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# CODE OF CONDUCT

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A Guide to the Compliance Program



**Faxton St. Luke's** Healthcare

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## A MESSAGE FROM THE PRESIDENT



Dear Fellow Employees:

Faxton St. Luke's Healthcare (FSLH) is dedicated through our mission, vision and core values to achieve high ethical standards and business practices. Our Corporate Compliance Program and this Code of Conduct represent a commitment to our patients, to our community, to those government agencies that regulate our businesses and to ourselves that we will provide quality health care services with honesty and integrity.

Today, healthcare is a highly regulated and increasingly complex industry. At the foundation of our Compliance Program is the behavior of each individual employee who serves our patients and residents. This Code of Conduct and our related Compliance Program serve as guides to direct you in your daily activities. They provide you with information about our expectations of you. Much of the guidance may seem like common sense. It is. Just as you make decisions that are honest and ethical in your personal life, we expect you to apply honesty, dignity and respect in dealing with our patients, residents, their families and each other. This Code is your guide and the guide our organization uses to ensure that we are making the right decisions for the right reasons. It ensures that we comply with applicable laws and regulations and it provides the right guidance on how to handle situations that arise.

I expect each employee, medical staff member, vendor, contracted employee, consultant, student and volunteer to review the Code of Conduct, to adhere to its guidance and to have the same expectations of your fellow employees and those with whom you do business on behalf of our organization. If you have questions about what you have read, or if you do not understand how a business practice may impact you or your job assignments, please ask your supervisor or contact our Compliance Department.

I will always provide leadership with ethical and honest standards. As a trusted and valued member of our healthcare team, I ask you to commit to the same standard of conduct. I am grateful for all the ways you provide quality health care services and excel in all our clinical and administrative operations.

Scott H. Perra, FACHE  
*President and CEO*  
*Faxton St. Luke's Healthcare*





# MISSION, VISION AND CORE VALUES

## 2015 VISION STATEMENT

To be the premier healthcare system in upstate New York known for clinical excellence through exceptional employees, medical staff, volunteers, Relationship-Based Care and financial strength.

## MISSION STATEMENT

To provide the highest quality health care in our region.

## CORE VALUES

Our core values represent the attitudes and behaviors we believe are important in our daily efforts to carry out our responsibilities, guide our work and achieve our Mission.

### QUALITY SERVICE

We believe in providing quality care and service excellence to our patients, residents, their families, visitors, physicians, volunteers and co-workers in a compassionate, safe and caring manner.

### HONESTY

We believe in the highest level of personal and professional ethics and standards. Our relationships with patients, residents, families, vendors and each other will be open, honest and fair.

### RESPECT AND DIGNITY

We recognize the honor and dignity of every person and respect each staff member's contribution towards achieving our Mission.

### TEAMWORK AND PRIDE

Through teamwork we promote the sharing of ideas, talents and skills to encourage the personal growth and advancement of each staff member, and to provide the highest level of service and quality for our patients.

### COMMUNICATION

We will develop and share with the hospital staff, physicians, and community our goals, plans and progress. Our patients/residents will receive timely and accurate information about their care.



## Purpose of the Code of Conduct

This Code of Conduct and its related policies have been adopted to provide standards by which all members of the organization will conduct themselves. Individual conduct must be in a manner that protects and promotes organizational-wide integrity and enhances our ability to achieve our Mission. This Code is intended to serve as a guide to help our entire Mohawk Valley Network family make sound ethical decisions during day-to-day activities. This Code applies to all employees, medical staff members, vendors, contracted employees, consultants, students and volunteers. At times, the Code makes reference to 'employee.' This reference should be understood to include employees, medical staff members, vendors, contracted employees, consultants, students and volunteers. The Code is intended to be comprehensive and easily understood. In many cases, however, the subject requires additional guidance for those directly involved with a particular area.

## Commitment to Ethical and Legal Conduct

Government regulation of the healthcare industry is increasingly complex. The federal government and New York State have made healthcare fraud and abuse a top enforcement priority. We take our responsibility to comply with laws and regulations very seriously. We ensure that we actively take steps to prevent and detect any violations of these laws and correct any violation that may be identified.

