

 <input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PROCEDURE</b> <input type="checkbox"/> <b>STANDARD OF CARE</b> <input type="checkbox"/> <b>STANDARDIZED PROCEDURE</b> <input type="checkbox"/> <b>GUIDELINE</b> <input type="checkbox"/> <b>OTHER</b>	<b>APPROVAL DATE</b>  <b>February 2020</b>	<b>MANUAL:</b> <b>Center Policy</b>
		<b>TRACKING #</b> <b>CPM 12-21</b>
	<b>TITLE:</b> <b>CODE OF CONDUCT (Regarding Legal and Ethical Conduct)</b>	
	<b>PERFORMED BY:</b> <b>All Staff</b>	

**1.0 STATEMENT OF PURPOSE**

Rady Children’s Hospital and Health Center (RCHHC) is committed to carrying out its mission lawfully and ethically. While we serve many customers with diverse needs and expectations, our focus has always been and continues to be on our patients, families and staff, and must never be compromised. RCHHC is committed to providing a safe and supportive environment and has zero tolerance for acts of physical, sexual or emotional abuse.

Patient access to care and clinical judgment and decision-making shall not be compromised or jeopardized by financial considerations. As our reputation is created by the collective efforts of our workforce, it is important that everyone within RCHHC meet the highest standards of legal and ethical conduct. To guide Staff in conducting their duties according to acceptable standards of conduct, RCHHC has established, and revised this Code of Conduct as part of its Compliance Program. The Standards of Conduct provides additional guidance regarding consequences of non-compliance (see PPM 801).

**2.0 DEFINITIONS**

Staff: Staff includes all personnel contracted or employed by a RCHHC entity to perform services on behalf of RCHHC or a RCHHC entity, on premises owned by a RCHHC entity or using equipment, technology, or other assets owned by a RCHHC entity, including but not limited to RCHSD Workforce Members (defined as employees, members of the Medical Staff, volunteers, travelers, registry and other temporary agency personnel and students and all persons involved in RCHSD’s training programs or those sponsored by its wholly owned or wholly controlled entities, and other persons whose conduct, in the performance of work for RCHSD, is under the direct control of RCHSD, whether or not they are paid by RCHSD), and other persons whose conduct, in the performance of work for a RCHHC entity, is under the direct control of RCHHC or a RCHHC entity, whether or not they are paid by such entity.

### **3.0 STATEMENT OF POLICY**

It is the policy of RCHHC (and all of its affiliates and subsidiaries<sup>1</sup>) that all employees, medical staff, volunteers and contractors, in performing their duties and responsibilities on behalf of RCHHC (“Staff”), shall conduct themselves according to the highest ethical standards in accordance with applicable laws, rules and regulations. This Code of Conduct is not meant to cover all situations. Any doubts whatsoever about the right thing to do in a particular situation should be submitted to an immediate supervisor, manager, administrator, or to the Chief Compliance and Privacy Officer. The intent of the RCHHC Compliance Program is to safeguard the RCHHC tradition of strong moral, ethical and legal standards of conduct by ensuring that Staff understands their responsibility for maintaining full compliance with the laws and regulations, standards of care, ethical business practices and policies and procedures.

Anyone violating a provision of the Code of Conduct will be subject to disciplinary action, up to and including discharge or removal from the organization, and may be subject to referral to appropriate law enforcement authorities.

### **4.0 COMPLIANCE WITH APPLICABLE LAWS/REGULATIONS AND RCHHC POLICIES AND PROCEDURES**

RCHHC is committed to promoting a culture of compliance by complying fully with applicable laws and regulations and conducting professional activity with the highest standards of ethics, integrity, honesty and responsibility. To this end, Staff must comply with applicable laws and regulations as well as all RCHHC policies and procedures including but not limited to the following:

#### **Quality of Care and Services**

Staff of RCHHC will provide quality care in the most appropriate, effective and efficient manner regardless of the patient’s ability to pay. All patient care services will be rendered in a compassionate manner and carried out in accordance with the objectives of the patient’s plan of care. RCHHC will provide appropriate and timely care by qualified health care professionals including emergency care to all patients without regard to race, color, religion, socio-economic status, educational background, physical or mental disability, age, ancestry, sex, national origin, gender identity or expression, sexual orientation, veteran’s status, marital status, registered domestic partner status or any other status protected by law or the ability to pay for such care.

