CODE OF CONDUCT

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A publication by
The DHS Compliance Program

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

February 2013

Dear Workforce Members,

This Code of Conduct provides you with guidance on the standards and principles we all must follow to ensure ethical and legal conduct. It also provides you with resources to help resolve questions or concerns about appropriate conduct in the workplace. We encourage you to read through the Code of Conduct keeping in mind its basic message: Do the right thing.

We are committed to working with you to make honest and responsible conduct our number one priority.

Do not hesitate to ask questions if something does not seem right. We each have a personal responsibility to report any activity that appears to violate applicable laws, rules, regulations or the Code of Conduct. You are protected from retaliation for reporting a suspected violation in good faith. Be assured that the Department investigates all reported violations and will take appropriate corrective and disciplinary actions.

Please thoroughly review this important document and refer to it when you are unsure about appropriate conduct. If you have questions about the Code of Conduct or the Compliance Program, please contact your supervisor, your Local Compliance Officer (see the Compliance Program Directory on the last page of this Code) or the Compliance Hotline at (800) 711-5366.

Thank you for helping to maintain an organization that we can be proud of by supporting the principles expressed in this Code.

Sincerely,

For Mitchell H. Katz, M.D.
Director

Tobi L. Moree
Chief Compliance Officer

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INTRODUCTION TO THE CODE OF CONDUCT

The Department of Health Services (Department) is committed to conducting its business in a manner that facilitates quality, efficiency, honesty, integrity, respect and full compliance with all applicable laws and regulations. The Code of Conduct (Code) is part of the Department's Compliance Program (discussed below) and is intended to assist the Department in meeting this commitment. The Code provides guidance to all workforce members on general legal and ethical conduct standards to follow. Workforce members include employees, contract employees, volunteers and others engaged in our work environment or acting on behalf of the Department.

This Code should be followed in conjunction with other Department and County policies and procedures. Many of the subjects covered in the Code provide only general guidance. Those individuals directly involved with a particular area may require additional assistance. For more specific and detailed information, workforce members must refer to the related Department or County policies or procedures, as applicable.

The Code will be updated periodically, as necessary. The Department reserves the right to modify the Code at any time.

OUR MISSION AND VALUES

The mission of the Department is to improve health through leadership, service and education. In pursuit of our mission, the Department believes the following core values are essential and timeless.

- Provide high quality patient-centered health care services to the people of the communities we serve.

- Conduct official business activities and patient care operations in compliance with applicable Federal, State and local laws and regulations and accreditation requirements.

- Encourage open and candid communications among our workforce and respond timely to issues and concerns.

- Establish a culture where leaders set an ethical example encouraging everyone in the organization to voice concerns when they arise and participate in the resolution of these concerns, if appropriate.

- Establish a culture where individuals assume responsibility and accountability for their actions and take initiative to resolve issues locally.

- Treat all individuals fairly, with respect and honesty, and as valuable participants in improving the health of communities.

- Take reasonable precautions to avoid conflicts, or the appearance of conflicts, between private interests and the performance of our official duties and responsibilities.

- Maintain a safe and healthy work environment in compliance with relevant laws and regulations.

- Establish an environment of continuous service improvement.

- Treat patient information as confidential and obtain the appropriate approvals when the need for disclosure arises.

- Conduct business with vendors, contractors, and other third parties free from gifts or other inducements.

- Safeguard the County's controlled substances, pharmaceuticals, equipment, supplies and other property and ensure their safe and proper use for County business.

- Comply with contractual, grant and research funding obligations and ensure that the funding is used consistently with the funding agency's requirements.

EXPECTATIONS OF WORKFORCE MEMBERS

All workforce members are expected to follow the Code. Employees, on-site contract staff and volunteers must sign an acknowledgment confirming that they have received the Code and will abide by its terms. Executives, managers and supervisors are expected to set an example and support a culture that promotes the highest standards of ethics and compliance. Managers and supervisors at all levels are responsible for ensuring that their staff act consistently with this Code and with the laws and regulations that govern the Department's business.

