



**The Children's Hospital**

Affiliated with



University of Colorado at Denver  
and Health Sciences Center

**Code of Conduct<sup>®</sup>**

**November 2010**

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Dear Colleagues:

The Children's Hospital (TCH) mission is to improve the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy. As we work to be the leader in providing the best healthcare outcomes for children, our expectations for the highest level of ethical conduct are ingrained in our culture and everything we do.

TCH's Code of Conduct is simple, do the right thing. Our expectation is that all employees, contract staff and patient-care providers educate themselves and comply with all pertinent laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. The Standards of Behavior also provide guidelines on best practice behaviors relating to quality and safety, communication, teamwork, professionalism, ownership, and relationships.

If you ever encounter a situation where the right choice is not clear, there are several resources available including:

- Our policies and procedures, which can be found on PlanetTCH or in hyperlinks within this Code of Conduct, serve to help guide you in knowing what to do or who to contact when you are confronted with a difficult ethical situation or decision requiring guidance.
- The Corporate Compliance Program, established in 1998 and overseen by the Audit and Business Ethics Committee of TCH's Board of Directors, focuses on the compliance by the organization of all federal, state and local laws. Jane Wingquist serves as our Compliance Officer. One of her primary responsibilities is to be a resource for you and help you understand our Code of Conduct and the elements of the Corporate Compliance Program. If you ever have questions about what is the right thing to do, don't hesitate to call her, at 720.777.6537.
- The Compliance hotline at 866.568.5420 or at <http://tchcompliance.alertline.com> is available for you to anonymously report any compliance issue or concern that you may have.

Compliance is about appropriate business conduct and ethical behavior. We hold ourselves to the highest standards of character and integrity and encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Thank you for your continued commitment to our mission and to doing the right thing for our patients and families.

Sincerely



Cathey Finlon  
Chairman, Board of Directors



Jim Shmerling, DHA  
President and CEO

**The Code of Conduct at The Children's Hospital (TCH) is simple:**

## **Do the right thing.**

**If you ever need help knowing what the right thing to do is, TCH has six standards of behavior to help guide you. The six standards of behavior are:**

1. **Quality and Safety**  
We commit to quality and safety in everything we do.
2. **Relationships**  
We build relationships to provide care and with respect, compassion and integrity.
3. **Communication**  
We use words and actions to communicate our commitment to excellence and integrity.
4. **Professionalism**  
We demonstrate professionalism in how we act, what we know, and how we treat others.
5. **Ownership**  
We take ownership of opportunities and challenges.
6. **Teamwork**  
We work together toward a common vision.

TCH policies and procedures are the framework of each of these standards of behavior and we expect all staff to be in compliance with this guidance. TCH's six Standards of Behavior are designed to apply equally to all employees, contract staff, and providers of patient care who interact with patients/families, peers/co-workers, and the community.

[The Standards of Behavior Promise](#)  
[The Standards of Behavior Service Excellence Team \(webpage\)](#)

This document was created as a resource for you to help navigate situations and determine what best follows the code of conduct. You may always contact Corporate Compliance if you need additional help.

**The Code of Conduct is a resource for all TCH staff on the following compliance topics:**

Subject	Description, bookmarks to subtopics and additional information	Page
<b>Auditing and Monitoring</b>	Establishing systems of internal checks and balances, responding to outside reviewing agencies, and proving program effectiveness <ul style="list-style-type: none"> <li>• <a href="#">Auditing and Monitoring at TCH</a></li> <li>• <a href="#">Governmental Audits and Investigations</a></li> <li>• <a href="#">The Joint Commission (TJC)</a></li> </ul>	5
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<b>Background Checks and Credentialing</b>	Ensuring all staff are authorized to work here and professional staff maintain required and current state licenses and certifications <ul style="list-style-type: none"> <li>• <a href="#">Background Checks</a></li> <li>• <a href="#">License and Certification Renewals</a></li> <li>• <a href="#">Medical Staff Compliance and Relations</a></li> </ul>	5
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<b>Communication</b>	Providing confidential lines and guidance for reporting compliance concerns <ul style="list-style-type: none"> <li>• <a href="#">Compliance Hotline</a></li> <li>• <a href="#">Corporate Compliance Program</a></li> <li>• <a href="#">Report your Concerns</a></li> </ul>	18
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		21
<b>Education</b>	Students-in-training and supervisors of students, are responsible for proper patient documentation and the tracking of students in our systems <ul style="list-style-type: none"> <li>• <a href="#">Trainees</a> (Residents, Fellows, all other Students)</li> </ul>	17
<b>Ethics and Integrity</b>	Educating our staff on our highest standards of character and integrity: <ul style="list-style-type: none"> <li>• <a href="#">The Standards of Behavior Promise</a></li> </ul> Responsibility and Accountability <ul style="list-style-type: none"> <li>• <a href="#">Accountability</a></li> <li>• <a href="#">Conflicts of Interest</a></li> <li>• <a href="#">Ethics and Integrity</a></li> <li>• <a href="#">Harassment (see <a href="#">Violence in the Workplace</a>)</a></li> <li>• <a href="#">Never Events (SAE, HAC)</a></li> <li>• <a href="#">Non-retaliation</a></li> <li>• <a href="#">Protection of Property</a></li> <li>• <a href="#">Respect</a></li> <li>• <a href="#">Substance Abuse</a></li> <li>• <a href="#">Zero Tolerance</a></li> </ul> Conducting all TCH Relationships in an Ethical Manner <ul style="list-style-type: none"> <li>• <a href="#">Gifts</a></li> <li>• <a href="#">Kickbacks</a></li> <li>• <a href="#">Marketing</a></li> <li>• <a href="#">Politics</a></li> <li>• <a href="#">Referrals</a></li> <li>• <a href="#">Sales Representatives/Vendor Relationships</a></li> </ul>	3
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<b>Financial</b>	Detailing our commitment to Finance and Ethical Behavior <ul style="list-style-type: none"> <li>• <a href="#">Billing Practices</a></li> <li>• <a href="#">Deficit Reduction Act (DRA)</a></li> <li>• <a href="#">Expense Reporting</a></li> <li>• <a href="#">Fraud and Abuse (False Claims Act)</a></li> </ul>	22
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<b>Information – Privacy and Security</b>	Safeguarding patient and business information <ul style="list-style-type: none"> <li>• <a href="#">Confidentiality</a></li> <li>• <a href="#">HIPAA &amp; HITECH</a> (Health Insurance Portability and Accountability Act &amp; (Health Information Technology for Economic and Clinical Health Act)</li> <li>• <a href="#">Information Exchange and Security of Data</a></li> </ul>	18
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<b>Legal</b>	Topics with ethical and legal points of discussion <ul style="list-style-type: none"> <li>• <a href="#">Advance Directives</a></li> <li>• <a href="#">Competition</a></li> <li>• <a href="#">Copyright Laws</a></li> <li>• <a href="#">Identity Theft Prevention Program</a></li> <li>• <a href="#">Non-discrimination</a></li> <li>• <a href="#">Records Retention and Destruction</a></li> <li>• <a href="#">Sexual Harassment</a></li> </ul>	18
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<b>Pharmacy</b>	To protect staff and patient safety <ul style="list-style-type: none"> <li>• <a href="#">Prescription Drug Control Including Controlled Substances</a></li> </ul>	9
<b>Research</b>	TCH employees and other individuals involved in research, scholarly, and clinical activities under the aegis of TCH must adhere to all internal policies and federal, state, and local regulations and all TCH staff who conduct research at TCH will comply with ethical and legal standards for conduct of research and these policies and procedures. <ul style="list-style-type: none"> <li>• <a href="#">Research Misconduct</a></li> <li>• <a href="#">Principal Investigator Eligibility for Research Proposals</a></li> <li>• <a href="#">Research Involving Human Subjects</a></li> <li>• <a href="#">Fraud and Abuse (False Claims Act)</a></li> </ul>	14
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<b>Workplace Health and Safety</b>	For staff, visitors, patients and their families, it's important for you to know how to take preventative action to promote safety in our environment. From using the proper protective equipment while you work – to knowing how and when to contact our Security staff when you have concerns. <ul style="list-style-type: none"> <li>• <a href="#">Environmental Protection</a></li> <li>• <a href="#">Occupational Health and Safety</a></li> <li>• <a href="#">Patients, Parents, and Families</a></li> <li>• <a href="#">Safety</a></li> <li>• <a href="#">Tobacco and Smoke Free Campus</a></li> <li>• <a href="#">Violence in the Workplace</a></li> <li>• <a href="#">Visitors</a></li> </ul>	7
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<b>Written Guidance</b>	Organization-wide policies, procedures, and guidelines are posted on: PlanetTCH. All staff are responsible for complying with these documents while working at TCH, regardless of location. <ul style="list-style-type: none"> <li>• <a href="#">Policies and Procedures</a></li> </ul>	21

# Quality and Safety

We commit to quality and safety in everything we do.

