Business Conduct and Corporate Compliance

Stonewall Jackson Memorial Hospital knows the importance of doing the right thing, every patient, every time. As members of the working community, we depend on one another to help us, as a team, meet the high standards of honesty, integrity and diligence that we expect of ourselves and that our patients, their families and our community expect of us.

This document is a resource for our contractors and vendors to ensure that you are aware of the compliance obligations related to your work and services performed with and for Stonewall Jackson Memorial Hospital. We value you as members of our community and hold you to the same high standards of ethic and compliance as our employees and other staff members. Please make sure you are familiar with each of the documents posted here. If you have questions about them or about your responsibility to comply with them, please contact the Stonewall Jackson Memorial Hospital Compliance Office at 304-269-8501.

We depend on each member of the community to do the right thing, and to raise questions as they come up. Ethical conduct and compliance is everyone’s job, and each of us can make a difference. Reporting Compliance Concerns Issues and concerns can be reported anonymously through use of our Compliance Hotline at 304-517-1056 (toll-free, 24 hours a day, seven days a week).
STONEMALL JACKSON MEMORIAL HOSPITAL
POLICY AND PROCEDURES

SUBJECT: STATE FRAUD, ANTI-KICKBACK AND FALSE CLAIM LAWS
DISTRIBUTION: HOSPITAL WIDE

POLICY:
Stonewall Jackson Memorial Hospital (SJMH) has set forth the procedures to be used in response to a report from an officer, employee, consultant or vendor engaging in activity that may be contrary to applicable federal or state law or the requirements of the Hospital's policies.

PURPOSE:
To outline the Hospital's response to a report of fraud, waste, or abuse.

PROCEDURES:

Investigation

A. Purpose of Investigation
In response to a complaint, an investigation shall be conducted to identify situations in which applicable federal or state laws, regulations and standards of the Medicare and Medicaid programs, or the Hospital's policies may not have been followed; to identify individuals who may have knowingly or inadvertently violated the law or the Hospital's policies; to facilitate the correction of any violations or misconduct; to implement procedures necessary to provide for future compliance; to protect the Hospital in the event of civil or criminal enforcement.

B. Conduct of Investigation
All reports of alleged fraud, waste or abuse must be reported on an Incident/Event Form and forwarded to the Hospital's Corporate Compliance Officer or by calling 304-269-8501 or by calling the Compliance Hotline at 304-517-9056. Serious or otherwise sensitive matters or investigations should be conducted by or under the direction of the Hospital's legal counsel (See Appendix A).

C. Investigation Process
Upon receipt of information concerning alleged fraud, waste, or abuse, the Corporate Compliance Officer shall oversee the following actions:

1. Prepare a report that includes, if known, the name of the employee who made the report, the date of the report, and a detailed narrative of the employee's concern and the nature of the alleged conduct. Anonymity of the individual who made the report (if requested) shall be honored and confidentiality shall be maintained. Retaliation or reprisal against anyone for reporting good faith belief that fraud, waste, or abuse has been committed is strictly prohibited.

2. If the involvement of legal counsel is warranted, contact legal counsel to initiate a direct investigation.

3. Provide that the investigation is conducted as soon as reasonably possible, but in any event not more than five (5) business days following receipt of the information. The investigation may include:

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a. Interviews of persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations and standards to determine whether or not a violation has occurred.

b. Identification and review of relevant documentation, including where applicable, representative bills or claims submitted to the Medicare/Medicaid programs, to determine the specific nature and scope of the violation and its frequency, duration and potential financial magnitude.

c. Interviews of persons who appear to have played a role in the suspected activity or conduct to determine the facts surrounding the conduct. The interviews shall include but shall not be limited to determining:
   a) The person’s understanding of the applicable laws, rules and standards;
   b) Identification of relevant supervisors or managers;
   c) Training that the person received;
   d) The extent to which the person may have acted knowingly or with reckless disregard or intentional indifference of applicable laws.

d. Preparation of a summary report that:
   a) Defines the nature of the alleged misconduct;
   b) Summarizes the investigation of the process;
   c) Identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws;
   d) Assesses the nature and extent of potential civil or criminal liability; and
   e) Where applicable, estimates the extent of any resulting overpayment by the government.

