

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE
July 14, 2016
8:30 a.m. – 10:30 a.m.
Assembly Rm. 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

| | Agenda Item | Time Allotted | Action/ Recommendation | Requestor/ Presenter |
|----|---|---------------|--------------------------------|----------------------|
| 1. | Call to order /Introductions | 5 min. | | Chair |
| 2. | Approval of Agenda | 2 min. | | Chair |
| 3. | Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item. | 1 min. | | Standard |
| 4. | Ratification of Minutes- May 19, 2016 | 3 min. | Action | Chair |
| | New Business – Discussion and Possible Action | | | |
| | A) Fiscal 2016 Financial Statement Audit Entrance – Moss Adams | 30 min. | Information Only | Chair/Moss Adams |
| | B) Review and discussion of Committee Charter | 15 min. | Discussion/ Possible Action | CCO |
| 6. | Old Business – A) Review and Discussion of Policies & Procedures: 1) 8750-554 – Monitoring Compliance/Auditing and Reporting; Exit Interviews 2) 8750 – 567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or Policies | 15 min. | Discussion/ Possible Action | K. Topp/C. Thompson |
| 7. | Motion to go into Closed Session | | | |
| 8. | Closed Session | | | |
| | a. Approval of Audit, Compliance & Ethics Closed Session Minutes of May 19, 2016 (Authority: Government Code Section 54957.2) | 5 min. | Approve | Chair |
| | b. Conference with Legal Counsel – Potential Litigation (Authority Government Code Section 54956.9(d) (1 Matter) | 10 min. | Discussion/ Possible Action | CCO |

| | Agenda Item | Time Allotted | Action/ Recommendation | Requestor/ Presenter |
|-----|--|----------------------|-------------------------------|-----------------------------|
| 9. | Motion to go into open session | | | |
| 10. | Open Session | | | |
| 11. | Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1). | 1 min. | | |
| 12. | Committee Communications | 5 min. | | All |
| 13. | Date of Next Meeting August 18, 2016 | 1 min. | | Chair |
| 14. | Adjournment | | | Chair |
| 15. | Total Time Budgeted for Meeting | 1.25 hours | | |

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations

Tri-City Medical Center
Audit, Compliance & Ethics Committee
May 19, 2016
Assembly Room 1
8:30 a.m.-10:30 a. m.

