

## INTRODUCTION

Hospital Service District No. 1 d/b/a Madison Parish Hospital (“Hospital”) adopts this Code of Conduct (“Code”) as an expression of its overall ideals regarding the Hospital’s governance and operations. Hospital governing body members (the “Governing Board” or “Board”), Medical Staff members, and all employees and Hospital personnel, should be familiar with the ideals expressed in Hospital’s Mission, Values, Vision and Guiding Principles below. The statements are more than just words; they are the ideals that give shape to the Hospital’s direction into the future, and govern the relationships between the Hospital and the communities it serves. Ultimately, the Hospital’s ability to live up to the ideals contained in this Code of Conduct depends on the efforts and commitment of people. Consequently, every member of the Hospital Governing Board, Administration, Senior Management, Medical Staff, employees and any other person providing services at and/or for Hospital (“Hospital Community Members”) is expected to follow this Code of Conduct in all of their activities on behalf of and relating to the Hospital.

### I. MISSION, VISION, PRINCIPLES AND VALUES OF HOSPITAL

Hospital Community Members are expected to work together to assist the Hospital implement and achieve the following:

#### A. **Mission:**

The Hospital’s mission is to provide access to emergency, primary and acute care for the residents of Madison Parish.

#### B. **Guiding Principles:**

Securing the safety, meeting the needs and respecting the dignity of the Hospital’s patients are the Hospital’s guiding principles.

#### C. **Values:**

1. *Commitment:* The Hospital is committed to providing a healing environment to patients, visitors and other members of the staff that is safe, caring and inviting.
2. *Respect:* The Hospital will treat everyone with courtesy, sensitivity and respect.

3. *Integrity:* The Hospital will serve its community and its patients in accordance with the highest ethical standards and in a reliable, accountable and transparent manner.
4. *Excellence:* The Hospital will strive for excellence in everything it does and project and maintain an appropriate image and demeanor at all times.
5. *Teamwork:* The Hospital will rely on Hospital Community Members' ability to effectively communicate and collaborate for the good of the Hospital's patients.
6. *Stewardship:* The Hospital will make wise use of its resources to achieve its mission of community service.

## II. CODE OF CONDUCT: STANDARDS

Madison Parish Hospital is committed to providing quality health care services to residents of its surrounding communities based on its Mission, Vision and Values. The Hospital's Governing Board and Administration are committed to developing a culture throughout the Hospital that values compliance and that achieves compliance through the ethical behavior and moral conduct of every Hospital Community Member.

This Code of Conduct is intended to assist Hospital Community Members with guidelines for conducting business and their professional relationships. Each Hospital Community Member is expected to know, understand and abide by the guidelines outlined in this Code of Conduct, so that they are able to provide or support the provision of the highest levels of compassionate, quality health care while complying with all applicable laws, rules, and regulations.

Every Hospital Community Member is expected to understand that the responsibility for ethical behavior rests with each of us, in the decisions we make and the actions we take. We know that our relationships are expected to be professional, compassionate, and caring. We understand that we are expected to advance the best interests of the Hospital, by preserving its assets, avoiding conflicts of interest, acting in a manner that benefits the Hospital, and never compromising its integrity or reputation.

The Hospital also recognizes that insisting on ethical behavior from others must become part of how it manages all aspects of providing care to the community. As such, it is a guiding principle of this Code that it governs the behaviors of all parties who seek to do business with the Hospital. All independent practitioners, vendors, or contractors are expected to abide by this Code when acting in a manner that impacts the Hospital, its patients, or relationships.

The Hospital's patient and business activities are numerous. While there are strict rules to guard against fraud or dishonesty, the broad values articulated by Hospital also serve as guidelines for addressing possible problems that may arise. This Code provides general information about how the Hospital expects all Hospital Community Members will conduct its business and serves as the framework within which all the policies, procedures, or practices of the Hospital are to be understood. Adherence to the Code of Conduct is required by all Hospital Community Members. Violations of the Code of Conduct may result in disciplinary or other adverse actions.

