

THE OHIO STATE UNIVERSITY MEDICAL CENTER

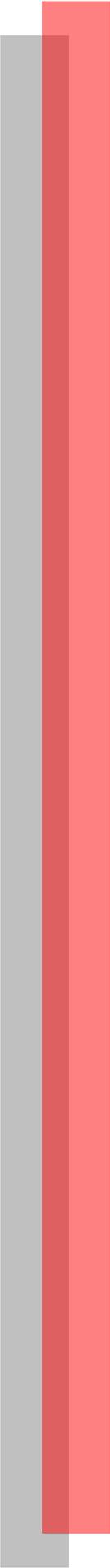
STANDARDS FOR EMPLOYEE CONDUCT



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

Initial Effective Date: July 1, 1999
Revised: July 1, 2002; July 1, 2006; August 1, 2007; September 1, 2009



Dear Colleagues:

Integrity means that we demonstrate honesty and sincerity in all that we do. As one of the Medical Center's core values, integrity is central to our mission to improve people's lives through innovation in research, education, and patient care.

Each of us is responsible for conducting ourselves in a manner that upholds the reputation of The Ohio State University Medical Center (OSUMC) while following all the laws, regulations, clinical standards, business practices, accreditation criteria, and principles of ethics that govern healthcare organizations and professionals in the United States.

The OSUMC Integrity Program, established by the OSU Board of Trustees in 1996, provides an infrastructure for conducting our business – serving patients and their families, educating healthcare providers, and creating the future of medicine through exemplary research. Our program provides a systematic process for identifying and reducing risk, improving internal controls, and creating a culture in which everyone is committed to “doing the right things right.”

The Standards for Employee Conduct booklet contains a set of expectations to be followed by all Medical Center employees; identifies OSUMC Compliance Committee members; offers contact information for asking questions; and outlines a process for reporting issues, concerns, and problems related to the Integrity Program. All employees are required to report promptly violations of these Standards or violations of any laws or regulations to supervisors, administrative staff members, or the Compliance Office.

Please read this booklet carefully and discuss any questions you may have with your supervisor. We appreciate your commitment to The Ohio State University Medical Center.

Peter Geier
Vice President, Health Services
Chief Executive Officer, OSU Health System
Chief Operating Officer, OSUMC

Hagop S. Mekhjian, MD
Sr. Assoc. Vice President, Health Sciences
Chief Medical Officer, OSU Health System
Chair, Compliance Committee

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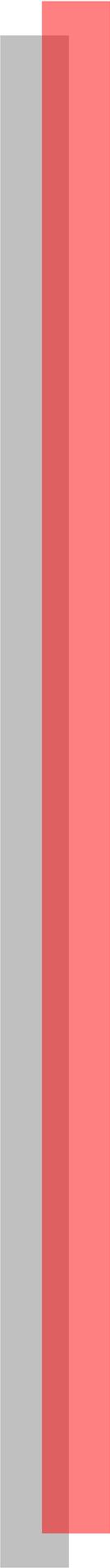
INTEGRITY PROGRAM POLICY

The Ohio State University Board of Trustees established the Integrity Program in 1996 for The Ohio State University Medical Center, which includes:

- ◆ University Hospital
- ◆ Ross Heart Hospital
- ◆ University Hospital East
- ◆ Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
- ◆ OSU Harding Hospital
- ◆ Primary Care Network
- ◆ Specialty Care Network
- ◆ College of Medicine
- ◆ Ohio State University Physicians, Inc. (“OSUP”)

The Ohio State University Medical Center requires all employees, agents and medical staff members (collectively referred to as University Representatives) to act in an ethical and legal manner, consistent with all applicable governmental and professional laws, regulations, standards, and requirements.

University Representatives are expected to deal fairly and honestly with patients, staff members, faculty members, suppliers, third-party payors, and members of the wider community. It is the responsibility of each University Representative to comply with the Integrity Program. The granting of medical staff privileges at any Ohio State University Medical Center facility is contingent upon acceptance of and compliance with the Program. The Integrity Program Compliance Manual explains the Program in detail and is available on OneSource, the OSUMC Intranet website.



PURPOSES AND OBJECTIVES OF THE STANDARDS FOR EMPLOYEE CONDUCT

The purposes and objectives of The Ohio State University Medical Center Standards for Employee Conduct are to:

1. Educate all employees about the Integrity Program;
2. Establish standards that comply with all applicable laws and regulations;
3. Inform employees about the ethical standards that all are expected to follow;
4. Identify persons to contact about problems or to discuss questions and concerns;
5. Provide a mechanism to report issues anonymously.

COMPLIANCE COMMITTEE MEMBERSHIP

Member	Title	Phone Number
Hagop S. Mekhjian, MD	Chair of Compliance Committee Senior Associate Vice President Chief Medical Officer, OSU Health System	614-293-8158
Larry Anstine	CEO, University Hospitals Executive Director, Ross Heart Hospital	614-293-9700
Julian Bell	Chief Financial Officer, CHRI Administration	614-293-0572
Almeta Cooper, JD	Associate Vice President, Health Sciences	614-292-5062
Kent Hess	Interim Executive Director, OSU Harding Hospital	614-293-8028
Daniel Like	Associate Executive Director, Primary Care Network	614-293-6433
Kathleen Ojala, JD, RN, CHC	Associate Director, Compliance Coordination	614-293-2781
Gabby Reissland JD, RN	Director, Compliance Coordination	614-366-4726
Les Ridout	Associate Vice President, Chief Human Resources Officer	614-292-6885
C. Michael Rutherford	Chief Financial Officer, OSU Medical Center	614-292-4060
Elizabeth Seely	Executive Director, University Hospital East	614-257-3700
Kam Sigafos	Associate Vice President, Health Sciences Administration OSU Physicians, Inc.	614-784-7800
Cecil Smith	Assistant Vice President Research Facilities and Compliance OSU College of Medicine	614-292-0220

Updated 1/19/2011

HOW TO RAISE CONCERNS

The Ohio State University Medical Center comprises: University Hospital, Ross Heart Hospital, University Hospital East, Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, OSU Harding Hospital, Primary Care Network, Specialty Care Network, the College of Medicine, and Ohio State University Physicians (OSUP), Inc. Many rules and regulations govern each particular type of service. These rules and regulations change periodically, and employees may have questions about the correct way of performing their daily jobs.

Follow the reporting process or chain of command if the answer to your question is unclear or you have doubts about the response you received. It is better to ask questions before taking an action that may be improper. No employee is penalized for raising an issue or concern.

