

# Code of Conduct

Leading  
Health Care



*OU Medical Center | The Children's Hospital | OU Medical Center Edmond | Breast Health Network*



## Dear OU Medicine Colleague,

This booklet contains the heart of who we are – an organization with a comprehensive, values-based ethics and compliance program that guides how we conduct ourselves at work every day. It rests on our mission and values and supports our tradition of leading health care – for our patients, our communities and our colleagues.

Through our combined efforts, this Code of Conduct will provide guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture that guide our actions. It also contains resources to help resolve any questions about appropriate conduct in the workplace. Please review it thoroughly. Adhering to its spirit, as well as its specific provisions, is important to our future.

If you have questions regarding this Code or encounter any situation that you believe violates provisions of this Code, talk to your supervisor, manager, director, the Human Resources Department or call the Ethics Hotline (1-833-875-7677). You have my personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

No Code of Conduct can substitute for each person's own internal sense of fairness, honesty and integrity. If you're ever in a situation or are considering a course of action that does not feel right, please discuss it with any of the resources mentioned above.

I want this organization to be a community of shared values, and expect all of our actions to reflect the high standards in this Code of Conduct. I ask for your assistance in supporting the values and principles that are critical to leading health care.

Sincerely,

**Charles L. Spicer, Jr., FACHE**  
President and Chief Executive Officer  
OU Medicine

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This Code of Conduct is effective February 1, 2018.

## OU Medicine Mission

- Leading health care – In patient care, education and research.
- Through our combined efforts, we strive to improve the lives of all people.

## OU Medicine Vision

- To be the premier health system for advancing medical care, education and research in the state and to be among the leaders nationally.



## Purpose of Our Code of Conduct

Our Code of Conduct provides guidance to all OU Medicine colleagues and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, third-party payers, subcontractors, independent contractors, vendors, consultants, and one another.

The Code is a critical component of our overall Ethics and Compliance Program. We have developed the Code to ensure we meet our ethical standards and comply with applicable laws and regulations.

The Code is intended to be comprehensive and easily understood. In some instances, the Code deals fully with the subject covered. In many cases, however, the subject requires additional guidance for those directly involved with the particular area to have sufficient direction.

The standards set forth in the Code apply to all OU Medicine facilities and employees. The standards are mandatory and must be followed.



## Code of Ethics for Senior Financial Officers & the Chief Executive Officer

Under the Sarbanes-Oxley Act of 2002, the company is required to disclose whether it has adopted a written Code of Ethics for its senior financial officers and Chief Executive Officer (CEO). Any amendments to, or implicit or explicit waiver of, the Code of Ethics for senior financial officers and the CEO must be disclosed to the Senior VP of Ethics and Compliance and the Audit and Compliance Committee of the Board of Directors, as appropriate. “Senior financial officers” include, but are not limited to Chief Financial Officer (CFO) and controllers, and officers with financial accounting and reporting responsibilities, including the Executive Vice President and CFO. The Code must be reasonably designed to deter wrongdoing and to promote: honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; full, fair, accurate, timely and understandable public communications by the company; compliance with applicable governmental laws, rules and regulations; prompt internal reporting of violations of the Code; and accountability for adherence to the Code.

The CEO and all senior financial officers are bound by all provisions of this Code of Conduct and particularly those provisions relating to ethical conduct, conflicts of interest, compliance with law, and internal reporting of violations of the Code. The CEO and all senior financial officers also have responsibility for full, fair, accurate, timely and understandable disclosure in the periodic reports and submissions filed by the company as well as in other public communications made by the company (“public communications”). Accordingly, it is the responsibility of the CEO and each senior financial officer to promptly bring any information of which he or she may become aware, that materially affects the disclosures made by the

company in its public communications, to the attention of the internal working group responsible for review of company reports.

The CEO and each senior financial officer also shall bring promptly forward any information he or she may have concerning significant deficiencies in the design or operation of internal controls which could adversely affect the company’s ability to record, process, summarize and report financial data; or any fraud, whether or not material, that involves management or other employees who have a significant role in the company’s financial reporting, disclosures or internal controls.

The Senior VP of Ethics and Compliance will work in consultation with the Chairman of the Audit and Compliance Committee to determine appropriate actions to be taken in the event of violations of the Code by the CEO and/or the company’s senior financial officers. Such actions shall be reasonably designed to deter wrongdoing and to promote accountability for adherence to the Code. In determining what action is appropriate in a particular case, the Senior VP of Ethics and Compliance shall take into account all relevant information, including the nature and severity of the violation, whether the violation was a single occurrence or repeated occurrences, whether the violation appears to have been intentional or inadvertent, whether the individual in question had been advised prior to the violation as to the proper course of action and whether or not the individual in question had committed other violations in the past. The Senior VP of Ethics and Compliance must report periodically any actions taken pursuant to this paragraph to the Audit and Compliance Committee of the Board of Directors.



## Leadership Responsibilities

While all OU Medicine colleagues are obligated to follow our Code, we expect our leaders to set the example and to be in every respect a model.

We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful, and respectful. We expect each supervisor to create an environment where all team members are encouraged to raise concerns and propose ideas.

We also expect that they will ensure those on their team have sufficient information to comply with laws, regulations, and policies, as well as the resources to resolve ethical dilemmas. They must help to create a culture within OU Medicine that promotes the highest standards of ethics and compliance. This culture must 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.

Specific guidance for leaders throughout the organization regarding their responsibilities under our Ethics and Compliance Program is included in a supplement to this Code. Leaders at all levels of the organization should use that guidance to effectively incorporate ethics and compliance into all aspects of our organization.

In addition, all leaders should be mindful that OU Medicine supports and utilizes various training mechanisms to ensure that our supervisors have excellent managerial skills. These training tools are coordinated by the Human Resources Department. The foundational

principles in such tools reflect the basic concepts of our Ethics and Compliance Program. The Ethics and Compliance Program, together with our leadership training efforts, encourages what we refer to as “principled leadership.” Such leadership assumes that those in our organization will lead by example, will confront problems directly and candidly, will be inclusive in making decisions as to who should participate in the decision-making process, will try to give the maximum responsibility to those who work with them, and will emphasize effective team-building. In addition to these fundamental approaches to principled leadership, we expect those in our organization to understand and care about their colleagues at work. Though OU Medicine is a large organization, its work is accomplished each day, for the most part, in small team settings. This encourages all leaders to try to ensure that the talents of each team member are utilized to the maximum extent possible and that we give careful attention to the professional development of all of those within OU Medicine.





