



Guide to Employee Conduct Booklet



Affiliate of Mercy Medical Center Des Moines, Iowa



Sponsored by Catholic Health Initiatives—Englewood, CO and Trinity Health—Livonia, MI

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LETTER FROM OUR LEADERSHIP

We understand that working in the health care industry is extremely challenging and sometimes the right course of action can be unclear. The Standards of Conduct is intended to help you respond to common questions and issues you may encounter in your daily work.

This Standards of Conduct is designed to help support “right relationships” – relationships with patients and others in our care, relationships with our coworkers and business partners, relationships with the government and others who pay for the health care services we provide and relationships with our organization and communities.

The Standards of Conduct describes the behaviors and conduct expected of all employees, volunteers, medical staff and board members. To further apply the standards to common situations encountered in the workplace, we have included actual questions posed by employees, physicians and others, along with answers.

Please review and become familiar with the Standards of Conduct, particularly those areas that apply to your everyday work activities. When faced with a difficult decision or uncertainty, you should ask questions and seek advice from your supervisor or other appropriate resource. Most importantly, you’re responsible for speaking up about behaviors or actions that may be inconsistent with the Standards of Conduct. If you have a question or concern that is not specifically addressed by the standards, please consult one of the many resources listed herein for assistance.

Thank you for joining us in our shared commitment to be leaders in the delivery of high-quality, safe and effective health care services in our communities and in transforming the delivery of health care.



A handwritten signature in black ink that reads "Dan Pelsky".

CEO
Wayne County Hospital



A handwritten signature in black ink that reads "David H. Hallenja".

President / CEO
Mercy Health Network

MISSION AND VALUES OF THE ORGANIZATION

OUR MISSION:

Wayne County Hospital, a non-for-profit corporation, is dedicated to providing quality, cost effective, health related services to meet personal needs and improve the health status of individuals and families in Wayne County and the surrounding areas.

OUR VALUES:

Dignity: The patient is central to the hospital and must be served with dignity and respect.

Excellence: To provide the highest level of care using the best available treatment option.

Innovation: To provide a dynamic, innovative environment of evaluating and creating new and existing health care services.

Compassion: To serve with empathy and selflessness to meet individual needs.

Cooperation: To work in cooperation with medical staff and other health care professionals to manage resources in a trustworthy and responsible way for the greater good of all.

WHY THE STANDARDS OF CONDUCT ARE IMPORTANT

Your organization and each of us individually are held accountable for our behaviors and actions. In addition to supporting our Mission and Core Values, the Standards of Conduct assist in ensuring that our actions and behaviors are consistent with the numerous legal, ethical and professional obligations that apply to our organization. Actions and behaviors inconsistent with the Standards of Conduct can significantly harm relationships with patients, communities, business partners and others we rely upon to assist us in the delivery of health care services. Individuals will be held accountable for actions and behaviors inconsistent with the Standards of Conduct. Violations could result in disciplinary action, up to and including termination of employment, suspension of medical staff privileges or termination of business relationships, as applicable, in accordance with your organization's policies.

Our Responsibilities

The Standards of Conduct apply to all employees, contract workers, volunteers, medical staff members and board members of your organization.

You have a responsibility to:

- Review and follow the Standards of Conduct, paying particular attention to those areas that apply to your everyday work activities
- Ask questions when you're uncertain what to do
- Speak up when you're concerned about behavior that is inconsistent with the Standards of Conduct

Responsibilities of Leaders

Leaders in your organization, including managers, supervisors, medical staff leaders, program directors, senior executives and board members, are held to a higher standard of responsibility. As a leader, you serve a key role in receiving and responding to questions and concerns raised by employees and others you lead. How you respond to questions and concerns posed to you is key to others having the trust and confidence to bring important matters to your attention.

