

# SAINT LUKE'S CODE OF CONDUCT

*Business ethics and compliance program*

› Saint Luke's Health System



# **Ethics and Compliance Hotline**

*816-932-3053 or 888-660-6227*

**Saint Luke's Health System**  
**Code of Conduct**  
(ECPS-001)  
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# INTRODUCTION

## Mission Statement

Saint Luke's Health System is a faith-based, not-for-profit, aligned health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. We are dedicated to enhancing the physical, mental, and spiritual health of the diverse communities we serve.

## Vision

*The best place to get care.*

*The best place to give care.*

In order to carry out our Mission and Vision, Saint Luke's Health System (SLHS) must maintain the highest reputation for ethics and integrity. This Code of Conduct (Code) has been established to provide guidance in carrying out daily activities and to support our commitment to our patients, staff, physicians, and the communities we serve. It is the responsibility of those affiliated with SLHS, including employees, medical staff members, members of the boards of directors (BOD), volunteers, and vendors to act in a manner that is consistent with this Code and its supporting policies.

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*The best place to get care.*

*The best place to give care.*

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# CODE OF CONDUCT AND YOU

Saint Luke's Health System is committed to conducting its operations in compliance with applicable laws, regulations, and the ethical standards and practices of the industry. This commitment means that you are expected to do what is required and what is right.

You are not expected to have expert knowledge of all legal and regulatory requirements that may apply to your role with SLHS. However, you are expected to:

- Be familiar with this Code
- Be sensitive to legal and ethical issues
- Ask questions if you are uncertain about any given situation
- Report concerns you may have about the conduct of others

**There can be no retaliation against anyone for making a good faith report of inappropriate conduct**, even if it turns out the report was wrong. Not reporting is a violation of this Code and can result in disciplinary action up to and including termination of your relationship with SLHS. You are expected to assist as appropriate with any investigation and resolution of a compliance issue.

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***Retaliatory conduct against anyone who, in compliance with this Code, cooperates with an investigation is strictly prohibited.***

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**Q: What should you do if you have questions or concerns about the conduct of someone at work? Will you get into trouble for reporting?**

*A: You have a responsibility to report the concern. Ask your manager or someone in the Ethics, Compliance & Privacy department or report in another way, such as using the hotline or the online incident reporting icon on the Citrix home page. There is zero tolerance for retaliation if you report your concerns in good faith.*

# CONDUCT PRINCIPLES/RISK AREAS

The following Conduct Principles/Risk Areas provide a summary of Saint Luke's Health System's position and expectations related to specific topics and describe certain ethics and compliance risk areas in health care. These are intended only to provide an overview. A specific System or entity policy may also exist on a given topic.

## Principle 1: Patient Relationships

### *Advance Directives*

Our patients will be informed of their right to make advance directives and have them followed within the limits of the law. SLHS shall comply with all policies and procedures, and federal and state laws and regulations governing advance directives.

### *Patient Rights*

Patients have a fundamental right to considerate care, which safeguards their personal dignity and respects their cultural and spiritual values. You are expected to understand and respect these values and use them as a guide in meeting patient care needs and preferences. The patient's dignity will be preserved at all times.

Patients have a right to participate in and direct the development of the plan of care and to designate a personal representative. Patients, a patient's representative, and families have the ability to raise concerns or questions about ethical issues and care at each facility without fear of retaliation, retribution, or changes in quality of care. You are expected to be knowledgeable of the procedure for patient complaint resolution.

### *Quality/Patient Satisfaction*

SLHS has a strong history of excellence and commitment to quality care. Care will be provided to patients and families in a courteous and caring manner that is sensitive to race, color, national origin, sex, gender, pregnancy status, age, religion, handicap or disability, veteran status, sexual orientation, gender identity or expression, or other status protected by law. SLHS is dedicated to consistently following a well-designed program of care, based upon the needs of the patient. The quality of care will be characterized by safe, timely, effective, efficient, and patient-centered care. The prevention of patient harm and the maintenance of a culture of patient safety are primary expectations of all of our staff. The prevention of infections through diligent hand hygiene, the application of best practices, and patient education to reduce health care associated infections is a primary objective of staff. Patients have a right to expect the focused practice of

a safety consciousness and the employment of safety related interventions by all SLHS staff. All staff have an obligation to speak up and communicate any concern about the care provided to our patients.