4. For all investigations in which the Hospital’s legal counsel is not involved, determine whether the Hospital’s legal counsel should be contacted.

5. Establish a due date for the summary report to otherwise prove that the investigation is completed in a reasonable and timely fashion and that the appropriate disciplinary or corrective action is taken, if warranted.

6. A copy of all completed reports is then filed with the Corporate Compliance Officer for organizational tracking and trending.

**Organizational Response to Issues Identified**

In the event the investigation identifies any fraud, waste, or abuse, the following actions shall be taken:
A. The Hospital shall, as quickly as possible, terminate the offending practice. If the conduct involves the improper submission of claims for payment, the Hospital shall immediately cease all billing of potentially affected by the offending practice until a correction is implemented.

B. The Hospital shall consult with legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authorities or law enforcement agency is warranted.

C. If applicable, the Hospital shall calculate and repay any duplicate or improper payments made by the federal or state government program as a result of the misconduct within sixty (60) days of knowledge of the improper payments.

D. Appropriate disciplinary actions shall be taken which may include, but is not limited to, reprimand, demotion, suspension and/or termination. If the investigation uncovers what appears to be criminal conduct on the part of an employee, appropriate disciplinary action against the employee or employees who authorized, engaged in or otherwise participated in the offending practice shall include at a minimum the removal of the person from any position of oversight and may include, in addition, suspension, demotion, termination, and/or criminal prosecution.

E. In instances where the employee or employees are not terminated, prompt appropriate actions and education to prevent a recurrence of the misconduct shall be undertaken.

F. A review of the applicable Hospital policies and procedures shall be conducted to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.

G. As appropriate, follow-up monitoring and auditing shall be conducted within the appropriate department with oversight from the Corporate Compliance Officer, to provide for effective resolution of the aberrant practice.

DUTY TO REPORT FRAUD, WASTE AND ABUSE: WHISTLEBLOWER PROTECTION

POLICY:
The Hospital mandates that any person who has knowledge or a good faith suspicion of false documenting, coding, or billing for services, equipment, or supplies or other wrongdoing in the Hospital’s financial practices, shall report such knowledge or suspicion internally to the Corporate Compliance Officer through the filing of an Incident EventReport or by calling the Corporate Compliance Officer directly at 304-268-8501, or by calling the Compliance Hotline at 304-517-1056 so that an investigation can be conducted and appropriate action taken.

Retaliation or reprisal against anyone for such reporting is strictly prohibited. If retaliation should occur, the person reporting such wrongdoing may be awarded 1) double back pay plus interest, 2) reinstatement to previous position without loss of seniority, and/or 3)
damages. In addition to any violation of federal or state law, fraud, waste, and abuse may include violations of hospital policy with respect to billing (e.g., billing for services not performed at all or not performed as described, submission of claims for unnecessary or undocumented services, equipment, or supplies, double billing, upcoding, unbundling, misuse of coding modifiers, false cost reports, billing for services by an unlicensed or excluded provider, or paying or accepting money, gifts, or favors in return for referrals).

PURPOSE:
To provide an explanation to employees, contractors, and volunteers that they must report false claims and that they are protected against retaliation for such reporting.

PROCEDURES:
A. Anyone who has knowledge or a good faith suspicion as to the existence of fraud, waste or abuse by another employee, a board member, a vendor, a contractor, or a volunteer should report it through the filing of an Incident/Event Form directed to the Corporate Compliance Officer or by calling 304-269-3501 or the Compliance Hotline at 304-517-1006.

B. The individual making the report may do so by reporting the concern in person, in writing or anonymously. The hospital shall attempt to maintain the confidentiality of the person reporting the concern.

C. Self-reporting is encouraged. Anyone who self-reports any violation of law or hospital policy shall be given due consideration in mitigation of any disciplinary action that may be taken.

