

**University of Colorado Hospital Policy and Procedure**  
**Board of Directors**  
**Code of Conduct**

**Related Policies and Procedures:**

Reporting Fiscal Misconduct  
Travel  
Purchasing  
Safety and Infection Control Education and Training  
Employee Discipline  
Harassment  
Outside Employment and Consulting  
Hospital Infection Control

**Approved By:** Board of Directors  
Effective: 6/99  
Revised: 3/09

**Purpose:** Employment by or association with University of Colorado Hospital is a public trust that requires certain behaviors and obligations to ensure the promotion and integrity of the Hospital's interest and mission. This Code of Conduct describes the conduct that is expected from individuals employed or associated with the Hospital. "Hospital" is used here to mean the Hospital as a legal organization and not simply a building.

**Accountability:** Members of the Board of Directors, members of all Board Committees, Hospital employees, members of the Hospital's Medical Staff and Hospital volunteers (collectively referred to as "Covered Individuals") shall ensure that their behavior and activities comply with this Code of Conduct. Persons or entities to whom the Hospital makes payments for goods, services or facilities furnished to the Hospital and persons or entities that make payments to the Hospital for goods, services or facilities furnished by the Hospital are considered "Vendors" in this Code of Conduct but are not Covered Individuals. A Vendor shall not make any solicitation or take any action which would cause a Covered Individual to violate the Code of Conduct.

**Codes:**

- I. Legal Compliance**
- II. Quality of Care**
- III. Business Ethics/Conflict of Interest**
- IV. Environment/Safety**
- V. Individual Commitment**
- VI. Individual Responsibility and Disciplinary Action**
- VII. Commitment to Community**

# Code of Conduct

## Policies/Procedures:

### I. LEGAL COMPLIANCE

UCH is committed to complying with all applicable laws, rules and regulations. This Code of Conduct stipulates the general ethical and legal principles of the Hospital with which every Covered Individual is expected to comply. It is the responsibility of all Covered Individuals to familiarize themselves with the legal requirements relevant to their assigned duties and responsibilities and to conduct themselves accordingly. Legal interpretation of laws and regulations should be directed to the Hospital's Legal Department.

#### **Information/Education on False Claims Act:**

The federal False Claims Act (FCA) covers fraud involving any federally funded contract or program, such as Medicare, Medicaid, Tri-Care and research grants. Under the FCA, anyone who knowingly submits or causes the submission of a false claim to the government is liable for damages of up to three times the improper payment plus penalties of \$5,500 to \$11,000 per claim. The FCA includes a provision permitting an individual (called a "relator" or "whistleblower") who possesses knowledge of a false claim to file a lawsuit (called a "qui tam" suit) on behalf of the government to recover the false payments. If the lawsuit is successful, the "whistleblower" may share between 15% and 30% of the amount recovered. The FCA prohibits retaliation against the "whistleblower" for filing the lawsuit. The term "knowingly" in the FCA means that a person/entity (i) has actual knowledge that the information on the claim is false; (ii) acts in deliberate ignorance of whether the claim is true or false; or (iii) acts in reckless disregard of whether the claim is true or false.

The State of Colorado also has a false claims statute relating to the Colorado Medicaid program. Under the State statute, it is unlawful to intentionally or with reckless disregard submit a false claim for payment relating to the Colorado medical assistance program. If a false claim is submitted, the State may collect full restitution, plus penalties of between \$5,000 and \$50,000 per claim or two times the amount of all medical assistance received. Colorado law prohibits retaliation against an employee who discloses information in good faith.

The Hospital strives to detect and prevent fraud, abuse and waste through Hotline and other disclosures, monthly executive in-services, area specific self audits and independent compliance audits.

### II. QUALITY OF CARE

A Covered Individual shall:

- Assess the needs of patients under his/her care and deliver high-quality health services in a responsible, reliable and cost-effective manner
- Uphold high standards of professional practice in all Hospital facilities and programs
- Not permit unqualified individuals to practice or provide care in Hospital facilities and programs

## Code of Conduct

- Maintain patient confidentiality and ensure that each patient's protected health information is preserved in accordance with all legal requirements.

