

Current Status: Active

PolicyStat ID: 8652096



Effective: 9/14/2015

Reviewed: 2/25/2021

Last Revised: 2/25/2021

Next Review: 2/25/2024

Policy Lead: [Gretchen Stewart: Compliance Analyst](#)

Policy Area: [Legal Affairs](#)

Entities: [NCH Foundation](#), [NCH Home Care](#), [NCH Medical Group](#), [Northwest Community Day Surgery Center II, LLC](#), [Northwest Community Healthcare](#), [Northwest Community Hospital](#)

Applicability: [NCH Policy Manual](#)

## Code of Conduct and Ethics

### Our Mission

*We exist to improve the health of the communities we serve and to meet individuals' healthcare needs.*

### Our Vision

*Northwest Community Healthcare will be an Integrated System of Care that delivers innovative, exceptional and coordinated care while creating value for the communities and populations we serve.*

### Brief Summary of Policy

Northwest Community Healthcare, including all of its subsidiaries and entities (NCH), is committed to delivering care in accordance with our mission and within a framework of integrity, honesty, and compliance.

These rules and regulations apply to our relationships with patients, physicians, third-party payors, subcontractors, independent contractors, vendors, consultants, and other employees. It is the obligation of all NCH employees to familiarize themselves with this Code of Conduct and Ethics and hold themselves to a professional standard of excellence.

### Policy

The topics covered in this Code of Conduct outline the minimum standards that govern our activities on behalf of NCH. The Board of Directors adopted this Code to ensure that NCH has a formal compliance function and established standards of conduct to guide the staff in carrying out their duties and responsibilities. A current copy of the Code is maintained for reference in the online policy database. It is policy for all employees and other applicable parties to follow this Code and/or to seek appropriate assistance if needed. This Code may be modified at any time at the discretion of NCH. In the event of a conflict between this Code and a specific policy, the specific policy should be followed.

#### A. Scope

1. This Policy applies to:
  - a. Board Members (Directors)

- b. Medical Staff
- c. Executive Team (Officers)
- d. Leadership Team
- e. Employees
- f. Contractor and Subcontractors
- g. Vendors

#### **B. Standards**

1. It is the position of NCH that all persons working for or doing business with NCH entities will follow generally accepted legal and ethical standards and this Code.
2. Communications made by NCH or by employees in performance of their jobs to all others shall be honest and accurate. Employees shall not knowingly make false or misleading statements.
3. NCH complies with all federal state, state and local laws and regulations, including but not limited to: Emergency Medical Treatment and Active Labor Act ("EMTALA"), False Claims Act, Anti-Kickback Statute, Stark Law, and Centers for Medicare and Medicaid Services' ("CMS") coding and billing requirements.

#### **C. Reporting Compliance Issues and Concerns**

1. Anyone aware of violations or suspected violations of laws, regulations, standards, the CMS Conditions of Participation, or NCH policies and procedures must report their concerns as soon as they become aware of the issue to a supervisor or member of management, Corporate Compliance, Legal Affairs, Human Resources, or the Corporate Compliance Hotline.
2. The NCH Corporate Compliance Hotline is toll-free, confidential, and always available at (888)203-2523.
3. Calls are not recorded and are answered by an external vendor so callers can report concerns anonymously, without fear of retaliation and without revealing their identity. (See [Employee Compliance Education Policy](#)).
4. Callers can receive confidential updates on the status of the matters they report.
5. When calling the Hotline provide a brief, factual account of the incident or concern that does not include finger-pointing, opinions or conclusions regarding the incident or concern.
6. Violations or suspected violations may also be reported to the Director, Corporate Compliance at 847-618-5288 or the Compliance Analyst at 847-618-5287.

#### **D. Anti-Retaliation**

1. Employees reporting, filing a complaint, raising a question about potential misconduct, agreeing to be a witness, or assisting an investigation, refusing to participate in suspected improper or wrongful activity, or exercising workplace rights protected by law, will not be subject to retaliation.
2. Reports of retaliation will be investigated, and employees found to be retaliating will be subject to the Corrective Action Policy.