D. Upon a report of fraud, waste, or abuse, the Corporate Compliance Officer shall oversee an appropriate investigation into the allegations.

E. If the charges are substantiated, then the Corporate Compliance Officer shall develop and implement a plan for appropriate corrective action and shall notify the President of the Hospital, the Corporate Compliance officer and Human Resources with respect to any disciplinary or other corrective action against the employee, board member, vendor, contractor or volunteer.

F. Retaliation or reprisal in any form against anyone who reports fraud, waste or abuse, or cooperates in an investigation is strictly prohibited. If an employee or a contractor believes that he/she has been retaliated against as a result of making a report or cooperating in an investigation pursuant to this or any other compliance policy, he/she should report it to the Corporate Compliance Officer. There shall be Corporate Compliance oversight of issues (i.e., tracking) for action plan through to resolution, and the employee may be entitled to 1) double back pay plus interest, 2) reinstatement to previous position without loss of seniority, and/or 3) damages.
G. The Corporate Compliance Officer shall maintain a confidential log of all reports of compliance concerns and the Corporate Compliance Officer shall periodically update the Board of Directors.

H. Anyone who makes a report of fraud, waste, or abuse maliciously, frivolously, or in bad faith shall be subject to disciplinary action up to and including termination.

I. The Hospital seeks to investigate all non-frivolous claims of fraud, waste, or abuse internally so that corrective action can be instituted. However, any person who discovers wrongdoing that constitutes a false claim to the federal government for payment (e.g., a Medicaid claim) may also file a complaint under seal in court pursuant to the False Claims Act.

FALSE CLAIMS

POLICY:
All employees, contractors, and vendors involved with providing or obtaining reimbursement for medical services, supplies, or equipment from or on behalf of the Hospital are responsible for submitting honest and accurate bills to Medicaid, Medicare, and other federal and state healthcare programs, and for submitting honest and accurate invoices to the hospital. In addition to complying with the Hospital’s standards, all employees, contractors, and vendors are expected to comply with federal and state laws designed to prevent fraud, abuse, and waste in federal and state healthcare programs. Retaliation or reprisal against any employee for reporting a false claim is strictly prohibited by law and Hospital policy.

PURPOSE:
To set forth and communicate the standards that are applicable to reimbursement for medical services, supplies and equipment in order to comply with the Hospital’s standards and federal and state law.

PROCEDURE:

A. Bill Only For Medically Necessary Services

1. All services, equipment and supplies provided to patients shall be reasonable and medically necessary, in accordance with the applicable standard of care.

2. Those who provide services shall be properly credentialed and licensed and provide services within their respective scope of practice.

B. Completeness and Accuracy in Medical Records and Billing

1. Providers shall document the treatment performed in sufficient detail so that an accurate bill can be submitted for each treatment or procedure performed.

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[Signatures]
2. Bills submitted for services performed shall describe the services in sufficient detail, be based on proper documentation in the chart, not duplicate bills for the same services, be accurate, be based on the correct provider number, and be in compliance with federal and state law, as well as the payer's contract.

3. Billing and coding staff shall comply with CMS program instructions and policies, National and Local Coverage Determinations (NCDs and LCDs), and Carrier Bulletins.

C. **Unacceptable Practices**
   The following are examples of practices, which are unacceptable:

1. Billing for services that were not performed at all or not performed as described.
2. Submitting claims for medical equipment, supplies, or services that were not necessary.
3. Double billing.
4. Upcoding or assigning a code that secures a higher reimbursement, rather than the code that matches the services performed.
5. Unbundling or billing separately for services that should be a single service.
7. Failing to use coding modifiers accurately or appropriately.
8. Preparing or submitting false cost reports.
9. Billing for services performed by an unlicensed provider or one who has been excluded from a federal healthcare program.
10. Unlawfully giving healthcare providers, such as physicians, inducements in exchange for referrals for service.

