

CODE OF CONDUCT



Southern New Hampshire
Health System
www.snhhs.org

SOUTHERN NEW HAMPSHIRE MEDICAL CENTER
& FOUNDATION MEDICAL PARTNERS

The principles and standards discussed in this document have been approved by Southern New Hampshire Health System's Board of Trustees. The Health System may change, correct, modify, or revoke any of the principles and policies discussed in this document or included in the Integrity Program at any time with or without notice, and will let its employees, clinicians/providers and others know about such changes as quickly as possible.

This document is not a contract. Nothing contained in this document or in any policies included in the Integrity Program is intended to create, or should be interpreted to create, any additional employment rights for any Health System employees or personnel. This document is intended as guidance only.

Whenever the term Southern New Hampshire Health System, The Health System, or Health System is used in this document, it means Southern New Hampshire Medical Center (The Medical Center), Foundation Medical Partners (Foundation), and all affiliated organizations. Whenever the term Program or Integrity Program is used in this document, it means the Southern New Hampshire Health System Corporate Integrity Program, as approved by The Health System's Board of Trustees. Whenever the term clinician/provider is used in this document, it means a physician, nurse practitioner, physician assistant, psychologist, or other professional rendering health care.

This document may state that certain principles or standards apply to Health System personnel such as clinicians/providers, staff, employees, or any person or entity representing The Health System. These terms are not intended to be exclusive. Regardless of the terms used in this document, they are intended to apply to all Health System directors, officers, trustees, employees, medical staff, independent contractors, volunteers, and all other individuals and entities representing or doing business with The Health System.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM

CODE OF CONDUCT

At Southern New Hampshire Health System (The Health System), we have always shared the common responsibility of our mission – to provide the highest quality health care services in a way that is most satisfying to our patients. We also operate in accordance with all applicable laws, regulations and standards. The Corporate Integrity Program (the “Program”) puts into writing standards that have always existed at The Health System, and requires formal acknowledgment by every individual, at all levels of the organization. More detailed Corporate Integrity Policies can be found in the Administrative Manual on The Health System Intranet. (Search by keywords “Corporate Integrity Program” and “Code of Conduct.”)

We lead by example, and we inspire each other. While The Health System Board of Trustees has the ultimate responsibility for the Program, all Health System personnel agree to understand and comply with all aspects and principles of the Program. As we so strongly believe that this understanding and commitment is at the heart of work at The Health System, compliance with the Program is a condition of employment and/or medical/allied staff appointment for every member of the organization.

If something does not seem right, each of us has the ethical, and often legal, responsibility to seek guidance. If you are not sure about what to do in a particular situation, ask questions. As a valued staff member committed to honoring The Health System mission, you need to understand your responsibility to:

Conduct yourself with honesty and integrity and in accordance with the highest ethical standards.

Perform your duties in accordance with the principles set forth in The Health System’s Corporate Integrity Policies and Program.

Follow the laws and regulations under which The Health System operates.

Report or disclose any questionable situations promptly. See sections VI and VII entitled “Resources/Assistance” and “Reporting Concerns” for guidance.

The Health System encourages our personnel to report legal, regulatory, policy, safety and Code of Conduct concerns and violations without the risk of retaliation or reprisal.



WHO WE ARE

Southern New Hampshire Health System personnel understand, acknowledge and agree to comply with the Code of Conduct. This code includes a statement of beliefs and standards of behavior that were developed by employees to articulate the culture of and standards for our organization. These expressions capture our goal of providing a higher level of care.

The Health System statement of beliefs and standards of behavior can be found inside the back cover of this booklet. We urge you to display these as you see fit.

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CONDUCT QUESTION

You are in the elevator with four other individuals. You overhear an employee beginning to tell another employee some details regarding a patient’s care. What should you do?

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Discussing patient information in a public area violates a patient’s right to confidentiality. If this should happen, try to remedy the situation at hand by reminding coworkers of the need for confidentiality with a comment like, “Please talk about this in private.” To report a breach of confidentiality, talk to your supervisor, contact our Corporate Compliance Officer or Privacy Officer – or use the Hot Line: 1-888-414-2743.

