



CODE OF CONDUCT

CODE OF CONDUCT

TABLE OF CONTENTS

- MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER 3
- OUR COMPLIANCE AND PRIVACY PROGRAM..... 5
- OUR DUTY TO REPORT AND COOPERATE W/ INVESTIGATIONS ... 7
- INTEGRITY IN PATIENT CARE..... 10**
 - Quality Care 10
 - Patient Rights and Patient Choice 10
 - Emergency Treatment 11
 - Charity Care and Discounts 11
 - Privacy of Patient Information 11
- INTEGRITY IN BILLING AND FINANCIAL MATTERS..... 14**
 - Coding and Billing for Patient Care Services 14
 - False Claims Act and Deficit Reduction Act 14
 - Financial Reporting 15
- INTEGRITY IN BUSINESS CONDUCT..... 17**
 - Not-for-Profit Tax-Exempt Organization 17
 - Use of Resources and Assets 17
 - Political Contributions and Activities 17
 - Anti-Trust Laws 18
 - Conflict of Interest 19
 - Gifts 21
 - Excluded Parties 23
 - Visiting Observers 23
 - Contact with the Media 24
 - Contracting 24
 - Accuracy of Records and Document Retention..... 25
 - Confidential Business Information 25
 - Requests for Information Pursuant to an Investigation or
Legal Proceeding 26

INTEGRITY WITH REFERRAL SOURCES 27
 Anti-Kickback Statutes 27
 Physician Self-Referral Law (Stark Law) 27

INTEGRITY IN THE WORKPLACE 29
 Diversity and Equal Employment Opportunity 29
 Workplace Harassment..... 29
 Workplace Violence and Workplace Safety..... 30
 Workplace Health and Safety 31
 Hiring of Current and Former Government Employees 32

INTEGRITY IN DECISION MAKING 33

MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER

As an organization, we are committed to honest and ethical behavior and to conducting our business with integrity. The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves everyday as we go about our work. Each of us is accountable for the actions we decide to take.



Tri-City Healthcare District's Code of Conduct is the keystone of our philosophy of maintaining integrity as well as a communication of its ethical business practices. The Code of Conduct serves as the cultural gauge for all staff, management, vendors, volunteers and others who interact with Tri-City Healthcare District and its affiliates. While the Office of Compliance and Privacy is responsible for managing the Code of Conduct, each of us is responsible for conducting our business with integrity and ethics.

The Code of Conduct is an essential part of how we achieve our mission and vision. It provides guidance to ensure that our mission is accomplished in an ethical, legal and moral manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with integrity, compassion, accountability, respect and excellence.

At Tri-City Healthcare District, we are each guardians of our reputation for ethical and business practices and our standing as a leader for healthcare in the North County community. We are completely

committed to delivering the highest quality patient care in keeping with our Code of Conduct.

Steven L. Dietlin

President and Chief Executive Officer
Tri-City Healthcare District

OUR COMPLIANCE AND PRIVACY PROGRAM

The *Code of Conduct* is a vital part of how we achieve our mission, vision and value.

- *The mission of Tri-City Healthcare District is to advance the health and wellness of the community we serve.*
- *The vision of Tri-City Healthcare District is to be recognized as the healthcare system of choice in our community.*
- *The value of Tri-City Healthcare District is that the needs of our patients come first.*

Tri-City Healthcare District is committed to compliance with all applicable laws, rules and regulations. This commitment permeates all levels of the organization. Our Compliance and Privacy Program was created to ensure that we conduct our business with integrity and in accordance with applicable laws and our policies, as well as to provide a safe environment for raising compliance concerns and questions. The Office of Compliance and Privacy ensures compliance with our *Code of Conduct*. Our Compliance and Privacy Program outlines what we do as an organization to comply with legal and ethical requirements, including the following:

- Setting integrity standards through written policies, procedures and our *Code of Conduct*;
- Communicating standards through awareness, education and training programs;
- Providing a process for reporting potential violations of laws, policies or our *Code of Conduct*;
- Conducting ongoing auditing and monitoring activities;
- Identifying, investigating and responding to potential compliance problems;
- Performing routine sanctions checking to ensure we are not conducting our business with individuals and entities ineligible to participate in federal healthcare programs;
- Enforcing integrity standards and disciplining non-compliant actions;
- Maintaining an organizational structure that supports the furtherance of the Compliance and Privacy Program, including establishment of

appropriate Compliance Committees and appointment of a Chief Compliance and Privacy Officer who has an independent reporting relationship to the hospital's Board of Directors.

The standards set forth in our *Code of Conduct* apply to Tri-City Healthcare District staff, health care professionals with hospital privileges, trainees, agents, officers, directors, volunteers, representatives, contractors, vendors, Board members and any other person or organization engaged to provide products or services. The *Code of Conduct* standards require us to follow all applicable laws, rules, regulations and hospital policies as related to the scope of our duties and responsibilities for Tri-City Healthcare District, and to maintain a health care and business environment that is committed to integrity and ethical conduct.