## Our Fundamental Commitment to Stakeholders\*

### We affirm the following commitments:

**To our patients:** We are committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective.

**To our OU Medicine colleagues:** We are committed to a work setting which treats all colleagues with fairness, dignity, and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.

**To our affiliated physicians:** We are committed to providing a work environment that has excellent facilities, modern equipment, and outstanding professional support.

**To our third-party payers:** We are committed to dealing with our third-party payers in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for quality health care and bringing efficiency and cost effectiveness to health care. We encourage our private third-party payers to adopt their own set of comparable ethical principles to explicitly recognize their obligations to patients as well as the need for fairness in dealing with providers.

**To our regulators:** We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into our culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

**To our joint venture partners:** We are committed to fully performing our responsibilities to manage our jointly owned facilities in a manner that reflects the mission and values of each of our organizations.

**To the communities we serve:** We are committed to understanding the particular needs of the communities we serve and providing these communities quality, cost-effective health care. We realize as an organization that we have a responsibility to help those in need. We proudly support charitable contributions and events in the communities we serve in an effort to promote good will and further good causes.

**To our suppliers:** We are committed to fair competition among prospective suppliers and the sense of responsibility required of a good customer. We encourage our suppliers to adopt their own set of comparable ethical principles.

**To our volunteers:** The concept of voluntary assistance to the needs of patients and their families is an integral part of the fabric of health care. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

\*The term "stakeholder" refers to those groups of individuals to whom an institution sees itself as having obligations.

## Quality of Care and Patient Safety

Our mission is to provide high quality, cost-effective health care to all of our patients. To that end, we are committed to the delivery of safe, effective, efficient, compassionate and satisfying patient care. We treat all patients with warmth, respect, and dignity and provide care that is both necessary and appropriate. OU Medicine has a comprehensive program to promote the quality objectives of the organization. In promoting a high quality of care, our facilities are focused on the attentiveness and dedication of service to patients; the utilization of evolving technology to ensure quality and patient safety and to create an overall culture that makes patient safety paramount; a comprehensive and effective approach to handling the issues of credentialing and privileging of members of the medical staff; and the creation of effective peer review mechanisms within the medical staff. As a general principle, OU Medicine aspires to a standard of excellence for all caregivers within its facilities, including the entire facility team.

There are increasingly numerous measures that relate in some way to the quality of patient care. These include, for example, the Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS), the standards and surveys of The Joint Commission, the consensus

measures of the National Quality Forum, and the principles of the Leapfrog Group for Patient Safety. OU Medicine is attentive to all of these standards and seeks to establish systems that reflect the best practices required or implied by these various standard-setting efforts.

This commitment to quality of care and patient safety is an obligation of every OU Medicine colleague. Accordingly, it is a fundamental principle of being part of OU Medicine that each person dedicates himself or herself to achieving the goals described here. In addition, in any circumstance where an OU Medicine colleague has a question about whether the quality or patient safety commitments set forth herein are being fully met, that individual is obligated to raise this concern through appropriate channels until it is satisfactorily addressed and resolved. Such channels include those established at the facility, and if necessary, beyond the facility, including the Ethics Hotline. In addition to resources at the facility and the Ethics Hotline, OU Medicine colleagues are provided resources and guidance as to how to solicit intervention or review by external quality partners including The Joint Commission, state survey agencies or state quality improvement organizations.



# Patient Rights

We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, color, religion, sex, sexual orientation, gender identity, or national origin. We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our caregivers with the knowledge and resources to respect each patient's cultural needs.

Our facilities respect the patient's right to and need for effective communication. We strive to ensure that patients and/or their representatives have the information necessary to exercise their rights.

Each patient is provided with a written statement of patient rights and a notice of privacy practices. Whenever possible, this notice of patient rights is provided before furnishing or discontinuing care in a language or manner that the patient (or patient's representative) can understand. These statements include the rights of a patient to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making, visitation rights of the patient or their support persons including, the patient's right to consent to receive visitors and the right to withdraw or deny visitor consent at any time, and a patient's rights related to his or her health information maintained by the facility. Such statements conform to all applicable state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (hereinafter referred to as HIPAA).

We seek to involve patients in all aspects of their care, including giving consent for treatment and making health care decisions, which may include managing pain effectively, foregoing or withdrawing treatment, and, as appropriate, care at the end of life. The hospital addresses the wishes of the patient relating to end of life decisions. As applicable, each patient or patient representative is provided with a clear explanation of care including, but not limited to, diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation and procurement, and an explanation of the risks, benefits, and

alternatives associated with available treatment options. Patients have the right to request transfers to other facilities. In such cases, the patient is given an explanation of the benefits, risks, and alternatives of the transfer.

Patients have the right to refuse care, treatment, and services in accordance with the law and regulations. Facilities are expected to take reasonable steps to determine the patient's wishes concerning designation of a representative to exercise the patient's rights. The explicit designation of a representative takes precedence over any non-designated relationship. Patients are provided information regarding their right to make advance directives regarding treatment decisions, financial considerations and the designation of surrogate health care decision-makers. Patient advance directives are honored within the limits of the law and our organization's mission, philosophy, values, and capabilities.

In the promotion and protection of each patient's rights, each patient and his or her representatives are accorded appropriate confidentiality, privacy, security, advocacy and protective services, opportunity for resolution of complaints, and pastoral care or spiritual care. Patients have the right to an environment that preserves dignity and contributes to positive self-image.





Visitation plays an important role in the care of patients, and OU Medicine facilities have written policies and procedures to ensure the visitor experience is a positive one for those in our care. If there are clinical reasons to limit or restrict visitation, our staff will explain those circumstances to the parties involved, and also will inform patients of their rights to consent to visitors or to limit contact while they are in our care. The well-being of our patient is at the center of our care model, and the same standards are applied regardless of race, color, national origin, sex, gender identity, sexual orientation, disability or religion.

