

# **CHILDREN'S HOSPITAL & MEDICAL CENTER**

## **CORPORATE COMPLIANCE PLAN**

### **I. INTRODUCTION**

It is the policy of Children's Hospital & Medical Center (the "Hospital") that its business and affairs be conducted at all times in accordance with ethical business practices and applicable laws and regulations. The Hospital places the highest importance on its reputation for honesty, integrity, and high ethical standards. To that end, and in accordance with the Hospital's Code of Conduct, the Hospital has developed this Corporate Compliance Plan (the "Plan") to present and reaffirm its commitment to ethical conduct and adherence to applicable laws and regulations.

This Plan provides standards by which "Staff," defined as the Board of Directors, employees, members of the medical staff, allied health professionals, students, residents, volunteers, and agents, will conduct themselves. Hospital as used in this Plan refers to all facilities, units, departments and clinics operated by the Hospital regardless of location.

The Plan is designed to encourage and promote a culture that strives to prevent, detect, and resolve problems which are created when conduct, however well-intentioned, does not align with applicable laws, regulations, or the Hospital's policies and procedures. The Plan was drafted to ensure and further the Hospital's mission, so that all children may have a better chance to live.

### **II. COMPLIANCE STANDARDS, POLICIES AND PROCEDURES**

The Hospital is subject to numerous federal and state laws and regulations that govern the activities of Staff who are expected to be knowledgeable of and in compliance with the laws and regulations that affect their area of responsibility. Staff that violate laws or regulations risk individual criminal prosecution, civil actions for monetary damages, and exclusion from federally funded health care programs. In addition, actions of Staff may subject the Hospital to risks and potential penalties. Accordingly, any Staff who violate federal or state laws may be subject to corrective action, up to and including termination of their employment/affiliation. Questions regarding laws or regulations or any other part of the Plan should be directed to the Compliance Officer at 402-955-4122.

The Hospital has developed the Children's Hospital & Medical Center Code of Conduct that presents behavioral expectations and basic legal principles under which Staff must operate. Staff are responsible for ensuring their behavior and activity is consistent with the Code of Conduct which is attached to the Plan.

In addition to the Code of Conduct, the Hospital has developed, and will continue to develop as necessary, policies and procedures that address specific areas, issues, and activities that are especially complex, or have been identified as compliance risk areas. These policies will be tailored to the specific needs of that area and will be distributed and reviewed with affected Staff as part of their training and education. As with all compliance policies, these specific policies and procedures will be reviewed regularly, and modified to reflect organizational and regulatory changes.

### III. COMPLIANCE OVERSIGHT RESPONSIBILITY

The Board of Directors of the Hospital is committed to Children's Staff complying with federal, state, and local laws that govern health care and in order to enhance the Hospital's compliance efforts, Children's, by action of the Board of Directors, has adopted this Corporate Compliance Plan. The Plan is designed to incorporate recommendations enumerated in the Department of Health and Human Services Office of Inspector General's (OIG) Compliance Program Guidance for Hospitals as well as to reflect the elements of an effective compliance plan as described in the Federal Sentencing Guidelines. The Board of Directors has established the Audit and Compliance Committee, and delegated its direct compliance oversight responsibilities to such committee. The Board of Directors also appointed a Compliance Officer who has been given authority to do all things necessary and expedient to develop and implement an effective compliance program. The Board of Directors has given the Compliance Officer the further authority to establish committees to assist in the drafting and implementation of the Plan.

#### **Compliance Officer**

The Board of Directors has appointed Bart M. Sturdy, J.D., as its Compliance Officer. The Board of Directors has chosen the Compliance Officer based on his commitment to honesty, integrity, high ethical standards, and on his knowledge and ability to understand applicable laws and regulations. The Compliance Officer solely represents the Hospital and not any officer, employee, or member of the Board of Directors.

The Compliance Officer maintains administrative authority for implementation, monitoring, and enforcement of the Plan. All questions and concerns regarding compliance with the Plan, or legal and regulatory standards, should be directed to the Compliance Officer. If an individual is uncertain whether their conduct or behavior is prohibited under law, they must contact their supervisor or the Compliance Officer for guidance prior to engaging or continuing in the conduct or behavior. The Compliance Officer has full discretion to investigate possible instances of non-compliance and to initiate corrective action when a non-compliant situation is identified. Staff are directed to cooperate fully and to assist the Compliance Officer in the exercise of his duties.