### **III. PROVIDING MEANINGFUL ACCESS TO QUALITY PATIENT CARE**

The Hospital's central focus is to provide the community with meaningful access to needed medical care. To that end, the Hospital pledges to devote its resources and efforts to ensure that the patient services provided at the Hospital meet or exceed acceptable standards of both quality and patient safety and are available to those who need them within the limits of Hospital's resources.

The Hospital is committed to providing quality healthcare to our patients. The Hospital and all Hospital Community Members will strive to always treat our patients with respect and dignity and provide care that is both necessary and appropriate. The Hospital will never discriminate against any patient in the admission, transfer or discharge of patients or in the care provided based on race, color, religion or national origin. The Hospital is committed to serving and providing meaningful access to needed medical care to everyone in the community. Consequently, clinical care decisions are based on the patient's medical condition, not on a patient's economic condition.

#### **A. Emergency Treatment.**

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires the Hospital to provide emergency medical screening examinations and necessary stabilization to all patients, regardless of their ability to pay. As part of its community mission, the Hospital is committed to providing such emergency services to all with care and compassion. The Hospital will strive to ensure that every patient presenting to the emergency department in labor or with an emergency medical condition will receive the appropriate medical attention and treatment. The Hospital will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information.

To meet its obligations to the community, the Hospital does not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay or based on any other discriminatory factor.

Patients with emergency medical conditions are only transferred to another facility at the patient's request or if the patient's medical needs cannot be met at

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Hospital due to capacity or capability and appropriate care is knowingly available at another facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

## **B. Patient Rights.**

The Hospital and every Hospital Community Member shall act in a manner that respects and protects patients' rights. Each patient has the right:

- To be told about his or her rights;
- To be involved in his or her plan of care;
- 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, in accordance with applicable state and federal law.

## **C. Patient Protections.**

The Hospital considers the care and safety of its patients to be its highest priority and in order to maintain the quality and safety of patient care, the Hospital and every Hospital Community Member understands that any suspected patient abuse or neglect is to be reported and investigated immediately. Additionally, the Hospital will secure background checks on all applicants and reserves the right to recheck the background of current employees. Each individual being considered for employment will have his/her background reviewed prior to a final employment offer. No individual with a history which endangers our patients, or who is found to be debarred or sanctioned by the Federal Government and, therefore, ineligible to participate in a federally funded health care program, shall be hired or continue in their employment. In addition, all agency and temporary staff, together with physicians being considered for staff privileges, are expected to adhere to the same standards.

## **IV. CREATING A CULTURE OF COMPLIANCE**

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The Hospital's Governing Board and Administration are committed to creating a "Culture of Compliance" throughout every aspect of the Hospital's operations through the development and implementation of this Code of Conduct and Compliance Plan and the adherence to the statements, principles, policies and procedures contained therein. Every Hospital Community Member is expected to participate in and contribute to establishing and fostering the Hospital's Culture of Compliance.

The Hospital has adopted the Compliance Program, including this Code of Conduct to guide the Hospital's compliance efforts through the establishment of clear principles and a set of policies and procedures. Every Hospital Community Member is required to review this Code of Conduct and the Compliance Plan and ask questions and suggest improvements.

The Code of Conduct and Compliance Plan, including its policies and procedures, are designed to be revised and improved over time in order to make compliance a seamless and organically-developed aspect of the Hospital's daily operations. Open communication, regular education, and compliance audits are essential elements of providing quality patient care within a Culture of Compliance and the Hospital has endeavored to base this Code of Conduct and the Compliance Plan on these elements.

### **A. Open Communication.**

All Hospital Community Members are encouraged to ask questions, suggest improvements, report potential issues or violations, and assume an active role in the Hospital's compliance every day through their personal conduct and through open communications with other Hospital Community Members. The Hospital seeks to encourage open communication as a means for everyone to express their compliance, quality and other concerns and/or suggestions for improvement without fear of retaliation.

Open communication is essential to maintaining an effective Compliance Program by increasing the Hospital's ability to internally identify and respond to potential and/or actual compliance issues, quality concerns or performance improvement suggestions. The Hospital has established, as an essential element of this Code of Conduct, the expectation that every Hospital Community Member will strive to foster open communication.