Patients are treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights, and involvement in their own care. OU Medicine facilities maintain processes to support patient rights in a collaborative manner which involves the facility leaders and others. These structures are based on policies and procedures, which make up the framework addressing both patient care and organizational ethics issues. These structures include informing each patient or, when appropriate, the patient's representative of the patient's rights in advance of furnishing or discontinuing care. The patient or patient's representative has the right to participate in the development and implementation of their plan of care. Patients receive information about

the person(s) responsible for their care, treatment and services. Patients and, when appropriate, their families are informed about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes. Patients are also involved as clinically appropriate in resolving dilemmas about care decisions. The patient's rights include being able to request or refuse treatment. This is not to be construed as a mechanism to demand treatment or services deemed medically unnecessary or inappropriate.

Facilities maintain processes for prompt resolution of patient grievances that include informing patients of whom to contact regarding grievances and informing patients regarding the grievance resolution. The hospital addresses the resolution of complaints from patients and their families.

OU Medicine facilities maintain an ongoing, proactive patient safety effort for the identification of risk to patient safety and the prevention, reporting and reduction of health care errors. OU Medicine colleagues receive training about patient rights in order to clearly understand their role in supporting them. Patients have the right to formulate advance directives and to have facility staff and practitioners who provide care in the facility comply with these directives.



Subject only to emergency exceptions, patients can expect their privacy will be protected and patient-specific information will be released only to persons authorized by law or by the patient's written authorization.

## Patient Information

We collect information about the patient's medical condition, history, medication, and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. Consistent with HIPAA, we do not use, disclose or discuss patient-specific information, including patient financial information, with others unless it is necessary to serve the patient or required by law.

OU Medicine colleagues must never use or disclose confidential information that violates the privacy rights of our patients. In accordance with our information privacy and security policies and procedures, which reflect HIPAA requirements, no OU Medicine colleague, affiliated physician, or other health care partner has a right to any patient information other than that necessary to perform his or her job.

## Emergency Treatment

We follow the Emergency Medical Treatment and Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

Patients with emergency medical conditions are only transferred to another facility at the patient's request or if the patient's medical needs cannot be met at an OU Medicine facility (e.g., we do not have the capacity or capability) and appropriate care is knowingly available at another facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Patients have the right to have a family member or representative of their choice and their own physician notified promptly of admission to a hospital.



## Physicians

OU Medicine facilities reflect a collaboration between those who are part of OU Medicine and those who have been credentialed and privileged to practice in OU Medicine facilities. As in any collaboration, each party has important roles and responsibilities. OU Medicine is committed to providing a work environment for physicians and other privileged practitioners who practice in our facilities that is excellent in all respects. We know that historically members of our medical staffs have interacted with those who work in our hospitals in a respectful and supportive way.

We appreciate this and know that we can expect it to continue. We encourage members of our medical staff to be familiar with this Code of Conduct. There are many portions of this Code of Conduct that pertain to ethical or legal obligations of physicians in hospitals, and this document is likely to be a helpful summary of those obligations for our medical staff members.

## Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that those colleagues who interact with physicians, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations, and policies that address relationships between facilities and physicians.

If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any arrangement with a physician must be structured to



ensure compliance with legal requirements, our policies and procedures and with any operational guidance that has been issued. Most arrangements must be in writing and approved by the Legal Department. Failure to meet all requirements of these laws and regulations can result in serious consequences for a facility.

Keeping in mind that it is essential to be familiar with the laws, regulations, and policies that govern our interactions with physicians, two overarching principles govern our interactions with physicians:

**We do not pay for referrals.** We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone – colleagues, physicians, or other persons or entities – for referral of patients.

**We do not accept payments for referrals we make.** No OU Medicine colleague or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for

the referral of patients. Similarly, when making patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

## Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources

Any entertainment, gift or token of appreciation involving physicians or other persons who are in a position to refer patients to our health care facilities must be undertaken in accordance with OU Medicine policies, which have been developed consistent with federal laws, regulations, and rules regarding these practices. OU Medicine colleagues must consult company policies prior to extending any business courtesy or token of appreciation to a potential referral source.



## Legal and Regulatory Compliance

OU Medicine provides varied health care services. These services are provided pursuant to appropriate federal, state, and local laws and regulations, and the conditions of participation for federal health care programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records and confidentiality, patients' rights, clinical research, end-of-life care decision-making, medical staff membership and clinical privileges, practice of medicine restrictions, and Medicare and Medicaid program requirements. The organization is subject to numerous other laws in addition to these health care laws, regulations, and the conditions of participation.

We have developed policies and procedures to address many legal, accreditation, certification and regulatory requirements. However, it is impractical to develop policies and procedures that encompass the full body of applicable law, standards, conditions and regulation. Obviously, those laws, standards, conditions and regulations not covered in organization policies and procedures must be followed. There is a range of expertise within the organization,

including operational leaders and numerous functional experts, who should be consulted for advice concerning human resources, legal, regulatory, standards and the conditions of participation requirements.

Anyone aware of violations or suspected violations of laws, regulations, standards and the conditions of participation, or company policies and procedures must report them immediately to a supervisor, manager, director, Human Resources Department, the Ethics Hotline, or the Ethics and Compliance Officer (ECO).

## Accreditation and Surveys

In preparation for, during, and after surveys, OU Medicine colleagues must communicate with all accrediting and external agency survey bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting or external agency survey bodies that would mislead the accrediting or external agency survey teams, either directly or indirectly.

The scope of matters related to accreditation or external agency survey is extremely significant and broader than the scope of this Code of Conduct. The purpose of our Code

of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies and external agency survey entities may address issues of both wide and somewhat more focused interest.

From time-to-time, government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information. In preparation for or during a survey or inspection, OU Medicine 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 obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

Anyone aware of violations, suspected violations, or untruthful or inaccurate representations/responses to survey agencies must report them immediately through the chain of command or to the OU Medicine Ethics and Compliance Officer.