As we work to provide affordable care to patients and providers, we will continue to strive for excellence in all that we do.

## Principle 2: Legal Compliance

### *Anti-Kickback Statute*

Federal and state laws prohibit the exchange or offer to exchange anything of value in an effort to induce or reward referral of business. You must not engage in any such activity. Examples of the types of actions that could violate the federal Anti-Kickback Statute and similar state laws include the following:

- Offering or paying anything of value to induce someone to refer a patient to SLHS, including, but not limited to, the routine waiving of copayments
- Offering or paying anything of value to anyone while marketing System services
- Soliciting or receiving anything of value for the referral of System patients to others
- Giving or receiving free goods or discounts, except as permitted under applicable law and regulations
- Receiving any payment or other item of value outside the normal compensation arrangement for performance of an employee's responsibilities on behalf of SLHS

Refer to the *Gift and Business Gratuities Policy* for additional guidance.

### *Antitrust*

Antitrust (competition) laws are based on the belief that a marketplace characterized by free and vigorous competition is in the best interest of consumers and businesses. You must comply with applicable antitrust laws and compete in a lawful, fair, and ethical manner.



The following is a brief description of situations or conduct prohibited by SLHS:

- Agreements with competitors to fix prices or rig bids
- Boycotts, some exclusive dealing, and price discrimination agreements
- Unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation, and other similar practices

Antitrust laws are complex and it may be unclear as to whether or not conduct violates these laws. The guidelines in the preceding paragraph are simply intended to assist you in recognizing possible antitrust issues. Because of the fact-intensive nature of any antitrust analysis, you should consult with one of the following, as applicable: your administrator, general counsel, the chief ethics and compliance officer (CECO), or any member of the SLHS Ethics, Compliance & Privacy (ECP) department before engaging in any business activities that may raise antitrust concerns.

#### ***Discounts***

Discounts for health care services are not available except as provided per the *SLHS Patient Account Discounts Policy* or adjustments made under the *SLHS Financial Assistance for Medically Indigent Patients Policy*. This policy does not affect adjustments that are typically provided for under Medicare, Medicaid, managed care, or other contractual arrangements.

#### ***Emergency Treatment (Emergency Medical Treatment and Active Labor Act – EMTALA)***

SLHS will comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) and with applicable state laws relating to the provision of emergency care. SLHS will provide an appropriate medical screening exam to all patients (including those who present themselves to the emergency department even though the facility may be on diversion) without regard for their ability to pay who present to any facility within SLHS for care to determine if an emergency medical condition exists. Medical screenings may not be

delayed to inquire as to the patient’s insurance or payment status.

If it is determined that an emergency medical condition exists, appropriate stabilizing treatment will be provided without regard for the patient’s ability to pay. No patient will be transferred to another facility unless the patient is stabilized, or unless a determination has been made that the benefits of transfer outweigh the risks to the patient, or the patient agrees to such transfer.

#### ***Inducement***

Federal and state laws prohibit the offering or transferring of anything of value to a Medicare or Medicaid beneficiary that the offerer knows or should know is likely to influence the beneficiary to order or receive items or services from a health care provider. You shall not offer any items or services to Medicare or Medicaid beneficiaries you believe are likely to influence them in their choice of health care provider. Refer to the *Gifts and Business Gratuities Policy*.