Hospital-wide open communications will improve the Hospital's operations and assist the Hospital with achieving its community goals. Open communications will improve the morale of Hospital Community Members. Moreover, open communications will help the Hospital provide high quality patient care.

The Hospital's Governing Board has designated a Compliance Officer as the person responsible for coordinating the Hospital's and every Hospital Community Member's compliance efforts. Hospital Community Members with questions about this Code should contact the Compliance Officer directly at \_\_\_\_\_, or by calling the Hospital's Compliance Hotline at \_\_\_\_\_.

## **B. Regular and Adaptive Education and Training.**

The Hospital's Culture of Compliance is supported by continuing training and education of all Hospital Community Members. Training and education are critically important to the success of any Compliance Program and every Hospital Community Member is expected to engage in education and training efforts. It is imperative that all Hospital Community Members make a good faith effort to learn, understand and abide by the applicable rules, regulations and statutes.

In conjunction with compliance audits, identification of risk areas, regular updates on changes in the law, the Hospital intends for education and training to be a routine and expected aspect of normal Hospital operations.

The Hospital has designated the Compliance Officer, or his/her designee, as responsible for developing and monitoring ongoing education relating to documentation, coding and billing compliance. Additionally, some employees may receive specialized training tailored to their specific responsibilities. Education may be provided through a variety of means, including orientation, written materials, newsletters, staff meetings, and formal internal and external education. The key to meaningful compliance is for every Hospital Community Member to want to learn, improve, and grow. The Hospital is committed to assisting and directing this education as it will improve compliance and patient care.

## **C. Compliance Audits.**

A critical component of the Hospital's efforts to create a Culture of Compliance is the demonstration of Hospital's commitment to compliance through internal auditing and monitoring of billing and coding practices, processes and adherence to the Compliance Program. The Hospital and every Hospital Community Member are committed to the Hospital's internal auditing policies and procedures. Internal auditing shall be conducted under the guidance of the Compliance Officer and compliance reports will be given to the Compliance Committee and the Administration, either orally or in writing, by the Compliance Officer on a periodic basis.

## V. COMMITMENT TO REGULATORY COMPLIANCE

The Hospital and every Hospital Community Member makes a commitment to provide medically necessary health care services in a manner that complies with all applicable standards, rules, regulations and statutes. These laws are extensive and apply to all aspects of the delivery of health care services, including licensure, payment rules, fraud and abuse rules, treatment of patients, etc. The complicated nature of the laws, regulations and rules means that the Hospital and every Hospital Community Member must work to minimize any compliance mistakes.

### A. Compliance as a Central Administrative Priority.

The Hospital firmly believes that hospitals with an organizational culture that values compliance are more likely to have effective compliance programs and, thus are better able to prevent, detect and correct compliance mistakes and are better able to fulfill their obligations to the community. The Hospital's Governing Body and Administration have thus made compliance a central administrative priority for the Hospital.

### B. Duty to Report Compliance Mistakes.

Compliance mistakes can be violations of these laws and regulations that lead to criminal prosecutions against both the persons involved and the Hospital. Compliance mistakes can also be violations that lead to substantial civil penalties and fines. However, compliance mistakes can also simply be mistakes that either need to be corrected going forward by changing behavior or procedures or need to be corrected by refunding any monies received by the Hospital relating to the mistakes. The principles embodied in this Code of Conduct and implemented through the Compliance Program are intended to help foster the Culture of Compliance that reduces the risk of mistakes, but also allows the Hospital and each Hospital Community Member to meet its compliance commitment by self-discovering mistakes, determining if the mistakes are violations, correcting the mistakes and developing reasonable precautions to prevent any reoccurrences.

Additionally, because failure to report misconduct can in itself be viewed as potential misconduct, the Hospital requires Hospital Community Members to immediately report any action that is questionable. Employees should understand that failure to make reports of illegal or unethical behavior on the part of others may result in disciplinary action against those who negligently fail to report. Any manager or supervisor who receives a report of a potential compliance mistake, breach of the standard of care, or any other potential issue interfering with the Hospital's Mission, Guiding Principles, Vision or Values must likewise immediately contact the Compliance Officer.