### III. BUSINESS ETHICS/CONFLICT OF INTEREST

#### A. Business Ethics

**1. Prohibition on Gifts and Meals from the Healthcare Industry.** The Hospital wants to prevent the receipt of gifts or meals from the Healthcare Industry from inappropriately influencing any clinical decision or referral decision. In this Code of Conduct the term Healthcare Industry means any individual or entity (i) that manufactures, distributes, sells or leases goods or services that are used in or by the Hospital to provide patient care (such as pharmaceutical companies and medical device companies); or (ii) that provides goods or services to patients before or after patients receive clinical services from the Hospital (such as nursing homes and home health companies). Many Vendors come under the definition of Healthcare Industry and the prohibition on receiving gifts or meals described in this Section 1 applies only to those Vendors in the Healthcare Industry.

A Covered Individual shall not:

- Accept any personal gift from the Healthcare Industry, or from any representative of the Healthcare Industry, irrespective of the dollar value of the gift (including pens, notepads, mugs or tickets to sporting events)
- Accept any meal, beverage or snack from the Healthcare Industry, or from any representative of the Healthcare Industry, irrespective of whether it is after work or off the Hospital's property
- Distribute promotional materials that contain a Healthcare Industry name or logo.

The prohibitions in this Section do not apply to:

- The receipt of scientific, clinical or other achievement awards even if funded or named by a Healthcare Industry
- Gifts or meals provided as part of an off-site meeting of a professional organization, where they are furnished to all attendees and are incidental to attendance at the meeting
- Participation at professional development courses or educational programs held at other institutions even if the course or program receives Healthcare Industry support;
- Participation at educational programs that are designed to demonstrate the proper use of medical/surgical devices or techniques even if the program receives Healthcare Industry support
- Travel related to the development or conduct of a grant or contract that is related to research or technology transfer
- Receipt by University of Colorado faculty of fair market value compensation for services provided by the faculty member to Healthcare Industry where the compensation reflects time and effort and expected work products are defined in a written contract in advance.

## Code of Conduct

**2. Benefits Provided by Vendors That Are Not Healthcare Industry Vendors.** The Hospital wants to make certain that decisions regarding Vendors (including Vendor selection, price, length of contract and whether to renew a contract) are made fairly and in the Hospital's best interest. This Section 2 applies to those Vendors that do not come under the definition of Healthcare Industry. Covered Individuals are expected to exercise good judgment and act in a manner which ensures that the acceptance of a Benefit from a Vendor does not inappropriately or adversely influence the Hospital's decision about the Vendor. In this Code of Conduct the term "Benefit" means any gift, meal, beverage, entertainment, item of value or other goods or services (this includes dinners, tickets to sporting events and seminars and conferences).

- A Covered Individual may accept a Benefit from a Vendor that has a value of \$50.00 or less
- A Covered Individual may accept a Benefit from a Vendor that has a value in excess of \$50.00 but less than \$100.00 provided (i) the Benefit is disclosed in advance to his/her immediate supervisor and (ii) the supervisor approves of the Benefit
- A Covered Individual may accept a Benefit from a Vendor that has a value in excess of \$100.00 provided (i) the Benefit is disclosed in advance and in writing to his/her supervisor (ii) the supervisor approves of the Benefit and (iii) the Covered Individual subsequently discloses the receipt of the Benefit on his/her annual Conflict of Interest Disclosure form.

**3. Gifts from Patients or Family Members.** Covered Individuals shall not solicit tips or gifts from patients or their family members. Covered Individuals are prohibited from accepting tips or gifts that are in a cash-equivalent (cash and gift certificates) form from a patient or a member of his/her family. Covered Individuals may accept non-cash gifts from a patient or his/her family members if the gift has a monetary value of \$50.00 or less. These gifts should be shared with the other individuals who cared for the patient whenever practical. Patients or family members who want to give a cash gift should be referred to the Development Department. Exceptions – valet and massage services where it is a common practice to accept small tips.