#### ***Research***

SLHS is committed to conducting clinical research activities in a responsible and ethical manner with a primary focus on honesty, accuracy, objectivity, and the protection of human participants in research trials. SLHS expects that all research will be conducted in a manner that is compliant with all applicable federal, state, and local laws and regulations and according to the International Conference on Harmonization Guidelines for Good Clinical Practice. Research protocols and patient consents will be reviewed by disinterested members of the Institutional Review Board and appropriate inquiry will be made related to conflict of interest to avoid any bias in research activities. It is SLHS’s intent to utilize research funding from any source for the specific research projects for which the funds were allocated. Care must be taken in the submission of claims to third party payers for services provided to participants in research trials to ensure appropriateness after considering funding sources related to the research. Any indication of research misconduct will be fully investigated and addressed by SLHS as guided by the policies and requirements of the Office of Research Integrity of the Department of Health and Human Services. All research related activities will be guided by the same ethical principles, policies, and procedures regardless of funding source.



### *Safe Medical Devices Act*

SLHS will comply with the FDA's Medical Device Reporting requirements and report any suspected medical device-related serious injury or patient death to the FDA and/or the manufacturer of the device. Medical device-related events will be reported to Risk Management at the entity where the event occurred and investigated to determine whether or not they are reportable events. Appropriate reporting will be accomplished pursuant to established policy.

### *Stark Law (Physician Self-Referral)*

The Stark Law (Physician Self-Referral Law) prohibits a hospital from submitting a claim to the Medicare or Medicaid programs for any services rendered to any patient referred to the hospital by a physician with whom the hospital has a financial relationship unless the relationship satisfies certain exceptions. The physician is also prohibited from making referrals to the hospital. No employee will submit a claim for payment or for benefits for any such patient that would violate the Stark Law. All contracts with physicians that would constitute a financial arrangement under the Stark Law must satisfy the requirements of one of the specific exceptions.



#### **Q: Why shouldn't we give a physician a gift or a bonus when we feel it is deserved?**

*A: We have to be certain we comply with laws that govern relationships between physicians and other health care providers. We must follow any terms of a contract.*

## **Principle 3: Business Ethics**

### *Accreditation*

In preparation for, during, and after surveys, SLHS addresses all accrediting bodies in an open and honest manner. In no way shall our behavior mislead the surveyor or survey team either directly or indirectly.

### *Advertising/Marketing*

SLHS is committed to representing SLHS's services, activities, and facilities in an honest and accurate manner. No inaccurate or exaggerated statements may be made in any promotional materials of any kind.

### *Conflicts of Interest*

System employees, BOD members, and volunteers are expected to carry out their job responsibilities independent of personal considerations and in the best interest of SLHS. The following activities are prohibited:

- Giving or receiving any gift, gratuity, or business entertainment if it is intended to influence or appears to influence the receiving party in performance of employment responsibilities or in dealings with SLHS
- Disclosure or use of confidential, special, or inside information of or about SLHS, particularly for personal profit or advantage
- Use of SLHS human and/or material resources for non-SLHS use
- Accepting gifts or subsidies from a third party to attend a conference or view or train on new equipment or systems that SLHS uses, intends to use, or is considering purchasing
- Engaging in activity that may jeopardize the tax-exempt status of SLHS, including certain lobbying and political activities

Whenever an actual or potential conflict of interest arises, the individual must disclose it and seek guidance. The following is a list of activities and circumstances that *must* be disclosed:

- Ownership or financial interest in or employment by any outside concern that does business with or competes with SLHS
- Salary or other payments for professional services such as consulting fees or honoraria
- Intellectual property rights such as patents, copyrights, and royalties
- Rendering directorship, managerial, or consultant services to, or as an employee of, any outside concern that does business with or competes with the services



of any SLHS entity, renders other services in competition with any SLHS entity, or is or has the potential to be in an adversarial position with SLHS

- Any business dealings with any outside concern that does business with or competes with the services of any SLHS entity, renders other services in competition with any SLHS entity, or is or has the potential to be in an adversarial position with SLHS
- Representation of SLHS in any transaction in which the employee or a family member has a personal interest
- Any outside employment or moonlighting for any outside concern that does business with or competes with the services of any SLHS entity, renders other services in competition with any SLHS entity, or is or has the potential to be in an adversarial position with SLHS
- Any gift, entertainment, or other business courtesy from any person or entity with whom an SLHS entity has or is likely to have a business relationship under circumstances from which it may be reasonably inferred that such a gift, gratuity, or business entertainment is intended or appears to be intended to influence the employee's judgment

Any conflict of interest involving an employee must be disclosed to the employee's immediate supervisor. When the

conflict of interest arises, the employee must complete the Conflict of Interest Questionnaire and return the completed form to SLHS Internal Audit. If an employee has questions about a conflict of interest, it is his/her responsibility to contact the chief ethics and compliance officer or any member of the ECP department.