Our *Code of Conduct* is the keystone of our Compliance and Privacy Program and guides us in carrying out our daily activities within appropriate ethical and legal standards. Our *Code of Conduct* standards are mandatory and must be followed. Anyone who violates laws, policies or our *Code of Conduct* may be disciplined, up to and including termination. Our *Code of Conduct* is an evolving document that will be updated periodically to respond to changing conditions and to reflect changes in law.

Our *Code of Conduct* is not intended to cover every situation that may be encountered. We must comply with all applicable laws, regulations and our policies whether or not specifically addressed in our *Code of Conduct*. In some cases, a subject discussed in our *Code of Conduct* involves such complexity that additional guidance may be needed. In these cases, you should consult with your manager or the Office of Compliance and Privacy for additional guidance.

OUR DUTY TO REPORT AND COOPERATE WITH INVESTIGATIONS

Our *Code of Conduct* is to be used as a guide if you are confronted with a situation that raises questions about ethical business conduct. If you think a law, policy or our *Code of Conduct* is not being followed, you **MUST** report it to our Office of Compliance and Privacy. You should also report it to your supervisor. If you feel uneasy talking to your supervisor, voice your concern to the next supervisory level, up to and including the highest level of management. Tri-City Healthcare District encourages open and honest discussion of issues with management. We are committed to providing an environment that allows reporting in good faith without fear of retaliation.

It is very important, as well as required, that you immediately report perceived violation of compliance, policy or our *Code of Conduct* to the Office of Compliance and Privacy. Failure to report to HR or the Office of Compliance and Privacy may result in disciplinary action, up to and including termination. Our Office of Compliance and Privacy will evaluate all reports promptly, completely and fairly.

You can report compliance concerns to the Office of Compliance and Privacy in one of the following ways:

- Contact the Compliance Department directly by calling 760.940.3117;
- Email your concern to ComplianceDept@tcmc.com;
- Fax your concern to 760.940.5980; or
- Values Line at 844.521.7862, including making anonymous reports, or online at tchd.ethicspoint.com.

If you report a compliance concern, be sure to include information that our Office of Compliance and Privacy will need to follow up, such as the location where your concern occurred or is occurring (for example, the department or clinic name), the date or dates of any incident, the names and job roles of individuals involved in the concern, a description of your concern and your name if you are comfortable letting us know. If you are not comfortable leaving your name, you may make an anonymous report by calling the Values Line number above.

Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. As a result, details and specific findings of a compliance investigation will be shared only on a need-to-know basis. The Chief Compliance and Privacy Officer ensures that all reports will be thoroughly and fairly investigated and that appropriate action will be taken.

No adverse actions will be taken against someone for making a report in good faith or for cooperating with a compliance investigation in good faith. Tri-City Healthcare District has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation. However, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, up to and including termination. Although we have a policy that does not permit retaliation for reporting or cooperating in good faith, it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, up to and including termination, as well as possible state and federal actions and penalties.

Sometimes hospitals are required by law to report certain compliance issues to state or federal agencies. When this is the case, the Office of Compliance and Privacy will conduct an evaluation of the issue in terms of state or federal reporting requirements and will notify the appropriate state or federal agencies on behalf of the hospital when applicable. Every Workforce Member has the right and responsibility to report suspected fraud, waste and abuse. Not reporting fraud or suspected fraud can implicate you for allowing the fraud to continue. You may report anonymously to the Values Line (844.521.7862).

The Federal False Claims Act and State Medicaid False Claims Act have *Qui Tam* language commonly referred to as “whistleblower” provisions. These provisions encourage Workforce Members (current or former) and others to report instances of fraud, waste and abuse to the government.

Tri-City Healthcare District is committed to correcting wrongdoing, whether intentional or inadvertent, wherever it may occur in the organization, and to cooperating fully with government investigations.

INTEGRITY IN PATIENT CARE

Quality Care

At Tri-City Healthcare District, we strive to ensure that the patient care we provide is:

- *Safe* – avoiding injuries to patients from the care that is intended to help them;
- *Effective* – providing services based on scientific knowledge, best practice and cost-effectiveness;
- *Patient-centered and family-centered* – providing care that is respectful of and responsive to individual patient and family preferences, needs and values, ensuring that patients’ values guide all clinical decisions;
- *Timely* – Reducing waits and sometimes harmful delays for both those who receive and provide care;
- *Efficient* – Avoiding waste, including waste of equipment, supplies, ideas and energy;
- *Equitable* – Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, socio-economic status, sexual orientation or perceived disability.

Everything we do should advance our commitment to deliver the highest quality of care to our patients. We make every effort to provide each patient with the best possible care to reach optimal recovery from a condition or procedure. We treat all patients with dignity, respect and courtesy.

We are committed to providing clear, accurate, honest and transparent information about the quality of care we offer to all our patients so that they can make informed health care decisions. As health care providers, it is important for us to note errors or deficiencies, even those that seem small or insignificant, in order to improve future care. Promptly report such matters to your supervisor.