- Discuss the issue with your immediate supervisor or manager.
- Discuss the issue with the higher level supervisor or manager where you work.
- Discuss the issue with a representative of Human Resources, Risk Management, or Administration.
- Call the Compliance Office at 614-293-7802.
- Access The Ohio State University's confidential reporting line: www.ohio-state.ethicspoint.com or call 866-294-9350. A link to the EthicsPoint website is provided on the Medical Center's Intranet website OneSource.

OSU CONFIDENTIAL REPORTING LINE

Anyone within or outside the University system may contact the OSU Confidential Reporting Line to ask questions concerning ethical or legal conduct or to report any potentially improper action. This system provides an additional method of communicating when an individual is uncomfortable using other channels or needs additional assistance. All employees are expected to report concerns without fear of retaliation.

- Persons may report concerns anonymously and without fear of retribution.
- If the reporter chooses to be identified, he/she can expect a response back from the Compliance Director's office within an agreed upon time.
- All concerns are investigated.

Access the Confidential Reporting Line in the following ways:

- **Link on the Medical Center's Intranet site OneSource**
- **Go to www.ohio-state.ethicspoint.com**
- **Call 866-294-9350**

STANDARD – PATIENT CARE

PROVIDE A SAFE AND HEALTHY ENVIRONMENT

The Ohio State University Medical Center complies with all applicable health and safety laws and regulations pertaining to the environment of patient care and workplace standards. These laws and regulations encompass patient safety and medical error management issues, incident reporting, sentinel event management, life safety, emergency preparedness, security management, occupational and workplace issues, hazardous materials and waste, clinical equipment and device management, and other related activities.

The mission of safety management is to support safe, effective patient care by providing management of the environment of care and to provide an organizational-wide program that identifies and anticipates potential hazards, provide a structure for responding appropriately when there is an occurrence, and facilitates a continuous improvement process.

The purpose of our environment of care plans is to provide a safe and secure environment for patients, visitors and staff members.

“1 Focus: Patient Safety” is a phrase that staff use to remind ourselves that:

- We are **1** team focused on patient safety, which is fundamental in providing high-quality care to our patients.
- We’ll focus on **1** person at a time.
- **1** time makes a difference.
- Each **1** of us has to be accountable for our actions.
- Each **1** of us should professionally remind our colleagues to do the right thing for patient safety.
- While Red Rules are a component of **1 Focus: Patient Safety**, it is an overarching theme to embody many patient safety initiatives.

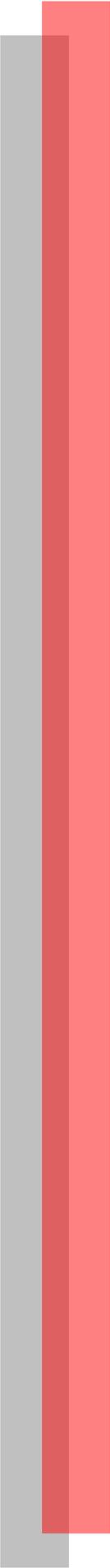
Questions and Answers:

Q: I’ve heard about the Red Rules. What are they?

A: To improve patient safety at The Ohio State University Medical Center, we are committed to many standards of care. A current focus is on high-impact areas, called Red Rules. These areas are hand hygiene, universal protocol (prevention of wrong site surgery or procedure), patient identification, and surgical counts in procedural and operating areas

Q: We recently had a Code Gray drill and I was unsure about what to do. Also, a visitor asked me what was going on, and I didn’t know what to say. Where can I get more information?

A: Rainbow cards are posted throughout our patient care buildings. These cards have specific instructions on response to emergency codes. They also have service statements on the back that you can use with patients and visitors. You should also discuss this with your supervisor for any additional unit-specific instructions.



Q: I gave a patient the wrong amount of a medication yesterday. There didn't seem to be any adverse reaction though. Should I bother to report the error?

A: Yes, all such incidents should be reported. Analyzing adverse events helps us to make improvements in our systems and processes, thus preventing future mistakes and possible injuries. An example is the policy that two RNs double-check Phase I trial drugs on each shift. This policy is the direct result of a dosage error that fortunately had no adverse effects, but showed us that we needed to adjust our process to prevent future errors. Reporting adverse events allows us to improve our processes and systems for patient safety. You should report these events immediately to your supervisor. The event should be entered into the Medical Center's Event Reporting system.

STANDARD – PATIENT CARE

PROVIDE EXCELLENT, COST-EFFECTIVE PATIENT CARE SERVICES IN AN ENVIRONMENT SENSITIVE TO AND SAFE FOR ALL PERSONS WHO ARE CARED FOR, WORKING IN OR VISITING THE MEDICAL CENTER

Patient care at OSUMC is designed to ensure the delivery of safe, effective, patient-centered, timely and efficient care across the continuum. Patients and their families are considered integral members of the treatment team. Patient rights and responsibilities are delineated in hospital policies and procedures, and are published for patient and family reference.

Patient services are planned, coordinated, provided, delegated, and supervised by professionals who recognize the unique physical, emotional, educational, and spiritual needs of each person. Every effort is made to accommodate any patient for whom a member of the OSUMC medical staff requests admission. Patients are entitled access to care when medically indicated, regardless of their race or ethnicity, creed, gender, national origin, disability, religion, veteran status, sexual orientation, or source of payment, in accordance with federal and state laws, regulations, and requirements. A uniform standard of care is provided to all patients. Our goal is to personalize healthcare to meet the needs of each individual.

Healthcare staff members provide treatments, interventions, procedures, and services that follow established policies, procedures, guidelines, and protocols. Care is coordinated among all care team members and reflects interdisciplinary collaboration to ensure continuity across care settings, in a manner that maximizes the efficient use of financial and human resources, streamlines processes, decentralizes services, enhances communication, and supports technological advancements.

As a tertiary care center and teaching hospital, our mission is to improve people's lives through innovation in research, education, and patient care. We participate in a variety of national quality improvement activities regarding public reporting of quality measures, patient experience of care surveys, and targeted patient safety initiatives such as National Patient Safety Goals (NPSG) and use of protocols to achieve specific safety goals.

Transfers of patients to hospitals and programs within OSUMC or to other hospitals are made based on an individualized assessment of the patient's needs, severity of disease, condition, impairment, or disability, as well as the scope of care available at a particular site. Patients are informed in a timely manner of the need for discharge or transfer to another organization or level of care. Patient choice is recognized and considered when planning for continuing care. Patients and their families are given information about the conditions that may result in transfers to another organization or level of care; alternatives to transfer, if any; the clinical basis for discharge; and the anticipated need for continued care after discharge. Patients are informed, in writing, when the treatment team believes that discharge is medically appropriate, in accordance with federal healthcare program requirements, or managed care organization (MCO) policies.

