LSUHealth
INTERIM LSU PUBLIC HOSPITAL
Graduate Medical Education

LSU

PERSONAL DATA FORM

PLEASE PRINT LEGIBLY OR TYPE

Department: _____ House Officer Level: _____ (Circle One):
(Level you will be in July)

Internship Residency Fellowship

Training Program Name: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: Beeper Number:

Social Security Number: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____

National Provider Identification (NPI#): _____

Sex: Male_ Female _ Marital Status: S M W D Spouse's Name: _____

Race: (Please check one)
American Native ___Asian or Pacific Islander ___Hispanic ___White ___Black ____

List Person to Contact in case of Emergency: _____

Relationship: _____ Telephone Number: _____

PLEASE ATTACH THE FOLLOWING:

___ ACLS Certificate (If Applicable)

___ Copy of Medical License

___ Picture

LSU

LSUHealth
INTERIM LSU PUBLIC HOSPITAL
Graduate Medical Education

APPOINTMENT FORM

NAME: _____
Last First Middle Degree

SS#: _____ D.O.B. ____/____/_____ NPI#: _____

DEPARTMENT: _____ SUBSPECIALTY: _____

New Appointment: _____ Renewal: _____If Renewal, Did you Transfer from another Department? _____

Termination: _____ Transfer: _____From What Program: _____

HAVE YOU EVER WORKED WITH ANY OTHER LSU ENTITY? _____ IF SO ID# _____

EFFECTIVE DATE: _____

EXPECTED PROGRAM COMPLETION DATE: _____

APPOINTMENT LEVEL: _____

BEEPER #: _____ CELL#: _____

SUBMITTED BY: _____ DATE: _____

PHONE: _____

PROGRAM DIRECTOR: _____

THIS FORM IS TO BE COMPLETED FOR ANY HOUSE OFFICER WHO WILL BE ON CLINICAL ROTATION AT THE MEDICAL CENTER OF LOUISIANA.

LSUHealth
INTERIM LSU PUBLIC HOSPITAL

Medical Staff Services

House Officers/Fellows
Signature File

Name of Physician: _____
(Please Print)

ILH ID#: _____

School / Department: _____

Cell Number: _____ Beeper Number: _____

DEA License Number: _____

Signature of Physician: _____

SUBJECT: CODE GREY – HURRICANES	REFERENCE #2011
	PAGE: 1
DEPARTMENT: EMERGENCY MANAGEMENT	OF: 12
	EFFECTIVE: November 1, 2002
REVISED: August 10, 2006; March 15, 2007; Feb 27, 2009	

Reviewed By: Emergency Management Coordinator

Lonnie W. Hills 3/2/09

Approved. by: Medical Director

3/2/09

Clinical Chair of Emergency Preparedness Committee

Chair of Environment Care Committee: 3/2/09

PURPOSE:

The purpose of this plan is to prepare the LSU Interim Hospital for the event of a hurricane.

GENERAL:

- The Chief Executive Officer or designee, in concert with the Incident Command Team, local and state officials and Louisiana State University Health Care Services Division (LSU HCSD) officials, will determine the possible adverse impact that weather situations may have on the operations of the LSU Interim Hospital. Initiation of each phase of this plan will not necessarily coincide with reports and warnings from the National Weather Service, the Office of Emergency Preparedness or the City of New Orleans. WWL 870 AM is the official broadcast stations for LSU INTERIM HOSPITAL announcements. All phases of the LSU INTERIM HOSPITAL Code Grey Hurricane Plan will be announced on WWL-TV and radio.

