



**Medical Center Health System**

Your One Source for Health

# **STANDARDS OF CONDUCT 2012**

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## INTRODUCTION TO THE STANDARDS OF CONDUCT

The Standards of Conduct is designed to help us achieve the mission of Medical Center Health System. These Standards provide broad guidelines for everyone, regardless of position, to follow in the performance of daily activities. This booklet is an important document and applies to the MCHS Board of Directors, employees, medical staff, volunteers, contractors, vendors and agents. You are expected to read it and comply with all of its provisions. The MCHS Employee Handbook and other administrative policies and procedures provide more details on specific topics.

If you have any questions about the Standards or any of MCHS's policies or practices, please feel free to raise your concerns with an individual at any level of management or with Human Resources without fear of retaliation or reprisal. If the concern cannot be resolved through these established channels, you should report the matter to the Compliance Officer. MCHS has set up a toll-free Compliance Line (1-800-805-1642) for this purpose and callers may remain anonymous. Confidentiality is guaranteed to the limit of the law. You may also file a complaint via any PC with internet access at [www.MCH.EthicsPoint.com](http://www.MCH.EthicsPoint.com). We have also placed Integrity Boxes at or near each time clock in MCHS facilities if you would prefer to leave a note rather than using the other reporting options we have described above. Again, there will be no retaliation or retribution against any employee for reporting a concern to management, Human Resources, the Compliance Line, the website or through the Integrity Boxes.

We all have a duty to conduct ourselves in a manner that reflects the highest ethical standards and a commitment to adhere to all applicable laws and regulations. Also, you are expected to report any concerns that you may have in connection with your responsibilities.

The principles contained in our Standards of Conduct are important, and therefore any violation will subject the offender to some form of discipline. The failure to report suspected improper activity may also constitute a violation which could result in disciplinary action. Possible disciplinary measures may range from a warning to termination. In addition, referral of the matter may be made to the appropriate government agencies.

Together we shall continue to reinforce our hospital's reputation for quality services to our patients and our community, while maintaining our integrity and the high ethical standards of the healthcare profession.

William Webster, CEO

## **MISSION**

Medical Center Health System is a community-based teaching organization dedicated to providing high-quality healthcare and improving the health and wellness of all residents of the Permian Basin.

## **VISION**

To be the premier source for health and wellness

## **VALUES**

### **“I CARE”**

Integrity • Customer Centered • Accountability  
• Respect • Excellence

## **QUALITY OF CARE AND PATIENT'S RIGHTS**

We are committed to providing the highest quality of care and delivering services in an ethical, professional and cost-effective manner. We shall not ignore any actual or perceived quality-of-care issues. We all have a duty to ensure that all such matters are brought to the attention of management, Human Resources or the Compliance Office.

- We will treat every patient with dignity, respect, and compassion at all times. We will demonstrate sensitivity and responsiveness to patients' needs by listening attentively and patiently to their comments and concerns.
- We recognize the rights of all patients to receive high-quality care without discrimination due to race, creed, gender, religion, national origin, disability, age, payer source or ability to pay.
- We will provide patients with a written statement of their rights and responsibilities and ensure that they understand their rights and responsibilities in a manner that will be understood by them and obtain informed consent for treatment.
- We will determine, upon admission, whether or not the patient has made or wishes to make advance directives and properly document in the

health record any such directives. All directives will be followed as long as they fall within the limits of ethical standards and the law.

- We will have a written process to address an employee's request to not participate in an aspect of patient care because of the employee's cultural, ethical, or religious beliefs; ensure that a patient's care will not be affected negatively if such a request is granted; and maintain guidelines and procedures stating those aspects of care which might conflict with an employee's cultural values, ethical or religious beliefs.
- We will ensure that patients are fully informed and involved in resolving questions or concerns about their care decisions, the health care facility providing care, and any involved decision-makers and that they are treated in a manner that preserves their privacy, dignity, self-esteem, civil and legal rights and involvement in their own care.
- We will ensure that clinical decisions are based on identified patient health needs, regardless of how the facility compensates or shares financial risk with its management or clinical staff, and licensed independent practitioners. Guidelines and procedures, which address the relationship between use of services and financial incentives,

are available on request for review by patients, clinical staff, licensed independent practitioners and hospital employees.