Topic	Discussion	Contact Information and other References	Q&A's <i>(These have been created for training and do not reflect actual situations at TCH.)</i>
<b>Auditing and Monitoring</b>	Auditing and monitoring hospital high-risk areas and operations is one of the key elements of our CCP. The Internal Auditor will conduct or direct periodic audits of all departments to assess compliance with laws, regulations, standards and policies. The Internal Auditor will establish guidelines to ensure audit coverage includes all high-risk areas. Audit procedures will be designed to detect claim and billing inaccuracies as quickly as possible. Results of all compliance audits will be reported to the President/Chief Executive Officer, the Corporate Compliance Committee and the Audit and Business Ethics Committee.	Questions? Contact the Compliance Program at 720.777.2566.	<p>Q. What might happen to my job if the Internal Auditor finds something in my department that should not be happening?</p> <p>A. Internal auditing is not about finding mistakes and pointing fingers at staff that may be at fault. Internal audit wants to work with you to make your department operate as well as it can.</p> <p>Q. The Internal Auditor will be working in my department tomorrow. Only my manager should be answering questions from the auditor, right?</p> <p>A. The auditor wants different perspectives and will likely ask different staff for their input. Be straight forward and share any information you may have about your department.</p>
<b>Background Checks</b>	Employees and many other staff are required to have various background checks and screenings performed before they are authorized to work at TCH and see our patients. Depending on your functional role, you may have any of the following performed by Human Resources: criminal background check; OIG (Office of the Investigator General); the GSA's EPLS: Excluded Parties Listing System; fingerprint check; and others.		<p>Q. I'm writing up a contract with a university to send grad students over to my department. What do I need to know about background checks?</p> <p>A. The contract should include a section which determines what organization is conducting the background check. Typically, we request the outside organization to do this on whomever they send to TCH. If you're not sure, contact Corporate Compliance at 720.777.2566.</p>
<b>Corporate Compliance Program (CCP)</b>	<p>Management is committed to establishing effective programs to ensure compliance and to reporting any violations to appropriate authorities (local, state and federal agencies). Managers should never give their staff the impression that policies and rules may be ignored when inconvenient. In fact, the performance of managers at every level will be measured, in part, by their adherence to effective corporate compliance practices.</p> <p>The CCP works under the guidance and supervision of the Audit and Business Ethics Committee (ABE). The Corporate Compliance Committee will be responsible for overseeing compliance efforts, including review the effectiveness of and compliance with the plan, recommending revisions to the plan, receiving reports on compliance issues and monitoring follow-up and corrective action. In discharging its responsibilities, the CCC works closely with the Corporate Compliance Executive Committee.</p>		<p>Q. I'm a nurse and have worked "short-staffed" for the last month. I'm afraid that the patients are not receiving quality care. What should I do?</p> <p>A. Any concerns about staffing levels should be directed to the appropriate department management team. During the off-shifts and weekends, contact the administrative supervisor. There are staffing levels defined for all inpatient-nursing units for the charge nurse to follow. Any quality-of-care concerns should first go to the department's management team or the administrative supervisor. If you continue to have concerns, contact Risk Management or the Compliance Hotline.</p> <p>Q. I heard that in some emergency departments, patients with private insurance get better care than patients without insurance. If that ever were to take place at TCH, what should I do?</p> <p>A. Even if the differences are subtle, your observation is important. Notify a member of the department's management team or the administrative supervisor. If you continue to have concerns, contact the CCP or the Compliance Hotline.</p>

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	<p>Staff have an obligation to report any instances of suspected violations to their immediate supervisor and to make good faith reports of suspected violations to the Corporate Compliance Program. Managers are to be held accountable not only for their own actions but also for the actions of the staff they supervise. Managers must take affirmative steps to implement this Compliance Program. TCH will devote the resources reasonably necessary to develop, implement and maintain an effective Compliance Program, which addresses the following seven elements:</p> <ol style="list-style-type: none"> <li>1. Program Oversight</li> <li>2. Monitoring Program Effectiveness and Auditing Risk Areas</li> <li>3. Open Lines of Communication, including Hotline</li> <li>4. Investigation &amp; Remediation</li> <li>5. Education and Training</li> <li>6. Enforcement and Discipline</li> <li>7. Written Compliance Guidance - Code of Conduct and Policies and Procedures (P&amp;Ps)</li> </ol>		
<b>Data Integrity</b>	<b>See <a href="#">Information Exchange and Security of Data</a></b>		
<b>Investigational Product/Study Drug Accountability</b>	<p>Federal and TCH Research Guidelines will be used in developing investigational drug and related TCH policies and procedures. Researchers using these items in their studies need to work with the Research Pharmacist and make sure their staff are trained on appropriate disposition, tracking, that the investigational products are being used in accordance to the protocol, proper billing of research participants, and a final accounting of the investigational product (dispensed, returned, or destroyed)</p>	<p>21 CFR 312</p> <p>ICH Guidance: Good Clinical Practice</p>	<p>Q: I'm a PI conducting research involving an investigational drug. Why must I store it in the Pharmacy?</p> <p>A. 1. Because the Pharmacist of Record must keep records to account for the disposition of investigational products/study drugs by documenting the following:</p> <ul style="list-style-type: none"> <li>• Shipment dates</li> <li>• Batch number</li> </ul> <p>2. Document tracking of:</p> <ul style="list-style-type: none"> <li>• Product batch</li> <li>• Review of shipping conditions</li> <li>• Accountability</li> </ul> <p>3. Document that the investigational products have been used according to the protocol</p> <p>4. Document the final accounting of investigational products:</p> <ul style="list-style-type: none"> <li>• Received at the site</li> <li>• Dispensed to subjects</li> <li>• Returned by the subjects</li> <li>• Returned to the sponsor</li> <li>• Destroyed by the site</li> </ul>

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<b>Environmental Protection</b>	TCH respects the environment and strives to conserve natural resources in managing and operating its businesses. TCH staff are charged with using resources appropriately and efficiently; recycling where possible; disposing of all waste according to applicable laws and regulations; and working cooperatively with appropriate authorities to remedy any environmental contamination for which TCH may be responsible.		<p>Q. I think our department does a good job managing any medical waste that needs special treatment and disposal. But what about the common recycle items, such as paper, cans and bottles? Does TCH recycle them? And if so, where do we drop them off?</p> <p>A. TCH recycles cardboard, toner cartridges, office paper and batteries. Cardboard is collected by ES staff along with the trash. Xerox toner cartridges can be dropped off in the Copy Center (AP lower level). Office paper is collected in the grey Bayaud shredder bins scattered throughout the hospital. Batteries can be dropped off in the Biomed department on the lower level. (Be sure to tape off the terminals.) Green topped containers for recycling cans, plastics and glass are found on every floor.</p> <p>Q. What is TCH doing to conserve energy and how can I help?</p> <p>A. TCH has a massive use of energy efficient and eco-friendly lighting, green tip and compact fluorescents, throughout the facility. We also have a highly efficiency HVAC system. You can help by turning out lights in rooms when not in use. Turn off your computer equipment when you leave for the night. Refrain from using automatic door openers unless you need to, particularly at the employee entrances in the link between AP and the main hospital.</p>
<b>Identity Theft Prevention</b>	TCH staff are obligated to identify any red flags that a patient or family may be falsely representing their identity as a means to gain access to another individual's health care benefits. The TCH Identity Theft Prevention Program policy and procedure describes some of these red flags and outlines the procedure that should be followed if a situation surfaces involving suspected identity theft.		<p>Q. A patient presents to your clinic for care and the description of the patient in the chart clearly does not match the child standing before you. What should you do?</p> <p>A. Treat the patient and open a new "unknown" patient record to document the patient visit. Notify your supervisor and Corporate Compliance immediately.</p>
<b>Information Exchange and Security of Data</b>	<b>Advancing the exchange of information, education, and shared decision-making:</b> A variety of information is required in order to deliver and receive healthcare responsibly. Patient information is necessary to manage and improve quality of care, to develop practice parameters, to aggregate data for public health monitoring, and to assist patients and their families in making important healthcare choices. TCH will provide information to consumers, patients, and surrogate decision-makers to foster knowledgeable and responsible use of healthcare resources. Patients and	Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).	<p>Q. Things get hectic on the unit, especially during time of high census, like last winter. We often use one password during the day, from one nurse. We do more looking than entering data into the system, so this is ok, right?</p> <p>A. No – It's not okay. Each staff member should be using his/her own password to protect your identify in the system and ensure access is gained only to those areas that are needed to do your job. Staff members must remember to log off of or secure the electronic medical record (Epic) and/or computer workstations when walking away .</p>

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	<p>families will be involved in decisions regarding the care that we deliver to the extent that it is practical and possible. We will also seek to inform all patients about the therapeutic alternatives and risks associated with the care that they are seeking. We will constantly seek to understand and respect their objectives for care.</p> <p>Policies relating to data integrity, information security, and confidentiality of data/information must be followed. You have the responsibility for maintaining the confidentiality of and secure access to your computer. Equal attention also should be given to both patient and business data that resides in your workplace.</p>		<p>Q. I read in the newspaper that laptops with PHI have been stolen around the country. What is TCH doing about this?</p> <p>A. 1) All Laptops are encrypted. 2) We require laptop user to use a laptop lock when working at their desk, and 3) Staff are to save all of their work to their "M" drive. 4) TCH is implementing a solution to encrypt data stored on portable media (USB/flash drives, CDs, DVDs, etc).</p>
<p><b>Joint Commission (JC)</b></p>	<p>Joint Commission (JC) standards require the hospital to comply with applicable laws and regulations.</p> <p>If you feel that any concern you have raised is not being resolved by TCH, you may also contact The Joint Commission either through their website (<a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a>) or by calling 1 (800) 994-6610.</p>	<p>Contact the Accreditation Coordinator in Quality/Patient Safety 720.777.6469</p>	<p>Q. We completed our last survey during September 2008 for the JC. Doesn't this mean we will not see reviewers again for three years, until September of 2011?</p> <p>A. Not necessarily. As of 2005, surveyors will be visiting the hospital on a periodic basis, with little or no notice of the visit date. We must always be prepared for a visit by the JC or any other agency that would like to tour and review our hospital. This is what is referred to as a "Continued State of Readiness".</p>
<p><b>Occupational Health and Safety</b></p>	<p>TCH is committed to protecting the health and safety of its staff and to complying with federal, state, and local health and safety laws and regulations. We are obligated to maintain a safe workplace for our staff, patient and customers and comply with all OSHA (Occupational Health and Safety Act) regulations.</p> <p>You are responsible for reporting any unsafe acts or hazardous conditions in the workplace. You should become familiar with and understand how these policies apply to your specific job responsibilities and seek advice from your supervisor, the Managers of Environmental Health and Safety or Employee Health Services whenever you have a question or concern. It is important that you advise your supervisor of any workplace injury or any situation that presents a danger so that timely corrective action may be taken to resolve the issue.</p>		<p>Q. Someone who works in my department never wears his personal protective equipment (PPE). I worry that this could lead to an exposure. I don't know what to say to him to make him realize that he is putting himself at risk. What should I do?</p> <p>A. Contact your supervisor, Infection Control, or Employee Health Services to discuss your concern. Any of these persons could talk with the staff member in question about the proper use of PPE.</p>