D. **Compliance with Applicable Laws**
1. All Hospital employees, contractors, and board members shall comply with federal and state laws and regulations concerning fraud and abuse in federal healthcare programs, especially the Federal False Claims Act and administrative remedies associated with its enforcement (see Appendix to this Policy).
2. No Hospital employee and/or contractor is permitted to give or accept cash, gifts, favors, payment, services, entertainment, tips or any other items of value from...
anyone in exchange for the referral of Medicaid, Medicare or other government healthcare program business to the Hospital.

3. Retaliation or reprisal against an employee for reporting a false claim, or lawfully acting in furtherance of an action under the False Claims Act, is strictly prohibited.

E. Government Reporting

1. All reports required to be submitted to state or federal healthcare programs must be truthful and accurate in all respects. No Hospital board member, officer or employee shall attest to the accuracy of a submitted report unless he/she has been able to satisfy himself/herself that the data submitted or the representations made are truthful and accurate.

2. If the Hospital determines that it has been overpaid by a government program, third party or patient, it will promptly refund the payment to the proper party.

3. All cost reports, data, schedules and work sheets must be truthful, accurate and complete. The Hospital shall only report properly allowable costs that were actually and reasonably incurred by the Hospital.

4. No Hospital employee or contractor shall attempt to improperly influence the actions or decisions made by government bodies, officials, employees, or contractors.

5. The Hospital shall cooperate and be truthful in responding to government inquiries, requests, and investigations, including audits, surveys, and certification reviews.

APPENDIX A
FEDERAL LAWS
THE FALSE CLAIMS ACT

Civil False Claims Act (31 U.S.C. § 3729 et seq.): The False Claims Act is a statute that imposes civil liability potentially both fines of $5,500.00 to $11,000.00 per claim plus treble damages on any person or entity who:

• knowingly submits a false claim to the federal government for payment
• knowingly makes or uses a false record or statement to obtain payment or approval of a claim by the federal government
• uses a false statement to decrease an obligation to the government

“Knowingly” means:

• actual knowledge of the truth of a claim or statement
• acting recklessly, or

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acting with deliberate ignorance of the truth or falsity of the claim

“Claim” means:
Any request for money submitted to the U.S. Government or its contractors. For example, bill of invoice submitted to Medicaid or Medicare constitutes a “claim” under the Act.

Bringing an Action Under the False Claims Act:
- A private person can bring an action under the False Claims Act in the name of the United States.
- The person can file a complaint "under seal" or confidentially. "Under seal" means the records are kept secret by the court.
- The U.S. Attorney has 60 days to review the complaint and consider the allegations and whether the U.S., through the Department of Justice, will join in and take over the complaint.
- The Department of Justice then investigates the allegations of violations of the False Claims Act and may involve the FBI or the Office of the Inspector General of the Department of Health and Human Services, and may issue subpoenas for documents or electronic records, may interview witnesses, and may compel testimony from certain individuals within the organization.
- After the investigation is complete, the Department of Justice decides whether it will intervene in the action filed by the employee, decline to intervene, or dismiss the complaint.
- If the lawsuit is successful, the person bringing the lawsuit may be entitled to receive an award ranging from 15% to 30% of the amount recovered.
- Retaliation or reprisal against any employee for reporting a false claim, or lawfully acting in furtherance of an action under the False Claims Act, is strictly prohibited. If such retaliation is proven, the employee may be awarded 1) double back pay plus interest, 2) reinstatement to previous position without loss of seniority, and/or 3) damages.

Under West Virginia law, it is illegal for a person to knowingly make or cause to be made a false statement or false representation of any material fact in the application for medical assistance under the medical programs of the West Virginia Division of Human Services (which includes the Medicaid program). It is also illegal to knowingly make or cause to be made a false statement or false representation of any material fact necessary to determine the rights of any other person to medical assistance under these programs, or to knowingly and intentionally conceal or fail to disclose any fact with the intent to obtain medical assistance under these programs to which any person is not entitled. Violations are a felony and, upon conviction, a person can be confined in the penitentiary not less than one nor more than 10 years or can be fined not to exceed $10,000 or both fined and imprisoned.

