

# **Anne Arundel Health System** **Code of Conduct**

## **Mission**

To Enhance the Health of the People We Serve

## ***Core Values***

Passion for excellence is at the center of all that we do.

The following values aid in this pursuit:

**Compassion**

**Trust**

**Dedication**

**Quality**

**Innovation**

## **Anne Arundel Health System**

### **Corporate Compliance**

#### **Program Structure**

The Corporate Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of Anne Arundel Health System (AAHS) to the highest standards of compliance. That commitment reaches all levels of AAHS including the Board of Trustees, the Corporate Compliance Officer, and a Corporate Compliance Committee consisting of senior and vice president management. Each of these individuals or groups is prepared to support all employees and colleagues in meeting the standards set forth in this Code of Conduct (the "Code").

AAHS is committed to maintaining an organizational and accountability structure which assures compliance with governmental laws, rules and regulations, and supports AAHS' ethical standards, code of conduct and zero tolerance for fraud, abuse, and waste.

#### **Board of Trustees**

The overall accountability for AAHS' Corporate Compliance Program rests with the Board of Trustees.

#### **Corporate Compliance Officer**

The Corporate Compliance Officer serves as the focal point for compliance activities at AAHS. The Corporate Compliance Officer has direct access to the President/CEO and the Board of Trustees and reports regularly to the Board of Trustees and its Executive Committee.

#### **Corporate Compliance Committee**

The Corporate Compliance Committee is comprised of AAHS leaders from various functional areas. The Committee oversight makes recommendations and suggestions on policies, procedures and practices pertaining to the Corporate Compliance Program. The Corporate Compliance Officer serves as the Chair of this Committee.

## **Code of Conduct**

### **Introduction**

Anne Arundel Health System ("AAHS") is committed to providing the highest quality health care services in a lawful and ethical manner. This fundamental commitment finds expression in our Core Values. AAHS's commitment helps maintain the trust and respect of patients and the communities we serve. As a regional health care system, we value quality, compassion, trust, dedication and innovation and we treat all patients, employees, physicians and visitors with dignity and respect. AAHS requires that all trustees, officers, employees, independent contractors, members of our medical staff, and agents ("colleagues") conduct their activities with AAHS in compliance with laws and regulations and in accordance with the principles of honesty, forthrightness, completeness and integrity. In accordance with that responsibility, AAHS has adopted this Code of Conduct (the "Code").

### **Purpose of the Code of Conduct**

The Code assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, our medical staff, third-party payers, and all covered individuals of the organizations. The Code is intended to be comprehensive and easily understood. The Code explains the expected behavior and conduct of all colleagues in our workplace.

The Code is a broad guideline which is reinforced in greater detail by various policy and procedure manuals utilized throughout AAHS. It is the responsibility of every individual to act in a manner consistent with this Code, the values and principles it expresses, and it's supporting policies. It is not meant to cover all specific situations but act as a guide for further review. Any doubt whatsoever as to the appropriateness of a particular situation, whether or not the situation is described within this Code, should be submitted to either your immediate supervisor, manager, Human Resources Department, the Corporate Compliance Officer or to the Compliance and Ethics Hotline.

The Code is a "living document" that will be updated periodically. AAHS reserves the right to amend the Code in whole or in part any time at its sole discretion. If you have suggestions, recommendations, or ideas for improving the Code, please contact the Compliance Officer.

### **Reporting Violations of This Code**

Any violation of this Code is considered a very serious matter. If you believe a violation has occurred you must promptly report it. You are encouraged to report the suspected violation to either your immediate supervisor or manager, the Human Resources Department, the Corporate Compliance Officer, through the Compliance and Ethics Hotline, or to the Chair of the Finance and Audit Committee of the Board of Trustees.

When reporting to the Corporate Compliance Program you may contact the Corporate Compliance Officer (i) through interoffice mail "Attention Compliance Officer" (ii) by U.S. Postal mail at 2001 Medical Parkway, Annapolis, Maryland 21401; (iii) by leaving a voice message on the Compliance and Ethics Hotline at 443-481-1338; (iv) by e-mail to [compliance@aahs.org](mailto:compliance@aahs.org); or by fax at 443-481-1339. Reports can also be made in person.