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Topic	Discussion	Contact Information and other References	Q&A's <i>(These have been created for training and do not reflect actual situations at TCH.)</i>
<p><b>Prescription Drug Control, including Controlled Substances</b></p>	<p>Some staff have routine access to prescription drugs including controlled substances. All of these substances are governed and monitored by specific regulatory organizations and must be administered by an authorized prescriber's order. It is very important that only authorized individuals handle these substances. If you become aware of the diversion of drugs or supplies from the organization, you should immediately report it to your supervisor or other member of management.</p>		<p>Q. I have received orders for a patient, but I am not sure if the prescriber is authorized to prescribe at TCH. What should I do?</p> <p>A. If you are unsure about a prescriber you should follow the chain of command and contact an Attending Physician on the primary service in question to find out if the person is authorized. You can look up Attending Physicians on PlanetTCH. For checking on Residents, you can call the Fellow or the Attending. If you still have questions you should follow the clinical chain of command.</p> <p>Q. When I went to the Omnicell to remove a dose of morphine, a discrepancy report printed indicating that the count was not correct. What do I do?</p> <p>A. Complete a discrepancy report and return it to the pharmacy. If you suspect someone is taking the drugs (diversion) report it immediately to your supervisor.</p>
<p><b>Protection of Property</b></p>	<p>TCH's assets and resources including time, materials, personnel, equipment, supplies and proprietary information are to be used, preserved and maintained for business related purposes. TCH is committed to protecting its property, and the property entrusted to us, against loss, theft or misuse. Property includes physician assets, funds and confidential/proprietary information. We will correctly use and care for property and equipment entrusted to us. We will appropriately inventory and maintain supplies in a secure manner. We will dispose of all surplus or obsolete property and equipment according to established procedures. We will not permit the making of unauthorized copies of computer software or using personal software on computer equipment.</p> <p>As a general rule, the personal use of any TCH asset without the prior approval of your supervisor is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost is insignificant is permissible with the supervisor's approval. Any use of TCH's resources for personal financial gain is prohibited.</p>		<p>Q. If I see a staff member intentionally misusing or managing TCH property, what should I do?</p> <p>A. We each have an obligation to treat TCH property and equipment with care and respect. This includes reporting any damage or malfunction of TCH property to appropriate TCH personnel. If you are aware of anyone intentionally or negligently damaging TCH property or equipment, report your observations to your supervisor, the CCP, or to the Compliance Hotline.</p> <p>Q. Someone in my department loaded borrowed software onto his computer. I know that it didn't come from the Information Services department. What should I do?</p> <p>A. You should remind the staff member that it is illegal to use software without having purchased it. It could result not only in corrective action from TCH, but also financial penalties from the software company. Installation of licensed software should be done by Information Services. If the staff member ignores your warning, report the situation to your supervisor or manager, the CCP or the Compliance Hotline.</p>

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<b>Safety</b>	<p>TCH recognizes that its staff is its most valuable asset and is committed to protecting your safety and welfare. TCH is committed to compliance with the Occupational Safety and Health Act including the provision of appropriate personal protection devices/equipment and training in its correct use.</p> <p>TCH is also committed to providing our patients, families, staff members, visitors and community with a safe environment in which to heal, work and visit. TCH will provide periodic training to staff in an effort to promote safe work practices, mitigate any personal or property damages as a result of an environmental or work place mishap and provide for the prompt and proper reporting of each incident to the appropriate authorities. We will promptly report any injuries of a patient, staff member or visitor in accordance with applicable policies and applicable laws and regulations.</p>		<p>Q. I woke up this morning not feeling well and discovered I had a temperature of 101. I don't feel great but I don't want to take a sick day I know you're not supposed to come to work with a fever if you're a nurse, but I don't work with patients – I work in accounting and never even see a patient. Would it be OK if I came to work?</p> <p>A. If you have a fever you cannot come to work because you are sick with an infectious disease, no matter where you work. Even if you do not have direct patient contact, you are still exposing other staff to your illness. You work in a hospital and the Centers for Disease Control guidelines apply to all staff.</p>
<b>Serious Adverse Events/ Never Events/ Hospital Acquired Conditions (HACs)</b>	<p>At TCH we strive to provide the best quality care possible to kids. Occasionally situations occur where an unexpected event was caused by an error in the provision of care to a patient. TCH has a policy and procedure to guide how these situations are managed from reporting the event all the way through to the billing process. TCH Risk Management and Quality should be involved in these rare situations so not only can they be immediately addressed but processes can be established to prevent the same situation from happening again.</p>		<p>Q. The wrong surgery was done on a patient treated in my department. What should I do?</p> <p>A. Complete a QSRS to ensure the issue will be communicated and managed appropriately.</p>

# Relationships

We build relationships to provide care and with respect, compassion and integrity.

Topic	Discussion	Links to Policies, Websites, and other References	Q&A's <i>(These have been created for training and do not reflect actual situations at TCH.)</i>
<p><b>Conflicts of Interest</b></p>	<p>You have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. TCH relies on each individual's judgment and discretion to avoid conflicts of interest and to seek advance guidance from management whenever there is any doubt. Conflicts of interest may occur if your outside activities or personal interests influence or appear to influence your ability to make objective decisions in the course of your job responsibilities. A conflict of interest may also exist if the demand of any outside activities hinder or distract you from the performance of your job or cause you to use TCH resources for other than TCH purposes. If you have any question about whether an outside activity might constitute a conflict of interest, you must obtain the approval of your supervisor before pursuing the activity.</p> <p><b>Achieving Ethical Behavior and Accountability</b> We recognize that from time to time conflicts will arise among those who participate in hospital and patient care decisions. Whether this conflict is between members of administration, medical staff, employees, other governing bodies of this institution, or between patient care givers and the patient, we will seek to resolve all conflicts fairly and objectively. In cases where mutual satisfaction cannot be achieved, it is the policy of the hospital to involve the Patient Representative Department, Nursing Supervisor or the Administrator/Administrator-On-Call to oversee resolution of conflicts with the public.</p> <p>Conflicts among staff that cannot readily be resolved are referred to resolution procedures. The potential for conflict of interest exists for decision makers at all levels within the hospital. This includes members of the Board of Directors, Administration, Medical Staff, and all other staff. It is our policy to request the disclosure of potential conflicts of interest, so the appropriate action may be taken to ensure such conflict is not inappropriately influenced by important decisions. In</p>	<p><a href="#">Code on Interactions with Healthcare Professionals (PhRMA Code of Ethics)</a></p> <p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>Q. In appreciation of our business, a vendor occasionally invites me to dinner or other entertainment activity. Is it appropriate for me to accept the invitation?</p> <p>A. Extending or accepting business courtesies may raise legal and ethical issues. Such activities can be undertaken only when they align with TCH policies. Contact your supervisor or the CCP to discuss specific situations.</p> <p>Q. A local vendor has offered to pay for some of our staff to attend a conference to learn about a new product. They will pay all travel expenses. Is this a conflict of interest?</p> <p>A. Accepting this offer could be construed as accepting a gift of greater than nominal value or an inducement for business from the vendor and therefore should not be accepted. If TCH feels that learning about the new product is worthwhile, the hospital may approve paying for your staff to attend. When in doubt, it is best to discuss the situation first with your supervisor or the CCP. If the product is unique and there is no competition involved, then TCH <u>may</u> approve the company to pay expenses. Check with CCP to make sure.</p> <p>Q. A vendor we do business with brings my department personnel lunch on occasion. Is this a conflict of interest?</p> <p>A. TCH no longer allows vendors to bring in meals to staff (See <a href="#">Guidelines for Visitors who Conduct Business at TCH</a> and <a href="#">FAQs</a>)</p> <p>Q. I have been asked to give a presentation on child wellness to a professional group on a day during my work time. They have offered me an honorarium. Can I accept the honorarium?</p> <p>A. You must decline such payment <b>or</b> submit it to TCH because you are speaking during your regularly scheduled work hours. Honorariums may be accepted for yourself only if the speaking engagement is unrelated to your employment role (past or present), <b>OR</b> you are not speaking on behalf of TCH and you prepare and file the presentation on your own time <b>OR</b> if during your work hours, you use approved PTO time. Make sure you get approval from your department</p>

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	the event a potential conflict of interest has a direct implication on patient care, the hospital may convene the Bio-Ethics Committee of TCH to assist in the resolution of this issue.		<p>supervisor/director.</p> <p>Q. I work in our emergency department and I am considering starting a business selling resuscitative equipment over the Internet. Is this considered a conflict of interest?</p> <p>A. Your type of second employment may be a conflict of interest, and it is best to consult your department director and/or HR for clarification before proceeding.</p>
<b>Gifts</b>	See <a href="#">Conflict of Interest</a>	<a href="#">PhRMA Code on Interaction with Healthcare Professionals</a>	
<b>Medical Staff Compliance and Relations</b>	Medical Staff members are expected to comply with all provisions of Medical Staff Bylaws/Policies and Procedures, all Hospital Bylaws/Policies and Procedures, all applicable JC Standards, and the TCH Code of Conduct. Any violation to the aforementioned should be reported to the appropriate In-Chief or Chief Medical Officer, the Compliance Office, and/or the Compliance Hotline. TCH Medical Staff are expected to act ethically and with integrity.		<p>Q. We have a new physician joining our practice on May 1st. When do we need to begin the credentialing/privileging process so that she can see patients at The Children's Hospital?</p> <p>A. The credentialing and privileging process takes an average of 120 days (4 months) to complete. It is crucial that you allow enough processing time prior to the arrival of any new Medical Staff. Credentialing and privileging can be further delayed if the provider has not yet been granted a Colorado Medical License, or if application materials are submitted without being complete. While 120 days may seem like a long time, primary source verification, and evaluation of competencies ensures that The Children's Hospital Medical Staff remain one of the best in the country.</p> <p>Q. Once we've completed the initial credentialing and privileging for our new physician, how long is her appointment good for?</p> <p>A. JC standards require that all Medical Staff be reappointed every two years. In order to avoid any lapse in privileges, and to ensure that all documentation can be submitted and received, we must begin the process six months prior to a provider's end date.</p> <p>Q. If I forget to send in my reappointment application or I was out of town when I received it, what then?</p> <p>A. The reason we allow a six month processing period for reappointment applications is to account for vacations, busy clinic schedules, and permit time to prepare all appropriate documentation. If</p>

