



# **Code of Conduct**

***“Take Pride in Doing the Right Thing!”***

**Sarasota Memorial Health Care System**

# Code of Conduct

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# Sarasota Memorial Health Care System

## Code of Conduct

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Dear Employee,

Our commitment to providing the highest quality care to our patients has always been at the core of Sarasota Memorial Health Care System. This commitment includes the belief that our patients and the community have a right to expect that every employee will act with integrity and compassion in the workplace.

We have adopted the following Code of Conduct to provide you with a guide to appropriate workplace behavior. Approved by the Sarasota County Public Hospital Board, the Code explains how governmental laws and hospital policies affect each of our jobs. Included are guidelines for ethical behavior and business conduct that are consistent with the law and our own Vision, Mission and Values. Please review this booklet completely. We are all responsible for making sure our actions adhere to the laws governing health care as well as our own high standards.

"Take Pride in Doing the Right Thing!" is our Code of Conduct motto. If you ever have a question regarding our Code of Conduct or encounter a situation you believe may violate the Code, please contact management immediately. If for any reason your concern is not addressed to your satisfaction, contact our Corporate Compliance Officer directly or call the Compliance Hotline at 917-CALL (2255). Be assured that your name and report will remain confidential, and that Sarasota Memorial will ensure that there will be no retribution or retaliation of any kind for asking questions, raising concerns or reporting possible improper conduct.

Every employee is a valued member of the Sarasota Memorial team. Compliance with the Code of Conduct, and all of its provisions, is key to achieving our mission. Thank you for taking pride in the Sarasota Memorial Health Care System.

Sincerely,

Gwen MacKenzie  
President and Chief Executive Officer

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## II. Vision, Mission and Values Statements

### Vision

Our community will be served by the best health care system in America. SMHCS will be the best place to be a patient, the best place to work, and the best place to practice medicine. Our extraordinary people, our innovative clinical technology, and our effective use of information systems will set us apart.

### Mission

To provide health care services which excel in Caring, Quality, Safety and Innovation.

### Values

To create an environment that supports and rewards: caring and compassion; excellence; teamwork and trust; mutual respect and recognition; and cost-effective, ethical behavior.

**Summary: The vision, mission and values of SMHCS describe what we want to be, why we are here and what we believe in.**

## III. Purpose of Our Code of Conduct

Our Code of Conduct provides guidance to all employees in the performance of job responsibilities within appropriate ethical and legal standards. This information and the Organizational Ethics Policy (Policy #00.ADM.92) have been adopted by the Sarasota County Public Hospital Board (SCPHB) as a guide for our business conduct.

These obligations apply to our relationships with patients, medical staff, payers, contractors, vendors, fellow employees and volunteers.

The Code is a key component of our Corporate Compliance Program. We have developed the Code to ensure that we meet our ethical standards and comply with applicable laws. The Code is intended to be a statement that is easily understood. However, some subjects are so complex that additional guidance may be necessary.

The guidelines in this Code are mandatory. Failure to comply is a serious matter that may lead to disciplinary action up to and including suspension and even termination. In addition, employees who violate a specific law may be subject to legal prosecution. If there is any question about these standards or any hospital policies, contact management, Human Resources or the Corporate Compliance Officer.

**Summary: This Code of Conduct includes laws, policies and rules that all employees must follow.**

## IV. Leadership Responsibilities

All employees are obligated to follow the Code, but we expect our leaders to set an example and be role models in every respect. They must ensure that employees have sufficient information to comply with laws and policies. Our leaders must create a culture that promotes the highest standards of ethics and compliance. This culture encourages all employees to raise concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

**Summary: All leaders must be a role model for employees. They should also make employees feel comfortable asking questions about things that appear unethical.**

## V. Our Fundamental Commitments

We affirm the following commitments:

**To our patients:** We are committed to providing quality care that exceeds the expectations of our customers — care that is safe, sensitive, compassionate, promptly delivered and cost-effective.

**To our employees:** We are committed to a work setting that treats all employees with fairness, dignity and respect, and provide an opportunity to develop professionally and work in a team environment where all ideas are considered.

**To our medical staff:** We are committed to providing a work environment that has excellent facilities, modern equipment and outstanding professional support.

**To our payers:** We are committed to our contractual obligations, with an emphasis on quality care, efficiency and cost-effectiveness. We encourage our payers to adopt comparable ethical principles to clearly recognize their obligations to patients as well as the need for fairness in dealing with providers.