- We will consider all patient information to be private and strictly confidential.
- We will protect the confidentiality of a patient's health care information and discuss only with those directly involved in the patient's care, or with those whose duties and responsibilities require access to such information, or as otherwise required by laws and regulations. We will protect and maintain the confidentiality of all patient records as required by applicable laws regulations, policies and procedures.
- We will ensure that patients presenting themselves for emergency medical treatment will be provided treatment or care, without regard to their ability to pay, and within the service capability of the facility, in accordance with the Emergency Medical Treatment and Active Labor Act (**EMTALA**) and other laws, regulations and policies or procedures.

Anyone with an emergency medical condition will be evaluated, treated, stabilized and admitted based on medical necessity. Financial information will be obtained only

after the patient's immediate needs are met. Patients will only be transferred to another facility if their medical needs cannot be met at the receiving facility (MCH) and then only to a facility that can provide the necessary treatment. Patients may only be transferred after they have been stabilized and accepted by the receiving facility. Patients or someone authorized to act in their behalf will be involved in any transfer decision and the informed consent for such a transfer.

- We will conduct effective collaboration among departments and hospital/physician staff, contributing to patient care and organizational vitality.
- We will engage the services of only professionals with proper credentials, experience and expertise in meeting the needs of our patients.
- We will screen all our medical professionals against duly authorized licensing and disciplinary authorities for any sanctions for performance or conduct.
- We will provide medical services, which comply with all applicable laws, regulations and professional standards.
- We will take all reasonable steps to ensure the safety and security of patients, visitors and employees.

We will operate as efficiently as possible, but will not compromise quality of care, safety or service to reduce cost.

- We will honor the rights of patients, or their legal designees, to participate in decision-making regarding their health care, to include refusing treatment to the extent permitted by law and to inform the patient of the consequences of such action.
- We will ensure that patients are provided needed protective services, and we will provide procedures for an independent assessment of the patients' best interests and inform them of their right to file grievances with the proper agencies.
- We recognize that patients have a right to pain management and have established guidelines and protocols to properly assess and to effectively manage pain. We will ensure that appropriate employees are properly trained in the initial and periodic assessment of pain and sensitivity in communicating with the patient about pain management.
- We will ensure that patients who are asked to participate in a research project or clinical trial are provided sufficient information to make an informed decision and we will obtain an informed consent.
- We will ensure that long-term care patients will be informed of their right to perform or refuse to perform tasks in or on behalf of the facility.

- All MCHS communications and any promotional or marketing activities will be conducted in accordance with ethical standards and guidelines, and applicable laws, regulations, policies and procedures to protect patient rights.
- We will comply with all standards and procedures set forth in the Joint Commission guidelines to remain accredited by the Joint Commission.

## **COMPLIANCE WITH LAWS AND REGULATIONS**

MCHS is subject to a number of state and federal laws pertaining to all aspects of its operation. Compliance with these laws is the basis for establishing and publishing our MCHS Standards of Conduct. Compliance with applicable laws is of the utmost importance to our health system. We are all required to understand and abide by those laws, which are applicable to each of us in the performance of our different roles. We have the duty to report any actual or perceived violation of applicable laws, regulations and professional standards to management, Human Resources or the Compliance Office.

- We will not pursue any business opportunity or personal matter that requires engagement in unethical or illegal activity or that we believe may be in violation of any law, rule, and regulation or MCH policy.

- We will not solicit, receive, or offer to give anything of value to employees, physicians, or other health care professionals for referrals of patients. Kickbacks, bribes, rebates or flow of any kind of benefits intended to induce referrals are strictly prohibited.
- We will provide payments or other benefits at fair market value to clinicians and potential or actual referral sources only for the services rendered.
- We will maintain complete and accurate patient health records to support all medical decisions including the medical necessity of all diagnostic testing.
- We will adhere to sound environmental and safety practices, as well as, the proper handling of medical or hazardous waste, including radioactive materials.
- We are committed to training employees to carry out their work in a manner that is safe for them, their coworkers and the patients they serve.
- We will ensure that our contracts conform to all applicable laws and regulations by having them reviewed and approved in accordance with MCHS's Policy.

