THE CHILDREN'S MERCY HOSPITAL CODE OF CONDUCT

This Corporate Code of Conduct outlines the principles, policies and standards of The Children's Mercy Hospital and are intended to provide guidance to board members and hospital staff members in performing their jobs. Board members and hospital staff --administrative staff, managers, employees, allied health professionals, medical staff members, residents, fellows, students and volunteers -- are responsible for ensuring their behaviors and activities are consistent with this Code of Conduct.

The purpose of this Code of Conduct is to provide guidelines and oversight for hospital staff so they may conduct business in a lawful, ethical and honest manner. It provides standards by which hospital staff will conduct themselves in order to protect and promote the hospital's integrity, enhance the hospital's ability to achieve its mission and comply with all laws which apply.

These standards are neither exclusive nor complete. Additional information can be found in separate hospital policies and procedures located in Meditech or on the intranet. Hospital staff may also contact their supervisor for additional assistance.

Business

It is the hospital's desire, at all times, to preserve and protect its reputation and to avoid any impropriety or the appearance of impropriety. High ethical standards are the preferred behavior in our workplace. Ethical management will be integrated into all management practices including Human Resource policies and the hospital's strategic plan. All staff who are members of a professional business organization will abide by the ethical standards adopted by that organization.

Business and Professional Courtesies
Honoring or giving business or professional courtesies is a violation of hospital policy.

Coding and Billing for Services
Hospital staff are prohibited from knowingly making any false statement or representation of material fact in any claim or application for benefits under any health care program. In addition, hospital staff must not knowingly retain funds from such programs which have not been properly paid. Furthermore, hospital staff are prohibited from submitting claims based on the rendering of a physician's services when the person performing the service was not a licensed physician or provider.

Cost Reports
Reports required by government payers will be prepared in a manner consistent with the laws and regulations governing the program. Detection of errors will be reported to hospital administration and addressed as appropriate.

Gifts from Families
Hospital staff are prohibited from soliciting or accepting tips, personal gratuities or personal gifts from patients and family members. If a patient or another individual wishes to present a monetary gift to the hospital, he/she should be referred to the Resource Development office. Items that are perishable, such as food or flowers, that may be presented by a patient or family should be displayed or shared in such a manner that all enjoy the generosity.

Gifts from Health Care Providers or Vendors
Hospital staff shall not accept gifts, meals, entertainment or offers of goods and services which have more than a nominal value or are otherwise not in accordance with the Hospital's Gifts and Gratuities Policy. They also shall not solicit gifts from vendors, suppliers, contractors or other persons which might influence or appear to influence decision-making or actions. If a hospital staff member has any concern whether a gift should be accepted, he/she should consult with his/her manager. To the extent possible, these gifts should be shared with co-workers.

Gifts to Health Care Providers, Vendors or Government Officials
Federal law prohibits payment for referring patients to a health care provider or organization. The offer or giving of money, services or other things of value by hospital staff with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, government official or other person is absolutely prohibited. Gifts, favors or other payments must never be made based on the number or potential numbers of patients referred to the hospital. Any such conduct must be reported immediately to the hospital's Compliance Officer.

Gifts to Patients
Hospital staff are prohibited from offering anything of value to any individual eligible for federal or state health care programs. Those patients or families with additional needs outside of normal health care services should be referred to the hospital's Social Work department for guidance and assistance.

Government Relations and Political Activities
The hospital recognizes and honors the rights of individuals and interest groups to become involved in political activities. Staff who desire to contact a government official on behalf of the hospital regarding public policy must first receive direction from hospital Administration or the Vice President of Government Relations. Hospital letterhead, telephones, electronic messaging, office machines or other supplies may not be used when contacting a government official, unless directed by Administration or Government Relations.

Interaction with Physicians
Physicians or allied health providers are prohibited from making referrals to an entity with which the physician has a financial relationship if the service is reimbursed by a government program. Further, hospital staff cannot submit a claim for services furnished as a result of a prohibited referral.

Marketing and Publications
The Community Relations department is responsible for creating all Children's Mercy marketing publications, including editing, design, proofing and preparing materials for printing. The logo of Children's Mercy Hospitals and Clinics is the hospital's unique signature. In order to protect the "equity" in our logo, Style Guidelines have been developed and must be referenced before using the logo or tag lines.