Questions and Answers:

Q: What should I do if I have concerns about the quality of care a patient received while at OSUMC?

A: Any quality of care concern should be discussed with the members of the treatment team. Good communication between members of the healthcare team is the foundation for quality patient care and safety. All members of the team must understand the plan of care as it relates to their patient care responsibilities and have the opportunity to give feedback regarding any concerns. Additionally, you may report your concerns into on-line Event Reporting. All entries are investigated to determine if standards of care were met.

Q: One of the nurses made a big mistake and a patient almost died. Fortunately, the patient is OK now, but had to stay in the hospital an extra week. What is our process for notifying the patient or family about the mistake?

A: The Ohio State University Health System has a process in place to notify patients and families about an unanticipated event. Any employee who becomes aware of a significant error, problem, or concern related to a patient must notify the Attending physician immediately. The employee may first contact his/her supervisor for advice. The Attending physician has the ultimate responsibility to speak with the family. If the employee has concerns about the identified spokesperson or about what is said to the patient/family, he/she should speak with the supervisor or call Risk Management (293-8446 or pager 2001).

Q: What should I do if a patient or family member is upset with the care they are receiving?

A: Try to resolve the issue within the patient care unit or department first. If the staff member or supervisor cannot reach a resolution with the patient/family, contact Customer Service for assistance. If the nature of the concern is related to the quality of care received, the Customer Service representative notifies the Quality office and the concern is investigated.

Q: I am a nurse who does not think some of the care our treatment team is providing to Mrs. Smith is appropriate. What should I do?

A: It is imperative that you contact a member of the medical team for clarification. If your concerns are not satisfactorily resolved through that discussion, escalate the matter through the medical team chain of command. The most senior member of the team is the attending physician. If discussion with the attending physician does not resolve your concern, consult your supervisor. The supervisor and the attending physician must resolve the conflict or follow the appropriate chain of command until the conflict is resolved. Specific direction for conflict resolution pertaining to clinical issues, including a *Communication Pathway for Conflict Resolution*, is provided in Hospital Policy 04-24 "Clinical Communication & Conflict Resolution among Healthcare Team Members." Also see Policy 02-39 "Management of Religious or Ethical Conflicts in the Provision of Patient Care." All policies are available by accessing One Source (see "Workplace" tab, then scroll to "Policies & Procedures").

STANDARD – PATIENT CARE

PROTECT CONFIDENTIAL HEALTH INFORMATION AND UNIVERSITY RESTRICTED DATA

Patients' medical records, and discussions and decisions about their care, must be kept confidential. All employees and business associates of OSUMC shall use and disclose protected health information in accordance with federal and state laws, and Medical Center policies and procedures. Health information may not be used or disclosed without the patient's consent or authorization except as provided by law. Patients must be offered a copy of the OSUMC *Joint Notice of Privacy Practices*. Patients have a right to access their health information, to request certain restrictions, and to request amendments to their records.

Only immediate caregivers, clinical consultants, and those granted access on a need-to-know basis for payment and healthcare operations purposes should access patient information. All individuals must use established procedures to gain access to health information, including that of family members and their own records. Medical Center staff members should be particularly aware that we work in an environment in which many of our co-workers and colleagues and their families are patients in our facilities and programs. All information about the health of these employees and their families must be held in strict confidence.

Caregivers should make every attempt to keep oral communication with or about patients private as circumstances allow. Discussions about patients should not occur in public areas such as hallways, elevators, and dining areas. Written or electronic health information should be kept out of sight of persons who are not involved in the patient's care. Tools used to communicate patient information, such as facsimile machines and printers, should be kept in secure locations and information generated should be retrieved immediately. Health information that is no longer needed is placed in locked containers or shredded. No identifiable patient information should be left in unsecured areas such as meeting or conference rooms.

All employees and business associates of OSUMC must follow established procedures for using and disclosing electronic health information, including keeping passwords secret, not sharing accounts, and applying encryption where appropriate. It is imperative that all employees and health professionals follow regulations and policies for using identifiable health information to create or share databases, or to send any health information to colleagues, researchers, or to patients.

OSU's institutional data is a valuable asset and must be maintained and protected as such. Staff are responsible to protect the university's institutional data from accidental or intentional unauthorized access, damage, alteration, or disclosure while preserving the ability of authorized users to access and use institutional data for appropriate university purposes. Numerous policies and processes define the roles of data trustee, data steward, data custodian, and data user.

Institutional data includes data used for planning, managing, operating, controlling, or auditing university functions; especially data used by multiple university units; and data used for university reporting; proprietary university information and trade secrets.

Questions and Answers:

Q: Medical Information Management occasionally receives calls from patients and their relatives wanting copies of medical records. Can we provide this information?

A: Patients are entitled to receive copies of all or a part of their records in accordance with The Ohio State University Medical Center's policies, and federal and state law. All requests for copies of medical records should be referred to Medical Information Management. Generally, relatives are not entitled to a copy of a patient's chart, unless the patient has authorized such access in writing. (See "Release of Medical Record Information to Patients" Policy Number 09-09 and "Release of Medical Information to Non-Patients" Policy Number 09-10 in The Ohio State University Medical Center Administrative Policy and Procedure Manual.)

Q: I was participating in a hospital committee meeting yesterday and one of my co-workers remarked that he was sorry to hear that my son is in the hospital. I asked him how he knew and he said that his wife, who is one of the nurses taking care of my son, told him about it. Isn't that a violation of patient confidentiality?

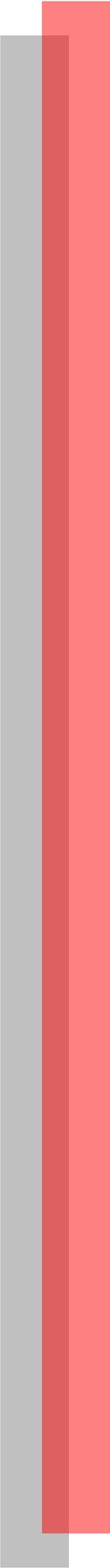
A: Yes. Employees must respect the privacy of co-workers who may be patients or have family members who are patients in our hospitals or clinics. We should not share a co-worker's health information with our own family members, or family members, friends, or neighbors of a co-worker even if the co-worker is our personal friend, nor should we misuse our employment to gain information about another's' health status.

Q: A deputy sheriff appeared in my office with a subpoena for a patient's medical record. What should I do?

A: Refer all subpoenas or other external requests for medical records to the Medical Information Management Department.

Q: I just discovered that a laptop in my department is missing. What should I do?