## Business and Financial Information

### Accuracy, Retention, and Disposal of Documents and Records

Each OU Medicine colleague is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny governmental authorities that which may be relevant to a government investigation.

Medical and business documents and records are retained in accordance with the law and our record retention

policy, which includes comprehensive retention schedules. Medical and business documents include paper documents such as letters and memos, computer-based information such as email or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. OU Medicine colleagues must not tamper with records. No one may remove or destroy records prior to the specified date without first obtaining permission as outlined in the company records management policy. Finally, under no circumstances may an OU Medicine colleague use patient, colleague or any other individual's or entity's information to personally benefit.





## Coding and Billing for Services

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. These policies, procedures, and systems conform to pertinent federal and state laws and regulations, including using the required ICD-10 coding system as of October 1, 2014. We prohibit any colleague or agent of OU Medicine from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious, or fraudulent.

In support of accurate billing, medical records must provide reliable documentation of the services we render. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record.

Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner.

Any subcontractors engaged to perform billing or coding services are expected to have the necessary skills, quality control processes, systems, and appropriate procedures

to ensure all billings for government and commercial insurance programs are accurate and complete. OU Medicine expects such entities to have their own ethics and compliance programs and code of conduct. In addition, third-party billing entities, contractors, and preferred vendors under contract consideration must be approved consistent with OU Medicine's policy on this subject.

## Confidential Information

The term "confidential information" refers to proprietary information about our organization's strategies and operations as well as patient information and third party information. Improper use or disclosure of confidential information could violate legal and ethical obligations. OU Medicine colleagues may use confidential information only to perform their job responsibilities and shall not share such information with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship, provided disclosure is not prohibited by law or regulation.

Confidential information, also referred to as "sensitive information," covers virtually anything related to OU Medicine's operations that is not publicly known, such as personnel data maintained by the organization; patient lists and clinical information, including individually identifiable patient information and clinical quality data; patient financial information, including credit card data and social security numbers; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; details regarding federal, state, and local tax examinations of the organization or its joint venture partners; proprietary information from a research sponsor or the data generated from the research; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software. Sensitive data may also include photos and videos.

Due diligence is required to maintain the confidentiality, availability and integrity of information assets the company owns or of which it is the custodian. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each OU Medicine colleague 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 standards.

OU Medicine colleagues must protect sensitive information when it is emailed outside the company or otherwise stored, posted, or sent through the internet; stored on portable devices such as laptops, tablets, and mobile phones; or transferred to removable media such as CD or USB drive. These policies and standards require, among other things, that the individual and/or entity be validated and the information be encrypted. OU Medicine colleagues must be extremely careful in the use of social media, taking care to not disclose patient or other sensitive information whether at work or at home, and using company or personal systems.

Any OU Medicine colleague who knows or suspects confidential information to have been compromised must report the potential security breach to the ECO, Facility Privacy Officer (FPO), or Facility Information Security Official (FISO).

If an individual's employment or contractual relationship with OU Medicine ends for any reason, the individual is still bound to maintain the confidentiality of information viewed, received or used during the employment or contractual business relationship with OU Medicine. This provision does not restrict the right of a colleague to

disclose, if he or she wishes, information about his or her own compensation, benefits, or terms and conditions of employment. Copies of confidential information in an employee's or contractor's possession shall be left with OU Medicine at the end of the employment or contractual relationship.

## Cost Reports

We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

Several OU Medicine policies address cost report compliance and articulate our commitment to: maintain and distribute a reimbursement manual to reimbursement department personnel that includes departmental policies and procedures; provide effective and timely education and training programs for reimbursement department personnel regarding federal and state laws, regulations and guidelines; maintain a standardized workpaper package to provide consistency in the preparation, organization, presentation, and review of cost reports; apply a uniform

cost report review process; identify and exclude non-allowable costs; adhere to documentation standards; and use transmittal letters to report protested items and make other appropriate disclosures. Also, we submit our cost report process to internal audits and maintain a peer review process.

All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated with our Reimbursement Department.

## Electronic Media

All communications systems, including but not limited to computers, electronic mail, intranet, internet access, company-provided telephones, and voice mail, are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and standards. Limited reasonable personal use of OU Medicine communications systems is permitted; however, users should assume these communications are not private. Users of computer and facility telephonic systems should presume no expectation of privacy in anything they create, store,

send, or receive on the computer and telephonic systems, and the company reserves the right to monitor and/or access communications usage and content consistent with company policies and procedures.

Colleagues may not use company devices or company-provided communication channels or access the internet or social media to knowingly, recklessly, or maliciously view, post, store, transmit, download, or distribute any threatening materials; false materials; obscene materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Also, these channels of communication may not be used to send chain letters, personal broadcast messages, photos or videos, or copyrighted documents that are not authorized for reproduction.

Colleagues who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Colleagues shall comply with OU Medicine' information security policies and standards governing the use of information systems. Individuals may only use user IDs



assigned to them individually and are not permitted to share or disclose any user account that is used to access OU Medicine systems or information. Colleagues shall never use tools or techniques to break or exploit OU Medicine information security measures or those used by other companies or individuals.

## Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining, and reporting financial information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, colleagues, suppliers, and others. It is also necessary for compliance with tax and financial reporting requirements.

We are required to maintain books and records of our activities consistent with applicable legal requirements, which in reasonable detail accurately and fairly reflect our transactions and disposition of assets. OU Medicine maintains a system of internal controls designed to provide reasonable assurance that all transactions are executed in accordance with management's authorization and are recorded as necessary to permit preparation of financial statements in conformity with generally accepted accounting principles (GAAP). Our consolidated financial statements are certified by our officers as fairly presenting in all material respects our financial condition, results of operations and cash flows in accordance with GAAP rules and regulations. Financial information used for general business purposes, including estimates, projections, or general financial reports, must be sufficiently reliable and complete to fairly and reasonably serve the purposes for which the information is compiled and presented.