RCHHC Staff will adhere to the patient Bill of Rights, will maintain complete and thorough records of patient information and protect the privacy of all patients’ health records. RCHHC Staff will also fulfill the requirements set forth in RCHHC policies, accreditation standards, and applicable laws and regulations.

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<sup>1</sup> Including Rady Children’s Hospital – San Diego, Rady Children’s Institute Genomic Medicine, Rady Children’s Health Services - San Diego, Rady Children’s Hospital Foundation, and Rady Children’s Physician Management Services.

### **Fraud and Abuse**

RCHHC Staff shall not engage in conduct that would violate healthcare fraud and abuse laws. All Staff shall comply with statutes, regulations and guidelines applicable to Federal and State health care programs. All Staff shall prepare and submit accurate claims and reporting documentation consistent with government and third party payer requirements.

No Staff shall give or receive any form of payment, kickback, or bribe to induce the referral or the purchase of any service, nor offer any improper inducement to patients, providers or others to encourage the referral of patients to RCHHC facilities or to use a particular product or service.

No Staff shall knowingly make any false statements, verbal or written, to government agencies or other payers. In addition, claims for health care services shall only be made for care or services that are medically necessary and for which adequate documentation supporting medical necessity is present.

### **False Claims Act**

The United States Government and the State of California have statutes that impose civil liability on any person or entity who:

- Knowingly submits a false claim to the government for payment;
- Knowingly makes or uses a false record or statement to obtain payment or approval of a claim by the government; or
- Uses a false statement to decrease an obligation to the government.

The civil and criminal penalties for submitting false claims can be significant (See [CPM 12-19](#), Sixty (60) Day Overpayment Rule, Federal and State False Claims Act Statutes and Whistleblower Provisions for more information).

RCHHC will only bill for services and care provided, will ensure that coding and billing are performed accurately, will waive co-payments, coinsurance and deductibles only in accordance with established rules, policies and procedures and will maintain appropriate documentation to support submitted claims.

Any Staff who becomes aware of an overpayment or a potential submission of a false claim shall report it through the proper channels. Failure to report regulatory violations can lead to disciplinary action, up to and including termination or removal from the organization. All Staff who report concerns about potential false claims in good faith are protected from retaliation. All such reports will be investigated fully by the organization and appropriate corrective action will be taken as warranted.

### **Privacy and Confidentiality**

All Staff will respect the privacy of our patients and protect the privacy of Protected Health Information (PHI) according to State and Federal (HIPAA and HITECH) laws and RCHHC policies and procedures. Questions concerning patient privacy compliance issues should be directed to the Chief Compliance and Privacy Officer or designee.

In addition, all Staff shall exercise due care to ensure that RCHHC confidential, proprietary or privileged information is secure and not shared with, viewed by, or disclosed to, unauthorized persons, including, but not limited to, confidential business information or trade secrets (as defined by CPM 11-34, Confidentiality of Information) that is obtained within the course of employment. All Staff must keep their identification badges and facility access badges on their person or in a secure location at all times. Unattended and/or unlocked vehicles are not considered secure storage locations.

All Staff with access to RCHSD information systems must maintain computer passwords and access codes in a confidential and responsible manner. This paragraph is not intended to inhibit or prevent employees from discussing wages, benefits, hours of work or other terms and conditions of employment, or from engaging in other discussions or disclosures that are privileged or otherwise protected by law.

### **Workplace Conduct and Employment Practices**

RCHHC recognizes that the greatest strength of RCHHC lies in the efforts and talents of RCHHC Staff who create the organization's success and reputation. RCHHC provides equal employment opportunities to prospective and current employees based solely on merit, qualifications and abilities and does not discriminate in employment opportunities or practices on the basis of race (including but not limited to hair texture and protective hairstyles), color, religion, sex, gender identity or expression, marital status, registered domestic partner status, socio-economic status, educational background, national origin, ancestry, age, physical or mental disability, sexual orientation, veteran status or any other status protected by law.