**Q: What should you do if you have a relationship with a current or potential vendor? What if a family member does?**

*A: Tell your manager. No one has done anything wrong, but we must steer clear of any actual or possible conflicts of interest.*

***Financial Reporting and Records***

All financial reports, accounting records, research reports, expense accounts, time sheets, and other documents must accurately and clearly represent the relevant facts or the true nature of the transaction. Improper or fraudulent accounting, documentation, or financial reporting is contrary to System policy and may be in violation of applicable laws. Such actions may result in termination of your relationship with SLHS.

SLHS has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable. You share the responsibility for maintaining and complying with required internal controls.

Outside auditors will not provide any of the following non-audit services:

- Bookkeeping or other services related to accounting records or financial statements
- Financial information systems design and implementation
- Appraisal or valuation services, fairness opinion, or contribution-in-kind reports
- Actuarial services
- Internal audit outsourcing services
- Management functions or Human Resources
- Broker or dealer, investment adviser, or investment banking services
- Legal services and expert services unrelated to the audit
- Any other services that the Public Company Accounting Oversight Board determines, by regulations, are impermissible



**Q: I work as an RN for Saint Luke's South Hospital and recently took a PRN job at another acute care hospital in Kansas City. Do I need to tell anyone?**

*A: Yes, let your manager know and complete the Conflict of Interest Questionnaire. This disclosure allows for evaluation of any potential concerns depending on your role with Saint Luke's.*

### *Government Investigations*

It is SLHS's policy to fully comply with the law and cooperate with any reasonable demands made by a valid search warrant, subpoena, or other form of an inquiry from law enforcement representatives and/or government agencies. SLHS's principle of cooperation should be balanced with the belief that it is essential that the legal rights of SLHS and its personnel be protected. If you are served with a search warrant or subpoena, or receive another form of inquiry regarding SLHS operations from any government agency or person purporting to represent a government agency, you shall notify the general counsel or the CECO immediately. If you are contacted at home by a government agency or person purporting to represent a government agency concerning SLHS official business, you may ask the agency representative or person to contact you at a later time and immediately contact the CECO to discuss the situation.

**Retaliatory conduct against anyone who, in compliance with this Code, cooperates with an investigation is strictly prohibited.** Upon your receipt of first notice of an investigation, subpoena, or search warrant, you shall immediately notify the general counsel so the SLHS document hold processes may be implemented. You must never destroy or alter any document or record in anticipation of a request or upon receipt of a request, subpoena, or search warrant for the document or record by a government agency or court. You must never lie or make false or misleading statements to any government investigator. You must never attempt to persuade any other person to provide false or misleading information to a government investigator or fail to cooperate with a government investigation or audit.

### *Media*

To ensure the release of factual and accurate information and to generally assist with media communications, you should contact or coordinate with media relations personnel regarding all media inquiries and requests. Media relations can be reached through any hospital operator. Those who speak officially on behalf of SLHS should not engage in any of the following types of communications without being facilitated by a member of the media relations team:

- Responding to calls from the news media
- Communicating in any capacity with a member of the media about any issue related to SLHS
- Contacting and/or calling the media about a story or news item about SLHS
- Conducting interviews with media at public events, exhibits, or conventions, or endorsing a product or company that is currently associated with SLHS



### **Q: What should you do if you are asked by the local media to comment on a story involving SLHS?**

*A: Refer all media inquiries to SLHS media relations, which can be reached through any hospital operator.*

- Endorsing written marketing materials or free or paid advertisements on behalf of SLHS

### *Proprietary Information of Others/Copyright*

SLHS is committed to respecting the legitimate rights of others to protect their confidential and proprietary information. You may not engage in attempts to wrongfully obtain or use this information. Any confidential information provided to SLHS by a third party will be handled properly and confidentially.