Failure to comply with the Code, or to assure compliance by subordinates, may result in disciplinary action in accordance with the Department's Employee Evaluation and Discipline Guidelines. Adherence to and support of the Code and participation in compliance related activities will be factors considered in the evaluation of employee performance.

THE COMPLIANCE PROGRAM

The primary goal of the Department's Compliance Program is to establish an organizational culture that promotes the prevention, detection and resolution of instances of conduct that do not conform to the Department's ethical and business policies; Federal and State law; and to Federal, State and private health plans' program requirements. The objectives of the Compliance Program are to:

- Demonstrate a strong organizational commitment to honest and responsible conduct.
- Provide clear guidelines for honest and responsible conduct.
- Promote the prevention, detection and correction of unethical or illegal conduct.
- Provide a centralized source of information regarding health care statutes, regulations and other program directives related to fraud and abuse issues.
- Establish procedures that allow prompt and complete investigation of alleged misconduct by executives, managers, employees, contractors, health care providers and other professionals and consultants and provide timely feedback to those involved.

The Department has identified the following organizational structure to help achieve the goals of the Compliance Program:

- A Chief Compliance Officer to oversee the Compliance Program.
- Local Compliance Officers at each of the facilities and the Office of Managed Care to manage the compliance activities at the local level.
- A Compliance Committee with representatives from key areas of the Department to advise the Chief Compliance Officer and assist in the implementation of the Compliance Program. Other disciplines will be called to participate in the development and implementation of the program, as necessary.
- The Audit and Compliance Division to conduct compliance audits, manage the Compliance Hotline, investigate matters brought to its attention, and recommend corrective actions, as needed.

See the DHS Compliance Program Directory on page 19 for a listing of the Chief Compliance Officer, Local Compliance Officers, Compliance Committee Members and the Audit and Compliance Division personnel.

The Compliance Hotline (800) 711-5366

The Compliance Hotline was established for workforce members and others to use to report suspected compliance violations and to make other inquiries related to the Code of Conduct or other ethical or compliance issues. Calls to the Hotline may be made anonymously; however, anonymous calls may be difficult to investigate. The Department will make every effort to maintain, within the limits of the law and the practical necessities of conducting an investigation, the confidentiality of the caller's identity.

Please note that the Los Angeles County Fraud Hotline (800-544-6861), operated by the Auditor-Controller, continues to be available to report fraudulent activity.

The following section discusses other reporting options.

Reporting Suspected Violations

Each workforce member has a personal responsibility to report any activity by any workforce member, physician, contractor or vendor that appears to violate applicable laws, rules, regulations or this Code. There will be no retaliation against anyone who reports a suspected or actual violation in good faith. However, any workforce member who deliberately makes a false accusation will be subject to discipline. Moreover, reporting a violation does not protect individuals from appropriate disciplinary action regarding their own misconduct.

There are several resources workforce members can use to obtain guidance on an ethics or compliance issue or to report a suspected violation. You are urged to resolve concerns with your supervisors or through the chain of command. If this is uncomfortable or inappropriate, you could discuss the situation with another member of management. If your concerns are not resolved through these means, or if you do not wish to use these means, you should contact any of the following resources:

- Your Local Compliance Officer
- The Audit and Compliance Division:
  313 N Figueroa Street, Room 801
  (213) 240-7901 (Telephone)
  (213) 481-8460 (Facsimile)
  (800) 711-5366 (Compliance Hotline)
- The Chief Compliance Officer

Once you have reported your concerns or have been interviewed during the course of an investigation, you are expected to maintain confidentiality and may not discuss or disclose information regarding the investigation to others.

The Department will investigate all reported violations promptly and will take appropriate corrective and disciplinary actions, if needed. All reports of alleged misconduct will be treated seriously and appropriately. The Department will notify the subject of the investigation of the conclusion of the review when appropriate.

COMPLIANCE WITH LAWS AND REGULATIONS

The Department is committed to full compliance with all applicable laws, regulations, contractual obligations and ethical and professional standards. All workforce members are expected to be familiar with, and in compliance with, all laws, regulations and policies governing their functions. We review and modify our policies and procedures as necessary to ensure optimal compliance with laws and regulations.