- We shall ensure that all drugs or other controlled substances used in treatment of patients are maintained, dispensed, and transported in conformance with all applicable laws and regulations.
- We take issues regarding false claims, fraud and abuse seriously and encourage all MCHS Board of Directors, employees, medical staff, volunteers, contractors, vendors and agents to be aware of the laws regarding detection and prevention of fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention. Anyone can report suspected fraud concerns through our Compliance Office, our internal hot line at 640-1900, by submitting a concern through our website at [www.MCH.EthicsPoint.com](http://www.MCH.EthicsPoint.com), by placing a written note in one of the Integrity boxes near the time clocks or by calling our external Compliance Line at 1-800-805-1642. They may remain anonymous and should provide as much information as possible to help with the investigation of the concern.

## **CONFLICTS OF INTEREST**

We will take all necessary steps to avoid conflicts or the appearance of conflicts between private interests and the official responsibilities of our duties. These Standards are not intended to extend to the ordinary courtesies of business life, such as token gifts of minimal value, modest entertainment incidental to a business relationship or the giving or receipt of normal hospitality of a social nature. Employees have a duty to report any actual or perceived conflicts of interest to management, Human Resources or the Compliance Office.

- We will avoid engaging in any activity, practice or act that is disloyal, competitive or violates the MCH-3016 Conflict of Interest Policy.
- We will ensure that all statements, communications and representations are accurate, complete and truthful and that they comply with applicable laws and regulations.
- We will not accept gifts provided in connection with employment that exceed \$50 in value unless reported and approved in writing by the Compliance Officer. Gifts of nominal value, such as meals and entertainment, are not prohibited, but should comply with the MCH-3016 Conflict of Interest Policy.

- We will engage in outside employment only after ensuring that it does not conflict with employment at MCHS.
- We will not engage in any outside employment or activity that would require extra hours and effort to such an extent that it would be detrimental to the employee's satisfactory performance or detrimental to the interests of MCHS.
- We will not do business with any firm in which we, our families, or our close business and personal associates have a direct or indirect interest without disclosure and proper written approval.
- We will make no investment nor engage in any business transaction with an organization that is a potential competitor, supplier or customer of MCHS without disclosure and proper written approval.
- We will not own, directly or indirectly, a financial interest in a business entity that does or seeks to do business with, or is in competition with MCHS without disclosure and proper written approval.
- We will utilize fair and competitive pricing for our services and products.

## **HIPAA, PRIVACY RULE & SECURITY RULE**

Medical Center Health System (MCHS) recognizes the rights of all patients to have their health information protected from review, viewing and disclosure. To this end we have specific policies addressing all aspects of the HIPAA rules for Protected Health Information (PHI). These policies may be found on the hospital Intranet under the POLICIES tab by searching for HIPAA under the “search by department” search option. They may also be searched by word or topic. (HIPAA-5001 to HIPAA-6022) We are all held accountable for respecting the rights of all patients to privacy of their health information, which is protected by a Federal Law referred to as HIPAA. We will train all new employees upon hire, annually and periodically throughout the year on the HIPAA policies and their responsibility to protect the patient’s health information.

The HIPAA Privacy Rule deals with Protected Health Information (PHI) in general and gives patients an array of rights with respect to that information. The Privacy Rule provides a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

The HIPAA Security Rule deals with electronic Protected Health Information (ePHI), and requires implementation of three types of safeguards: 1) administrative, 2) physical, and 3) technical.

- Medical Center Health System (MCHS) shall implement reasonable and appropriate controls to govern the receipt, use and removal of hardware and software that could possibly contain electronic protected health information (ePHI) in any form. (See MCH-1100)
- A device is any device capable of recording and/or storing ePHI and should be used as a means to access data on the MCHS network, not to store ePHI. Because technology continues to evolve, MCH-1100 is considered to cover any future storage technology. All devices containing ePHI must be encrypted and password protected.
- MCHS shall employ technical safeguards to verify that a person or entity seeking access to ePHI is the one claimed.
- Use of a computer at MCHS means the user assumes personal responsibility for appropriate use and agrees to comply with Information Technology (IT) policy, other applicable MCH policies as well as city, state and federal laws and regulations.

- We are prohibited from taking pictures of patients, employees or visitors with any device capable of taking pictures.
- Abuse of these Standards through personal use or use in violation of the law or MCH policies will result in disciplinary action, up to and including termination of employment and for non-employees, severance of the business association.