As a leader at your organization, you have a responsibility to:

- Serve as a role model for our Mission and Values by carrying out your responsibilities with the highest degree of personal integrity
- Clearly communicate to others your expectations for the highest standards of ethical behavior
- Promote a culture of trust, open communication and respect
- Hold those you lead accountable for behavior inconsistent with our Mission and Values and the Standards of Conduct
- Encourage others to raise issues and concerns so they can appropriately be addressed
- Respond timely and appropriately to issues and concerns when they are brought to your attention
- Follow the decision tree for addressing concerns
- Support and promote non-retaliation against anyone who raises issues and concerns in good faith
- Learn and follow applicable laws and regulations that affect business activities with physicians or other organizations who refer patients to our facilities
- Ask for assistance when you're unsure how to respond to an issue or concern

My Relationships with Vendors, Other Business Partners and Competitors

Employees and other individuals working on behalf of your organization have a duty to act in the best interest of the organization. This means avoiding situations where relationships with vendors or other business partners could appear to influence decisions you make involving your organization.

What Is Expected of Me?

As an employee, contract worker, senior executive or board member of your organization, you are expected to:

- Maintain a positive, courteous and customer-service oriented attitude when interacting with vendors and business partners
- Maintain objectivity and avoid actual or potential conflicts of interest that might interfere with your responsibilities in your organization. When dealing with conflicts of interest, always remember that appearances do count
- Always make decisions in the best interests of your organization
- Follow your organization's policies and procedures addressing conflicts of interest. In general, these policies require that you discuss and obtain the advance approval of your supervisor or higher-level manager for any situation that could present an actual or potential conflict of interest with your work in your organization
- Follow your organization's policies requiring annual disclosure of any actual or potential conflicts of interest, as applicable to your position

CONFLICT OF INTEREST

A conflict of interest exists whenever outside activities or relationships influence – or would appear to influence – your decision-making.

The following are a few examples of activities that can create a conflict of interest:

Gifts and Entertainment – Employees, contract workers, senior executives and board members of your organization may not offer, solicit or accept gifts or entertainment intended to influence decisions made on behalf of the organization. You should be aware of and follow your organization's policies concerning the acceptance of gifts and entertainment offered by vendors or others doing business with your organization.

Outside Employment – In some cases employees work for both your organization and another company that either does business with or competes with your organization. Before considering an offer to work for an organization that either does business with or competes with your organization, you should discuss possible conflict of interest issues with your supervisor or higher-level manager.

Service on Outside Boards – Employees are encouraged to actively participate in various charitable or civic organizations that benefit our communities. Before accepting appointment to the board of any organization that may represent a conflict of interest, obtain the approval of your supervisor.

Financial Interests – It is generally considered to be a conflict of interest to do business with, or recommend that your organization do business with, a company in which you or a family member has a financial interest (excluding investments in large, publicly-held companies) or business relationship. Obtain the advance approval of your supervisor in all such situations.

FREQUENTLY ASKED QUESTIONS

Q: I work full-time, 12-hour shifts, and would like to get some extra hours by working at a competing hospital in the area. Do I have to talk to my manager before I accept another position?

A: Before you consider an offer to work for a competitor of your organization, discuss the situation with your manager to make sure no potential conflict of interest exists that would interfere with your responsibilities at your organization. This is especially important for full-time employees.

Q: I recently received a call from a vendor seeking my input on a new product that is under development. The vendor will be holding an out-of-town meeting and has asked me to attend. The vendor is willing to pay my airfare, room and board for two days, as well as pay me for my time to attend the meeting at \$50 an hour. Can I accept the invitation?

A: Your organization's policies generally prohibit the acceptance of gifts, entertainment or other items of value, including payment of travel, lodging and meal expenses, from vendors doing business with the organization. Exceptions may be allowed with the advance approval of your manager. Before accepting such an invitation, you and your manager should discuss the purpose of the meeting and the resulting expectation of the vendor as a result of your participation. If you are in a position to determine whether to purchase this vendor's product in the future, your participation in the meeting and acceptance of compensation and paid expenses by the vendor could be viewed as potentially influencing your decision-making. You should refer to your organization's policies and procedures for further guidelines and requirements.

Q: Vendors frequently visit our department and bring in new products/devices for our physicians to sample. The vendors always want to provide pizza lunches for the staff. I know the staff enjoy free lunches and the information provided by the vendors concerning their products and services is often helpful. Is it appropriate to accept free lunches from vendors?

A: You should consult your organization's policies concerning acceptance of gifts such as paid lunches from vendors and obtain the advance approval of your manager. At some organizations an occasional lunch provided by a vendor may be allowed when connected with a legitimate business purpose such as a product demonstration. The value of the lunch should not be extravagant and such lunches should be infrequent.