A: If you or your department has lost or stolen computer hardware (laptops, Blackberries, jump drives, etc.), you need to immediately contact OSUMC IT Security (via the Helpdesk) for a security risk incident response. The Data Security staff will determine whether any protected health information or other OSU restricted data has been compromised, and will work to minimize any harm to OSUMC or harm to the individuals whose information which may have been exposed. The Health System privacy officer will be contacted as part of the response process. Anytime you suspect restricted data may have been compromised, report your concerns to the Help Desk (or eHelp Desk) of OSUMC IT's department, immediately.



Q: I am suspicious that a co-worker may be recording patient social security numbers with the intent to steal patient identities or to sell them to another person to misuse. What should I do?

A: If you notice that a co-worker is recording or otherwise misusing patient information such as social security numbers for their own use, you must immediately contact your supervisor to report the suspicious activity. Such activity is considered an Identity Theft Red Flag and the Medical Center has policies and a team of individuals to investigate suspicious activities related to identity theft. If you are not comfortable contacting your supervisor, you should follow the chain of command and notify another manager. Alternatively, you can report your perceptions via the OSU EthicsPoint reporting line. The Identity Theft team will ultimately be contacted as part of the response process.

STANDARD – PATIENT CARE

PREPARE AND MAINTAIN ACCURATE MEDICAL RECORDS

The patient's medical record serves as the primary communication tool among the healthcare team, the source document for coding and billing, a legal record of all services rendered, and a tool for healthcare operations such as evaluating quality of care and recording statistics. All medical records must be accurate and complete. Practitioners verify, with appropriate signatures (ink or electronic), that they actually performed or supervised the service rendered. Clinical documentation supports all charges billed. Licensure laws, third party billing requirements, accrediting body standards and regulations describe the required elements and format of medical record documentation. The Rules and Regulations of the Medical Staff of The Ohio State University Hospital address medical record content and deadlines for medical staff entries. The Medical Center has a hybrid medical record, where information is collected and recorded both electronically (in an Electronic Medical Record (EMR), and on paper). Increasingly more of the medical record is created and retained electronically. Documentation standards apply to both paper and electronic (including dictation) medical records.

Medical record documentation standards for OSUMC healthcare professionals are stated below.

Patient Identification

- Write, stamp, or display the patient's name and date of birth or medical record number on every page.

Caregiver Identification

- Date and time all entries. Use military time (1700 = 5:00 pm).
- Sign every entry made, and print last name, credentials, and pager number (or use eSignature in the EMR).
- If entries are made in writing, always use permanent black or blue ink.

Abbreviations

- Do not use any of the abbreviations on the Non-Approved Abbreviations list.

Corrections to handwritten documents

- Draw a single line through information written in error, making sure it remains legible.
- Write "error" beside the entry.
- Date and initial the error.
- Enter the correction.
- Do not erase or obliterate.
- Do not replace an original with a photocopy.

Corrections to electronic documents

- If an error or omission is detected after electronic review and signature, add a late entry. If the report was dictated and transcribed, dictate an addendum to the report.

Late entries

- Sequence late entries by following the most recent previous entry. Entries should be made using the date and time the late entry was actually made. The entry itself should include reference to the date and time of the event being recorded. Never attempt to force a late entry into the original consecutive sequence of the medical record.
- When reviewing and commenting on an entry made by another healthcare provider (i.e. resident documentation reviewed by attending physician), record the date and time, and additional information or corrections after the entry. The attending must document his/her comments stating rationale, and any changes made, and sign the entry.

Questions and Answers:

Q: I wrote wrong information in a patient's chart. My co-worker told me to erase it or use white-out to delete the information. Can I do that?

A: No. Entries in a patient's chart cannot be deleted. A line drawn through the incorrect information, in black or blue ink only, followed by a signature, is acceptable.

Q: I am an RN. A fellow RN called me from home after she completed her shift. She told me that she forgot to enter an order for a change in a patient's medication that had been phoned in at 9:00 a.m. by the patient's physician. The nurse asked me to log the change into the patient's chart at the appropriate time, 9:00 a.m., and to use her initials. She said charts are often updated in this way and no harm is done. Is this okay?

A: While the RN did the right thing by calling to note the chart error, the error should be promptly reported to the shift supervisor. Never record an order you did not hear personally and never sign someone else's signature or initials. Even if no harm occurred in this case, the error needs to be reported. If you fear retribution from the other nurses, bring your concern to the attention of your supervisor. The Ohio State University Medical Center does not tolerate retaliation against employees who promptly report errors or omissions.

STANDARD – PATIENT CARE

ENSURE THAT PATIENT BILLS ARE ACCURATE

The Ohio State University Medical Center submits patient bills in accordance with the requirements of federal and state healthcare programs, and contracts and agreements of other payors. Accurate billing is a team effort that requires the full cooperation of caregivers. Although the charge capture process is managed by the Revenue Management Department, clinicians carry the primary responsibility for assuring that all charges for services, procedures, and supplies are accurate.

Services rendered must be accurately and completely documented and coded to ensure both proper billing and integrity of the database. Medical record documentation substantiates all services rendered to patients. Medical records may be amended to correct an error or add documentation only in accordance with established medical records procedures. Amendments to medical records are not for the purpose of covering up errors or obtaining any payment to which we are not entitled. Medical records may not be erased or altered.

Billing data are retained for periods required by law. Medical Center policies may require a longer period of retention in some cases. Clinical, administrative, or clerical staff involved in the preparation and/or submission of charges or billing data are trained in coding and documentation practices. Billing policies and procedures are approved by management and appropriately updated. These policies and procedures are made available to all employees involved in the creation of charges or billing data.

Special billing policies and procedures apply to certain situations, such as clinical trials. Billing for patient care related to research protocols, investigational or experimental devices, drugs, lab tests, or procedures will be done in accordance with public and private payor rules. Patient Financial Services special billing unit staff members work closely with clinicians and research management staff in all business units to accurately identify those patient care services that should be billed to research or vendor accounts. It is the responsibility of physician investigators and research coordinators to immediately inform Patient Financial Services regarding patient care services that involve clinical trials.

Co-payment and/or deductible amounts will be collected to the full extent of payor agreements. Administrative decisions to waive any co-payment or deductible must be disclosed and implemented in accordance with organizational policy.