When making a report through the Corporate Compliance Program you are not required to provide your name. However, by including your name, you will aid the investigation of the suspected violation should follow-up information be warranted. Every report involving a suspected violation of the Code will be evaluated and appropriately investigated. In reporting a violation, it is important to provide as much factual information as possible to allow for a thorough investigation of the matter, especially if you are making the report anonymously.

When reporting to the Chair of the Finance and Audit Committee of the Board of Trustees you may do so directly in writing by (i) interoffice mail "Attention Chair Finance and Audit Committee;" (ii) by U.S. Postal mail at 2001 Medical Parkway, Annapolis, Maryland 21401; or (iii) by fax at 443-481-1313.

Retaliation, in any form, against anyone who in good faith reports a suspected violation – even if the report is a mistake – or against anyone who cooperates in good faith in an investigation is strictly prohibited. Any acts of retaliation should be reported immediately by following the same course of action that was used to report the suspected violation initially. It is the policy of AAHS that no employee shall be punished solely on the basis that he or she reported what he or she reasonably believed to be an act of wrongdoing or a violation of this Code.

### **Disciplinary Action**

AAHS will take appropriate disciplinary action against any trustee, officer, employee, independent contractor, agent or other representative of AAHS who is found to have violated any of the policies in this Code. For employees, this may include suspension or dismissal without warning. For non-employees, we consider this a breach of contract and it may mean an immediate termination of the business relationship.

### **AAHS is Committed to:**

#### **Quality of Care**

AAHS is committed to providing safe, high quality care to our patients. We treat our patients with respect and dignity and provide care that is both necessary and appropriate. We are committed to providing services that meet and exceed patient expectations while focusing on continuous improvement of quality.

- We shall treat all patients, visitors, employees, medical staff and volunteers with respect, dignity and courtesy.
- We shall respect the rights and autonomy of all those we serve throughout the organization.
- We shall provide high-quality care and services in a responsible and responsive manner.
- We shall provide compassionate care and appropriate treatment and services to patients while being considerate and respectful of their personal dignity and privacy as well as their cultural, psychological, and spiritual values and beliefs.
- We believe the patient comes first and it is our duty to ensure the patient's health, safety, security, well-being and comfort.
- We shall consistently provide safe quality care and maintain uniform standards of care based upon the needs of patients in all settings of this organization.
- We shall ensure that all patients are evaluated by a qualified healthcare practitioner responsible for determining medical necessity of treatment before a treatment plan involving our programs and services is determined.
- We shall make all our care decisions strictly upon medical necessity. Only a qualified healthcare practitioner will make the determination as to treatment plans.
- We believe that all patients have the right to be involved in all aspects of their care, participate in the development and implementation of their plan of care, and have sufficient information to provide informed consent for surgery and other significant or invasive treatments or procedures.
- We believe that all patients have the right to be free from restraints and seclusion of any kind that is not medically necessary or is used as a means of coercion, discipline, convenience, or retaliation by staff.
- We believe that patients have the right to file complaints and expect prompt referral to appropriate hospital administrative personnel for resolution.
- We believe that patients have the right to formulate advance directives and to have hospital staff and practitioners comply with those directives.

- We believe that patients have the right, where possible, to an interpreter or other reasonable accommodation, if the patient cannot speak, write, or understand spoken or written English, or there are other barriers to communication due to disability.
- We believe that patients have the right to expect unrestricted access to communication (visitors, mail, telephone, etc.) with any person or persons of their choice, including, but not limited to, physicians, attorneys, and clergymen, at any reasonable hour.
- We shall continuously monitor deficiencies or variances from standard practice. Any identified deficiency or variance will be reported promptly and through the appropriate channels. Improvement initiatives will be conducted as necessary.
- We shall ensure that individuals employed by AAHS are appropriately trained and qualified for the position they hold.
- We shall ensure safe high quality healthcare through the provision of educational training and teaching experiences for all colleagues.