Applicable laws protect copyrighted materials such as books, magazines, articles, computer software, and other media from unauthorized or inappropriate usage. Copyrighted materials may be in print form or contained in visual or electronic media. Unauthorized copying may constitute a copyright violation. Copying may be allowed for educational and research purposes in certain circumstances. If you desire to reproduce copyrighted material, you should check with any member of the ECP department prior to reproducing, copying, or displaying the material. Unauthorized duplication or downloading of computer software is strictly prohibited.

### *SLHS Proprietary Information and Property*

Except as specifically authorized by management pursuant to established procedures, you may not disclose to any outside party any non-public business, strategic, financial, personnel, commercial, or technological information, or plans or data acquired during your employment or affiliation with SLHS. This information belongs to SLHS and may

only be used for SLHS purposes. It may not be used for your personal purposes or gain. Upon termination of your relationship with SLHS, you may not copy, take, or retain any documents containing SLHS proprietary or confidential information.

SLHS equipment, supplies, materials, and other resources are not to be used for personal reasons except as authorized by current policy or by specific authorization. SLHS property is not to be taken from an SLHS facility except as necessary to fulfill your SLHS responsibilities.

### *Tax Issues*

As a tax-exempt non-profit entity, SLHS has a legal and ethical obligation to engage primarily in activities to further its charitable purposes and to ensure that its resources are used to further the public good rather than the private or personal interests of any individual. Consequently, SLHS must avoid compensation arrangements in excess of fair market value, not participate in any political campaign for or against any candidate for public office, accurately report payments to appropriate taxing authorities, and file all tax and information returns according to applicable laws and regulations. You should contact the SLHS tax department to address concerns regarding any SLHS entity's status as a tax-exempt non-profit organization and any other tax-related concerns.

**Q: What are some activities that could negatively affect SLHS's tax-exempt status?**

*A: Paying more than fair value for services, re-selling supplies purchased using SLHS tax-exempt status, or being involved in any political campaign for or against any candidate on behalf of SLHS. Call the tax department with questions.*

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***Remember to always respect patient privacy and do not access any medical record without a working need to know.***

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## **Principle 4: Privacy and Security Compliance**

### *Confidentiality of Patient Information*

In your role with SLHS, you may have access to highly private and confidential individually identifiable information concerning the patients we serve.

You shall conduct yourself in a manner that will maintain the confidentiality of patient information. You shall not disclose any patient-specific information unless it is done pursuant to the patient's written authorization or for purposes of treatment, payment or health care operations, or other permitted purposes. If there are any questions about whether a patient's information can be disclosed, you are expected to contact the System privacy officer or any member of the ECP department for guidance.

### *Privacy Rights of Patients*

Contained within regulations for the Health Insurance Portability and Accountability Act (HIPAA) are specific rights that patients have regarding the privacy of their protected health information. As a System, we will comply with all HIPAA privacy regulations. The following rights must be complied with upon the patient's request:

- Right to Access, Inspect, and Copy
- Right to Amend
- Right to an Accounting of Disclosure
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of the Notice of Privacy Practices

If there are any questions regarding the Privacy requirements, you may contact the System privacy officer or any member of the ECP department for guidance.





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

State and federal laws require SLHS to keep documents for specified periods of time. The legal requirements are many and varied; therefore, before documents are discarded, you must consult the SLHS retention schedule to verify the appropriate time frame for destruction.

All confidential records must be destroyed in a manner so the information contained in the document is not legible or identifiable. Documents should be destroyed on a timetable consistent with the retention schedule. Any third party engaged to destroy such documents shall agree to maintain the confidentiality of such records during the destruction process.

