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ST. JOSEPH HOSPITAL

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Organizational Integrity Standards of Conduct, OIE-05

PURPOSE:

St. Joseph Healthcare (SJH) has adopted Standards of Conduct in recognition of its responsibility to patients, staff, physicians, customers, volunteers and the community we serve.

It is the responsibility of every member of the St. Joseph Healthcare team (governing board members, management, medical staff members, employees and volunteers) to act in a manner that is consistent with this organizational statement and its supporting policies.

POLICY:

As a values-driven, not-for-profit health care organization, St. Joseph Healthcare operates according to a set of values that are at the heart of all that we do, shaping our commitment to those we serve.

All the facilities that constitute Covenant Health Systems (CHS) developed a program called "Organizational Integrity" to further ensure that its facilities, including SJH, meet their responsibilities. As part of the Organizational Integrity Program, CHS developed Standards of Conduct ("Standards") intended to promote the values and to further compliance with ethical principles, regulations, and laws. These Standards were adopted by the St. Joseph Hospital Board of Directors in 1999.

Our behavior will be guided by the Mission and Core Values, the Standards, and the general principles stated or referenced to in this Policy and supplemented through the development of additional policy statements, as needed.

MISSION STATEMENT AND CORE VALUES:

Our mission is to provide compassionate care that contributes to the physical, emotional, and spiritual wellbeing of all in our community, as inspired by the healing ministry of Jesus.

1. SJH pursues its Mission by:
 - a. Providing excellence and quality healthcare to all it serves.
 - b. Promoting health and well being of the sick and others in need through responsible stewardship, education and community service.

- c. Advocating an environment of Justice and Love with special concern for the Poor.
- d. Respecting human dignity and life from conception to death.
- e. Fostering the physical, psychological, spiritual and social well being of patients and all within the SJH community.
- f. Providing cost effective, quality healthcare by promoting team effort within the institution and through collaboration with other community agencies.

2. SJH Core Values:

- a. **Compassion** – To care for all in the same way we wish to be treated.
- b. **Excellence**: Doing our best each day to constantly improve all aspects of SJH and the services we provide to our patients.
- c. **Integrity**: Focus on earning the trust of those we serve and strive to do what is right for the patients every time.
- d. **Collaboration**: Working as a team and partner with other organizations to benefit our patients, their families, and the community.
- e. **Stewardship**: Develop and manage our human, financial, material, and other resources to benefit and support those we serve.

CHS STANDARDS OF CONDUCT:

1. **Quality of Care**

We are committed to providing high quality care and services that are focused on the persons we serve. We make every effort to render care and provide services that are both appropriate and tailored to the unique needs of each person we serve.

- a. We treat everyone with dignity and respect.
- b. We protect and keep confidential all information pertaining to the care and treatment of the persons we serve, and do not discuss such information with others unless it is necessary to serve that person or to perform our jobs, except as provided by law or organizational policies and agreements.
- c. All personnel are properly credentialed and trained in the appropriate clinical competencies to meet the needs of the persons we serve. When requested, we will inform the persons we serve and their authorized representatives of the identity and qualifications of all personnel who participate in their care.
- d. Clinical decisions are not affected by how our organization pays or shares financial risk with our leaders, managers, clinical staff and licensed independent practitioners, nor are decisions regarding the care and treatment of any person we serve based on the source of payment.
- e. Our admission screening, interdisciplinary evaluation and discharge planning processes ensure that admissions, transfers and discharges are medically appropriate, and in accordance with applicable local, state and federal regulations.
- f. We maintain complete and accurate medical records. The persons we serve and their authorized representatives have the right, upon request, to access information contained in their medical record.
- g. We support the right of every person we serve or his or her authorized representative to make their own health care decisions within the limits of the law and our mission, values and capabilities, and

we provide them and their authorized representatives with complete information concerning the risks, benefits and alternatives of diagnostic and/or therapeutic procedures.