Fulfilling the commitment to compliance made by the Hospital and every Hospital Community Member necessarily depends on internal reporting. The Hospital and Hospital Community Members cannot properly prevent or correct mistakes of which they are unaware. Consequently, the Hospital considers it to be an affirmative obligation of anyone with compliance questions or concerns about a possible mistake or violation to contact the Hospital's Compliance Officer at \_\_\_\_\_, or the Hospital's Compliance Hotline at \_\_\_\_\_.

**C. Absolute Prohibition on Reprisals and Retaliations.**

To encourage internal accountability and foster the Hospital's Culture of Compliance, the Hospital is committed to protecting those who report possible violations or concerns. The Hospital will not engage in and will not permit any reprisal or retaliation against any Hospital Community Member who in good faith reports any violation of any federal or state law or any matter that impacts the safety and well-being of a patient, visitor or other member of the staff. There will be no retribution for those who report misconduct in good faith, and the identity of the employee making the report will be kept confidential, to the extent possible.

If a Hospital Community Member makes a good faith report raising concerns, issues or questions related to compliance under the Compliance Program, including improper or illegal submission of false or fraudulent claims to state or federal agencies, that individual will be afforded protection as a 'whistle-blower'.

Any Hospital Community Member who believes that he or she has suffered a reprisal for a good faith claim should either report it to the Hospital's Compliance Officer at \_\_\_\_\_ or the Hospital's Compliance Hotline at \_\_\_\_\_. Any manager, supervisor or employee who is determined to have engaged in retaliatory behavior towards another employee, will be subject to disciplinary actions that may include termination.

**D. Internal Investigations.**

The Hospital is committed to internally investigating compliance mistakes and complaints timely and thoroughly. Hospital Community Members are required to cooperate in any internal audit or investigation and may be subject to discipline for failure to do so.

**E. Individual Judgment.**

The Hospital understands that Hospital Community Members are often faced with making critical decisions based on activities in the workplace and that it may not always be easy to determine which decision is the best, most compliant choice. The Hospital has endeavored to provide the Hospital Community Member with the proper tools and education to properly evaluate the compliance implications of any decision; however, compliance is ultimately up to each Hospital Community Member's individual judgment. If anything within this Code of Conduct goes against the Hospital Community Member's good judgment, Hospital requests such member discuss it with the appropriate supervisor or with the Compliance Officer.

Good judgment, common sense and a genuine desire to do the right thing in a compliant manner are the keys to making the right decision. However, when in doubt, *ask* a supervisor or the Compliance Officer.

## **F. Government Investigations.**

The Hospital recognizes that the federal and state agencies regulating hospitals have an obligation to protect the public. Consequently, the Hospital is committed to cooperating with any investigation, request for information or any other inquiry from an appropriate government agency. To aid in this cooperation, the Hospital has established guidelines and policies and procedures on how and when the Hospital and Hospital Community Members should respond to government inquiries.

The Hospital asks Hospital Community Members to direct any inquiries from any federal or state law enforcement agency or official seeking any information about the Hospital or its personnel to the Hospital's Compliance Officer or other appropriate personnel identified in the Hospital Compliance Program.

## **VI. HOSPITAL IS COMMITTED TO ETHICALLY MEETING THE NEEDS OF ITS HOSPITAL COMMUNITY MEMBERS**

### **A. Hospital Will Treat all Hospital Community Members Fairly.**

Hospital understands that Hospital Community Members are the face of the Hospital and strives to treat such Hospital Community Members with fairness and courtesy. Hospital will strive to comply fully with all applicable wage and hour laws and other statutes regulating the employer-employee relationship and the workplace environment. Hospital will endeavor to fully negotiate and then abide by any contractual relationships necessary for the operation of the Hospital and fulfillment of its Mission.

