

SUBJECT: Standards of Conduct	REFERENCE # 3005
DEPARTMENT: ORGANIZATION WIDE	PAGE: 1 OF: 1
APPROVED BY: Denel LaFleur	EFFECTIVE: August 21, 2018
	REVISED: 3/2022

**POLICY:**

- The leaders of this organization have made the commitment to provide a culture promoting high moral and ethical business practices. Employees are expected to comply with all applicable federal, state, and local laws as well as the policies and procedures of this organization.
- Should employees, physicians, or others question the business integrity of any individual or department, they are expected to report their concerns, anonymously if so desired, through the ethics hotline without fear of retribution. The telephone number or extension is (844) 477-0008.
- Expected standards of conduct are included in the terms and conditions of employment, as well as the yearly performance appraisals of each officer and staff member of the organization, and therefore will be included in any union negotiations.

Adopted: 3/22  
Last Reviewed:  
Last Revised:



CHLG-Acadian, LLC d/b/a Acadian Medical Center  
3501 Hwy 190  
Eunice, LA 70535

## Code of Conduct

Dear Acadian Medical Center (AMC)

The true foundation of Acadian Medical Center (AMC) has always been its commitment to provide quality care to our patients. As part of this, we strive to ensure an ethical and compassionate approach to healthcare delivery and management. We must demonstrate consistently that we act with absolute integrity in the way we do our work and the way we live our lives.

This Code of Conduct provides guidance to ensure that our work is performed in an ethical and legal manner. It emphasizes the shared common values that guide our actions. It contains resources to help resolve any questions about appropriate conduct in the work place. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is critical to our future.

If you have questions regarding this Code or encounter any situation that you believe violates provisions of this Code, you should immediately consult your supervisor, another member of management, or your Compliance Officer. You may also call the Compliance Hotline at 844-477-0008. You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

We are committed to those ideals reflected in our Mission and Values Statement and in this Code of Conduct. We are equally committed to assuring that our actions consistently reflect our words. In this spirit, we want this organization to be a family of men and women of shared values, and we expect all of our employees' actions to reflect the high standards set forth in this Code of Conduct.

No code of conduct can substitute for our own internal sense of fairness, honesty, and integrity. Thus, in your daily life and work, if you encounter a situation or are considering a course of action which may be technically within the guidelines of the Code of Conduct, but you are worried that the contemplated action simply "does not feel right," please discuss the situation with any of the resources listed above. In closing, we trust you as a valuable member of our healthcare team. We ask you to assist us and all employees in this organization in supporting the values and principles that are critical to achieving our mission.

Sincerely,

Denel LaFleur- Compliance Officer

## **MESSAGE FROM THE CEO**

### **Welcome to Acadian Medical Center!**

On behalf of our hospital, I would like to take this opportunity to welcome you to our organization. We are proud of our accomplishments, and are glad that you have decided to join our team.

Acadian Medical Center was founded on the premise of meeting or exceeding our customers' expectations. We do this by being committed to providing the highest quality care and services to patients, residents, and their families. I assure you that as we grow and move ahead, we will continue to strengthen that commitment.

The daily efforts of all our employees are very important to the overall success of the operations of Acadian Medical Center. Regardless of the position you hold, you have an important impact on the care and services which can be provided to our customers. As a member of the Acadian Medical Center team, your commitment and caring is the single most important reason for our continuing growth and unparalleled success.

Acadian Medical Center in conjunction with our Allegiance Health Management Company is a progressive company that has found success by providing new and exciting programs to serve the community. We see each new employee as an opportunity for us to draw upon new resources, energies, ideas, and suggestions for improvement. We encourage your creativity. Please feel free to share your ideas.

I offer you my heartfelt welcome and the best of luck as you join our team of caring professionals.