News Media
It is the policy of the hospital that any staff member must contact Community Relations before any contact or response is made with any member of the news media. Community Relations will act as the hospital's representative for all media contacts and will escort media representatives to the appropriate areas of the hospital.

Personal Use of CMH Resources
Hospital staff are expected to refrain from using hospital assets for personal use. All property and business of the hospital shall be handled in a manner designed to further the hospital's interest rather than the personal interest of an individual. Hospital staff are prohibited from the unauthorized use or taking of hospital equipment, supplies, materials or services. Hospital staff shall obtain the approval of their managers or administrative representatives of the hospital prior to engaging in any activity on hospital time which will result in payment (apart from hospital salary) to a hospital staff member.

Performing laboratory, radiology, or other tests and screenings on hospital staff, or asking other employees to do so without a physician's order and registration as a patient, is prohibited and may result in counseling up to and including termination of employment. Hospital physicians should not be approached for consultation or requests for care for any non-emergency hospital staff illness or injury, whether work-related or personal.

Relationships Among CMH Colleagues

As a general rule, Hospital staff cannot be placed in a department supervised by a close relative, and hospital staff who are close relatives should not be placed in the same work areas.

Surveys
From time to time, government or accreditation agencies will conduct surveys or inspections of the hospital. Hospital staff should be responsive, polite and provide accurate information to the surveyors in accordance with Survey/Inspections Policy.

Travel and Entertainment
In accordance with the Travel Reimbursement and International Travel Reimbursement Policies, Hospital staff are reimbursed for the incremental cost of approved travel.

Hospital staff involved with a bona-fide speaker training program may qualify for reasonable reimbursement of travel expenses by the vendor as outlined in the PhRMA guidelines. Hospital medical staff or allied health staff may accept reasonable invitations for vendor sponsored entertainment and meals for the purposes of discussing business matters or to receive education. Spousal attendance at such events is allowed as long as the cost of such attendance is not at the expense of the vendor.
Hospital staff involved with research may only accept reimbursement that is of reasonable expense. The location of the meeting must have modest hospitality and be in a location conducive to a scientific or educational communication .Recreational activities at such locations may not be the expense of the vendor.

Workshops, *Semin*ars and Training
Attendance of hospital staff at a vendor's expense to out of town seminars, workshops or training sessions is permitted only with the approval of a staff member's manager. Attendance at local, vendor-sponsored workshops, seminars and training sessions is permitted. These educational events are defined as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentations(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented.

Compliance

Hospital staff are required to comply with all laws, regulations and other applicable standards whether or not they are specifically addressed in this Code of Conduct.

Copyright & Intellectual Property
Federal copyright laws may prohibit staff from making copies of an entire publication, making multiple copies of electronic media such as videos or software, downloading information, or using someone else's idea and passing it off as one's own. Before contemplating any such activities, hospital staff must ensure such actions are allowable under copyright laws. Hospital staff shall not misappropriate confidential or proprietary information belonging to another person or entity. They also shall not utilize any publication, document, computer program information or product in violation of a third party's interest in such product.

The hospital encourages the development and marketing of inventions resulting from the hospital's scholarly and professional activity to reach a public usefulness and benefit. The Intellectual Property Policy will guide anyone who has developed, or may wish to develop, an invention which may be patented or material which may be copyrighted.

Environmental Compliance
Numerous federal, state and local laws and regulations concerning health, safety and the environment apply to the hospital and its activities. It is the hospital's policy for staff to understand and to comply with all such laws and regulations. Hospital staff shall notify their manager or the hospital's Safety Officer whenever an unsafe environmental situation arises. It is the goal of the hospital to comply

with any reporting requirements to resolve the unsafe condition, and to take timely action to prevent any recurrence.

Financial Reporting and Records
All financial reports, accounting records, research records and reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts and the true nature of a transaction. Improper or fraudulent accounting, documentation or financial reporting are contrary to the policy of the hospital and may be in violation of applicable laws. Refer to Human Resource's Time and Attendance Policy for additional related information.