| | |
|----------------------------|---|
| Members Present: | Director Ramona Finnila (Chair); Director Larry W. Schallock; Director Laura Mitchell; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member |
| Non-Voting Members: | Steve Dietlin (CEO); Ray Rivas, Acting CFO |
| Others Present: | Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant; Colleen Thompson, Director of Medical Records, HIM and Privacy Officer; Kathy Topp, Director of Education & Clinical Information; Marcia Cavanaugh, Senior Director, Risk Management |
| Absent: | Kapua Conley, COO Cheryle Bernard-Shaw, CCO; Barton Sharp, Community Member |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|---|--|------------------------------|
| 1. Call to Order | The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnila. Committee members introduced themselves to Ms. Cavanaugh who was reporting today on behalf of Ms. Cheryle Bernard-Shaw. Ms. Topp introduced Ms. Cheri Zhu, a student who was shadowing Ms. Topp. | | |
| 2. Approval of Agenda | It was moved by Director Mitchell and seconded Director Schallock to approve the agenda as presented. The motion passed unanimously. | Agenda approved. | Ms. Donnellan |
| 3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item | There were no public comments. | | |
| 4. Ratification of minutes – April 21, 2016 | Chairperson Finnila noted the word "temp" on page 6 should be plural. | Minutes ratified. | Ms. Donnellan |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|--|---|-----------------------|
| 5. New Business | <p>It was moved by Mr. Jack Cumming and seconded by Mr. Leslie Schwartz to approve the minutes as amended. The motion passed unanimously.</p> <p>Mr. Schwartz commented that Policy 8750-559 reviewed at last month's meeting and approved by the Board on April 28, 2016 did not reflect all of the changes suggested by the committee. Ms. Colleen Thompson stated she will revise the policy to strike the redundant statement in #1, section c. of the policy.</p> | | |
| <p>A) Review and Discussion of Policies & Procedures:</p> <p>1) 8610-523 – Use and Disclosure of PHI for Marketing</p> | <p>General Counsel Ms. Diane Racicot explained Policy 8610-523 relates specifically to PHI used to identify patients when payments are received from third parties for the marketing activities of the third parties. She also discussed the differences under HIPAA related to use and disclosure of PHI for in other circumstances such as for fundraising (a policy that was recently reviewed by the committee) and in connection with the sale of PHI. Ms. Racicot stated that the policy essentially provides that patient authorization is necessary prior to release of PHI except where exceptions are noted.</p> <p>Chairperson Finnilla suggested the language in Section D, 2. ii. "communications in the form "and "for the communication" be struck for clarity. It was also suggested the word "gift" be pluralized in the same section.</p> <p>It was moved by Director Mitchell and seconded by Mr. Cumming to recommend approval of Policy 8610-523 – Use and Disclosure of PHI for Marketing as presented and amended. The motion passed unanimously.</p> | <p>Recommendation to be sent to the Board of Directors to approve Board Policy 8610-523 – Use and Disclosure of PHI for Marketing; item to appear on next Board agenda and included in Board Agenda packet.</p> | Ms. Donnellan |
| 2) 8750-554 – Monitoring | Ms. Kathy Topp provided comments on behalf of Ms. | | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|--|---|----------------------------|
| <p>Compliance/Auditing and Reporting: Exit Interviews</p> | <p>Bernard-Shaw. She stated that Ms. Bernard-Shaw will be adapting a process to include a category for exit interviews for contractors, particularly if the contract is not renewed. Ms. Topp explained we currently conduct an exit interview with staff who leave the organization.</p> <p>Chairperson Finnila suggested the title of section B. be revised to read "Employee Policy".</p> <p>Chairperson Finnila also expressed concern that the policy does not include a statement related to privacy. In response to the Chair's comment on privacy, Ms. Racicot suggested the policy be deferred to incorporate relevant compliance policies that address confidentiality of reports and due to the fact that HR is incorporating policy 8750-537 into another policy which is not yet finalized. She also suggested that the referenced policies be provided when the policy is brought back to the Committee.</p> | <p>Policy 8750-554 – Monitoring Compliance/Auditing and Reporting: Exit Interviews will be brought back to the committee in June for review.</p> | <p>CCO/General Counsel</p> |
| <p>3) 8750-569 – Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources</p> | <p>Ms. Kathy Topp provided comments on behalf of Ms. Bernard-Shaw. She stated that Policy 8750-569 speaks to the management of relationships with Referral Sources . Ms. Topp explained the referral source prohibitions are discussed in the Stark Law.</p> <p>Ms. Racicot stated the policy focuses on contracts with physicians and other referral sources. She explained there is a process that includes extensive review by legal and the Compliance Officer for all contracts with physicians and other referral sources.</p> <p>It was suggested that the language "Contract Department" be revised throughout to read "Compliance Department" to accurately reflect the process.</p> <p>Ms. Racicot explained section D. #3 was included in the policy to alert reviewers to consult with Compliance or Legal to ensure other Stark elements are addressed.</p> | <p>Recommendation to be</p> | <p>Ms. Donnellan</p> |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|---|---|-----------------------|