### *Use of Electronic Systems*

You may have access to one or more of SLHS's computer systems. Computer access codes are the equivalent of a signature. Identification codes and passwords provided to access computer systems must never be disclosed to another. You must not attempt to learn another's access code, or attempt to access a computer system with an access code and password other than your own. Compromised access codes/passwords must be reported to IT security immediately. Other than minimal, incidental use, you must not use any System-provided computer outside the scope of your role with SLHS. Using the computer to browse patient records out of curiosity or for any other reason not specific to your role with SLHS is strictly prohibited.

The internet, email, voicemail, and fax machines are also used throughout SLHS. These electronic messaging systems are for business purposes only. Highly sensitive information must only be transmitted on these systems with caution as per policy. Please refer to the specific SLHS policies for information regarding the use of computers, the internet, and electronic messaging systems, including use of the secure email option.

**Q: Is it acceptable for a physician rounding with medical students to share his or her username and password with one of the students to log in to the record as they are examining the patient together?**

*A: No. Usernames and passwords must never be disclosed to another individual. Also, never access a computer system with a username and password other than your own.*

## **Principle 5: Customer, Supplier, and Third Party Payer Relationships**

### *Billing Reimbursement and False Claims*

SLHS is committed to ensuring that its coding, billing, and reimbursement procedures comply with all federal and state laws, regulations, and guidelines. All facilities must bill for services using codes that accurately reflect the services provided. It is prohibited by law and SLHS policy to bill or submit a claim for services known to not be provided as stated or not medically necessary, or that is in any way false, misleading, or inaccurate. If you discover inaccuracies in bills or claims you should immediately contact as appropriate: your supervisor, the CECO, or any member of the ECP department so an investigation can be conducted and corrective action taken. If the investigation reveals an overpayment by a payer, the overpayment will be refunded in accordance with federal and state laws, regulations, and guidelines.

### *Gifts*

It is SLHS's desire at all times to preserve and protect its reputation and to avoid the appearance of impropriety. You are prohibited from soliciting or accepting tips or personal gratuities from patients or their families. Occasionally, grateful patients may wish to give token non-cash gifts of appreciation to individual staff members. Such expressions of appreciation may be accepted if they are of nominal value and are made without strings attached.

No employee shall offer or accept any gift or business courtesy under circumstances where the item is intended or appears to be intended to induce or reward referrals or other benefits, or result in the purchase of goods or services.

Employees may not accept cash or cash equivalent gifts (such as gift cards or gift certificates). If a patient, family, or another individual wishes to make a monetary gift, he/she should be referred to any foundation associated with an SLHS entity.

If an employee has questions about a gift, it is his/her responsibility to contact the CECO or any member of the ECP department.

### *Workshops, Seminars, and Training Sessions*

Travel expenses related to attending workshops, seminars, or training sessions should be paid by SLHS or the employee. There may be situations wherein the costs of training sessions are included within the purchase price of a product or piece of equipment and will not result in additional SLHS expense at the time of related travel for the training. This provision does not prohibit an arrangement wherein a vendor pays travel expenses for attendance at a workshop or seminar in exchange for services such as speaking or serving in another capacity at the workshop or seminar. Such arrangements need to be reflected in writing and retained in the appropriate file.



**Q: Upon discharge, one of your patients offers you a \$5 gift card to your favorite coffee shop as a token of appreciation. Should you take it?**

*A: No. You may not accept any cash or cash equivalent from a patient. If under the circumstances you find you must accept to avoid offending the patient, accept the card and notify your manager. Modest non-cash gifts may be accepted.*

**Q: What if a vendor wants to thank you for your continued business by bringing you and your staff treats at work?**

*A: You must decline. SLHS policy prohibits accepting gifts from vendors while on site. For any gift or business courtesy off site, you must thoughtfully consider the circumstances. Employees may not accept any gift or business courtesy under circumstances where the item seems to be intended to influence them in how much they use this vendor.*

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***Refrain from all forms of harassment in the workplace, including inappropriate jokes, slurs, intimidation, unwelcome sexual advances, and bullying.***

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## **Principle 6: Workplace Conduct and Employment Issues**

### *Americans with Disabilities Act*

SLHS will comply with the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of October 2008 (ADAAA) to ensure that any qualified applicant and employee with a known disability who is able to perform the essential functions of the job, with or without reasonable accommodation and whose employment does not pose a threat to his/her health and safety or that of others, is provided equal employment opportunity.