The False Claims Act

The False Claims Act (FCA) (31 US Code, Sections 3729-3733) was enacted during the Civil War (1863) to protect the Union Army from buying defective or inferior munitions or other supplies at inflated prices. Today, the FCA is one of the government's primary enforcement tools in healthcare. The FCA applies to any person who knowingly presents, or causes to be presented, a false or fraudulent claim for payment to any department, program, or branch of the federal government. "Knowingly" means: actual knowledge, reckless disregard, or deliberate ignorance of the law. The majority of healthcare providers are prosecuted under the "reckless

disregard” or “deliberate ignorance” standards (the individual knew or should have known that the conduct departed from generally-accepted business practices). Categories of false claims include:

- services not rendered;
- billing for services not documented, (or a different level from what was provided);
- billing separately for services that should be bundled into a single claim;
- misrepresentations in securing a federal contract, including false cost data or pricing;
- ineligible to participate
- False certifications (physician signs certificates of medical necessity when not appropriate or medically necessary); Substandard products or services (quality of care does not meet acceptable standards); false record or statement is used to decrease or avoid a financial obligation such as understating income or overstating expenses in financial records.

The government encourages individuals with first-hand (original source) knowledge to come forward and report misconduct. Any person can bring a civil action on behalf of the government. This provision of the law, known as “qui tam,” refers to a “relator” or whistleblower who is often entitled to payment of a percentage of the amount of money recovered by the government. The University’s Whistleblower Policy protects internal reporters from retaliation. Access the policy at: <http://hr.osu.edu/Policy/policy140.pdf>.

Reporting Employee Concerns:

Employees who suspect that improper billing or documentation is occurring should immediately alert their supervisor or a higher level manager. Any employee may also contact the Compliance Office at 293-7802 to report their concerns or use the OSU Confidential Reporting Line at www.ohio-state.ethicspoint.com or 866-294-9350 to report concerns anonymously.

Questions and Answers:

Q: The supervisor of my billing department issued a memorandum indicating that, although it may technically be unlawful to bill for certain medical devices, he knows from a conversation with colleagues in neighboring hospitals that everyone is ignoring the Medicare directive. I feel uneasy with these instructions. What should I do?

A: Clarify with your supervisor any activity that you feel may be unlawful or unethical. If you aren’t satisfied with his/her response on this issue, contact his/her supervisor. Keep asking questions until you get an answer that makes sense to you. Follow the chain of command, if necessary or proceed as described above.

Q: I noticed that duplicate charges for the same test or procedure on the same day and time were billed by the hospital. What should I do?

A: It is unlawful to duplicate bill for the same test or procedure. You should contact the Revenue Management Department (293-7388) to report your concerns or proceed as outlined above.

Q: I work in the Medical Information Management department and part of my job is to verify billing sheets for the clinic area. I notice that a charge is marked, but I cannot find any documentation in the patient chart for the service. What should I do?

A: You should contact the clinic area for clarification. You should send the billing sheet back to the clinic for supporting information and change, if appropriate. You should not change the billing sheet.

Q: I received a call from a patient or insurance company questioning the accuracy of the patient's bill. Who do I contact?

A: Please notify the Customer Service section of Patient Financial Services at 293-2100 immediately. They will contact the appropriate people to resolve the issues.

Q: I don't always document that I've performed a service for a patient. My manager told me that we cannot charge for services that are not documented. Why not?

A: Clinical documentation provides the official record that a service was performed. Documentation is also crucial for treatment team communication, and for assessing quality of care. It is imperative that all services, procedures, and tests are documented accurately and completely in the medical record for a charge to be rendered. Payors have the right to deny a service if no documentation is present. Without documentation in the clinical record, there is not evidence that the service was performed.

Q: What should we do if we receive a letter from a payor (government or commercial) in MIM, the billing office, or a clinical department, requesting us to send medical records for review?

A: It is very important to respond to payor requests for records. The payor has a right to conduct pre- and post-payment review of services to determine if the services are covered, documented accurately, and payable under a particular coverage policy or contract. There are usually deadlines for responding. If we do not respond within the required timeframe, the payor can deny payment outright. Provide the specific documentation requested, and be thorough in our internal review of the records to be sent. Staff members who receive such official requests should alert the department director. The Manager of Payment Analysis and Compliance in Patient Financial Services should be alerted to all government payor (e.g., Medicare, Medicaid) requests so the proper procedure for responding is followed. Contact 293-2171.

STANDARD – HUMAN RESOURCES UTILIZATION

DISPLAY GOOD JUDGMENT AND HIGH ETHICAL STANDARDS

Vision: Working as a team, we will shape the future of medicine by creating, disseminating and applying new knowledge, and by personalizing healthcare to meet the needs of each individual.

Mission: To improve people’s lives through innovation in research, education, and patient care.

Values: Integrity, Teamwork, Innovation, Excellence, Leadership.

Our vision, mission, and values are the foundation for conducting the business of the Medical Center. As one of our core values, integrity refers to our commitment to ethical conduct and is reflected in the reliability and consistency of our behavior and actions. The character of our community depends upon each of us to be accountable for “doing the right things right.” Our business strategies must be aligned with responsible decision-making and conduct.

It is essential that we build trust among all stakeholders within the Medical Center, in the university, and the wider community. Our work requires us to face difficult decisions and conflicts. All of us must maintain open lines of communication so that individuals feel free to make suggestions for improvement, and raise concerns to alert managers about problems.

Displaying good judgment and high ethical standards means that we: honor our commitments and obligations; establish and maintain internal controls to ensure sound business and clinical practices; and keep the stewardship of the Medical Center utmost in our minds as we carry out our daily activities.

These standards include verification of an individual’s credentials to provide patient care or related services at the Medical Center. It is each healthcare professional’s responsibility to demonstrate proof of current licensure, registration, and/or certification as required by his/her position description, state practice acts, or other federal or state law or regulation during the entire period of the individual’s employment. The Human Resources Department queries the federal List of Excluded Individuals and Entities (LEIE) prior to hire, and at ongoing intervals to ensure that no person employed by OSUMC appears on the List.

Questions and Answers:

Q: My supervisor directed me to do something that I believe is against The Ohio State University Medical Center policy and maybe the law. I don't want to do something improper, but I'm afraid if I don't do as I am told, I may lose my job. What should I do?

A: Consider discussing the request with your supervisor to be sure you understand the facts and that he or she is aware of your concern. If you are uncomfortable about discussing the situation with your supervisor, or cannot resolve your concern at this level, approach your supervisor's manager, any member of the Compliance Committee, the Compliance Office, or the Confidential Reporting Line. Do not risk your job or the organization's reputation by taking part in an improper activity. The Ohio State University Medical Center strictly prohibits retaliation against employees who raise such concerns honestly and forthrightly.

Q: If I suspect that a co-worker is violating OSUMC policy or the law, whom should I contact?

A: The Ohio State University Medical Center's ability to uphold its ethical standards depends on employees taking action if they believe a violation is occurring. Start with your supervisor and continue the process until you get an answer that makes sense to you. If you feel uncomfortable discussing this issue, contact the Confidential Reporting Line at 866-294-9350 or visit www.ohio-state.ethicspoint.com.