I. WORKFORCE CONDUCT

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The Health System is an excellent place to work because we care about our work, our patients and their families, and each other. The individual qualities that enable our personnel to deliver a higher level of care – integrity, intelligence, compassion, patience, mutual respect, generosity of spirit – are the same values that continue to attract new employees and medical/allied staff and build loyalty among longtime members of our workforce. We understand that the satisfaction of our personnel drives patient satisfaction.

Confidentiality

Health System personnel have access to confidential information created and owned by The Health System, as well as confidential information obtained from external entities. Health System personnel protect confidential information by keeping it confidential and making sure it is used only as intended. This includes business information, as well as patient information. Patients have a legal right to confidentiality. We protect that right, not just because it’s the law, but because it is the right thing to do. Our patients trust us to protect their privacy during a time when they are at their most vulnerable. Health System personnel protect patient information – whether it is electronic, verbal, or paper – from those who do not need to know, including fellow employees whose duties do not require that they

be given that information, as well as outsiders. Our Notice of Health Information Privacy Practices describes the ways in which The Health System may use and disclose health information for treatment, payment, and health care operations. Of course, patients are always provided access to review and receive copies of their medical record to the extent consistent with the law and applicable Health System policies. Health System personnel may not access patient information for any reason other than to obtain the information that is necessary for the staff member to provide services to the patient and/or to perform permissible health care operations. Any other access to confidential patient information is not permitted.

In order to maintain the confidentiality and integrity of patient and confidential information, information sent through the internet should only be sent in accordance with information security policies and standards, which require, among other things, that the information be encrypted or otherwise secured.

CONDUCT QUESTION

Can I type my spouse's resumé on my computer?

Possibly. If you use the computer during non-working hours (i.e., on your own time) and in limited circumstances, you may be permitted to type personal documents. Always check with your supervisor.

Protection of assets

The Health System facilities – our assets – support the delivery of excellent services. These include medical equipment and supplies, furniture, office supplies, intellectual property (ideas, books and publications, future plans, etc.), files, manuals, guides, reports, forms, policies, databases, and other property. All communications systems, including but not limited to computers, mobile devices such as smartphones and tablets, electronic mail, intranet, internet access, telephones, and voice mail, are also assets of the organization and are to be used primarily for business purposes and in accordance with The Health System's Information Security Policy governing the appropriate use of information and communications systems. We protect all such assets from misuse, waste, theft, fraud, loss, disclosure, removal or disposal because to do otherwise inhibits our work.

CONDUCT QUESTION

Can I accept free tickets to a major sports event or theatrical production?

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No, not if this constitutes a lavish gift, outside the guidelines of reasonable and appropriate under the circumstance of your job. If the tickets are being offered by a consultant, pharmaceutical representative or vendor, such a gift might also be interpreted as an incentive – or bribe – to secure your business or interest. See the Gifts Policy for additional information.

Bribery, gratuities, and improper payments

Health System personnel uphold the highest standards of personal integrity. Any bribe, kickback, gratuity, or other payment attempting to influence a business decision or to achieve a business result is improper and unlawful. Receiving anything of value from a third party that is intended to influence business decisions or business activities of The Health System is not acceptable. Likewise, neither Health System employees nor anybody representing The Health System would consider offering anything of value to a third party, including a government official, in an effort to influence that party or to receive preferential treatment for The Health System.

Gifts

Health System personnel do not accept gifts that may influence or appear to influence relationships with patients, other employees, clinicians/providers or suppliers in the

CONDUCT QUESTION

Can I enter a pharmaceutical sweepstakes for providers in which five entrants receive a trip to the Virgin Islands or airfare to the medical meeting of their choice?

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No. The use of a sweepstakes or other gaming mechanism to deliver a gift does not make the gift permissible. Since the sweepstakes is not open to the public, the “gift” is not in keeping with the The Health System Code of Conduct and related policies.

conduct of business for or on behalf of The Health System. A gift should never be accepted if there are strings or conditions attached. Any gift for personal use from a vendor or referral source of more than nominal value – generally defined to be more than \$50-\$100 – should be returned. Monetary gifts or gift certificates are not allowed. Personal gifts from patients are discouraged. See the Gifts Policy for additional information. If you feel there are exceptional circumstances, ask your supervisor and/or the Compliance Officer for guidance before any final decision is made. Likewise, you would not give a gift that you could not, yourself, receive.