The Compliance Officer's duties include but are not limited to the following:

- Creating an environment where Staff are encouraged to raise compliance issues,
- Developing standards of conduct and policies and procedures to promote compliance with ethical and legal requirements,
- Developing, modifying, and monitoring the implementation of the Plan,
- Responding to Staff inquiries regarding matters related to the Plan,
- Developing, coordinating, and participating in compliance education and training,
- Monitoring compliance with the Code of Conduct,
- Developing and supervising on-going compliance auditing and monitoring activities,
- Developing a compliance concern reporting mechanism that encourages Staff to report compliance concerns without fear of retribution,
- Receiving, investigating, and reporting on compliance concerns and violations,
- Recommending and overseeing implementation of corrective actions when necessary,
- Establishing committees to assist in implementing and maintaining the compliance program,
- Chairing the Operating Compliance Committee,
- Revising the Plan in response to organizational need and changes in law and policy, and
- Reporting regularly to the President & Chief Executive Officer and to the Audit and Compliance Committee of the Board of Directors regarding compliance activities.

### **Operating Compliance Committee**

The Operating Compliance Committee includes managers and employees of key operating units with the seniority and experience to advise the Compliance Officer regarding risks and concerns in their areas. The primary role of the Operating Compliance Committee is to advise the Compliance Officer and to assist the Compliance Officer in the implementation and enforcement of the Plan.

The responsibilities of the Operating Compliance Committee are as follows:

- Analyze the industry environment and applicable legal requirements,
- Identify specific compliance risk areas,
- Assess existing policies and procedures addressing compliance risk areas,
- Recommend and monitor the development of internal systems, policies and controls to carry out the compliance program,
- Determine the appropriate strategies to promote compliance, and
- Monitor the results of external and internal investigations for the purpose of identifying deficiencies and implementing corrective action.

### **Hospital Managers and Supervisors**

Managers and supervisors have a responsibility to know and understand the laws and regulations that apply to their area of responsibility and to exhibit a strong commitment to compliance. Managers and supervisors will encourage open communication among Staff concerning compliance matters. Managers and supervisors will evaluate the compliance performance of Staff during their annual review and will use due diligence in hiring and retaining employees.

## **IV. DUE DILIGENCE IN THE HIRING OR CREDENTIALING OF STAFF**

The Hospital has developed a screening process to avoid hiring or credentialing individuals who pose a risk of involvement in illegal activities. New hires, all allied health, medical staff applicants, and contract employees will have references checked and be subject to complete background investigations utilizing the HHS/OIG Cumulative Sanctions List, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and the National Practitioner Data Bank as applicable. In addition, all prospective Staff will be required to disclose whether they have been convicted of a health care-related crime, or excluded or otherwise rendered ineligible for participation in a governmental funded health care program. The Hospital will not employ, credential, retain, contract, or otherwise affiliate with anyone excluded from participation in governmental funded health care programs.

## **V. COMPLIANCE TRAINING AND EDUCATION**

Successful implementation and functioning of the Plan will require effective training and education of Staff. The Hospital will make appropriate resources available and require successful completion of educational training programs to ensure Staff familiarity with organizational policies and procedures and areas of law that affect the conduct of their duties. The compliance training and education program will provide Staff with awareness regarding the importance of compliance, an understanding of the Plan, and needed technical and functional training to carry out their responsibilities. The responsibility for the development of compliance education lies with the Compliance Officer.

The Plan, including the Corporate Code of Conduct, will be presented to Staff in initial mandatory training sessions. This initial training introduced Staff to compliance and reaffirm the Hospital's commitment to an ethical, professional work environment, and compliance with legal

standards. Initial general compliance training is a mandatory orientation subject for newly hired Staff. General compliance education is provided at least annually as part of the Hospital's annual CHEX mandatory education modules. Additional organization-wide general compliance education shall be developed as needs arise.

In addition to the general compliance education, Staff will receive job or departmental specific compliance education as needed. This education will focus on technical and functional training to allow staff to carry out their job responsibilities in a fully compliant manner. The departmental compliance education will be based upon identified compliance educational needs as determined by the supervisor, the Operating Compliance Committee, and the Compliance Officer. This specialized training will focus on complex or high compliance risk areas and will be modified over time in response to regulatory developments and newly identified compliance risk areas. Compliance risk areas may be identified by departmental monitoring activities, reported compliance concerns, governmental enforcement initiatives, or by other means available. The Compliance Officer, the supervisors, and Staff share a responsibility to identify compliance related information to be presented to Staff through education and training.

Participation in compliance training will be mandatory and only the Compliance Officer is authorized to excuse Staff. Attendance at and participation in compliance educational programs is a factor in each employee's annual evaluation and is a condition of continued employment.

Outside experts may be enlisted by the Compliance Officer to conduct specialized or highly technical compliance training. The Compliance Officer will regularly, and not less than annually, report to the Board of Directors Audit and Compliance Committee on compliance educational activities.