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			<p>you are delayed in sending your reappointment application, contact the Medical Staff Office immediately to determine how to proceed. If your current appointment has not yet expired, we will make every effort to work with you to avoid a lapse in privileges, and a disruption in patient care. Failure to complete your reappointment packet may result in the loss of your privileges, and may necessitate completion of an initial application.</p>
<p><b>Patients and Parents/Families</b></p>	<p>Customer service to our patients and their parents and families is a hospital wide initiative. Staff should become familiar with all policies directly related to these guests, especially for clinical staff.</p> <p>The policies linked to in this section are just some that exist specific to patients and their families. Look for others on PlanetTCH.</p>		
<p><b>Politics</b></p>	<p>Staff are encouraged to participate in the electoral process at all levels of government by voting and by supporting candidates and issues of their choice. However, in participating in political activities, TCH staff must make sure their activities are not viewed as activities taken on behalf of TCH and may not contribute any of TCH resources to any political activity or otherwise act in violation of applicable law. Directors, officers and staff may personally participate in and contribute to political organizations and campaigns as individuals, not as representatives of TCH and must use their own funds. TCH expects its staff to not engage in activities which may jeopardize the tax-exempt status of the organization, including certain lobbying and political activities.</p> <p>Where experience may be helpful, TCH may publicly offer recommendations concerning legislation or regulations being considered. In addition, it may analyze and take public positions on issues that have a relationship to the operations of TCH when TCH experience contributes to the understanding of such issues. TCH has many contacts and dealings with governmental bodies and officials. All such contacts and transactions must be coordinated under the direction of the External Affairs department and conducted in an honest and ethical manner. Any</p>	<p>Questions?  <a href="mailto:Advocacy@tchden.org">Advocacy@tchden.org</a></p>	<p>Q. What do you mean by "political activities?"</p> <p>A. For instance, this includes (but is not limited to) contacting a public official about an issue; working on a political campaign for a candidate for public office or an issue that will be on the ballot.</p> <p>Q. What is lobbying?</p> <p>A. Lobbying involves activities that seek to influence or sway others to your point of view. In this case we are talking about trying to influence public officials.</p> <p>Q. I understand that TCH does not endorse political candidates or parties. But why does the hospital sometimes endorse ballot issues or other legislative efforts?</p> <p>A. In order to remain tax-exempt, TCH must refrain from endorsing political parties or candidates. But it is perfectly legal and appropriate for the hospital to lend our support to issues or efforts that promote positive outcomes for children and children's health, and to oppose efforts that do not.</p> <p>Q. What is an example of an "improper offer of benefit" to a public official?</p> <p>A. For instance, offering preferential treatment for a family member of a</p>

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	attempt to influence the decision-making process of government bodies or officials by improper offer of any benefit is absolutely prohibited. Any requests for demands by any government representative for any improper benefit should be immediately reported to the CCP.		public official who is admitted to TCH.
<b>Referrals</b>	TCH staff is prohibited from knowingly and willfully soliciting, receiving, or offering to pay or paying for referrals of individuals for services. TCH staff is prohibited from offering anything of greater than nominal value to any individual eligible for a federal or state healthcare care program if the offeror knows or should know the offering will influence the individual's choice of provider, practitioner or supplier. Certain safe harbors, such as group purchasing agreements, are permitted.		<p>Q. What should I do if a physician asks me to provide payment or compensation in exchange for referrals to TCH?</p> <p>A. Requesting a "kickback" for referrals is illegal and entering into such an arrangement would subject TCH, the physician and anyone involved in the arrangement to substantial risk. You should promptly report the situation to your supervisor, a higher level manager or the CCP.</p> <p>Q. I process expense reports for my department. Once I received a report showing the purchase of gifts totaling hundreds of dollars for one of the physicians who refers patients to us. Is this acceptable?</p> <p>A. No. Any gift or other consideration of more than nominal value (\$50) may appear to be an inducement for referrals and is prohibited by TCH. You should report this finding to your supervisor, a higher level of management, the CCP, or the Compliance Hotline.</p>
<b>Research Administration</b>	<p>All Principal Investigators (PIs) must contact the Research Institute (RI) at TCH if they plan on conducting research studies on TCH patients on TCH premises.</p> <p><b>Improving the Health of the Public</b> The goal of healthcare is to maximize the health of individuals and populations. TCH shares the responsibility to contribute to improving the health of the public. We participate in and share outcomes of clinical research and professional education. We have a commitment to prevention, education, and wellness in addition to the treatment of illness and injury. We follow high ethical standards and comply with federal and state laws and regulations in any research, investigations and clinical trials conducted by our physicians and professional staff. TCH does not tolerate research misconduct. Research misconduct includes fabrication or falsification of data, research</p>	<p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>Q: The physicians in my department are conducting research on patients. What does support staff need to be aware of?</p> <p>A: If you register patients into EPIC, you need to be trained accordingly.</p> <p>Q: I would like to participate on a research study. How do I start?</p> <p>A: All persons participating on a research study must take the Collaborative Institutional Training Initiative (CITI) course found at: <a href="https://www.citiprogram.org/Default.asp?">https://www.citiprogram.org/Default.asp?</a> and have their project reviewed and approved by an Institutional Review Board (IRB). All research projects must be submitted to the Research Institute prior to being submitted to an external sponsor. Please contact the Research Institute at 720.777.6310 for more information.</p> <p>Q: I am working on a project, but do not think that it is really research. How can this be determined?</p>

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	<p>procedures, or data analysis; destruction of data for fraudulent purposes; plagiarism; abuse of confidentiality; or other fraudulent actions in proposing, performing, reviewing, or reporting the results of research or other scholarly activity.</p> <p>TCH protects all patients and respects their rights during research, investigations and clinical trials. All individuals asked to participate in a clinical investigation or research project are given a full explanation of alternative services that might prove beneficial to them (informed consent process). They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits, and alternatives. The potential participants are fully informed of the procedures to be followed, especially those that are experimental in nature. An individual's refusal to participate in a research study will not compromise his or her access to services or his/her employment at TCH. All research informed consents are to be retained pursuant to TCH, IRB, and federal regulations. Any TCH staff engaging in human subject research must do so in conjunction with an Institutional Review Board (IRB) and consistent with TCH policies regarding human subjects, and federal regulations.</p> <p>Any TCH staff 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 following appropriate research guidelines.</p> <p>As in all accounting and financial record-keeping, our policy is to submit only true, accurate, and complete costs related to research grants. Anyone authorizing the expenditure of federal funds must understand the cost principles contained in Title 45 CFR Part 74 Appendix E. These principles identify the general accounting "rules" for hospitals and define those costs that are allowable and allocable to the federal government.</p>		<p>A: The regulations define a human subject as a living individual about whom an investigator (faculty, staff or student) obtains data either through intervention or interaction with the individual; or identifiable private information, e.g., school transcripts or medical records. All protocols involving human subject research must be reviewed and approved by an Institutional Review Board (IRB) prior to the conduct of any research activities. Only the IRB can determine whether a protocol is exempt from IRB oversight.</p> <p>Q: How do I know what I can and cannot charge to my grant?</p> <p>A: If you have questions regarding what is allowed on your sponsored program, please contact the RI at 720.777.6310. Generally speaking, any cost being charged to a sponsor must satisfy the following criteria:</p> <ol style="list-style-type: none"> <li>1) The cost must be ALLOWABLE as defined by Title 45 CFR Part 74 Appendix E and/or by the terms of your particular award.</li> <li>2) The cost must be ALLOCABLE, that is, the project that paid the expense must benefit from it.</li> <li>3) The expense must be REASONABLE, that is, the cost reflects what a "prudent person" might pay.</li> </ol> <p>The expense must be CONSISTENT with costs charged in similar circumstances to other sponsored projects.</p>
<b>Residents and</b>	<b>See <a href="#">Trainees</a></b>		

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<b>Fellows Respect</b>	Treat patients and their families, staff, and all visitors fairly and honestly at all times, without discrimination or deception, in a manner conforming to local, state, and federal laws. Consistently practice appropriate business conduct.		<p>Q. We had a father get very stressed the other night and he took his frustrations out on the staff. I had to yell loudly at him in order to bring the situation back under control. But that is normal under the circumstances, right?</p> <p>A. Under no circumstances should you match the frustration level of the parents. We expect the parents to be stressed and frightened for their children who are under our care. We will always treat the family with the utmost respect.</p>
<b>Sales Representatives</b>	<p><b>Vendor Relationships</b></p> <p>We promote competitive procurement to the maximum extent practicable. Our selection of subcontractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence price delivery and adherence to schedules service and maintenance of adequate sources of supply. Our purchasing decisions will be made based on the supplier's ability to meet our needs and not on personal relationships and friendships. We will always use the highest ethical standards in selection negotiation, and determination of contract awards. We will not disclose contract pricing and information to any outside companies. Preferential treatment of vendors and companies in return for inducements will not be supported.</p>	<p><a href="#">PhRMA Code on Interactions with Healthcare</a></p> <p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>Q. A vendor offers you a piece of equipment to use on a trial basis. Can you accept it?</p> <p>A. Yes, with the approval of the purchasing department and your supervisor.</p> <p>Q. A vendor has offered to provide free equipment to the hospital if we buy a certain number of catheters. Am I permitted to accept that vendor's offer?</p> <p>A. It depends. If you receive an offer from a vendor for them to provide "free" services or equipment, discounts or other incentives, contact the Director of Materials Management to determine if it is appropriate for TCH to accept the terms offered. Additionally, contact the CCP when you receive an offer for a "tying" arrangement. A "tying" arrangement is when a vendor will sell or lease something (e.g., a service, product or space) only if TCH will purchase or lease another service, product or space from them.</p>
<b>Students at TCH</b>	<b>See Trainees</b>		
<b>Trainees (Students)</b>	Education is part of TCH's mission and TCH has an agreement with the University of Colorado at Denver Health Sciences Center (UCDHSC) to send students of many healthcare related disciplines to our facility for training. These staff may be physicians in residencies, fellowships; nursing students; OT-PT students, and many more. Department Managers have the responsibility to know and approve the entry of new Trainees into their TCH departments.		<p>Q. My next door neighbor's daughter has a high school assignment to observe for 20 hours at a hospital. I'd like to help her out – any problem with her coming to my work and shadowing me?</p> <p>A. We have chosen, for many reasons, not to allow this at TCH. HIPAA is the main reason – our patients have a right to their privacy. If the situation instead was of a college grad who was required to have a certain number of hours of PT observation under the supervision of the PT department, prior to entering Physical Therapy school, we'd allow that. But not for younger students not in a professional career track.</p>
<b>Vendors</b>	<b>See <a href="#">Sales Representatives</a></b>		

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<b>Visitors</b>	Visitors at TCH include relatives and family members of patients; sales representatives/vendors; and outside agency representatives involved with healthcare, safety, and media. Staff should become familiar with policies directly related to these visitors.		Q. If my spouse/significant other wants to come have lunch with me at the hospital, must s/he get a badge at the Information Desk?  A. No, visitors to inpatient floors will receive a badge at the entrance to the inpatient unit; vendors will get badges through the VendorMate online check-in process; all other visitors should stop at the Information Desk for way finding concerns.