Entertainment

Health System personnel are guided by common sense and moderation when entertaining anybody with whom The Health System does business, or when entertainment is to be paid for by others. Is it clearly related to your job, reasonable under the circumstances, and would The Health System reimburse you for the cost if you were giving, rather than receiving, the entertainment? Expense reports are always completed accurately and all expenses are properly approved.

CONDUCT QUESTION

I am considering a second, part-time job outside of The Health System. Is this a problem?

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The Health System expects you to make reasonable judgments regarding activities outside of your employment here, with the understanding that outside employment should not interfere or compete with your work at The Health System. If you have any questions, please consult with your supervisor.

Conflicts of interest

The health care environment is constantly changing. As a leader in our industry and the community, The Health System embraces change and takes advantage of opportunities that may arise that will strengthen and better position the organization for continued success. In seeking innovative business and clinical approaches to meet the demands for health care services, however, we never compromise our highest ethical standards for patient care. Health System officers, directors, trustees, employees, and medical/allied staff avoid all activities or associations where personal interests

might appear to conflict with the interests of The Health System, or only engage in such activities after full disclosure to, and authorization from, The Health System.

Examples of conflicts of interest that should be disclosed include:

- Working for a person or company that may interfere with your ability to provide loyal services to The Health System.
- Having a financial interest in a business seeking to establish a relationship with The Health System.
- Accepting a gift from someone seeking business with The Health System.
- Purchasing services, goods or property from a family member on behalf of The Health System.

Health System-employed physicians, or employees who deal with physicians, should also consult the compliance policy on the Self-Referral “Stark Law” provisions, which prohibit physician referrals for certain health services to entities with which the physician or the physician’s immediate family has a financial relationship.

Proper accounting practices

In order to prudently manage Health System resources for continued financial stability and strength, Health System personnel properly maintain books and records, so that all financial reports and statements accurately reflect The Health System’s business activities.

Human Subject Research (includes clinical trials)

The Health System follows the highest ethical standards in full compliance with federal and state laws, as well as regulations, relevant to human subject research, conducted by Health System physicians and other Health System personnel. Our first priority is always to protect patients and human subjects, and to respect their rights during research. Physicians, and other Health System personnel participating in research, are expected to fully inform patients and/or human subjects of their rights and responsibilities when participating in research or a clinical trial. Refusal of a patient to participate in a research study will not compromise his or her access to services. Any Health System personnel engaging in human subject research must do so in conjunction with external or The Medical Center Institutional Review Board (IRB) approval and consistent with Health System policies regarding human subject research and the IRB.

Communications with governmental agencies and regulators

The honesty and integrity guiding The Health System customer and business relationships include contact with governmental agencies and their representatives. Health System personnel should immediately report to the Compliance Officer, the President/CEO or a senior administrator any contact with a governmental agency that does not occur in the normal course of duties, to receive further guidance. These contacts may include a request for information or other inquiry about The Health System or organizations with which The Health System does business, informal "off-the-record" discussions, or the receipt of a subpoena or service of legal process.

II. PATIENT CARE

Caring for our patients is the essence of our mission. The Health System has legal and ethical responsibilities to many different groups, but we understand that the ultimate goal is to satisfy our patients by providing the best, most compassionate care in a timely manner. Below are a number of legal and ethical standards applicable to The Health System patient care operations. By no means is the following intended to be an exhaustive list.

CONDUCT QUESTION

A patient's family is angry about the patient's treatment. What should I do?

Patients and/or family members may express or submit complaints or grievances to any Health System staff member or directly to the Office of Administration. Any staff member who receives a patient complaint immediately addresses the concern, either individually or by accessing appropriate resources such as management or social services. Patient complaints that cannot be resolved quickly and to the patient's reasonable satisfaction should be forwarded to administration to ensure a timely and fair review of the grievance. Patients also have a right to contact the State of New Hampshire Department of Health and Human Services.

Quality of care and patient safety

Quality of care at The Health System is measured in numerous ways. In promoting a high quality of care, we focus on attentiveness and dedication in providing services to our patients, the utilization of evolving technology to ensure quality, and the creation and perpetuation of an overall culture that makes patient safety paramount. The Health System aspires to a standard of excellence shared by all our caregivers. We are committed to the delivery of patient-centered care and services.