- h. We render care and services without regard to sex, age, disability, race, color, creed, religion, national origin, sexual orientation or source of payment.

2. **Compliance with Laws and Regulations**

We conduct our business and operations in accordance with all applicable laws, regulations and professional standards in order to maintain the integrity of our organizations. Although our employees are not expected to be experts in law and regulation, each of us has a responsibility to understand the legal and regulatory requirements that directly affect our job.

- a. We always endeavor to operate in compliance with relevant government laws and regulations.
- b. We do not ask for, accept, offer, or give, anything of value to physicians or other healthcare providers for the referral of patients or services. Kickbacks, bribes, rebates or any other kind of benefit intended to induce referrals are strictly prohibited.
- c. We compensate health care practitioners, medical directors/advisors and other referral sources at fair market value and only for those services that are actually rendered and supported by appropriate documentation.
- d. We do not pursue any business opportunity or conduct any fund-raising activity that is unethical or illegal.
- e. Our marketing and advertising provides an honest and accurate representation of the services we provide.
- f. We correct identified errors and take reasonable measures to prevent future similar occurrences.
- g. We record all financial information in accordance with generally accepted accounting principles, and established finance procedures and internal controls.
- h. We do not tolerate making intentionally false or misleading statements to a government agency, healthcare program or payer source.
- i. We always endeavor to comply with relevant government requirements regarding record keeping and record retention, and cooperate with all legitimate requests for information from government auditors, investigators, payer sources or other officials.

3. **Billing and Coding**

We are committed to properly coding and billing the services we provide in accordance with all applicable rules and regulations established by local, state and federal authorities.

- a. We bill only for those supplies and services, which are necessary, actually provided and supported by, appropriate documentation.
- b. Upon request, we provide an explanation of charges for care provided, regardless of the source of payment.
- c. We use diagnosis, treatment and billing codes that most accurately describe the condition of the persons we serve and the services provided. Billing and reimbursement staff are encouraged to freely communicate with clinical staff regarding any questions or disagreements.
- d. We prohibit upcoding, and/or improperly unbundling charges to increase payment or reimbursement.
- e. We do not tolerate the submission of any claim for payment or reimbursement, including cost reports, that is fraudulent or intentionally false or misleading.

- f. We prepare billing records accurately and in accordance with established regulatory requirements.
- g. We regularly review our records for, and promptly refund, overpayments.
- h. We do **not** routinely waive insurance co-payments or deductibles, or otherwise provide any benefits to the persons we serve in return for their admission or continued treatment.
- i. We require that all certifications to third parties are based on the actual knowledge of the individual providing the certification.

4. **Conflict of Interest**

As individuals, we take all reasonable precautions to avoid conflicts of interest, or the appearance of conflicts of interest, in the performance of our duties for our organization. A conflict of interest exists whenever a person's outside activities or personal interest's influence or appear to influence his or her ability to make objective decisions in the course of his or her duties for the organization. As an example, a conflict of interest exists if a trustee, an employee, a member of the medical staff or a related party (e.g. business or family member) receives a financial benefit from any decision or action he or she makes/ takes on behalf of the organization.

- a. We avoid personal financial or business opportunities that conflict with the best interests of our organization or those we serve.
- b. We report any actual or potential conflicts of interest concerning ourselves; family members or business interests in accordance with established policies and procedures. Family members include parents, children, brothers and sisters, grandparents, grandchildren, brothers-in-law, sisters-in-law, parents-in-law, and any other individuals that live in the same household.
- c. Gifts to employees that influence or appear to influence their decisions about the delivery of care or provision of services will not be accepted or offered, regardless of their value.
- d. Our employees do not offer or accept gifts, gratuities, or entertainment from any outside person or organization from which our organization buys goods or services, with which we compete, or that seeks to do business with us if such offer or acceptance would create a conflict of interest.
- e. We never accept cash gifts. Questions regarding the acceptance of a non-cash gift, entertainment or other favor of nominal value should be discussed with your supervisor or the Organizational Integrity Coordinator.
- f. We do not prohibit hiring individuals related by blood or marriage, including "espoused" relationships; however, related employees may not directly supervise one another.
- g. We do not use confidential or proprietary information of our organizations or those with which our organizations do business for personal gain or other types of advantage.
- h. Our organizations do not make monetary contributions to any political party or candidate.