Patient Rights and Patient Choice

We encourage patient and family involvement in all aspects of care. Patients and families are given a statement of patient rights and responsibilities upon admission, including information about the right to make decisions regarding

medical care. We involve patients and families in decisions regarding care to the extent that this is practical and possible. We inform patients about therapeutic alternatives and the risks associated with the care they are seeking. We provide coordinated discharge planning to all patients as an integral part of the treatment plan in order to support the level of medical, psychological, occupational, rehabilitative and social services needed post-discharge. Our health care teams develop discharge plans in a collaborative manner, individualizing each plan to each patient's and family's needs. Patients, families and caregivers are participants in the care and discharge processes and their preferences and choices are given priority whenever possible. We address the wishes of patients related to advance directives and end-of-life decisions.

Emergency Treatment

We adhere to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) in providing a medical screening examination and stabilizing treatment to all patients who come to the hospital for emergency treatment or who are in labor, regardless of the patient's ability to pay or lack of insurance. A patient with emergency medical conditions are only transferred to another facility at the patient's request or if we do not have the capacity or capability to meet the patient's medical needs and appropriate care is available at another facility. Such transfers must be in compliance with state and federal EMTALA requirements.

Charity Care and Discounts

Financial assistance is available to patients in the form of financial need discounts or charity care and is provided in a manner that addresses the patient's individual financial situation, supports the hospital's not-for-profit mission and complies with application and eligibility criteria as set forth in our *Charity Care, Uncompensated Care, Community Service Policy*.

Privacy of Patient Information

Patients and their families trust us with highly personal and sensitive information regarding their medical conditions. If patients or families do not feel confident that we will keep such information private, they may hesitate to discuss some health concerns with us, which can affect our medical decision-making and hinder their medical care.

We collect information about a patient's medical condition, history, medication and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information, internally use patient information, or disclose patient information outside the organization except as necessary to perform our jobs. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

Strong federal and state laws govern the privacy of our patients and their health information. This includes patient information that is spoken, written or in electronic systems. The laws apply to past, present or future health of a patient, as well as deceased patients. These laws apply to the organization, as well as to you as an individual, even after you are no longer working here. Patient privacy laws include serious consequences for failing to protect patient privacy, including potential fines, imprisonment, loss of your professional license and patients' right to sue both the organization and you personally. Additionally, violating our privacy policies can lead to disciplinary actions, up to and including termination. Our Office of Compliance and Privacy monitors electronic patient records to determine who is accessing the record and whether the access is consistent with job functions.

Complying with our privacy policies includes the following:

- We access, use and disclose only the minimum amount of patient information needed to perform our jobs;
- We do not discuss patient information with others who do not have a job-related need to know, including co-workers, colleagues, family and friends;
- We do not share our user IDs or passwords to our electronic systems and we log-off when we step away from our computers; what is done under your ID/password is your responsibility;
- We assess our surroundings when speaking with or about patients and speak quietly, always asking the patient for permission to speak to them about their care when family or friends are present;
- We do not mention or make reference to any patients whatsoever on personal social networking sites or blogs;

- We verify written patient information to ensure that we do not mix one patient's information with another's, that fax numbers are accurate and entered correctly before sending, and that patient labels are correct;
- We dispose of written patient information in confidential disposal bins and we contact IT for proper disposal of electronic patient information;
- We type "secure:" in the beginning of the subject line of all emails that contain patient information so that the email is encrypted, we do not put patient information in the subject line and we verify the email address;
- We only use hospital approved personal devices, flash drives or cameras to store, download or capture patient information, including photographs;
- We report all privacy concerns or potential privacy policy violations immediately to our Office of Compliance and Privacy.

INTEGRITY IN BILLING AND FINANCIAL MATTERS

Coding and Billing for Patient Care Services

Tri-City Healthcare District takes great care to ensure that billings to the government, third-party payors and patients are accurate and conform to all applicable federal and state laws and regulations. Coding is how we identify and classify health information, such as diseases and procedures, based on the care provided and documented in the patient's medical record. Using these codes in the billing process is how we identify charges for services we have provided.

We are committed to timely, complete and accurate coding and billing, including the following principles:

- We bill only for services that we actually provide, document, are medically necessary and ordered by a physician or other appropriately licensed individual;
- We assign billing codes that we believe in good faith accurately represent the services that we provide and that are supported by documentation in the medical record according to regulatory requirements and guidelines;
- We implement good faith controls to prevent unbundling, upcoding, duplicate billing for the same service;
- We do not charge government payors in excess of our usual charges;
- We respond to billing and coding inquiries and timely resolve inaccuracies in previously submitted claims that are discovered and confirmed;
- We make every effort to ensure that employees and subcontractors who perform billing or coding services have the necessary skills, quality assurance processes and appropriate procedures to ensure that billings are accurate and complete; and
- We do not knowingly present, or cause to be presented, claims for payment that are false, fictitious or fraudulent.

False Claims Act and Deficit Reduction Act

The State and Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, MediCal and TRICARE® from fraud and abuse. It is a violation of the False Claims Act to knowingly submit, or

cause another person or entity to submit, false claims for payment of government funds. Additionally, the State and Federal False Claims Acts contain provisions that allow individuals with actual knowledge of alleged false claims to sue on behalf of the government, as well as provide protections against retaliation for individuals taking a false claims action.