Contracts

All contracts must be formally approved by the Board of Supervisors or by those acting under the authority of the Board of Supervisors or as permitted by law. Contracts must be in writing and reviewed and approved by County Counsel in accordance with Department and County policies to ensure that such contracts comply with all applicable laws and regulations.

Coding and Billing for Services

The Department strives to ensure that all claims are accurate in all respects and conform to the applicable Federal and State laws and regulations. We prohibit any workforce member or agent of the County or the Department from knowingly presenting, or causing to be presented, false, fictitious or fraudulent claims.

Any contractor or subcontractor engaged to perform billing or coding services must have the necessary skills, quality control processes, systems and procedures to ensure that all billing to government and commercial insurance programs is accurate and complete.

For questions concerning coding issues, contact your facility's Health Information Management Director. For questions concerning billing issues, contact your facility's Patient Accounts Manager.

Environmental Compliance

It is our policy to comply with all environmental laws and regulations as they relate to Department operations. We act to preserve our natural resources to the extent reasonably possible. All facilities are expected to operate with the necessary permits, approvals and controls. The Department diligently employs the proper procedures with respect to handling and disposal of hazardous and bio-hazardous waste, including but not limited to, medical waste.

To comply with these laws and regulations, each person must understand how his or her job duties may impact the environment and the environmental rules and regulations that govern those duties. Workforce members must adhere to all requirements for the proper handling of hazardous materials and immediately alert their supervisor to any situation that may be potentially damaging to the environment.

Marketing and Advertising

We use marketing and advertising activities to educate and provide information to the public, to increase awareness of our services and to recruit employees. In accordance with relevant laws and regulations, the Department presents only truthful, accurate, and non-deceptive information in our advertisements, and promotional and public announcements.

Political Activities and Contributions

The Department's political participation is limited by law. County resources are not to be used to contribute to political campaigns or for gifts or payments to any politician or any of their affiliated organizations. County resources include financial and non-financial donations such as the use of work time and telephones to solicit for a political cause or candidate or the loaning of County property for use in the political campaign. The conduct of any political action committee is to be consistent with relevant laws and regulations.

It is important to separate personal and County political activities to comply with rules and regulations relating to lobbying or attempting to influence government officials. You may, of course, participate in personal political activities on your own time and at your own expense. While you are doing so, you must not give the impression that you are speaking on behalf of, or representing, the Department in these activities. You cannot seek to be reimbursed by the Department for any personal contributions made for such purposes.

At times, the Department may ask workforce members to make official contact with government officials or to write letters to present the Department's position on specific issues. In addition, some managers interact regularly with government officials. If you are making these communications on behalf of the Department, be certain that you are familiar with and observe any regulatory constraints. Guidance is always available from the Department's Governmental Relations and County Counsel.

CONFIDENTIALITY

Patient Information

We collect and maintain patient medical, financial/billing, social and family information to provide the best possible care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality.

The Department has developed policies to protect the privacy and security of protected health information, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules. You must never use or disclose protected health information unless required/permitted by law. No workforce member has a right to any patient information other than what is necessary to perform his/her job. Patient information or other confidential information may be e-mailed only within the secure DHS networks. External e-mails shall not be sent through the Internet unless their confidentiality can be assured (i.e., through encryption). Additionally, mobile devices such as laptops and thumb drives that contain PHI must be encrypted.

Generally, protected health information may only be used and disclosed without a specific authorization from the patient for purposes of treatment, payment and health operations. The Health Information Management (medical records) Department is the custodian of records and has responsibility for the release or disclosure of protected health information to persons/agencies outside of the healthcare facility.

Proprietary Information

Confidential information about our organization's strategies and operations is a valuable business asset. You must protect confidential and proprietary information from disclosure and not use or disclose such information except in the proper performance of your duties and when required by law. Confidential information includes personnel data, patient data, clinical information, certain processes and procedures, certain financial and research data, strategic plans, marketing strategies, techniques, supplier and subcontractor information, proprietary computer software, and any information with a Los Angeles County or Health Services copyright. Workforce members must never use or reveal confidential or proprietary information for personal gain.