## **VI. MONITORING AND AUDITING SYSTEMS**

To assure the success of the compliance program, the Compliance Officer will develop a monitoring and audit process. The monitoring and audit process will assess compliance with laws, regulations, standards, policies, or procedures. The scope and frequency of compliance monitoring and auditing activities in a particular area will be based on an assessment of risk and the effectiveness of existing operational controls and on-going monitoring activities. The Compliance Officer will establish guidelines to assure monitoring and audit coverage for all high-risk areas identified by the Operating Compliance Committee.

All compliance monitoring and audit activities will be under the direction of the Compliance Officer. In addition to the use of internal resources, outside parties with compliance expertise may be used. When possible, claim and billing accuracy monitoring will be completed on a prospective basis to identify potential problems before claims are submitted. Audit procedures may be conducted with the assistance of legal counsel to maintain the attorney client privilege. Monitoring and audit results will be used to assist in correcting past problems and putting systems into place to prevent them from recurring. Compliance monitoring and audit records will be kept confidential and maintained for seven (7) years.

Results of routine compliance monitoring and audit activities will be reported to the President & Chief Executive Officer and the Board of Directors Audit and Compliance Committee on at least an annual basis. If monitoring and audit activities identify a potential non-compliant situation or other compliance concern, the investigative procedures set forth in Section VIII will be followed.

## VII. COMPLIANCE CONCERNS REPORTING STRUCTURE

Staff have a duty and obligation to immediately report any concerns of suspected or actual violation of laws, regulations, standards, or any other part of this Plan, to their supervisor. If Staff are uncomfortable making such report to their supervisor, a report must be made to the Compliance Officer. If the Compliance Officer is unavailable, Staff should contact the administrator on call, the General Counsel, or call the Compliance Hotline. Once a concern report has been made, the Staff member has a continuing obligation to update the report if they obtain new information.

The Compliance Officer shall have an open door policy regarding components of the Plan, adherence to the law, or reports concerning violations, or suspected violations of law. Staff may report a concern by a written report, phone call, email, or in person at the Compliance Officer's office.

**Compliance Hotline:** To encourage reporting of compliance concerns or questions, the Hospital has established a Compliance Hotline. The Hospital's Compliance Hotline telephone number (402-955-3250) is posted on the Hospital Website and distributed through other physical and electronic means. This hotline is attached to a secured voice mail system accessible only by the Compliance Officer, the General Counsel, or designee.

Staff are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigations. However, anonymous reports will not be refused or treated less seriously because the reporter wishes to remain anonymous. All compliance concern reports will be kept confidential to the extent possible and will be investigated by the Compliance Officer, the General Counsel, or designee. However, complete anonymity cannot be guaranteed, especially in situations where governmental authorities may be involved.

No Staff member who reports a compliance concern will be retaliated against or otherwise disciplined solely for reporting the concern (see Whistleblower Policy in the Employee Handbook; also see Policy Number ADM157, Responsibility and Protection for Those Who Discover Wrongdoing, a/k/a Whistle Blower Policy). **The Hospital strictly prohibits retaliation against employees who raise concerns honestly and forthrightly, and retribution in any form will not be tolerated.** Staff found to have retaliated against another Staff member will be disciplined in accordance with Hospital's disciplinary guidelines, or with medical staff by-laws, if applicable, up to and including termination. The Compliance Officer does not have the authority to extend protection or immunity from disciplinary action or prosecution to individuals who have engaged in misconduct, regardless of whether they reported the misconduct. No Staff will be punished solely for mistakenly reporting what they in good faith believed to be an act of misconduct, but an individual may be subject to disciplinary action if the report was knowingly misstated. Any Staff who knowingly misuses the hotline will be subject to disciplinary action up to and including termination of their employment/affiliation.

Compliance inquiries will be included in confidential exit interviews conducted by Human Resources. Departing employees are asked to contact the Compliance Officer, anonymously if they so choose, to discuss any concerns they would like the Hospital to know.

## VIII. INVESTIGATION AND CORRECTIVE ACTION

Upon receipt of a hotline report, questionable audit or monitoring results, or other information that suggests a compliance issue, the Compliance Officer will take all reasonable steps to promptly

investigate for the purpose of assessing legal risks, obligations, and compliance with this Plan. The Compliance Officer will record the concern in the compliance concern log and open a written report. Based upon information and the nature of the concern, the Compliance Officer will conduct an initial assessment to determine whether the report has merit and warrants additional investigation. The Compliance Officer, either alone or in consultation with the General Counsel or outside legal counsel, will make a determination as to who should conduct the investigation - the Compliance Officer, the General Counsel, outside legal counsel, or an outside expert retained by legal counsel. Investigations will start as soon as possible but in no event more than fourteen (14) days following the receipt of the report suggesting a potential compliance issue.

