



DREW MEMORIAL HOSPITAL

Professional Care for Better Health

Code of Conduct

Principles We Live By

2014

Code of Conduct
Revisions Approved by the Compliance Committee

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1) PURPOSE OF THE CODE

- a) The Code of Conduct provides guidance to all DHM employees and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, 3rd party payors, subcontractors, independent contractors, vendors, consultants, and one another.
- b) The Code is a critical component of our overall Compliance Program. We have developed this code to ensure meeting our ethical standards and comply with applicable laws and regulations.
- c) The Code is intended to be a statement that is comprehensive and easily understood. However, in some instances, a complex subject requires additional guidance that cannot be covered in this code, but is covered in policy. It may be necessary for those involved with a particular area to seek additional direction from a supervisor, policy, or from the Compliance Officer.
- d) The policies set forth in this Code are mandatory and must be followed.

2) LEADERSHIP RESPONSIBILITIES

While all DMH employees are obligated to follow the Code, DMH leaders are expected to set the example and to be role models. They must ensure that those on their teams have sufficient information to comply with the law, regulations, and policy; as well as resources to resolve ethical or legal dilemmas. They must help create a culture within DMH which promotes the highest standards of compliance, ethics, and safety. This culture must encourage everyone in the organization to raise concerns when they occur. We must never sacrifice compliant and ethical behavior in the pursuit of business objectives.

3) PERSONAL COMMITMENTS: Everything I do and every decision I make will be guided by the principles of Honesty, Integrity, and High Ethical Standards.

- I will not make false or misleading statements. I will not alter, falsify, or misrepresent facts or data. I will never take unfair advantage of anyone by manipulating or concealing information that is vital to conducting business at DMH.
- I will consider the consequences before acting. When someone asks me to do something that appears to violate this Code, I will have the courage to ask for advice before acting, even if the request comes from my supervisor. I may speak in confidence to the Compliance Officer or the Human Resources Director.
- I will admit mistakes and correct them. Everyone makes mistakes – but a mistake that is covered up is a serious matter. If I discover I have made a mistake, I will report it to my supervisor as soon as possible, and take steps to rectify it.

As an organization, we affirm the following commitments to DMH stakeholders:

- a) **To our patients:** We are committed to providing the highest quality care that is sensitive, compassionate, safe, and promptly delivered.
- b) **To our DMH employees:** We are committed to a work setting which treats all with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.
- c) **To our affiliated physicians:** We are committed to providing a work environment which has state-of-the-art facilities and equipment, and outstanding professional support.
- d) **To our 3rd party payors:** We are committed to dealing with our 3rd party payors in a way that supports our contractual obligations and reflects our shared concern for quality healthcare and promotes efficiency and cost effectiveness.
- e) **To our regulators:** We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirement of law and to the Code of Conduct.
- f) **To the Communities we serve:** We are committed to serving the particular needs of the Drew County and surrounding communities, providing quality, cost-effective healthcare. We realize as an organization that we have a responsibility to help those in need. We proudly provide charity care where need is demonstrated, and support charitable contributions and events.
- g) **To our suppliers:** We are committed to fair competition among prospective suppliers, and acting in good faith as a customer.
- h) **To our volunteers:** The concept of voluntary assistance to the needs of patients and their families is an integral part of the fabric of healthcare. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

4) RELATIONSHIPS WITH OUR HEALTHCARE PARTNERS

a) PATIENTS, PATIENT CARE, AND PATIENT RIGHTS

- i) Our vision is to provide quality healthcare to all our patients, whether inpatient, outpatient, or emergency room patients. We treat all patients with respect and dignity, and provide care that is medically necessary and appropriate. We make no distinction in the admission, transfer, or discharge of patients, or in the care we provide, based on race, color, religion, or national origin. Clinical care is based on identified patient needs and not on organization or patient economics.