Gathering Information about Competitors

It is not unusual to obtain information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentation and other published and spoken information. However, workforce members are prohibited from obtaining proprietary or confidential information about a competitor through illegal means. It is also unacceptable to seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

RECORDS INTEGRITY

The Department prepares and maintains business data, records and reports in a timely, accurate and truthful manner, in accordance with applicable laws, rules, regulations and Department policies. Business data, records and reports include paper documents, computer-based information, and any other medium that contains information about the Department or its activities. All workforce members are responsible for the integrity of our organization's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to defend and support our business practices and actions. No one may falsify information on any record or document or alter it in a way that makes it misleading or inaccurate.

Maintenance and Disposal of Records

Medical and business documents and records are maintained for the period of time required by law and the Department's records retention policy. Facilities must secure Program Audits/Reimbursement approval prior to disposing of records to ensure all records related to Medicare, Medi-Cal and other reimbursement programs pertaining to a fiscal year in which there is an outstanding appeal are available. Medical records may only be destroyed as specified by law and DHS policies. The Health Information Management Department has the responsibility for removing records from the facility in accordance with federal or state law, court order, subpoena or hospital policy. Other workforce members must never remove records from the facility.

Financial Reporting and Records

We have established and maintained a high standard of accuracy and completeness in the documentation and reporting of all financial transactions. These records serve as a basis for managing our business and are important in meeting our obligations to patients, workforce members, suppliers and others. They are also necessary for compliance with government mandated and other financial reporting requirements.

All financial records must reflect actual transactions and conform to applicable accounting principles. No undisclosed or unrecorded funds or assets may be established. The Department maintains a system of internal controls to provide reasonable certainty that all transactions are accurately recorded and executed in accordance with management's authorization so as to maintain accountability for the Department's assets.

Cost Reports

Our business involves reimbursement under government programs, which require the submission of certain cost data. The Department is committed to making such cost reports as accurate and complete as possible and will comply with all applicable laws and regulations including rules related to the handling of disputed costs and statistics. These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Any known deviations from compliance will be disclosed when the report is submitted. Given their complexity, all issues related to the completion and settlement of cost reports must be coordinated with our Department's Program Audits/Reimbursement Division.

WORKPLACE CONDUCT & OTHER HUMAN RESOURCES CONSIDERATIONS

We consider our workforce valuable members of our health care team and pledge to treat one another with respect and dignity. The Department provides a safe and appropriate environment in which to work. We provide our employees with the opportunity to grow and develop professionally in a fair and equitable manner. We encourage our employees to develop their competencies, skills and knowledge. We expect each workforce member to act responsibly and respectfully.

Health and Safety

The Department has established policies to protect our workforce members, patients and facility visitors from potential workplace hazards. Facilities must comply with all government rules and regulations and with Department policies and practices that promote a healthy and safe workplace. Managers and supervisors are responsible for ensuring that all workforce members receive proper training in healthy and safe work practices. All workforce members must be familiar with and understand how these policies and practices apply to their job responsibilities and seek advice from their supervisors when questions or concerns arise. Each workforce member must promptly advise his/her supervisor of any workplace injury or any potentially dangerous situation so that corrective action may be taken timely.

Harassment and Workplace Violence

All workforce members have the right to work in an environment free of harassment. We will not tolerate any type of harassment, including but not limited to harassment based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating remarks, jokes, slurs, forms of physical or psychological intimidation, or other harassing conduct is not acceptable in the workplace.

Any form of sexual harassment is strictly prohibited. This includes, but is not limited to, unwelcome sexual advances or requests for sexual favors in conjunction with employment related decisions (e.g., promotion, work assignments, etc.). Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place in the Department.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the Department, terrorism and hate crimes committed by workforce members. Workforce members are prohibited from possessing firearms or other weapons, explosive devices, or other dangerous materials while in the course and scope of performing their jobs.

Workforce members who observe, experience or are aware of any form of harassment or violence must report the incident to their supervisor, the Department's Human Resources Division, a member of management, their Local Compliance Officer or the Compliance Hotline at (800) 711-5366.