## Fraud, Waste and Abuse

We have adopted policies to prevent and detect fraud, waste and abuse. This Code of Conduct and related Compliance Program outlines the intent of these policies. Our policies and various federal and state laws prohibit false claims and other fraudulent activity. Each employee, medical staff member, vendor, contracted employee, consultant, student and volunteer must adhere to the standards in this Code of Conduct and to the related policies addressed in the Compliance Program. Violations of these standards or policies can result in disciplinary measures, up to and including termination of employment. Violations may also result in civil actions and penalties.

## Leadership Responsibilities

While all employees are obligated to follow our Code of Conduct and related policies, we expect our leaders to set the example and to be in every respect role models. We expect everyone in

the organization with supervisory responsibility to exercise that responsibility in a manner that is thoughtful and respectful. We expect each supervisor to create an environment in which all staff are encouraged to raise concerns and propose ideas.

We also expect that our leaders will ensure staff has sufficient information to comply with laws, regulations and policies, as well as the resources to resolve ethical dilemmas. They must help to create a culture that promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Our continuous Leadership Education and Professional Development Program, coordinated through the Keith A. Fenstemacher Center for Continuous Learning, provides leaders with the fundamental principles and tools to engage in responsible leadership.

## Questions About the Code of Conduct

After you have read the Code of Conduct and reviewed the related policies in the Compliance Program, you may have questions about how the standards apply to situations you may face. You may want to report a potential violation of company policy or violation of a federal or state regulation. You should always feel comfortable talking about your questions and concerns. There are several ways you can have your questions answered, even if you wish to ask them anonymously. You may address these questions with your supervisor or directly with a member of our Compliance staff. You may also address your concerns through AlertLine. Accessing the AlertLine is easy, anonymous and confidential. This process is explained on page 17 of this Code of Conduct.

## Acknowledgement Form

After you have read the Code of Conduct, reviewed the associated policies in the Compliance Program document and had the opportunity to have your questions answered, you must sign the inserted acknowledgement form. By signing the form, you are acknowledging that you have read and understand the Code and related policies, and will abide by them.

## QUALITY OF CARE AND PATIENT SAFETY

Our Mission is to provide the highest quality health care in our region. We are committed to the delivery of safe, effective, patient-centered, timely, efficient and equitable patient care. We will treat all of our patients, residents and their families with dignity and respect, in a caring and honest environment, providing treatment that is both necessary and appropriate.

We are committed to providing a safe environment for our patients, residents and their families. We accomplish this by continuous improvement and implementation of state of the art medication order entry systems, electronic patient records, bar codes and electronic incident reporting systems. We continually assess for potential hazards through patient safety rounds and patient and staff surveys. We encourage patient and family involvement in all levels of operations, through advisory councils and committee representation. We strive for a culture of safety that permeates the entire organization through teamwork and communication.

This commitment to quality care and patient safety is an obligation of every employee, medical staff member, vendor, contracted employee, consultant, student and volunteer.

### Patient Rights

The Patients' Bill of Rights guides our behavior toward patients and families. Each patient is provided with a written statement of patient rights and a Notice of Privacy Practices. These statements include the rights of a patient to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making and the patient's rights related to his or her health information maintained by our organization. Every employee, medical staff member, vendor, contracted employee, consultant, student and volunteer is an advocate for the rights of our patients, residents and their families.

We recognize that medical care can sometimes be uncertain and controversial. Sometimes the right thing to do is not clear and individuals may disagree about what is appropriate when there is no advance directive and the patient's wishes are unknown or not clear. When the right thing is not clear, our Medical Ethics Committee serves as an educational forum, resource and consulting body for those seeking guidance on such issues.



### Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency screening examination and necessary stabilization to all patients, regardless of ability to pay. In emergency situations or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment to seek financial and demographic information. Patients are transferred to other facilities only if the patient's medical needs cannot be met here and appropriate care is available at another facility.





Healthcare facilities like ours require collaboration between those who are part of our organization and those who have been credentialed and privileged to practice in our facilities. As in any collaboration, each party has important roles and responsibilities. We are committed to providing a work environment that is excellent in all respects for physicians and other practitioners who practice at our facilities. We appreciate these practitioners' respectful and supportive commitment to our organization. We encourage members of the medical staff to become familiar with this Code of Conduct. There are many areas of the Code that pertain to ethical or legal obligations of physicians in hospitals and continuing long-term care facilities such as ours. This document, in conjunction with our Compliance Program, is intended to be a helpful summary of these obligations for our medical staff members.

### Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to our facilities. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that those who interact with physicians, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community and arranging for physicians to serve in leadership positions in our facilities, are aware of the requirements of the laws. Failure to meet all requirements of these laws and regulations can result in serious consequences for our organization.

Keeping in mind that it is essential to be familiar with all applicable laws, regulations and policies, two main principles govern our interactions with physicians:

**We do not pay for referrals.** We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone – including employees, physicians or other persons or entities – for referral of patients.

**We do not accept payment for referrals we make.** No 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 or value of referrals that the provider has made, or may make, to us.





## BUSINESS COURTESIES

It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with our organization. We should never use gifts or other incentives to improperly influence relationships or business outcomes.

### Receiving Business Courtesies

We recognize there will be times when a current or potential business associate, including a potential referral source, may extend an invitation to attend a social, training or educational event at a reduced cost or at no cost to the organization to further develop a business relationship. Such invitations must be reviewed for reasonableness and appropriateness. Things to consider are cost, expense to the organization and frequency of occurrence. No employee should accept an invitation with a value exceeding \$150.00. Employees should consult with a member of the Legal and Compliance Department regarding limitations on social, training and educational events.

Employees 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 the organization. Perishable or consumable gifts given to a department or group are not subject to any specific limitations. Employees may accept gift certificates, but may never accept cash or other financial instruments. Under no circumstance should employees solicit a gift.

### Extending Business Courtesies to Non-Referral Sources

There may be times when an employee wishes to extend to a current or potential business associate (other than someone in a position to make a patient referral) an invitation to attend a social event to further or develop a business relationship. During these events, topics of business nature must be discussed. The costs associated with an event must be reasonable and appropriate. No employee should extend an invitation for which the costs will exceed \$150.00 per person. Employees should consult with a member of the Legal and Compliance Department for questions regarding extending business courtesies.





# PRIVACY AND SECURITY OF INFORMATION

We collect information about patients' and residents' medical conditions, histories, medications and family illnesses to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. Federal and state regulations protect this information from inappropriate disclosures. We do not use, disclose or discuss patient-specific information unless it is required as part of our job responsibilities. When sharing information, we will strictly adhere to the minimum necessary standard to accomplish the task. Patients have a right to expect their healthcare information be kept private. Patient information shall only be released in the course of doing your job, as required by law or by the patient's written authorization.

We also collect, generate and develop data related to our businesses and business activities and operations. This includes financial information, employee information and payroll data, pricing and marketing information, company strategic business plans, supplier and subcontractor information, and proprietary software. This sensitive business data is the property of our organization and should not be disclosed or discussed outside your job responsibilities.

Employees have access to electronic medical records systems and our business data through uniquely assigned passwords. Access to electronic data is given based on job responsibilities. NEVER share your password with anyone, not even a supervisor or manager. No employee should ever ask you for your password. When leaving your workstation ALWAYS logout. NEVER leave a workstation signed on with your password for others to use. If anyone accesses data with your password, you will be held accountable for all access. If you feel your password may have been compromised, it is your responsibility to report this to the Network Data Systems Help Desk and a new password will be assigned.

Privacy and security policies have been implemented to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and New York State law; more importantly, protecting our patients' privacy is the right thing to do. Employees use confidential patient information and hospital data to perform their job responsibilities every day. This confidential information should not be shared or disclosed to others except those with a need to know. Improper use or dis-

closure of confidential information violates company policies and may violate federal and/or state law.

Internal audits are routinely conducted to ensure that accessing patient and business data falls within the job assignment of particular employees. Disciplinary action, up to and including termination, will be taken for employees identified as accessing or disclosing information outside of their assigned job responsibilities.

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## Here's an example...

Susan is a registered nurse at Faxton St. Luke's Healthcare.

She just found out that her neighbor has been sick and is in the hospital. She can't reach her by phone, so while at work she decides to find out what has happened.

Susan logs on to the FSLH network and makes a patient inquiry to see if her neighbor is at the St. Luke's Campus. She identifies that yes, she is, and after looking further, she also finds out that her neighbor is on the 6th Floor having treatment for breast cancer.

Susan then goes and visits her neighbor on the unit, surprising her. The neighbor is a very private person and hadn't told anyone about her illness. Now she fears everyone will know.

## How does this fit in?

Susan meant well because she was concerned about her neighbor's well-being. However, just accessing the system to determine if her neighbor was at FSLH is a violation of both federal and state laws and our organizational policy.