The number of quality patient care measures continues to increase. The Health System is attentive to these standards and establishes systems that reflect the best practices required or implied by these various standard-setting initiatives that are applicable to The Health System.

This commitment to quality care and patient safety is an obligation of all Health System personnel. Personnel are encouraged to engage in process improvement work within their departments or practices and on an interdisciplinary and system-wide level. When someone has a question about whether these commitments are being fully addressed, Health System personnel are obligated to raise this concern through appropriate channels until it is satisfactorily addressed and resolved.

CONDUCT QUESTION

What should I do if I suspect my patient has been abused?

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There are mandatory reporting requirements for health care providers to report any potential victims of child and elderly abuse, if they have reason to suspect that child or elderly abuse has occurred. Refer to the Abuse Policy for regulatory requirements and guidance on reporting. If you have reason to suspect a patient has been abused at The Medical Center or a Foundation practice site, you must contact your supervisor or a member of senior administration immediately. Human Resources and the Compliance Hot Line may also be used to report, but since these options are only available Monday - Friday during business hours, it is important to make immediate reports through managers who are on site.

CONDUCT QUESTION

What should I do if my adult patient refuses needed treatment due to religious considerations?

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An adult patient with capacity has the right to refuse treatment and The Health System is committed to respecting patient rights, such as religious considerations. Concerns regarding patient care are brought to the immediate attention of the nursing staff and the attending clinician. Resources for assistance in these circumstances, in addition to your immediate supervisor/manager, include contacting Pastoral Care, Patient and Family Services, Risk Management, Administration or the Ethics Committee.

(Refer to Section VII, Reporting Concerns.) Such channels include the reporting processes established by our quality program leaders and safety officers, as well as The Health System Compliance Reporting Hot Line (1-888-414-2743). Health System personnel are also provided with resources and guidance as to how to solicit intervention or review by external quality patient partners, including appropriate hospital accrediting agencies, state survey agencies, or state quality improvement organizations.

Patient satisfaction

At Southern New Hampshire Health System, we are committed to delivering a higher level of care. Patients tell us this means feeling taken care of and treated like an individual, by friendly, caring staff who listen and take the time to explain things. We say, "Health care designed around you means providing a higher level of care." We use this statement as a standard for measuring the quality of care we deliver in every setting to ensure patient satisfaction.

Patient confidentiality

Refer to **Confidentiality**, page 4.

Reasonable access to care

Access to care is a basic principle of our mission. The Health System provides care in response to a patient's requests and needs as long as that care is within our

CONDUCT QUESTION

What if my patient does not have the mental capacity to make health care decisions?

Sometimes an alternate decision maker is required. The patient may have executed an advance directive or durable power of attorney for health care naming an alternative decision maker, or a judge may appoint an alternative, such as a guardian, to act on the patient’s behalf. In the case of a minor, even when mental capacity is not questioned, the patient’s family or guardian may be legally responsible for approving the prescribed care. When a family member, guardian or alternative decision maker is involved in a patient’s care decisions, the family member, guardian or alternative decision maker receives the same respect and dignity offered to the patient. Patient and Family Services staff is a resource in these situations. Refer to the Informed Consent Policy for further guidance.

capacity, mission and philosophy, as well as permitted by the relevant laws and regulations. The Health System treats all patients without regard to race, color, religion, age, disability, sex, sexual orientation, national origin, marital status, source of payment or any other classification protected by law.

The Health System provides our patients, and their family or companions, with medical interpretation services to improve the quality of care for the deaf and hard of hearing community and patients with limited English proficiency. Additionally, The Health System addresses all other special care needs of its patients.

The Medical Center is required by federal law to provide an emergency medical screening examination and stabilization treatment, within its capability, to any patient presenting to the hospital with an emergency medical condition. If a transfer to another facility is necessary, either because of a patient or family request or the need for specialized medical care not available at The Medical Center, this transfer will be in keeping with the Emergency Treatment and Labor Act (EMTALA) as well as The Medical Center’s applicable policies and procedures.

Respecting patients' personal values and beliefs

A patient's personal, spiritual and cultural values may affect her or his response to care. The Health System respects each patient's spiritual and cultural values and beliefs. By the same token, each patient, to the extent consistent with the law and Health System capabilities, values, and policies, may follow his or her own practices to the maximum extent consistent with the agreed-upon course of care.