5. **Human Resources**

We recognize each person in accordance with our mission, and value the diversity in our workforce. Each of us shares responsibility for treating our fellow employees fairly and for maintaining a workplace that is safe and free from harassment and abuse.

- a. We respect the rights and dignity of our fellow employees and make every effort to maintain a workplace free of harassment or any form of physical, verbal or psychological abuse.
- b. We adhere to the standards of our professions and exercise reasonable care and judgment when performing our duties.

- c. We offer equal employment, training, transfer and advancement opportunities to all qualified individuals, regardless of race, age, color, religion, creed, gender, national origin/ancestry, disability, or sexual orientation.
- d. We never disclose personal or confidential employee information unless we are authorized to do so or a work related "need to know" exists.
- e. We are committed to maintaining a smoke-free (as allowed by law) and drug-free workplace. Possessing, using, selling, distributing, or being under the influence of alcohol or illegal drugs while on duty is not tolerated.
- f. We do not tolerate the possession of explosive material or the unauthorized possession of any type of weapon on our premises.
- g. We will not retain employees or knowingly conduct business with vendors that are excluded or otherwise ineligible from participating in a federal health care program.

6. Environment of Care

Maintaining a safe and effective environment of care is everyone's responsibility. The environment of care includes such areas as general and client safety, emergency preparedness, hazardous materials and waste, fire safety, equipment management, utility management, infection control and occupational health.

- a. We strive to maintain an environment that is safe, accessible, effective and efficient for the persons we serve as well as visitors and co-workers. We are alert to potential hazards and report any unsafe condition to a supervisor or the appropriate department for correction.
- b. All employees are oriented to the environment of care. This orientation includes job-specific "safety" precautions, practices, and responsibilities for reporting and responding to incidents or potential hazards.
- c. Incidents relating to personal injury, suspected abuse and neglect, security, property loss or damage, hazardous materials spills or exposures, fire protection deficiencies, equipment and utility malfunctions, or other suspected problems are reported, investigated, and corrected in a timely manner.
- d. We follow standard precautions at all times and handle, store and dispose of infectious materials and hazardous waste according to all applicable laws and regulations.
- e. We develop and test plans for responding to natural or human-made disasters. Drills are regularly conducted to monitor the effectiveness of procedures related to general safety, emergency preparedness, hazardous materials and waste, fire safety, equipment and utility management, and infection control.
- f. We are committed to preventative maintenance of medical and other equipment. Training on the equipment's safe operation is provided to all affected employees and equipment failures are addressed in a timely manner.

7. Safeguarding Resources and Assets

We share a commitment to preserve and protect our organization's assets, and the assets of others entrusted to us, including physical property and confidential information, against loss, theft or misuse.

- a. We use resources carefully and ethically to ensure our assets are used in support of our mission and legitimate business purposes.

- b. Unauthorized use or removal of the organization's property is a misuse of assets and will not be tolerated. We properly dispose of surplus or obsolete property and equipment in accordance with established policies.
- c. We follow established internal controls and procedures for the proper expenditure, recording and use of our organization's funds, property and equipment.
- d. We take reasonable steps to safeguard the property of the persons we serve as well as employees, vendors, suppliers and visitors.
- e. We preserve and protect confidential information, proprietary knowledge, medical records and "intellectual property," including ideas, from misuse or unauthorized disclosure.
- f. All communication systems, including electronic and voice mail, and computer equipment are used for legitimate business purposes.
- g. We use computers and computer software in accordance with copyright laws. For example, we do not make unauthorized copies of computer software or use personal software on the organization's computer equipment. Doing so may violate federal copyright laws or introduce a "virus" to our computer systems.
- h. We do not use our organization's equipment and facilities to support a political party, candidate or holder of any government position.