Sincerely,

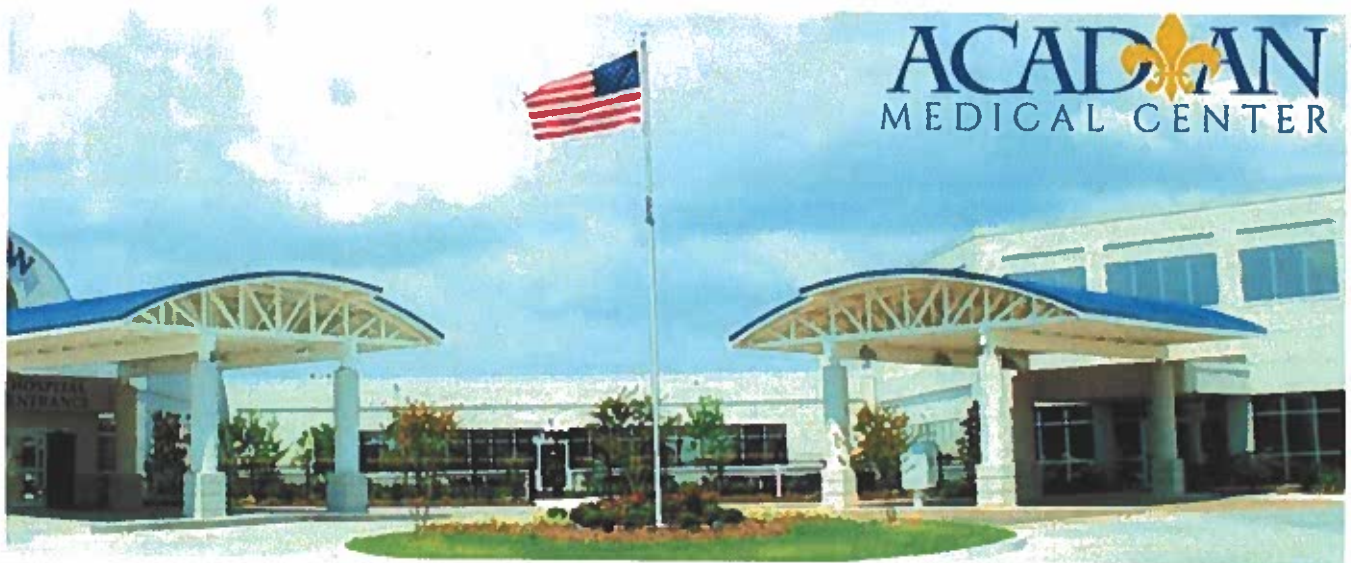


Kevin Frank  
Chief Executive Officer

# ACADIAN MEDICAL CENTER



## Code of Conduct



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Our actions every day exhibit our Values.

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Sincerely,



Kevin Frank  
Chief Executive Officer



# Letter from the Governing Board Chair

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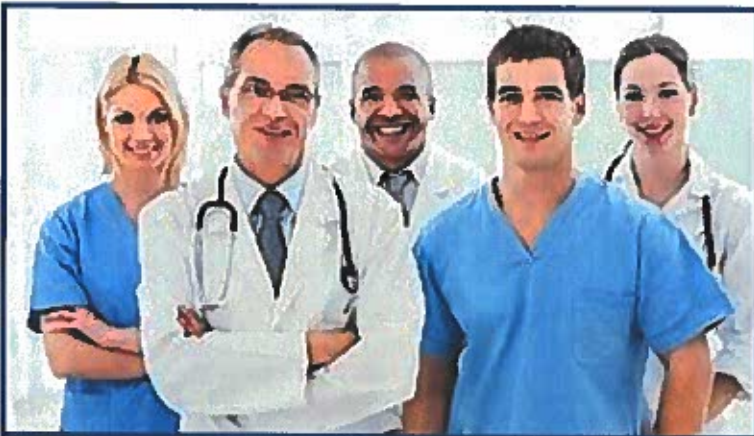
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Sincerely,

Kenneth Peart,  
Governing Board Chairman

1.

## Our Code; Our Commitment



The Code of Conduct is Our Commitment to Each Other and Our Patients.

Commit to being informed and actively involved in implementing this Code of Conduct each and every day.

# Who We Are: Our Vision; Our Mission

## Who We Are

**We are defined by our compassion and integrity.**

This Code of Conduct was developed and approved by the Governing Board and Administration of CLHG-Acadian, LLC d/b/a Acadian Medical Center ("Hospital") to guide the activities of all Hospital personnel, contractors and vendors when providing services at all Hospital locations.

Our Mission and Vision speak to who we are, what we stand for, and what we care about:

- We believe everyone deserves to be treated with respect, dignity, and honesty.
- We believe it is our privilege to play a vital role in the health of our community.
- We believe it is our responsibility to deliver compassionate and attentive individualized care to our patients in a professional and supportive environment.

Our values guide our day-to-day activities and help us make decisions that are consistently in the best interests of our patients, colleagues, communities, and the Hospital.

This Code of Conduct is not intended to create, nor does it create, any contractual rights to employment. For further information on the Compliance Program and its policies, please see the Compliance Policies and Procedures available on the intranet.

## Vision

**We want to create places where**

- **People choose to come for healthcare**
- **Physicians want to practice**
- **Employees want to work**

## Mission

**"Making Communities Healthier."**

# The Code is Our Guidepost

## This Code is Our Guidepost

**Our Code, our policies, and the law direct our daily activities.**

This Code of Conduct represents the commitment each one of us must make to ourselves and each other to read, understand and faithfully follow this Code. This Code describes how to make decisions that support our Values, improve quality of care and lead to effective compliance. Providing health care to those in need is an important privilege and responsibility. It is an essential part of achieving our Mission and fulfilling our Values that every employee, independent contractor, and, when applicable, vendor ("Personnel") follow this Code and make values-based decisions based on this Code. Consequently, all Personnel must follow this Code as an essential condition of their relationship with the Hospital. Following this Code is not optional.

We are committed to acting ethically and responsibly every day and with every interaction. This Code and the Hospital's Medical Staff Bylaws, Compliance Plan and Policies give you the information you need to perform your job ethically. It is your responsibility to know and follow this Code and the policies. If you are ever unclear or need clarification, it is your responsibility to ask your supervisor, the Compliance Officer, or other appropriate personnel as described in this Code.

**Our staff is expected to be familiar with, understand and follow this Code of Conduct.**

## Lead by Example

**Each of us must act with integrity and inspire trust.**

We expect all Personnel to act ethically and lead by example. While it is true that each manager and leader has an increased responsibility of leading by example, every Personnel member is expected to provide an example to their fellow Personnel members, regardless of position. We can do this by acting professionally, ethically, and holding each other accountable.