Investigation activities may include, but not be limited to, the following:

- A review of applicable laws, regulations and standards;
- Interviews with the person reporting the concern and others who may be involved or have information to support the investigation;
- A review of all relevant documents including financial and clinical records.

If the Compliance Officer believes the integrity of the investigation is at stake due to the presence of the employee under investigation, the employee may be suspended from, or relieved of their position at the discretion of the Compliance Officer in consultation with the Vice President of Human Resources. The Compliance Officer shall take necessary steps to prevent the destruction of documents or other evidentiary material relevant to an investigation.

If, upon conclusion of the investigation and review by the General Counsel or outside legal counsel, it is determined there is a substantiated material compliance concern, the Compliance Officer shall immediately formulate and implement a corrective plan of action. The corrective plan of action will ensure the issue is addressed, eliminated, or mitigated to reduce the possibility of recurrence of the risk. Corrective action may include, but not limited to, adopting new policies and procedures and monitoring their implementation, education and training, imposing restrictions on Staff duties, discipline of Staff up to and including termination, and disclosure to governmental authorities as required by law.

If the compliance problem relates to billing, similar billing will be discontinued until the problem is corrected and education on appropriate billing processes is provided. If improper payments were received, the Compliance Officer, in concert with the General Counsel or outside legal counsel, will determine the amount of repayment to be made and the required disclosures. If there is reason to believe the misconduct may have violated criminal, civil or administrative law, the misconduct will be reported to the appropriate authority within a reasonable period of time but ordinarily no more than sixty (60) days.

A summary report of the compliance concern, the investigation, and the outcome, will be prepared by the Compliance Officer and forwarded to the President & Chief Executive Officer and the Audit and Compliance Committee. As appropriate, the Compliance Officer will discuss the outcome of the compliance investigation with the individual reporting the concern. The Compliance Officer will maintain records of investigations including documentation of the alleged violation, a description of the investigative process, interview notes, copies of key documents, the log of witnesses interviewed and documents which were reviewed, the results of the investigation, and the corrective action. The Compliance Officer will report periodically to the Operating Compliance Committee and the Board of Directors Audit and Compliance Committee on identified compliance concerns and the investigations undertaken as a result of these concerns.

Any issue for which a corrective action plan has been implemented will be monitored and incorporated into future audits. Information gathered during an investigation may be incorporated into future Staff education and training.

## **IX. ENFORCEMENT AND CORRECTIVE/DISCIPLINARY ACTION**

Any Staff who fails to comply with applicable laws, regulations, standards, or policies may be subject to corrective action, up to and including termination of employment/affiliation. Failure to report known or suspected noncompliance may subject Staff to corrective action. Management or other supervisory staff may be subject to disciplinary action in the event that they unreasonably fail to detect a known or suspected compliance violation.

The Vice President of Human Resources, together with the Compliance Officer, will include compliance violations in the disciplinary guidelines. These guidelines will be applied and enforced consistently and will result in enforcement penalties, up to and including termination of employment/affiliation. The Compliance Officer, along with the Vice President of Human Resources or designee, will be responsible for all compliance related disciplinary investigations. The Hospital reserves the right to exercise discretion in determining the disciplinary penalty for violating a compliance standard; the form of discipline will be case specific. The actual implementation of corrective/disciplinary actions will be in accordance with Human Resources policies and, as applicable to the members of the medical staff, with the medical staff by-laws.

The disciplinary system shall provide that corrective actions, including a statement of the reasons why the penalty was imposed, are documented in the personnel or credential file. The Compliance Officer will communicate with Human Resources regarding all disciplinary actions taken with respect to compliance violations. The Compliance Officer will periodically review disciplinary actions to assure the actions are administered in a fair and consistent manner and will report to the Board of Directors Audit and Compliance Committee on a regular basis concerning the disciplinary aspects of the Plan.

# CHILDREN'S HOSPITAL & MEDICAL CENTER

## CODE OF CONDUCT

It is the policy of Children's Hospital & Medical Center (the "Hospital") that its business and affairs be conducted at all times in accordance with ethical business practices and applicable laws and regulations. This Code of Conduct provides standards of conduct for "Staff," defined as the Board of Directors, employees, members of the Medical Staff, allied health professionals, students, residents, volunteers, and agents.

The Code of Conduct presents Staff with behavioral expectations and the basic legal principles under which Staff must operate. This Code of Conduct is neither exclusive nor complete. All Staff members are responsible for ensuring their behavior and activity is consistent with this Code of Conduct, applicable laws and regulations, and all applicable Hospital policies and procedures.