**To our regulators:** We are committed to an environment in which compliance with laws and ethical business practices is woven into the corporate culture. We accept the responsibility to self-govern and monitor adherence to the law, to our Code of Conduct and to the Corporate Compliance Program.

**To the community we serve:** We are committed to understanding the needs of our community and providing quality, safe and cost-effective health care. We accept our responsibility to help those in need and we support charitable activities.

**To our suppliers:** We are committed to fair competition among prospective suppliers and the sense of responsibility required of a good customer.

**To our volunteers:** We recognize that volunteers are essential. We are committed to fostering an environment of meaningful work where volunteers are recognized for their efforts.

**Summary: This list of commitments guides all policies, procedures and practices at SMHCS.**

## VI. Relationships with Our Health Care Partners

### Patients

#### Patient Care and Rights

Our mission is to provide health care services that excel in caring, quality, safety and innovation. We provide care in a manner that recognizes individual rights to impartial access to medical care. We treat all patients with respect and dignity, and provide care that is both necessary and appropriate. We make no distinction in the provision of care based on race, color, religious creed, national origin, sex, age, disability, or marital status (Policy #00.PAT.01). Patient access to care, clinical judgment and decision-making will not be compromised by financial considerations.

We recognize the patient's rights to impartial access to medical care, individual respect and dignity, privacy and confidentiality, personal safety, an explanation of fees and communication concerning his or her care. We also provide mechanisms for initiation, review and resolution of complaints (Policy #00.PAT.17). All individuals seeking health care services from us will be informed of patient rights and responsibilities.

We ensure a patient's involvement in all aspects of care and obtain informed consent for treatment. Each patient (or legally authorized representative) is provided with a clear explanation of care. This includes, but is not limited to: diagnosis, treatment plan, the right to refuse or accept care, a mechanism to resolve health care decisions, advance directive options, estimates of treatment costs, and organ donation and procurement. In collaboration with our medical staff, each patient also will receive an explanation of the risks, benefits and alternatives associated with treatment options,

including patient requests to transfer to other facilities.

Patients and their legally authorized representatives will be granted appropriate confidentiality, privacy, spiritual services, and security services. Any restrictions on a patient's visitors, mail, telephone or other communications must be evaluated for therapeutic effectiveness and fully explained to and agreed upon by the patient or a patient's legally authorized representative. During prolonged stays in the facility, patients have the right to refuse to perform tasks in or for the facility.

Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights and involvement in their own care. Employees will receive education about patient rights to clearly understand their role in supporting them.

Compassion and care are part of our commitment to the community we serve. We strive to provide health education, health promotion and illness-prevention programs as part of our efforts to improve the quality of life of our patients and our community.

**Summary: We treat all patients equally, fairly and with respect. All patients are told of their rights, responsibilities and health care options. We promote health education for our patients and community.**

### Emergency Treatment

In accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA), we provide emergency medical treatment to all patients regardless of ability to pay. No individual will be denied emergency or urgent medical services because of race, sex, religious creed, age, disability, national origin (Policy #00.PAT.01) or based on financial requirements or the individual's ability to pay. We do not admit, transfer or discharge patients based on ability to pay.

Patients will only be transferred to another facility if the patient desires, or if the patient's medical needs cannot be met at our facility and appropriate care is knowingly available at another facility. Patients may only be transferred after they have been stabilized and are formally accepted by the receiving facility.

**Summary: No one will be denied emergency or urgent medical care nor transferred to another facility because of race, sex, religious creed, age, disability, national origin or ability to pay.**

### Patient Information and Confidentiality

We collect information about the patient's medical condition, history, medications, treatments and family illnesses to provide the best possible care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. We do not access or discuss patient-specific information unless it is necessary to serve the patient or required by law. Medical records information is released only with the proper authorization of the patient, legally authorized representative or as required by law (Policy #01.PAT.06). Employees must never disclose confidential information that violates the privacy rights of our patients. No employee, medical staff member or other health care provider has a right to any patient information other than what is necessary to perform his or her job.

Patients can expect that privacy will be protected and that patient-specific information will be released only to people authorized by law or by the patient's written consent. A patient consent is not required when an institution or physician treating the patient requests the written consent in an emergency situation or if the patient is incapacitated (Policy #00.RSK.00).