# Communication

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<b>Advance Directives</b>	The law requires that hospitals provide all patients (inpatients and outpatients), age 18 and over, with information on their right to have an advance directive. An advance directive is a document that states a person's wishes regarding certain types of end-of-life treatment, such as CPR, artificial tube feedings, artificial respiration or life-sustaining medications. An advance directive helps ensure that a patient's wishes are followed when end-of-life treatment issues must be decided. It may also help to lessen the burden of family members and physicians making these difficult decisions. They will know what to do and can prove that their decision reflects the wishes of the patient because it is written in a legal document. An advance directive can come in the form of a "durable medical power of attorney" where the patient appoints an individual to make decisions if the patient becomes unable. It can also come in the form of a "living will".	Questions? Contact the Risk Manager at 720.777.2816	<p>Q. A 19-year old patient has an advance directive that requests no CPR be performed in the event that his heart would stop and he would stop breathing. I don't feel comfortable with this. What would happen if I did CPR anyway?</p> <p>A. It is a serious violation of the patient's rights to have their advance directive disregarded. An advance directive is a document that is legally binding. If an inpatient, the patient may very well have a DNR (Do Not Resuscitate) order and you would also be disregarding a physician's order. If you have concerns that you will not be able to carry out the patient's advance directive, contact your supervisor.</p> <p>Q. A 20-year old terminally-ill patient does not have an advance directive and does not want to have one. Should I insist?</p> <p>A. No. A patient has the right to develop an advance directive and have it followed. However, it is not mandatory that every patient or every terminally-ill patient have one. We should respect the patient's decision if he/she does not wish to develop an advance directive.</p>
<b>Compliance Hotline</b>	The Compliance Hotline number for confidential Corporate Compliance violation reporting is 1.866.568.5420 and the web reporting address is <a href="http://tchcompliance.alertline.com">http://tchcompliance.alertline.com</a> . Reports to the Hotline may be made anonymously. Reports will be handled so that the reporting employee is protected from retaliation or retribution.		<p>Q. Even though they say the hotline is confidential, I have been here long enough that someone will recognize my voice.</p> <p>A. An outside service is used to answer all calls made to the hotline number. The person answering the phone is not a staff member of The Children's Hospital. Reports also may be submitted anonymously online.</p> <p>Q. I don't want to get someone fired; I just want fair treatment in my department. Should I call the hotline or is there a better way to resolve the problem?</p> <p>A. Always try to resolve an issue first with your manager or supervisor. If you cannot do this successfully, or if you are not comfortable with this suggestion, the hotline has been established to allow confidential reporting of any situation that you feel should be investigated. You may even request a tracking number which allows you to call back to the hotline at a later date to obtain an update on progress made towards resolving the issue you reported.</p>
<b>Confidentiality</b>	<b>Protecting Privacy and Confidentiality</b> TCH recognizes the need to maintain patient and		<p>Q. I received a call from a former TCH staff member's new employer asking me questions about the individual's performance while at TCH.</p>

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	<p>business information in a confidential manner.</p> <p><b>All Staff</b></p> <p>Personnel and management information will be held in the strictest confidence and will be accessible for use only by those individuals with a legitimate need to know. The only personal information about you that TCH collects or maintains is that which is related to your work here. Access to this information is restricted internally to people with a business need to know. Personal information is released outside TCH only with staff approval, except to verify employment or satisfy legitimate investigatory or legal requirements. Staff who are responsible for maintaining confidential information and those who are provided access to such information must take care that the information is not disclosed inappropriately or misused. Staff with information concerning TCH business will ensure that such information is handled in a manner to protect against improper access or use by those not entitled to it. TCH communication/information systems, including e-mail, voice-mail, timekeeper and work processing, are the property of TCH, and staff should not expect privacy with respect to any information sent or received on the organization's computer systems.</p> <p><b>Patient/Family</b></p> <p>Because we provide health care services, TCH has a special responsibility to the patients we serve. Patient records, results of tests, diagnoses and other materials in our possession that relate to our patients must be held in strict confidence. No Protected Health Information (PHI) will be revealed to anyone outside of TCH without the written authorization of the patient or his/her parent or legal guardian; a subpoena; court order; or state statute. Patient information must be held in confidence or on a need to know basis. Patient case discussions, consultations, examinations and treatments are private and should be conducted discreetly. Staff must not abuse their access to confidential information or even worse, abuse their position to discover confidential information that their job does not require</p>	<p><i>Questions? Contact either the Privacy Officer at 720.777.4109 or the Information Security Officer at 720.777.4112.</i></p> <p><i>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</i></p> <p>y</p>	<p>Should I give out this information?</p> <p>A. Any information concerning former or current staff (about their work performance or anything) is confidential. Refer all such calls to Human Resources.</p> <p>Q. The child of a fellow church member was admitted to the hospital. Since I'm a staff member can I look at the child's medical record?</p> <p>A. If you are directly involved with the care of the child, the answer is yes, but only to the extent necessary to perform your job functions. And, obviously you may not share this information with other church members. If you are not involved with the child's care, you should not read the medical records. For example, if you work as a physical therapist and have not been consulted to provide care, reading the chart would breach patient confidentiality.</p> <p>Q. Is privacy important to children? They don't seem to notice.</p> <p>A. Privacy is very important to children and is their right as a patient in our organization. Every effort should be made to meet the privacy needs of children as it is related to their stage of development. For example, school-aged children and adolescents can be particularly modest; we should respect their privacy by providing screens curtains, gowns and procedure-specific draping that preserve their sense of self-esteem and modesty as appropriate. Doors should be closed to rooms when examinations are taking place.</p> <p>Q. I was eating in the Fresh Marketplace and overheard doctors having patient rounds and discussing patient care. What should I do?</p> <p>A. If you feel comfortable, first let the doctors know that you can hear them speaking about patient care and are concerned that others may hear as well. Remind them that patient care is confidential information. If you do not feel comfortable, speak with your supervisor or the CCP.</p>

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	<p>them to know. Any violations of the confidentiality or HIPAA Policies are to be reported to the Privacy Officer. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, staff should seek guidance from their department director or the Privacy Officer.</p>		
<b>HIPAA &amp; HITECH</b>	<p>HIPAA is the Health Insurance Portability and Accountability Act (1996). This act requires:</p> <ul style="list-style-type: none"> <li>• Improved efficiency in healthcare delivery by standardizing the way we exchange data;</li> <li>• Protection of confidentiality and security of health information through setting and enforcing standards.</li> </ul> <p>HITECH is the Health Information Technology for Economic and Clinical Health Act. It substantially broadens the scope and impact of the existing security and privacy rules implemented under HIPAA. It has increased notification requirements, enforcement action and penalty provisions. These changes impact not only health care providers, but also business associates and other entities who were not previously subject to the HIPAA rules.</p> <p>All staff working at TCH must be trained in HIPAA and the new changes made under HITECH and agree to abide by the Information Security &amp; Confidentiality standards.</p>	<p>Questions? Contact the Privacy Officer at 720.777.4109.</p>	<p>Q. What types of patient information should be kept confidential?</p> <p>A. All forms of patient information must be kept confidential whether it is written, spoken, recorded electronically or printed. Patient information should not be discussed in public areas such as elevators, hallways or cafeterias. Nursing stations are not always private. Printed patient information should not be left out for public view and should be disposed of properly.</p>
<b>Hotline</b>	<p>See <a href="#">Compliance Hotline</a></p>		
<b>Marketing</b>	<p>Any marketing program developed and implemented by TCH to the community at large will abide by our ethical standards. Marketing programs will reflect truth in advertising and will factually represent those services and programs.</p> <p>TCH may use advertising to inform the community of the availability and value of our services and products and to inform the public of our organization's views on public policy issues related to healthcare. TCH is perceived by the community as a reliable, authoritative source of information about pediatric medical care and the health</p>	<p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>Q. Our department is putting together a program that we believe would be of interest to the community. Can I call the newspaper and give them the details?</p> <p>A. NO. All external or internal communications must be coordinated through the External Affairs department, which includes: Marketing, Public Relations (PR), Community Relations and Government Affairs. All announcements to the public about TCH programs must be handled by PR and the media team; contact PR to ask for help in deciding how to publicize your program. For help in developing community outreach programs, contact Community Relations. For paid advertising or development of campaigns to increase market share for your program</p>