### **Unlawful Harassment and Workplace Violence**

RCHHC is committed to providing a workplace free of harassment and will not tolerate unlawful harassment of Staff by leadership, co-workers, or other persons doing business with RCHHC. Harassment takes many forms, including but not limited to, verbal statements, physical contact, posting inappropriate pictures or writings, or any other conduct that creates an intimidating, offensive, or hostile work environment. Workplace violence includes robbery, stalking, assaults and hate crimes committed by current or former staff members. Incidents of harassment or violence should be reported to the Human Resources Department immediately. Staff should report workplace violence concerns to their supervisor and to the Security department.

### **Anti-trust**

All Staff must comply with applicable anti-trust laws and other similar laws that regulate competition. At no time will Staff take part in any conspiracy or other behavior in restraint of trade. Price fixing, disparagement, misrepresentation, harassment of a competitor, stealing trade secrets, offering or accepting bribery or kickbacks are strictly forbidden.

### **Safety and Health**

All Staff are responsible for maintaining a safe and healthy work environment and will comply fully with all federal, state and local health and safety laws. Staff may report

work place safety and health concerns by filing a safety report. Information on how to file a safety report is available on the RCHSD Intranet at:

<http://intranet.rchsd.org/documents/2011/03/end-user-guide-how-to-enter-a-safety-report.pdf>.

For questions staff may contact the Safety Officer. All work-related injuries should be promptly reported to a supervisor and an Employee Injury Report must be completed.

Possession, use, selling or being under the influence of alcohol or an illegal drug, intoxicant or controlled substance during work time or on RCHHC owned or occupied premises is strictly prohibited, as more fully explained in the RCHSD [Drug and Alcohol Free Workplace Policy, PPM 917](#). Use of controlled substances, not precluded by either the Federal Drug-Free Workplace Act or the California Drug-Free Workplace Act, may be permitted if legally prescribed and use does not interfere with a staff member's job duties. RCHHC reserves the right to make a determination of interference with job duties on a case by case basis and in accordance with applicable policies and procedures. In addition, all Staff who are aware of the diversion of controlled substances from RCHHC must immediately report it to a supervisor, the Compliance Hotline, or to the Chief Compliance and Privacy Officer.

### **Business Ethics**

RCHHC strives to conduct all business transactions with vendors, contractors, and third parties in compliance with applicable laws. Such business relationships shall be transacted free from offers or solicitations of gifts and favors or other improper inducements in exchange for patient referrals, influence or assistance in transaction. All Staff shall accurately and honestly represent RCHHC and shall not be a party to fraudulent activities.

### **Gifts and Entertainment**

All Staff are strictly prohibited from soliciting or accepting tips, personal gratuities, cash or cash equivalents (e.g. gift cards, gift certificates) or gifts of any kind from a patient, family member, visitor, vendor, physician/ medical provider or any other individual or entity that has or is attempting to develop or further a relationship with RCHHC. If a cash gift is offered, the person or entity offering the gift should be promptly referred to the Rady Children's Hospital Foundation.

No gifts or entertainment of any kind may be accepted from a vendor except in accordance with applicable vendor gift policies (See [CPM 7-35](#)). In addition, unless included as part of a contractual obligation or organizational agreement, or specifically approved in advance by the Chief Compliance and Privacy Officer or the Chief Operating Officer, staff are prohibited from accepting vendor offers to pay for education or travel expenses related to attending educational functions or conferences.

Gifts from vendors, patients or family members (other than cash, gift cards, gift certificates) may be accepted under certain limited circumstances if they are of nominal value (\$100 or less), accepted infrequently and could not be perceived as an attempt to influence the judgment of the recipient. Consumable gifts, such as holiday gift baskets, to departments from vendors, patients or family members that are valued at over \$100,

should be routed to Volunteer Services, who will share these items with our patients and their families. Questions regarding this policy should be directed to the Chief Compliance and Privacy Officer.

### **Contracting**

Staff may not utilize internal information for any business activity other than that conducted by or on behalf of RCHHC. Staff shall not seek to gain any advantage through improper use of payments, business courtesies or other inducements.