Susan then went one step further in violating the patient's privacy when she found out she was having treatment for breast cancer. As innocent as this may seem, the patient has a right to keep her medical information private from everyone that is not involved with her direct care.

# SOCIAL NETWORKING, VIDEO AND IMAGES

## Social Networking

One of the most modern patient privacy issues facing health-care organizations around the country is the increasing popularity of social networking sites.

Many individuals are now members of online sites like Facebook®, MySpace®, LinkedIn® and more. These sites let you post messages, share photos and connect with people from all over the world.

However, employees must remember that information about our patients and their care is private – no matter the setting. Individuals who post information or photos about patients, with or without using names, are violating HIPAA privacy laws and the organizational privacy policies.

To maintain the confidentiality and integrity of patient information, employees are prohibited from using these social networking sites while at work and from accessing them from any company-owned computer.

Even when using social networking sites away from work, employees must adhere to privacy guidelines, avoiding any mention of patient care that could identify a patient or family member.

Furthermore, it is the responsibility of employees who observe a violation by their co-workers to report it immediately to their supervisor, the compliance officer or by calling AlertLine.

## Cell Phone Camera Use

For many years, cell phone usage was prohibited in healthcare settings because it was believed that such usage presented radio wave or electromagnetic danger to certain patient equipment. Today, there is a renewed concern about cell phone use in healthcare settings related to protecting patients' privacy.

Healthcare facilities have a duty under HIPAA to protect confidential patient information. Healthcare facilities generally have recognized that photographs that identify or allow for the identification of patients constitute protected health information (PHI) and, accordingly, have prohibited staff from taking photographs of a patient without the patient's consent. With the ever-increasing popularity of cell phone cameras, the potential for inappropriate use of such cameras in healthcare settings is tremendous.

Cell phone cameras are never to be used to record images of patients. Such images, if needed for purposes of care or training, should be obtained only by authorized persons using specified equipment and pursuant to policy. Any authorized photographs or images are the sole property of the facility. Distribution of photographs or other images outside the facility, without written authorization for a permissible use, is prohibited.

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### Here's an example...

Gina works at Faxton St. Luke's Healthcare as a nurse in the Emergency Department. She was at work one day and cared for an individual that was in a house fire that left two dead.

When she went home that night she couldn't get to sleep so she logged into Facebook® and began writing notes to her "friends" that were on her account. She told them about her day at work, about the patient in the fire and his prognosis. She didn't use his name, but based on the descriptions given, many of the "friends" knew it was the man involved in the house fire they had heard about on the news.

An employee who was connected to one of Gina's connections read the posts and knew it was her responsibility to protect the privacy of the patient. She called the AlertLine and explained what she had read on Facebook®. They took action.

### How does this fit in?

When dealing with social networking websites, remember that it's like being on a very crowded elevator. You may have only two or three dozen people linked to see your pages on this site, but each one of those individuals may have several dozen more friends that can read their comments to you. These sites are used by millions of people, many of whom may have access to your postings without your knowledge.

Gina was wrong to post such personal information about the patient she had cared for. By describing his care and injuries, she violated his privacy and the organizational privacy policy.



# COMPLIANCE WITH LAWS AND REGULATIONS



## **Environmental Compliance**

It is our policy to comply with environmental laws and regulations as they relate to our organization's operations. We act to preserve our natural resources to the fullest extent reasonably possible. We comply with all environmental laws and operate with the necessary permits and approvals. We diligently implement the proper procedures to provide a good environment of care and prevent pollution. Employees must understand how job duties impact the environment, adhere to all requirements for proper handling of hazardous materials and immediately alert supervisors of any situation regarding the discharge of a hazardous substance, improper disposal of hazardous and/or medical waste, or any situation which may be potentially damaging to the environment.

## **Marketing and Advertising**

Consistent with laws and regulations that may govern such activities, we use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services and to recruit staff. We strive to present only truthful, educational information in these materials and announcements.

## **Research, Investigations and Clinical Trials**

We follow the highest ethical standards in full compliance with federal and state laws and regulations in any research, investigations or clinical trials conducted by our physicians and staff. We do not tolerate research misconduct, which includes activities such as falsifying or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflict of interest, or proceeding without Institutional Review Board (IRB) approval. Our first priority is to protect the patient and their rights during the trials. This includes fully informing all subjects of their rights and responsibilities in participating in the trial, as well as risks, expected benefits and alternative services that might prove beneficial to them. Patients who withdraw from participation in a study will always retain full future access to services or other benefits.