Q: My sister-in-law is a health care consultant. Would it be a conflict if I recommended her to work on a project at my organization?

A: No, unless you do something to provide her with an advantage or special consideration. You should fully disclose your relationship to anyone that you recommend consider your sister-in-law for the project. You should not participate in the hiring decision, nor use your position to influence the outcome of the hiring decision. Also, you must not share information with your sister-in law that other prospective vendors or consultants would not have.

MY RELATIONSHIP WITH QUALITY

Your organization is judged by your performance, the attention and care you give, the courtesies you extend, the problems you solve and the quality of service you deliver

We will:

1. Strive to provide high-quality medical services that are appropriate, safe and in compliance with all applicable laws, regulations and professional code
2. Treat patients with consideration and respect, recognizing their dignity and right to privacy
3. Protect and keep confidential patient medical records and information as required by law
4. Meet the health care needs of our patients regardless of gender, age, disability, race, color, creed, religion, national origin, sexual orientation, insurance coverage or ability to pay
5. Employ only personnel with proper credentials, experience and expertise in meeting the needs of our patients and the communities we serve
6. Take all reasonable precautions to ensure our safety, as well as the safety of our patients, visitors and co-workers
7. Maintain a workplace that is free of violence
8. Comply with all regulations governing the use, management and distribution of drugs
9. Explain level of credentialing and scope of practice to clarify our role when working with patients

What is Expected of Me?

Responding Justly to Adverse Outcomes: Disclosing medical errors respects patient autonomy, is consistent with your organization's values and is desired by patients.

“Disclosure” means honestly telling patients or their families about an unexpected harm that occurred as a result of their treatment or care. The process includes honest and direct communication about the unanticipated outcome, a prompt and ongoing supply of information and a sincere apology. Consult with your supervisor if you become aware of an adverse patient event to develop a communication plan for follow up with the care team, patient and family.

FREQUENTLY ASKED QUESTIONS

Q: If I see that a patient is not being treated with proper respect and courtesy by another care provider, what should I do?

A: First, ensure that the patient is not in harm's way. Then, talk with your supervisor. If your supervisor does not provide a satisfactory response, follow the reporting process decision tree.

MY RELATIONSHIP WITH CONFIDENTIAL INFORMATION

Confidential information, whether medical/technical, business, financial or personal and whether or not specifically identified as such, is not to be divulged except as authorized and required by law. When in doubt, you should seek the advice of your supervisor or your Local Compliance and/or Privacy Official. Your obligation not to disclose such information exists both during and in the years after your employment with your organization.

Confidential and proprietary information should be accessed and utilized only by those persons authorized to review and act upon such information. You should not use confidential information obtained by virtue of your position within your organization for personal gain or curiosity. You should not direct any other person or entity to misuse confidential information. This confidentiality requirement applies regardless of the nature of the information, whether financial, patient-related, medical staff-related or personnel-related, and regardless of how you acquired the information.

Further, it is your organization's policy to respect and protect the proprietary information of other persons or companies. You should refuse to receive or consider any proprietary data or trade secret information submitted to your organization from businesses or persons external to your organization unless the submitting party agrees in writing that the submission is made on a non-confidential basis or there is an approved written non-disclosure agreement indicating the rights and obligations of all parties. In addition, no employee in your organization should disclose information to your organization that might reasonably be considered proprietary information of a former employer.

Health Insurance Portability and Accountability Act (HIPAA): HIPAA is a federal law that requires health care providers and other "covered entities" to protect the privacy and security of patient health information and provides patients certain specific rights related to their health information. You should be familiar with your organization's policies and procedures to protect the privacy and security of health information. Please contact your Local Privacy Official if you have questions or need further guidance related to HIPAA.

FREQUENTLY ASKED QUESTIONS

Q: Before coming to work at the hospital, I consulted for a competitor and obtained information that would help our hospital negotiate favorable contracts. Should I share this information with others in the organization?

A: No. Do not disclose confidential information learned through another job. We may not use this type of information in any business dealings. Further, it would be unethical to share confidential information you learn from your association with your organization with a future employer should you leave the organization.