### **Financial Reporting**

All financial documents, including but not limited to accounting records, research reports, expense accounts, and timesheets must be prepared accurately and clearly represent the nature of the transaction. No facts are ever to be falsified, misrepresented, or omitted in any record.

Transactions between RCHHC and all outside individuals and organizations must be promptly and accurately entered in accordance with generally accepted and applicable accounting standards.

Staff shall report time and attendance accurately.

### **Records Retention**

All RCHHC Staff will ensure that all records are created, maintained, preserved and destroyed in accordance with records management policies and regulatory requirements. Records containing confidential and proprietary information will be securely maintained, controlled and protected to prevent unauthorized access, use and disclosure. The unauthorized destruction, removal or use of records or documents is prohibited. No Staff may falsify or inappropriately alter information in any record or document.

### **Protecting RCHHC Assets**

Staff is prohibited from the unauthorized use or taking of RCHHC equipment, supplies, materials, services, proprietary information, or any other asset. Unauthorized use of RCHHC equipment includes using work computers or information systems for personal business while on the clock. Employees with family members as patients in the Rady Children's network of care may not use their employee access to access family member information in the Rady Children's network. All access to family member information must comply with RCHHC policies describing the procedures for authorized access to patient information by family members.

### **Conflict of Interest**

In performing their duties in the best interests of RCHHC, Staff shall avoid conflicts of interest and shall report to the Chief Compliance and Privacy Officer any interests or activities that may give even the appearance of a conflict. Staff should always avoid taking part in any decision in which they have self-interest and must avoid even the appearance of a conflict of interest by fully disclosing facts which may appear to be a conflict of interest. Conflicts of interest may arise from furnishing services to any entity or business from which RCHHC obtains goods or services, or is furnishing services in

competition with RCHHC. Examples of conflicts of interest include but are not limited to:

- Furnishing services in competition with RCHHC while employed by RCHHC;
- Attempting to improperly influence a vendor decision where there is an improper relationship with that vendor;
- Seeking to hire a family member who is less qualified than other applicants;
- Soliciting patient families to purchase items from a personal or family business while working for RCHHC.

### **Politics**

RCHHC Staff are encouraged to participate in the political process by voting and supporting candidates and issues of their choice. However, staff may not do so as a representative of RCHHC. In addition, no staff member may pressure any other staff member to contribute money to a particular candidate or cause, or pressure them to vote for a particular candidate or ballot initiative.

### **Research**

RCHHC Staff involved in research must comply with all internal policies and federal, state and local regulations and must fully cooperate with the assessment or review of any regulatory or compliance allegation. RCHHC protects all research participants and respects their rights during research, investigations and clinical trials. Any staff engaging in human subject's research must do so in conjunction with the appropriate Institutional Review Board (IRB), consistent with RCHHC's policies regarding human subject's protection and federal regulations.

### **Governmental Audits and Investigations**

It is RCHHC's policy to comply with all applicable laws and to cooperate with all reasonable and lawful requests for information from governmental authorities. In addition, the legal rights of RCHHC's staff and patients must be protected. Therefore, it is imperative that staff follow RCHHC's procedures regarding governmental inquiries and/or requests for information. Please see [CPM 11-62, Federal and State Government Agency Audits, Interviews, Searches and Subpoenas and Other Contacts With RCHHC Personnel.](#)

### **License and Certification Renewals**

All staff or independent contractors in positions requiring professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and will comply with federal and state requirements applicable to their respective disciplines at all times. RCHHC will not allow any staff or independent contractors to work without a valid license or certification.

## **5.0 ANNUAL ATTESTATION**

All Staff must review and comply fully with this Code of Conduct. Employees will execute a "Statement of Understanding" (see **Attachment A**) on an annual basis. This attestation may be completed electronically or in hard copy as requested by the organization. By attesting to this statement, staff certifies that they have read and understand the Code of Conduct and that they agree to abide by it during their

employment or affiliation with RCHHC. In addition, when completing this statement, staff members are required to document their awareness, if applicable, of any potential compliance issues or violations of the Code of Conduct.