**Summary: Don't discuss or release any patient-specific information to anyone unless it's OK'd in writing by the patient, his or her legal representative or it's required by law. Consent for treatment is not required from a patient in an emergency.**

### Medical Staff

Any business arrangement with a physician must comply with various legal requirements. Such arrangements must be in

writing and approved by our legal counsel.

We must meet all standards regarding referrals and admissions.

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's clinical needs and our ability to give the needed services. We do not pay or compensate in any manner for patient referrals. Violation of this guideline could result in serious consequences for SMHCS and for the individuals involved, including civil and criminal penalties.

We do not accept payments or compensation in any manner for referrals that we make. No employee or any other person acting on our behalf is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Referrals to other health care providers must not be based on the volume or value of referrals that the provider has made (or may make) to our system.

**Summary: We don't pay physicians to send patients to us. We also don't accept payment for sending patients to other providers. "Payment" can include free gifts, free services or favors.**

## **Third-Party Payers**

### **Coding and Billing for Services**

We take great care to ensure that billings to government and private insurance payers are accurate and conform to legal requirements. We prohibit any employee or agent from knowingly presenting or causing to be presented claims for payment that are false, fictitious or fraudulent.

We will monitor our claims to verify that they are submitted only for services actually provided. This monitoring process will emphasize the critical nature of complete and accurate documentation of services provided. As part of our documentation effort, current and accurate medical records will be maintained.

All employees and contractors engaged to perform billing or coding services must have the necessary skills, quality assurance processes, systems and appropriate procedures in place to ensure that all billings are appropriate, complete and in compliance with government and commercial insurance programs. We prefer to contract with entities that have adopted their own compliance programs. Potential third-party billing contractors must demonstrate practices and procedures consistent with our Code of Conduct and Corporate Compliance Program.

**Summary: We don't charge patients or insurance companies for things we didn't do. We expect anyone we do business with to follow a Code of Conduct similar to ours.**

### **Cost Reports**

Our business involves reimbursement under government programs that require us to submit reports of our operational costs. We will comply with all laws relating to all cost reports. These laws define what costs are allowable and outline the appropriate methods to claim reimbursement. Because of the complex nature, all issues related to cost reports must be communicated to our Reimbursement department.

**Summary: All costs of operating SMHCS are reported to the government and are handled by the Reimbursement department.**

## **VII. Human Resources**

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

We are committed to complying with laws prohibiting employment discrimination and we promote a workplace free of

discriminatory intimidation and retaliation (Policy #00.PER.42). It is our policy to apply all aspects of the terms, conditions and privileges of employment without regard to race, color, religious creed, national origin, sex, age, disability, handicap or marital status. We will make reasonable adjustments to the employment process, or a job or work environment, to enable an otherwise qualified applicant or employee with a disability to participate in the employment process, or to perform essential job functions (when such arrangements do not impose an undue hardship on us).

**Summary: Hospital policy protects employees from intimidation and retaliation. It is also hospital policy that employees will not be treated differently because of their race, color, religious creed, national origin, sex, age, disability or marital status. Reasonable adjustments will be made for applicants and employees with a disability.**

## **Harassment**

Employees and contractors have the right to work in an environment free of harassment (Policy #00.PER.15). We do not permit, tolerate or condone harassment of employees, medical staff, volunteers, patients/clients or visitors in any manner. Sexual harassment, harassment on the basis of race, color, religious creed, age, national origin or disability, degrading or humiliating jokes, slurs, intimidation, or other such conduct is not acceptable.

Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in connection with employment decisions. Verbal or physical conduct of a sexual nature that significantly interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment is not acceptable and will be appropriately managed and addressed when brought to the attention of management, Human Resources or the Corporate Compliance Officer.

**Summary: Don't harass anyone. Harassment may include jokes, slurs, or intimidation. Don't treat anyone differently just because of his or her race, color, religious creed, age, national origin or disability.**

## **Workplace Violence**

Workplace violence includes robbery, stalking, threats of or actual violence directed at employees, terrorism and hate crimes committed by employees. As part of our commitment to a safe workplace, we prohibit employees from possessing firearms (Policy #00.PER.27), other weapons, explosive devices or similarly dangerous materials on our premises, or while an employee is otherwise performing the duties and responsibilities of his or her job. Any employee who observes or experiences a crime or any form of violence (including threats of harm) should report the incident to management, Human Resources or Security.