- ii) Upon admission, each patient is provided a written statement of patient rights. This includes the rights of the patient to make decisions regarding their medical care, and conforms to all applicable state and federal law.
- iii) We assure patients' involvement in all aspects of their care and obtain informed consent for treatment. As applicable, each patient or patient representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation and procurement, and an explanation of the risks and benefits associated with available treatment options. Patients have the right to request transfers to other facilities. In such cases, the patient will be given an explanation of the benefits, risks, and alternatives.
- iv) Patients are informed of their rights to make advance directives. Patient advance directives will be honored within the limits of the law and the organization's mission, philosophy, and capabilities.
- v) Patients and their representatives will be accorded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and pastoral counseling. Any restrictions on a patient's visitors, mail, telephone, or other communications must be evaluated for their therapeutic effectiveness and fully explained to and agreed upon by the patient or patient representative.
- vi) Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. DMH employees will receive training about patient rights in order to clearly understand their role in supporting them.
- vii) Compassion and care are part of our commitment to the communities we serve. We strive to provide health education, health promotion, and illness-prevention programs as part of our efforts to improve the quality of life of our patients and our communities.

b) EMERGENCY TREATMENT

- (a) We follow the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing emergency medical treatment to all patients, regardless of ability to pay. Anyone with an emergency medical condition is evaluated, treated and, if appropriate, admitted based on medical necessity. In an emergency situation, financial and demographic information will be obtained only after the immediate needs of the patient are met in accordance with applicable regulations. We do not admit or discharge patients based simply on their ability to pay.
- (b) Emergent patients will only be transferred to another facility in accordance with applicable regulations.

c) PATIENT INFORMATION

- (a) We collect information about the patient's medical condition, history, medication, and family illnesses to provide the best possible care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. We do not release or discuss patient-specific information with others except in accordance with applicable laws.
- (b) DMH employees must never disclose confidential information that violates the privacy right of our patients. No DMH employee, affiliated physician, or other healthcare partner has a right to any patient information other than that necessary to perform his or her job. Patients can expect that their privacy will be protected and that patient specific information will be release only to persons authorized by law or the patient's written authorization.

d) AFFILIATED PHYSICIANS

- a) Any business arrangement with a physician must be structured to ensure compliance with legal requirements. Such arrangements must be in writing and approved by appropriate legal counsel.
- b) In order to ethically and legally meet all standards regarding referrals and admissions, we will adhere strictly to two primary rules:
 - i) We do not pay for referrals. We accept patient referrals and admission based solely on the patient's clinical needs and our ability to render the needed services. We do not pay or offer to pay anyone – employees, physicians, or other persons – for referral of patients. Violation of this policy may have grave consequences for the organization and the individuals involved including civil and criminal penalties, and possible exclusion from participation in federally funded healthcare programs.
 - ii) We do not accept payment for referrals that we make. No DMH employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume of referrals that the provider has made (or may make) to us.

5) THIRD-PARTY PAYORS

a) CODING AND BILLING FOR SERVICES

- i) We will take care to assure that all billings to government and to private insurance payors reflect truth and accuracy and conform to all pertinent Federal and State laws and regulations. We prohibit any employee or agent of DMH from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious, or fraudulent.

- ii) We will operate oversight systems designed to verify that claims are submitted only for services actually provided and that services are billed as provided. These systems will emphasize the critical nature of complete and accurate documentation of services provided. As part of our documentation effort, we will maintain current and accurate medical records.
- iii) Any subcontractors engaged to perform billing or coding services must have the necessary skills, quality assurance processes, systems, and appropriate procedures to ensure that all billing for government and commercial insurance programs are accurate and complete.

b) COST REPORTS

- i) Our business involves reimbursement under government programs which require the submission of certain reports of our costs of operation. We will comply with Federal and State laws relating to all cost reports. Given their complexity, all issues related to the completion and settlement of cost reports must be coordinated with appropriate legal and reimbursement consultants.