**This Code provides a summary of our compliance standards and expectations more fully described in our Compliance Plan and Policies.**

We expect our leaders and managers to help foster a working environment in which compliance is encouraged, supported and expected ("Culture of Compliance") by serving as positive role models and inspiring others to embrace our Code by:

- Rewarding integrity and honesty;
- Encouraging ethical decision-making based on or consistent with this Code;
- Creating a transparent and open work environment in which ideas and concerns can be discussed;
- Preventing retaliation against those who speak up;
- Seeking help in resolving and escalating issues;
- Encouraging Personnel to be involved in process and quality improvement;
- Fostering an active engagement with our community.



# Compliance Program Elements

## Compliance Program Elements

**We must use our Compliance Program as a guide in all that we do.**

Our Compliance Program consists of the following documents:

- Code of Conduct
- Compliance Plan
- Policies and Procedures

Together these documents guide our efforts to fulfill our professional obligations and comply with Federal, state, and local laws and regulations.

Our Compliance Program is constantly evolving and improving. We welcome your thoughts, observations, and comments on ways in which we can improve our Compliance Program, provide high quality patient care and maintain a safe and supportive working environment for every member of our team.

**Who We Are and what we do on a daily basis remains our responsibility and we remain accountable to ourselves and to each other.**

## Compliance Program Oversight

**Compliance is an essential priority.**

The Compliance Program was developed and is directed by the Hospital's:

- Governing Body;
- Administration; and
- Facility Compliance Committee.

Each of these bodies have specific responsibilities under the Compliance Program for establishing and distributing compliance standards, conducting staff education programs, and monitoring and auditing the Hospital's operations. Compliance can only be achieved when we each commit to making it a priority in our daily activities.

**We are supported by Allegiance Health Management.**

This Code explains the Hospital's extensive internal resources available to each of us to answer questions, provide information, receive suggestions, investigate complaints, and to generally make the Hospital a supportive place to provide quality patient care. In addition, the Hospital has secured Allegiance Health Management, Inc.'s ("AHM") services to help manage and support various Hospital operational obligations including cost reporting, contracting, credentialing, quality assurance, compliance, legal services, billing, etc. While AHM is a vital resource, the Hospital through its staff, administration and Governing Board remains responsible for the Hospital's daily operations.



2.

## Open Communications



The Code of Conduct is our daily guide. To be effective, we all should think of it as a living document that can be adapted and improved through questions and discussions. Know and understand the Code, refer to the Code, ask questions about the Code and suggest improvements to the Code. Doing so will make it **OUR CODE.**

# Report Violations; Confidentiality

## Raising Questions

**If you're unsure, just ask!**

Each of us needs to commit to be actively involved in the Hospital's compliance every day through our personal conduct and by communicating with other Hospital Personnel. The Code cannot describe every situation that could arise in your daily work. If you have questions about how to interpret or apply the Code, Compliance Plan, or Policies seek guidance from your supervisor or Facility Compliance Officer. Doing so will improve our operations, will foster a supportive work environment, and will improve the quality of patient care we provide our community.

## Your Role

**Speaking up is always the right thing to do.**

Speaking up is not always easy; however, it is absolutely essential and is required. Speaking up is a commitment we all have to make to each other. Raising concerns does not make you a tattle-tale; it demonstrates your commitment to our obligations, to the Hospital and to your co-workers.

If something does not seem right, it might be a violation or you might need more information/education/training. Ask yourself:

- How would it look on the front page of the newspaper?
- Am I unsure if this course of action is legal or illegal? Is it consistent with our values, Code, and policies?
- Could it appear unethical or dishonest?
- Could it hurt our Hospital's reputation?
- Could it hurt our employees, patients, physicians, or the Hospital?

**If there is any doubt, ask questions or file a report.**

## Reporting Concerns

**Raise potential violations.**

If you are aware of an action or situation you reasonably believe may be a violation of our Code, our policies, or the law, you are required to immediately report it to your supervisor, the Facility Compliance Officer or the Compliance Hotline. Similarly, you should also report any instances where someone has asked you to violate the Code. All reports of potential violations must be made in good faith. Failing to report a potential violation or making a report in bad faith is a violation of this Code and may result in disciplinary actions, up to and including termination.

The Hospital has dedicated experts to handle and investigate reported concerns.

## Confidentiality

**Protections for reporting potential violations**

We are committed to providing an environment that allows reporting in good faith without fear of retaliation. You may report potential violations anonymously. If you provide your name, we will keep it confidential internally regardless of which method you used to report the violation. There may be instances where your identity would have to be shared (government investigation), though we would strive to limit that information as much as possible.

If we need to conduct an internal investigation, it will not always be confidential. However, the findings of a compliance investigation are kept confidential to protect all involved in the process.

# Speak Up Without Fear of Retaliation

## No Retaliation is Permitted

**Those acting in good faith are protected.**

If you have a sincere belief that a violation may have occurred and make a report using any of the procedures provided in this Code, you will not be subject to retaliation. No adverse actions will be taken or permitted against someone acting in good faith while reporting a potential violation or cooperating in an investigation.

There is nothing wrong with reporting a potential violation that turns out to not be a violation if such report was made in good faith. Such reports also serve to highlight potential areas in need of additional or updated education. However, purposefully or maliciously falsifying or misrepresenting facts when reporting a violation or cooperating in an investigation will not be protected from retaliation as such actions are themselves a violation of this Code. Our non-retaliation policy will also not apply if you knowingly, purposefully or negligently broke the law or violated our policies.