**Summary: Don't bring weapons of any kind to work. If you see someone using violence, report it to your manager, Human Resources or Security.**

## **License and Certification Renewals**

Employees and contractors that require professional licenses, certifications, registrations or other credentials are responsible for maintaining the current status of their credentials. These individuals must comply at all times with Joint Commission on Accreditation of Healthcare Organizations regulations and federal and state requirements applicable to their disciplines. To ensure compliance, we may require evidence that the individual has a current license, certification, registration or credentialed status (Policy #00.PER.68).

We will not allow any employees or contractors to work without valid current licenses, certifications, registrations or credentials.

**Summary: If you are required to have a license, certificate or other qualification to perform your job, you must keep it current, updated, or renewed. You also may be asked to prove it is current.**

## **Relationships among SMHCS Employees**

We support an environment that directly and openly resolves conflicts appropriately and in a timely manner. Every effort should be made to resolve conflicts in a reasonable and non-violent manner. When employees are unable to resolve differences in this manner, we encourage employees to seek assistance from management or Human Resources.

No one should ever feel compelled to give a gift to another employee. Gifts offered or received should be appropriate to the circumstances. A lavish gift to or from anyone in a supervisory role is not appropriate.

No one should ever be made to feel compelled to participate in fund-raising supported by SMHCS. Fund-raising efforts for personal or other events not supported by SMHCS are not permitted on the premises (Policy #00.ADM.54).

**Summary: You can't use violence to resolve conflicts with others at work. Expensive gifts to or from supervisors or managers are not allowed. You don't have to donate to fund-raisers sponsored by SMHCS. You are not allowed to ask anyone to make a donation to a fund-raiser not supported by SMHCS while at work.**

## **VIII. Environmental Health and Safety**

### **Environmental Compliance**

Our policy is to comply with all environmental laws that relate to our operations. We will preserve our natural resources as much as reasonably possible. We will operate each of our facilities with the necessary permits, approvals and controls. We will diligently use proper procedures to handle and dispose of hazardous and bio-hazardous waste, including but not limited to medical waste.

In helping us comply with these laws, employees must understand how their job duties may impact the environment. Employees must follow all requirements for the proper handling of hazardous materials, and immediately alert management to any situation involving the improper release of a hazardous substance, improper disposal of medical waste, or any situation that may potentially damage the environment.

**Summary: We will dispose of all hospital waste properly.**

### **Controlled Substances**

Some employees routinely have access to prescription drugs, controlled substances and other medical supplies. Many of these substances are governed and monitored by specific regulatory agencies. To minimize risk to employees and patients, it is extremely important that these items are handled properly and only by authorized individuals. Diversion or theft of drugs should be reported immediately to management or Security.

**Summary: If you have access to drugs at work, you can't use them or steal them. You must report anyone who does.**

### **Health and Safety**

Employees must comply with all policies and procedures that promote the protection of workplace health and safety. Employees should become familiar with and understand how these policies apply to their specific job responsibilities, and seek advice from management if they have a question or concern. Employees may have to take prescription drugs that could impair judgment or skills required in their job. If you have questions about the effect of such medications on your performance, please contact Employee Health Services.

**Summary: You must keep your work area safe.**

## **Substance Abuse and Mental Acuity**

To protect the interests of our employees and patients, we are committed to an alcohol and drug-free work environment. Employees must report to work free of alcohol, illegal drugs and impairment from prescription drugs. Reporting to work impaired by prescription drugs or under the influence of any illegal drug or alcohol; having an illegal drug in your system; or using, possessing or selling illegal drugs while on work time or property may result in immediate termination. Drug testing may be used as a means of enforcing this policy (Policy #00.PER.11).

**Summary: Don't work if you are impaired by alcohol or other drugs.**

## **IX. Good Corporate Citizenship**

### **Regulatory Compliance**

We provide various health care services in Sarasota County. These services must be provided in compliance with the law. Such laws may include, but are not limited to, certificates of need, licensure, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records, confidentiality, patients' rights, end of life decision-making, medical staff membership and clinical privileges, and Medicare and Medicaid regulations.

It is the responsibility of employees, medical staff members and contractors to be aware of and comply with all applicable laws and our policies. Violations or suspected violations should immediately be reported to management, the Corporate Compliance Officer or the Compliance Hotline at 917-CALL (2255).