## **6.0 RESOLVING COMPLIANCE CONCERNS**

The RCHHC Compliance Program is intended to effectively demonstrate the commitment of RCHHC to the highest standards of ethics and compliance.

RCHHC is committed to an “open door policy” for identification and resolution of issues and concerns. This policy begins with every member of the Staff and continues at all levels up through senior management.

If there is a suspicion that compliance or other violations exist, RCHHC staff have an affirmative duty to report suspected compliance or Code of Conduct violations through the proper channels. Initial contact should be through an immediate supervisor; concerns may then be raised with individuals up to and including senior management. If Staff is uncomfortable raising an issue through the chain of command or is not satisfied with the response to their concerns, they may also contact the Chief Compliance and Privacy Officer or use the Compliance Hotline by calling **1-877-862-4228**.

### **The Compliance Hotline**

To afford Staff the ability to report anonymously, RCHHC has established a toll-free compliance hotline. The Compliance Hotline number is **1-877-862-4228** and it is available 24 hours a day, 7 days a week. The hotline should be used to report serious compliance concerns supported by facts that can be verified through investigation or other reasonable means. The Compliance Hotline is administered by an entity independent from RCHHC and no attempt is made to identify callers. Staff may also call the Hotline to check on the status of previously reported allegations.

### **The Chief Compliance and Privacy Officer**

The Chief Compliance and Privacy Officer will evaluate and respond to allegations of wrongdoing, related concerns and/or inquiries made in an impartial manner. To this end, good faith efforts will be made to thoroughly investigate all allegations before action is taken. All Staff are expected to cooperate with investigation efforts.

### **Non-Retaliation Policy**

RCHHC does not tolerate retaliation or reprisal against any Staff who:

- In good faith report suspected violations of law, regulation, or policy;
- Testify, or assist or participate in an investigation, compliance review or hearing.

RCHHC has a strict non-retaliation policy. Any individual who reports, in good faith, an alleged act of misconduct or violation of the Code of Conduct, will not be subject to retaliation or adverse action. Retaliation and adverse action include: discharge, demotion, suspension, harassment, denial of promotion, transfer or any other manner discriminating or threatening to discriminate against a Staff member.

RCHHC fosters an “open door policy” intended to create an environment in which compliance and ethics concerns will be effectively addressed. Acts of retaliation should be reported immediately to the Chief Compliance and Privacy Officer.

### **Disciplinary Action**

Disciplinary action may be taken for, but not limited to, any of the following circumstances:

- Authorizing or participating in actions that violate this Code of Conduct or RCHHC policies and procedures.
- Failing to report a possible violation of this Code of Conduct or a potential compliance issue.
- Refusing to cooperate in the investigation of a potential compliance violation.
- Disclosing confidential information about an investigation.
- Retaliating against an individual for reporting a potential compliance violation.
- Making intentional false reports of misconduct or violations of this Code of Conduct.

The nature of any disciplinary action will depend upon the nature of the violation and the circumstances involved.

**Attachment A**

**ANNUAL STATEMENT OF UNDERSTANDING AND COMPLIANCE  
WITH RCHHC CODE OF CONDUCT**

I certify that I have read and understand the Code of Conduct and agree to abide by it during the term of my employment. I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Conduct or the Compliance Program.

I certify that I am not aware of any additional circumstances, other than those disclosed below, that could represent a potential violation of the Compliance Program, or the Code of Conduct. I certify that I will promptly report any potential violation of which I become aware.

I understand that any violation of the Compliance Program, the Code of Conduct, or any other policy or procedure may subject me to disciplinary action, up to and including discharge from employment.

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Check one of the following:

No, I am not aware of any possible violation of the Code of Conduct or the Compliance Program.

Yes, I am aware of a possible violation of the Code of Conduct or the Compliance Program.

If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For hard copy submission:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

For electronic submission:

Type Full Legal Name Here\*:

\_\_\_\_\_  
**\*I AGREE THAT MY TYPED NAME SHALL HAVE THE SAME FORCE AND EFFECT AS MY WRITTEN SIGNATURE**

Type Date Here:

\_\_\_\_\_