### BEHAVIORAL EXPECTATIONS

#### **Excellence in Service to Children, Families, and Other Customers**

The Hospital is committed to the delivery of excellent service. Staff will assure service excellence by anticipating customer needs, understanding customer expectations, and responding appropriately.

#### **Respect for Human Dignity**

The Hospital is devoted to the principle of treating others at all times as they wish to be treated. Staff will treat others with fairness and courtesy showing sensitivity to the emotional and psychological needs of patients, families, visitors, and other Staff.

Staff will at all times demonstrate decision-making that does not discriminate against others due to race, creed, color, religion, sex (including pregnancy), national origin, age, disability, genetic information, or any other protected class. **No form of harassment or discrimination by Staff will be permitted.** Harassment is defined as unwelcome or unsolicited conduct that is based on race, creed, color, religion, sex (including pregnancy), national origin, age, disability, or genetic information, and which interferes with a Staff member's ability to perform their job duties or which is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive, or where enduring the offensive conduct becomes a condition of continued employment. (The following examples are only a sample of possible issues that could arise.)

- Q. The language and inappropriate humor our supervisor uses offends one of my coworkers. What should I do?
- A. Advise your coworker to tell the supervisor that he finds his language and humor to be insensitive and offensive. If the coworker is not satisfied with the response or is uncomfortable discussing his concern with the supervisor, he should follow the compliance concern reporting avenues.
- Q. I believe I was not selected for a promotion because of my national origin (or age, gender, color, disability status, etc.). What should I do?

- A. Discuss your concerns with the hiring manager and ask her to identify those areas where she believes you did not meet the qualifications or where she felt the individual hired was more qualified. If you are not satisfied with the response from the hiring manager or are not comfortable discussing the situation with the hiring manager, follow the compliance concern reporting steps. **Discrimination in any form will not be tolerated.**

### **Honesty and Integrity**

Staff will at all times take personal responsibility for doing the right thing and acting in a manner that demonstrates a commitment to the Hospital's compliance program to prevent illegal and unethical business practices. (The following examples are only a sample of possible issues that could arise.)

- Q. I recently observed a physician doing something I believe to be improper. I think I should tell someone about this, but I do not want to get in trouble for upsetting one of our doctors. How should I proceed?
- A. It is important for you to come forward with information related to potential misconduct by any member of the Staff. You should initially discuss your concern using existing internal reporting processes. If you are not comfortable using existing reporting processes, you should contact the Compliance Officer directly or call the Compliance Hotline at **402-955-3250**. If the concern involves a physician, the Compliance Officer will work with the Senior Vice-President, Medical Affairs and Chief Medical Officer, and the Medical Staff President to address the situation.

### **Conduct in Violation of the Law**

The Hospital requires all Staff members to notify their supervisor or the Human Resources Department if they are arrested for, or charged with, any criminal conduct. This policy is intended to protect the property and safety of the Hospital, its patients, and Staff and to otherwise ensure a safe workplace. Failure to report a charge, arrest, or conviction will result in corrective action up to and including termination.

If a Staff member is arrested for an offense that constitutes a misdemeanor, the Hospital will evaluate the situation and determine if the Staff member should be suspended from work without pay, pending the adjudication of the charges. If convicted, the Hospital will determine if the conduct requires termination of employment.

For offenses that constitute felonies, the Hospital will suspend the Staff member, without pay, until adjudication of the charges. If the Staff member enters a guilty plea or is convicted, the Hospital will determine if the conduct requires termination of employment.

If a Staff member is arrested for, or charged with, any criminal conduct, or is notified that they are being investigated for alleged abuse or neglect, the Staff member will be suspended pending the investigation.

### **Wise Use of Resources**

Staff will optimize the talents of people and the use of time, materials, and equipment in order to preserve and protect Hospital assets.

The Hospital has established internal control standards and procedures to ensure assets are protected and properly used. All Staff share the responsibility for maintaining and complying with internal controls.

Travel and entertainment expenses should at all times be consistent with organizational policy and Staff are expected to exercise reasonable judgment when authorizing such expenditures. A Staff member should not suffer a financial loss nor receive a financial gain as a result of business travel and entertainment.

Staff will refrain from converting Hospital assets to personal use and are prohibited from unauthorized use or taking of Hospital equipment, supplies, materials, or services. (The following examples are only a sample of possible issues that could arise.)

Q. My supervisor allows Staff to utilize the long distance access code for placing personal calls. I am concerned that this is inappropriate use of Hospital resources. Should I report my concern?