Disruptive Behavior

All workforce members should be treated with respect and dignity, and as valuable members of the health care team. Disrespectful or disruptive behavior is not acceptable.

Disruptive behavior includes any behavior that interferes with communication, teamwork, or safe patient care. Disruptive behavior can be obvious, for example, verbal outbursts of anger, throwing objects, or disrespectful language. However, it can also be passive or less obvious, such as, not answering questions or returning calls, not performing assigned tasks, impatience with questions, or missing, being late for, or being inattentive at meetings. In any case, disruptive behavior will not be tolerated.

Substance Abuse

The Department is committed to an alcohol and drug-free work environment. All workforce members must report to work free of the influence of alcohol, illegal drugs or prescription drugs used improperly. Reporting to work under the influence of illegal drugs, prescription drugs used improperly, or alcohol, or possessing or selling illegal drugs while on County time or business will result in appropriate discipline.

Workforce members who observe any usage of alcohol, illegal drugs or misuse of prescription drugs must report the incident to their supervisor, the Department's Human Resources Division, a member of management, their Local Compliance Officer or the Compliance Hotline at (800) 711-5366.

Controlled Substances

Some of our colleagues have access to prescription drugs, controlled substances and medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. It is extremely important that these items are handled properly and only by authorized individuals. Any workforce member who becomes aware of the diversion or improper use or distribution of drugs from the Department, must report the incident immediately to their supervisor, the Department's Human Resources Division, a member of management, their Local Compliance Officer or the Compliance Hotline at (800) 711-5366.

Diversity and Equal Employment Opportunity

The Department has a diverse workforce, possessing a wide complement of talents and traits, which contributes greatly to our success. We are committed to providing a fair and equal opportunity work environment. We comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include recruiting, hiring, compensation, reductions, reassignments, layoffs, corrective action, discipline, recalls and promotions.

No one shall discriminate against any individual with a disability with respect to any offer, term or condition of employment. We make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

Personal Use of Department Resources

Each workforce member is responsible for preserving County assets including time, materials, supplies, equipment and information. County assets should not be used for non-County purposes. As a general rule, the personal use of any County asset is prohibited. Your supervisor must approve any community or charitable use of Department resources in advance. Workforce members are prohibited from using any departmental resources for personal financial gain.

All communications systems, including telephones, electronic mail, and Intranet or Internet access are the property of the Department and are to be used for County business purposes only. You should assume that these communications are not private. Workforce members who abuse our communication systems or use them for non-County purposes may lose these privileges and be subject to disciplinary action.
The Department reserves the right to periodically access, monitor, and disclose the contents of the Intranet, e-mail messages, and voice messages if there is a legitimate reason for doing so, including conducting reviews for quality control purposes.

Workforce members may not use internal communication channels or access the Internet at work to post, store, transmit, download, or distribute any threatening, abusive, libelous, defamatory, harassing or obscene materials or for any unlawful activities. Additionally, these channels of communication may not be used to conduct a job search, to open misaddressed mail, or to send chain letters, personal broadcast messages, or copyrighted documents that are not authorized for reproduction.

Relationships among Workforce Members

In the Department's usual day-to-day activities, issues arise that relate to how people deal with one another. It is impossible to foresee all of these and many do not require explicit treatment in a document of this nature. A few such issues frequently arise. One involves giving or contributing to gifts to workforce members for certain occasions. While we wish to avoid absolute rules, no workforce member should ever feel compelled to give a gift to anyone. Also, any gifts offered or received should be appropriate to the circumstance. Another situation that frequently arises is fund-raising or similar efforts. No one should ever be made to feel compelled to participate in such activities.

License or Certificate Renewal

Workforce members in positions that require professional licenses, certifications, or other credentials must maintain their credentials in an active and current status and shall comply at all times with Federal and State requirements applicable to their respective disciplines. The Department will not allow any workforce member to work without the required valid, current licenses or credentials. To ensure compliance, the Department may require individuals to provide evidence of a current license or credential status at any time. It is the workforce members' responsibility to ensure licenses are up to date.