If you have experienced or witnessed retaliation, immediately report it to your supervisor, HR director, Facility Compliance Officer, AHM Compliance Officer or contact the Compliance Hotline. The Hospital will promptly investigate and take the proper steps to protect those who report retaliation.



## Making the Report

**Provide as much information as you can—even if you decide to report anonymously.**

To encourage reporting, we protect your identity, we prohibit retaliation and we provide multiple methods for reporting. **You also have the option to make your report anonymously.** In any report, regardless of the method, we ask that you provide as much information as possible to enable us to conduct a meaningful investigation including a detailed description of your concerns, relevant dates, types of services, personnel involved or with possible knowledge, the standard or requirement violated, etc. The more information we have, the more effective our inquiry can be.

### The Code in Practice:

We all must be involved with making sure this Code is adhered to. This includes:

- Provide encouragement or offer assistance if you see a colleague could use some help in that moment.
- If you or a colleague are unsure of what to do, work together to get the information.
- Indicate disapproval or seek appropriate intervention if you observe less serious breaches.
- Report serious breaches of the Code to the appropriate person. If you are unsure, discuss the situation with your supervisor, department manager or Facility Compliance Officer.
- Support colleagues who make good faith reports or who seek clarification and do not permit others to retaliate or ostracize them.
- Report any instances of potential retaliation against an individual who has reported a violation.



# Methods of Communicating

## Methods of Communicating

Use the following methods to seek guidance, suggest improvements or report a violation.

- **Your manager or Human Resources:** Your manager and Human Resources are excellent resources for guidance or concerns related to many Hospital and job-specific policies, process or quality improvements, work responsibilities, co-worker issues, discipline disputes, promotion opportunities, and issues related to the overall work environment.
- **Facility Compliance Officer, AHM Compliance Officer:** For issues involving actual or potential Code or legal violations, you should seek guidance from or report concerns to the Facility Compliance Officer or the AHM Compliance Officer.
- **Compliance Hotline: 844.477.0008:** You can also report potential violations to the Compliance Hotline. The Hotline is answered by an independent third party 24 hours a day, 7 days a week. You can report potential violations to the Compliance Hotline anonymously if you wish.

Nothing in this Code prevents you from reporting potential violations of law to relevant government authorities.

Your active involvement in asking questions, seeking information, making suggestions and reporting potential violations is the key to making our Compliance Program effective.



**Q:**

What should I do if my manager asks me to perform a task that I believe might violate our Code or a law?

**A:**

If your gut is telling you something is wrong, don't hesitate to raise your concerns openly and honestly with your manager. If you are not comfortable speaking to your manager or are not satisfied with your manager's response, raise the issue through any other Communication Method. You should never knowingly violate our Code, a policy, or law simply because a manager directs you to do so or because you did not ask for guidance.

Examples of issues involving actual or potential Code or legal violations:

- Accounting or auditing errors or misrepresentations;
- Fraud, theft, bribery, and other corrupt practices;
- Payment to a physician based on the value or volume of referrals;
- Billing for services not performed;
- Failing to round on patients as directed;
- Not timely following up on vital labs;
- Harassing or threatening a co-worker.

# Investigations

## Every Reported Potential Violation is thoroughly Investigated:

**We take every concern seriously and diligently and fairly evaluate each one.**

Every concern raised through our compliance hotline or with the compliance officer is examined thoroughly through the process outlined below. While we have created a process that ensures you can submit your concern anonymously, we encourage you to leave your name and contact information. If you provide your contact information with the Hotline or with the Compliance Officer, we assure you that it will remain confidential. Having your contact information is immensely helpful since it allows us to ask follow up questions, seek additional information and provide direct feedback. In other words, being able to speak with you about the issue helps us to fully understand the issue and take the appropriate corrective action.

**1**

### WRITTEN REPORT IS CREATED

When you file a report through the Compliance Hotline, the third-party vendor will provide the Compliance Officer with a written report. **The Compliance Hotline does not use caller ID, so your calls can remain anonymous if you wish.**

You may also file a report directly with the Facility Compliance Officer via phone or email.

**2**

### YOUR CASE IS INVESTIGATED

Once a report is received, the Facility Compliance Officer assigns a case number and works with appropriate compliance or legal personnel to conduct an inquiry/ investigation of the matter. All cases remain open until each allegation has been addressed for resolution.

**3**

### RESOLUTION ACHIEVED

The Facility Compliance Officer reviews the formal responses for closure. Once a case is closed, the Compliance Officer provides a response back to the third-party Hotline. This ensures the Hotline is well informed in the event the person who reported the incident calls the Hotline to request a status update.

Regardless of how you submit a report, you will receive a case number so you may check the status at any time, and/or provide additional information.

Lighthouse Compliance Hotline—24/7:

[denel.lafleur@ahmgt.com](mailto:denel.lafleur@ahmgt.com)

Lighthouse Compliance: 844.477.0008



3.

## Ensuring a Safe Working Environment



Commit to yourself and each other to work together to foster a positive and safe work environment.

# Treat each other with respect and dignity

## Respect as a Foundation for all interaction

**We respect our Personnel and expect our Personnel to respect each other.**

We recognize the importance of supporting and promoting a supportive working environment in which Personnel are free to focus on providing high quality patient care without discrimination, harassment, and unprofessional behavior.