MY RELATIONSHIP WITH ALL EMPLOYEES

Treat all employees with respect, dignity and fairness.

It is the responsibility of members of your organization's team to create and maintain a work environment in which employees are treated with respect, diversity is valued and opportunities are provided for development. Harassment or abuse of any kind is prohibited in your organization's workplace. Your organization also prohibits discrimination in any work-related decision on the basis of race, creed, gender, age, disability status, national origin, sexual orientation or any other illegal basis.

If an employee in your organization perceives that inequitable or unfair conduct is occurring in the workplace, the employee should utilize our organization's existing "grievance" or problem resolution processes. If the employee feels that use of these resources does not resolve the matter, he or she may contact a human resources representative or the Compliance Integrity Line.

Q: I believe I was not selected for a promotion because of my age (or gender, national origin, race, disability status, etc.). What should I do?

A: You might want to discuss the situation with the manager who interviewed you to make sure you understand the qualifications needed for the position. Ask your manager to identify the areas in which he or she believed you did not meet the qualifications needed or areas in which the selected candidate was considered better qualified. If you are not satisfied with the results, you should then discuss the situation with the human resources representative.

Q: I know an employee who is occasionally offended by the language and inappropriate humor the supervisor uses when speaking with employees. What should I advise the employee to do?

A: Advise the employee to tell his or her supervisor that he or she finds the language and humor offensive. If the employee is not satisfied with the results (or is uncomfortable speaking directly with his or her supervisor), then the employee should discuss the situation with the supervisor's manager or the human resources representative.

Q: Our department recently hired a new manager. Since her arrival, I have been penalized for tardiness and absenteeism. There are other employees in my department with worse records than mine and I don't see them being treated in this way. I am concerned it is because of my ethnicity (or national origin, gender, age, disability, etc.). What should I do?

A: Your organization prohibits unequal treatment of employees if such treatment is based on bias or discrimination. If you feel comfortable doing so, discuss your concerns with your supervisor. If you don't feel comfortable talking with your supervisor or if you are not satisfied with his or her response, notify your human resources representative. Provide examples of these incidents and state your concerns. Unequal or unfair treatment from one's supervisor is an appropriate grievance, requiring management where you work to look into your concerns.

Q: I recently observed a physician where I work doing something I believe to be improper. I believe I should tell someone about this, but I do not want to be a snitch or get into trouble for upsetting one of our leading admitters. How should I proceed?

A: Even if the physician is a leading admitter, you should raise your concerns through the appropriate channels. It is important for you to come forward with pertinent information related to any potential misconduct by a team member in your organization. If you are comfortable doing so, you might want to discuss the situation with your immediate supervisor or the manager in charge of your area. If you do not feel comfortable approaching your supervisor or manager, you might contact your human resources representative or any other member of senior management. You might also consider calling the Compliance Integrity Line.

Allegations of physician misconduct are normally handled through the medical staff process. While this process takes time, your organization is committed to fair resolution of allegations against any team member in your organization.

Q: I have a coworker who is also my friend on Facebook. She writes inappropriate things about our manager and the workplace environment on Facebook and it makes me feel uncomfortable. I have tried to tell her to stop writing these inappropriate comments, but she continues. What should I do next?

A: Your organization does not seek to control any employee's right to personal communications on their own time, but negative comments made on Facebook can damage the reputation of your organization. Also, employees are legally responsible for their postings and, therefore, may be held liable if the posts are found to be defamatory, harassing, tortuous or in violation of any other applicable law. Follow the reporting process. Please share your concerns with your supervisor; they can assist you by working with the employee and, if you are uncomfortable, go to the next step.

MY RELATIONSHIP WITH THE GOVERNMENT AND OTHER PAYERS

Health care organizations, including your organization, are subject to numerous laws and regulations that impact how we deliver health care services. In addition, our federal and state governments are responsible for the payment of a significant portion of the health care services we provide to patients covered by the Medicare and Medicaid programs. Many laws and regulations are complex and challenging to apply in our rapidly changing industry. Nevertheless, your organization is committed to fully complying with all laws and regulations that apply to our health care organization.

What Is Expected of Me?