| <p>B) Review and discussion of non-clinical contracts</p> | <p>It was moved by Director Schalllock and seconded by Mr. Schwartz to recommend approval of Policy 8750-569 – Referral Source Policies; Contractual Arrangement with Physicians and Other Referral Sources as presented and amended. The motion passed unanimously.</p> <p>Ms. Kathy Topp and Ms. Carrie Zhu left the meeting at 9:05 a.m.</p> <p>An updated Non-Clinical Contract Evaluation Spreadsheet was distributed to committee members.</p> <p>Ms. Colleen Thompson reported the following on behalf of Ms. Bernard-Shaw:</p> <ul style="list-style-type: none"> ➤ Simplex Grinnel was rated as a 3 by the contract reviewer due to untimely building engineering preventive maintenance checks. Ms. Thompson stated the issue has been resolved and will be reflected by including an “R” in the status column. ➤ Veolia ES Technical Solutions was rated a 2 by the contract reviewer. Ms. Thompson stated a 2 rating is a minor issue that is resolvable. An “R” will be included in the status column to reflect the issue has been resolved. ➤ Arcoina Trish is a Business Associate Agreement that is being cancelled due to lack of identifiable information on the service. Ms. Thompson explained she is listed as the Responsible Party (reviewer) however she had no knowledge of this agreement. ➤ Meredith Brooks and C/Net Solutions – Ms. Thompson stated both Meredith Brooks and C/Net Solutions are not reviewable due to the nature of the agreement. | <p>sent to the Board of Directors approve Policy 8750-569 – Referral Source Policies Contractual Arrangement with Physicians and Other Referral Sources; item to appear on next Board agenda and included in agenda packet.</p> | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|--|---|-----------------------|
| | <p>➤ Codeman & Shurtleff, Inc., a Research Company was rated a 3 by the contract reviewer due to delays with the agreement. Ms. Racicot noted no PHI should be available to the research company until a business associate agreement has been signed</p> <p>➤ CPR Technologies, Inc. is not reviewable due to the nature of the agreement.</p> <p>It was moved by Ms. Fitzwilliam and seconded by Director Mitchell to recommend approval of the Non-Clinical Contract spreadsheet as presented and amended to include the "R" to reflect the issue has been resolved. The motion passed unanimously</p> <p>Ms. Thompson left the meeting at 9:12 a.m.</p> | <p>Recommendation to be sent to the Board of Directors to approve the Non-Clinical Contracts; item to appear on next Board agenda and included in agenda packet.</p> | <p>Ms. Donnellan</p> |
| <p>C) Review of FY2013 3rd Quarter Financial Statement Results</p> | <p>Mr. Rivas gave a brief report on the Fiscal YTD financial results as follows (dollars in Thousands):</p> <ul style="list-style-type: none"> • Net Operating Revenue – \$249,504 • Operating Expense – \$252,046 • EROE - (\$496) • EROE Excl. Settlement - \$1,582 • EBITDA – \$10,252 • EBITDA Excl. Settlement - \$12,330 <p>Other Key Indicators for the current year included the following:</p> <ul style="list-style-type: none"> • Average Daily Census - 192 • Adjusted Patient Days – 85,170 • Surgery Cases – 4,813 • Deliveries – 1,968 • ED Visits – 49,827 • Net Patient Accounts Receivable – \$41.5 million • Days in Net Account Receivable – 47.7 | <p>Information Only</p> | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|---|-------------------------------------|-----------------------|
| | <p>Mr. Rivas also presented graphs which reflected Net Days in Patient Accounts Receivable, Average Daily Census excluding Newborns, Adjusted Patient Days, Emergency Department Visits, EROE and EBITDA.</p> <p>Mr. Cumming questioned the decline from previous year. Mr. Dietlin explained that surgeries drive the numbers. He stated we are working on several initiatives such as the UCSD Affiliation, addition of Neurosurgeons and Cardiothoracic Surgeons, to name a few in an effort to increase our numbers. Mr. Dietlin stated there are also several initiatives being worked on in the ED to improve wait time, LWOT numbers, etc.</p> <p>Mr. Dietlin also commented on the Crisis Stabilization Unit which will improve flow in the Emergency Department and provide a better environment for patients. He stated we are working with the county on adequate funding for that process and hope to enter into a contract with the county in the fall.</p> <p>Chairperson Finnilla suggested Mr. Rivas consider looking at other key indicators to accurately reflect our initiatives.</p> <p>Mr. Schwarz requested clarification on the TCMC versus the Consolidated Financial Statement. Mr. Rivas explained we have some ownership with other entities that we affiliate with, such as the Wellness Center and that is reflected in the Consolidated Financial Statement. It was suggested a footnote be placed on the Consolidated Financial Statement to reflect the entities that are included.</p> | | |
| D) Review and discussion of Audit priorities | Chairperson Finnilla stated Moss Adams will begin our audit process shortly and queried the committee on what they see as priorities. Ms. Rivas stated Moss Adams is scheduled to be on site May 24th and will focus primarily on patient accounts receivable on this visit. Mr. Dietlin explained that the auditor will focus on the high risk areas as outlined in | Information only. | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|--|-------------------------------------|-----------------------|
| | <p>their presentation several months ago.</p> <p>Ms. Dietlin stated any change in leadership will prompt the auditor to take a closer look and interview management. It was noted that the auditors provide an opportunity for the committee to express any concerns with management in executive session.</p> <p>Ms. Fitzwilliam suggested the auditors review our contracts at a suitable level.</p> | | |
| 6. Old Business | None | | |
| 7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7) | Chairperson Finnilla made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes and one matter of Potential Litigation. | | |
| 8. Motion to go into closed session | It was moved by Mr. Cumming and seconded by Mr. Schwartz to go into closed session at 9:36 a.m. The motion passed unanimously. | | |
| 9. Open Session | The committee returned to open session at 9:55 a.m. with attendance as previously noted. | | |
| 10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1) | Chairperson Finnilla reported no action was taken in closed session. | | |
| 11. Comments from Committee Members | <p>Chairperson Finnilla encouraged committee members to let the Board know if they belong to community groups or organizations that would like to learn more about Tri-City and what Tri-City has to offer.</p> <p>Mr. Schwartz stated Mr. Dietlin is scheduled to meet with a group that he is affiliated with in July.</p> | Information Only | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--------------------------|---|--|-----------------------|
| 12. Date of Next Meeting | Chairperson Finnila stated the Committee's next meeting will be held on June 16, 20 | The committee's next meeting is scheduled for June 16, 2016. | |
| 13. Adjournment | Chairperson Finnila adjourned the meeting at .10:00 a.m. | | |