We diligently seek to comply with all applicable auditing, accounting and financial disclosure laws, including but not limited to the Sarbanes-Oxley Act of 2002. Senior financial officers receive training and guidance regarding auditing, accounting and financial disclosure relevant to their job responsibilities. They are also provided the opportunity to discuss issues of concern with the Board of Directors' Audit and Compliance Committee. Anyone having concerns regarding questionable accounting or auditing matters should report such matters to the Board of Directors' Audit and Compliance Committee by calling the Ethics Hotline (1-833-875-7677).

## Intellectual Property Rights and Obligations

Any work of authorship, invention, or other creation ("development") created by a colleague during the scope of the colleague's employment with OU Medicine shall be considered the property of OU Medicine, including any patent, trademark, copyright, trade secret or other intellectual property right in the development.

Whether something is developed during the scope of a colleague's employment depends on a number of factors, including:

- the nature of the colleague's work,
- whether the development is related to OU Medicine's business,
- whether the colleague was directed to produce the development as part of the colleague's work,
- whether the colleague utilized OU Medicine intellectual property or resources at least in part to make the development, and
- whether the colleague created the development while being paid by OU Medicine.

If any development created is copyrightable or patentable, then it will be considered a "Work for Hire" under the United States Copyright Act, with OU Medicine considered as the author and owner of such work.

When creating developments for OU Medicine, colleagues shall respect the intellectual property rights of others. Any works or inventions created by colleagues prior to employment by OU Medicine shall be disclosed to OU Medicine upon commencement of employment, and management and the Legal Department approval shall be obtained prior to any use of these works or inventions in a development for OU Medicine.

By acknowledging this Code of Conduct, a colleague specifically agrees to be bound by these provisions of the Code of Conduct. As such, the acknowledgment serves as an assignment by the named colleague to OU Medicine of all right, title, and interest in all developments created by the colleague within the scope of his or her employment.



## Workplace Conduct and Employment Practices

### Conflict of Interest

A conflict of interest may occur if an OU Medicine colleague's outside activities, personal financial interests, or other private interests interfere or appear to interfere with his or her ability to make objective decisions in the course of the colleague's job responsibilities. A conflict of interest may arise when an OU Medicine colleague takes actions or has interests that make it difficult to perform his or her work objectively and effectively. Conflicts of interest also arise when an OU Medicine colleague or a member of his or her family receives improper benefits as a result of his or her position at OU Medicine. Loans to, or guarantees of obligations of, such persons are of special concern. OU Medicine colleagues are obligated to ensure they remain free of conflicts of interest in the performance of their responsibilities at OU Medicine. If colleagues have any question about whether an outside activity or private interest might constitute a conflict of interest, they must obtain the written approval of their supervisor and ECO before pursuing the activity or obtaining or retaining the interest. Clinical decisions will be made without regard

to compensation or financial risk to leaders, managers, clinical staff, or licensed, independent practitioners.

No waiver of this conflict of interest provision may be granted to an executive officer or director unless approved in advance by the Audit and Compliance Committee of the Board of Directors.

### Controlled Substances

Some of our colleagues routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If one becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the incident must be reported immediately. OU Medicine facilities strictly enforce reporting of any violations of diverting medications by facility staff or privileged practitioners.

## Copyrights

OU Medicine colleagues may only copy and/or use copyrighted materials pursuant to the organization's policy on such matters.

## Conflicts of Interest

OU Medicine colleagues are prohibited from taking opportunities for themselves that are discovered through the use of OU Medicine property, information or position for personal gain. In addition, colleagues are prohibited from competing with OU Medicine and owe a duty to OU Medicine to advance its interests when the opportunity so arises.

## Diversity and Equal Employment Opportunity

OU Medicine actively promotes diversity in its workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. We will make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We are committed to recruit and retain a diverse staff reflective of the patients and communities we serve. We regard laws, regulations and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them strengths of the organization.

OU Medicine is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, genetic information or veteran status with respect to any offer, term or condition of employment. We make reasonable accommodations for the known physical and mental limitations of qualified individuals with disabilities.

## Harassment and Workplace Violence

Each OU Medicine 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 OU Medicine.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employee/employer, terrorism, and hate crimes committed by current or former colleagues. Colleagues who observe or experience any form of harassment or violence should report the incident to their supervisor, Director of Safety and Security, the Human Resources Department, a member of management, the Facility ECO, or the Ethics Hotline, 1-833-875-7677.



## Health and Safety

All OU Medicine facilities comply with all government regulations and rules, OU Medicine policies, and required facility practices that promote the protection of workplace health and safety. Our policies have been developed to protect our colleagues from potential workplace hazards. Colleagues must become familiar with and understand how these policies apply to their specific job responsibilities and seek advice from their supervisor or the Safety Officer whenever they have a question or concern. It is important that each colleague immediately advise his or her supervisor or the Safety Officer of any serious workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue. Concerns about the personal safety of staff or patients should be immediately reported to security, the OUHSC Police Department or your local police department.

## Hiring of Former and Current Government and Fiscal Intermediary/Medicare Administrative Contractor Employees

The recruitment and employment of former or current U.S. Government employees may be impacted by regulations concerning conflicts of interest. Hiring employees directly from a fiscal intermediary or Medicare Administrative Contractor requires certain regulatory notifications. Colleagues should consult with the Human Resources Department or the Legal Department regarding such recruitment and hiring.

## Ineligible Persons

We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal health care programs; suspended or debarred from federal government contracts and has not been reinstated in a federal health care program after a period of exclusion, suspension, debarment, or ineligibility. We routinely search the Department of Health and Human Services' Office of Inspector General and General Services Administration's lists of such

excluded and ineligible persons. A number of company policies address the procedures for timely and thorough review of such lists and appropriate enforcement actions.

Colleagues, vendors, and privileged practitioners at OU Medicine facilities are required to report to us if they become excluded, debarred, or ineligible to participate in federal health care programs.

## License and Certification Renewals

Colleagues, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, OU Medicine may require evidence of the individual having a current license or credential status.

OU Medicine does not allow any colleague, independent contractor or privileged practitioner to work without valid, current licenses or credentials. Each colleague must have evidence of current and valid licensure, certification, registration, accreditation or credential as required by their position description. Each facility must have appropriate processes and procedures to assure documentation of compliance with each position description requirement.