Q: A JCAHO surveyor is an old friend. During the JCAHO survey of the hospital, I invited my friend (JCAHO surveyor) to dinner to discuss old times, not the survey. Is this acceptable?

A: Our ethical standards require that we avoid even the appearance of impropriety. Explain this to your friend and avoid socializing with her/him until well after the survey report is submitted to the hospital.

Q: Many of my staff are required to be licensed by the Ohio licensing board (registered nurses, physical therapists, occupational therapist, dietitian, etc.), and I just learned that the license of one of my staff will lapse tomorrow. Is it okay for the staff member to continue to work, as long as I know that the staff member will soon renew the license with the regulatory board? My unit will be negatively impacted if this staff member has to wait for their license to renew.

A. If licensure or certification is a required condition of employment, you may not permit a staff member to work with a lapsed license (or certificate). Human Resources has tools to assist a manager in tracking employees' license renewal dates, and the employee and the manager remain responsible for ensuring up to date licensing or certification.

STANDARD – HUMAN RESOURCES UTILIZATION

AVOID CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS OF INTEREST

Employees of The Ohio State University Medical Center comply with Ohio Ethics Law for Public Employees (Chapter 102 and Section 2921.42 of the Ohio Revised Code) and the OSUMC Vendor Interaction Policy.

A conflict of interest exists when an employee has a personal or financial interest that may exert an improper influence on the performance of job duties.

Employees must not solicit or accept compensation (money, items of value, or financial benefit) from any source, other than the University, for work performed in the course of salaried employment with the University.

Employees shall not use their position to secure anything of value for themselves or another person that may impair the objectivity and independence of the employee's judgment in carrying out University duties, including accepting gifts from vendors, or reimbursement of expenses associated with events or activities sponsored by vendors seeking to do business with, or currently engaged in business activities with OSUMC.

Employees may not have a substantial financial or other interest in profits, benefits, or awarding of a public contract involving the Medical Center.

Employees may not use family relationships or marriage to constitute an advantage or disadvantage to the employment of any individual with OSUMC.

Confidential information acquired in the course of University business may not be disclosed without authorization.

Outside business activities must not interfere with an employee's University duties. Employees must disclose conflicts, or potential conflicts of interest to Medical Center Human Resources, Legal Services, or the Medical Center Compliance Director.

For additional information, see Health System policy "Conflict of Interest" and University policy "Conflict of Interest and Work Outside the University," and OSUMC "Vendor Interaction" policy.

Questions and Answers:

Q: I run a small business out of my home. Can I use The Ohio State University Medical Center bulletin boards or interoffice mail to advertise my products to other OSUMC employees?

A: No. Products and services not offered by The Ohio State University Medical Center should not be promoted during working hours or on OSUMC property. You may not use The Ohio State University Medical Center's name, its facilities or resources to sell non-OSUMC services or products.

Q: In appreciation for our business, suppliers occasionally invite me out to dinner or sports events. Is it acceptable for me to go?

A: No, you may not accept anything of value from a vendor, supplier, or someone seeking to do business with The Ohio State University Medical Center. The OSUMC Vendor Interaction policy prohibits gifts to individuals from vendors. In addition, Ohio ethics law prohibits staff from using their position to secure anything of value for themselves or another person that may impair the objectivity and independence of the staff member's judgment in carrying out University duties. If you are in doubt as to whether a conflict of interest exists, ask yourself if you would be embarrassed if your arrangement is reported on the front page of the Columbus Dispatch or on the television nightly news. For further clarification, contact the Compliance Director at 293-7802.

Q: A vendor has asked to demonstrate their product/service to our department, and has offered to pay for lunch for all staff who attend the session. May we accept a monetary donation to the unit by the vendor and use the funds to pay for lunch for the staff? Does it matter if we are already using the vendor's products?

A: We encourage education and information sharing by and with vendor corporations. An in-service with a company representative, covering current product use is appropriate. However, the department may not use the vendor donated funds to provide a meal for the staff. Departments may accept monetary donations from vendors, and use the funds for department determined purposes (those activities which promote research, education and clinical care).

STANDARD – HUMAN RESOURCES

TREAT ALL EMPLOYEES WITH RESPECT, DIGNITY, AND FAIRNESS

It is the responsibility of members of The Ohio State University Medical Center team to create and maintain a work environment in which employees are treated with respect and dignity, diversity is valued, and opportunities are provided for development. All OSUMC human resources practices are conducted in accordance with federal and state laws and regulations, and specific University and Medical Center policies. OSUMC policy prohibits discrimination in any work-related decision on the basis of race, color, creed, religion, sexual orientation, national origin, sex, age, disability, or veteran status.

Both managers and staff members have a responsibility to ensure that the work environment is free of harassment or abuse, and that policies regarding fair labor practices, paid and unpaid leave, work attendance, workplace conduct, competency standards, and performance are followed.

Reporting Employee Concerns:

If an Ohio State University Medical Center employee is unable to resolve an employment dispute, or believes that discrimination is occurring in the workplace, the employee should use the employment dispute process. See Policy #02-16 “Employment Disputes and Complaints of Discrimination” on OneSource (see “Workplace” tab; scroll to “Policies & Procedures”). Any employee may also report their concerns or use the OSU Confidential Reporting Line at www.ohio-state.ethicspoint.com or 866-294-9350 to report concerns anonymously

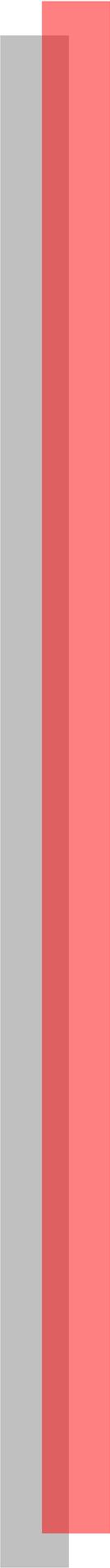
Questions and Answers:

Q: I know an employee who is offended by the language and inappropriate humor the supervisor uses when speaking with employees. What should I advise the employee to do?

A: Advise the employee to tell his or her supervisor that he or she finds the language and humor offensive. If the employee is not satisfied with the results (or is uncomfortable speaking directly with the supervisor), the employee should discuss the situation with the supervisor’s manager or Medical Center Human Resources, Employee/Labor Relations, at 293-4988, or follow the procedure outlined above.

Q: I applied for a promotion and did not get it. What should I do?

A: The Ohio State University Medical Center prohibits unequal treatment of employees if such treatment is based on bias or discrimination. If you feel comfortable, discuss your concerns with your supervisor first. If you don’t feel comfortable, or you are not satisfied with your supervisor’s response, notify Medical Center Human Resources, Employee/Labor Relations at 293-4988, provide examples of these incidents, and state your concerns. For further information, please read the policies located in the personnel section of each hospital’s policy and procedure manual on OneSource.