TRI-CITY HEALTHCARE DISTRICT

AUDIT, COMPLIANCE & ETHICS COMMITTEE CHARTER

Tri-City Healthcare District's (the "District") Audit, Compliance & Ethics Committee (the "Committee") has multiple purposes and is delegated certain key responsibilities as enumerated herein.

I. Purpose

The Committee is to provide assistance, and make recommendations, to the District's Board of Directors ("Board") by overseeing the Internal Audit Program, the external audit, the District's financial reporting obligations and the Ethics & Compliance Program. The Committee is responsible for making recommendations to the Board regarding the appointment, compensation, retention and oversight of the District's independent auditors; Report to the Board regarding any issue involving the integrity and trustworthiness of the District's annual financial statements;

1. **Internal Audit Program and Ethics & Compliance Program Oversight.** The Committee will oversee the District's Internal Audit Program and Ethics & Compliance Program, including the following:
 - a. Review the District's compliance with applicable federal, state and local legal and regulatory requirements relating to providers and suppliers of healthcare services;
 - b. Monitor the development and implementation of the District's Internal Audit and Ethics & Compliance programs via periodic reports from the internal auditor, District's Chief Compliance Officer, the Internal Compliance Committee, and legal counsel;
 - c. Review risk assessments and work plans (including audit schedules) and the Ethics & Compliance Program, at least annually, as presented by the internal audit or, the Chief Compliance Officer, Internal Compliance Committee and/or legal counsel;
 - d. Review and oversee revision of the District's Administrative Code of Conduct;
 - e. Receive and revise draft policies from the Chief Compliance Officer and Internal Compliance Committee for presentation and recommendation to the Board;
 - f. Review reports from the Internal Auditor, Chief Compliance Officer, and Internal Compliance Committee, and monitor implementation of corrective action as applicable;

- g. Make programmatic recommendations to the Chief Compliance Officer, senior management, and Board.