It is illegal to submit claims for payment to government programs that we know or should know are false or fraudulent. No specific intent to defraud the government is required for a claim to qualify as a false claim. The False Claims Act defines “knowing” to include not only actual knowledge, but also instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. Filing false claims may result in damages of up to three times the amount of the government program’s loss, fines, imprisonment, entering into a Corporate Integrity Agreement and exclusion from participation in federal and state health care programs.

We are committed to submitting claims that are accurate and truthful. If you know of a false claim, contact our Office of Compliance and Privacy immediately, or call the Values Line to notify the Office of Compliance and Privacy anonymously. Failure to notify HR or the Office of Compliance and Privacy may lead to disciplinary action, up to and including termination.

Financial Reporting

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

Our financial information fairly represents actual business transactions and conforms to generally accepted accounting principles or other applicable rules and regulations. We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining and reporting financial information. We cooperate fully with internal and external auditors and any regulatory agencies that examine our books and records.

We treat credit balances and bad debt in compliance with applicable state and federal law. In some instances, a credit balance will exist in a patient account after payment by both the patient and a federal or state healthcare program. We endeavor to accurately track, report and refund credit balances.

State and federal laws require us to submit reports of our operating costs and statistics, known as cost reports. These laws define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to government program beneficiaries. We are committed to the preparation, submission and settlement of accurate, timely and complete cost reports.

INTEGRITY IN BUSINESS CONDUCT

Public Health District Organization

We are a local governmental public agency. Therefore, we are not organized or operated for the benefit of private interests. No organizational earnings may financially benefit any private individual.

This status makes the Tri-City Hospital Foundation eligible to receive tax-deductible contributions. Please contact Tri-City Hospital Foundation for additional guidance regarding monetary or in-kind donations.

Use of Resources and Assets

Our organizational assets and resources are to be used for the purpose of our public healthcare district community mission. Physical assets including space, furniture, vehicles, equipment, machinery and supplies may only be used by private individuals and for-profit organizations on a restricted basis with hospital approval in compliance with all federal and state laws and hospital policies. These restrictions include your personal use of organizational assets. Contact the Office of Compliance and Privacy for additional guidance regarding appropriate use of our not-for-profit facilities and assets.

Political Contributions and Activities

As a public agency, Tri-City Healthcare District is restricted in the amount of political lobbying activities that it may conduct. The organization is not permitted to influence legislation that is not directly related to our mission. In addition, we may not endorse or intervene on behalf of any candidate for public office, and it may not solicit funds or endorsements in support of political issues or causes.

As individuals, we may exercise our civil liberties by participating, advocating or supporting the political candidates and causes of our choice outside of the workplace. We never engage in or promote the following activities while at Tri-City Healthcare District or while representing the organization at off-site events and activities, unless those activities are directly related to our mission and are consistent with the *Conflicts of Interest and Acceptance of Gifts Policy*:

- We do not use company time or assets to perform political activities;

- We do not speak on behalf of our organization supporting political candidates or causes;
- We do not use Tri-City Healthcare District’s name or logo on letters or other written materials supporting political candidates or causes;
- We do not distribute political literature; and
- We do not wear political campaign clothing, buttons or symbols representing a political candidate or cause, excluding health initiatives or those defined as “protected activities” by the National Labor Relations Board.

Contact Tri-City Healthcare District’s Human Resources Department for additional guidance.

Anti-Trust Laws

Tri-City Healthcare District competes fairly and complies with Antitrust Laws. We do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is also strictly prohibited.

Antitrust violations may subject our organization to severe civil and criminal monetary fines, civil liability for treble damages, and injunctions that could impair our ability to compete effectively. Antitrust violations may also subject us individually to imprisonment, personal liability, and substantial monetary fines.

We are required not only to comply with the law but also to avoid activities which, though not illegal, may pose unnecessary risks of litigation, government investigation, or injury to our reputation. The following limitations on information exchanges with competitors are designed to aid compliance with Antitrust laws and protect our competitive, financial, ethical and reputational interests.

Except with legal advice from General Counsel, we do not communicate with a competitor, either directly or indirectly, about the following:

- We do not communicate about prices charged for goods or services, including physician services;

- We do not communicate about costs of goods, supplies, equipment, or services, including physician services;
- We do not communicate employee salaries, wages, or benefits, compensation policies, staffing policies or terms of collective bargaining agreements, employment contracts or severance agreements;
- We do not communicate terms of managed care contracts;
- We do not communicate terms of equipment, supply or service contracts;
- We do not communicate allocation of customers, services or territories among competitors;
- We do not communicate exclusion of any existing or potential competitor or supplier from the market; and
- We do not communicate joint bidding or joint venture arrangements.

Conflict of Interest

A conflict of interest involves any circumstance where your personal activities or interests are advanced at the expense of Tri-City Healthcare District. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. Since our patients and community expect us to make decisions that are not biased by personal interests, actual or perceived conflicts of interest may compromise our ability, and the ability of our organization, to provide patient care, transact business or make purchasing decisions. They may also pose a risk to the operations and reputation of the hospital.