All Personnel are expected to be familiar with this Code and our personnel policies and act in a manner that does not violate or contradict any of our personnel policies or values. If you suspect or witness violations of our personnel policies or values, you owe it to yourself, your colleagues, and the Hospital to speak up and report it.

### All Personnel should:

- Respect the diverse backgrounds of our employees and co-workers.
- Give qualified individuals the chance to develop and succeed.
- Never harass others physically, verbally, psychologically, or sexually.
- Be truthful in all verbal and written communications.
- Never cheat or otherwise act dishonestly.
- Refrain from behavior that includes intimidation, foul language, threats of violence, or retaliation.

## Anti-Discrimination

**We treat Personnel equally.**

We are committed to providing an equal opportunity work environment where everyone is treated with fairness and dignity. We believe every Personnel member should have the opportunity to reach their full potential by working in an environment free of discrimination.

Our Hospital prohibits discrimination in all matters including recruiting, hiring, training, disciplining, promoting, compensating, or any other term or condition of employment or contract. Personnel decisions must always be in compliance with the law, based on merit, qualifications and job-related performance, and without regard to non-job-related characteristics such as:

- Race, color, or ethnicity
- Citizenship, ancestry, or national origin
- Disability
- Sex, gender, or gender identity
- Marital status or pregnancy
- Age
- Religion
- Sexual orientation
- Veteran status
- Any other legally protected status

We will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

# Harassment is not tolerated

## Anti-Harassment

**Personnel should feel comfortable in the workplace.**

Harassment includes unwelcome verbal, visual, physical, or other conduct of any kind that creates an intimidating, offensive, or hostile work environment. We seek to create a work environment that is free from harassment of any kind. Our Hospital follows all state and local laws prohibiting harassment and consider the following behavior to be inappropriate and unacceptable:

- Sexual harassment
- Offensive language or jokes
- Racial, ethnic, gender, or religious slurs
- Degrading comments
- Intimidating or threatening behavior
- Unwanted physical activities (e.g., touching, hugging, or blocking someone's path)
- Showing aggressive hostility towards others.

You should never act in a harassing manner or otherwise cause your co-workers to feel uncomfortable or unsafe in their work environment.

**It is important to remember that harassment, sexual or otherwise, is determined by how your actions impact others—regardless of intentions.**

## What is Sexual Harassment?



Sexual Harassment is bullying of a sexual nature, coercion of a sexual nature, or an inappropriate promise of rewards in exchange for sexual favors. Sexual harassment may consist of verbal, visual, or physical conduct of a sexual nature that is unwelcome or that makes someone feel uncomfortable. It can take many forms, such as:

- Unwanted touching, comments about appearances, or sexual advances
- Sexually oriented jokes, pictures, texts, or email messages
- Display of obscene pictures, posters, or pornography

## Workplace Health and Safety

**Personnel should feel safe in the workplace.**

The Hospital complies with government regulations and has developed policies designed to help ensure our workplace is safe and to protect our Personnel from potential workplace hazards. You should be familiar with and understand how these policies apply to your specific job duties and seek advice from your supervisor or the Facility's Compliance Officer whenever you have a question or concern. It is very important that you advise your supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so that timely corrective action can be taken to resolve the issue and/or remove the hazard.

# Workplace Violence; Employee Privacy

## Workplace Violence

**We are committed to a safe working environment.**

Our Hospital prohibits workplace violence or intimidation that contributes to a hostile work environment. This prohibition includes:

- Verbal assaults;
- Threats or any expressions of hostility;
- Intimidation, aggression or hazing;
- Robbery and other commercial crimes;
- Stalking;
- Hate crimes; and
- Terrorism.

We prohibit Personnel from possessing firearms, other weapons, explosive devices, or other dangerous materials on Hospital premises.

Personnel who observe or experience any form of workplace harassment or violence should immediately report the incident to their supervisor, Human Resources Department, a member of Hospital Administration, the Compliance Officer, or the Compliance Hotline.

## Respecting Employee Privacy Rights

As part of our everyday work, some employees have access to personally identifiable information (PII). PII is any information that can be used to identify an individual (e.g., full name, birthdate, or social security number). We use, store, and transfer personal data per employment data protection standards, related procedures, and local law. We do not disclose employee PII unless required by law or when there is a legitimate business need and with the consent of the employee.

## Respecting Copyrights

Personnel may only use copyrighted materials pursuant to the Hospital's policy on such matters, including the use of training or educational materials, forms, or other information. Personnel may not use copyrighted materials belonging to Hospital or Allegiance Health Management, Inc. for personal use or tamper with policies/forms. Any documents, forms, or other materials developed by any Hospital Personnel shall become and remain property of Hospital.

## Speak up—

Report threats or potential violence to your supervisor Human Resources Department, Administration, Compliance Officer or Compliance



# The 5 Tenets of Professionalism

## 1. Clinical Virtues

Cultivate and practice clinical virtues, such as compassion and empathy for our patients, their loved ones, and your fellow employees.