- Hurricanes are classified according to the Saffir-Simpson Scale as follows:

	WIND	TIDAL SURGE	DAMAGE
Tropical Depression	< 39 mph		
Tropical Storm	39-73 mph		
Category I Hurricane	74-95 mph	4-5 feet	Minimal
Category II Hurricane	96-110 mph	6-8 feet	Moderate
Category III Hurricane	111-130 mph	9-12 feet	Extensive
Category IV Hurricane	131-155 mph	13-18 feet	Extreme
Category V Hurricane	> 155 mph	> 18 feet	Catastrophic

- There are five (5) phases to LSU INTERIM HOSPITAL Code Grey Hurricane Plan. They are:

1. Watch
2. Warning
3. Activation
4. Evacuation. The Evacuation Plan is detailed within Reference #1026.
5. Recovery.

Each phase requires specific actions by LSU INTERIM HOSPITAL management and staff. The following information for initiating the LSU INTERIM HOSPITAL Code Grey Hurricane Plan is general and allows flexibility. It is written as a plan for weather situations that provide time for preparation. In short term weather situations, like flash flooding, refer to Code Grey – Thunder Storms/Heavy Rainfall Procedure, Reference #2010 within the Emergency Management Manual.

Category 4 and 5 hurricanes will require more drastic actions than are outlines in the plan. Those decisions as well as decisions concerning unusual circumstances occurring during Category 1, 2 and 3 hurricanes will be made as needed and are not covered by this plan. Please refer to the LSU INTERIM HOSPITAL Emergency Management Evacuation Plan, Reference #1026 within the Emergency Management Manual for information regarding evacuation procedures.

The Emergency Management Coordinator or designee will:

- be an active member in the Region 1 HRSA group for healthcare organizations
- maintains an up to date resource of Region 1 HRSA members names and telephones so that effective communication can occur before, during and after an emergency incident.
- ensure LSU INTERIM HOSPITAL's active participation in the statewide patient tracking system initiated by HRSA & LHA. This tracking system will allow all hospital within the state to track patient location and status.

Physicians and staff must wear their official pictured ID badge throughout the entire emergency episode including throughout transport and work assignments at alternative treatment sites.

Incident stress debriefing will be available during the incident, if needed. Post incident staff debriefing will also be available, if needed.

Information regarding LSU INTERIM HOSPITAL's operational status and any other pertinent information for employees will be posted on hospital's website, www.LSU Interim Hospitalno.org.

TEAMS:

- LSU INTERIM HOSPITAL will use the Hospital Emergency Incident Command System for the Code Grey Hurricanes. The individual departments will staff utilizing an Activation Team and Recovery Team concept.

- The department directors are responsible for development of Activation and Recovery Teams within their areas of responsibility. All department directors are responsible for reviewing and updating their Activation and Recovery Team members as requested and submitting them upon request to the Planning Chief. See Code Grey Team Designations, Reference #2012 within the Emergency Management Manual.

- Each employee is responsible for providing two current contact telephone numbers (i.e.: pager number, cell phone number) to their department director or designee **and** the name and telephone number of a contact person that does not live within the state of Louisiana. See Reference #2011-A for the Telephone Call Tree template.

- All employees are expected to participate in the LSU INTERIM HOSPITAL Code Grey Hurricane Plan. Each employee will be required to sign a "Code Grey Acknowledgement Form" (See Reference #2013 within the Emergency Management Manual). This form will contain the employee's Activation I, Activation II or Recovery Team designation and will be maintained within the employee's departmental file.

- The Activation Team members will be given a status of 1 or 2. Status 1 employees are those who live on the West Bank of the Mississippi River, east of the Industrial Canal, or beyond the Orleans Parish line. Status 2 employees are those who live within Orleans Parish in the areas not mentioned in Status 1.

- Activation Teams should be assigned to work twelve (12) hour shifts. Staffing should be considered at 100% occupancy for staffing. Selection of Activation Team members should be based on skill mix.

- The Code Grey plan requires that we staff our facilities with sufficient staff to provide essential and support services through various stages of tropical storms and hurricanes. To that end, volunteers will be sought to serve on Activation teams. Should there be insufficient numbers of appropriate volunteer staff, staff will be assigned to the Activation teams as needed. Failure to report to duty as part of Activation or desertion after reporting for Activation will result in termination.