# BUSINESS AND FINANCIAL INFORMATION

## **Accuracy, Retention and Disposal of Documents and Records**

Each of our employees 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 support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny any authority access relevant to an investigation. Finally, under no circumstances may employees use patient or business information for a personal benefit.

Medical and business documents and records are retained in accordance with the law and our record retention schedules. Patient and business documents include paper documents such as letters and memos, computerized information such as e-mails or computer files on disk, tape and any other medium that contains information about our patients, the organization or its business activities. It is important to retain and destroy records only according to policy. No employee may tamper with records. No one may remove records without prior authorization.

## **Coding and Billing for Services**

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers and patients. These policies, procedures and systems conform to federal and state laws and regulations. We prohibit any employee from knowingly presenting, or causing to be presented, claims for payment or approval which are false, fictitious or fraudulent.

In support of accurate billing, medical records must contain reliable documentation of the services we provide. It is important that all individuals who contribute to the medical record provide accurate and complete information about the care of the patient. Any addition, deletion, addendum or correction to a medical record must be completed according to policy. No individual may destroy any information considered part of the medical record.

Accurate coding and billing of patient services also depends on the diligence and attention of physicians who treat patients at our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner.



## BUSINESS AND FINANCIAL INFORMATION (cont'd)

Individuals or contractors employed or engaged to perform billing or coding services are expected to have the necessary skills, knowledge and resources to ensure all billing and coding is completed in compliance with governmental and commercial insurance programs.

### Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining and reporting financial and statistical information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, suppliers and the community.

All financial information must accurately reflect any transaction. All funds or assets must be properly recorded in the books and records of the organization. We maintain 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.

We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Our policies articulate our commitment to maintain an accurate, complete and timely reporting process.

### Here's an example...

Tracy is a unit secretary in Rehabilitation at Faxton St. Luke's Healthcare. She is responsible for placing charges on patient accounts.

When patients are scheduled for physical therapy they are generally scheduled for three times a week for six weeks. Tracy has developed an internal process for her to automatically post patient charges without verifying that the patient has actually received the therapy.

Stella, a physical therapy patient, has been attending for four weeks. She suddenly becomes ill and is unable to make her last two weeks of therapy. Stella's insurance company is still billed for the entire six weeks.

### How does this fit in?

All employees responsible for placing charges on accounts need to ensure that services are rendered prior to charging.

Tracy should not have automatically assumed the therapy was given. She must verify each session with the physical therapist or review the medical record for documentation supporting the charges entered.



# ELECTRONIC MEDIA AND SECURITY REQUIREMENTS

All communication systems, including computers, electronic mail, Intranet or Internet access, telephones and voice mail are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and procedures. Limited responsible personal use of communication systems is permitted. However, users should assume these communications are not private. Users of computers and telephone systems should presume no expectation of privacy in anything they create, store, send, read, access or receive on the computer or telephone system. The organization reserves the right to monitor usage, access and content of these communication systems consistent with policies and procedures.

To maintain the confidentiality and integrity of patient and confidential information, such information should be sent through the Internet only in accordance with the Information Security Policy and Standards, which require, among other things, that certain individual and/or entity data be encrypted.

Users may not use internal communication systems or access the Internet at work to post, store, transmit, download or distribute any threatening, obscene or false materials. Communication systems should not be used for anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Communication systems should not be used for unauthorized chain letters, personal broadcasting of messages or distributing copyrighted documents that are not authorized for reproduction.



## Here's an example...

Joe works at Faxton St. Luke's Healthcare. His job requires that he use the Internet for research and informational purposes.

Joe is looking for a new set of golf clubs. He had heard that eBay® has great prices and selection. While at home last night, he found a set. Today he is worried that he may lose the bid so Joe goes online, thinking no one will know.

He spends several hours throughout the day placing higher bids on the clubs. He finally wins the bid and is satisfied. His supervisor is not. While Joe was on eBay® he should have been completing a report that was needed for an afternoon meeting.

## How does this fit in?

Going to eBay® or any other non-work related Internet site is a violation of organizational policy. By spending work time on the Internet, Joe is consuming hospital resources both by wasting his time and using the hospital-owned system.

All employees must use the Internet, e-mail, telephones and voice mail responsibly.