2. **External Audit and Financial Reporting Oversight.** The Committee shall:

- a. Review the accounting and financial reporting processes of the District and external audits of the District's annual financial statements;
- b. Report to the Board regarding any issue involving the integrity and trustworthiness of the District's annual financial statements;
- c. Report to the Board regarding any issue involving the District's compliance with financial reporting and, if applicable, legal and regulatory requirements with respect to District financing, as well as any applicable federal and state regulatory requirements relating to Medicaid, Medicare, and state insurance and charity care requirements;
- d. Review the independence, qualifications and performance of the District's external auditors;
- e. Monitor and report to the Board regarding the adequacy, efficacy, and adherence to policies and procedures related to accounting, internal accounting controls, ethical concerns, or auditing matters;
- f. The Audit, Compliance & Ethics Committee Charter will be reviewed annually.
- e.g. The Audit, Compliance & Ethics Committee shall consult with experts (legal, financial and otherwise) as needed in order to inform its deliberations.

II. Membership

The Committee shall consist of three (3) Directors of the District, one (1) physician on-staff at Tri-City Healthcare District, and up to four (4) community members.

Each Committee member shall have at least a basic understanding of finance and accounting, the ability to read and understand financial statements, and experience and familiarity with the specialized issues relating to health care financial issues. At least one member of the Committee shall have accounting or related financial management expertise, as evidenced by the certified public accountant designation or other education and/or work-related credentials. Each Committee member shall have a basic understanding of the design and operation of the Internal Audit Program and an Ethics & Compliance Program, by: (i) review of Office of Inspector General/AHLA materials for Boards; (ii) review of OIG compliance program guidance; and (iii) attendance at relevant educational sessions presented by the Compliance Officer.

III. Meetings

The Committee is anticipated to meet no less than four times each year and as many times as may be needed.

IV. Minutes

The Committee will maintain written minutes of its meetings, which will be filed with the minutes of the meetings of the Board. Closed session minutes will be maintained consistent with Board procedures.

V. Reports

The Committee will report regularly to the Board regarding (i) all determinations made or actions taken per its duties and responsibilities, as set forth above, and (ii) any recommendations of the Committee submitted to the Board for action.

VI. Conduct

Each Committee member shall comply with the District's Code of Conduct which can be found at <http://www.tricitymed.org/about-us/code-of-conduct/>.

Approved: 9/29/11 Board of Directors

Amended: 4/26/12 Board of Directors

Approved: 3/28/13 Board of Directors

Approved: 5/30/13 Board of Directors

Approved: 5/29/2014 Board of Directors



AUDIT AND COMPLIANCE COMMITTEE
July 14th, 2016

| <u>Administrative Policies & Procedures</u> | | | |
|--|----------|------------------------|--|
| 1. Monitoring Compliance/Auditing and Reporting; Exit Interviews | 8750-554 | 3 year review, revised | |
| 2. Development and Revision of Code of Conduct and Policies - Retiring Code of Conduct and/or Policies | 8750-567 | 3 year review, revised | |
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Tri-City Medical Center
Oceanside, California

Administrative Policy Manual
Compliance

ISSUE DATE: May 31, 2012

SUBJECT: Monitoring
Compliance/Auditing and
Reporting; Exit Interviews

REVISION DATE:

POLICY NUMBER: 8750-554

| | |
|--|-------|
| Department Approval Date(s): | 01/16 |
| Administrative Policies and Procedures Approval Date(s): | 01/16 |
| Medical Executive Committee Approval Date(s): | 02/16 |
| Organizational Compliance Committee Approval Date(s) | 05/16 |
| Audit, Compliance and Ethics Committee Approval Date(s): | |
| Board of Directors Approval Date(s): | 05/12 |

A. PURPOSE:

1. ~~Policy 8750-554~~ provides (1) a statement of Tri-City Healthcare District's (TCHD's) policy with respect to conducting compliance-related exit interviews of departing employees, and (2) to ensure that the District's practices are consistent with the stated policy.