Conflicts of interest can often be avoided or mitigated when Tri-City Healthcare District is aware of potential conflicts. We are required to follow the *Conflicts of Interest and Acceptance of Gifts Policy* and disclose at the time of hire, promotion or transfer, and no less than annually thereafter, all information about any actual or perceived conflict of interest using our Conflict of Interest form.

We are also required to submit an updated Conflict of Interest Disclosure form within ten business days of a material change in our situations that may create an actual or perceived conflict of interest. All reported actual or perceived conflicts of interest are reviewed on a case-by-case basis. Failure to disclose a conflict of interest may result in disciplinary action, up to and including

termination. The following information provides general guidance on several common potential and actual conflicts of interest.

Consulting and Speaking Conflicts of Interest: We must follow the Consulting/Speaker Guidelines set forth in the *Conflicts of Interest and Acceptance of Gifts Policy* before accepting or engaging in compensated or uncompensated consulting and/or speaking activities for outside companies, organizations and vendors.

Purchasing Conflicts of Interest: We must follow the *Business Visitor Visitation Requirements Policy* and disclose any actual or perceived conflicts of interest involving the purchases of goods, equipment and services. We must avoid situations where we have actual or perceived conflicts of interest between our purchasing decisions and our personal interests.

Industry Interactions: We must follow the *Industry Interactions Policy* and the *vendor selection processes* when engaging in business activities with pharmaceutical, biotech, medical device, equipment or supply companies and organizations. These manufacturers and suppliers are known as “Industry” vendors. It is a conflict of interest to accept travel or entertainment from any “Industry” vendor. Additionally, there are significant limitations regarding our acceptance of complimentary onsite and offsite education from “Industry” vendors. Meals or other types of food directly funded by “Industry” vendors may not be provided at Tri-City Healthcare District. Contact the Office of Compliance and Privacy for additional guidance.

Business Courtesies and Entertainment from Non-Industry Vendors: We must follow the *vendor selection processes* when engaging in business activities with non-“Industry” vendors. It is a potential conflict of interest to accept travel, entertainment or complimentary education from a non-“Industry” vendor or organization that does, or is seeking to do, business with Tri-City Healthcare District when you can influence the decision to purchase such items or services. Contact the Office of Compliance and Privacy for additional guidance.

Gifts

We maintain high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict of interest. The appropriateness of offering or accepting gifts depends on the specific circumstances of the gift and who is offering and receiving it. The following information provides general guidance on this topic. Consult with the Office of Compliance and Privacy for specific advice if you are offered a gift or are considering giving a gift.

Gifts from Patients/Family Members to Our Organization: Tri-City Healthcare District may accept grateful giving or charitable contributions from our patients and their family members. Please refer patients and their family members who wish to make grateful giving or charitable contributions to Tri-City Hospital Foundation.

Gifts from Patients/Family Members to Workforce Members Personally: There are significant ethical limitations regarding the acceptance of personal gifts from patients or their family members. We do not accept personal gifts of cash, cash equivalents, gift cards or merchandise from patients or their family members. Additionally, we never solicit personal gifts from patients or their family members. We may accept perishable items of modest value, such as food or flowers, provided that it is shared with the entire department or unit.

Gifts from Our Organization to Patients/Family Members: Tri-City Healthcare District may not induce Medicare, Medi-Cal or other federal or state health care beneficiaries to use our services by offering gifts that would likely influence these beneficiaries to obtain services from our organization. Inexpensive gifts of nominal value that are not cash or cash-equivalents are permitted. Federal guidelines define “inexpensive” as having a retail value of no more than \$10 per item or \$50 in aggregate per patient annually.

Gifts from Our Organization to Workforce Members Personally: Tri-City Healthcare District may offer reasonable non-cash gifts purchased with organizational budget funds to Workforce Members personally. Gifts of any amount given by Tri-City Healthcare District become personal taxable income

for the recipient of the gift and must be reported to the Payroll Department by the individual or department giving the gift. Contact the Payroll Department for additional guidance.

Gifts from Our Organization to Physicians and Other Referral Sources: Tri-City Healthcare District may never offer gifts to physicians or other referral sources in exchange for patient referrals or any other business. Limited gifts to physicians and other referral sources that are not cash or cash equivalents must be given in compliance with federal and state laws, as well as organizational policies. All applicable provisions of the *Physician Referrals Stark Law Compliance Policy* and *Business Courtesies to Physicians and Immediate Family Members Policy* must be met before offering gifts to physicians or other referral sources. Contact the Office of Compliance and Privacy for additional guidance.

Gifts from Physicians and Other Referral Sources to Our Organization: Tri-City Healthcare District may never accept gifts from physicians or other referral sources in exchange for patient referrals or any other business. All gifts and other donations from physicians and other referral sources should be referred to Tri-City Hospital Foundation. The Foundation and CEO will process gifts as donations in compliance with applicable laws and policies.