### **Patient Rights and Responsibilities**

AAHS respects the rights of patients to treatment, care and services within its capability and in compliance with law and regulation. AAHS respects the individual, while acknowledging the interdependence of the patients, families, and/or significant others to achieve desired outcomes. Therefore, it is AAHS's responsibility to administer all our services in an ethical manner. AAHS recognizes and supports that each patient has the right to personal dignity and to have his or her cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. AAHS will use best efforts to accommodate the pastoral and other spiritual service needs of patients through its pastoral care services program. Patient Rights and Responsibilities are posted throughout AAHS facilities in designated public access areas, as well as each patient is offered a notice of privacy practices. These statements include the rights of a patient to make decisions regarding medical care 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.

Related policies: (ERR3.1.03 "Principles of Patients' Rights and Responsibilities")

### **Donor Rights**

AAHS has implemented policies, procedures and systems through its foundation, the Anne Arundel Medical Center Foundation, to ensure that all donors are treated with respect and appreciation for their contributions. These policies and procedures ensure that donors receive appropriate and timely acknowledgement for their gifts, understand how their contributions are being used, and provide confidentiality if so requested. The Anne Arundel Medical Center Foundation abides by national standards regarding donors' rights and supports a national "Donor Bill of Rights" as promoted by philanthropic healthcare organizations.

Related policies: (ADM1.1.08 "Money and Gifts Donated to the Medical Center")

### **Providing Patients Information on Person(s) Responsible for Delivery of Care**

Information on the person(s) responsible for delivery of care will be provided to patients including the name of the physician or other practitioner primarily responsible for the patient's care, treatment or services, and the name of the physician or other practitioner who will perform care, treatment and services. This will be accomplished during the admissions, consent to treat and/or informed consent processes as applicable.

Related policies: (ERR3.1.06 "Consent to Treatment ("Informed Consent Policy")")

### **Hospital Admission and Treatment**

AAHS does not discriminate on the basis of age, race, gender, religion, national origin, sexual preference, disability, or ability to pay in the admission and treatment of patients who present with an emergency medical condition. Treatment received in the hospital setting must be individualized for each patient via a treatment plan. The patient's ability or inability to pay for services will not dictate the treatment plan.

### **Hospital Discharge and Utilization Management**

Patients should be discharged only when the attending physician has determined that based on medical condition the patient can be appropriately transferred to another facility or can appropriately return home. The patient's ability or inability to pay for services will not dictate the decision to discharge.

Patients have the right to refuse care, treatment, and services or leave AAHS at any time, in accordance with law and regulation. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf. AAHS may seek judicial intervention to prevent a person from departing if the person is a danger to his/her own life or the lives and property of others. AAHS may request patients to sign a discharge against medical advice form. Patients have no obligation to sign such a form as a precondition to release.

When an individual requests or presents for treatment, AAHS recognizes its professional and ethical responsibility for providing care, treatment, and services within its capability and applicable law and regulation. At times, indications for such care may contradict the recommendations of an external entity performing a utilization review (e.g. insurance companies, federal or state payers). If such a conflict arises, care, treatment, service and discharge decisions are made based on the patient's identified medical needs, regardless of the recommendation of the external agency.

Related policies: (NAP12.3.01 "Integrated Discharge Planning")

(NAP12.3.02 "Discharge of a Patient")

(NAP 12.3.03 "Discharge Planning, Assessment, and Reassessment")

(NAP 12.3.04 "Discharge from the ED")

### **Patient Transfer**

All patients treated by AAHS receive the most appropriate care provided within the scope of services available. If it is determined that an Emergency Department patient (in a non-emergent condition) or inpatient needs a service not available by AAHS, transfer arrangements will be made to an appropriate facility which provides those services. Transfer to another facility may also occur at the request of the patient or family if the patient is incapacitated or unconscious. Prior to transfer, informed consent will be obtained from the patient or surrogate decision maker (exception: emergency transfer).

