect compliance violations or facilitating or prolonged compliance violations through malfeasance, carelessness, inattention or other misconduct. Such discipline shall be commensurate with seriousness of the violation. Certain offenses shall be held sufficient to justify instituting appropriate disciplinary procedures, which may result in termination. They are:

1. Willful violation of federal, state statutes or regulations;
2. Willful failure of department chairs, administrators and other supervisors to report a known violation of the Standards of Conduct;
3. Willfully providing false information to the CCO, TUHS administration, a government agency, or a patient.
(4) Failure to take action as prescribed under the TUHS Compliance Program, or comply with any duties as set forth in this program.

Discipline will be applied consistent with existing disciplinary procedures and may be applied on an incremental scale depending upon whether a violation is the first, second or third offense. An employee whose conduct would justify possible termination may have lesser discipline imposed depending upon (a) whether the employee reported his/her own violation; (b) whether the report constitutes TUHS’s first awareness of the violation and the employee’s involvement; and (c) whether the employee has provided full and complete cooperation during the investigation of the violation. In addition to termination and consistent with existing disciplinary procedures, the CCO may recommend any of the following sanctions: warning; reprimand (noted in permanent personnel record); probation; demotion; temporary suspension; required reimbursement of losses or damages; and/or referral for criminal prosecution or appropriate civil action. Any such recommendation for disciplinary action shall be reported in the CCO’s annual report.

The CCO shall also be responsible following any investigation of possible violations of the Standards of Conduct to foreclose any future violations through a review of existing policies and procedures as well as a re-examination of the Compliance Program’s Standards of Conduct for possible revision or development of supplemental materials. The results of any investigation may be disclosed to the appropriate regulatory and governmental authorities following consultation with TUHS Chief Counsel and the Chair of the Board. Such disclosures will be reported to the TUHS Audit and Compliance Committee either in the CCO’s report or directly as required and appropriate.

Other problems detected through the operation of the Compliance Program may require the development of plans of corrective actions. Such plans of corrective actions will be formulated to address any problem, which may also be detected by audits or reports from governmental agencies, third-party payers or internal reports or audits. Plans of corrective action will be implemented through training and monitoring. The CCO shall be responsible for ensuring that corrective actions are effective.

F. NO RETALIATION FOR REPORTING PROBLEMS

One of the primary purposes of the TUHS Compliance Program is to facilitate the exchange of information between employees, agents or associates of TUHS and the CCO and compliance liaisons. Reports may be made anonymously, through the Compliance Hotline, or directly to the CCO. To encourage reports, it is the stated policy of TUHS that no retaliation will be taken against any employee for reporting problems.

This policy extends to anyone who finds it necessary to report a perceived TUHS problem to any governmental agency. While the intent of the compliance program is to encourage, and in most cases require, the reporting of problems to supervisors or the CCO, there will be no retaliation against anyone who reports what they believe to be a situation of non-compliance to any governmental or law enforcement agency.
Employees have the right to be protected from discharge, demotion, suspension, threat, harassment, discrimination, or retaliation in the event the employee files a claim pursuant to the Federal False Claims Act or otherwise makes a good faith report alleging fraud, waste or abuse in a Federal health care program, including the Medicare and Ma Programs, to the provider or appropriate authorities. TUHS is committed to compliance with all governmental regulatory mandates and cooperating with any inquiry regarding such mandates.