It is also illegal for any person to solicit, offer or receive any remuneration, including any kickback, rebate or bribe, directly or indirectly, with the intent of causing an expenditure of monies out of the West Virginia Human Services Medical Services Fund (which includes Medicaid funds) which is not authorized by applicable laws or rules and regulations. Further, it
is illegal for a person to make or present or cause to be made or presented a claim under the medical programs of the West Virginia Division of Human Services (which, again, includes the Medicaid program) knowing the claim is false, fraudulent or fictitious or for any person to enter into an agreement, combination or conspiracy to obtain or aid another in obtaining the payment or allowance of a false, fraudulent or fictitious claim. Violations of these provisions are also a felony and, upon conviction, a person can be confined in the penitentiary for not less than one nor more than 10 years or can be fined not to exceed $10,000 or both fined and imprisoned.

In addition to the criminal penalties, any person who willfully, by means of a false statement or representation, or by concealment of any material fact, or by other fraudulent scheme, devise or artifice, obtains or attempts to obtain benefits or payments or allowances under these medical programs of the West Virginia Division of Human Services to which such person is not entitled, or in a greater amount than that which such a person is entitled, will be liable for three times the amount of the benefits, payments or allowances to which such person was not entitled, and will be liable for the payment of reasonable attorney fees and all other fees and costs of litigation.

These remedies and penalties provided above are in addition to and not in lieu of those penalties and remedies provided elsewhere by law.
Code of Conduct

STONEWALL JACKSON MEMORIAL HOSPITAL
Dear SJMH Coworkers,

Stonewall Jackson Memorial Hospital has a proud heritage and enjoys an excellent reputation for its commitment to providing quality care to our patients. As reflected in our statement of values, our commitment to integrity is the foundation on which our principles are built. These principles include being honest and ethical in all our business practices and obeying the letter and spirit of the laws which apply to our business. At the end of the day, we are proud of what we have done.

The Code of Conduct contained in this booklet describes our business ethics policies and procedures and provides guidance to help ensure that your duties are performed with absolute integrity and in an ethical and legal manner. Read the Code carefully. Be sure that you understand it and the consequences of failure to comply with it.

If you have any questions regarding this Code, or find yourself facing a questionable situation, you should immediately consult your manager, any higher level manager, or the Corporate Compliance Office. I can assure you that there will be no retribution for asking questions or raising concerns about this Code or any suspected instance of inappropriate conduct.

I believe that we can set the pace in all aspects of our business, and that adhering to our guiding ethical principles will help us meet the challenges we face.

Sincerely,

Avah Stalnaker
Introduction
Stonewall Jackson Memorial Hospitals' reputation for honesty and integrity is one of our most valuable possessions. Every employee assumes a responsibility to act in such a way as to preserve that reputation. The misdeeds of a single individual can undo years of dedicated service by thousands of others.

This Code sets forth the general principles which should govern the behavior of all the Hospital's employees, physicians, directors and trustees. The specific policies, procedures and regulations which apply this Code in actual practice may from time to time change, and should be consulted when evaluating an existing or proposed activity. Policies and sanctions may differ depending upon the legal relationship of an individual to the Hospital.

In situations not specifically addressed in the Code, you should refer to the employee handbook for additional guidance. If you have questions regarding this Code, you should immediately consult your manager, supervisor, any other higher manager, or Corporate Compliance Officer. A hotline has been established to communicate your concerns if you wish to do so anonymously.

Violations of the Code of Conduct will be addressed at all levels fairly and without prejudice. In the event of a violation, employees shall be subject to corrective action (including the possibility of termination) in accordance with Human Resources policies and procedures, including but not limited to those contained in the Employee Handbook.

There will be no retribution for asking questions or raising concerns about this Code or any suspected instance of inappropriate conduct.

This document contains the Code of Conduct (each section of the code is printed in **boldface**) along with questions and answered relating to its provisions. It is always available on the intranet. If you have any questions which you would like to have answered and added to this document, please submit them to the Corporate Compliance Office.