Whether you are an employee, contract worker, volunteer, medical staff member, senior executive or board member of your organization you are expected to:

- Act with honesty and integrity in all your business activities involving your organization
- Follow all laws and regulations that apply to your work and ask for assistance if you have questions about how they affect you
- Follow all requirements of government (e.g. , Medicare and Medicaid) and other third-party payers, such as insurance companies, who pay for the health care services we provide

These requirements generally include delivering high quality services, maintaining complete and accurate medical records, submitting only complete and accurate claims for services provided and protecting the privacy and security of the health information we collect.

- Participate in training and education offered by your organization on those laws and regulations that apply to your work responsibilities.
- Cooperate with any government investigation. Never, under any circumstances, destroy or alter documents requested as part of a government investigation or lie or make false statements to a government investigator. (In addition, never offer gifts or other items of value to government representatives.)
- If your work responsibilities include business activities with physicians or other organizations who refer patients to your organization's facilities, you must be familiar with and follow the laws and your organization's policies that affect those business activities. These include the Stark, Anti-Kickback and IRS laws and regulations.

What is Fraud and Abuse?

There are many federal and state laws designed to protect government programs, such as Medicare and Medicaid and other third-party payers such as commercial insurance companies, that pay for health care services. The Fraud and Abuse laws generally prohibit the following:

- Submitting inaccurate or misleading claims for services provided
- Submitting claims for services not provided
- Submitting claims that don't meet payer requirements (e.g., coverage for services)
- Making false statements or representations to obtain payment for services or to gain participation in a program
- The offer or payment of money, goods or anything of value in return for the referral of patients to a health care provider
- Offering or giving something of value to patients to encourage them to use or purchase health care services

Do I Have a Relationship With the Government?

It may surprise you, but the answer is “yes!” While many federal and state laws and regulations apply to our health care operations but may not apply directly to the work you do, it's important for you to be aware of these requirements and to understand how they affect your organization.

What Does Tax-Exempt Status Mean?

A vast majority of Mercy Health Network's organizations are not-for-profit or governmental, tax-exempt organizations operated exclusively for public or charitable purposes. Care of the poor, community benefits and medical education are examples of the types of activities that support your public or charitable purposes. The tax-exempt or public status requires you to follow a number of additional laws and regulations that generally prohibit the following:

- Paying more than fair market value for goods and services
- Providing goods or services to others at less than fair market value, unless specifically allowed by federal or state law
- Improper use of organization assets for the benefit of board members, officers, senior executives and others in a position of substantial influence over the business activities of our organization
- Engagement in substantial lobbying activities
- Direct or indirect campaigning for or against the election of any candidate for public office, including the donation of organization funds to any political campaign

What is Fair Market Value?

In general, goods and services are at fair market value when their price is reasonable and consistent with current prices in the community for the same or similar goods and services. Contact your legal counsel or Local Integrity and Compliance Official if you have additional questions or need further guidance.

Q: While preparing a bill for submission to Medicare, I realized there are charges for services that I believe are inappropriate based on Medicare's billing rules. Should I submit the claim anyway and let Medicare determine if the charges are appropriate or not?

A: It is inappropriate to submit bills to Medicare, or other payers, that do not meet the payer's requirements. You should discuss this issue with your manager to determine an appropriate course of action. If an error is confirmed to have occurred, the claim should not be submitted for payment to the payer. If the error seems to be occurring regularly, the issue should be discussed with management responsible for the department or area involved so that appropriate actions can be taken to prevent the errors from occurring in the future.

Q: Medicare notified us of some inaccuracies in our billing. The specific bills at issue have been resolved. However, we haven't changed our practices that caused the errors in the first place. What is my responsibility?

A: All of us have a responsibility to seek answers to our concerns. Speak with your manager to make sure you understand the situation. If you are still concerned that appropriate actions have not been taken to resolve the issue, contact your Local Integrity and Compliance Official or one of the other resources listed on pages 20-21 for assistance.

FREQUENTLY ASKED QUESTIONS

Q: In my work area we refer many patients to local home care agencies for at-home services. One local home care agency recently offered to give us gift certificates in appreciation for our referring patients to their agency. Is this allowed?