c) REGULATORY COMPLIANCE

- a) Drew Memorial Hospital provides varied healthcare services. These services generally may be provided only pursuant to appropriate Federal, State and local laws and regulations. Such laws and regulations may include subjects such as licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records and confidentiality, patient's rights, terminal care decision-making, medical staff membership and clinical privileges, and Medicare and Medicaid regulations. The organization is subject to numerous other laws in addition to these healthcare regulations.
- b) We will comply with all applicable laws and regulations. All employees, medical staff members, privileged practitioners, and contract service providers must be knowledgeable about and ensure compliance with all laws and regulations; and should immediately report violations or suspected violations to a supervisor or member of management, the Compliance Officer, or the Compliance Hotline.
- c) DMH will be forthright in dealing with any billing inquiries. Requests for information will be answered with complete, factual, and accurate information. We will cooperate with and be courteous to all government inspectors and provide them with the information to which they are entitled during an inspection.
- d) During a government inspection, you must never conceal, destroy, or alter any documents, lie, or make misleading statements to the government representative. You should not attempt to cause another colleague to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

- e) DMH will provide its employees with the information and education they need to comply fully with all applicable laws and regulations.

6) DEALING WITH ACCREDITING BODIES

- a) DMH will deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly.
- b) The scope of matters related to accreditation of various bodies is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies may be focused on issues both of wide and somewhat more focused interest. In any case, where DMH determines to seek any form of accreditation, all standards of the accrediting group are important and must be followed.

7) BUSINESS INFORMATION AND INFORMATION SYSTEMS

a) ACCURACY, RETENTION, AND DISPOSAL OF DOCUMENTS AND RECORDS

- i) Each DMH employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to defend our business practices and actions. No one may alter or falsify information on any record or document.
- ii) Medical and business documents and records are retained in accordance with the law and our record retention policy. Medical and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records appropriately according to our policy. You must not tamper with records, nor remove or destroy them prior to the specified date.

b) CONFIDENTIAL INFORMATION

- i) Confidential information about our organization's strategies and operations is a valuable asset. Although you may use confidential information to perform your job, it must not be shared with others outside of DMH or your department unless the individuals have a legitimate need to know this information and have agreed to maintain the confidentiality of the information. Confidential information includes personnel data maintained by the organization, patient lists and clinical information, pricing and cost data, information pertaining to acquisitions, divestitures, affiliations and mergers, financial data, research data, strategic plans, marketing strategies, techniques, employee lists and data maintained by the organization, supplier and subcontractor information and proprietary computer software.

c) ELECTRONIC MEDIA

- i) All communication systems, electronic mail, Internet access, or voice mail are the property of the organization and are to be used for business purposes. Limited and reasonable personal use of the DMH communications systems is permitted; however, you should assume that these communications are not private. Patient or confidential information should not be sent through the Internet until such time that its confidentiality can be assured in accordance with applicable policies.
- ii) DMH reserves the right to periodically access, monitor and disclose the contents of e-mail and voice mail messages. Access and disclosure of individual employee messages may only be done with the approval of the appropriate legal counsel. Employees may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening or harassing communication; knowingly, recklessly, or maliciously false information; or obscene materials including anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Additionally, these channels of communication may not be used to send copyrighted documents that are not authorized for reproduction; nor are they to be used to conduct a job search or open misaddressed mail.
- iii) Employees who abuse our communications systems or use them excessively for inappropriate purposes may lose these privileges and be subject to disciplinary action.

d) FINANCIAL REPORTING AND RECORDS

- i) We have established and maintained a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, suppliers, and others. They are also necessary for compliance with tax and financial reporting requirements.
- ii) All financial information must reflect actual transactions and conform to generally accepted accounting principles. No undisclosed or unrecorded funds or assets may be established. DMH maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

8) WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

a) CONFLICT OF INTEREST

A conflict of interest may occur if your outside activities or personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest may also exist if the demands of any outside activities hinder or distract you from the performance of your job or cause you to use DMH resources for other than DMH purposes. It is your obligation to ensure that you remain free of conflicts of interest in the performance of your responsibilities at DMH. If you have any

question about whether an outside activity might constitute a conflict of interest, you must obtain the approval of your supervisor before pursuing the activity. DMH employees abide by the Code of Conduct pertaining to state/county governmental employees.

b) CONTROLLED SUBSTANCES

Some of our employees routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. It is extremely important that these items be handled properly and only by authorized individuals to minimize risk to us and to patients. If you become aware of the diversion of drugs from the organization, you should report the incident immediately.

c) COPYRIGHTS

Drew Memorial Hospital employees may only make copies of copyrighted materials pursuant to the Hospital's policy on such matters. See your supervisor for direction.

d) DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY

Our employees provide us with a wide complement of talents which contribute greatly to our success. We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We will comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline and promotions.