Related policies: (ADM1.1.46 "Transfer of Patients to Other Acute Care Facilities")

### **Emergency Treatment**

AAHS follows the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided AAHS has the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, AAHS will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information.

AAHS does 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 AAHS 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.

### **Research**

AAHS has set up a process to review the ethics of research proposals as defined in the Code of Federal Regulations. All patients asked to participate in a clinical investigation or research project 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 patients are fully informed of the procedures to be followed, especially those that are experimental in nature. Refusal of a patient to participate in a research study will not compromise his or her access to services. Patient informed consent to participate in clinical investigations or research is documented and retained pursuant to AAHS policies.

AAHS will appoint a senior administrative executive who is authorized to act for the institution and assume overall responsibility for compliance with the federal regulations for protection of human subjects. This individual is designated as the Federal Wide Assurance Signatory Official and signs the Office of

Human Research Protections (OHRP) assurance of compliance. AAHS complies with both the U.S. Department of Health and Human Services and the Food and Drug Administration regulations for the conduct of research.

#### **Integrity of Decision Making (Clinical and Non-Clinical)**

Clinical and non-clinical decisions are to be made based on the identified care, treatment, and medical needs of the patient. Information, policies and procedures about the relationship between the use of care, treatment and services and financial incentives are available to all patients, staff, Medical Staff and contracted providers when requested.

To avoid compromising the quality of care, treatment decisions (including tests, treatments, care, services, and other interventions) are based on the identified medical needs of the patient. No care, treatment, service or clinical decision is to be based on financial incentives of the executive leaders, Medical Staff, managers, clinical staff or other staff members. Such action would be cause for termination of employment, or potential for an action on Medical Staff clinical privileges.

#### **Resolution of Patient Billing Disputes**

A hospital patient's treatment and services do not depend on the patient's ability to pay. Patients will receive information about charges for which they will or may be responsible. Payment and billing policies are explained to patients before or at the time of admission.

Patients receiving treatment outside of the hospital by another AAHS entity will receive communication regarding the coverage of the services they are seeking. Non-hospital entities are not required under law to treat patients without financial compensation.

Hospital and/or Pathways patients who have questions or complaints about a bill are referred to a patient advocate or Patient Financial Services Department who will assist the patient or their authorized representative in resolving concerns. Patients of Health Care Enterprises, the Anne Arundel Physician Group, or Anne Arundel Diagnostics should direct inquiries to the office in which they received services.

#### **Medical Record Keeping**

In support of accurate billing, medical records must provide reliable documentation of the services rendered. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the legal medical record. Accurate and timely documentation also depends on the diligence and attention of colleagues who treat patients of AAHS. It is expected that documentation will be legible, complete, and provided in a timely manner.

#### **Financial Record Keeping**

To avoid allegations of fraudulent claims, employees, independent contractors and agents must accurately and completely document financial/billing information. Employees and agents shall not document financial billing information in a manner that is misleading, inaccurate, or untrue. AAHS has established and maintains 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 our patients and colleagues. It is also necessary to ensure compliance with tax and financial reporting requirements. All financial information must reflect actual transactions and conform to generally accepted accounting principles. All funds or assets must be properly recorded in the books and records of AAHS. AAHS maintains a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets. It is AAHS policy that only allowable costs will be submitted on its Medicare cost reports. Additionally, AAHS will prepare an Annual Filing for the Health Services Cost Review Commission for the purpose of rate setting as required under Maryland law, for the hospital.

#### **Coding and Billing Integrity**

AAHS has 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. All billing practices and compilation of, and filing of, cost reports must comply with all Federal and State laws and regulations.