#### **E. Patient Care and Rights**

1. Patient care will be provided consistent with sound nursing and medical practices and in a holistic manner that recognizes the individual's personal values and belief systems impacting his/her attitude toward and response to the care provided by NCH. (See [Patients' Rights and Responsibilities](#))

[Policy](#)).

2. Patient care will be provided in response to the patient's request and need within our capacity, mission and philosophy, and applicable laws and regulations. (See [Patients' Rights and Responsibilities Policy](#)). If NCH cannot meet the need or request for care due to conflict with our mission or our inability to meet the patient's needs or requests, a suitable transfer will be made based on the patient's wishes and medical capabilities of the receiving organization.
3. Patients and their surrogates, if applicable, have the right to reasonable, informed participation in decisions regarding patient care and treatment options, including the right to refuse treatment. Treatment of patients shall be consistent with proper informed consent as determined by Illinois law. Questions regarding a patient's competence or the right of another person to act for a patient must be handled according to NCH policy. (See [Patients' Rights and Responsibilities Policy](#)).
4. NCH treats all patients with respect and dignity and provides care that is medically necessary and appropriate. Additionally, NCH maintains processes for prompt resolution of patient grievances, including informing patients of whom to contact regarding concerns and informing patients regarding the grievance process. (See [Patients' Rights and Responsibility Policy](#) and [Patient/Visitor Problem Resolution Policy](#)).
5. All patients are treated with dignity and respect, regardless of their financial situation. If the need arises, financial counselors can be called at 847-618-4542. (See [Financial Assistance Policy](#)).
6. All patients have the right to a safe environment of care, free from abuse, discrimination, and neglect. (See Recognition and [Recognition and Reporting of Abuse and Neglect of Adults](#); and [Reporting and Management of Child Abuse and Neglect Policy](#)).
7. NCH employees may not be a witness to a patient's legal documents, except as permitted by other policy or applicable law. (See [Advance Directive Policy](#), [Inpatient DNR and Practitioner Order for Life Sustaining Treatment \(POLST\) Policy](#), [Health Care Surrogate Act Policy](#)).

#### F. Patient Information

1. Patients can expect that their privacy will be protected.
  - a. NCH collects patient information for treatment, payment and business purposes.
  - b. Employees must be aware of the sensitive nature of this information and comply with the Privacy and Security standards outlined in the Health Insurance Portability and Accountability Act ("HIPAA") when creating, collecting, using, storing, or disclosing protected health information ("PHI"). (See [Protected Information Definitions Policy](#)).
  - c. Employees must not release or discuss our patient's PHI with others unless it is necessary to serve the patient or required by law. (See [Release of Patient Information Policy](#)).
2. No NCH employee or physician has a right to access any patient's PHI other than the amount that is minimally necessary to perform his or her job. (See [Disclosing and Requesting only the Minimum Necessary Amount of Protected Health Information Policy](#)).

#### G. Information Security

1. NCH is committed to providing appropriate information security safeguards for the protection of all confidential information, including PHI. (See [Data Confidentiality and Security Policy](#)).
2. All employees, physicians, contractors, consultants, temporary and other workers at NCH and its subsidiaries are responsible for exercising good judgment regarding the appropriate use of information, electronic devices, and network resources in accordance with NCH policies/standards

- and federal, state, and local laws and regulations. (See [Acceptable Use of Computing Devices Policy](#)).
3. NCH is committed to ensuring that employee access to PHI is properly authorized and in compliance with applicable state and federal privacy and security regulations. (See [Role Based ePHI Access Policy](#)).
  4. NCH employees are responsible for ensuring that their behavior will maintain Information Technology (IT) physical, technical, and administrative safeguards. This includes, but is not limited to:
    - a. timely completion of all assigned information security training
    - b. protecting passwords
    - c. protecting computing and storage devices (laptops, tablets, USB devices, etc.)
    - d. maintaining the security of sensitive data
    - e. not accessing information to which the employee is not authorized
    - f. not installing unauthorized material on NCH PCs
    - g. reporting any incidents or suspected breaches of security to the IT Service Desk immediately
    - h. following the instructions of the IT Service Desk when correcting a security risk or issue (See [Data Confidentiality and Security Policy](#)).