Excluded or Debarred Individuals/Entities

The Department will not knowingly employ, contract with, or purchase from individuals or entities that are excluded or suspended from participation in State or Federal health care programs by the State Medi-Cal Program or the Federal Department of Health and Human Services' Office of Inspector General or that appear on the United States General Services Administration exclusion list. To waive this requirement in appropriate circumstances, the Director of Health Services or his designee's written approval is required.

Workforce members must notify the DHS Audit and Compliance Division if they, or another workforce member that they are aware of, becomes excluded, suspended, debarred, or subject to an exclusion or debarment while employed or engaged through contract.

RELATIONSHIPS WITH OUTSIDE PARTIES

Conflicts of Interest

A conflict of interest arises when a workforce member has a motivation (such as a financial or personal interest) or responsibilities that would or could interfere with his/her ability to make decisions or judgments solely in the best interest of the Department or its patients. Conflicts of interest may include, but are not limited to, relationships, associations, or business dealings with contractors, vendors, suppliers, other healthcare organizations, or individuals. The conflict can arise because of the workforce members own relationships or finances, or because of the relationships or finances of an immediate family member, such as a wife or child.

- Workforce members are prohibited by both law and DHS policy from participating in making governmental decisions in which they have a conflict of interest.

- Workforce members are prohibited from attempting to use their official position to attempt to influence a governmental decision in which they have a conflict of interest.

- Workforce members must conduct their affairs in a manner that avoids conflicts of interest or the appearance of conflicts of interest.

- Workforce members must report any conflicts of interest to their supervisors, as required by the Department's Conflict of Interest policy. Employees must fill out a disclosure form annually and as conflicts of interest arise.

In addition, workforce members should ensure that relationships with outside parties are maintained on a professional basis and do not conflict or interfere with their direct or indirect oversight and monitoring responsibilities of any agreement.

Outside Employment

While County employees are permitted to have jobs outside of County hours, there are limits on the circumstances under which such employment can occur. County employees are not permitted to participate in outside employment activities which are incompatible with their County position.

If employees wish to engage in outside employment, they must complete an outside employment form, and obtain prior approval from their supervisor and their division head (or the next highest level of supervisor.) In addition, each employee must complete a form on outside employment activities annually.

Patient Referrals

To meet ethical and legal standards regarding referrals and admissions, we strictly adhere to two primary rules:

- We do not pay (or provide any form of compensation) for referrals. We do not pay or offer to pay anyone (workforce members, physicians, or other persons) for referral of patients. Violation of this policy may have grave consequences for the County, Department and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded health care programs.

- We do not accept payments (or any form of compensation) for referrals that we make. No workforce member may solicit or receive anything of value, directly or indirectly, in exchange for patient referrals. Similarly, when making patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us. Violation of this policy may have grave consequences for the County, Department and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded health care programs.

No workforce member shall be involved in the decision to transfer or refer a paying patient to a private facility in which the workforce member has a financial interest, as defined in the Department's Conflict of Interest Policy, unless specifically authorized to do so by the Director of Health Services or his designee, after disclosing the nature of the affiliation.

Gifts/Business Courtesies

The Department will never use gifts or other incentives to improperly influence relationships or business outcomes. It is critical to avoid the appearance of impropriety when giving gifts to, or receiving gifts from, individuals who do business or are seeking to do business with the Department. Workforce members must comply with the applicable laws, policies and procedures governing the acceptance of gifts, gratuities or any other personal benefit or favor, some of which are discussed below, to avoid creating the appearance of favoritism toward a contractor, vendor, health care provider or others.

Workforce members may not accept personal gifts from individuals or organizations that have a business relationship or are seeking to do business with the Department. On an occasional basis, such as during the holidays, you may accept a gift of nominal value only if the gift is intended for a division or group and is perishable or consumable, such as candy or a fruit basket. You may never solicit gifts or accept cash or cash equivalents, such as gift certificates.

Generally, gifts from patients or persons on behalf of patients to individual workforce members should not be accepted. If the patient insists, unsolicited gifts of little or no monetary value may be accepted so long as acceptance of the gift does not influence the timeliness and quality of care, treatment or services.