A. Yes, the use of Hospital assets for personal gain is not allowed and should be reported to your supervisor. The supervisor should then report the matter to Human Resources and to the Compliance Officer.

### **Cooperative Work Relationships**

Staff will willingly work with others to identify and achieve common goals and to function as effective team members by providing specific, timely information to others as requested, listening carefully, checking for understanding before responding to others, and accepting and offering feedback. For further guidance for leaders in managing conflict that has the potential to impact quality and patient safety, see Conflict Management policy (See Policy Number ADM195).

### **Positive Attitudes and Behaviors**

Staff will display positive attitudes and behaviors, enthusiastically approach their role, and display pride in the Hospital. Staff are expected to take pride in and care of their personal appearance, choose to have a positive attitude each day, let go of past resentments, and speak positively about the Hospital in the presence of coworkers, customers, and the community. Staff are to use tone, body language, and facial expressions that project a positive attitude and actively participate in organizational change.

## **LEGAL PRINCIPLES**

### **Legal Compliance**

Staff are expected to be sufficiently knowledgeable of the legal aspects of their responsibilities and activities in order to reduce the risk of unintended legal violations. Staff whose positions may impact the Hospital's compliance with laws and regulations will attend training and educational opportunities offered by the Hospital and pursue a reasonable amount of continuing self-education. It is the responsibility of all Staff members to notify their supervisor when they have a question regarding the legal aspects of their job and when additional information is needed. If questions arise regarding the existence, applicability, or interpretation of any law, the Compliance Officer, or the General Counsel, should be contacted.

Staff are required to comply with applicable laws and regulations related to their job responsibilities and to refrain from knowingly participating in illegal activities or failing to meet affirmative legal duties, whether or not specifically addressed in this Code of Conduct.

Staff are expected to refrain from conduct that may violate fraud and abuse statutes with respect to all federally funded health care programs including Medicare, Medicaid, and Tricare. Fraud and abuse

statutes, including the False Claims Act, prohibit: (1) payments made to a referral source in exchange for a patient referral; (2) the submission of false, fraudulent, or misleading claims; and (3) making false representations to gain or retain participation in or to obtain payment from a federally funded health care program. The False Claims Act protects those who report misconduct under the “qui tam” or whistleblower protection. The Hospital has adopted a Whistleblower Policy which explains whistleblower protections (see Whistleblower Policy in the Employee Handbook; also see Policy Number ADM157, Responsibility and Protection for Those Who Discover Wrongdoing, a/k/a Whistle Blower Policy). **The Hospital strictly prohibits retaliation against employees who raise concerns honestly and forthrightly, and retribution in any form will not be tolerated.**

Staff are expected to comply with applicable antitrust and similar laws that regulate competition. Examples of prohibited conduct include: (1) agreements with competitors to fix prices; (2) organized boycotts of governmental or other payors; and (3) unfair trade practices.

In order to maintain its nonprofit status, the Hospital must ensure that resources are used in a manner that furthers the public good rather than the private interests of any individual. In order to assure compliance with applicable tax laws, the Hospital will not enter into compensation arrangements in excess of fair market value, will only pay for services actually provided, will accurately report payments to the appropriate taxing authority, and will file all required tax returns in a timely manner. (The following examples are only a sample of possible issues that could arise.)

Q. My supervisor directed me to do something I believe is against Hospital policy and, perhaps, the law. I don't want to do something improper, but I'm afraid if I don't do as I am told, I may lose my job. What should I do?

A. Do not risk your job or the organization's future by taking part in improper or illegal activity. Discuss the situation with your supervisor to be sure you understand the facts and that she is aware of your concern. If you are uncomfortable discussing the situation with your supervisor, or you are not satisfied with her response, contact the Compliance Officer. The effectiveness of the Corporate Compliance Plan depends on Staff taking appropriate action if they suspect non-compliant conduct is occurring. **The Hospital strictly prohibits retaliation against employees who raise concerns honestly and forthrightly, and retribution in any form will not be tolerated.**

Q. What should I do if a physician asks me to provide payment or compensation in exchange for referrals to our facility?

A. Such a request is against our Code of Conduct and may be illegal. Discuss the situation with your supervisor or the Compliance Officer. Any supervisor receiving this type of information should immediately notify the Compliance Officer.

### **Confidentiality of Information**

The Hospital is required by law to strictly protect the confidentiality of patient, business, and employee information. Seeking access to confidential information for any purpose other than to perform job related responsibilities will result in disciplinary action up to and including termination. Moreover, failure to report a suspected breach of confidentiality may result in disciplinary action up to and including termination.

Staff shall at all times maintain the confidentiality of patient and other information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and all other legal and prevailing ethical standards.