Activities that are prohibited, but are not limited to, include:

- Knowingly submitting a claim or bill for services that were not rendered or accurately described on the claim form or statement, nor shall we misrepresent services which were rendered, or alter a medical record,
- Submitting a claim requesting payment or bill a third party for medically unnecessary services, or seek reimbursement for a service that is not warranted by the patient's then current medical condition as documented in the medical record and physician's orders,
- Knowingly submitting claims for payment that have not been properly coded, documented or billed according to applicable laws and regulations; or
- Submitting more than one claim for the same service or submitting a bill to more than one primary payor at the same time ("duplicate billing").

Employees shall assist AAHS in identifying and appropriately resolving any coding and billing issues or concerns identified and AAHS will refund any identified overpayments.

### **Comply with the Laws, Regulations and Accreditation and Internal Standards**

AAHS is subject to numerous local, state and federal laws, regulations and internal standards pertaining to all aspects of its operation. All employees are required to understand and abide by those laws, regulations and standards which are applicable to them in the performance of their jobs. All colleagues must be knowledgeable about, and ensure compliance with, all laws and regulations applicable to the performance of their job, and performance evaluations will take these factors into account. It is the responsibility of each colleague to immediately report any violations or suspected violations of any legal requirements or accreditation standards to a supervisor, administrator, and/or the Compliance Officer. All colleagues will deal with accrediting and regulatory bodies in a direct, open, and honest manner.

### **Adhere to Anti-Referral and Health Care Fraud and Abuse Legislation**

AAHS and its colleagues are required to comply with any and all laws which prohibit health care fraud and abuse. We shall not engage in any illegal or unethical business practices. Contractual/financial arrangements with physicians, vendors, third party payors, managed care organizations or other referral sources (for example, leasing space, recruiting physicians to the community, and arranging for physicians to serve in leadership positions in facilities) will be structured to ensure compliance with applicable Federal and State laws and regulations, fulfill the mission of AAHS, and be in the best interests of AAHS and the patients we serve. AAHS expects its employees, officers, directors, independent contractors, and medical staff to refrain from conduct that violates Federal and State anti-kickback statutes, as well as the "Stark" physician self-referral laws and regulations. Simply put, we do not pay for referrals or otherwise unlawfully attempt to induce referrals to AAHS.

Activities that are prohibited include, but are not limited to:

- Intentionally or knowingly making false or fraudulent claims for payment or approval;
- Offering or receiving anything of value (cash or in kind) as an inducement to make a referral for the furnishing of any item or service;
- Offering or receiving anything of value (cash or in kind) as an inducement or in return for the purchasing, leasing, ordering, or arranging for or recommending the purchasing of any goods, facility, service or item; and,
- Submitting false information for the purpose of gaining or retaining the right to participate in a plan or obtain reimbursement for services.

### **Avoiding Conflict of Interest**

AAHS manages its contractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. Our selection of contractors, suppliers, and vendors will be made on the basis of objective criteria, and not on personal relationships and friendships. A conflict of interest may occur if a colleague's outside activities, personal financial interests, or other personal



interests influence or appear to influence his or her ability to make objective decisions in the course of the colleague's job responsibilities to AAHS. A conflict of interest may also exist if the demands of any outside activities hinder or distract a colleague from the performance of his or her job or cause the individual to use AAHS resources for other than AAHS purposes. Colleagues are obligated to ensure they remain free of conflicts of interest in the performance of their responsibilities at AAHS. Perceived conflicts may be more theoretical than real, but may be considered a possible conflicts of interest and should be reviewed. It is recommended to disclose any perceived conflict of interest to the Corporate Compliance Officer.

The situations below are, but not limited to, areas where the possibility of a conflict of interest may occur.

#### **Investments**

Investments by directors, officers, employees, agents and members of their families in stocks and bonds of publicly held corporations with which AAHS does business would not create a conflict of interest unless the investment is significant. A significant investment is one in which a substantial portion of an individual's net worth is at risk. In addition, any interest in or other financial arrangement in such a business, in which a substantial portion of the individual's net worth is at risk, could also constitute a conflict of interest. Loans or guarantees of obligations by AAHS for trustees, officers, employees, independent contractors, or agents are strictly forbidden.