#### H. Research

1. The first priority of NCH is to protect the patient and human subjects, and to respect their rights during research investigations and clinical trials. Any individual applying for or performing research of any type is responsible for maintaining the highest ethical standards in any written or oral communications regarding the research project as well as research guidelines set forth by the applicable regulations, the overseeing Institutional Review Board ("IRB") and NCH policy. (See [Use of Research Funding Policy](#); [Research Conflict of Interest Policy](#); and [Hospital Administrative Oversight of Research Activities Policy](#)).
2. NCH does not tolerate research misconduct, including activities such as making up or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and appropriately address investigator or institutional conflicts of interest, and conducting research without IRB approval. (See [Suspension or Termination of IRB Approval of Research](#)).
3. Any NCH entity or employee engaging in human subject research must do so with IRB approval and consistent with NCH policies regarding human subject research and IRBs. (See [Research Initiation Policy](#); [Submission/Approval Procedures for Human Research Protocols Policy](#)).
4. All patients asked to participate in an IRB approved research project requiring patient consent will be given a consent form which will be reviewed in detail with them. (See [Informed Consent Policy for Research](#); [Translation of Informed Consent Document for Research](#)).
5. The consent form will include:
  - a. A full explanation of the goals and objectives of the project as well as any alternative options that may be available.
  - b. The patient will also be fully informed of the risks, and any expected benefits.
  - c. The patient will be informed of what is required from them while in the study and the procedures

to be followed, including those which are experimental in nature.

6. All of the patient's questions will be answered and concerns addressed prior to the patient signing the consent.
7. The patient will be given time to review the consent form and to discuss participation in this study with family members/others.
8. The patient will be required to sign the consent form prior to participating in any study procedures.
9. A copy of the consent form will be given to the patients.
10. Refusal of a patient to participate in a research project will not compromise their care.

**I. Diversity and Equal Employment Opportunity**

1. NCH is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect.
2. NCH will comply with all laws, regulations, and policies related to non-discrimination, including those related to individuals with disabilities. (See [Equal Opportunity Employment Policy](#) and [Reasonable Accommodation Policy](#)).

**J. Harassment and Workplace Violence**

1. Each NCH employee has the right to work in an environment free of harassment and violence.
2. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the workplace. Sexual harassment is strictly prohibited.
3. NCH prohibits employees from possessing firearms, other weapons, explosive devices, or other dangerous materials on NCH premises.
4. Employees who observe or experience any form of harassment or violence should report the incident immediately. (See [Harassment Free Workplace Policy](#); [Corrective Action Policy](#), [Problem-Solving Policy](#); and the [Weapons Policy](#)).

**K. Health and Safety**

1. All NCH facilities must comply with all government regulations and with NCH policies that promote the protection of workplace health and safety.
2. NCH policies have been developed to protect employees from potential workplace incidents. (See [Environmental Care and Safety Policy](#) and [Violence in the Workplace Policy](#)).
3. It is the responsibility of each employee to become familiar with and understand how these policies apply to his or her specific job responsibilities and to seek advice from his or her manager whenever a question or concern arises.
4. It is important to advise management of any workplace incident or injury or any situation presenting a danger of damage or injury so that timely corrective action may be taken to resolve the issue.