### *Discrimination and Harassment*

SLHS is committed to ensuring fair and equitable treatment of employees, patients, and all third parties with whom SLHS deals. SLHS prohibits discrimination on the basis of race, color, national origin, sex, gender, pregnancy status, age, religion, handicap or disability, veteran status, sexual orientation, gender identity or expression, or other status protected by law, in any term or condition of employment, in admission or access to treatment, programs, or other services, or in the provision of physician or other practitioner staff privileges.

If you feel that you are or another person may be the subject of discrimination or harassment in any SLHS entity, you should report the events to one of the following: your supervisor, Human Resources, the CECO, or any member of the ECP department.

SLHS is committed to maintaining an environment free from all forms of discrimination and harassment. These behaviors include inappropriate jokes, slurs, and intimidation. Sexual or other forms of harassment are prohibited and will not be tolerated, including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual manner. Bullying behavior is also unacceptable and SLHS is committed to the elimination of all forms of bullying. If you encounter any form of unwelcome sexual behavior, bullying, hostile or offensive behavior based on race, color, national origin, sex, gender, pregnancy status, age, religion, handicap or disability, veteran status, sexual orientation, gender identity or expression, or other status protected by law, you should clearly communicate your objections to the offender and report the matter to one of the following: your supervisor, Human Resources, the CECO, or any member of the ECP department.



### ***Safety, Health, and Environmental Compliance***

SLHS holds in high regard its commitment to providing an environment that minimizes hazards and the risk of injury and occupational illness. Numerous federal, state, and local laws and regulations concerning health and safety and the environment apply to SLHS and its activities. It is SLHS's policy to comply with all such laws and regulations.

It is your responsibility to adhere to all organizational and departmental safety policies, procedures, plans, and policies that have been developed based on the following:

- Applicable laws, regulations, and accreditation standards (OSHA, EPA, The Joint Commission, etc.)
- Information derived from monitoring, investigating, and evaluation of incidents, accidents, and occupational illness
- External services regarding health care safety practices
- Input and feedback regarding safety issues

You shall report any adverse health or safety conditions to your supervisor, the appropriate internal safety contact, the CECO, or any member of the ECP department. It is the goal of SLHS to comply with any reporting requirements that pertain to any such condition and to take action to correct such condition and to prevent any reoccurrence. All employees must complete annual training appropriate to their area of responsibility. Completion of this training will be evaluated during the annual performance review.

All documents pertaining to environmental conditions or compliance (including permits, inspections, and authorizations) shall be retained in accordance with SLHS's document retention policy.

### ***Excluded or Sanctioned Providers, Employees, Vendors, or Board Members***

Federal law prohibits health care providers from employing, having on their medical staff, or doing business with a person or corporation that is excluded from providing services in a federal health care program. Prior to starting your relationship with SLHS, it will be verified that you are not an excluded or sanctioned individual. You have an obligation to report to your facility Human Resources or to your SLHS contact in the event you or another provider, employee, vendor, or board member becomes excluded or sanctioned by any federal health sponsored program.

### ***Honoraria***

Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at education

programs and functions. However, any honoraria received by the employee shall be turned over or directed to SLHS unless the employee used paid time off to participate in the program or that portion of the program for which the honoraria is paid. Employees must not accept benefits (travel, lodging, speaker fees) from any vendor including pharmaceutical companies, medical device manufacturers, or health care providers or related health care companies from whom SLHS may purchase goods or services unless approved by the employee's immediate supervisor. A Conflict of Interest Questionnaire must be signed as described in the *Conflict of Interest Policy*. Terms of any such arrangement should be reflected in writing.