Network Data Systems monitors all sites visited by employees while on the hospital-owned system. They are able to provide a list of visited sites at a supervisor's request.





# WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

All staff members contribute directly to the success of our organization. We are committed to protecting, supporting and developing our staff to its fullest potential in a fair and equitable manner. We support a culture that taps the full potential of employees and builds an environment that allows all people to feel appreciated, included and valued. Professional growth, career development and individual empowerment are actively encouraged and valued.

## Licenses and Certifications

Employees, individuals retained as independent contractors and privileged practitioners who require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. We do not allow any employee, independent contractor or privileged practitioner to work without a valid, current license or credentials. Processes have been implemented to assure documentation of compliance with each position description requirement.

## Conflicts of Interest

A conflict of interest may occur if an employee's outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions for the organization. A conflict of interest may also exist if the demands of outside activities hinder or distract an employee from the performance of their job responsibilities or cause an employee to use company resources for other than company purposes. You are obligated to ensure that you remain free of conflicts of interest in the performance of your responsibilities.

You must disclose any situation where you or your immediate family has a direct or indirect ownership, investment, income or compensation agreement with any person or vendor with which our organization does business.

If you have questions about a potential conflict of interest, contact the Legal and Compliance Department for clarification.

## Ineligible Persons

We do not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal healthcare programs. We routinely search Department of Health and Human Services Office of Inspector General's lists of such excluded and ineligible persons. Employees, vendors and privileged practitioners are required to notify Human Resources if they become excluded, debarred or ineligible to participate in federal healthcare programs.

## Diversity and Equal Employment Opportunity

We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We are accountable to one another for the manner in which people around us are treated. We are committed to recruit and retain diverse staff, reflective of the patients and community we serve. We regard laws, regulations and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences, and consider them strengths of the organization.

*We are an equal opportunity employer and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation or veteran status with respect to any offer or term of employment. We make reasonable accommodations for the known physical and mental limitations of qualified individuals with disabilities.*

## Harassment and Workplace Violence

Each employee has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not accepted in our workplace. Sexual harassment is prohibited. Harassment also includes incidents of workplace violence. Workplace violence includes robbery. Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, Human Resources, the compliance officer or AlertLine.

## WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES (cont'd)



### Workplace Environment

Healthcare is a high-stakes, pressure-packed environment that can test the limits of civility in the workplace. Rude language and hostile behavior among healthcare professionals goes beyond being unpleasant and poses a serious threat to patient safety and overall quality of care. Verbal outbursts, condescending attitudes, refusing to take part in assigned duties and physical threats all create a breakdown in the teamwork, communication and collaboration necessary to deliver quality patient care. Most health care workers do their jobs with care, compassion and professionalism. But sometimes professionalism breaks down and caregivers engage in behaviors that threaten patient safety. We are committed to taking a stand against these behaviors by clearly identifying these unacceptable behaviors and refusing to tolerate them.

### Substance Abuse and Mental Acuity

To protect the interests of our employees and patients, we are committed to an alcohol- and drug-free work environment. All employees should report to work free of the influence of any illegal drug or alcohol. We may use drug testing as a means of enforcing this policy.

### 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. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If anyone becomes aware of inadequate security of drugs or controlled substances, or the diversion of drugs from the organization, the incident must be reported immediately.

### Here's an example...

Bill works at Faxton St. Luke's Healthcare as a purchasing agent. He is responsible for buying all medical supplies for the organization.

A vendor he has worked with for some time is not as competitive on a new surgical supply that the hospital is looking to purchase. The vendor is not able to match other vendors' prices, but has offered Bill free season tickets to the Buffalo Bills to gain the contract.

Bill knows that hospital policy forbids employees from accepting personal gifts with a value greater than \$50.00 and that by accepting the season tickets to his favorite football team he would not only violate the policy, but would put more of a financial burden on FSLH. He refuses the tickets and reports the matter to his supervisor.

### How does this fit in?

When dealing with company resources, employees must always ensure they remain free of conflicts of interest in the performance of their responsibilities.

Bill made the right decision. He knew that accepting the football tickets would have been a violation of the organization's Code of Conduct standards. He purchased the supplies from another vendor that had a lower price.