The Hospital will not discriminate on the basis of race, color, religion, national origin, age, disability, sexual orientation, or gender in providing services to patients or the public, nor in relation to employment or contracting practices. Furthermore, the Hospital prohibits harassment or discrimination of its employees in any form by supervisors, coworkers, customers or vendors. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at Hospital. Harassment also includes incidents of workplace violence, and includes robbery and other commercial crimes, stalking cases, violence directed at the employer, terrorism and hate crimes committed by current or former colleagues. The Hospital requests that any persons who observe any discrimination or harassment immediately report the incident to their supervisor.

**B. Hospital is committed to Honesty in Communications and Business Relationships.**

The Hospital and Hospital Community Members are expected to be honest in their communication with patients and families, attorneys, staff members, auditors and all persons with whom the Hospital Community Members come into contact. The Hospital does not make misleading statements about its services or products or those of its competitors, does not copy materials in violation of copyright laws or use any confidential business information obtained unfairly or illegally from a competitor.

**C. Hospital is Committed to Honesty in Patient Referrals and Billing.**

Existing law specifically prohibits any form of kickback, bribe or rebate that is intended to induce the purchase or referral of any healthcare services or supplies paid for even in part by the Medicare or Medicaid programs. Hospital Community Members must not intentionally falsify claims understanding that such an act is never in the Hospital's best interest, would tarnish the Hospital's name and could result in severe sanctions.

All Hospital Community Members involved in any aspect of billing are expected to know, understand and abide by Medicare, Medicaid and other third-party insurer billing rules and requirements. Each employee is expected to use his or her best efforts to prevent errors and report any situations that may violate this principle to the Hospital's Compliance Officer at \_\_\_\_\_ or to the Hospital's Compliance Hotline at \_\_\_\_\_ or in writing directly to the Compliance Officer.

**D. Hospital Prohibits Gifts.**

Hospital Community Members should *not* offer, give, solicit or accept any payment, gift, or other remuneration, in cash or in kind, directly or indirectly that is intended to induce the referral of healthcare business or decisions regarding the use of products or services. Because federal and state laws impose strict limits and severe potential penalties, even on gifts that seem minor, Hospital prohibits Hospital Community Members from exchanging any gifts or other type of remuneration with any person or entity in a position to refer or arrange for the referral of healthcare or other business to or from the Hospital unless the specific exchange has been approved in advance by Hospital’s Compliance Officer.

If a Hospital Community Member has any questions about whether a gift is appropriate, the Hospital asks that the Hospital Community Member talk to the appropriate supervisor or the Compliance Officer.

**E. Hospital is Committed to its Mission.**

As a charitable organization, the Hospital has a legal and ethical obligation to use its resources in a way that promotes the public good rather than the private or personal interests of any individual. Therefore, the Hospital will always endeavor to avoid compensation arrangements in excess of fair market value, accurately report payments to appropriate taxing authorities, and file all tax information, returns and cost reports consistent with applicable laws.

Because the Hospital’s assets are to be used exclusively to further Hospital’s mission, those assets may not be used to benefit any individual or person, especially anyone in a position to exercise influence over Hospital’s business concerns.

**F. Hospital does not try to Illegally Influence the Political Process.**

Hospital understands that participation in the political process is one of every American citizen’s most basic rights. Federal laws, however, limit the nature and extent to which organizations like the Hospital may participate in political activities. While the Hospital encourages Hospital Community Members to participate in the political process according to the member’s own convictions, none of the Hospital’s resources or facilities may be utilized in support of any candidate or position. Hospital Community Members who choose to run for political office are expected to do so on their personal time and with their own resources.

Hospital may not contribute money, property or services to political parties or candidates. Further, while Hospital Community Members, as private citizens, may choose to make political contributions at the member's own expense, or decide to participate in political campaigns on the member's own time, Hospital Community Members should not attempt to influence legislation on behalf of the Hospital.

**G. Hospital is Committed to Comply with Antitrust Laws.**

Hospital will not engage in any behavior that might be interpreted as interfering with fair competition. Hospital understands that antitrust laws are designed to preserve and foster fair and honest competition within the community and Hospital will not seek to create any unfair advantage through dishonest, unethical or improper means.