**L. Personal Use of NCH Resources**

1. It is the responsibility of each employee to preserve NCH assets including employee time, materials, supplies, equipment, and information.
2. NCH assets are to be maintained for business related purposes.
  - a. The personal use of any NCH asset without the prior approval of management is prohibited.
  - b. The occasional use of items, such as copying facilities or telephones, where the cost to NCH is

insignificant, is permissible.

3. Any community or charitable use of NCH resources must be approved in advance by the appropriate manager.
4. Any use of NCH resources for personal financial gain unrelated to NCH's business is prohibited.

#### **M. Gifts**

1. Employees must never offer, pay or receive any money, gifts or services in return for referral of patients.
2. Perishable or consumable gifts may be shared with the employee's department if the annual value of gifts totals less than \$500.
3. Nonperishable and non-consumable gifts should be directed to the NCH Foundation.
4. While NCH wishes to avoid any strict rules, no employee should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances.
  - a. A lavish gift to anyone in a supervisory role from an employee he or she supervises is not appropriate.
5. No employee should ever be made to feel compelled to participate in charitable or fund-raising giving. (See [Gift Accepting, Fundraising, and Charitable Donations Policy](#)).
6. NCH may offer patients items or services falling within the following safe harbor categories with the approval of Legal & Compliance:
  - a. Waivers of cost-sharing amounts based on financial need
  - b. Properly disclosed non-routine waivers of co-payments

#### **N. Environmental Compliance**

1. It is NCH policy to comply with all environmental laws and regulations and operate each NCH facility with the necessary permits, approvals, and controls.
2. Employees must diligently follow the proper procedures with respect to handling and disposal of hazardous waste, including medical waste. (See [Hazardous Materials Policy](#)).

#### **O. Antitrust**

1. Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition.
2. Employees must compete fairly, avoid activities that reduce or eliminate competition, control prices, divide markets or exclude competitors.

#### **P. Intellectual Property**

1. All writings, works of authorship, inventions, ideas and other work product of any nature that are created, conceived, produced or authored by employees, individually or jointly with others, during employment with NCH and in any way related to NCH business or contemplated business, as well as any and all rights in and to copyrights, trade secrets, trademarks and related goodwill, patents and any other intellectual property rights are the sole and exclusive property of NCH.
2. Employees will obtain appropriate authorizations prior to the use of any confidential or proprietary information, publication, computer program or software, or product belonging to any other person or entity.



**Q. Confidential Business Information**

1. Confidential information about the organization's strategies and operations is a valuable asset.
2. Although employees may use confidential information to perform their jobs, it must not be shared with others outside of NCH or the department unless the individuals have a legitimate business **"need to know"** or the information has become public.
3. Any release of confidential business information must be with the approval of a duly authorized NCH leader (See [Confidentiality Policy](#)).

**R. Fraud & Abuse**

1. NCH business and financial practices shall comply with all applicable State and Federal health care program requirements. NCH will report fraudulent or abusive activities to the appropriate governmental agency when appropriate or advised by the General Counsel.
2. NCH does not tolerate any acts of fraud and expects all employees to be aware of their behavior and report any possible acts of fraud that they might know or suspect.
3. NCH expects all employees to perform all duties in such a manner that their actions do not result in any unnecessary costs or risks (abuse).

**S. Accuracy, Retention and Disposal of Documents and Records**

1. Each employee and physician is responsible for the integrity and accuracy of NCH's documents and records (both medical and business records), not only to comply with regulatory requirements but also to ensure that records are available to defend NCH business practices and actions.
2. No one may alter or falsify information on any record or document. (See [Record Retention and Disposal Policy](#)).
3. Records that have been maintained for the defined retention period should be disposed of using one of the companies identified by NCH to destroy records. (See [Record Retention and Disposal Policy](#)).