A: No. Federal laws strictly prohibit health care providers from offering or accepting anything of value in exchange for the referral of Medicare and Medicaid patients. When making decisions about your patients, you must always consider what is best for the patient – not what's in it for you. You should discuss this matter with a senior-level manager or your Local Integrity Compliance Official so appropriate follow-up can be taken with the home care agency.

Q: My job responsibilities require me to frequently interact with physicians on the medical staff. I understand there are specific laws and regulations that affect what the organizations can and can't do for physicians. What are the rules and where can I find out more information?

A: You are correct there are several federal and state laws and regulations that impact relationships with referral sources such as physicians. In general, it is inappropriate to offer or give gifts, gratuities or anything of monetary value to someone who is in a position to refer patients to a health care provider. Examples might include free supplies or equipment, office space, goods or services provided at less than fair market value or the write-off of a physician's accounts receivable balance or loan due to the organization. Your organization has specific policies that must be followed for all relationships with physicians. You should contact your Local Integrity and Compliance Official to learn more about our policies and to further discuss your specific questions.

The False Claims Act

As a recipient of federal health care program funds, including Medicare and Medicaid, your organization is required by law to include in its policies and provide to all employees, agents and contractors detailed information regarding the federal False Claims Act and applicable state civil and criminal laws intended to prevent and detect fraud, waste and abuse in federal health care programs.

What is the False Claims Act?

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program. "Knowingly" includes having actual knowledge that a claim is false or acting with "reckless disregard" as to whether a claim is false. Examples of potential false claims include knowingly billing Medicare for services that were not provided, submitting inaccurate or misleading claims for actual services provided or making false statements to obtain payment for services. The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government health care programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

State Laws

In most states it is a crime to obtain something (e.g., Medicaid payment or benefit) based on false information. In addition to the federal law, several states in which your organization operates (Iowa and Nebraska) have adopted similar laws allowing individuals to file a lawsuit in state court for false claims that were filed with the state for payment, such as the Medicaid program.

Penalties for Violating the False Claims Act

There are significant penalties for violating the federal False Claims Act. Financial penalties to an organization that submits a false claim can total as much as three times the amount of the claim plus fines of \$5,500 - \$11,000 per claim. In addition to fines and penalties, the courts can impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The false claims laws adopted in the states of Iowa and Nebraska also carry significant fines and penalties.

Protections Under the False Claims Act

The federal False Claims Act protects anyone who files a lawsuit under the act from being fired, demoted, threatened or harassed by his or her employer as a result of filing a False Claims Act lawsuit. Similar protections are also provided to individuals under state false claims act laws.

Our Commitment to Integrity

Your organization is committed to fully complying with all laws and regulations that apply to it. We established the Integrity and Compliance Program as evidence of our commitment to operating with the highest standards of ethical and professional behavior. The program includes the Standards of Conduct, policies and procedures, training and education, auditing and monitoring and mechanisms for individuals to raise issues and concerns without fear of retaliation. Whether you are an employee, contract worker, volunteer, medical staff member, vendor or other business partner with your organization, you are reminded to:

- Act with honesty and integrity in all of your business activities
- Follow all laws and regulations that apply to your work activities, including requirements of Medicare, Medicaid and other federal health care programs. These requirements generally include maintaining complete and accurate medical records and submitting only complete and accurate claims for services provided
- Contact one of the following resources available within your organization if you have knowledge or concern regarding a potential false claim:
 - Your Local Integrity and Compliance Official at your organization
 - The Compliance Integrity Line at **1-888-616-1981**. The line is staffed 24 hours a day/7 days a week by an outside organization. You may choose to remain anonymous when filing a report
 - You may also file a report online at www.mycompliancereport.com. When prompted for an access ID, please use MHN

Your organization's policies strictly prohibit retaliation, in any form, against an individual reporting an issue or concern in good faith. Retaliation is subject to discipline up to and including dismissal from employment or termination of the business relationship with your organization. Please contact your Local Compliance and Integrity Official using the information above if you have any questions. Thank you for your commitment to operating with integrity and the highest standards of ethical behavior.

MY RELATIONSHIP WITH THE ORGANIZATION AND THE COMMUNITIES WE SERVE

You also have a relationship with your organization and the communities we serve. As with other relationships, there are certain expectations and commitments of both parties to the relationship.