No one shall discriminate against any individual with a disability with respect to any offer, or term or condition, of employment. We will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

e) HARASSMENT AND WORKPLACE VIOLENCE

i) Each DMH employee has the right to work in an environment free of harassment. We will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace.

ii) Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at Drew Memorial Hospital.

iii) Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking cases, violence directed at the employer, terrorism, and hate crimes committed by current or former employees.

iv) As part of our commitment to a safe workplace for our employees, we prohibit employees from possessing firearms, other weapons, explosive devices, or other dangerous materials on DMH premises. Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of management, the Compliance Officer, or the Hotline.

f) HEALTH AND SAFETY

All DMH facilities must comply with all government regulation and rules and with DMH policies or required facility practice that promote the protection of workplace health and safety. Our policies have been developed to protect you from potential workplace hazards. You should become familiar with and understand how these policies apply to your specific job responsibilities and seek advice from your supervisor or the Safety Officer whenever you have a question or concern. It is important for you to advise your supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so that timely corrective action may be taken to resolve the issue.

g) LICENSE AND CERTIFICATION RENEWALS

i) Employees and individuals retained as independent contractors in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times to Federal and State requirements applicable to their respective disciplines. To assure compliance, DMH may require evidence of the individual having a current license or credential status.

ii) DMH will not allow any employees or independent contractor to work without valid, current licenses or credentials.

h) PERSONAL USE OF DMH RESOURCES

It is the responsibility of each DMH employee to preserve our organization's assets including time, materials, supplies, equipment and information. Organization assets are to be maintained for business related purposes. As a general rule, the personal use of any DMH asset without the prior approval of your supervisor is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to DMH is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by your supervisor. Any use of organization resources for personal financial gain unrelated to DMH business is prohibited.

i) RELATIONSHIPS AMONG DMH EMPLOYEES

In the normal day-to-day functions of an organization like DMH, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among employees for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to

give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy. Another situation, which routinely arises, is a fund-raising or similar effort, in which no one should ever be made to feel compelled to participate.

j) RELATIONSHIPS WITH SUBCONTRACTORS, SUPPLIERS & EDUCATIONAL INSTITUTIONS

We must manage our subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of subcontractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. We will not communicate to a third-party confidential information given to us by suppliers unless directed in writing to do so by the supplier. We will not disclose contract pricing and information to any outside parties.

All relationships with educational institutions must have a written agreement which defines both parties' roles and the hospital's retention of the responsibility for the quality of patient care.

k) SUBSTANCE ABUSE AND MENTAL ACUITY

- i) To protect the interest of our employees and patients, we are committed to an alcohol and drug-free work environment. All employees must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system, or using, possessing, or selling illegal drugs while on DMH work time or property may result in immediate termination.
- ii) If at any time you suspect an employee of being under the influence of a substance you should report this to Human Resources or the Nursing Supervisor or other appropriate supervisor immediately.
- iii) It is also recognized that individuals may be taking prescription drugs, which could impair judgment or other skills required in job performance. If you have questions about the effects of such medication on your performance, consult with your supervisor.

9) MARKETING PRACTICES

a) ANTITRUST

- i) Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing DMH business

with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, allocating markets among competitors, or agreement with a competitor to refuse to deal with a supplier. Our competitors are other health systems and facilities in the market.