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	<p>care system. We should remain mindful of the trust the public places in us to provide accurate, balanced information. Ads that make health or safety claims must be supported by tests or studies approved by experts in the field. And advertisements must be fair. Any immoral, unethical, unscrupulous behaviors found in an organization's promotions or advertisements are a violation of the law.</p> <p>Any promotional activity, including marketing and public relations endeavors related to TCH, will be based upon actual programs, services and operations and will be presented truthfully. All activities that represent the hospital are presented to the public in accordance with ethical and acceptable business practices.</p>	<p>Questions? Contact the External Affairs Department at 720.777.6555</p>	<p>among parents/consumers, contact Marketing.</p> <p>Always make sure this team is aware of any events sponsored by TCH, so they can help you ensure correct logo usage, adherence to brand and graphic standards, and to ensure effectiveness of communications.</p> <p>Q. Our program is of interest to physicians. Who would we call for help?</p> <p>A. The Physician Relations team can help you develop an effective communications and marketing plan for your program.</p>
<b>Policies and Procedures</b>	<p>All Staff are required to follow TCH Policies and Procedures, regardless of where you are working within the organization. That means that if you work at any of our Network of Care (NOC) sites, you are still obligated to follow our hospital wide policies, which are accessible at all of our NOC sites via PlanetTCH.</p>		<p>Q. If a physician says that one of our Administrative policies doesn't apply to him, what should I say?</p> <p>A. Medical Staff are indeed part of our workforce – our TCH "Staff" – as well as Volunteers, Trainees, Clinical Contractors, Business Contractors, and our plethora of non-employees – all of whom are required to comply with our hospital's policies. Human Resources Guidelines typically only apply to TCH Employees.</p>
<b>Report your Concerns</b>	<p>You have the responsibility to recognize and report potential problems as they arise and to consult the CCP before you act. Staff who believe they have observed a violation of the Code of Conduct should report it to their immediate supervisor or to the next level of management. Staff may also report a violation anonymously or confidentially to the Compliance Hotline. Calls received on this line will be referred to the appropriate TCH department (Compliance, Human Resources, Quality, etc.) for investigation. Staff may also call the Hotline to check on the status of previously reported allegations. There will be no retaliation taken against any staff member for making such a report in good faith. There will be no reprisal for good faith reporting. Where possible, the identity of the staff member will be kept confidential.</p>		<p>Q. If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?</p> <p>A. As long as you honestly have a concern, our policy prohibits your being reprimanded or disciplined. As TCH staff, you have a responsibility to report suspected problems. In fact, staff may be subject to corrective action if they have knowledge of potential wrongdoing and do not report it to their supervisor, the CCP or the Compliance Hotline. The only time someone will be disciplined for reporting misconduct is if he or she knowingly and intentionally reports something he or she knows to be false or misleading. Remember these options if you have any compliance concerns that you want to discuss with someone or if you want to report misconduct. Contact:</p> <ul style="list-style-type: none"> <li>• your supervisor, or</li> <li>• the Compliance Officer (CO) – Jane Wingquist (720.777.6537), or</li> <li>• the Compliance Hotline (1.866.568.5420 or <a href="http://tchcompliance.alertline.com">http://tchcompliance.alertline.com</a>), or</li> <li>• Human Resources (for employee/personnel issues); and</li> </ul> <p>• remember that reporting the misconduct may take the form of e-mail, US mail, phone, or an office.</p>

# Professionalism

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<p><b>Billing Practices</b></p>	<p>Federal law and payer contracts require TCH to correctly identify the services performed, document medical necessity and meet, in most cases, other electronic transaction requirements. The submission of improper claims for payment subjects TCH to criminal and enormous financial penalties and exclusion for the Medicare and Medicaid Programs. Bills for hospital and physician services must be accurate. Standards for submission must meet Centers for Medicare and Medicaid Services (CMS) requirements regardless of payer mode of reimbursement. Payment requirements and options will be discussed with patient families. We make every effort to assure that our billing and collection practices meet the highest professional standards; any contractor acting on our behalf is held to the same professional standards for billing and collecting.</p> <p>All healthcare personnel who provide billing information and all staff who provide technical or clerical tasks in connection with charge generation, preparing and/or submitting bill or statements are required to become familiar with and abide by TCH billing policies and procedures. Ongoing training of updated federal/state regulations will be provided. Staff should seek advice from supervisors when in doubt of proper billing procedures.</p> <p>All staff must use best efforts to prevent errors and must report errors, improprieties or suspicious circumstances to their supervisor, Director of Patient Financial Services (PFS) and/or the CCP. Failure to report a suspected billing error or impropriety of any type may result in disciplinary action up to and including termination.</p>		<p>Q. A patient comes to the Emergency Department (ED) during the day for a possible ear infection. The patient has insurance that requires the condition to be serious before they should use the ED for care. I'm concerned that the insurance will not pay for the visit. Should we still see the patient?</p> <p>A. Yes. We must provide patients who seek treatment for emergency medical conditions with appropriate medical screening and stabilize all emergency conditions regardless of the patient's insurance requirements and/or his or her ability to pay (see links re: EMTALA).</p> <p>Q. I have knowledge that one of the billers/follow-up staff in my department is not complying with established billing guidelines. Should I report this to my supervisor or should I wait to see if the errors are discovered later?</p> <p>A. It is important that all billing guidelines be followed. The situation you observed may or may not be intentional. You should report this to your supervisor or the CCP who will research the problem and handle the issue appropriately.</p> <p>Q. I work in Patient Financial Services (PFS) and I have been receiving returned claims and patient calls concerning possible duplication of charges. This is occurring on a fairly regular basis, and I wonder if it is a systems error. What should I do?</p> <p>A. Alert your immediate supervisor or manager of the potential problem. S/he should contact the department(s) involved and alert the CCP.</p>
<p><b>Competition</b></p>	<p>Gathering information about competitors: It is not unusual to obtain public information about other organizations, including our competitors, through legal and ethical means such as public document, public presentations, journal and magazine articles and other published and spoken information. However, staff</p>		<p>Q. I have a friend who works at another hospital and we often get together and share stories about work. Is this wrong?</p> <p>A. Certain types of information would be inappropriate to discuss with someone working for a competitor. Discussions that would breach patient confidentiality or share TCH's proprietary information (prices,</p>

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	<p>should avoid seeking or receiving information about a competitor through other non-public means if they know or have reason to believe the information is proprietary or confidential. For example, a colleague should not 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. Staff should not seek information directly from a competitor that is not available from a public source. Competitors are not allowed to agree to set prices or reimbursement rates for any services provided. Any conversations that may be overheard by staff should be immediately reported to your supervisor or the Compliance Hotline.</p> <p>Laws relating to competition (anti-trust laws) must be followed. Our policy is to comply fully and completely with all federal and state anti-trust laws applicable to our operations. To avoid even the appearance of anti-competitive conduct, avoid any discussions of price or salaries with competitors or potential competitors, avoid discussion of "the market" with competitors, and never agree with a competitor to engage in a group boycott. Remember, there are no "off the record" conversations with competitors.</p>		<p>costs, terms, business policies and plans, etc.) must be avoided.</p> <p>Q. Can I call around to local hospitals and ask the prices they charge their customer to compare to ours?</p> <p>A. If the information you are gathering is published information for the purpose of having it available for other businesses to use, it is most likely public information and all right to do. If the information is not published for public use, it is not appropriate to call and obtain this information. It is best to call the CCP for clarification before collecting any information from or about potential competitors. The Chargemaster Analyst is the best person to contact if you are interested in assessing your department's fees.</p>
<b>Copyright Laws</b>	<p>Copyright laws are relevant to our workforce in two different ways:</p> <ul style="list-style-type: none"> <li>(1) <b>Copyright Infringement</b> occurs when you are in violation of copying an author's protected work without his or her permission.</li> <li>(2) <b>Copyright Protection</b> is needed when you want to protect/copyright your own work.</li> </ul> <p>Except as permitted by law, TCH staff will not reproduce or use any copyrighted materials without the express permission of the copyright holder, unless licensed under an agreement. TCH managers should post a "Copyright Restrictions" notice on or near every</p>		<p>Q. I found an article in a magazine that I think would be helpful to other people in my department. Can I make a copy of this and pass it out to staff?</p> <p>A. The "fair use" exception may permit you to make a copy of the article or publication for educational purposes. However, before making a copy of the article, it is a good idea to check the magazine for any statement regarding copyright permission. Most magazines include a phone number to call regarding photocopying. If you are still uncertain, call the CCP or TCH's legal counsel.</p>

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	<p>copier/copy machine in the organization. TCH's Department of Medical/Legal Affairs assists staff who create work which is meant for publication and copyright protection. Copyrights apply to such things as articles, photographs, books, movies, computer software and advertising. The Copy Center is not allowed by contract to reproduce any copyrighted materials. It is the responsibility of TCH to obtain permissions to reproduce copyrighted materials.</p>		
<b>Deficit Reduction Act (DRA)</b>	<p>The 2005 DRA was designed to reduce abuse of the Medicare/Medicaid programs. This law:</p> <ul style="list-style-type: none"> <li>• Requires education of the workforce, which addresses reporting procedures, penalties and the rights of whistleblowers for hospitals that receive more than \$5 million annually from Medicaid.</li> <li>• Requires education and policies on fraud and abuse.</li> <li>• Rewards states that pass false claims acts like the federal one.</li> <li>• Impacts Medicaid enrollment by requiring proof of citizenship.</li> <li>• Adds staff and funding to CMS for the Medicaid Integrity Program.</li> <li>• Makes certain elements of a compliance program a condition of payment under Medicaid for organizations receiving more than \$5 million annually from Medicaid.</li> </ul>		<p>Q: Does TCH need to train all contractors on the DRA?</p> <p>A: The DRA says that we need to provide our policies to contractors. We accomplish this by giving them copies of the <a href="#">Orientation and Training Handbook for Non-employees</a>. If you bring in non-employee staff, make sure you do this. It's part of our new <a href="#">PeopleConnect</a> process, which is summarized on this PlanetTCH webpage.</p>
<b>Expense Reporting</b>	<p>Expense reporting and other records keeping must be performed accurately and honestly. This includes accurate reporting on time worked, business expenses incurred, research test results, patient documentation, revenues and costs, and other business-related activities. All records are subject to audit. Dishonest reporting will not be tolerated.</p>		<p>Q. I routinely make trips to the Network of Care locations. I claim miles to and from for reimbursement. I have let everyone in my department know that this is the correct policy but don't remember what we can claim per mile.</p> <p>A. You can only claim mileage to and from other TCH campuses if you are traveling between the two locations. If you go to a NOC site and then leave for the day and go home, you can only claim mileage for the trip to the site, not the mileage home. Your travel from home to work and from work to home is not reimbursable. Look for the grid of average distances between our TCH sites which will save you time and calculations. TCH reimburses mileage at the established IRS rate.</p>
<b>Fraud and Abuse</b>	<p>TCH expects staff to refrain from conduct that may violate fraud and abuse laws. Such laws prohibit:</p> <ol style="list-style-type: none"> <li>1. Payments in exchange for referral of patients;</li> </ol>		<p>Q. I have knowledge of inaccurate billing procedures related to the use of codes in a nearby department. Though I don't work in this area, should I do anything about this?</p>