## **HIPAA PRIVACY BREACH NOTIFICATION**

Following a breach of unsecured protected health information, the Hospital must provide notification of the breach to affected individuals, the HHS Secretary, and, in certain circumstances, to the media in accordance with the American Recovery and Reinvestment Act of 2009. For more specific information on this topic, see HIPAA-5057, Section 21

## **PROTECTION OF PROPERTY**

We are committed to protecting MCHS's assets and the property of patients, employees, and visitors against loss, theft, and misuse. In the course of their duties, we may have access to the proprietary information of MCHS, its patients or employees. Proprietary

information is information that is confidential, privileged, or protected by law.

MCHS also is committed to respecting the intellectual property rights of others. Moreover, all software used in connection with MCHS's business will be properly licensed and used in accordance with that license. Employees are also required to respect the patent trademark rights of others. Employees have a duty to report any actual or perceived misuse, loss or theft of property to management, Human Resources or the Compliance Office.

- We will not reproduce, distribute, or alter copyrighted material from books, trade journals, computer software, or magazines or any other items without permission of the copyright holder or his or her agent.
- We will be responsible for protecting the confidentiality of patient records and information and shall not use or reveal any such information outside the context of our official duties and MCHS policy.
- We have an affirmative duty to preserve MCHS's assets, property, facilities, equipment and supplies and their loss, theft or unauthorized use.

- We will take all reasonable steps to safeguard the property of patients, employees and visitors.
- We will be responsible and accountable for the proper expenditure of MCHS funds and for the proper use of its equipment.
- We will follow established internal control procedures in handling and recording all funds.
- We will not use hospital assets for unlawful purposes or unauthorized personal benefit or fail to keep accurate and complete records of all assets, liabilities, revenues, and expenses.
- We will ensure that drugs are safely stored, secured and inventoried and that missing supplies are promptly reported to supervisors and the Director of Nursing.
- We will dispose of surplus or obsolete property in accordance with MCHS's procedures.

## **PROPER CONSIDERATION OF HUMAN RESOURCES**

We are committed to protecting and supporting all employees, as well as, helping them to achieve their fullest potential in a fair and equitable manner. Employees have a duty to report any actual or perceived mistreatment, discrimination or hostile activity occurring in the work place.

- We will assure that everyone is afforded equal employment and advancement opportunities regardless of gender, age, disability, race, creed, religion or national origin.
- We will treat one another with respect, dignity and fairness, appreciating the diversity of our work force and the uniqueness of each employee.
- We will show proper consideration and respect to one another. Sexual harassment, such as sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature that would create a hostile work environment is strictly prohibited.
- We will encourage and support each other in the development of individual skills, talents, knowledge and understanding of our jobs in order to deliver the highest quality of service and benefit to our patients.
- We will encourage and recognize creativity and appropriate risk taking at all levels of MCHS in order to achieve innovation and excellence.
- We will use our time productively during work hours spent at MCHS.

- We will observe the standards of our professions and exercise judgment and objectivity in our practices.
- We shall maintain a high standard of confidentiality relating to employees of MCHS concerning salary, benefits, disciplinary and other personal information.
- We shall limit the number of employees who have access to confidential information to those individuals in MCHS who need the information to perform their job, and each employee shall exercise due care in protecting such information.
- We will maintain a drug-free work place and smoke-free work place.
- We will take all reasonable precautions to ensure our safety as well as the safety of patients, visitors and other personnel.

## **COMMUNICATION**

We will encourage open, timely and candid communication, as well as collaboration among employees, departments, and physicians. **WE ALL have a duty to openly communicate and maintain an environment founded on teamwork.**

- We are responsible for sharing ideas, resolving problems or concerns and treating all opinions with respect and consideration.
- We will strive to understand the duties, responsibilities and challenges that face our fellow workers.
- We will raise legitimate questions or concerns without fear of retribution, report concerns in the work place, including violations of laws, regulations and MCHS policies, and seek clarification and guidance whenever there is doubt.
- We will be honest and forthright in any representations made to patients, vendors, payers, other employees and the community.
- We will recognize that patients have the right to receive information regarding MCHS's policies, procedures and charges.
- We will recognize that patients have the right to know the identity and qualifications of all MCHS personnel who provide services to them.
- We will ensure the right of patients to voice their complaints/concerns about care and services provided without fear of retribution.

- We will ensure that patients are fully informed of their options with respect to any outside referral, such as a home health agency.