Q: I work in a multidisciplinary team which usually works well together. However, some of us feel as if we walk on eggshells when one member of the team is present. That staff member uses verbal and non verbal communication which intimidates me. I'm reluctant to discuss my concerns with my supervisor because I'm afraid of retaliation by the team member. What should I do?

A. Please do immediately report your concerns to your supervisor. OSUMC has a zero tolerance policy for disruptive, unprofessional behavior of any staff member and any member of the medical staff. Be prepared to discuss (and document) dates and times of the observed behaviors, whether patient(s) were affected, circumstances which precipitated the report, consequences to patient care or hospital operations, and any action taken to remedy the situation. We have policies which prohibits retaliation against good faith reporters of unsafe, improper, or illegal activities.

STANDARD – HUMAN RESOURCES UTILIZATION

REPRESENT THE OHIO STATE UNIVERSITY MEDICAL CENTER FAIRLY AND HONESTLY

The Ohio State University Medical Center informs the community about: the availability and value of our services and products, Medical Center activities and plans, educational materials that address healthcare options, health promotion and prevention of illness, and public policy issues related to healthcare.

All information presented to the community must reflect the public's trust in the Medical Center as a reliable, authoritative source of information about medical care and research. Advertising should state accurately the programs and services we offer, the qualifications and capabilities of our professional staff, and any awards, recognitions, or honors received by individuals or the organization. Materials should not disparage our competitors, customers or patients; and should not exploit customer or patient fears about health as a key motivating factor.

Questions and Answers:

Q: A recent government report ranked hospitals for care of patients with a particular disease. Our facilities ranked high and our competitor ranked low. Should we inform the public about this information?

A: A reference to a good rating of our performance when discussing The Ohio State University Medical Center and its services should be included in advertising and informational materials. However, we should evaluate whether the reporting agency is a reliable source and what we would say about the report if our ranking had been lower. Direct comparisons of our ranking with competitors, with the intent to disparage our competitors, should not be the focus of our advertising. We should discuss our success without reference to the individual performance of other organizations, letting the public seek that information from other sources.

Q: An important new medical procedure is available in our facility and shows great promise for the future of medical care. Shouldn't this be promoted to the public?

A: Caution must be used when promoting medical research and cutting edge technology. In designing public information, we must remember to recognize potential problems:

1. Restrictions related to qualifications to participate in a clinical trial; a narrow range of medical conditions the procedure can treat, or reimbursement issues by health plans must be stated clearly.
2. It is our responsibility to disclose the stage of development of any procedure recommended. Every effort should be made to help patients evaluate all treatment options through the availability of our public medical libraries and other educational resources.

STANDARD – HUMAN RESOURCES UTILIZATION

USE OHIO STATE UNIVERSITY MEDICAL CENTER’S PROPERTY FOR BUSINESS PURPOSES ONLY

Property owned by The Ohio State University Medical Center is made available to employees only for authorized OSUMC business purposes and should not be used for personal reasons. This rule applies to physical assets such as office equipment, computers, software and supplies or medical supplies, as well as other types of property such as OSUMC records, patient information, and customer lists. Property owned by The Ohio State University Medical Center must not be removed from OSUMC grounds unless it necessary to do so to perform your job. If removed from The Ohio State University Medical Center, the employee must return the property to OSUMC as soon as it is no longer needed off-site for business. All employees are expected to maintain and properly care for OSUMC property. The OSU Director of Libraries and the Office of University Archives provide direction and guidance to OSUMC departments related to records management, retention, preservation, and disposition, of records, which include records retention schedules.

Be aware that computer accounts and electronic mail (e-mail) used by employees are the property of The Ohio State University and individual use may be monitored at any time.

Questions and Answers:

Q: If I see an employee intentionally misusing or damaging OSUMC property, what should I do?

A: Every employee has an obligation to treat Medical Center property and equipment with care and respect. This includes reporting any property damage or malfunction to appropriate personnel. If you are aware of anyone intentionally or negligently damaging OSUMC property or equipment, report your observations to your supervisor and security.

Q: I was told that I could supply a list of our patients to any outside source. Is this true?

A: Patient names should never be disclosed to anyone outside of The Ohio State University Medical Center without specific management approval. More importantly, patient confidentiality should be maintained at all times.

Q: I need to do my daughter’s wedding invitations and mail them out. Can I use my office computer on my off time to do this?

A: No. This type of use of Medical Center property is prohibited. Equipment and supplies are for business use only.

Q: Can I copy software to use at home to complete hospital projects?

A: No. Software is licensed to be placed on one computer and cannot be duplicated on any other computer even if it is for business use. The software programs that run on the Medical Center’s network are site-licensed for this express purpose. The university pays a fee for this use.

STANDARD – COMPLIANCE ACTIVITIES

ADHERENCE TO STARK LAWS AND BAN ON PROHIBITED REFERRALS

No University representative shall make a referral for a designated health service (DHS) to an entity in which he or she, or an immediate family member, has a financial relationship (i.e., ownership or investment interest or compensation arrangement).

The federal laws that address prohibited referrals are called the “Stark Laws,” in recognition of Congressman Fortney “Pete” Stark, D-CA, who introduced the legislation. These laws put certain restrictions on the ability of hospitals to freely enter into financial arrangements with physicians or others in a position to make referrals to or generate business for the hospital.

Stark I is specific to clinical laboratories. Laboratories that provide free services or supplies to referring physicians or other referral sources are at risk (e.g., providing free biohazard waste pickup or providing a phlebotomist to draw blood at the physician’s office without charge).

Stark II generally prohibits a physician, or certain other health professionals, from making a referral for designated health services to any business including a hospital, if the physician has a financial relationship with that business. There are certain exceptions for physicians in academic medical centers. Questions about arrangements should be directed to the Compliance Director.

The ten designated health services are:

- A. Clinical laboratory services;
- B. Physical therapy services (which includes speech pathology services in Medicare law);
- C. Occupational therapy services;
- D. Radiology services including MRI, CT, and ultrasound;
- E. Radiation therapy services and supplies;
- F. Durable medical equipment and supplies;
- G. Parenteral and enteral nutrients, equipment, and supplies;
- H. Prosthetics, orthotics, and prosthetic devices and supplies;
- I. Home health services;
- J. Outpatient prescription drugs; and
- K. Inpatient and outpatient hospital services.

Questions and Answers:

Q: I am an orthopedic nurse. My husband and I own an orthopedic supply house. It is my job to direct patients to an orthopedic supply house after surgery. Can I send them to the one I own?