- ii) At trade association meetings, be alert to potential situations where it may not be appropriate for you to participate in discussions regarding prohibited subjects with our competitors. Prohibited subjects include any aspect of pricing, our services in the market, key costs such as labor costs, and marketing plans. If a competitor raises a prohibited subject, end the conversation immediately. Document your refusal to participate in the conversation by requesting that your objection be reflected in the meeting minutes and notify the Compliance Officer of the incident.
- iii) In general, avoid discussing sensitive topics with competitors or suppliers unless you are proceeding with the advice of the appropriate legal counsel.

b) GATHERING INFORMATION ABOUT COMPETITORS

It is not unusual to obtain information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and spoken information. However, it is not acceptable for you to obtain proprietary or confidential information about a competitor through illegal means. It is also not acceptable to seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

c) MARKETING AND ADVERTISING

We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit employees. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements. All marketing materials will reflect services available and the level of licensure and certification.

10) ENVIRONMENTAL COMPLIANCE

- a) It is our policy to comply with all environmental laws and regulations as they relate to our organization's operations. We will act to preserve our natural resources to the extent commercially reasonable. We will comply with all environmental laws and operate with the necessary permits, approvals, and controls. We will diligently employ the proper procedures with respect to handling and disposal of hazardous and bio-hazardous waste, including but not limited to medical waste.
- b) In helping DMH comply with these laws and regulations, we must understand our job duties may impact the environment, adhere to all requirements for the proper handling of hazardous materials, and immediately alert a supervisor to any situation regarding the discharge of a hazardous substance, improper disposal of medical waste, or any situation which may be potentially damaging to the environment.

11) BUSINESS COURTESIES

a) GENERAL

Nothing in this part of the Code of Conduct should be considered in any way as an encouragement to make, solicit, or receive any type of entertainment or gift. For clarity purposes, please note that these limitations govern activities with those outside of DMH. This section does not pertain to actions between the organization and its employees or among DMH employees themselves.

b) RECEIVING BUSINESS COURTESIES

- i) We recognize that there will be times when you may wish to accept from a current or potential business associate an invitation to attend a social event in order to further develop your business relationship. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host company) or overnight lodging. The cost associated with such an event must be reasonable and appropriate. As a general rule, this will mean that the cost will not exceed \$150.00 per person.
- ii) Similarly, there are some circumstances where you are invited to an event at a vendor's expense to receive information about new products or services. Prior to accepting any such invitation, you must receive approval to do so consistent with the policy on this subject.
- iii) As a DMH employee, you may accept gifts with a total value of \$50.00 or less in any one year from any individual or organization who has a business relationship with DMH. For purposes of this paragraph, physicians practicing at DMH are considered to have such a relationship. Perishable or consumable gifts given to a department or group are not subject to any specific limitation. You may never accept cash or cash equivalents, such as gift certificates. Finally, under no circumstances may you solicit a gift.
- iv) Examples of gifts that would be inappropriate:
 - Ñ Tickets to sporting or cultural events with a value greater than \$50.00.
 - Ñ Items provided to family members, if they are given because of our position at DMH.
 - Ñ Several gifts from a single giver, if the sum total in a calendar year is more than \$100.
 - Ñ Any gift or free goods from a supplier, other than samples for trial, if you are involved in a pending purchasing decision.

c) EXTENDING BUSINESS COURTESIES TO NON-REFERRAL SOURCES

- i) No portion of this section "Extending Business Courtesies to Non-Referral Sources" applies to any individual who makes, or is in a position to make, referrals to a DMH facility.