Fraud and Abuse
Fraud and abuse can be:

- the intentional misrepresentation or concealment of a material fact
- the knowledge that someone has falsified or misrepresented a material fact
- the intent to deprive or harm the hospital or its patients financially

For additional information please refer to the Hospital's Billing and Claims Submission Policy. The hospital seeks to avoid and does not condone any such behavior. Immediate disciplinary action will be taken against any person involved in such actions on behalf of or against the hospital.

Ineligible Persons
The hospital will not contract with, employ, or bill for services rendered by any individual or entity who:

- is excluded or ineligible to participate in federal health care programs
- is suspended or debarred from federal contracts
- has been convicted of a criminal offense related to the provision of health care items or services
- is registered as a sex offender.

For additional information please refer to the Hospital's Health Care Sanctions Policy.

Internal Audit
The Audit and Advisory Services department performs the hospital's internal audit function. Hospital staff must be open and honest during an audit and must disclose, upon request, all memos, reports, records, personnel, and physical properties relevant to the performance of an audit.

License and Certification Renewals
Hospital staff must comply with state and national standards and laws required for the performance of their profession. Documentation of staff's compliance with required license, registration or certifications will be verified upon initial employment and will be re-verified at appropriate intervals as determined by applicable state or national standards and laws.

Moral and Religious Objection to Care
Hospital staff may request not to participate in an aspect of patient care, including treatment, when the prescribed care or treatment conflicts with the hospital staff member's cultural values or ethical or religious beliefs. Staff members must make the request to their supervisor, and the request cannot affect or disrupt the patient's care or treatment, nor compromise the mission of the hospital.

Obligation to Report
Hospital staff have a duty and obligation to report their good faith belief of any possible violations of applicable laws, regulations, ethical standards or other segments of the Code of Conduct which occur within the hospital or involve the hospital's assets. Such report should be made to the staff member's supervisor, on the compliance hotline, or to a member of the Corporate Compliance department. Hospital staff must cooperate fully with the Compliance Officer and his/her agents in the investigations. To protect the reporter the Hospital will follow the Non-Retaliation Policy regarding those reports made in good faith. Employees, subcontractors and vendors also have the right to report their concerns to external agencies.

The hospital must comply with the state's Mandated Reporter Act for suspected child abuse and neglect and report to the appropriate state or federal agencies.

Patient Grievance
The hospital provides patients and visitors with an advocacy process to express and pursue their dissatisfaction with a hospital system or service. Hospital staff who receive a concern from a patient, parent or visitor either by telephone or in person should accept responsibility for communicating the information to the appropriate manager to be handled promptly. If the concern cannot be resolved, or requires further action, the complaint will be referred to the Patient Advocate for resolution and will be considered for grievance.

For any complaint alleging discrimination on the basis of handicap or any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act, the hospital staff shall use the 504 Grievance Procedure Policy.

Patient /Staff - Boundaries
Pediatric caregivers often struggle to find the right level of involvement with patients and families. It is important for staff to be able to relate to patients and families, yet separate enough to distinguish their own feelings and needs. Hospital staff who have a concern about becoming too involved with a patient and/or the family should speak to their immediate supervisor for suggestions and support or review the Professional Boundaries with Patients Policy.

Confidentiality

It is the responsibility of hospital staff to maintain and protect the confidentiality of information regarding patients, personnel and hospital business that may be gained as part of their job duties. Failure to protect confidential information may result in disciplinary action, up to and including termination. For additional information please reference the Confidentiality and Release of Information Policy.

Accuracy, Retention, and Disposal of Documents and Records
Hospital information is information generated and received in connection with the hospital's operations. All records or documentation generated and received by the hospital are the property of the hospital. No hospital staff, by virtue of their position, have any personal or property right to such records even though they may have developed or compiled them.

Hospital information will be recorded in an accurate manner to ensure that the integrity of the information adequately reflects the activities of the hospital and hospital staff. All hospital staff and agents are responsible for ensuring that all records are created, used, maintained, preserved, and destroyed in accordance with hospital policies to ensure ethical business practices. Records must be maintained in accordance with hospital policy and all applicable laws and regulations.