Staff should be cognizant of discussing sensitive patient information in public areas. Posting any confidential information to social websites is prohibited. (See Social Networking policy – Policy Number HR237) Questions regarding disclosures of information should be directed to the Compliance Officer.

Staff may have access to confidential and sensitive patient and family information whose use should be limited only to individuals directly involved in the care of that patient. Confidential information will be released only upon obtaining a valid authorization for release of information or as otherwise authorized by law (See HIPAA policies).

Staff may have access to information, ideas, and other intellectual property important to the success of the Hospital. Staff should take care to assure that such proprietary information is carefully managed, maintained, and is only shared with other Staff who need the information to perform their assigned duties. Documents or information regarding the Hospital's current, proposed, or future business plans, strategies, costs, prices, terms of contracts, or general finances are considered confidential and protected.

Staff may have access to confidential information regarding other Staff. This information should be protected and released only by designated personnel if the party requesting needs to know in order to perform his assigned duties or has valid written consent. (The following examples are only a sample of possible issues that could arise.)

Q. I overheard that the 15-year-old son of a local government official has been admitted to the Hospital and that it was due to a self-inflicted gunshot wound. Is it appropriate to access the medical record to see if the rumor is true?

A. No, access to patient information is limited to individuals directly involved in the care of the patient and business operations under HIPAA and other state law. Unauthorized or inappropriate access or attempts to access patient information will subject the employee to disciplinary action up to and including termination.

Q. A man came to our clinic and showed me his FBI badge and asked to see specific patient files. Should I give him the information he requested?

A. No, the Hospital will fully cooperate with any governmental investigation but the Compliance Officer or the General Counsel, should first be contacted so the validity and scope of the governmental investigation can be determined. No patient information should be released to an investigator until the Compliance Officer or the General Counsel confirms the validity of the investigation.

## **Business Ethics**

The Hospital will at all times maintain professional and ethical standards in the conduct of its business. Staff are expected to understand and adhere to the ethical standards as required by their profession and as defined by the Hospital's mission, vision, values, and Code of Conduct.

The Hospital requires honesty from all Staff members in the performance of their duties and in communication with all outside parties. No Staff member shall knowingly make false or misleading statements to any person or entity doing business with the Hospital.

Requests by media or the public for information regarding a patient, medical program, or any Hospital activity must be referred to the Media Relations Liaison, in the Public Relations Department.

Business transactions undertaken on behalf of the Hospital shall at all times be free from offers, solicitations of gifts, or other improper inducements in exchange for influence on or assistance with the transaction. Offering, giving, soliciting, or receiving any form of bribe or illegal inducement is expressly prohibited.

Staff may not utilize “insider” information for any business activity conducted by or on behalf of the Hospital. All business activities undertaken on behalf of the Hospital must be conducted at arm’s length.

It is the policy of the Hospital to manage and operate its business in a manner that respects the environment and conserves natural resources. Staff will utilize resources wisely, recycle when possible, and otherwise dispose of waste in accordance with applicable laws and regulations. (The following examples are only a sample of possible issues that could arise.)

- Q. I overheard a conversation between a pharmaceutical sales representative and a coworker wherein the sales representative offered the free use of the company’s time-share in Arizona. What should I do?
- A. Staff who accept gifts, money, or other items with other than nominal value from any person or organization that does business with the Hospital have violated the Code of Conduct. If such a situation arises, you should discuss it with the coworker and make sure they are aware of the standards of conduct. If you feel the coworker intends to accept the gift, you should report the situation using the compliance concern reporting steps. Acceptance of gifts with other than nominal value will subject the staff member to discipline, up to and including termination of employment or association with the Hospital. (See Gifts Policy – ADM142)

### **Health and Safety**

The Hospital is committed to protecting the health and safety of Staff and complying with all applicable health and safety laws and regulations. Staff are responsible for the prevention of accidents and for the reporting of unsafe practices or hazardous conditions that come to their attention. (The following examples are only a sample of possible issues that could arise.)

- Q. I have been told by my supervisor to dispose of chemical waste down the drain and am concerned that this is not appropriate disposal for that particular chemical. What should I do?
- A. Information regarding the hazards, handling and disposal of chemicals is contained in the Material Safety Data Sheet binder that is available through the Call Center (dial 8999). You should request and review the MSDS sheet and try to determine whether drain disposal of this chemical is appropriate. If you are unable to resolve your concern through review of the MSDS or with your supervisor, you should contact the safety officer.

### **Conflicts of Interest**

Staff members owe a duty of undivided and unqualified loyalty to the Hospital consistent with their duties and responsibilities. It is expected that Staff will not use their position to profit personally or to assist others to profit personally at the expense of the Hospital.