## 2. Mindfulness

Always fulfill your professional responsibilities with mindfulness. This means:

- Notifying your supervisor if something interferes with your ability to perform tasks effectively.
- Learning from experience and growing from the knowledge gained from errors to avoid repeating mistakes in the future.
- Dedicating yourself to lifelong learning and self-improvement.
- Completing all tasks accurately, thoroughly, legibly, and in a timely manner. This may include attending and participating in meetings and conferences.
- Always follow through on whatever you have agreed to do.
- Avoid interacting with patients when you are ill, distraught, or overcome with personal problems. If this happens, speak to your supervisor.
- Recognize and acknowledge your errors of omission and commission to colleagues, supervisors, and patients.
- Be aware of your personal limitations and know when to ask for help.

## 3. Objectivity

Avoid providing professional care to members of your family or to persons with whom you have a close, personal relationship.

## 4. Collegiality

Teamwork is paramount to ensure that our patients receive the highest quality care. This means:

- Communicating with and cooperating with staff members involved in patient care.
- Teaching others.
- Being generous with your time when answering questions from fellow staff members, patients, and visitors.
- Using communal resources responsibly and equitably.

## 5. Responsibility to Community

We owe a responsibility to the communities that we serve. This means:

- Avoiding unnecessary items or services that will increase costs for our patients.
- Providing appropriate emergency services to ALL patients, regardless of their ability to pay.
- Avoiding behaviors that impair the community's confidence in our ability to service their health care needs.
- Always demonstrating behavior that complies with this Code to ensure the future viability of your Hospital.



# Professionalism In Practice

## The Code in Practice:

### Embody Professionalism:

#### Dress

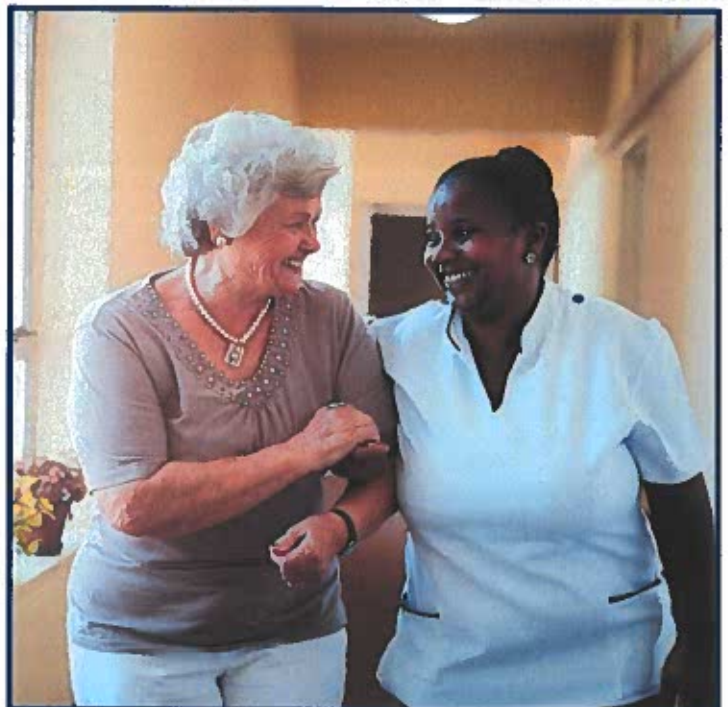
- Wear your name badge at all times above the waist and in plain view.
- Dress in a neat, clean, professionally appropriate manner.

#### Speak

- Clearly identify yourself and your professional level to patients and staff.
- Respectfully address patients by their last name .
- Do not make offensive or judgmental comments about patients or staff, verbally or in writing.
- Assume any negative comments you might make may be overheard.
- Do not criticize the medical decisions of colleagues in the presence of patients or staff or in the medical record.

#### Act

- Maintain composure despite stress, fatigue, professional pressures, and personal problems.
- Do not access confidential staff information without a professional reason.
- Do not abuse drugs or alcohol that could diminish the quality of patient care or professional performance.
- Do not engage in political activity while on the Hospital's premises including wearing political buttons and discussing political issues.



# Controlled Substances

## Substance Abuse

**We are committed to a drug-free workplace.**

Drugs may include illegal drugs, controlled substances, alcohol, or misused prescription medication. If you work under the influence of drugs or alcohol, you pose an unacceptable safety risk to yourself and others. We perform our job duties free from the influence of any substance that could affect job performance. We therefore prohibit:

- Working under the influence of alcohol, illegal drugs, or controlled substances
- Possessing, selling, using, or distributing illegal drugs or controlled substances while working or on Hospital property except in the legal and appropriate provision of controlled substances at one of our patient care facilities.

## Controlled Substances

**We have an obligation to responsibly secure medications.**

Only select Personnel shall have access to medical supplies, prescription drugs, and controlled substances and only to the extent required and as authorized pursuant to an order by a qualified practitioner. It is extremely important that these items be handled properly and only by authorized individuals to minimize risks to us and to patients. If you become aware of the diversion of drugs from the Hospital in any manner, you are obligated to report the incident immediately.

**If you have a drug or alcohol problem, ask for help.**



**Q:**

Over the past few months, I've been dealing with personal issues that are causing emotional and financial stress. My doctor has prescribed medication to help me get through the day, but I'm beginning to think I may have a substance abuse problem. What should I do?

**A:**

You should contact your healthcare professional or the Human Resources Department to discuss questions or concerns about substance dependency or abuse.

Take the initiative to identify and help impaired staff with the assistance of the appropriate staff member, professional board, or other appropriate referrals.

## 4. Patient Safety



It is a privilege to provide medical care to our community. Be committed to always treating our patients with respect, kindness, patience and empathy.