**H. Hospital Seeks to Avoid Conflicts Of Interest.**

Hospital expects Hospital Community Members to avoid situations in which a conflict of interest, or the appearance of a conflict, could arise. Potential conflicts of interests should be submitted to and reviewed by the Hospital's Compliance Officer and Compliance Department.

**I. Hospital Strives to Ensure a Healthy and Safe Workplace.**

Hazardous materials and infectious waste must be responsibly handled in a manner that complies with environmental laws and regulations and follows the environmental safety procedures explained in our programs and manuals. Additionally, Hospital is committed to providing a healthy and safe environment for the public, patients and Hospital Community Members by striving to follow the laws and regulations that govern workplace safety and job-related hazards.

Hospital understands that Hospital and Hospital Community Members must be vigilant in order to avoid unsafe acts which could jeopardize the health and safety of Hospital Community Members, patients or others. All Hospital Community Members are expected to learn and follow approved safety standards and procedures applicable to their job activities and to consult with their supervisors, if applicable, or the Hospital Compliance Officer with a question concerning potential hazards or individual obligations to protect the environment.

## VII. SAFEGUARDING PATIENT INFORMATION

### A. Safeguarding Patient Information.

Taking care of patients requires Hospital Community Members to gather and manage a great deal of personal protected health information (“PHI”) about Hospital patients. The Hospital is committed to protecting the privacy and security of the PHI created as a record of the care and services provided to Hospital patients. The Hospital understands that maintenance of PHI is required to provide patients with quality care, and Hospital has a responsibility under federal and state statutes and regulations to protect patients from the unauthorized disclosure or the misuse of this PHI. Therefore, Hospital expects Hospital Community Members with permitted access to such PHI, as employees or business associates, to comply with its responsibilities under the law. Hospital Community Members who disclose, misuse or are careless with the PHI of a Hospital patient are subject to disciplinary action, up to and including immediate termination.

### B. Permitted Use and Disclosure of Medical Information.

Hospital is committed to protecting patient PHI by complying with applicable federal and state statutes and regulations and requires Hospital Community Members, including employees, healthcare professionals, physicians, and business associates, to comply with such requirements, including but not limited to limiting the use and disclosure of PHI in the following ways:

1. *For Treatment:* Medical and healthcare personnel may utilize PHI, as necessary, in the treatment of the patient;
2. *For Payment:* PHI may be used to bill appropriate third parties for the treatment and services the patient received while a patient of Hospital;
3. *For Hospital Operations:* Hospital may use PHI for internal management purposes, such as Quality Assurance, Utilization Review and Peer Review;
4. *For Appointment Reminders:* Hospital may disclose PHI related to a scheduled appointment for medical care;
5. *For Treatment Alternatives:* Hospital may release information in discussion of treatment alternatives with a patient and/or appropriate members of the patient’s family;
6. *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
7. *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 of patient information should be directed to the **Hospital's Compliance/Privacy Officer at \_\_\_\_\_**. Any questions, concerns, complaints or suggestions relating to the security of patient information should be directed to the **Hospital's Compliance/Security Officer at \_\_\_\_\_**. Calls relating to the release, use or security of patient information can also be made to the **Hospital's Compliance Hotline at \_\_\_\_\_**.

**C. Record Retention/Destruction.**

The Hospital is required by law to keep certain types of medical and business records for defined periods of time. Hospital will have a record retention and destruction schedule that Hospital Community Members are required to strictly follow.

**D. Completion of Medical Records.**

All records must be fully and accurately completed, and should never be falsified. Without accurate information, we can't fulfill our obligations to our patients, co-workers and vendors, so it is every employee's responsibility to take great care in dealing with our records.

**VIII. Acknowledgment and Certification of Compliance**

Hospital requires all Hospital Community Members to sign the appropriate Acknowledgement Form after receiving and reviewing a copy of the Hospital's Compliance Program, including this Code of Conduct. From time to time, Hospital will revise and update the Compliance Program or Code of Conduct and will require Hospital Community Members to sign new acknowledgment forms upon review of the revised Compliance Program.