We will be candid in dealing with billing inquiries. Requests for information will be answered with complete and accurate information. Employees will cooperate courteously with all government inspectors and provide them with information to which they are entitled during an inspection.

During a government inspection, employees must never conceal, destroy or alter any documents, lie or make misleading statements to the government representative. No attempt should be made to cause another employee to fail to provide accurate information, or obstruct, mislead, or delay the communication of information or records relating to a possible violation.

In order to ensure that all legal obligations are fully met, employees must be informed about which laws affect their job responsibilities and workplace. Employees will receive information and education to ensure compliance with these laws. The health care system will be diligently reviewed to ensure compliance and to take appropriate action to correct issues that warrant attention.

**Summary: If you think someone is not following a law related to our hospital, you must report it to your manager or call the Compliance Hotline at 917-CALL (2255). This might include laws related to treatment, records, or Medicare and Medicaid regulations.**

**Do not lie or help anyone else lie during government inspections.**

### **Cooperation with Accrediting Bodies**

We cooperate with all accrediting bodies in a direct, open and honest manner and take no action, either directly or indirectly, that would mislead the accreditor or its survey teams.

In any instance where we seek accreditation, the standards of the accrediting group are recognized as guidelines in establishing policies and procedures.

**Summary: We don't lie or hide things from accreditors or surveyors.**

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

Employees are responsible for the integrity and accuracy of our documents and records, not only to comply with legal requirements but also to ensure that records are available to defend our business practices and actions. Falsifying or inappropriately altering information on any record or document is strictly prohibited. The modification of any record or document may only occur under established and approved mechanisms.

Medical and business documents and records are kept in accordance with the law. Medical and business documents include paper documents such as letters and memos; computer-based information such as e-mail or computer files on disk or tape; and any other medium that contains information about our business activities. It is important to retain and destroy records appropriately according to our policy. Records are not to be removed or destroyed prior to the specified date. Tampering with records is not permitted. We will follow the State of Florida's GS-1 and GS-4 Record Retention Schedules.

**Summary: If your job involves any medical or business records, do not change them, remove them or destroy them unless allowed by law. Never falsify records.**

### **Electronic Media**

All communications systems, electronic mail, Intranet, Internet access and voice mail are SMHCS property and are to be used primarily for business purposes. Patient or confidential information should not be sent through the Intranet or Internet unless its confidentiality is assured and approved by the Information Security Council.

We reserve the right to, and may be required to, access, monitor and disclose the content of Intranet, e-mail and voice mail messages (Policy # 00.IS.00). Access and disclosure of individual employee messages may only be done with the approval of the Corporate Compliance Officer and legal counsel.

Employees may not use internal communication systems for personal use during work time. Also, employees may not use the Internet at work to post, store, transmit, download or distribute any threatening materials or items that are knowingly, recklessly or maliciously false. Employees also may not use the Internet at work to post, store, transmit, download or distribute obscene materials, including anything constituting or encouraging a criminal offense, giving rise to civil liability or otherwise violating any laws. Use of electronic mail and voice mail to personally solicit outside business ventures or political, union, charitable or religious causes is strictly prohibited.

**Summary: Don't use hospital phones and computers for personal reasons. If you do, the content may be released. Don't use your Internet access for threatening, obscene or illegal material.**

### **Financial Reporting and Records**

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, the public, suppliers, and others. They also are necessary for compliance with tax and financial reporting requirements.

All financial information must reflect actual transactions and conform to generally accepted accounting principles. We maintain and use a system of internal controls to provide reasonable assurance that all transactions are executed in accordance with proper authorization and are recorded in a manner to maintain accountability.

**Summary: We make sure that our financial records are correct.**

### **Conflict of Interest**

A conflict of interest may occur if your personal activities and interests, not related to SMHCS, influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest also may occur if your personal activities or interests hinder or distract your performance or cause you to use SMHCS resources for reasons other than SMHCS purposes. Each employee has an obligation to remain free from conflicts of interest in the performance of duties at SMHCS (Policy #00.PER.18). Questions regarding whether an outside activity might be a conflict of interest should be discussed with management. It may be necessary to complete and submit a Conflict of Interest form to Human Resources for review and approval before pursuing the activity.