Gifts or other incentives must never be given if a principle purpose is to induce the referral of patients, or to induce the recipient to recommend County facilities as a source for goods or services.

The Department routinely sponsors health-related events. Reasonable and appropriate meals and entertainment may be offered provided that such events are for legitimate health-related purposes. However, all elements of such events, including these courtesy elements, must be consistent with Department policy.

Sometimes a vendor will extend training and educational opportunities, which include travel and overnight accommodations, at no cost to you or the Department. Similarly, there are some circumstances where you are invited at a vendor's expense to receive information about new products or services. Such gifts of travel or training must be evaluated on a case-by-case basis by the Local Compliance Officer prior to acceptance.

Relationships with Contractors and Suppliers

The Department manages its contractor, subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practical. While the Department will seek to obtain the best possible price for goods or services, its activities must also be consistent with the Federal and State laws concerning discounts and rebates.

Our selection of contractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence, price, service and maintenance of adequate sources of supply. Moreover, decisions to change contract terms must be done in a way which is fair to all providers of similar goods or services and with the appropriate approvals. Purchasing decisions must never be made based on personal relationships or friendships. We always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities.

Governmental/Regulatory Reviews

During governmental or regulatory reviews and inspections (e.g., billing inquiries, accreditation reviews, etc.), the Department will provide complete and accurate information based on the facts as they are understood at the time. We will cooperate with and be courteous to the authorized reviewers/inspectors and provide them with the information to which they are entitled. We do not retaliate against any person for cooperating in a review/inspection.

Workforce members are prohibited from concealing, destroying or altering any documents requested during a review/inspection or which are potentially relevant to an ongoing or anticipated investigation or review. Workforce members may not knowingly make false or misleading statements to the reviewers/inspectors. No workforce member may attempt to cause another person to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

Research

The Department, research organizations and individual clinical investigators have the following shared responsibilities related to research: (1) to ensure the safety, welfare, and ethical protection of research subjects; (2) to ensure potential research subjects understand the difference between routine medical care and research activities, and provide freely-given informed consent prior to participation; and (3) to prevent the use of County resources for non-patient-care activities or activities that are not part of the Department's mission.

The Department will not tolerate intentional research misconduct. Research misconduct includes failing to obtain necessary consents, making up or changing results, copying results from other studies without performing the research and violations of research protocols.

QUESTIONS AND ANSWERS

The Code of Conduct is not intended to provide answers to every question that you may have about Department policies, laws, or regulations. The following questions and answers are intended to increase your understanding of how the guidelines must be applied.

The Compliance Program

1. Who should I contact if I have questions about workplace conduct or if I observed something I thought was wrong?

We encourage you to talk to your supervisor first. If you do not feel comfortable talking to your supervisor, or if your supervisor did not answer the question or address the problem, you may speak with another member of management, your Local Compliance Officer or you may contact the Compliance Hotline at (800) 711-5366. While we encourage you to try to resolve matters locally when possible and appropriate, you are not required to do so prior to contacting the Compliance Hotline.

2. If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?

As long as you honestly have a concern, our policy prohibits you from being reprimanded or disciplined. As a workforce member, you have a responsibility to report suspected problems. In fact, workforce members may be subject to discipline if they witness something but do not report it. The only time someone will be disciplined for reporting misconduct is if they knowingly and intentionally report something they know to be false or misleading for the purpose of harming someone else.

3. What should I do if my supervisor asks me to do something that I think violates the Code of Conduct, Department policy, regulation or law?

Don't do it. Regardless of who asks you, if you know it is wrong, you must refuse to do it. You must also immediately report the request to management above your supervisor, your Local Compliance Officer or the Compliance Hotline at (800) 711-5366.

Ethical Behavior

4. How do I know if I am doing the right thing?

If you are worried about whether your actions will be discovered, if you feel a sense of uneasiness about what you are doing, or if you feel the need to rationalize your activities on any basis (such as the belief that "everyone does it"), you may not be doing the right thing. Stop, step back, consider what you are doing, get advice, and redirect your actions to where you know you are doing the right thing.