Gifts from “Industry” and Other Vendors to Workforce Members Personally: There are significant ethical limitations regarding the acceptance of personal gifts from “Industry” and other vendors. “Industry” vendors are pharmaceutical, biotech, medical device, equipment or supply companies or organizations. We do not accept personal gifts of any kind from “Industry” vendors. For non-“Industry” vendors, we do not accept cash, cash equivalents or gift cards offered to Workforce Members personally. We may accept items of modest value from non-“Industry” vendors, such as food or flowers, provided that the gift is shared with the entire department or unit. All applicable provisions of the *Industry Interactions Policy*, the *Conflict of Interest and Acceptance of Gifts Policy* and the *vendor selection processes* must be met before accepting gifts from “Industry” or other vendors.

Gifts from “Industry” and Other Vendors to Our Organization: Tri-City Healthcare District may accept donations or other charitable contributions

from “Industry” or other vendors. The organization never accepts gifts from “Industry” or other vendors in exchange for any business. All gifts and other donations from “Industry” and other vendors should be referred to Tri-City Hospital Foundation. The Foundation and CEO will process gifts as donations in compliance with applicable laws and policies. Contact the Office of Compliance and Privacy for additional guidance.

Excluded Parties

Tri-City Healthcare District does not hire employees, accept volunteers, contract with or bill for services rendered by individuals or organizations excluded from participating in federal or state healthcare programs. This includes exclusion from those programs administered by the U.S. Department of Health and Human Services, U.S. General Services Administration and the California Department of Health Care Services.

We conduct initial excluded parties checks on potential employees, medical staff, vendors and volunteers, as well as monthly excluded parties checks after the commencement of the relationship to ensure continued eligibility to participate in federal and state healthcare programs. You have a mandatory duty to immediately report any change in your eligibility status to the Office of Compliance and Privacy.

Visiting Observers

Tri-City Healthcare District permits approved individuals to observe patient care and administrative functions outside of our formal training programs. Our *Student Orientation for individual Internships, Mentorships & Observations Procedure* and *Allied Healthcare Student Orientation Record* outline the requirements that allow such activities to occur within our organization.

- Observers are not allowed to participate in any patient care activities;
- Observers must be accompanied and supervised by a hospital physician with current Medical Staff privileges at all times;
- Observers must be at least eighteen years old or in a hospital approved structured program;
- Observers must complete the Student Orientation Manual and obtain a visitor badge from security prior to the observation and are required to follow all applicable policies during their observation.

- For Visiting Observer activities that occur in the OR or Cath Lab, additional requirements and approvals apply (see *Visitors in the Operating Room Policy*);
- Patient authorization is required when the observation is not for official training purposes of Tri-City Healthcare District; and
- Observer forms must be submitted to the Education Department for approval.

Common examples of Observer interactions include:

- Visiting professors and/or medical personnel who are not involved in hospital research or volunteer activities;
- Individuals who are interested in a medical or residency/fellowship program at the hospital; and
- Individuals observing clinical or administrative operations who are not enrolled in an official training program.

Contact the Education Department for additional guidance.

Contact with the Media

We must contact Tri-City Healthcare District's External Affairs Department before responding to any media inquiries or initiating contact with the media. Additionally, communications with media involving patient information must comply with federal and state privacy laws in order to fulfill our legal and ethical duty to protect patient privacy.

Contracting

Tri-City Healthcare District negotiates and enters into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. All arrangements must comply with applicable federal and state laws. Prior to executing arrangements for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs. All contracts with patient referral sources must be in-writing, as well as reviewed and approved by Legal Counsel. The *Contract Review Policy* provides additional guidance on the contracting process.

Accuracy of Records/Document Retention and Destruction

It is our duty to create and maintain accurate and complete records, as well as only destroy organizational records, in compliance with federal and state laws and applicable policies. Tri-City Healthcare District policies provide guidance on the proper creation, amendment, maintenance, retention and destruction of organizational records and documents. Contact the Office of Compliance and Privacy for additional guidance.

Confidential Business Information

Confidential information about our organization's strategy and operations is a valuable asset. Although you may use confidential business information as necessary to perform your job, it must not be shared with others outside the organization or internally with those who do not need to know about the information to perform their jobs. Confidential and proprietary business information covers anything related to our business or operations that is not publicly known, such as personnel files, wage and salary information, financial information, billing and pricing information, cost data, strategic plans, marketing strategies, projected earnings, techniques, employee lists, information related to investigations, disciplinary actions, supplier and contractor information, information related to acquisitions or joint ventures, policies and procedures, clinical and patient information, computer and system login IDs and passwords, emails, and proprietary computer software.

Even when you are no longer working here, you are still bound to maintain the confidentiality of information viewed, received or used during the course of your relationship with the organization. Copies or electronic files of any confidential or proprietary information in your possession when you leave the organization must be returned at the end of your employment or relationship with the organization.

In addition to proprietary and confidential information, it is our duty to abide by all laws, regulations and our policies related to intellectual property. Intellectual property includes patents, trademarks, copyrights and trade secrets. Tri-City Healthcare District's intellectual property must be protected from unauthorized use. If you are provided with an email account to facilitate business communications within and outside the organization, all your emails are the property of Tri-City Healthcare District. Management has the right to

review your emails and to terminate your email account. You are responsible for the appropriate use of your email account.