#### **Gifts**

A conflict may arise through the solicitation or acceptance of gifts from persons having or desiring to have a business relationship with AAHS if the acceptance or the prospect of receiving gifts tends to limit the employee/recipient from acting solely in the best interests of AAHS. Gifts include any gratuitous service, loan, discount, money, or article of value. It is generally against AAHS's policy for its employees or agents to neither accept or solicit (without prior consultation with the AAMC Foundation) any gifts beyond a nominal value from AAHS's vendors, suppliers, patients, families of patients, or anyone having or desiring to have a business relationship with AAHS. Any questions on this policy should be referred to the Corporate Compliance Officer.

#### **Outside Employment**

Colleagues should avoid outside employment or activities that may have a negative impact upon their job performance with AAHS. All colleagues should avoid outside employment or activities that may conflict with their obligations, loyalties or fiduciary responsibilities to AAHS.

Colleagues of AAHS will avoid situations in which conflicts of interest, including potential or perceived conflicts of interest can occur. All conflicts of interest, potential conflicts of interest and situations that give the appearance of conflicts of interest will be immediately disclosed to the Corporate Compliance Officer for investigation.

Related Policies: (HR8.3.17 "Conflict of Interest")  
(Gift Policy in Draft Status)

#### **Conduct Political Activities According to the Law**

AAHS funds or resources may not be used to contribute to political campaigns or for gifts or payment to any political party or any political organization. AAHS does not participate or intervene in (including the publishing or distributing of statements), any political campaign on behalf of or in opposition to any candidate for public office. While AAHS supports employee participation in the political process, employees are not permitted to use positions in AAHS to try to influence the personal decisions of others to contribute or otherwise support political parties or candidates except as lawfully permitted through political action committees. AAHS may participate in lobbying activities or advocating the passage or defeat of certain legislation that pertains to issues that affect the healthcare community and as such complies with the state's ethics requirements. Lobbying activities, or advocating the passage or defeat of certain legislation, shall not constitute a substantial part of the activities of AAHS.

#### **Information Security, Confidentiality and Business Use**

Confidential information about AAHS' strategies and operations is a valuable asset. Although confidential information may be necessary to perform our jobs, it must not be shared 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. Consistent with the Health Insurance Portability and Accountability Act (HIPAA), patient-specific information is not to be accessed, used, reviewed, discussed or disclosed unless necessary to serve the patient or required by law. 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. The same care should also be provided to confidential business information of AAHS.

All communications systems, including but not limited to electronic mail, Intranet, Internet access, 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. Users of computer and telephonic systems should presume no expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems, and AAHS reserves the right to monitor and/or access communications usage and content consistent with AAHS policies and procedures.

Related Policies: (IS# Information Security Policy – approved, not yet posted)

(ADM1.1.75 "Breach of Protected Health Information and Sanctions")

(MS10.1.01 – "Privacy and information security sanction policy – medical staff")

(MR7.1.01 "Use and Disclosure of Protected Health Information")

### **Marketing and Advertising**

AAHS's Public Relations and Marketing Departments will ensure that marketing materials fully, fairly and accurately represent AAHS and address the care, treatment, and services provided at AAHS.

In marketing and advertising health care services, AAHS will follow basic principles of truth, accuracy and fairness. It will avoid false claims or exaggerated promises, particularly about "cures" or "guarantees." No marketing or advertising effort should distort the truth about services or products provided by AAHS. It is unethical to build a demand for unneeded services.

AAHS will not attack or disparage another provider, whether by name or by implication, in any marketing or advertising effort.

### **Work Product Ownership**

All Health System employees must be aware that the Health System retains legal ownership of the product of their work. No work product created while employed by the Health System can be claimed, construed or presented as property of the individual, even after employment by the Health System has ended or the relevant project completed. This includes written and electronic documents, audio and video recording, system code and also any concepts, ideas, or intellectual property developed for the Health System. Information, demonstrations, and/or displays that relate to concepts, ideas and intellectual property developed at AAHS, utilized in workshops and or presentations may not be delivered without prior approval of the vice president of the area.