8. Communication

We encourage communication and practice an "open door" policy where information can be exchanged freely, and issues and concerns may be raised without fear of reprisal.

- a. We support the free exchange of information within the organization through regularly scheduled staff meetings.
- b. All employees have access to their immediate supervisor, Human Resources representative, and Administration to discuss any issue or concern. We view the raising of issues as a positive and meaningful step to "doing the right thing" and we expect that managers will provide timely feedback.
- c. We listen attentively to one another and strive to understand the duties, responsibilities and challenges our co-workers face.
- d. All supervisors and managers make every effort to respond to issues and questions raised by their staff in a timely manner.
- e. We inform all employees of their duties and responsibilities, and provide timely feedback about their performance.
- f. We do not discuss information about the persons we serve or other confidential information with other employees who do not have a "need to know" or in any location where we may be overheard by unauthorized individuals.

Associated Plans and Programs

- 1. The execution of this policy is implemented through the following:
 - a. Employee orientation
 - b. St. Joe's Journal
 - c. Formal educational offerings

- d. Patient handbook
- e. Patient rights are posted throughout common areas in the hospital
- f. Patient Representative visits
- g. Community education about advanced directives
- h. Newspaper articles pertaining to patient rights
- i. Continuing education
- j. Ethics Committee
- k. Consultation with Ethicist, Social Services, Spiritual Care and other Ancillary personnel
- l. Institutional Review Board
- m. Organizational Integrity Program
- n. Utilization Management Plan
- o. Performance Improvement Plan
- p. Risk Management Plan
- q. Safety Plan
- r. Security Management Plan
- s. Circle of Life Program
- t. Press Ganey Surveys
- u. Employee and Medical Staff Surveys

Associated Policies:

1. **Quality of Care:** *(Also see Patient Care Services Section for related policies)*
 - a. Confidentiality
 - ["Media Guide – Release of Patient Information" – HIM-02](#)
 - ["Notice of Privacy Practices" – HIM-04](#)
 - ["Transmission of Protected Health Information Via Telephone"-HIM-05](#)
 - [Transmission of Protected Health Information Via Facsimile" – HIM-06](#)
 - ["Information Systems Password Control Policy" – HIM-07](#)
 - ["Personal Representative & Communication with Patient Families" – HIM-08](#)
 - ["Authorizations for the Use or Disclosure of Health Information" – HIM-10](#)
 - ["Disclosure of Psychotherapy Notes" – HIM-11](#)
 - ["Accounting for Disclosure" – HIM-16](#)
 - ["Security of "High Profile" Patients" – PCS-07](#)
 - ["Confidentiality" – HR-43](#)
 - b. Medical Staff Bylaws/ Rules and Regulations
 - c. ["Reporting of Adverse Event & Sentinel Event" - MG-37](#)

d. Patients Rights and Responsibilities:

- ["Informed Consent" – PR-01](#)
- ["Advanced Directives" – PR-02](#)
- ["Language Assistance for Patients with Limited English Proficiency Communications" - PR-05](#)
- ["Assistance for Patients Who are Deaf or Hard of Hearing" – PR-06](#)
- ["Withholding of Extra Ordinary Care" – PR-07](#)
- ["Restraints and Seclusion" - PR-08](#)
- ["Patient Photography/Video Imaging" – PR-09](#)
- ["Patient Choice/Ownership Disclosure" – PR-10](#)
- ["Patient Rights Notification" – PR-11](#)
- ["General Consent for Treatment" – PR-14](#)
- ["Leaving Against Medical Advice and Refusal of Treatment" – PR-15](#)
- ["Patient Valuables" – PCS-01](#)
- ["Organ/Tissue Donor Request" – PCS-04](#)
- ["Discharge Planning" – PCS-09](#)
- ["Patient and Family Education" – PCS-11](#)
- ["Pain Management/Palliative Care" – PCS-14](#)
- ["Grievance Procedure" – OIE - 01](#)
- ["Access to Ethics Committee" - OIE – 02](#)
- ["Patient Access to Medical or Billing Records" – HIM-09](#)
- ["Amendment of Medical and Billing Records" – HIM-15](#)
- ["Dress Code" – HR-30](#)
- ["Staff Conflict of Care" – HR-46](#)
- UR/Case Management Process – QRM-CM-1
- Discharge Planning/ High Risk – QRM-CM-3
- Discharge Planning/Case Management Process – QRM-CM-5
- Skilled Nursing Facility (SNF) Discharge – QRM-CM-8
- ICP Placement – QRM-10