**Contacts for further information:**
Corporate Compliance Office .......................(304) 269-8501
Compliance Hot Line .................................(304) 517-1056
Honest Communications
No false or misleading statements shall be made to any patient, person or entity doing business with the Hospital about the products, policies or service of the Hospital, its patients, or its competitors.

Are government auditors and investigators considered to be “doing business with the Hospital”?

Are attorneys or other representatives of patients or payers considered to be “doing business with the Hospital”?

Yes on both counts. They are acting on behalf of our patients and are entitled to the same expectation of honest communication.

Am I required to answer every question put to me by an investigator, attorney, or other third party?

No. In fact, patient privacy rules may not allow you to answer some (or all) questions put to you. At all times you are entitled to consult with the Corporate Compliance Officer before answering, and it’s strongly recommended that you do so.

Confidentiality
Patient information, intellectual property and trade secrets of the Hospital, and employee information are all to be held in highest confidence. This information must be supplied only to those who have a need and a legal right to possess it.

May I provide statistical or financial information over the phone in response to a survey request? No release of individual patient information is involved.

Requests for such information should be accepted only when made in writing. Review all such requests with the Corporate Compliance Office if there is any possibility that the information being requested is not normally available to the public.

I have learned about a new clinical service soon to be offered by the Hospital, although it has not been publicly announced. Can I recommend this service to family and friends?

No. The announcement of a new service is carefully timed based upon legal and public information considerations. Unofficial announcements are not permitted, and may create misleading impressions because the service may change before it is made public, or may not be offered at all.

Can I take work home that contained patient information?
Our confidentiality policy prohibits this, if the information can be used to identify a particular patient in any ways. If you are unsure whether a file or document contains such information, contact the Corporate Compliance Officer.

**Misuse of Proprietary Information**
No employee, physician, or director shall misuse confidential or proprietary information belonging to another person or entity; not utilize any publication, document, computer program, information, or product in violation of a third party’s interest in such product.

I have received a journal article which has valuable information which should be seen by all the members of my department. Can I copy the article and distribute it?

Most publications do not permit this sort of distribution. You should contact the publisher before doing so, be aware that permission may not be granted. You can, however, circulate the original copy of the publication as needed.

We have a software program for tabulating data in use on two of our departmental computers. Our monthly reports would be completed much earlier if we installed the program on everyone’s computer. Is this permitted?

In most cases, it is not, although your department may have licensing which permits additional installations of software. The information technology department should be consulted.

Last week I had dinner with a friend who is a salesman for medical equipment. He asked me how much our department is paying for our equipment, made by a competitor. Can I discuss this with him?

No. This could give your friend and “insider advantage” when competing with others in the purchasing process.

**Improper Influence**
Gifts or entertainment may never be solicited by the Hospital employees, physicians, or directors.

Unsolicited gifts or entertainment may be accepted only to the extent that: similar expenses would be considered appropriate when provided at the hospital expense; there is no appearance of improper influence on decision making; and, there is no appearance of a particular department or individuals receiving and excessive amount of such gifts.

A vendor wishes to provide lunch to members of our department. Is this permitted?
If the vendor is present and is providing education for the department, providing lunch would be acceptable. Vendor provided meals should never be asked for by any individual or department.

*We would like to conduct a patient recognition activity. One of our vendors has asked if they can provide refreshments. Is this appropriate?*

Small in-kind contributions of this type are permitted. However, you should not solicit cash contributions.

**Fraud and Abuse**

No fraudulent or misleading claim will be knowingly submitted to any patient or payor (whether private or governmental). No payment or other benefit will be offered, accepted, or provided in return for the referral of patients.

What are some types of fraud and abuse?

Examples include: backdating or altering entries in the medical record, coding of diagnosis or procedures which are not supported by documentation, submitting claims which you know will be denied, and billing for services not performed.

*If you don’t report fraud and abuse can I be held accountable?*

Yes, there are both hospital disciplinary actions and possible criminal penalties.

*How do I report fraud and abuse?*

If you suspect fraud or abuse, contact the Corporate Compliance Office as soon as possible. If you wish to remain anonymous, you should use that office’s hot line.