**Summary: Don't engage in activities that conflict with, hinder or distract you from your position with SMHCS. If you think you have a conflict of interest, talk to your manager. You may need to submit a written statement of the conflict to Human Resources before you do it.**

### **Acceptance of Gifts**

Employees must not solicit or accept gifts from someone doing business with or seeking to do business with SMHCS except as provided below. An employee may accept, but may not solicit, meals, drinks or entertainment if the gifts are infrequently provided and reasonable in amount as defined by policy (Policy #00.PER.18). No gift offered to any employee with a value greater than \$100.00 per vendor (and/or \$300 cumulative for the year for one vendor) may be accepted unless approved by a Vice President, the Corporate Compliance Officer and legal counsel. In no event should a gift affect the business judgment of the recipient. If someone doing business or seeking to do business with SMHCS offers a gift in exchange for favorable treatment, the employee receiving the offer must immediately report it to the Corporate Compliance Officer.

In addition, Board members, the System President, and certain System employees are required to adhere to the State Code of Ethics for Public Officers and Employees (Chapter 112, Part 3, Florida Statutes). Employees subject to these rules will receive specific training and education to ensure compliance.

**Summary: Do not ask a business to donate gifts. Do not accept gifts worth more than \$100 per vendor per employee per year (with the limit of \$300 per vendor per year). Report anyone offering gifts in exchange for our business to the Corporate Compliance Officer using the Compliance Hotline. Hospital Board members and the CEO also must follow a State Code of Ethics.**

### **Providing Gifts to Customers or Sources of Customers**

Gifts such as entertainment, meals, transportation or lodging should not be provided to customers, referral sources or purchasers of our services. Employees should not offer any type of gift to a referral source or a purchaser for the purpose of obtaining favorable treatment or advantage. To avoid the appearance of impropriety, except as described below, employees must not provide any referral source or purchaser with gifts or promotional items of more than nominal value (e.g., pens or calendars). However, where the law allows, employees can use our funds to pay for reasonable meals, refreshment and/or entertainment expenses for referral sources and purchasers of our services which are incurred only occasionally, are not solicited by the recipient, and are not intended to or likely to affect the recipient's business decisions with respect to SMHCS. We may provide meals and refreshments at on-site locations that are for the convenience of physicians who are treating patients or performing services on our behalf at such locations, and also may furnish such meals and refreshments during legitimate business meetings. We may on occasion furnish other benefits that are in our legitimate interest, but only if such benefits are approved in advance by the Corporate Compliance Officer and external counsel.

**Summary: Do not give expensive gifts to anyone who can refer patients to us. If you're not sure if something you're providing is allowed, check with Corporate Compliance for approval.**

### **Intellectual Property**

When performing professional activities, employees use many external resources that are protected by copyright and trademark laws. Employees are prohibited from reproducing, distributing, or altering copyrighted materials without the express written consent of the owner. In addition, we support patents and other forms of intellectual property such as software licensing agreements and expect our employees to do the same.

**Summary: Do not borrow copyrighted, trademarked or patented material without proper consent.**

### **Personal Use of SMHCS Resources**

Employees may use non-medical or non-clinical equipment on occasion, including personal computers and copying equipment, for personal use if approved by management (Policy #00.PER.46). It is the responsibility of each employee to preserve our assets, including time, materials, supplies, equipment and information. Our assets are to be maintained for business-related purposes. Any use of SMHCS resources for personal financial gain is prohibited.

**Summary: You can't use hospital equipment for personal business unless approved by management, and then it can't be used for your personal profit.**

### **Relationships with Contractors, Suppliers and Educational Institutions**

Established guidelines will be followed for obtaining bids for purchases of goods and services. Employees and agents involved in the negotiation of contracts for us will ensure that all statements, communications and representations are open, accurate, appropriate and comply with applicable laws.

Relationships with our contractors and suppliers are to be managed in a fair and reasonable manner, consistent with applicable laws and ethical business practices. Competitive procurement is encouraged to the maximum extent possible. The selection of contractors, suppliers, and vendors will be made on the basis of objective criteria, including quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. Purchasing decisions will be based on the supplier's ability to meet our needs, and not on personal relationships and friendships. The highest ethical standards in business practices will be employed in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. Confidential information given to us by our suppliers will not be communicated to a third party unless we are directed in writing to do so by the supplier.

All of our sites involved in a relationship with an educational institution must have a written agreement approved by legal counsel that defines both parties' roles and the hospital's retention of the responsibility for the quality of patient care and the quality of services provided.