What Is Expected of Me?

As an employee, contract worker, volunteer, senior executive or board member of your organization, you are expected to:

- Support your organization's Mission and Core Values through your behaviors, actions and decisions
- Create a culture that promotes ethical behaviors
- Represent the organization honestly and ethically in all your work activities and ask for assistance if you have questions
- Properly use and protect your organization's resources including supplies, equipment, staff time and talents and financial assets
- Use good judgment and follow your organization's policies for business travel and entertainment
- Prepare and maintain accurate and complete financial records including accounting, budgeting, time and attendance, expense and other financial data and information
- Retain all clinical, financial and employee records in accordance with your organization's record retention policies
- Respect the environment and follow your organization's policies for the handling and disposal of hazardous and infectious waste
- Properly use and protect the confidentiality of business or other information you use or encounter in your work with your organization
- Maintain appropriate professional licenses, certifications and other credentials required of your position
- Commit to your ongoing learning and development through timely completion of education and training assignments

What Should I Expect from the Organization?

A relationship is not a one-way street. In recognizing your commitment to our organization, you should also expect it to:

- Treat you with honesty, dignity, fairness and respect
- Provide you a meaningful, rewarding work experience
- Provide you a safe and supportive work environment free of harassment, intimidation or violence
- Provide encouragement and support for your continued learning and development
- Provide resources for your training and development to assist your understanding of the various laws, regulations and organizational policies that apply to your work
- Promote a respectful work environment that allows you to freely ask questions, seek clarification when needed and raise issues and concerns in good faith without fear of harassment or retaliation
- Have your requests for information, input or assistance responded to in a timely and supportive manner.

FREQUENTLY ASKED QUESTIONS

Q: A patient on my unit has expressed racial preferences with regard to particular care providers. How should I respond to her request?

A: It is inappropriate to grant patient requests for particular care providers solely on the basis of patient racial preference. Your organization should not accommodate patient requests that would cause it to be discriminatory on the basis of race or ethnicity. Further, you should explain that the values of the organization do not allow race-based assignments and that the care provider who has been assigned to the patient is qualified to provide the best care. You may ask your human resources department whether there is a guideline or policy that applies to this particular patient care situation.

Q: I supervise an employee who witnessed a coworker giving the personal health information of a patient to a patient's relative who was not authorized to receive the information. What are my obligations in this circumstance? Should the patient be informed there has been a breach of confidentiality?

A: This matter should be referred to your Local Privacy Official or Local Integrity and Compliance Official for appropriate follow-up with those individuals involved.

Q: I am aware of an employee in my department who regularly uses the Internet at work for personal activities. I am not in a position where I must “police” others in my department and their use of time on the job. What should I do?

A: It is the responsibility of each employee to preserve the resources or assets of the organization. These assets or resources include supplies, materials, equipment, information, intellectual property and time. All of these are to be used for business purposes only. You should discuss the issue with your supervisor or if the issue is not resolved, use the decision tree below for addressing concerns.

DECISION TREE FOR ADDRESSING ISSUES AND CONCERNS

Your organization potentially includes a multitude of different businesses: critical access hospitals, skilled nursing facilities, rural health clinics and outpatient centers. Within each of these businesses, there are complex, ever-changing rules and regulations that govern each particular type of service. We recognize that this can create areas of uncertainty for employees who carry out daily operations. Questions and concerns about the correct way to handle different situations may – and often do – arise. We encourage employees to use the following mechanisms to find the answers they need.

Questions to Ask Yourself: When faced with a difficult issue or situation where you are unsure what to do, the following questions may assist you in making the right decision:

- Is the decision consistent with the Mission and Values of my organization?
- Will the decision affect the quality of patient care?
- Would I be comfortable telling my family about the decision or having it described on television or in a newspaper?
- Could the decision impact the reputation of my organization if made known to the public?
- Could the decision negatively impact commitments the organization has made with employees, physicians or the communities we serve?
- Is there something about the decision that bothers me, makes me feel uncomfortable or just doesn't “feel right?” If the answer to any of these questions is “yes,” seek the assistance of one of the resources listed within this document (see page 16).