The hospital pays for a certain physician’s continuing education expense. I am being told that it’s OK since he admits so many patients, is that really true?

No. It is clearly illegal to reimburse physicians in any way based upon their volume of referrals to the hospital, or “because” they admit to the hospital. Some physician expenses may legally be paid by the Hospital. Please contact the Corporate Compliance Office if you have any questions on a particular case.

I work in the OR. I am concerned that patients are being charged differently for the same procedure.
This may be against the law and may also be a violation of contracts with insurance payers. If the different charges appear to be simple errors in the charging system, you can contact the budget and reimbursement department to have a correction made. However, if the differing charges appear to be done deliberately, it is a potential fraud situation and you should contact Corporate Compliance Office.

**Conflict of Interest**

All employees, physicians, directors, and board members must disclose any actual or potential conflicts of interest. Conflict of interest is defined as a conflict between private interests (such as family, friendship, or business interests) and one’s official responsibility to the Hospital.

*I am a nurse with SJMH. I also work part time for a staffing agency which occasionally sends me to cover shifts at a competing hospital. Is this a conflict of interest?*

If you are not involved in management activities at other hospitals, this is not a conflict of interest. However, you should consult Human Resources and your department to see if there are specific policies on outside employment which apply to you.

*I am participating in the selection of several outside consultant to aid in the design of a new system. It is permissible for me to contract with my uncle, who is a computer consultant?*

No. You cannot supervise a relative and you should not be involved, even indirectly, with the selection. This does not mean that your relative could not be hired as the consultant, however, you must disclose your relationship and you probably will be required to remove yourself from the selection process.

**Safeguarding of Hospital Assets**

All policies related to purchasing, storage and use of supplies and equipment, and payroll must be adhered to. Hospital supplies and equipment may not be used for personal activities.

*My co-worker punches in for me when I can’t find a parking space, that’s o.k. isn’t it? I mean I’m actually here.*

You are “actually here” for payroll purposes only when you are at your work station, not when you haven’t yet arrived there. Having another employee record your times for you is considering time card fraud.

*Can I use my computer at work to manage a small business I have on the side?*
No. Hospital equipment should not be used to conduct business unrelated to your responsibilities to the Hospital.

I have access to a company vehicle our department uses for travel to other physician offices. Can I borrow the car to run an errand at lunch time?

No. Hospital assets including vehicles should not be use to conduct your personal business.

Can I have my laundry done at the hotel where I am staying on hospital business and get reimbursement on my travel report?

No. You must comply with Hospital policies relating to travel and entertainment expense.

**Collusion**
No Hospital employee, physician, or director may cooperate with competitors to fix prices or services, or even discuss with them the possibility of doing so.

I received a phone call from an employee of another hospital in town. That employee wants to discuss SJMH’s pricing structure for the procedure performed in my department. Can I discuss what we charge for our procedures with the caller?

No. It could appear that you are in collusion with a competitor to fix prices.

**Political Activity**
Neither the Hospital, nor its employees, physicians, directors, or board members, shall use Hospital time, finds, or resources on behalf of or opposed to any political candidate or ballot issue, other than lobbying activity formally authorizes by the Chief Executive Officer or his or her designee. Political campaigning or soliciting of funds is prohibited on all Hospital facilities.

Can I wear a political button or display a political sign at my workstation?
No.

If I have placed political signs or bumper stickers on my car, may I use the Hospital parking lot?
Yes, but you may not distribute such material to others while on Hospital time or premises.

My neighbor is running for state senator. Can I schedule a conference room for an informational meeting? He is strongly in favor of legislation which would benefit the hospital.
No matter how “good” a candidate may be for the Hospital, we cannot use our resources on the candidate’s behalf. In addition, political activity by the Hospital can only be approved by the CEO or designee, not by any other employee.

Non Discrimination
It is the policy of the Hospital to provide equal employment opportunity in compliance with all local, state and federal laws and regulations. No form of harassment or discrimination will be permitted.

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