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	<p>2. Submitting false, fraudulent or misleading claims to the government or a third party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements; and</p> <p>3. Making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.</p> <p><b>FALSE CLAIMS ACT</b></p> <p>First, a reminder about understanding some important terms:</p> <ul style="list-style-type: none"> <li>• <u>Abuse</u>: the intentional, wrongful, or improper use of TCH or governmental resources that causes the loss or misuse of healthcare resources.</li> <li>• <u>Fraud</u>: when someone uses deception to get something that does not belong to them or when a claim is filed with the government (e.g., Medicaid) before confirming that it's correct.</li> <li>• <u>Waste</u>: the careless, or needless, spending of TCH or government money, or practices that result in the squandering of assets.</li> </ul> <p>The False Claims Act is one of the most important tools available to the federal government to deter fraudulent billing. It is used to discipline health care providers who knowingly submit false claims or <u>knowingly</u> make false statements to Medicare, Medicaid, or other federal health care programs.</p> <p>The Act provides for civil penalties of at least \$5,500 per claim up to \$11,000 per claim, plus three times the amount of damages, and potential exclusion from participation in Medicaid and other health care programs.</p> <p>The False Claims Act includes a qui tam (whistleblower) provision which allows a private person to bring a lawsuit in the name of the U.S. if he or she has personal</p>		<p>A. Federal and state laws prohibit the submission of false information to obtain payment for health care services. If you have reason to believe that procedures or diagnoses are being improperly coded, you should promptly report your suspicions to your supervisor, the CCP or the Compliance Hotline so the matter can be reviewed and corrective action taken.</p>

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	<p>knowledge of a false claim. The claim must be presented to the government, which has 60 days to decide whether to intervene and pursue the action. If the government declines to proceed, the individual may bring the action directly.</p>		
<p><b>Governmental Audits and Investigations</b></p>	<p>TCH periodically receives inquiries from government or other outside agencies regarding our organization's business. These inquiries may take the form of letters, telephone calls or personal contacts. It is TCH's policy to comply with all applicable laws and to cooperate with any reasonable and lawful requests for information from the authorities. However, in doing so, the legal rights of TCH, its staff and patients must be preserved and protected. Therefore, it is imperative that staff follow TCH procedures regarding inquiries and requests for information.</p> <p>In such circumstances, staff should not answer any question, submit to any interview, produce any information or hold any discussion or conversation with any government representative without prior consultation with the CCP.</p> <p>Contact your immediate supervisor, the Risk Manager or the CCP for guidance on responding to inquiries. In preparation for or during a survey or inspection, TCH colleagues must never conceal, destroy or alter any documents, lie, or make misleading statements to the agency representative. Colleagues also must never attempt to cause another colleague to fail to provide accurate information or abstract, mislead or delay the communication of information or records relating to a possible violation of law.</p>		<p>Q. What should I do if an FBI agent comes to my home and asks to talk to me about the activities of my department?</p> <p>A. You have the right to speak with a government investigator and TCH will not infringe upon this right. You should be aware that you also have the right to consult with an attorney before answering any questions and to have an attorney present during questioning.</p>
<p><b>Kickbacks</b></p>	<p>Kickbacks of any kind – cash, services, or facilities – are expressly forbidden under the anti-kickback provision of federal law. No TCH staff member is allowed to engage in any activity that could be construed as an improper referral or payment without prior review by appropriate hospital leaders and legal counsel.</p>		<p>Q. I was offered a \$500 gift certificate by a vendor to make sure that the vendor is selected to provide temporary staffing services the TCH. Am I permitted to accept that money?</p> <p>A. No. It is not acceptable for staff to accept or receive any money for purposes of influencing a decision. Report this to your director.</p>

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			<p>Q. What should I do if an appreciative parent approaches me wanting to make a donation?</p> <p>A. You should thank them and tell them to contact the TCH Foundation. If the parent insists on writing a check immediately, ask them to make it payable to The Children's Hospital Foundation. Thank them, accept the check, and inform them the check will be delivered to the Foundation immediately. Give the check to your supervisor to forward to the Foundation. <b>DO NOT ACCEPT CASH.</b></p>
<b>License and Certification Renewals</b>	<p>All individuals retained as staff or independent contractors in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and will comply at all times with Federal and State requirements applicable to their respective disciplines. To assure compliance, TCH may require evidence of the individual having a current license or certification. TCH will not allow any staff or independent contractor to work without a valid, current license or certification.</p>		<p>Q. I provided proof of my license at the time I was originally hired at TCH. Do I have any other responsibility for documentation?</p> <p>A. A copy of your license must be provided with each renewal to the appropriate staff of TCH, Medical Staff Affairs or the Nurse Credentialing Review Board. It is your responsibility to ensure your records at the hospital are current.</p>
<b>Sexual Harassment</b>	<p>Each TCH colleague has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace. Sexual harassment is prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. 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 at TCH. Colleagues who observe or experience any form of sexual harassment should report the incident to their supervisor, the Human Resources department, a member of management, the CCP or the Compliance Hotline. All staff should also be free from violence in the workplace. A separate section has been provided for the discussion of this topic.</p>		<p>Q. I have worked with some of the guys in my department for many years. They are always cutting up with me. As long as their statements do not threaten my job, then their statements are not sexual harassment, right?</p> <p>A. Sexual harassment technically occurs when one staff member uses sexual advances to control another person on the job. But you should not be subjected to any sexually based behavior that makes you uncomfortable or that you feel is inappropriate on the job. You should report the actions immediately to your supervisor.</p>

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<p><b>Smoking Substance Abuse</b></p>	<p><b>See Tobacco Use and Smoke-Free Campus Substance Abuse and Mental Acuity:</b>            To protect the interests of our colleagues and patients, we are committed to an alcohol and drug-free work environment. All colleagues must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in a colleague's system; or using, possessing, or selling illegal drugs while on TCH work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.</p> <p>It is also recognized that individuals may be taking prescription or over-the-counter drugs, which could impair judgment or other skills required in job performance. Colleagues with questions about the effect of such medication on their performance or who observe an individual who appears to be impaired in the performance of his or her job must immediately consult with their supervisor. We may use drug testing as a means of enforcing this policy. Individuals that may be taking prescription drugs, which could potentially impair their judgment or other requirements of their job, should notify their supervisor immediately.</p>		<p>Q. Does TCH conduct random drug testing?</p> <p>A. It has not been a TCH practice to conduct random drug testing. We test all new employees, and if they test positive for drugs they will not be offered a position, or if the position has been offered, it will not be honored. If a supervisor or manager has reason to suspect a staff member is taking illegal drugs or suspected to be under the influence of alcohol while at work or on TCH premise, that individual may be required to submit to an alcohol or drug test, searches, referral to the <a href="#">Employee Assistance Program</a> and/or disciplinary action. This is a condition of employment and failure to comply with these requests is grounds for corrective action, up to and including job termination.</p> <p>Q. I work on an inpatient unit and I have seen a certain person taking medications that were intended for patients. I believe the medications may have been narcotics because I have seen the same person doing this more than once. I am afraid of reporting this because the person will know who has reported it. Do you have any advice?</p> <p>A. The person who is taking medications intended for patients must be reported. TCH does not tolerate this behavior and if the staff member has a drug problem, we can assist in seeking help. We owe it to our patients to always provide the best possible care. This can't be guaranteed if staff aren't reporting violations. If you have any concerns about reporting through normal channels you should consider calling the Compliance Hotline.</p>
<p><b>Tobacco Use and Smoke-Free Campus</b></p>	<p>Smoking is prohibited in or on all TCH properties including grounds, parking lots/structures, ramps, vehicles, and sidewalks within property boundaries.</p> <p>Staff are expected to be free from the smell of smoke.</p> <p>Staff are encouraged to communicate this policy with courtesy in regards to patients, families, and co-workers.</p> <p>Staff found to be in violation of this policy will be subject to disciplinary action, up to and including termination of employment/working relationship.</p>		
<p><b>Zero Tolerance</b></p>	<p>Violations of the law, TCH policies, and the principles of</p>		<p>Q. Isn't there a three strikes rule for the hospital?</p>

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	our Code of Conduct will not be excused or tolerated for any reason. Further, we will cooperate with any reasonable requests for information from federal, state, and local governments relating to possible violations of laws.		A. There is a zero tolerance for most offenses at the hospital, particularly for those activities recognized as crimes against persons or society.