Respecting family involvement and designation of alternate decision makers

A patient may or may not choose to involve family members in his or her care decisions, and this decision is respected to the extent consistent with the law and applicable Health System policies and procedures.

Informed participation in care decisions

The Health System encourages patients to be involved in their care: patients are provided with a clear and concise explanation of their health care needs and medical condition by their clinician/provider. The patient or alternative decision maker is given the opportunity to participate in the planning of his/her total care and medical treatment, to refuse treatment, to be informed of medical consequences of such refusal, and to be involved in experimental research upon his/her written consent only.

CONDUCT QUESTION

The staff on my unit believes there are ethical concerns with a patient's treatment. What should we do?

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The Medical Center Ethics Committee responds to issues voluntarily presented by patients, family members, clinicians/providers, staff members, or any concerned individual directly involved in a patient's care. Contact an Ethics Committee co-chair or a committee member for assistance, via The Medical Center operator: (603) 577-2000.

CONDUCT QUESTION

Whose responsibility is it to report an incidence of violence?

It is everyone's responsibility to be diligent in making The Health System a safe place for all patients, visitors and staff. Any threats or acts of violence, or aggressive or hostile behavior, either verbal or physical, must be immediately reported to your supervisor, Human Resources or the Compliance Officer. All reports are immediately investigated and addressed. Information is kept confidential to the extent possible.

Informing patients of their rights

When a patient is admitted to The Medical Center, written copies of the Statement of Patients' Rights and Responsibilities and the Notice of Health Information Privacy Practices are made available so that the patient is made aware of and can exercise those rights. In addition, these documents are posted on the internet and in public areas that are accessible to patients, their families, and their visitors.

Ethical concerns

Southern New Hampshire Medical Center's Ethics Committee exists as a resource for health care professionals, their patients and families to facilitate resolution of ethical dilemmas that develop within The Medical Center community.

CONDUCT QUESTION

Sometimes a patient will ask to have his diagnosis codes changed on his bill, so that Medicare or his insurance company will pay for a visit. If the diagnosis codes are accurate, is it wrong to change these codes?

Yes. It is important that the bill accurately reflect what is documented in the patient's medical record. If the purpose for changing the codes is to obtain payment from the insurance company, this could be considered fraud. However, it is appropriate to call and ask a provider to confirm the diagnosis.

CONDUCT QUESTION

A vendor did not submit the winning bid for our department's recent project, and we awarded the bid to another vendor. I was asked about the competitor's pricing. I am not sure if I should share that information.

Each vendor's information is confidential and is not disclosed to other vendors. Whenever you are not sure about a business practice, or you feel uncomfortable about an issue, ask the question. Concerns may be discussed with your supervisor or the Compliance Officer.

III. TREATMENT OF EMPLOYEES AND CLINICIANS/PROVIDERS

The Health System treats all employees, applicants for employment, patients, clinicians/providers, customers and other personnel fairly and equitably. Our employees and anyone representing The Health System treat patients, customers and each other with respect, and refrain from conduct that may offend or create harm. This is a standard we hold as integral to who we are, as moral individuals and as an ethical organization.

Nondiscrimination and equal opportunity

As an equal opportunity employer, The Health System adheres to the policy that all applicants for employment are considered and all employees are treated fairly and respectfully and without regard to race, color, religion, age, disability, sex, sexual orientation, national origin, veteran status or any other classification protected by law. This includes but is not limited to: employment, promotion, demotion, transfer, layoff, recall, corrective action/dismissal, recruitment, advertising, rate of pay and other forms of compensation, the application of policies, training, and all Health System sponsored social and recreational programs.

No aspect of Medical Staff membership or particular clinical privileges is granted or denied on the basis of race, color, religion, age, disability, sex, sexual orientation, national origin, veteran status or any other classification protected by law.

If you have experienced or witnessed discrimination of any type, report it immediately

CONDUCT QUESTION

What is the procedure when an employee or medical/allied staff member is suspected of being under the influence of drugs or alcohol at work?