B. GENERAL POLICY:

1. Employees
 - a. To further ~~the District's~~ TCHD's compliance review and monitoring efforts, the Chief Compliance Officer (or his or her designee) shall seek information about compliance concerns from departing employees. These questions may be asked as part of an exit interview survey utilized by ~~the District's~~ TCHD's Human Resources Department. As part of this interview or survey, the departing employee shall be:
 - i. Asked whether he or she is aware of any past or ongoing potential or actual violations of laws and regulations, or ~~the District's~~ TCHD's Compliance Program Policies and Procedures or Code of Conduct and, if so, to provide detail.
 - ii. Required to return to ~~the District~~ TCHD the originals and any copies of any ~~District~~ TCHD documents in the employee's possession.
 - iii. Given an opportunity to convey any observations, suggestions, or complaints regarding ~~the District's~~ TCHD's operations, practices, Compliance Program and/or compliance initiatives generally.

C. COVERED CONTRACTORS:

1. At his/her discretion, the Chief Compliance Officer (or his or her designee) shall seek information about compliance concerns from Covered Contractors (as defined in **Administrative Policy 8750-537 – Hiring and Employment; Definitions**) whose contracts with ~~the District~~ TCHD have expired. As part of this interview or survey, each departing Covered Contractor shall be:
 - a. Asked whether he or she is aware of any past or ongoing potential or actual violations of laws and regulations or the ~~District's~~ TCHD's Compliance Program Policies or Code of Conduct and, if so, to provide detail.
 - b. Invited to convey any observations, suggestions, or complaints regarding ~~the~~

~~Districts~~ TCHD's operations, practices, Compliance Program and/or compliance initiatives generally.

- c. Required to return to ~~the District~~ TCHD the originals and any copies of any ~~District~~ TCHD Documents in the Covered Contractor's possession.

D. **DOCUMENTATION:**

1. The information obtained during exit interviews shall be documented in the Compliance Program files consistent with the ~~District's~~ TCHD's document retention policies. ~~As appropriate and possible, The District should obtain signed and dated statements from the interviewee~~ TCHD shall make every effort to obtain signed and dated statements when feasible.
2. ~~District~~ TCHD shall document compliance with Policy 8750-554 in the departing employee's/Covered Contractor's file consistent with the ~~District's~~ TCHD's document retention policies.

E. **RELATED DOCUMENTS:**

1. **Administrative Policy 8750-537, Hiring and Employment; Definitions**

Administrative Policy Manual
Compliance

ISSUE DATE: 05/12

SUBJECT: Development and Revision of Code of Conduct and Policies; Retiring Code of Conduct and/or Policies

REVISION DATE(S):

POLICY NUMBER: 8750-567

| | |
|--|-------|
| Department Approval Date(s): | 01/16 |
| Administrative Policies and Procedures Approval Date(s): | 01/16 |
| Medical Executive Committee Approval Date(s): | 04/16 |
| Audit, and Compliance and Ethics Committee Approval Date(s): | |
| Board of Directors Approval Date(s): | 05/12 |

A. PURPOSE:

1. ~~This policy provides~~ **To provide** a statement of Tri-City Healthcare District's (TCHD's) policy regarding retiring portions of the ~~District's~~ **TCHD's** Code of Conduct and/or any Compliance Policies, and ensures TCHD's practices are consistent with its stated policies

B. RETIRING POLICIES:

1. The **Chief** Compliance Officer, a member of the **Organizational** Compliance Committee and/or another employee may propose that a Standard of Conduct and/or Policy be retired.
2. In order for a Standard of Conduct or Policy and Procedure to be retired, the **Chief** Compliance Officer must determine, in consultation with the managers of the relevant/affected department that the Standard of Conduct or Policy has become obsolete, and document this fact in writing.
3. In order for all or a portion of the Code of Conduct to be retired, the **Board of Directors** must find that the Standard of Conduct at issue has become obsolete.
4. Retired Code of Conduct and Policies shall not be destroyed, but shall be removed from current distribution and appropriately archived.
5. All employees will be notified when a particular Standard of Conduct and/or Policy is retired and, if a new Standard or Policy is put in its place, it will be disseminated pursuant to Policy 8750-568.

C. RELATED DOCUMENTS:

1. **Administrative Policy 8750-564 – Development and Revision of Code of Conduct and Policies**