- ii) There may be times when you may wish to extend to a current or potential business associate (other than someone who may be in a position to make a patient referral) an invitation to attend a social event in order to further or develop your relationship.
- iii) The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the host must be present. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging. The cost associated with such an event must be reasonable and appropriate. As a general rule, this will mean that the cost will not exceed \$150.00 per person. Moreover, such business entertainment with respect to any particular individual must be infrequent, which, as a general rule, means not more than quarterly, and preferably less often.
- iv) If you anticipate an event will exceed the \$150.00 guideline, you must obtain advance approval as required by policy. That policy requires a showing as to the business necessity and appropriateness of the proposed entertainment. The organization will under no circumstances sanction participation in any business entertainment that might be considered lavish. Departures from the \$150.00 guideline are highly discouraged.
- v) It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with DMH. We will never use gifts or other incentives to improperly influence relationships or business outcomes. Gifts to business associates who are not government employees must not exceed \$75.00 per year per recipient. You may never give cash or cash equivalents, such as gift certificates. The policy on business courtesies may from time to time provide modest flexibility in order to permit appropriate recognition of the efforts of those who have spent meaningful amounts of volunteer time on behalf of DMH.
- vi) Federal and state governments have strict rules and laws regarding gifts, meals, and other business courtesies for their employees. Drew Memorial Hospital's policy is to not provide any gifts, entertainment, meals, or anything else of value to any employee of the Federal and State government, except for minor refreshments in connection with business discussions or promotional items with the DMH logo valued at no more than \$10.00. With regard to gifts, meals, and other business courtesies involving any other category of government official or employee, you must determine the particular rules applying to any such person and carefully follow them.

d) EXTENDING BUSINESS COURTESIES TO POSSIBLE REFERRAL SOURCES

Any entertainment or gift involving physicians or other persons who are in a position to refer patients to our healthcare facilities must be strictly in accordance with policies after consultation with supervisors and the Compliance Officer. We will comply with all Federal laws, regulations, and rules regarding these practices.

12) THE ETHICS and COMPLIANCE PROGRAM

a) PROGRAM STRUCTURE

The Ethics and Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. That commitment permeates all levels of the organization.

b) RESOURCES FOR GUIDANCE AND REPORTING VIOLATIONS

- i) To obtain guidance on an ethics or compliance issue or to report a suspected violation, you may choose from several options. It is an expected good practice to raise concerns first with your supervisor. If this is uncomfortable or inappropriate, another option is to discuss the situation with the Compliance Officer or another member of management. You are always free to contact the Compliance Officer by telephone or in person (contact information available on DMH's website), or anonymously at the Compliance Hotline at (877-472-2110). See FAQs.
- ii) Non Retribution Policy: DMH will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retaliation for reporting a possible violation in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee will be subject to discipline.

c) PERSONAL OBLIGATION TO REPORT

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrong-doing wherever it may occur in the organization. Each employee has an individual responsibility for reporting any activity by any employee, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, or this Code.

d) INTERNAL INVESTIGATIONS OF REPORTS

We are committed to investigating all reported concerns promptly and confidentially to the extent possible. The Compliance Officer will coordinate any findings from the investigations and take immediate corrective actions. We expect all employees to cooperate with investigation efforts.

e) CORRECTIVE ACTION

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future at any DMH facility.

f) DISCIPLINE

All violators of the Code will be subject to disciplinary action. The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any of the following disciplinary actions:

- i) Verbal warning
- ii) Written warning
- iii) Written reprimand
- iv) Suspension
- v) Termination
- vi) Restitution

g) INTERNAL AUDIT AND OTHER MONITORING

DMH is committed to the monitoring of compliance with its policies. Much of this monitoring effort is provided by outside firms and internal personnel, who routinely conduct internal audits of issues that have regulatory or compliance implication. The organization also routinely seeks other means of ensuring and demonstrating compliance with laws, regulations, and DMH policy.

h) ACKNOWLEDGMENT PROCESS

- i) DMH requires all employees to sign an acknowledgment confirming they have received the Code of Conduct and understand it represents mandatory policies of DMH. New employees will be required to sign this acknowledgment as a condition of employment.
- ii) Adherence to and support of DMH's Code of Conduct and participation in related activities and training will be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.
- iii) The Code of Conduct is not intended to provide answers to every question that you may have about DMH's policies, laws, or regulations. The following questions and answers are intended to increase your understanding of how specific guidelines must be applied.