At The Medical Center immediately report the situation to your supervisor, manager, and/or The Medical Center Medical Leadership to ensure that patient safety is not compromised. When the supervisor determines that the employee appears impaired or unable to safely and properly perform work duties, the supervisor will refer the employee to Employee Health (or to the Emergency Department if after hours), for a fitness for duty evaluation. If the concern involves a member of the medical/allied staff, concerns should be reported immediately to a Medical Center administrator, who will contact The Medical Center Medical Leadership. For employed clinicians, the appropriate Medical Leader shall be notified. At Foundation, if the concern involves an employee or employed clinician/ provider, report urgent concerns immediately to a director, the Chief Medical Officer, or the President/CEO.

to management, Human Resources or the Corporate Compliance Officer. If you are uncomfortable for any reason in bringing a matter to the attention of your supervisor/ Medical Leader, you should immediately contact the Compliance Reporting Hot Line at 1-888-414-2743.

Workplace safety

The Health System strives to provide a safe, secure and positive work environment and has established a zero tolerance policy with regard to violence in the workplace. The safety and security of our patients and employees are top priorities. No threat of aggression/violence, either verbal or physical, is tolerated against any patient, family member, visitor or staff at a Health System facility.

Harassment

It is The Health System's goal that all employees and personnel work in an environment free from disruptive behavior or any type of discrimination, including freedom from sexual harassment and all other forms of harassment or bullying. Harassment based

on the diverse characteristics or cultural backgrounds of those who work with us also includes degrading jokes, slurs, intimidation, or other harassing conduct. Acts of disruptive behavior, sexual harassment or other forms of harassment are not tolerated under any circumstances.

Fitness for duty

The Health System is committed to maintaining a workplace and workforce free from the influence of alcohol or drugs, in order to protect the health, safety and well-being of our patients and staff. The Health System has established a Drug and Alcohol Free Workplace Policy that defines the organization's position of the use of alcohol and drugs. Staff are expected to familiarize themselves with this policy and comply with its provisions at all times. Moderate, responsible consumption of alcoholic beverages at Health System-sponsored events, where The Health System has authorized alcoholic beverages to be served, is allowed, in keeping with other applicable Health System policies and procedures.

CONDUCT QUESTION

What should I do if I feel that I am being sexually harassed?

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Immediately report the situation to your supervisor, manager or Medical Leader and to the Human Resources Department. If for any reason you are uncomfortable with these options, go to the Compliance Officer or leave a message on the Compliance Hot Line. It is our policy to promptly investigate each sexual harassment claim and to remedy the situation effectively when an allegation is determined to be valid.

IV. COMPLIANCE WITH THE LAW

Everybody who works at or with The Health System obeys the law. Previous sections of this Code have addressed laws and regulations pertinent to the topic discussed. The following are other laws applicable to The Health System.

Environmental compliance

The Health System is committed to complying with all applicable environmental laws; maintaining all necessary environmental permits and approvals; and sustaining our partnership with the local community and regulatory agencies to continue a proactive approach to environmental sustainability.

Environmental compliance includes the proper handling, storage, use, shipment and disposal of all materials that are regulated under all applicable environmental laws or Health System policies. If any employee has actual knowledge that a spill, release, or discharge of any material regulated pursuant to an applicable environmental law has occurred, you must immediately report the event to your immediate supervisor so that necessary action may be taken. Necessary action may include evacuating employees, reporting the event to a governmental authority if required pursuant to any environmental law, and containing and cleaning up any such spill, release, or discharge. Employees will also report any other violations of applicable environmental law of which they have actual knowledge that could endanger the health and safety of other individuals.

CONDUCT QUESTION

If I volunteer at a grassroots lobbying organization, is it okay if I copy their fundraising leaflets at our facility, if I do it during my lunchtime?

No. Company equipment is not used for charitable or other non-business purposes without prior approval from your supervisor, nor are Health System resources used to support political activities.

CONDUCT QUESTION

What should I do if I am not sure whether a substance I just spilled or witnessed being spilled is hazardous?

It is your responsibility to be aware of hazardous materials in your area and familiar with its related Material Safety Data Sheets (MSDS); to notify your immediate supervisor in the event of an accident or incident involving hazardous materials; properly respond to a hazardous spill and to complete an occurrence report. If you are not sure if the substance is hazardous or how it should be contained or cleaned up, contact The Medical Center's Safety Officer or the Foundation Safety Officer for Foundation practice sites. If at any time you do not feel that proper handling procedures for hazardous materials are being followed, report your concerns by calling The Health System Compliance Reporting Hot Line (1-888-414-2743).