# Quality of Patient Care

## Quality of Patient Care and Safety

**We deliver safe, effective, efficient, and compassionate patient care.**

The Hospital is committed to our Mission to provide high quality, cost effective healthcare to each patient at each Hospital practice location. The Hospital sets and supports a standard of excellence within our facilities. Implementation and adherence to these standards requires each Personnel member to commit to knowing and meeting these standards. We all need to commit to ourselves, each other, and our patients that we will treat all patients with dignity and compassion and only provide necessary and appropriate care.

The Hospital has a comprehensive program to promote the quality goals of the organization. Hospital facilities focus on:

- Delivering individualized services to patients that focus on their specific needs;
- Utilizing innovative technology and solutions to improve quality care;
- Establishing a culture that prioritizes patient safety and patient rights;
- Creating meaningful and comprehensive credentialing and peer review mechanisms for our medical staff.

### **Raise any concerns; Seek Clarification.**

If you have any questions about or are unsure how to apply our commitment to quality or patient safety in any given situation, you must raise this concern to your manager, Compliance Officer, or the Compliance Hotline.

Lighthouse Compliance Hotline:

**844.477.0008**

Report a Concern at:

**[denel.lafleur@ahmgt.com](mailto:denel.lafleur@ahmgt.com)**



**Q:**

What should I do if a patient refuses treatment?

**A:**

Patients have the right to refuse care, treatment, and services. We must take reasonable steps to determine the patient's wishes and exercise the patient's rights. Patient preferences are honored within the limits of the law and our organization's mission, philosophy, values, and capabilities. If you have a question regarding patient rights, please contact your Manager, the Compliance Officer, or the Compliance Hotline.

### **Patient Safety is Essential**

The care and safety of our patients is our highest priority. We conduct background checks on each individual being considered for employment. We will not hire individuals with a history that endangers our patients, or who is found to be debarred, excluded or sanctioned. We routinely search the Office of Inspector General and General Services Administration's lists of excluded and ineligible persons.

# Patient Rights

## Patient Rights

### **Our patients come first.**

We have an ethical and professional responsibility to treat our patients with compassion and to respect our patients' rights. Clinical care is individualized and based on each patient's identified healthcare needs, without discrimination based on the patient's age, gender, disability, race, color, religion, sex, sexual orientation, gender identity, national origin, ability to pay, or any other legally protected status

We respect our patients' various backgrounds, beliefs, and cultures and will strive to respect each patient's rights by:

- Upon admission, providing the patient and their family a written statement of patient rights that explains the rights of the patient to make decisions regarding medical care and conforms with all applicable state and Federal laws;
- Providing the patient and their family a clear explanation of their anticipated care, including diagnosis, treatment plan, risks and benefits of treatment options, right to refuse or accept care, care decision dilemmas, advance directive options, and organ donation/procurement;
- Encouraging active patient and family involvement in all aspects of care throughout the entire treatment process and giving priority to their choices whenever possible; and
- Actively involving the patient and family in the patient's discharge process and providing a full list of possible providers capable of caring for the patient if post-discharge treatment is warranted.

## Community Resource

We recognize that patient's overall health can be improved by providing health education, health promotion, illness prevention programs as well as outpatient and clinic services as part of our overall effort to be a resource to our community and help improve the community's overall health and well-being.

## Emergency Treatment

### **We will only transfer patients when necessary.**

We will only transfer patients to another facility if the patient's medical needs cannot be met at Hospital and appropriate care is knowingly available at another facility. We will only transfer patients to another facility after they have been formally accepted by the alternate facility.

### **The Code in Practice:**

Each Patient has the right to:

- To be told about his or her rights;
- To be involved in his or her plan of care and discharge plan;
- To make informed decisions regarding that care;
- To formulate advance directives and to have those directives followed;
- To have privacy and to receive care in a safe setting;
- To be free from verbal or physical abuse or harassment;
- To expect confidentiality of his or her medical records and health information; and
- To look at and make copies of his or her medical records.



# Patient Dignity

## The Code in Practice:

Caring for our patients is a privilege. We must remember that being in a hospital is a stressful time for both the patient and their loved ones. When interacting with patients and the patient's family, remember where you are and why you are here:

- Take the time listen to and speak with the patient and the patient's family;
- Work to understand the patient's and the family's anxieties, concerns and treatment goals;
- It is normal and ok for the patient or family to ask the same question multiple times;
- Get information to help answer their questions promptly if possible;
- Patients and their families do not know when you are on break. If you're visible and are approached, you are on duty;
- Enlist the assistance of team members to ensure the patient's needs are being met and questions or concerns are addressed.
- Just one inconsiderate or dismissive interaction with the patient or patient's family can profoundly impact the patient's overall experience and satisfaction. Never use offensive language when referring to patients or their illnesses.

## Ensuring a supportive environment. Patient satisfaction.



To foster a supportive care environment, patients and their representatives will be accorded appropriate confidentiality, privacy, security and protective services, opportunity for resolution of complaints, and pastoral counseling.

Any restrictions on a patient's visitors, mail, telephone, or other communication must be evaluated for their therapeutic need and fully explained to and agreed upon by the patient or patient representative.