# Ownership

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<b>Accountability</b>	All TCH staff (Affiliates; Board Members; Business and Clinical Contractors; Employees; Medical Staff and Privileged Allied Health; Remote Users; Trainees; and Volunteers) are obligated to follow the Code of Conduct and will be held accountable for their actions.		<p>Q. How do we get students and other non-employees to act like we do with the patients, when they are not employees of TCH?</p> <p>A. All students and other non-employees of the hospital must follow TCH policies and procedures while working here. Many professional groups also have their own code of ethics that they are required to follow, which provides guidance and suggestions on the expected behavior when working at TCH.</p> <p>Q. There are so many changes in regulations and laws. How can I be sure that my department knows about the changes and is in compliance with all of these laws?</p> <p>A. While the number of changes in the law seems intimidating, we cannot waiver in our responsibility to understand and obey them. It is the responsibility of every department supervisor/staff owner to assure that all of their staff know, understand and follow relevant laws and regulations. It is the responsibility of each staff member to attend any meetings and read any materials provided about complying with laws and to comply with them. If you have any questions concerning a law or regulation or whether it applies to you, you should talk with your supervisor and/or contact the Corporate Compliance Program (CCP).</p>
<b>Records Retention and Destruction</b>	<p><b>Financial Records</b> According to federal and state law, TCH is required to create and maintain accurate records. Financial records should be maintained in accordance with generally accepted accounting principles. An effective system of internal controls must be maintained to assure that TCH's records and accounts accurately, honestly, and fairly reflect the hospital's transactions in all material respects and promote the safeguarding of assets. Many hospital policies have been written and apply to all staff addressing accurate reporting of revenues and costs, patient billing, time worked, test or lab results and any other business-related activity. No false or misleading statement entries may be made in the records of our system.</p> <p><b>Patient Records</b> Medical records must adhere to all TCH policies for maintenance and accuracy. Documentation and</p>		<p>Q. I am a new manager here at TCH. I moved into the office of the previous manager who had left all her files intact. I would like to reorganize, but I don't want to throw anything away. How do I know what can be thrown away?</p> <p>A. Refer to the "Records Retention" policy located in the Administrative Policy and Procedure Manual. This policy explains which records and documents need to be stored and which can be destroyed. Located in this policy is a Records Retention Schedule that specifies the length of time certain documents must be stored. If you still have questions pertaining to certain records or documents you can call the Corporate Compliance Department.</p> <p>Q. I have noticed locked receptacles for paper in my department. What documents should be placed in these containers?</p> <p>A. When the time comes for disposal of sensitive material, it should be placed in these locked containers for shredding of the information. .</p>

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	<p>maintenance of medical records are outlined in several online policies on PlanetTCH's Policy and Procedure Manuals. Also many rules and regulations regarding medical records can be found in the Medical Staff Bylaws, and Policies and Procedures. It is crucial for anyone having clinical responsibility that requires documentation in the medical record to be aware of the correct procedures- both from an accuracy standpoint and a legal one. Refer to these policies to ensure correct procedures are being used at all times.</p> <p><b>All Records</b></p> <p>In order to maintain the confidentiality and integrity of patient and confidential information, such information should be sent through the Internet only in accordance with information security policies and standards, which require, among other things, that the individual and/or entity be validated and the information be encrypted. We exercise due care and due diligence in maintaining the confidentiality, availability and integrity of business information is generated and contained within our computer systems, it is essential that all TCH staff protect our computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to our information security policies and guidance.</p> <p>TCH is required by law to maintain certain types of medical business records for specified periods of time. Failure to do so could subject TCH to penalties and fines, cause the loss of rights, obstruct justice, and place TCH in contempt of court or put TCH at a serious disadvantage in litigation. TCH has established controls to assure retention for required periods and timely destruction of retrievable records, such as hard copies and records on computers, electronic systems, microfiche and microfilm. You are expected to comply fully with the records retention and destruction schedule for the department in which you work. If you believe the documents should be saved beyond the applicable retention period, consult your supervisor. It is critical</p>		<p>Q. I have a new document that is not listed on the record retention form. How do I get it added?</p> <p>A. Contact the Corporate Compliance Program to request the addition of information created after the implementation of the records retention policy.</p>

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	<p>the hospital's records be accurately completed and maintained consistent with proper business practices. Hospital records serve as a basis for treatment decisions for its patients as compilation of goods and services rendered for billing purposes and as documentation of historical courses of treatment. Each of these functions serves an indispensable role in enabling the hospital to fulfill its obligations to its patients, the medical and nursing staff, and the various payers. The proper creation of accurate and complete records is a duty of all TCH staff.</p>		

# Teamwork

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Topic	Discussion	Links to Policies, Websites, and other References	Q&A's <i>(These have been created for training and do not reflect actual situations at TCH.)</i>
<p><b>Ethics and Integrity</b></p>	<p>Ethics means doing the right thing. An important part of ethics is recognizing when there are violations of regulations and reporting them to the appropriate individual. While you may not be able to correct the situation, you do have a responsibility to inform. Ethics education is an important component of our CCP.</p> <ol style="list-style-type: none"> <li>All patients/families, staff, and visitors will be treated with dignity, respect, and courtesy. TCH will consistently strive to adhere to these principles and expand on them through the development of additional policy statements addressing: <ul style="list-style-type: none"> <li>Fairly and accurately representing ourselves and our capabilities to the public.</li> <li>Providing services to meet the needs of our patients and avoiding the provision of unnecessary or non-efficacious services.</li> <li>Adhering to a uniform standard of care to the fullest extent possible.</li> </ul> </li> <li>It is the responsibility of TCH Board of Directors and staff to act consistently with TCH's mission, vision and supporting policies.</li> <li>In providing patient services, TCH will follow standards of care based upon the needs of the patient.</li> <li>TCH will provide services to those patients needing emergency care, for whom we can safely care, and/or for whom we can arrange transport to a facility where needed care can be provided.</li> <li>TCH will strive to provide quality care in all settings in which that care is provided.</li> </ol>	<p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>Q. How do I know if I am on ethical "thin ice"?</p> <p>A. 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 are rationalizing your activities (such as the belief that "everyone does it"), you are probably on ethical "thin ice". Stop, step back, consider what you are doing, get advice, and modify your conduct accordingly.</p> <p>Q. What does the Colorado Code of Ethics for Healthcare address?</p> <p>A. TCH incorporates the Colorado Code of Ethics for Healthcare in each of the principles below. TCH's overall commitment is to act with integrity in all our activities and to treat our employees, staff, and the community we serve with respect.</p> <p>Click on the bookmarks to how we address these at TCH.</p> <ol style="list-style-type: none"> <li><a href="#">Improving the Health of the Public</a></li> <li><a href="#">Using Resources Appropriately</a></li> <li><a href="#">Promoting Fair, Equal and Just Treatment</a></li> <li><a href="#">Advancing the Exchange of Information, Education and Shared Decision Making</a></li> <li><a href="#">Protecting Privacy and Confidentiality</a></li> <li><a href="#">Achieving Ethical Behavior and Accountability</a></li> <li><a href="#">Marketing</a></li> <li><a href="#">Vendor Relationships</a></li> </ol>
<p><b>Non-discrimination</b></p>	<p><b>Promoting Fair, Equal, and Just Treatment</b> We are committed to providing an equal employment opportunity environment where everyone is treated with dignity and respect. We will comply with all laws and regulations related to non-discrimination in all of our</p>		<p>Q. We have a Hispanic staff person in our department who recently applied for an open supervisory position. A person from outside the hospital with a higher degree and more experience was chosen for the job but there is still talk in the department. Should I report this to my supervisor?</p>

# Teamwork

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	<p>personnel actions including, but not limited to, recruitment, hiring, training, advertising, promotions, transfers, disciplinary actions, demotions, termination, compensation, and benefits. No one shall discriminate against any individual based on race, color, national origin, ancestry, sex, creed, religion, disability (mental and physical), marital status, or sexual orientation.</p>	<p>Colorado Code of Ethics for Healthcare: A Guide for Consumers, Patients, Providers, Physicians, Practitioners, Purchasers, Employers, and Health Plans (1998).</p>	<p>A. Yes. Diversity training includes understanding how decisions are made.</p>
<b>Non-Retaliation</b>	<p>Fear of retaliation may sometimes cause a person to hesitate and not report activities that s/he should. TCH has a policy of "non-retaliation" -- there will be no retaliation or corrective action against any TCH staff who reports in good faith a suspected violation. An issue may be reported to management, Human Resources, the CCP or the Compliance Hotline.</p> <p>Anyone who deliberately makes a false accusation with the purpose of harming or retaliating against another employee will be subject to corrective action. Staff may report incidences of suspected non-compliance anonymously.</p>		<p>Q. My supervisor directed me to do something that I believe is against TCH's policy and, perhaps the law. I don't want to do something improper, but I'm afraid if I don't do as I'm told, I may lose my job. What should I do?</p> <p>A. Do not risk your job or the organization's future by taking part in an improper activity. Consider discussing the request with your supervisor to be sure you understand the facts and that s/he is aware of your concern. If you cannot comfortably discuss the situation with your supervisor or cannot resolve your concern at this level, approach a more senior manager. Other resources who may be used are staff in the Compliance Office, Human Resources and Risk Management. The confidential Compliance Hotline is another alternative that may be used.</p>
<b>Violence in the Workplace</b>	<p><b>Harassment and Workplace Violence:</b> Each TCH staff has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace. Workplace violence includes robbery and other commercial crimes, stalking, violence employer terrorism and hate crimes committed by current or former colleagues.</p> <p>Staff should report to their supervisor(s) and to the Security department any violent behavior by any person. In addition, staff should make their supervisor or manager and Security aware of any potential violence that may be the results of off-premise activities. Prompt and remedial action, up to and including</p>		<p>Q. I work on an inpatient unit and the father of one of my patients has been using abusive language with me the past two nights. I don't feel like I should have to tolerate that, but how can I say anything since good customer service is so important?</p> <p>A. You're right, good customer service should be foremost in all of our minds. However no one should have to tolerate abusive language from our customers. If you feel uncomfortable saying anything to the parent in this situation, you may let your supervisor know and he/she will handle this situation.</p> <p>If you choose you may address this with the parent following these guidelines. If this has been the first instance of abusive language, let the parent know that his language is offensive to you, and politely ask him to speak to you in a more respectful manner.</p> <p>If the parent has already used abusive language with you more than once, you need to be very careful about speaking with that parent</p>

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	immediate termination, will be taken against any staff who engages in any aggressive or physically intimidating or threatening behavior or acts of violence, or who uses any obscene, abusive or threatening language or gestures. Sexual harassment is another form of violence in the workplace. A separate section has been provided for the discussion of this topic.		alone. You should get help from the charge nurse or the administrative supervisor in handling the situation, especially if you have to defuse any anger. Be alert while speaking to him, since the potential for violence is there. In any case, make sure you inform your supervisor about any interaction such as this.