Accuracy, Retention and Disposal of Documents

5. In preparation for an accreditation visit, my supervisor has asked me to review completed medical records and to fill in other individuals' missing signatures. May I do this?

No. It is absolutely wrong to sign for another individual under these circumstances. It is part of our basic integrity obligation to provide only legitimate documents to accrediting groups. Information that contains a "filled in" signature would not be legitimate.

6. When is it okay to backdate documents such as Performance Evaluations, checklists and maintenance logs?

No. You should always include accurate information, including dates.

Business Courtesies

7. After negotiating a new vendor agreement with us, the vendor sent me a crystal vase as a gift. I know the vase is worth at least $200. Does this violate the gift policy?

Yes. You cannot accept a personal gift from a vendor. You must return the gift.

8. A patient with a chronic health condition is frequently admitted to our facility for treatment. He always requests the same nurse to take care of him. He routinely tips his primary nurse around $20. May she accept it?

No. Cash gifts must never be accepted from anyone with whom we have a business relationship.

9. May I accept a basket of fruit or flowers that a vendor sent?

Yes, as long as it is left out for everyone to share and the vendor only offers these gifts on an infrequent basis. Occassional gifts to an entire division or section may be accepted if they are consumable or perishable.

Health and Safety

10. A colleague in my unit always puts blood samples in the refrigerator that is used for food, although she has been told many times to put it in the refrigerator designated for samples. Is this okay?

No. This violates OSHA guidelines pertaining to the storing of biochemical products. Contact your supervisor.

Patient Information

11. There is a physician who lives in my community and works in one of the Department's hospitals. Although he is not the treating physician, he frequently requests medical records of individuals who also live in the community. Is he allowed to do this?

No. Only members of the treatment team may have access to patient medical records. We are responsible for protecting the confidentiality of patient information from non-treating staff, as well as other third parties. Patients are entitled to expect confidentiality of their information.

12. Does patient information that I store on my personal thumb drive for treatment purposes need to be encrypted?

Yes. All mobile devices that contain confidential patient information must be encrypted.

Personal Use of Organization Resources

13. May I type my spouse's resume on my computer?

No. You may use County equipment for County business only.

14. I volunteer for Big Brothers. May I copy a fund-raising leaflet?

The Department encourages all colleagues to participate in volunteer activities. However, generally County equipment should not be used for charitable or other non-County purposes unless promoting specific Department interest. Discuss the situation with your supervisor for prior approval.

Political Activities and Contributions

15. I do volunteer work for a local candidate. May I use the copy machine to make flyers?

No. You may not use Department time or resources to support political activities that are undertaken on a personal basis, as in this case.

DHS COMPLIANCE PROGRAM

DIRECTORY

DHS Compliance Hotline		**(800) 711-5366**

Chief Compliance Officer	Tobi L. Moree	(213) 240-7901

Audit and Compliance Division

Division Chief	Tobi L. Moree	(213) 240-7901
Compliance Unit Manager	Leslie Mondy	(213) 240-8409
Senior Compliance Officer	Robert Ulrich	(213) 240-7730
Privacy Officer	Jennifer Papp	(213) 240-7741

Local Compliance Officers:

LAC+USC Healthcare Network	Cecil Clark	(323) 409-4242
H-UCLA Medical Center	Julie Rees	(310) 222-2106
MLK MACC	Cynthia Oliver	(310) 668-5201
ValleyCare Network	Azar Kattan	(818) 364-3001
Rancho Los Amigos National Rehabilitation Center	Benjamin Ovando	(562) 401-7022
High Desert MACC	Candy Smith	(661) 945-8469
Ambulatory Care	Nancy Pe Quilino	(626) 299-3348
Health Services Administration	Robert Ulrich	(213) 240-7730

Compliance Committee Members:

Chief Compliance Officer		
Local Compliance Officers		
County Counsel Representative	Anita Lee	(213) 974-1818
Finance Representative	Larry Gatton	(213) 240-8242
HIM Representative	Harvey Jones	(213) 240-7928
Human Resources Representative	Sharon Robinson	(323) 890-8380