### ***License, Registration, and Certification Renewals***

To maintain quality standards of care and to comply with appropriate federal, state, or local laws, SLHS requires you to provide a current license, registration, or certification if reasonably required or related to your job position and duties. SLHS validates each license, registration, or certification upon initial employment and on a periodic basis thereafter. Independent contractors and other businesses that are required to be licensed, certified, or hold certain other credentials are responsible for keeping such credentials current. SLHS will not knowingly allow any employee, business, or independent contractor to work in SLHS without valid credentials as required by law.

### ***Personnel Actions and Decisions***

Salary, benefits, and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws.

### ***Political Activity***

SLHS expects you to refrain from engaging in activity that may jeopardize the tax-exempt status of the organization and to comply with all applicable federal, state, and local campaign finance and ethics laws.

Tax-exempt organizations are prohibited from engaging in direct or indirect political campaign activities (including the publishing or distributing of statements) in support of or in opposition to candidates for public office. You may not use SLHS funds or other resources to make any contribution directly or indirectly to a candidate for political office, political party, partisan political organization, political candidate committee, or to any individual in violation of law. You may personally participate in and contribute to any political organization or campaign, but must do so as an individual and not as a representative of SLHS.

SLHS may publicly offer recommendations and advocate concerning legislation or regulations being proposed that pertain to health care and business, social, or economic issues impacting SLHS. You shall not attempt to influence the public decision-making process of any governmental body or official by making an improper offer of any benefit. All SLHS interaction with governmental bodies and public officials shall be conducted in an honest and ethical manner and in compliance with all local, state, or federal statutes or regulation governing such activity.



**Q: You are a strong supporter of a political candidate you think will help improve the health care business environment. Can you use your SLHS email to share and forward this candidate's political message?**

*A: No. Your personal political activities must be kept separate from your employment with SLHS. You may not use your work email address or any office supplies to distribute a candidate's political materials.*

### ***Social Media***

SLHS appreciates and understands the importance of using social media to foster learning and innovation through responsible open exchange and dialogue. At all times, the privacy, confidentiality, and personal dignity of the patients, families, employees, and other customers of SLHS must be maintained.

Social networking activities in or outside of work that adversely affect the job performance of SLHS's employees, or otherwise adversely affect SLHS's patients or legitimate business interests, may result in disciplinary action. Employees may not discuss protected health information or any specific aspect of patient care, any confidential employee matters, or SLHS-related business matters. SLHS employees

are personally responsible for the content they publish on social media outlets and must respect patient privacy and other relevant health care laws and regulations.

### ***Substance Abuse***

The unlawful manufacture, distribution, use, possession, or sale of any drug, including controlled substances, on SLHS property is prohibited. The unlawful presence of any detectable amount of any drug, including any controlled substance, while on SLHS premises or on SLHS business is strictly prohibited. Lawful use of controlled substances, prescription drugs, or legally obtained drugs, including over-the-counter drugs, while performing SLHS business or while in an SLHS facility is permitted only when taken in accordance with directions or prescription; and then only to the extent that such use will not negatively affect the safety of others, job performance, or the secure and safe operation of SLHS property and facilities.

No alcoholic beverages may be brought onto or consumed on SLHS premises unless SLHS or individual facility administration has granted express authorization.

### ***Workplace Diversity and Equal Employment Opportunity***

SLHS is enriched with the diversity of ethnic groups from all segments of our community. This diversity is reflected within the SLHS workforce. Treating others fairly and with respect and dignity is woven into SLHS culture. SLHS prohibits discrimination on the basis of race, color, national origin, sex, gender, pregnancy status, age, religion, handicap or disability, veteran status, sexual orientation, gender identity or expression, or other status protected by law, in any term or condition of employment, in admission or access to treatment, programs, or other services or in the provision of physician or other practitioner staff privileges.

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***Treat everyone with respect all the time.***

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› **Contact us**

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