# CORPORATE COMPLIANCE PROGRAM

The Corporate Compliance Program implemented at our organization assists us in complying with federal and state laws and regulations that impact our business. The program demonstrates the organization's commitment to the highest standards of ethics and compliance. The elements of the program include setting standards, communicating the standards, providing a mechanism for reporting exceptions, monitoring and auditing, and maintaining an organizational structure to support and maintain the program.

## What to Do if You Believe There May Be a Problem

If you believe that the organization, a fellow employee, medical staff member, student, vendor, contractor or volunteer is violating an internal policy or procedure, or a federal or state law or regulation, it is your responsibility to report your concern. Employees reporting information in good faith will not be subject to any kind of reprisal or retribution.

## Steps You Should Take to Report a Violation or Concern (these steps do not have to be taken in any specific order):

### 1. Discuss your concern with your immediate supervisor

Your immediate supervisor is most aware of your departmental policies and procedures, and is best able to evaluate your concern. If you feel uncomfortable discussing your concern with your supervisor, or if your initial reporting to your supervisor was unsuccessful, please report your concern through any of the resources below.

### 2. Contact your department administrator

If you feel uncomfortable discussing your concern with your immediate supervisor, you can report your concern to either your department administrator or to the compliance officer.

### 3. Contact your compliance officer

Your compliance officer is available to talk to anyone about their concerns regarding an alleged violation of policy or procedure, or a federal or state law or regulation.

### 4. Call the Compliance AlertLine at 1-800-954-9418

AlertLine is a confidential, **anonymous** reporting tool that anyone can use to report an alleged violation, concern or work-related activity that may not live up to our values, business practice policies, the law and regulations. You do

not have to give your name. Calls to AlertLine can be made 24 hours a day, 7 days a week. The calls are not answered internally. An independent, professional organization has been contracted to answer our calls. All reports that are received on AlertLine will subsequently be transferred to the compliance officer for investigation and follow-up.

All callers to the AlertLine will receive a confidential caller ID number and a date to make a follow-up call. This process will allow callers who wish to remain anonymous the ability to receive an update on how the reported concern is progressing. It will also allow the compliance officer investigating the concern or allegation to request additional information from the caller if needed.

We make every effort to maintain, within limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any individual who deliberately makes a false accusation with the purpose of harming or retaliating against another individual is subject to discipline.





## CORPORATE COMPLIANCE PROGRAM (cont'd)



### Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and correcting wrongdoing wherever it may occur in the organization. Each employee has an individual responsibility to report any activity by any employee, physician, volunteer, student, contractor or vendor that appears to violate any law, regulation, accreditation standard, standard of medical practice, the Federal Healthcare Conditions of Participation, or this Code of Conduct and its related policies maintained in the Compliance Program.

If a matter poses serious compliance risk to the organization or involves a serious issue of patient safety, the reporting individual should be satisfied that the issue has been given appropriate attention at the level to which it was reported. If not, the individual should report the matter to a higher level of management, the compliance officer or AlertLine until satisfied that the full importance of the matter has been recognized and addressed.

### Internal Investigations and Corrective Actions

We are committed to investigating all reported concerns promptly and confidentially to the fullest extent possible. The compliance officer coordinates findings from investigations

and immediately recommends corrective action or changes that need to be made. We expect all employees to cooperate with investigation efforts and corrective action plans.

When 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 received from any payer, notifying the appropriate governmental agency, instituting disciplinary action as necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

### Discipline

All intentional violations of the standards outlined in this Code of Conduct and the related Compliance Program will be subject to disciplinary action. The level of discipline imposed will depend on the nature, severity and frequency of the violation and may result in any or all of the following actions: verbal warning, written warning, suspension, termination and/or restitution.

### Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Compliance Program through various efforts. Much of the effort is provided by the Legal and Compliance Department staff. Effectiveness is determined through routinely conducting internal audits of issues that have regulatory or compliance implications. Many assessments result in reports of findings by the reviewers. Corrective action plans are developed in conjunction with management in the area reviewed. Through these reviews, we are continually assessing the effectiveness of the program and finding ways to improve processes.

### Acknowledgement Process

All employees are required to sign an acknowledgement confirming that they have reviewed the Code of Conduct, understand it represents mandatory policies and agree to abide by it. New employees are required to sign this acknowledgement as a condition of employment. Each employee is also required to participate in annual mandatory compliance training. Adherence to and support of this Code of Conduct and the related policies in the Compliance Program document are a requirement for continued employment.







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ALERTLINE · 1.800.954.9418