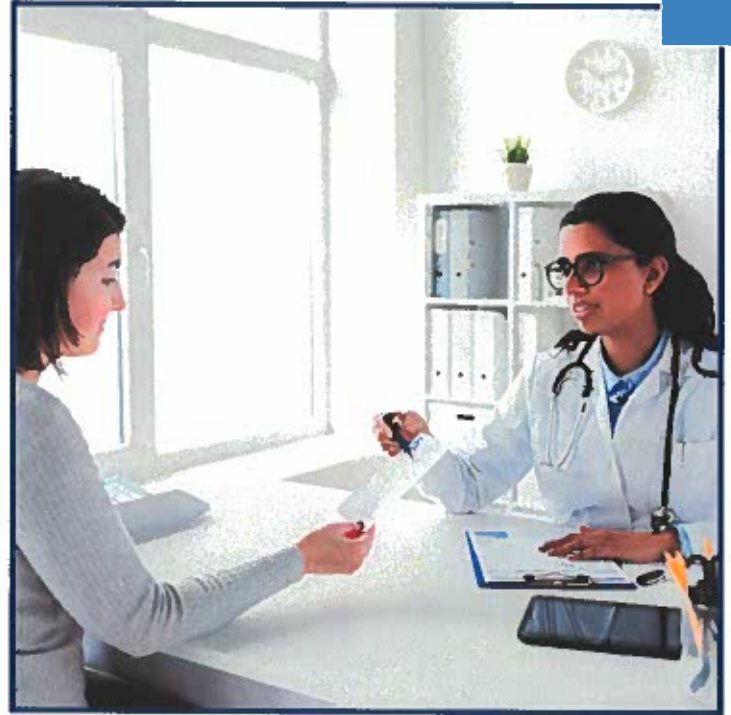
## Patient Grievance Resolution

Personnel must be familiar with and inform the patient or patient's representative of the Hospital's grievance resolution policy and processes and provide the contact information for the patient or patient's representative to file a patient grievance.

## The Code in Practice:

An important aspect of patient care is respecting our patients' time and decisions, and providing compassionate professional services. This means that you should:

- Obtain the patient's informed consent for diagnostic tests or therapies and respect the patient's right to refuse procedures.
- Assume responsibility for the patients under your care until you have transferred the care to another professional and that professional has acknowledged the transfer of care.
- Follow up on ordered laboratory tests and complete patient record documentation promptly and conscientiously.
- Ensure that all patients' tests and treatments are completed and followed up appropriately.
- Coordinate with your team to determine the appropriate time to share information with patients and their families. There must be a coherent and consistent treatment plan in place.
- Never develop a romantic or sexual relationship with patients; if such a relationship seems to be developing, seek guidance and terminate the professional relationship.
- Do not abandon a patient. If you are unable or unwilling to continue care, you have an obligation to assist in making a referral to another competent practitioner.
- Patients rely on accurate record keeping to guide their treatment plans. Timely maintain accurate, honest records of patient care. Follow procedures to correct and amend records.
- Always make care decisions based on the patients' needs and desires. Do not base decisions on your financial compensation.
- Do not involve patients in personal issues.



## Respect all patients and visitors.

Remember, patients and their visitors are in an environment that can be unfamiliar and frightening.

Communicate with kindness, empathy, and in a manner that a layperson can understand.





# Protecting Patient Information

## Safeguarding Patient Information

### **Patient privacy is our priority.**

We are committed to protecting the privacy and security of our patients' protected health information ("PHI"). We create and maintain PHI as a record of the care and services provided to our patients. We recognize that it is our responsibility under federal and state law to protect this information from unauthorized disclosure or misuse.

We expect those permitted to access PHI, including our personnel and business associates, to comply with our policies, as well as federal and state law, in order to ensure that patient information remains confidential. Those who disclose, misuse, or fail to take reasonable measures to secure PHI are subject to disciplinary action, up to and including termination.

## Record Retention and Destruction

### **We must retain records for a defined period of time.**

We are required by law to keep medical and business records for defined periods of time. We maintain a record retention and destruction policy and schedule for everyone to strictly follow.

## Permitted Use and Disclosure of PHI

We are committed to protecting patient PHI and ensuring compliance by provider clients, by complying with applicable federal and state statutes and regulations including the Health Insurance Portability and Accountability Act and its implementing regulations.

We require Hospital Personnel, including employees, healthcare professionals, physicians, and business associates, to comply with patient information privacy requirements by, among other things, limiting the use and disclosure of PHI in the following ways:

- **For Treatment:** Medical and healthcare personnel may utilize PHI, as necessary, in the treatment of the patient;
- **For Payment:** PHI may be used to bill appropriate third parties for the treatment and services the patient received while a patient;
- **For Health Care Operations:** Hospital may use PHI for internal management purposes, such as Quality Improvement;
- **For Appointment Reminders:** Hospital may disclose PHI related to a scheduled appointment for medical care;
- **For Treatment Alternatives:** Hospital may release information in discussion of treatment alternatives with a patient and/or appropriate members of the patient's family;
- **Individuals Involved in a Patient's Care:** Hospital may release information regarding a patient to members of the patient's family or friends previously identified as assisting a patient; and
- **As Required by Law:** Hospital will disclose patient information to other parties as required by law.

In addition, it is recognized that special situations may exist that require the release of a patient's PHI. Any questions, concerns, complaints or suggestions relating to the release or use, or security, of patient information should be directed to the Compliance Officer.