A: No. If you can influence the referral of patients to an entity where you will profit from the transaction, it is illegal.

Q: I work in the hospital clinical laboratory, which has just signed an agreement with Dr. X to perform his laboratory testing. I want to place a phlebotomist in the office to help alleviate some of the labeling errors and bad specimens that the laboratory is receiving. Can I do this?

A: No. Even though the laboratory has honorable intentions to provide better service by placing a phlebotomist in the office, it creates a prohibited financial arrangement under Stark laws.

Q: I've been asked to open a new service line. How will I recognize if there is a Stark issue?

A: If the service line includes **referrals** from **physician(s)**, for **designated health service**, and if the physician has a **financial interest** in the entity performing the designated health service. If you are unsure of whether there are Stark concerns, please contact the Compliance Office or Legal Services.

STANDARD – COMPLIANCE ACTIVITIES

PROHIBITION OF KICKBACK ACTIVITIES

All OSUMC employees or representatives are prohibited from knowingly and willfully soliciting or receiving, or offering or paying, any remuneration directly or indirectly, in cash or in kind, in return for, or to induce:

- Referring an individual to a provider for the furnishing of, or arranging for, any item or service for which payment may be made in whole or in part under any federal healthcare program; or
- Purchasing, leasing, ordering, arranging, or recommending such purchase, order or lease, any good, facility, service, or item for which payment may be made in whole or in part under any federal healthcare program.

The Ohio State University Medical Center prohibits any payment that may be viewed as a bribe, kickback, or inducement. A “bribe” or “kickback” is any payment or consideration of value offered with the intent to influence a decision to do business. Payments or items of value given to physicians or other parties to influence the flow of referrals to The Ohio State University Medical Center are prohibited, as are gifts of more than nominal value, excessive entertainment or other considerations given to government employees, physicians or any other party in a position to influence patient referrals or goods or services for OSUMC.

In addition, Medical Center funds cannot be used to contribute to a political party, committee, organization, or candidate in connection with an election campaign.

Questions and Answers:

Q: I was asked to process a lease in our clinic building for a newly-hired physician. I noticed that the monthly payment was only \$5 per square foot, which I judged to be substantially below fair market value. What should I do?

A: When you discover what you think may be an unusual arrangement, bring this information to the attention of your supervisor, a higher level manager, or the Compliance Office. Improper inducement can come in many forms including below market rent.

Q: I think Dr. Smith is receiving payments or gifts from a Durable Medical Equipment (DME) supplier in exchange for referring all of our department's DME business to that company. What should I do?

A: It is important not to assume wrongdoing, because perceptions can be misleading. However, it is also important that the issue is investigated if such activity really is taking place. Contact the Compliance Office or use the confidential reporting line.

STANDARD – COMPLIANCE ACTIVITIES

COOPERATE WITH GOVERNMENT INVESTIGATIONS

Federal and state agencies (government investigators) may appear unannounced for purposes of interviewing and/or obtaining documents. All employees must cooperate with any authorized government investigation or audit.

If approached by a government investigator, you should:

- Obtain the name, agency, business telephone number, and address of the investigator.
- Ask if there is a subpoena, warrant, search affidavit or other court order to be served, and request a copy of the document.
- Immediately notify the Office of Legal Services at 293-8446 or pager 2001. Do not take any further action until instructed by Legal Services.

If a government investigator requests an interview, you have the right to:

- Request that legal counsel and the compliance director be present before answering any questions;
- Refuse to answer any questions;
- Have the interview conducted during normal business hours;
- Stop the interview at any time;
- Take notes during the interview;
- Retain a personal attorney to be present during the interview.

You should never:

- destroy or alter any Ohio State University Medical Center document or record requested by a government agency or court;
- make false or misleading statements to any government investigator;
- attempt to persuade any other Medical Center employee, or any other person, to provide false or misleading information to a government investigator, or to fail to cooperate with a government investigation.

Should an employee of the Medical Center receive a subpoena or other written request for information (such as a Civil Investigative Demand), the employee should contact Legal Services at 293-8446 or pager 2001 immediately. Do not take any action before contacting Legal Services.

Questions and Answers:

Q: The district attorney called and asked me to give a statement about the hospital's treatment of a particular patient. How should I respond?

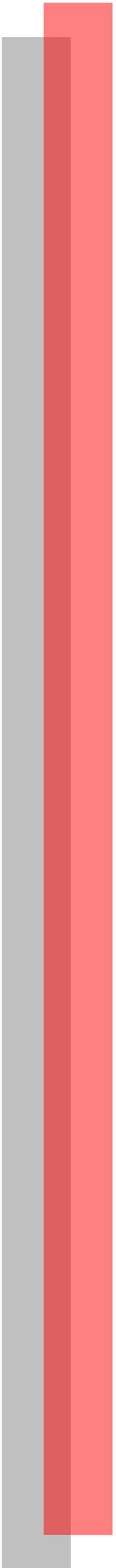
A: You should let the caller know that you have a responsibility to protect patient confidentiality. Do not provide confidential patient information to the person who identifies himself or herself as a district attorney until you have spoken with Legal Services.

Q: What should I do if an FBI agent comes to my home and asks to talk to me about the activities of my department?

A: It is your choice on whether you will speak with the investigator. You may consult with Legal Services or your personal attorney before answering any questions. A request to speak with legal counsel before answering questions is your right and in no way indicates that you are not cooperating fully.

Q: What should we do if an investigator comes to the Billing Office and asks us for financial records?

A: Employees are not authorized to give Medical Center documents to government investigators without approval through the appropriate administrative channels. The Medical Center's Office of Legal Services will manage disclosure of documents and other information. Both legal counsel and the Compliance Director will be present during all government searches. Any employee approached by an investigator should contact their supervisor immediately and notify Legal Services at pager 2001 or call 293-8446.



**ACKNOWLEDGEMENT OF
STANDARDS OF EMPLOYEE CONDUCT**

My signature on this form acknowledges that I have received The Ohio State University Medical Center *Standards for Employee Conduct*. I agree to read the Standards carefully and seek clarification if necessary.

I understand that the Standards represent mandatory policies of the organization and I will fully comply with these Standards. Further, I understand that any violations of these Standards by another employee or agent of The Ohio State University Medical Center must be promptly reported to my manager, administrator, or the Compliance Director.

I confirm that I have not been excluded from participation in any federal healthcare program, nor to the best of my knowledge, have I been proposed for exclusion. I agree to notify the Compliance Director or Office of Legal Services immediately upon receiving written or verbal notification that I am proposed for exclusion from any government healthcare program.

Signature Date

Printed Name

Position

Department