## **BILLING AND CODING**

We are committed to honesty, accuracy and integrity in all of our billing, coding and documentation activities. **We have a duty to report any actual or perceived false, fraudulent, inaccurate or fictitious claims or documentation to management, Human Resources or the Compliance Office.**

- We will submit for payment or reimbursement only claims for services actually rendered that are fully documented in patients' medical records and use billing codes that accurately describe the services provided.
- We will ensure that all claims submitted for payment are supported by documentation of medical necessity.
- We are committed to engaging in accurate and truthful billing practices. The submission of any claims for payment of any kind that are false, fraudulent, inaccurate, incomplete or fictitious is strictly prohibited.

- We will take immediate steps to alert appropriate MCHS staff if inaccuracies are discovered in claims that have been submitted for payment or reimbursement and will promptly submit a corrected claim, refunding any money that is not due us. (MCH-1063)
- We will always document physician information in the health record to ensure that all claims are submitted with the proper provider number.
- We will ensure that physicians and MCHS employees are properly licensed and credentialed, and are not sanctioned or excluded from the Medicare, Medicaid or any other federal healthcare programs. (MCH –1057)
- We will submit to governmental authorities only accurate reports and we shall not make false or deceptive statements.

## **ADDRESSING ISSUES AND CONCERNS**

Any employees who raise concerns or allegations of possible violations of the Standards of Conduct, policies/procedures, laws, or regulations will be received openly and courteously. MCHS will not tolerate any direct or indirect retaliation or retribution

against anyone who, in good faith, raises problems or concerns.

If you have a serious concern regarding conduct that you suspect to be illegal or fraudulent occurring in any of our MCHS facilities, you should report this to your supervisor, director or executive staff member immediately. You may call the toll-free Compliance Line at 800-805-1642 if you are not comfortable discussing the matter directly with someone in the chain of command. The Compliance Line is available to anyone to report problems or concerns in good faith, although it is not intended to replace the normal chain of command.

This Compliance Line is intended to identify and address fraudulent and illegal conduct as quickly and effectively as possible. If you call the Compliance Line to report fraud or illegal conduct by others, you should do so without fear of retaliation or reprisal. (MCH-1064)

We have also placed “Integrity Boxes” near each time clock in our facilities. The Integrity Boxes have proven to be an effective means for employees to report concerns in the past and we will continue to maintain them as reporting mechanism in addition to the Compliance Line. (MCH-1064)

## **OTHER CONCERNS**

For other concerns that do not involve fraud or violations of law, the following procedures should be utilized until resolution of the concern is achieved:

- First, contact your direct supervisor/manager unless there are circumstances that preclude you from doing so. Your supervisor/manager is in a good position to listen to you and understand the concerns you have and should be given the opportunity to resolve the issue. Your supervisor/manager has access to resources throughout the hospital to assist you in upholding the Standards of Conduct.
- Second, if you have raised an issue and you do not think it is getting proper attention or if your supervisor/manager cannot find the appropriate answer, you may relate your concerns to the next level of management.
- Third, seek guidance from the Human Resources Department, and/or the appropriate executive staff member.

**If assistance is still needed, call the MCH Compliance Line at 800-805-1642.**

Before calling the Compliance Line, ask yourself the following questions:

- Do I have all the facts?
- If I need more information, where do I find it?
- Are there any laws, regulations, policies or procedures that apply to the situation?
- Have I followed normal procedures to try to resolve my concern?

In addition, the Compliance Officer may be reached at (432) 640-1900, or you may write to the Compliance Officer at:

Compliance Officer

Medical Center Hospital

P. O. Box 7239

Odessa, Texas 79760

# MCHS STANDARDS OF CONDUCT

## CERTIFICATION OF RECEIPT AND UNDERSTANDING

I, \_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Position)

\_\_\_\_\_

(Employee/Medical Staff/ MCHS Board of Director/  
Volunteer/Contractor/Vendor/Agent)

I hereby certify that I have received the MCHS Standards of Conduct and participated in Standards of Conduct Training, and understand that compliance with the provisions of the Standards of Conduct is mandatory. If I have any question concerning the principles in the Standards of Conduct or any other MCHS policy or procedure, I will discuss my questions with my supervisor or other appropriate resource to obtain a clear understanding of my responsibilities.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)