### **Fair Dealing**

Each director, officer, employee or agent should always deal fairly with customers, suppliers, competitors and other employees. No one should attempt to take unfair advantage of anyone through manipulation, concealment, use of another's proprietary information, misrepresentation of material facts or any other unfair practice.

### **Personal Use of Company Resources**

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

Related Policies: (HR8.3.10 "Personal Business")

### **Disruptive and Intimidating Behavior**

AAHS promotes a culture of safety and quality of care by addressing problem behaviors that threaten the performance of the health care providers and ultimately affect the patient's care.

Unprofessional, intimidating and/or disruptive behavior has the potential to adversely affect the quality of care delivered to patients throughout AAHS. Therefore, certain standards regarding behavior are necessary for the efficient operation of AAHS and for the benefit and safety of all who contribute to the delivery of health care at AAHS.

Professional behavior and good clinical practice skills are both essential components of the health care administered by AAHS employees and members of the medical staff. AAHS requires that professional behavior be exhibited both between AAHS employees/members of the medical staff/volunteers/students/third parties and a patient/family/visitors as well as between AAHS professionals.

Related Policies: (ADM1.1.74 "Disruptive and Intimidating Behavior")

### **Harassment and Workplace Violence**

Each colleague has the right to work in an environment free of harassment and disruptive behavior. AAHS does not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with AAHS. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace. Sexual harassment is prohibited. This prohibition includes, but is not limited to, 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 is prohibited at AAHS. Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the 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, the Human Resources Department, a member of management, the Corporate Compliance Officer, or the Compliance Hotline.

Related Policies: (HR8.2.01 "Discrimination and Harassment")

### **Diversity and Equal Employment Opportunity**

AAHS is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We comply with all laws, regulations, and policies related to non-discrimination in all of our personal actions. We make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities.

Related Policies: (HR8.1.01 "Equal Employment Opportunities")

### **Protect the Environment**

It is the policy of AAHS to comply with all state and federal laws protecting the environment. Colleagues shall dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.

### **Health and Safety**

All AAHS entities comply with all government regulations and rules, AAHS 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.

### **Hiring of Former and Current Government and Fiscal Intermediary 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 carrier requires certain regulatory notifications. Colleagues should consult with the Corporate Compliance Officer regarding such recruitment and hiring.

### **Ineligible Persons**

AAHS does not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs; suspended or debarred from Federal

government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility, provided that we are aware of such criminal offense. 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. Colleagues are required to report to us if they become excluded, debarred, or ineligible to participate in Federal healthcare programs; or have been convicted of a criminal offense related to the provision of healthcare items or services.

## **ACKNOWLEDGEMENT PROCESS**

Anne Arundel Health System ("AAHS") requires all employees to sign an acknowledgement confirming they have received the Code, understand it represents mandatory policies of AAHS and agree to abide by it. New employees are required to sign this acknowledgement as a condition of employment. Each AAHS employee is also required to participate in annual compliance training.

Adherence to and support of AAHS's Code of Conduct and participation in related activities and training is considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.

---

## **RECEIPT AND ACKNOWLEDGMENT**

I acknowledge that I have received my personal copy of AAHS's Code of Conduct. I understand that I am responsible for knowing and following it. I also understand that I am responsible for reporting violations of the Code to the appropriate management representative, Human Resources, or Corporate Compliance Department or Hotline (443-481-1338).

## **Vision**

To be the Destination health system in our region.

## **Mission**

To enhance the health status of the people we serve by providing:

- Patients with compassionate, high quality services that will help alleviate pain, preserve health and extend life.
- Physicians and other health professionals with the best resources and patient care services available in the region.
- Communities we serve with a full continuum of convenient, cost effective and accessible services.
- Employees with leading edge clinical, professional and educational opportunities.

## **Values**

Compassion

Trust

Dedication

Quality

Innovation