**Summary: We follow certain rules when deciding which companies to buy goods and services from that are based on the best quality for the best price, rather than special friendships. Sometimes, the information in this process must be kept confidential. Any arrangements with schools must be approved by legal counsel to ensure the quality of patient care is not reduced.**

### **Clinical Research**

The highest ethical standards and all laws that govern research on human participants will be followed in any research

conducted by physicians and professional staff. Intentional research misconduct will not be tolerated. Research misconduct includes, but is not limited to, making up or changing results or copying results from other studies without performing the research.

All patients asked to participate in a research project must be given a full explanation of alternative services that might be beneficial to them. They also must be fully informed of potential discomforts and given a full explanation of the risks, expected benefits and alternatives. The patients must be fully informed of procedures to be followed, especially those that are experimental. Refusal of a patient to participate in a research study will not compromise his or her access to services.

All personnel applying for or performing research of any type are responsible for maintaining the highest ethical standards in written or oral communications regarding research projects, as well as following appropriate research guidelines. As in all record keeping, only true, accurate and complete costs related to research grants are to be submitted.

**Summary: We will follow the legal and ethical standards for clinical research, which protect participants.**

### **Research Grants**

We will ensure that any funds provided to support health care research or consulting agreements are provided for bona fide purposes and in a manner that clearly separates such payments from referrals. All research grants received by us from vendors must be approved by the chief executive officer and must be for legitimate, bona fide research.

**Summary: All research grant money must be approved by the hospital CEO to ensure it is for legitimate research.**

### **Educational Activities**

Management Council members or those otherwise in a position of representing us may not accept any educational grants that create the appearance of impropriety or conflict of interest. Questions should be addressed to the Corporate Compliance Officer.

**Summary: Managers should check with Corporate Compliance about accepting money intended for educational grants.**

### **Anti-trust Laws**

Anti-trust laws are designed to promote fair competition. We will comply with all laws relating to anti-trust. These laws generally forbid any kind of understanding or agreement, whether written or verbal, between competitors to fix or control fees for services, terms, conditions of treatment, patients, divide markets, boycotts, or to engage in other conduct that restrains competition.

Sensitive anti-trust topics should not be discussed with competitors or suppliers unless you are proceeding on the advice of legal counsel. Responses to oral or written inquiries concerning anti-trust matters must be made in consultation with legal counsel.

**Summary: We will follow all anti-trust laws, which promote fair competition.**

### **Gathering Information about Competitors**

It is acceptable and appropriate to obtain information about other organizations, including competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and

spoken information. However, it is not acceptable to obtain proprietary or confidential information about a competitor through illegal means, or when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

**Summary: We will only seek and use information about competitors if it's done legally and honestly.**

### **Marketing and Advertising**

Marketing and advertising activities to educate the public, to provide information to the community, to increase awareness of our services and to recruit colleagues must consist of truthful and informative information. All marketing materials will reflect available services and accurate levels of licensure and certification.

**Summary: We will be truthful in all marketing and advertising.**

### **Political Activities and Contributions**

SMHCS funds or resources must not be used to contribute to political campaigns or for gifts or payments to any political party or their affiliated organizations. SMHCS resources include financial and non-financial donations, including using work time and telephones to solicit for a political cause or candidate, or loaning of our property for use in a political campaign. The conduct of any political action committee is to be consistent with relevant laws. No employee should ever be forced, or in any way urged, to make a contribution by a fellow employee. This is strictly forbidden.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. It is acceptable for employees to participate in a political process on their own time and expense. While doing so, it is important not to give the impression that you are speaking on behalf of or representing the health care system in these activities.

At times, we may ask employees to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of some of our senior leadership to meet on a regular basis with government officials. If you are making these communications on our behalf, be certain that you are familiar with any regulatory constraints or policies and observe them. Guidance is always available from legal counsel or Communications and Public Relations.

**Summary: Don't use work time, computers, phones or other equipment to promote or solicit for any political cause or candidate. Don't claim to represent SMHCS while pursuing personal political goals or activities. You may be asked to support SMHCS goals by contacting government officials.**

### **Charitable Contributions**

All charitable contributions received from vendors must directly benefit SMHCS. Under no circumstances may a check be made payable to an employee. We will not accept any donations that are tied to a marketing effort or sales promotion. Under no circumstances will donations be accepted that require us to use the donation to purchase supplies from the vendor making the contribution.

**Summary: Don't accept a check made payable to you from a vendor. Don't accept donations from companies in exchange for buying their product or service.**