e. **Protective Services:** SJH supports the patient's right to access protective services. The right is supported through the following policies and procedures

- ["Protective Services for Adults" – PR-03](#)
- ["Protective Services for Children" – PR-04](#)
- ["Protection of Patients from Abuse, Neglect or Harassment" – PR-16](#)
- ["Temporary Care and Control of Children at SJH Safe Haven" – PR-17](#)
- ["Treatment of Patient in Custody or Protection of Law Enforcement Agencies" – PCS-10](#)

- ["Police/patient Related Information and Evidence" – NDIII-04](#)
- ["Involuntary Emergency Admission to New Hampshire Hospital in Concord" – NDIII-09](#)
- ["Workplace Violence Prevention Plan" – MG-32](#)
- ["After Hours Access to Security Sensitive Area" – MG-38](#)

2. Compliance with Laws and Regulations

- a. Hospital Bylaws
- b. General Policies
 - ["Organizational Integrity Education" – OIE-06](#)
 - ["Service Enhancement – Standards of Excellence" – HR-48](#)
 - ["Application Verification of Employment Eligibility \(W-9\)" – HR-19](#)
 - ["Marketing Communications Ethics" – OIE-04](#)

3. Billing and Coding

- a. ["Advanced Beneficiary Notices" – MG-34](#)
- b. Letters of Non-Coverage – QRM-CM6
- c. Patient Billing and Associated Conflict Resolution
 - ["Free Care" – MG-02](#)
 - ["Criteria for Mark-up for Patient Charges" – MG-21](#)

4. Conflicts of Interest

- a. Hospital Bylaws
- b. ["Vendor Relations and Purchasing Ethics" – OIE-03](#)
- c. ["Employment of Relatives and Others Involving Personal Relationships" – HR-36](#)
- d. ["Conflicts of Interest & Business Ethics" – HR-23](#)
- e. ["Rules of Conduct and Discipline" – HR-26](#)

5. Human Resources

- a. ["Performance Appraisal Implementation" – HR-07](#)
- b. ["Dispute Resolution Procedure" – HR-15](#)
- c. ["Harassment" – HR-40](#)

6. Environment of Care: *(refer to Safety Manual for related policies)*

7. Safeguarding Resources and Assets

- a. ["Contract Review and Execution" – MG-31](#)
- b. ["Risk Management" – MG-35](#)
- c. ["Control of Property Belonging to St. Joseph Healthcare" – MG-36](#)
- d. ["Computer Software" - HIM-01](#)

8. Communication.

- a. ["Signage" – MG-07](#)

- b. ["Occurrence Reports" – MG-11](#)
- c. ["Leadership Council" – MG-14](#)
- d. ["Pocket Pagers" – MG-15](#)
- e. ["Telephone, Phonemail, E-Mail and Internet Usage" – MG-16](#)
- f. ["Exit Interview Procedure"- HR-20](#)

RESPONSIBILITY:

All employees.

Attachments:

No Attachments

Approval Signatures

Committee	Approver	Date
Director of Compliance	Janice Bosteels: Director of Compliance	11/2014

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