All Staff members must comply with the Conflict of Interest policy (See Conflict of Interest policy – ADM100). The Conflict of Interest policy requires all identified Designated Staff to complete a conflict

of interest questionnaire annually. All Staff members are required to identify and remove themselves from situations where there is the possibility for a conflict of interest between the interest of the Staff member and that of the Hospital. Staff should identify the potential conflict to their supervisor or to the General Counsel. (The following examples are only a sample of possible issues that could arise.)

Q. A coworker who developed training materials for the Hospital is marketing these materials on his own to other companies and intends to keep the proceeds for his own use. Is this acceptable conduct?

A. No, the Hospital owns all proprietary information including “intellectual property” (computer programs, training materials, processes, marketing strategies) created by employees while on the job or while using Hospital resources. Hospital proprietary information may not be used for personal gain.

### **Political Activity**

Staff may participate, as individuals, in the electoral process guaranteed to them as citizens. However, their participation must not be perceived as representative of or on behalf of the Hospital. The Hospital is a tax-exempt organization and therefore prohibited from endorsing political candidates, parties, or party agendas. Furthermore, employees may not use Hospital equipment or resources for political activity. Questions should be directed to the Government Affairs Representative.

### **Software Licenses**

Only authorized software can be loaded onto Hospital-based computer systems. Authorized software is software for which a license has been purchased for a specific workstation. Any software needs or questions should be directed to the Information Technology Help Desk at (402) 955-6700. (The following examples are only a sample of possible issues that could arise.)

Q. I have had the opportunity to use project management software in another department and that software would help me to be much more effective in my job. Can I copy the software and load it on to my computer workstation?

A. No, only authorized software may be loaded onto a specific workstation, so loading software from one computer workstation to another is not appropriate. Authorized software is software for which a license has been purchased for a specific workstation. The software should be requisitioned through the normal software purchase process.

## ADMINISTRATION OF THE CODE OF CONDUCT

The Hospital expects each person to whom this Code of Conduct applies to abide by its terms and to conduct Hospital business in a manner consistent with its terms. Staff are expected to report conduct that is known or is suspected to be illegal or in violation of this Code of Conduct to their supervisor or to the Compliance Officer in accordance with the compliance concern reporting avenues.

Although Staff are encouraged to disclose their identity when reporting conduct known or suspected to be illegal or in violation of this Code of Conduct, anonymous reports will not be refused or treated less seriously. The anonymity of the Staff member making a report will be honored to the extent possible under the circumstances. **The Hospital maintains a strict policy of non-retaliation, so that no action will be taken against Staff who in good faith reported on conduct known or suspected to be illegal or in violation of the Code of Conduct.**

Failure to abide by this Code of Conduct may lead to corrective action, up to and including termination of employment or affiliation with the Hospital. For alleged violations of this Code of Conduct, the Hospital will weigh relevant facts and circumstances, including but not limited to the extent to which the behavior was contrary to the express language or general intent of the Code of Conduct, the intent of the Staff, and the gravity of the behavior.

Nothing in this Code of Conduct is intended to nor shall be construed as providing any additional employment or contractual rights to Staff.

This Code of Conduct is subject to revision. While the Hospital will attempt to communicate changes concurrent with or prior to the implementation of such changes, the Hospital reserves the right to modify, amend, or alter the Code of Conduct without notice.

## ACKNOWLEDGEMENT

I certify that:

1. I have read and understand the Corporate Compliance Plan and the Code of Conduct.
2. I pledge to act in accordance with the Corporate Compliance Plan and the Code of Conduct.
3. I will promptly report any conduct that I believe to be illegal or in violation of the Corporate Compliance Plan or the Code of Conduct in accordance with the compliance concern reporting steps.
4. I will seek advice from my supervisor or the Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Corporate Compliance Plan or the Code of Conduct.
5. I understand that failure to comply with the Corporate Compliance Plan or the Code of Conduct may result in disciplinary action, up to and including termination of employment or affiliation.
6. I understand this Code of Conduct is not an employment contract and I remain an employee at will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

Relationship to the Hospital:

Employee

Non-Employed Medical Staff Member

Non-Employed Allied Health Professional

Member Board of Directors

Volunteer

Other \_\_\_\_\_

**NOTE (For Employees):** The Corporate Compliance Plan Acknowledgement can be signed/acknowledged online via My HR. Please visit My HR at <https://lawpa.c0tf.netaspx.com/lawson/portal> (or click the My HR icon located on your computer's desktop) to log in. Once logged in, select the Forms link, then select the Compliance Plan-CH link.