Some tips on complying with our confidential business information policies include:

- Make sure you have the right to copy and distribute copyright material before you do so;
- Consult the relevant policies or contact the External Affairs Department before you use the hospital's logo on any printed materials;
- Consult with the Office of Compliance and Privacy before you share any of our policies and procedures outside the organization; and
- Make sure you have authorization to download any software onto your workstation before doing so.

Use common sense to help prevent accidental disclosure of confidential information. Remember that you can be overheard in public places such as elevators, hallways, cafeterias and restaurants. Do not discuss confidential or proprietary information with family or friends, as they may not understand its significance or its confidential nature. You could be held responsible for the inadvertent disclosure of such information by a family member, friend or acquaintance.

If you are in doubt about whether information you are being asked to share is confidential or proprietary, or if you know it is confidential and proprietary but are not sure about whether the request is legitimate, contact your supervisor or the Office of Compliance and Privacy before you act.

Requests for Information Pursuant to an Investigation or Legal Proceeding

We promptly and appropriately respond to requests for information pursuant to a government investigation or legal proceeding. These requests may come in the form of a subpoena, summons, warrant, letter or verbal request. Only certain people are authorized to accept them on behalf of the organization. Accepting or acting on these requests may expose the organization, and sometimes you as an individual, to significant fines or other types of criminal, civil or administrative penalties. If you are asked to accept a legal document or to share information of any kind for any reason, immediately consult with your supervisor, the Office of Compliance and Privacy and Legal Counsel.

INTEGRITY WITH REFERRAL SOURCES

Anti-Kickback Statutes

The federal Anti-Kickback Statute prohibits individuals and organizations, like Tri-City Healthcare District, from knowingly or willfully offering or paying, directly or indirectly, any form of remuneration in return for, or to induce, the referral of any patient or business that is covered by Medicare, Medi-Cal or any other federal or state health care financing program. Remuneration includes kickbacks, bribes or rebates.

Similarly, the California Anti-Kickback Statute prohibits individuals and organizations from offering or paying, directly or indirectly, any form of remuneration as compensation or inducement for referring patients, clients or customers to our facilities regardless of the payer.

If one purpose or reason for a financial transaction or arrangement with an individual or organization is to induce that individual or organization to refer patients or business to Tri-City Healthcare District, or to recommend the services of either organization, then such transaction or arrangement constitutes a violation of the Anti-Kickback Statutes.

All agreements involving patient referral sources, including physicians, hospitals, ambulance services, managed care organizations and other health care organizations and service providers, must be reviewed and approved by Legal Counsel prior to execution. The *Contracts Review Policy* provides additional guidance.

Physician Self-Referral Law (Stark Law)

We conduct all of our business practices with physicians in conformity with the federal Physician Self-Referral or Stark Law. The Stark Law prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or their immediate family member, has a financial relationship, unless a specific legal exception applies.

It is a violation of our *Physician Referral Stark Law Compliance Policy* and other organizational policies for us to enter into arrangements with

or accept referrals from physicians that would violate the Stark Law. We are required to immediately report all known or suspected violations of any of these policies to the Office of Compliance and Privacy.

In addition to services provided by physicians under the hospital's contract for services with Tri-City Healthcare District, TCHD may directly engage physicians to provide certain services, such as on-call coverage, moonlighting, training, consulting or administrative services, and pay these physicians directly for such services. In such arrangements, there is a direct compensation relationship between the hospital and the physician and we must consult with Legal Counsel to execute a personal services agreement with the physician. We must strictly follow the *Contract Review Policy* any time we enter into any business arrangement with physicians or their immediate family members, including services agreements, lease agreements and equipment agreements.

We must also strictly follow our organizations' *Business Courtesies to Physicians and Immediate Family Members Policy* when offering non-monetary compensation or incidental benefits to physicians or their immediate family members. These policies discuss the guidelines that apply to all business courtesies, such as meals, tickets, gifts, seminars, and events, offered to medical staff and outside physicians or their immediate family members. Contact the Office of Compliance and Privacy for additional guidance.

INTEGRITY IN THE WORKPLACE

Diversity and Equal Employment Opportunity

We promote diversity in our workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them strengths of the organization.

Tri-City Healthcare District is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other classification protected by law, with respect to any offer, term or condition, of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities. In all of our personnel actions, we comply with applicable laws and regulations related to nondiscrimination.

Workplace Harassment

As an organization, we are committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Some examples of harassment are:

- Disparaging or abusive words or phrases;
- Persisting in the use of any name or term which you know may be offensive to that individual; or
- Sabotaging someone's work.
- Harassment includes sexual harassment. The determination of what constitutes sexual harassment may vary with the particular circumstances. In general, unwelcome sexual advances, requests for sexual favors, and

other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such behavior is made a term or condition of employment;
- Submission to or rejection of such behavior is used as a basis for making employment decisions; or
- Such conduct unreasonably interferes with someone's work performance or creates an intimidating, hostile, or offensive work environment.