## Personal Use of OU Medicine Resources

It is the responsibility of each OU Medicine colleague to preserve our organization's assets including time, materials, supplies, equipment, and information. Organization assets are to be maintained for business-related purposes. As a general rule, the personal use of any OU Medicine asset without prior supervisory approval is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to OU Medicine is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by one's supervisor. Any use of organization resources for personal financial gain unrelated to the organization's business is prohibited.



## Relationships Among OU Medicine colleagues

In the normal day-to-day functions of the organization, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among colleagues for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone,

and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy. Another situation, which routinely arises, is a fundraising or similar effort undertaken by individual colleagues, in which no one should ever be compelled to participate. Similarly, when the company or a facility determines to support charitable organizations such as the United Way, no colleague should be compelled to contribute to the charitable organization, nor should there be any workplace consequences of such nonparticipation.

## Relationships with Sub-contractors and Suppliers

OU Medicine participates in a health care Group Purchasing Organization (GPO). The GPO is intended to promote the highest standards of business conduct in these activities.

We must manage our consulting, subcontractor, and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of consultants, subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities.

We comply with contractual obligations not to disclose vendor confidential information unless permitted under the contract or otherwise authorized by the vendor. (The subject of Business Courtesies, which might be offered by or to subcontractors or suppliers, is discussed on pages 27 to 29 of this Code.)

## Research, Investigations and Clinical Trials

We follow the highest ethical standards in full compliance with federal and state laws and regulations in any research, investigations, and/or clinical trials conducted by our physicians and professional staff. We do not tolerate research misconduct, which includes activities such as making up or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval. Prior to the start of any research, investigations (PI/QA), and/or clinical trials conducted by our physicians and professional staff, the study will be submitted to the OU Medicine Clinical Research Office for organizational

approval/awareness. Our hospitals' first priority is always to protect the patients and human subjects and respect their rights during research, investigations, and clinical trials.

Physicians conducting clinical trials of investigational products and services are expected to fully inform all subjects of their rights and responsibilities of participating in the clinical trial. All potential subjects asked to participate in a clinical trial are given a full explanation of alternative services that might prove beneficial to them. They are also fully informed of potential discomforts and are given a full explanation of the risks, expected benefits, and alternatives.

The subjects are fully informed of the procedures to be followed, especially those that are experimental in nature. Refusal of a potential subject to participate in a research study or the voluntary withdrawal of his or her participation in an existing study will not compromise his or her access to services or other benefits to which he or she is otherwise entitled. A subject's voluntary informed consent to participate in a clinical trial is documented and retained pursuant to company and hospital policies. Additionally, the physician conducting the research that requires an in-hospital stay will include a copy of the patient's signed research informed consent in the medical record.

Any OU Medicine facility or colleague applying for or performing research of any type must follow all applicable research guidelines and privacy policies and maintain the highest standards of ethics and accuracy in any written or oral communications regarding the research project. As in all accounting and financial record-keeping, our policy is to submit only true, accurate, and complete costs related to research grants. Any OU Medicine facility or colleague engaging in human-subject research must do





so in conjunction with IRB approval and consistent with company policies regarding human subject research and IRBs.

## Substance Abuse and Mental Acuity

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 work time or OU Medicine property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

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.

# Competitive Activities and Marketing Practices

We operate in a highly competitive environment. Our competitive activities must conform to the high standards of integrity and fairness reflected in this Code of Conduct. The company requires compliance with antitrust and other laws governing competitive activities, and with the company's written policies governing interactions with competitors, customers and suppliers.

## Antitrust and Unfair Competition

The company has strict restrictions on communications with competitors, which are set forth in company policy. Generally, colleagues are not to discuss with competitors non-public "competitively sensitive topics" as defined in the policy. Because the antitrust laws are so complex and their application can depend upon the conditions in local markets, it is not practical to adopt written policies to govern all situations.

Colleagues should consult with their supervisors or the Legal Department for guidance concerning competitive activities, laws and policies relating to their areas of responsibility.

## Environmental Compliance

It is our policy to comply with all environmental laws and regulations as they relate to our organization's operations. We act to preserve our natural resources to the fullest extent reasonably possible. We comply with all environmental laws and operate each of our facilities with the necessary permits, approvals, and controls. We diligently employ the proper procedures to provide a good environment of care and to prevent pollution.

In helping OU Medicine comply with these laws and regulations, all colleagues must understand how job duties may impact the environment, adhere to all requirements for the proper handling of hazardous materials, and immediately alert supervisors to any situation regarding the discharge of a hazardous substance, improper disposal of hazardous and medical waste, or any situation that may be potentially damaging to the environment.

## Marketing and Advertising

Consistent with laws and regulations that may govern such activities, we may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit colleagues. We strive to present only truthful, fully informative, and non-deceptive information in these materials and announcements.

While it is permissible to compare and contrast our services and prices, it is against company policy to intentionally disparage other persons or businesses based on information that is untrue, or not known to be true, or to intentionally interfere with another business's contractual and business relationships through wrongful means. This does not prevent fair, non-deceptive competition for business from those who may also have business relationships with a competitor.





## Business Courtesies

This part of the Code of Conduct should not be considered in any way as an encouragement to make, solicit, or receive any type of entertainment or gift. For clarity purposes, please note that these limitations govern activities with those outside of OU Medicine. This section does not pertain to actions between OU Medicine and its colleagues or actions among OU Medicine colleagues themselves. (See “Relationships Among OU Medicine colleagues” on page 22.)

## Receiving Business Courtesies

We recognize there will be times when a current or potential business associate, including a potential referral source, may extend an invitation to attend a social event in order to further develop a business relationship. An OU Medicine colleague may accept such invitations, provided: (1) the cost associated with such an event is reasonable and appropriate, which, as a general rule, means the cost will not exceed \$150 per person; (2) no expense is incurred for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging; and (3) such events are infrequent. The limitations of this section do

not apply to business meetings at which food (including meals) may be provided. Prior to accepting invitations to training and educational opportunities that include travel and overnight accommodations at reduced or no cost to a colleague or OU Medicine, consult our policies and seek appropriate approvals.