13) Frequently Asked Questions:

a) *If I have a question about workplace conduct or saw something that I thought was wrong, whom should I contact?*

- i) We have provided several resources for you to turn to with such concerns. We encourage you to talk to your supervisor first. However, if for any reason you do not feel comfortable talking to your supervisor or if your supervisor did not answer the questions or address the problem to your satisfaction, you do have other options. You may wish to try to speak with someone else in management, the Compliance Officer, or call the Compliance Hotline at (877) 472-22110.

b) If I report something suspicious will I get in trouble if my suspicion turns out to be wrong?

i) As long as you honestly have a concern, our policy prohibits you from being retaliated against due to your report. As a DMH employee, you have a responsibility to report suspected problems. In fact, employees may be subject to discipline if they witness something but do not report it to the Hospital. The only time someone will be disciplined for reporting misconduct is if he or she knowingly and intentionally reports something that he or she knows to be false or misleading in order to harm someone else or otherwise to cause disruption.

c) What should I do if my supervisor asks me to do something that I think violates the Code of Conduct, DMH's policy, or is illegal?

i) Don't do it. No matter who asks you to do something, if you know it is wrong, you must refuse to do it. You must also immediately report the request to a level of management above your supervisor, the Compliance Officer or to the Compliance Hotline.

d) How do I know if I am on ethical "thin ice?"

i) If you are worried about whether your actions will be discovered, if you feel a sense of uneasiness about what you are doing, or if you are rationalizing your activities on any basis (such as perhaps the belief that "everyone does it"), you are probably on ethical "thin ice." Stop, step back, consider what you are doing, get advice, and redirect your actions to where you know you are doing the right thing.

e) In preparation for an accreditation visit, my supervisor has asked me to review medical records and to fill in any missing signatures. May I do this?

i) No. It is absolutely wrong to sign another healthcare provider's name in the medical record. It is part of our basic integrity obligation to provide only complete and fully accurate information to accrediting groups.

f) A patient with a chronic health condition is frequently admitted to our facility for treatment. He routinely tips his primary nurse around \$100. May the nurse accept it?

i) No. Cash gifts must never be accepted from anyone with whom we have a business relationship.

g) May I accept a basket of fruit or flowers that a patient sent?

i) Yes. Gifts to an entire department may be accepted if they are consumable or perishable.

h) I am planning a dinner meeting at our hospital. My daughter owns a catering service in town. May I pick her catering service if the prices are comparable to other restaurants?

i) No. This may seem unfair, but you must avoid even the appearance of favoritism.

- i) Do the conflict of interest policies apply to distant relatives, such as cousins or in-laws or friends?***
- i) The conflict of interest policies generally apply to members of your immediate family. However, if any relationship could influence your objectivity or create the appearance of impropriety, you must apply the policies.
- j) There is a physician in our hospital who sometimes requests medical records, whether he is taking care of the patient or not. Is he allowed to do this?***
- i) No. Only the attending, covering or consulting physicians may have access to patient medical records. We are responsible for protecting the confidentiality of patient information from interested third parties as well as our staff. Patients are entitled to expect confidentiality, the protection of their privacy, and the release of information only to authorized parties.
- k) I volunteer for Girl Scouts. May I copy a fund-raising leaflet?***
- i) DMH encourages all employees to participate in volunteer activities. Hospital equipment and/or supplies, however, must not be used for charitable or other non-business purposes without prior approval from your supervisor.
- l) I do volunteer work for a local candidate for office. May I use the copy machine to make flyers?***
- i) No. You may not use DMH time, resources or supplies to support political activities that are undertaken on a personal basis, as is the case here.

[Certification page follows.]

I received and understand the Drew Memorial Hospital Code of Conduct and Ethics Compliance Program.

This certifies that I have received the Drew Memorial Hospital Code of Conduct and Ethics Compliance Program. I understand the code and the program as it applies to me and my job and understand that I am expected to comply with it.

I know it is my right and responsibility to seek guidance on ethical and compliance issues when I am uncertain about which actions to take and to report situations to management when I have reason to believe there is a violation of our policies.

Name (Print)

Signature

Employee #

Date

Department

Please give this certification to the session leader at the end of your training session, or the Human Resources Director if you are starting work prior to orientation.