Electronic Media
In accordance with hospital policy, all communication systems -- including but not limited to electronic mail, Internet, intranet, phones, voice mail, cameras, lap-tops and PDA's purchased or supported by the hospital -- are to be used primarily for business purposes in accordance with Communication Equipment Use and Monitoring Policy.

Users of such communication systems should presume no expectation of privacy in anything they create, store, send or receive on the computer or phone system. The hospital has the right to monitor and/or access such communication systems usage as outlined in hospital policies and procedures.

Hospital staff may not use hospital resources or access the Internet during employment to post, store, transmit, download or distribute threatening materials; malicious false materials; obscene materials; or

anything that constitutes or encourages a criminal offense, gives rise to civil liability, or otherwise violates any laws. Additionally, these channels may not be used to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction.

Information Security
Hospital staff are responsible for ensuring that hospital information be maintained and stored in a secure manner according to hospital policies. Hospital staff should not disclose or share passwords, or allow access to computer system by non-authorized users.

Patient and Family Information
Hospital staff will abide by the hospital's confidentiality policies to ensure the protection of patient health information. In addition, when hospital staff are provided information about a patient's family, this information will be kept secure and only shared or documented in the context of how it relates to the patient's care.

Conflict of Interest

Any situation in which a person has a personal interest sufficient to influence the objective exercise of his or her duties for the hospital may represent a conflict of interest. This could include a personal interest to receive financial or special advantages, conflict of official duty, or any activity that appears to interfere or is likely to interfere in objective professional judgment. If the conflict of interest may effect, or be perceived to effect, human subjects research, then it must be reported to the CMH IRB. Bonus payments made by sponsors, whether directly to the individual or to the hospital, for accelerated or increased enrollment in clinical research protocols are prohibited. Hospital staff have a responsibility to comply with the hospital's Conflict of Interest Policy.

Human Resources

It is the hospital's desire to create and maintain a work environment that promotes and supports the mission and vision of the hospital while maintaining a safe and healthy work environment for hospital staff. Questions regarding specific hospital Human Resource issues should be referred to the Human Resources department for further clarification.

Diversity, Discrimination and Equal Employment Opportunity
It is the policy of the hospital to be an equal opportunity employer. The objective of the hospital is to recruit, hire, train, and promote the most qualified person(s) without regard to race, color, religion, sex, national origin, age, handicap, or veteran's status.

Drug and Alcohol Abuse
The hospital recognizes the trust that the community places in our delivery of health care services. To maintain this community trust and to provide a safe environment for our hospital staff, patients, families and visitors, hospital staff will abide by the Hospital's Drug and Alcohol Policy.

Harassment and Workplace Violence
The hospital strives to offer an environment free from any type of harassment, specifically based on age, sex, race, religion, color, national origin, or disability. Harassment can be in the form of unwelcome or unsolicited verbal, non-verbal, printed, electronic mail, or physical conduct, which substantially interferes with an employee's job performance, is directed at a patient or visitor, or which creates an intimidating, hostile, or offensive environment. The hospital is committed to providing a safe working environment for employees free from workplace violence. Concerns, questions and reports of behavior in opposition to these standards should be directed to the Human Resources department.

Disruptive Behavior

As part of the Hospital's efforts to promote and provide safe patient care, Hospital staff are required to demonstrate behaviors toward others which are respectful and dignified.
Examples of behaviors which are respectful and dignified include:

- Demonstrating honesty and integrity.
- Demonstrating a friendly, helpful, courteous, and kind demeanor.
- Respectful and professional verbal, non-verbal, and written or electronic communication.
- Demonstrating appreciation for the contributions, ideas, opinions, and differences offered by others.
- Adapting to meet the unique and individual needs of our patients and families.

Intimidating and disruptive behavior or conduct that interrupts or interferes with the Hospital's ability to fulfill its mission will not be tolerated. Disruptive behavior is described as a style of interaction that:

- causes distress among staff;
- affects the overall morale within the work environment;
- undermines productivity;
- leads to unwanted turnover; and
- results in ineffective or substandard care.