False claims

Health System personnel accurately record information submitted to parties inside and outside The Health System. No false or misleading information is included in any record or report submitted to Health System management, any outside party or government agency.

It is a federal and state crime to file false claims and/or reports with the Medicare or Medicaid programs, or with any other federal health care program. All Health System personnel are extremely careful to ensure that all billing is done in strict compliance with all policies and procedures and is properly coded. If you have any doubt about proper billing or coding procedures or rules, or become aware of any situation where a false claim may have been submitted, contact your supervisor or the Corporate Compliance Officer immediately.

Examples of false claims include:

- Billing of items or services that were never rendered.
- Billing for services that are medically unnecessary.
- Using a billing code providing a higher payment rate than the billing code intended to be used for the service.
- Billing separately for services that should be bundled.

Refer to Health System policies governing submission of claims, reporting and addressing potential false claims, and other regulations such as whistleblower protection, for further guidance.

Medicare anti-kickback law

This law, and regulations interpreting this law, prohibits relationships in which payment of any kind or form is made in exchange for the referral of business. Compensation based upon a percentage of fees or revenue or upon volume of business are, therefore, suspect. Seek guidance when in doubt, or if you have concerns about any arrangements, even informal, which might be suspicious or just do not “feel” right.

Antitrust laws

These laws prohibit practices that are not competitive, such as price fixing. The Health System works together with payors and competitors on matters such as quality standards and common regulatory issues that affect the health care industry. The Health System has affiliations and collaborations with competing health care organizations. Any discussions not consistent with the antitrust laws are avoided. Refer to the Antitrust Compliance Policy for further guidance.

Tax exemption

The Health System and many of its affiliates are tax-exempt organizations. Federal law requires that tax-exempt organizations operate exclusively for charitable purposes. The Health System cannot be organized and operated exclusively for charitable purposes unless it serves a public good, rather than a private interest. Accordingly, The Health System may not enter into a compensation arrangement with a physician or any other person unless the compensation is reasonable. In addition,

CONDUCT QUESTION

What should you do if you are asked to bill an insurance company for services we did not provide? Can you change dates on an electronic claim form in order to get paid?

Do not create an erroneous bill. This request involves fraudulent behavior and must be addressed. It is illegal to bill for services that were not provided or to submit inaccurate service dates. Explain this to the party requesting the altered billing. If the request is not withdrawn, discuss this with your supervisor or the Corporate Compliance Officer. If the request is from your supervisor or another staff member, it must immediately be reported to Human Resources and/or the Corporate Compliance Officer.

The Health System may not enter into any joint venture or other business arrangement with a for-profit entity unless the relationship will further The Health System's charitable purposes.

Lobbying/political contributions

Federal law prohibits tax-exempt organizations from participating in certain lobbying and political activities, directly or indirectly. As a result, no Health System personnel pays or give any Health System funds, property, or services to or on behalf of any candidate, campaign committee, or political party or organization in connection with a campaign. This restriction also covers indirect support of candidates or political parties. Examples of prohibited activities include using Health System funds to purchase tickets for political dinners or advertisements in campaign brochures, and using Health System assets such as stationery, supplies, postage stamps or copying machines to support a political candidate or cause.

This principle is not meant to affect your personal right to make political contributions from your own money or engage in political activity on your own time; however, soliciting or campaigning for candidates is not permitted on the premises of The Health System.

V. MARKETING AND PUBLIC AFFAIRS

Marketing and public affairs activities at The Health System are conducted with truth, accuracy, fairness and responsibility to patients, the community and the public-at-large, and hold to the fundamental values of individual dignity and the freedoms of speech, assembly and those guaranteed to the media by law. Disclosure of patient information is conducted according to the *Guidelines for Release of Information on the Condition of Patients* from the Society for Healthcare Strategy and Market Development of the American Hospital Association. The Health System adheres to the *Code of Professional Standards* as adopted by the Public Relations Society of America.

VI. RESOURCES/ASSISTANCE

The Corporate Integrity Program includes:

Corporate Compliance Officer: available to assist you when you call the Hot Line or a direct line with any concerns/questions you may have about the Program.