OU Medicine colleagues may accept gifts with a total value of \$80 or less in any one year from any individual or organization who has a business relationship with OU Medicine. For purposes of this paragraph, physicians practicing in OU Medicine facilities are considered to have such a relationship.

Perishable or consumable gifts given to a department or group are not subject to any specific limitation. OU Medicine colleagues may accept gift certificates, but may never accept cash or financial instruments (e.g. checks). Finally, under no circumstances may an OU Medicine colleague solicit a gift.

This section does not limit OU Medicine facilities from accepting gifts, provided they are used and accounted for appropriately.

# Extending Business Courtesies to Non-Referral Sources

**Meals and Entertainment.** There may be times when a colleague wishes to extend to a current or potential business associate (other than someone who may be in a position to make a patient referral) an invitation to attend a social event (e.g. reception, meal, sporting event, or theatrical event) to further or develop a business relationship. The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the host must be present. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging. The cost associated with such an event must be reasonable and appropriate. As a general rule, this means the cost will not exceed \$150 per person. Moreover, such business entertainment with respect to any particular individual must be infrequent, which, as a general rule, means not more than three times per year. Consult company policy for events that are expected to exceed \$150 or were not expected to but inadvertently do exceed \$150. That policy requires establishing the business necessity and appropriateness of the proposed entertainment. The organization will under no circumstances sanction any business entertainment that might be considered lavish or in questionable taste. Departures from the \$150 guideline are highly discouraged.

**Sponsoring Business Events.** OU Medicine facilities may routinely sponsor events with a legitimate business purpose (e.g. meetings or retreats). Provided that such events are for business purposes, reasonable and appropriate meals and entertainment may be offered. In addition, transportation and lodging can be paid for. However, all elements of such events, including these courtesy elements, must be consistent with OU Medicine' policy on such events.

**Gifts.** It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with OU Medicine. We will never

use gifts or other incentives to improperly influence relationships or business outcomes. In order to avoid embarrassment, an effort should be made to ensure that any gift we extend meets the business conduct standards of the recipient's organization. Gifts to business associates who are not government employees must not exceed \$80 per year per recipient. Any gifts to Medicare or Medicaid beneficiaries must not exceed \$10 per item nor total more than \$50 per year per recipient. An OU Medicine colleague or facility may give gift certificates, but may never give cash or financial instruments (e.g. checks). The policy on business courtesies permits occasional exceptions to the \$80 limit to recognize the efforts of those who have spent meaningful amounts of volunteer time on behalf of OU Medicine.

U.S. federal and state governments have strict rules and laws regarding gifts, meals, and other business courtesies for their employees. OU Medicine does not provide any gifts, entertainment, meals, or anything else of value to any employee of the Executive Branch of the Federal Government or its fiscal intermediaries, except for minor refreshments in connection with business discussions or promotional items with the OU Medicine or facility logo valued at no more than \$10. With regard to gifts, meals, and other business courtesies involving any other category of government official or employee, colleagues must determine the particular rules applying to any such person and carefully follow them.



## Government Relations and Political Activities

The organization and its representatives comply with all federal, state, and local laws governing participation in government relations and political activities. As a general policy, OU Medicine funds or resources are not contributed directly to individual political campaigns, political parties, or other organizations that intend to use the funds primarily for political campaign objectives. Those who seek exceptions to this general rule may only do so after obtaining the appropriate approvals required in relevant policies. Organization resources include financial and non-financial donations such as using work time and telephones to solicit for a political cause or candidate or the loaning of OU Medicine property for use in the political campaign. The conduct of any political action committee is to be consistent with relevant laws and regulations. In addition, political action committees associated with the organization select candidates to support based on the overall ability of the candidate to render meaningful public service. The organization does not select candidates to support as a reflection of expected support of the candidate on any specific issue.

The organization engages in public policy debate only in a limited number of instances where it has special expertise that can inform the public policy formulation process. When the organization is directly impacted by public policy decisions, it may provide relevant, factual information about the impact of such decisions on the private sector. In articulating positions, the organization only takes positions that it believes can be shown to be in the larger public interest. The organization encourages trade associations with which it is associated to do the same.

It is important to separate personal and professional political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. No use of OU Medicine resources, including email, is appropriate for personally engaging in political activity. A colleague may, of course, participate in the political process on his or her own time and at his or her own expense. While doing so, it is important OU Medicine colleagues not give the

impression they are speaking on behalf of or representing OU Medicine in these activities. Colleagues cannot seek to be reimbursed by OU Medicine for any personal contributions for such purposes.

At times, OU Medicine may ask colleagues to make personal contact with government officials or to write letters to present our position on specific issues. In addition, it is a part of the role of management to interface on a regular basis with government officials. If a colleague is making these communications on behalf of the organization, he or she must be certain to be familiar with any regulatory constraints and observe them. Guidance is always available from the Legal Department as necessary.





## The Company's Ethics and Compliance Program

### Program Structure

The Ethics and Compliance Program is intended to demonstrate, in the clearest possible terms, the absolute commitment of the organization to the highest standards of ethics and compliance. The elements of the program include setting standards (the Code and Policies and Procedures), communicating the standards, providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the furtherance of the program. Each of these elements is detailed below.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are the Audit and Compliance Committee of the Board of Directors; the Senior VP of Ethics and Compliance and the Ethics and Compliance Policy Committee consisting

of senior management and the CEO. Senior Vice President of Ethics and Compliance for the organization and the Ethics and Compliance Department are responsible for the day-to-day direction and implementation of the Ethics and Compliance Program. This includes developing resources (including policies and procedures, training programs, and communication tools) for and providing support (including operating the Ethics Hotline, conducting program assessment, and providing advice) to the ECO and others.

Responsible Content Experts are individuals who have expertise in various areas of compliance risk and who are called upon in their areas of expertise to lead policy and training development efforts, conduct monitoring and auditing as appropriate, and provide advice.