1. Follow the reporting process. Remember that it is always better to raise a question before taking an action that may be improper. It is your organization's policy to ensure that no employee is penalized for raising an issue or concern.
 - Discuss the issue with your immediate supervisor. If you are not comfortable discussing the issue with your supervisor, go to the next step.
 - Discuss the issue with your supervisor's manager where you work. If you are not comfortable taking this step, go to the next step.
 - Discuss the issue with another company resource, such as (but not limited to) Human Resources, your Integrity and Compliance Official, your Privacy Official or the Mercy Health Network Regional Compliance and Integrity Officer.
2. Call your organization's confidential Compliance Integrity Line at **1-888-616-1981**.

Where to Find Help

Delivering health care services is an increasingly challenging task with complex and ever-changing rules and regulations that apply to our operations. As a result, there will likely be times when the answer to a particular issue or situation is not clear. As an employee, you are responsible for seeking answers to your questions or concerns. Fortunately, many resources and options are available to assist you.

Resources

Your Supervisor or Manager – This is usually the best place to start in getting answers to your questions. Because this individual understands the work you do, he or she may already have the information you need or can direct you to the right resource.

Higher-Level Manager – If you are not comfortable asking your supervisor or manager, or do not agree with the answer you receive, consider discussing the issue with a higher-level manager in your organization by following the decision tree for addressing issues and concerns.

Human Resources – Your organization's human resources staff can likely answer many of your questions, including assisting you in addressing workplace-related concerns.

Pastoral Care/Clinical Ethics Resources – Certain matters involving patient care, including questions involving advance directives, end-of-life issues and patient rights, may be appropriate to address with your local pastoral care and/or clinical ethics resources.

Medical Staff Affairs – If you are a physician, you are encouraged to contact your organization's medical staff coordinator to discuss any issues or concerns you may have.

Risk Management and Safety Departments – If you have questions or concerns related to patient care or workplace safety, you may also contact your local risk management and/or safety departments.

Privacy and Security Officials – Contact your Local Privacy and Security Officials if you have questions or concerns related to the use and/or protection of patient health or confidential business information.

Your Local Integrity and Compliance Official – Your Local Integrity and Compliance Official is a member of management responsible for the operation of the Integrity and Compliance Program in your organization. They can assist you in obtaining answers to your questions and concerns.

Integrity Line – We encourage you to use one of the above resources to address your questions and concerns. However, if you are not comfortable using any of these resources, or if these resources have not fully resolved your concern, you can call the Compliance Integrity Line, a reporting system available 24 hours a day/7 days a week and 365 days each year. You're accountable for learning about the Compliance Integrity Line and when to use it.

COMPLIANCE INTEGRITY LINE: 1-888-616-1981

Compliance Integrity Line

The line is staffed 24 hours a day/7 days a week by an outside organization on behalf of your organization.

When you call the Compliance Integrity Line, you will speak with an individual trained to listen to your concerns and to gather as much information from you as possible. If you prefer to submit your concern online, you may do so at www.mycompliancereport.com. When prompted for an access ID, please use the name of your hospital and access code “MHN” for Mercy Health Network. Either way, your report will not be traced or recorded and the line does not use caller ID. When submitting a concern through either the Compliance Integrity Line or online system, you may choose to remain anonymous. Your report will be provided to your Local Integrity and Compliance Official for review and investigation, in most cases with the assistance of the Regional Integrity and Compliance Officer. Throughout the process of reviewing your concern, the information you provided will be treated confidentially. You will be provided a call identification number for you to use to check back later on the status and ultimate resolution of your issue.

Non-Retaliation Policy

Ultimately, it is your responsibility to report issues and concerns. We understand that you may not wish to report concerns if you feel you may be subjected to retaliation or harassment.

Your organization's policy strictly prohibits retaliation, in any form, against an individual reporting an issue or concern in good faith. Retaliation is subject to discipline, up to and including termination from employment, suspension of medical staff privileges or termination of business relationships, as applicable, in accordance with your organization's policies.

“Integrity. It's who we are.”

YOUR LOCAL INTEGRITY AND COMPLIANCE
OFFICIAL FOR YOUR ORGANIZATION IS:



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