**T. Electronic Media**

1. All communications systems, electronic mail, Intranet, Internet access, or voice mail are the property of NCH and are to be primarily used for business purposes.
  - a. Limited personal use of the NCH communications systems is permitted; however, any usage of NCH communications systems shall not be considered private or confidential and remains the property of NCH.
  - b. Patient or confidential information should not be sent through Intranet e-mail or the Internet unless the method of transmission meets relevant security standards such as encryption or other controls implemented by NCH.
2. NCH reserves the right to periodically access, monitor, and disclose the contents of Intranet usage, Internet, e-mail, and voice mail messages.
  - a. Access and disclosure of individual employee messages may only be done with the approval of a Leadership Team member.
  - b. Employees may not use internal communication channels or access the Internet at work to post, store, transmit, download, or distribute any threatening, malicious, false, obscene or illegal materials that have the potential to give rise to civil or criminal violations of law. (See [Appropriate Use of Computing Devices Policy](#) and [E-mail and Internet Use Policy](#)).

#### **U. Social Media**

1. As with other types of communication, employees and volunteers are expected to protect NCH's reputation, culture, and values when participating in social media.
2. Communications produced by NCH employees or volunteers, on behalf of NCH, in the online community must be consistent with NCH's Corporate Compliance Code of Conduct, Administrative and Human Resources policies and applicable state and federal laws, including laws concerning PHI, privacy, confidentiality, copyright and trademarks. (See [Guidelines for Use of Social Media and Social Networking](#)).

#### **V. News Media Requests**

1. NCH wants to be responsive to inquiries by the community and welcomes inquiries from the news media.
2. To ensure NCH preserves the confidentiality of patients while providing accurate information, NCH has created a Marketing Communications Team to handle media requests in a timely and consistent manner.
3. Without the express permission of the Marketing Communications Team, employees should politely decline to answer any questions from the press or news media. (See [Release of Information to News Media Policy](#) and [Handling of News Media Policy](#)).

#### **W. Financial Reporting and Records**

1. NCH maintains a high standard of accuracy and completeness in the documentation and reporting of all financial transactions.
  - a. Financial records serve as a basis for managing the business of NCH and are important in meeting obligations to patients, Medicare, other third party payors, suppliers, and others.
  - b. They are also necessary for compliance with tax and financial reporting requirements.
2. False or artificial entries shall not be made in the accounting books or financial records of NCH for any reason.
  - a. Doing so may result in criminal and/or civil penalties to NCH and/or the employee.
  - b. No employee may engage in an arrangement that in any way may be interpreted or construed as misstating or otherwise concealing the nature or purpose of the financial records and accounting books of NCH.
3. All financial information must reflect actual transactions and conform to Generally Accepted Accounting Principles (GAAP).
  - a. No undisclosed or unrecorded funds or assets may be established.
  - b. NCH maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

#### **X. Tax Exempt Status**

1. NCH employees and physicians will preserve the tax-exempt status of NCH and its subsidiaries by using NCH resources to benefit the community.
2. NCH will avoid compensation arrangements or other transactions in excess of fair market value.
3. Employees will accurately report payments to appropriate taxing authorities, including the filing of



any required tax forms and information returns.

4. Employees may only use the NCH tax exemption number to purchase NCH assets or to fund NCH sponsored events or business-related activities.
5. NCH will provide Financial Assistance as required by and in compliance with the Affordable Care Act as codified by the Internal Revenue Service 501(r) requirements.

**Y. Conflict of Interest**

1. Employees and physicians must avoid situations where their personal interests could conflict or appear to conflict with the interests of NCH.
2. It is the obligation of each employee to avoid conflicts of interest in the performance of his or her job responsibilities and to disclose potential conflicts of interest to the employee's supervisor.
3. Employees should avoid outside employment or activities that would have a negative impact on their job performance at NCH, or conflict with their obligations to NCH.
4. No employee may engage in personal activities that conflict with the best interests of NCH or its patients. Certain managers, board members and physicians will be asked on an annual basis to disclose all outside interests that could result in a conflict.
5. If an individual has any question concerning NCH's Conflict of Interest Policy, the employee must contact his or her manager or a Leadership Team member for further guidance. (See [Conflict of Interest Policy](#)).