### **B. Conflict of Interest**

**1. Actual or Potential Conflict of Interest.** The Hospital expects each Covered Individual to manage actual or potential Conflicts of Interest in a manner that is always in the Hospital's best interest. A Conflict of Interest means a contract, transaction or other financial relationships between the Hospital and a Covered Individual (or his/her spouse, parent, sibling or child) or between the Hospital and a legal entity in which the Covered Individual (or his/her spouse, parent, sibling or child) has a financial interest. In those instances when a Covered individual is involved in the Hospital's decision of whether to enter into the proposed contract, transaction or financial relationship (or supervises any individual who has such involvement), the Covered Individual shall disclose the proposed contract, transaction or financial relationship to his/her immediate supervisor. The Covered Individual's immediate supervisor shall inform the individuals

## Code of Conduct

involved in the Hospital's decision of the Covered Individual's disclosure and, without any participation by the Covered individual; those individuals and the immediate supervisor shall decide whether to consummate the proposed contract, transaction or financial relationship based on whether it is fair and reasonable and in the Hospital's best interest. The Covered Individual's supervisor shall document the basis for the decision.

**2. Completion of Annual Conflict of Interest Disclosure Form.** The following individuals shall complete and sign the Hospital's Conflict of Interest Disclosure form by no later than January 31<sup>st</sup> of each year and submit to Human Resources:

- Hospital President and CEO, Vice Presidents, Senior Directors, Directors, Managers, all other Hospital Officers and all purchasing department employees
- Those Covered Individuals who have received a Benefit from a Vendor that has a value in excess of \$100.00
- Those Covered Individuals who had a Conflict of Interest during the year.

**3. Other Conflict of Interest Compliance Requirements**

- All physicians in a position to influence Hospital decisions relating to all Hospital purchases of goods, services and any other commitments must submit to Supply Chain Department, a signed conflict of interest disclosure form relating to each such transaction
- The provisions of Section III concerning Business Ethics/Conflict of Interest do not apply to members of the Board of Directors or members of Board Committees. All members of the Board of Directors and members of Board Committees must comply with the requirements in the Hospital Bylaws relating to conflict management.

#### **IV. ENVIRONMENT/SAFETY**

A Covered Individual shall:

- Ensure that the Hospital's operations are conducted in a manner that safeguards patients and their families, visitors, employees and all other individuals who work in the Hospital
- Comply with safety and environmental laws and Hospital policies, procedures and standards
- Attend or complete all required safety and environmental training programs.

#### **V. INDIVIDUAL COMMITMENT**

A Covered Individual shall:

- Support equal, ethical and respectful treatment of all patients, employees and other individuals associated with the Hospital
- Demonstrate a personal commitment to honesty, fair and consistent management and respect the dignity due to everyone

## Code of Conduct

- Support the Hospital's equal employment policy and employee development programs
- Strive to create a workplace and patient care environment that is free of all forms of harassment or favoritism
- Strive through words and actions to create a professional atmosphere in the Hospital; observe professional standards and judgment
- Preserve and protect the Hospital's assets by making prudent and effective use of Hospital resources and maintaining and complying with the Hospital's internal controls.

A Covered Individual shall not:

- Use his/her employment or position with the Hospital to bestow an inappropriate personal benefit including benefit on anyone related by family, business or social relationship
- Disclose confidential or proprietary Hospital information to others
- Use Hospital time, property, supplies, equipment, services or facilities for private gain or personal benefit except in a way that is incidental and does not adversely affect the Hospital.

### **VI. INDIVIDUAL RESPONSIBILITY AND DISCIPLINARY ACTION - COMPLIANCE WITH CODE OF CONDUCT AND REPORTING VIOLATIONS**

Failure to abide by this Code of Conduct may result in disciplinary action for Hospital employees and other adverse consequences for Covered Individuals who are not Hospital employees. This Code of Conduct covers many aspects of Hospital operations. Violations or suspected violations of the Code of Conduct should be reported, in most cases, to the Compliance Department (either directly or through the Compliance Hotline) but some violations or suspected violations should be reported instead to the individual or department most directly responsible for that area. For example, matters involving quality of care should be reported to the Professional Risk Management Department, matters involving patient confidentiality should be reported to the Hospital's Privacy Officer, matters involving workplace harassment should be reported to the Human Resources Department and matters involving safety should be reported to the Hospital's Safety Officer.

The Compliance and Privacy Hotline numbers will be posted in all areas where employees will be able to view them. Hospital policy prohibits retribution against anyone for making any such report in good faith.

### **VII. COMMITMENT TO COMMUNITY**

Each Covered Individual shall strive to be a good corporate citizen of and to make contributions to his/her community.

a027409