Some examples of sexual harassment may be:

- Making sexual comments about a person's body;
- Repeatedly asking for a date after that person has said no;
- Discussing someone's sex life, including your own;
- Staring at someone;
- Making facial expressions, like winking, throwing kisses, licking lips; or
- Any other unwanted or unwelcome sexually oriented behavior.

The organization will take appropriate action to prevent unlawful harassment, including sexual harassment. WorkForce Members who engage in such behavior will be subject to corrective action, up to and including termination. If you believe you are being harassed, or witness behavior you feel is harassment, you should contact one of the following:

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next-level supervisor or manager;
- Employee and Labor Relations in the Human Resources Department; or
- The Values Line, including reporting concerns anonymously.

Workplace Violence and Workplace Safety

Tri-City Healthcare District has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or actions or statements that give us reasonable cause to believe that our personal safety or the safety of others may be at risk. Employees or medical staff who engage in physically abusive and/or violent behavior (even those made in jest) shall be subject to disciplinary action up to and including removal from Tri-City Healthcare District, termination of employment and/or referral to appropriate law enforcement agencies. If you perceive a certain behavior as physically threatening or intimidating, you should immediately report it to:

- Your immediate supervisor or, in cases involving behavior of your immediate supervisor, the next-level supervisor or manager;
- Employee and Labor Relations in the Human Resources Department; or
- The Values Line, including reporting concerns anonymously.

In the event of an emergency situation, you should pull a 'Panic Alarm' if one is available and accessible. In cases of imminent danger of bodily harm, call the Security Department at ext. 3367 or 760.940.3367 and then call a second person to assist, as needed. Reported events will be investigated and, if warranted, appropriate support will be provided to the victim(s).

As part of our overall commitment to maintain a healthy and safe environment for our patients, employees and others, we strive to keep our facilities physically secure. We are issued photo ID badges that must be worn above the waist at all times. It is your responsibility to keep your badge in your possession and not let any other person borrow it. If it is lost or stolen, notify the Security Office immediately. In addition, be aware of your surroundings and report any suspicious person or activity to your supervisor or the Security Office.

Workplace Health and Safety

In our continuing commitment to an environment of healing and good health, the hospital campus is smoke free. As leaders in healthcare, we have an obligation to assert strongly the demonstrable risks of smoking. Smoking is not permitted anywhere inside the hospital campus buildings.

The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. As a condition of employment, any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs and/or unauthorized use of alcohol in the workplace or working under the influence of such substances is prohibited. We encourage WorkForce Members with alcohol or drug dependencies to seek treatment and/or rehabilitation. For further details, please contact your supervisor or consult the *Alcohol and Drug Testing for Employees Policy*.

We have an extensive safety program to reduce the risk of injury for patients, staff and visitors and to assure compliance with applicable federal, state and local codes and regulations, as applied to the buildings we inhabit and services

we provide. It includes making sure that our department heads and managers have appropriate information and training to develop safe working conditions and safe work practices within their areas of expertise; using knowledge or safety principles to educate staff, design appropriate work environments, purchase appropriate equipment and supplies and monitor the implementation of the processes and policies; and regularly evaluating the environment for work practices and hazards to respond to identified risks, hazards and regulatory compliance issues. Our individual role in this endeavor is to learn and follow job and task specific procedures for safe operations. If you have questions about specific policies that apply to your job or task, please speak with your supervisor.

Hiring of Current and Former Government Employees

Complex legal and ethical limitations exist in the recruitment and employment of current or former federal government employees. If we hire former Fiscal Intermediary, Carrier, or Medicare Administrative Contractor personnel, we are required in certain instances to notify the U.S. Department of Health and Human Services within 30 days of the first day of employment. Each situation should be evaluated on an individual basis to ensure that we comply with this and other U.S. Government conflict of interest laws. Human Resources should be consulted before any discussions of employment with these individuals may occur.

INTEGRITY IN DECISION MAKING

Our *Code of Conduct* helps us to make ethical business decisions. However, it is not designed to address every issue. You may face a situation where the right course of action is unclear. Ask yourself the following questions when you are unsure of what to do:

- Is it inconsistent with our mission and values?
- Is it illegal?
- Is it unethical?
- Could it harm patients?
- Could it harm our co-workers, colleagues, or physicians?
- Could it harm government programs?
- Could it harm our financial health?
- Would our organization be compromised or embarrassed if it became public knowledge?
- Would we be uncomfortable reading about it in the newspaper?
- Is it unfair or inappropriate?
- Could it adversely impact our organization if everyone did it?
- Is it inconsistent with our policies or our *Code of Conduct*?

If you are still unsure what decision to make or what action to take, talk to your supervisor or consult with the Office of Compliance and Privacy.

It is critical that our Compliance and Privacy Program is effectively communicated throughout all levels of the organization. Compliance is the responsibility of each of us. The Office of Compliance and Privacy welcomes constructive input regarding its Compliance and Privacy Program and our *Code of Conduct*. If you have comments, suggestions or questions, please submit them to the Office of Compliance and Privacy.

Office of Compliance and Privacy 760.940.3117
ComplianceDept@tcmc.com
24 Hour Values Line, including making anonymous telephone
calls to 844.521.7862 or online at tchd.ethicspoint.com