**Z. Relationships with Subcontractors and Suppliers**

1. NCH must manage vendor relationships in a fair and reasonable manner, consistent with all applicable laws and ethical business practices. NCH promotes competitive procurement practices.
2. Employees must not communicate to a third-party any confidential information given to NCH by suppliers unless directed to do so in writing by the supplier and with the approval of the appropriate NCH leader.
3. The selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. (See [Gift Accepting, Fundraising and Charitable Donations Policy](#)).

**AA. Political Activities and Contributions**

1. Because of its not-for-profit status, the law limits NCH's participation in political activities.
  - a. NCH's funds or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or their affiliated organizations.
  - b. NCH resources include the use of work time and telephones to solicit for a political cause or candidate and loaning property for use in the political campaign.
2. It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials.
  - a. Employees may participate in the political process on personal time and at their own expense.
  - b. In doing so, care should be taken to avoid giving the impression that such involvement is on behalf of or connected with NCH.
  - c. Employees cannot seek to be reimbursed by NCH for any personal contributions for such

purposes.

3. At times, NCH may ask employees to make personal contact with government officials or to write letters to present NCH's position on specific issues.
  - a. It is a part of the role of some management to interface on a regular basis with government officials.
  - b. When making these communications on behalf of the organization, the spokesperson should be familiar with any regulatory constraints involved and observe them.
  - c. Guidance is always available from the Compliance Director and General Counsel as necessary.

## **Related Policies or Procedures**

[Acceptable Use of Computing Devices](#)

[Advance Directives](#)

[Confidentiality](#)

[Conflict of Interest](#)

[Contract Review and Financial Approval](#)

[Corrective Action](#)

[Data Confidentiality and Security](#)

[Disclosing and Requesting only the Minimum Necessary Amount of Protected Health Information](#)

[E-mail and Internet Use](#)

[Employee Compliance Education](#)

[Environmental Care and Safety](#)

[Equal Opportunity Employment for Employees and Applicants](#)

[Financial Assistance](#)

[Gift Accepting, Fundraising and Charitable Donations](#)

[Guidelines for Use of Social Media and Social Networking](#)

[Handling of News Media](#)

[Harassment-Free Workplace](#)

[Hazardous Materials](#)

[Health Care Surrogate Act](#)

[Hospital Administrative Oversight of Research Activities](#)

[Informed Consent for Research](#)

[Inpatient DNR and Practitioner Order for Life Sustaining Treatment \(POLST\)](#)

[Medical Staff Bylaws](#)

[Patient/Visitor Problem Resolution](#)

[Patients' Rights and Responsibilities](#)

[Protected Information Definitions](#)

[Problem-Solving](#)

[Recognition and Reporting of Abuse and Neglect of Adults](#)

[Record Retention and Disposal](#)

[Reasonable Accommodation](#)

[Release of Information to News Media](#)

[Release of Patient Information](#)

[Reporting and Management of Child Abuse and Neglect](#)

[Record Retention and Disposal](#)

[Research Conflict of Interest](#)

[Research Initiation](#)

[Role Based ePHI Access](#)

[Submission/Approval Procedures for Human Research Protocols](#)

[Suspension or Termination of IRB Approval of Research](#)

[Translation of Informed Consent Document for Research](#)

[Use of Research Funding Policy](#)

[Violence in the Workplace](#)

[Weapons](#)

**Definitions (if needed)**

**References (i.e., Laws, Standards, if applicable)**

Replaces Administrative Policy GC-007, *Code of Conduct*

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Executive Review	Nancy Ardell: Exec VP & Chief Legal Counsel	2/25/2021
Policy Committee Review	Policy Committee Chair: policy_committee	11/18/2020

Step Description	Approver	Date
Policy Lead	Gretchen Stewart: Compliance Analyst	11/18/2020
<b>Applicability</b>		
Northwest Community Healthcare		

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