Corporate Integrity Committee: authorized by the Board of Trustees to develop and oversee the Corporate Integrity Program. Membership includes representation from the Board, medical staff leadership, and administration.

CONDUCT QUESTION

I received a call from the newspaper asking for information about a patient admitted to my unit. Can I just say, “No comment”? What should I do?

When you are not sure how to respond to a media inquiry, take the name and telephone number and let the reporter know that someone will call them back. Be familiar with and follow patient information guidelines, which are in keeping with federal and state patient privacy regulations. If you are not sure, ask your supervisor or the administrator on call and refer to the press relations policy. While responding with “no comment” may feel like you are protecting the patient’s privacy, it may not adequately address the media’s right to certain information. If you receive a call from the media regarding a health care topic or medical question, refer the reporter to the Planning and Communication Department.

Compliance Hot Line: 1-888-414-2743: Health System personnel can call confidentially and anonymously if they believe they have encountered an incident that violates the law or The Health System’s Integrity Program.

Code of Conduct: this booklet outlines The Health System’s Integrity Program and helps Health System personnel understand the Program.

Training and Education: available to help all Health System personnel to become familiar with the Program, includes an orientation and annual education as well as seminars and sessions regarding specific laws, such as the Health Insurance Portability and Accountability Act (HIPAA), and other health care requirements.

Human Resources Department: staff is knowledgeable regarding all aspects of the Code of Conduct that pertain to employment law and the workplace and are responsible for ensuring compliance with various employment laws.

Quality Management Programs: both The Medical Center and Foundation have formal programs committed to quality care and patient safety initiatives, which include addressing identified concerns.

Monitoring: such as regular checking of patient billing or coding, ensures that Health System personnel in all areas of the organization understand and are meeting the Program’s expectations.

Ethics Committee: the hospital’s patient care forum exists as a resource to our health care professionals, patients and families for ethical concerns or issues involving patient care.

Corporate Integrity Program intranet page: this site includes the Code of Conduct and access to related policies. Search the intranet for related policies and the program by keywords “Corporate Integrity Program” and “Code of Conduct.”

VII. REPORTING CONCERNS

How do I report a compliance concern?

- Discuss any potential violation or compliance issue with your immediate supervisor or Medical Leader. Any quality and/or patient safety concern may also be discussed with quality program leaders such as The Medical Center or Foundation Medical Leadership
- Report your concern to the Human Resources Department, the Compliance Officer, or the Compliance Reporting Hot Line (1-888-414-2743).

- If you feel a member of The Health System Senior Management or its Compliance Officer has done something wrong, you should report it directly to the Chairperson of The Health System's Board of Trustees.
- If you feel your concerns about billing for services have not been addressed by The Health System, refer to The Health System policies addressing reporting potential false claims and related whistleblower protection for further guidance.
- If you feel your concerns about the safety or quality of care provided at The Health System have not been addressed, refer to The Health System policies addressing reporting such concerns for further guidance.

The Board Chair, at his/her discretion, may pursue investigation of a compliance issue concerning any organization covered by the system-wide corporate compliance program independent of employed staff of the Corporation or any corporation of which the Corporation is the sole corporate member or any affiliated organizations.

VIII. ENFORCEMENT

The Health System encourages the use of the various systems and forums provided, including but not limited to the Compliance Reporting Hot Line, to report any concerns relative to noncompliance with this Program and the principles inherent in it. Neither The Health System nor any Health System personnel may punish or retaliate against another person who has conscientiously made a report in good faith regarding an issue on noncompliance with this Program.

Employees may be subject to corrective action (up to and including termination) for violating, or failing to report a violation of, this document or the related Health System policies and procedures. Such corrective action will be in accordance with the relevant compliance policies and The Health System's human resources policies. If you are a member of The Medical Center medical/allied staff who fails to follow these compliance standards and/or other Medical Center policies and procedures, you may be disciplined in accordance with the applicable Medical Staff bylaws. For The Medical Center and Foundation employed clinicians/providers, the appropriate Medical Leader shall be notified.

This document is not a contract. Nothing contained in this document or in any policies included in the Integrity Program is intended to create, or should be interpreted to create, any additional employment rights for any Health System employees or personnel. This document is intended as guidance only.

The integrity of our organization begins with you.