To obtain further guidance on an ethics and compliance issue or to report a suspected violation of our Code of Conduct:

**DISCUSS** the situation with your supervisor, manager, director or the Human Resources Department.

**CALL** the Ethics Line at 1-833-875-7677.

Playing a key role in ensuring the successful implementation of our Ethics and Compliance Program, the Ethics and Compliance Department is responsible for distributing standards, ensuring training is conducted, conducting monitoring and responding to audits, investigating and resolving Ethics Hotline cases, and otherwise administering the Ethics and Compliance Program in the organization. The ECO is expected to establish and maintain an Ethics and Compliance Committee to assist them in these efforts.

Another important resource who may be able to address issues arising out of this Code of Conduct is the Human Resources Manager. Human Resources Managers are highly knowledgeable about many of the compliance risk areas described in this Code of Conduct that pertain to employment and the workplace and are responsible for ensuring compliance with various employment laws. If a concern relates to specific details of an individual's work situation, rather than larger issues of organizational ethics and compliance, the Human Resources Manager is the most appropriate person to contact. We promote the concept of management autonomy within OU Medicine and every effort should be made to resolve workplace conduct and employment practice issues through the

individual's supervisor and the Human Resources Manager. Experience has shown that this is an effective and productive way to deal promptly with these matters. Human Resources Managers also assist in investigating and resolving Ethics Hotline cases and workplace conduct and employment practices issues.

OU Medicine routinely reviews the operation of this problem solving procedure and may periodically modify the details of the approach in order to maximize its effectiveness. In circumstances where you seek to utilize the problem solving procedure, we encourage you to inquire about the specifics of how the procedure operates. The Human Resources Department or HR Business Partner can provide this information.

All of these individuals or groups are prepared to support OU Medicine colleagues in meeting the standards set forth in this Code.

## Setting Standards

With respect to our Ethics and Compliance Program, we set standards through this Code of Conduct, ethics and compliance policies and procedures and, occasionally, through other guidance mechanisms, such as Compliance

Alerts and advisory memoranda. It is the responsibility of each individual to be aware of those policies and procedures that pertain to his or her work and to follow those policies and procedures.

## Training and Communication

Comprehensive training and education has been developed to ensure that colleagues throughout the organization are aware of the standards that apply to them. Code of Conduct training is conducted at the time an individual joins the organization and annually for all colleagues. Compliance training in areas of compliance risk (e.g. billing, coding, and cost reports) is required of certain individuals. Company policies outline the training requirements.

All ethics and compliance training is required to be recorded in the company's learning management system, the HealthStream Learning Center (HLC). Through the HLC, system administrators and the Ethics and Compliance Department track colleagues' compliance with their training requirements and report such information as necessary.

Many resources regarding our program are available to all OU Medicine colleagues on our intranet and we encourage all colleagues to frequently review these resources.

## Resources for Guidance and Reporting Concerns

To obtain guidance on an ethics or compliance issue or to report a concern, individuals may choose from several options. We encourage employees to see resolution of issues, including human-resource issues (e.g. payroll, fair treatment, and disciplinary issues), within their own department first. Employees should first raise their concerns with their direct supervisor, manager or director. If this is uncomfortable or inappropriate, the individual may discuss the situation with the Human Resources Manager, the ECO, or another member of management in the organization.

Individuals always have  
the right to contact  
the Ethics Hotline at  
1-833-875-7677.

OU Medicine makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague is subject to discipline.

## Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each colleague has an individual responsibility for reporting any activity by any colleague, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice, federal health care conditions of participation, or this Code. If a matter that poses serious compliance risk to the organization or that involves a serious issue of medical necessity, clinical outcomes or patient safety is reported, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Ethics Hotline until satisfied that the full importance of the matter has been recognized. If a matter that poses concern regarding the safety or quality of care provided to a patient in the hospital is identified and was reported but thought to be unresolved, an additional avenue for reporting is available through notification to The Joint Commission. There will be no retaliatory disciplinary action taken against an employee who reports concerns to The Joint Commission.



## Internal Investigations of Reports

We are committed to investigating all reported concerns promptly and confidentially to the fullest extent possible. The Ethics and Compliance Officer coordinates any findings from investigations and immediately recommends corrective action or changes that need to be made, if necessary. We expect all colleagues to cooperate with investigation efforts.

## Corrective Action

Where an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

## Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Ethics and Compliance Program through various efforts, which include conducting routine internal audits of issues that have regulatory or compliance implications. Responsible Content Experts routinely undertake monitoring efforts in support of policies and compliance in general. Facilities conduct self-monitoring, and the Ethics and Compliance Department conducts reviews of the Ethics and Compliance Program, designed to assess facility implementation of the Code, policies and procedures, the Ethics Hotline and related investigations, and monitoring efforts. These compliance process reviews permit the Ethics and Compliance Department to identify and share best practices.

Most of these methods of assessment result in reports of findings by the reviewers and corrective action plans by the facilities that are reviewed. Through these reviews, we are continuously assessing the effectiveness of the Program and finding ways to improve it.

## Discipline

All violators of the Code will be subject to disciplinary action.

The precise discipline utilized will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions:

- **Verbal warning**
- **Written warning**
- **Written reprimand**
- **Suspension**
- **Termination**
- **Restitution**

## Acknowledgment Process

OU Medicine requires all colleagues to acknowledge their review of the Code, confirm they understand it represents mandatory policies of OU Medicine and agree to abide by it. New colleagues are required to do so as a condition of employment. Each OU Medicine colleague is also required to participate in annual Code of Conduct training, and records of such training must be retained by the Ethics and Compliance Department.

Adherence to and support of our Code of Conduct and participation in related activities and training is considered in decisions regarding hiring, promotion, and compensation for all candidates and colleagues. New colleagues must receive Code of Conduct training within 30 days of employment.

## Acknowledgment Card

I certify that I have reviewed the Code of Conduct and understand it represents mandatory policies of the organization.

I agree to abide by the Code.

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Signature

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Printed name (as listed in personnel records)

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Department

---

Facility

---

3-4 ID or last 4 digits of Social Security Number

---

Date





# ETHICS



OU Medical Center | The Children's Hospital | OU Medical Center Edmond | Breast Health Network