Examples of intimidating and disruptive behavior include, but are not limited to:

- Abusive or offensive verbal or physical conduct.
- Comments or statements, spoken or in writing, that are condescending, demeaning, rude or hostile.
- Comments or entries made in records, emails, or other documents, whether written or electronic, that unfairly or inaccurately criticize the Hospital or its employees.
- Willful refusal or failure to communicate with others.
- Making demands on others that are inconsistent with the efficient and safe delivery of services.

Health and Safety
The health and safety of hospital staff and our patients is a top priority. Hospital staff must report hazardous conditions immediately. Reports should be directed to one of the following departments that focus on specific areas within Health and Safety: *Occupational Health, Security and Infection Control.*

Occupational Health: If hospital staff need care for a work related injury or illness they should contact their supervisor and follow the process as outlined in the Occupational Health Services Policy 305.

Security Department: This department provides protection for hospital staff, patients and visitors, safeguards hospital property, maintains order, and enforces regulations. Should hospital staff observe something suspicious or feel they or a patient are in danger, they should contact Security immediately. All staff are required to properly wear the hospital-issued identification badge at all times while on hospital premises.

Infection Control: Staff must take every precaution to maintain a safe and clean environment. Proper hand hygiene, the use of personal protective equipment and adherence to Infection Control and Occupational Health policies and procedures appropriate to the hospital staff's work area reduce the risk of infection and must be maintained. In the event of an infection or concern, contact Infection Control.

Research Conduct

All research conducted at the hospital or under the auspices of the hospital, regardless of funding source, must be performed with the highest professional, ethical and legal standards and in compliance with applicable hospital policies, regulations and guidelines, and sponsor requirements. Hospital staff participating in research projects are expected to be knowledgeable about the requirements of these

policies, regulations and guidelines before undertaking any research activity. Research results must be reported honestly, accurately, and objectively.

Human Subject Research
The Children's Mercy Hospital Institutional Review Board (CMH IRB) is a committee designated by the Hospital to review, approve, and conduct periodic review of research involving human subjects. The primary purpose of such review is to assure protection of the rights and welfare of human subjects. All research must be in compliance with Research and Grants and IRB policies.

Research Involving Animals
Before initiation of research involving vertebrate animals, hospital staff members must receive written approval from UMKC Institutional Animal Care and Use Committee. After initial approval, hospital staff must continue to maintain compliance throughout research.

Scientific Misconduct
Scientific misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reporting research results. Hospital staff participating in research projects are responsible for adhering to professional standards for scientific integrity. Any hospital staff member who is aware of any instances, or suspected instances, of scientific misconduct must report such concerns to Office of Research Integrity.

APPROVED:
Administrative Council: 06/15/2012
Board Audit and Compliance Committee: 06/11/2009

Administrative Code of Conduct

The hospital expects each person to whom this Code of Conduct applies to abide by the principles and standards described here and to conduct the business and affairs of the hospital in a manner consistent with these principles and standards.

Failure to abide by this Code of Conduct, or the guidelines for behavior which the Code of Conduct represents, may lead to disciplinary action, up to and including termination of employment or affiliation with the hospital. For alleged violations of the Code of Conduct, the hospital will weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was out of line with language or general intent of the Code of Conduct, the seriousness of the behavior, the person's history with the organization and other factors that the hospital deems relevant in accordance with the Employee Conduct / Discipline Program.

Training and Communication
Hospital staff must be familiar with their job description and perform their job responsibilities and duties in an efficient and effective manner. Additionally, hospital staff, are required to complete New Employee Orientation and annual education requirements (through either CHEX or the Education Fair). Individual departments may have additional mandatory education requirements that must be completed and validated within the periods specified by each department.

Additional education is available throughout the hospital. A complete listing of all available courses may be found on the CMH Intranet Master Calendar of Events and under the Education home page. Information regarding possible financial assistance may be found on the CMH intranet under Human Resources.

Nothing in this Code of Conduct is intended to nor shall be construed as providing any additional rights to hospital staff or other persons.

ACKNOWLEDGEMENT

Acknowledgement Card
I certify that I have received The Children's Mercy Hospital's Code of Conduct, read and understand it represents mandatory policies of the hospital and agree to abide by it and the associated policies.
Signature
Printed Name
Department
Hospital Staff ID Number
Date

Please return this completed page to your supervisor.