- When both members of a married couple are employed by LSU INTERIM HOSPITAL, special consideration may be given when both the husband and wife are assigned to the Activation team. If possible, one of the married employees may be given the option of opting out of Activation and placed on recovery, especially when dependents are involved. It is acceptable

to allow both employees to remain on Activation if they wish and are needed. If one employee is employed within one department and the other is employed within another department, department directors from each area should discuss the options and decide which of the employees is most critical to hospital's activation process. If an agreement cannot be reached, the appropriate Administrative Council members should be consulted to assist in the decision making process. If the married employees have a preference as to which employee shall be assigned to the activation team, reasonable attempts to satisfy their needs shall be attempted but not at the cost of the needs of our patients during a hurricane.

- With each Activation called, employees must call the LSU HCSD Hotline at 1 866 431-4571 (toll free) within forty eight (48) hours after the storm has passed and provide contact information to include a telephone number where the employee can be reached, an address and the employee's availability to return to work. Failure to contact the LSU HCSD Hotline within forty eight hours after the storm has passed may result in termination.

WATCH:

The ***Watch*** phase will be called when a hurricane may threaten within 96 hours (4 days).

- Code Grey Watch will be announced at LSU INTERIM HOSPITAL and at the outer buildings at the start of the Watch phase and at 7 a.m., 11 a.m., 3 p.m., 7 p.m. and 11 p.m. **and** via initiation of departmental call trees. An email will also be sent to the *LSU INTERIM HOSPITALNO Department Director* group to announce the Code Grey Watch.

- Department directors or their designees shall communicate with their teams to assess readiness at the start of the Code Grey Watch and as necessary. The Incident Command Leaders and Chiefs shall meet for the first time in the Incident Command Center one hour after the Code Grey Watch is announced. A Department Director's meeting will be scheduled as necessary.

- Incident Command Unit Leaders will check for critical supplies, equipment deficiencies and staffing shortages. Any deficiencies found shall be reported to the Unit Leader's Chief. Staffing shortages will be reported to the Labor Pool Unit Leader, Medical Staff Unit Leader or Nursing Pool Unit Leader as applicable. Action plans to correct deficiencies must be developed and implemented within 24 hours of the start of the ***Watch*** phase.

- Activation Team rosters will be reviewed for shortages (vacations, illnesses, etc.). Activation Team shortages will be reported to the Labor Pool Unit Leader, Medical Staff Unit Leader or Nursing Pool Unit Leader as applicable. Action plans to cover shortages must be developed and implemented within 24 hours of the start of the ***Watch*** phase.

- All employees are strongly encouraged to initiate their own personal hurricane plans including plans for their property and family members.

- A decision may be made regarding the transfer of patients to other facilities.

- Informational flyers will be given to all patients/significant others during the hurricane season and at admission once a Code Grey Watch is called. Designated staff will distribute the information flyers to all inpatient units for the nursing staff to hand out to inpatients.

- Public Relations will supply media with information regarding the closure of the Emergency Department, Ambulatory Clinics and inpatient facilities.

WARNING:

The ***Warning*** phase will be called when a hurricane may threaten within 72 hours.

- A Code Grey Warning is announced on each campus and at the outer buildings at the start of the Warning phase and at 7 a.m., 11 a.m., 3 p.m., 7 p.m., and 11 p.m. **and** via initiation of departmental call trees. An email will also be sent to the *LSU INTERIM HOSPITALNO Department Director* group to announce the Code Grey Warning.

- Incident Command members are notified by the Incident Commander or designee.

- An Incident Command Center will open at LSU INTERIM HOSPITAL.

- The Chief Executive Officer, in conjunction with Incident Command Center Leaders will make decisions regarding facility closure, patient discharges, patient transfers to other facilities and canceling elective procedures and clinics. Morgue and blood supply status will be obtained by the Ancillary Services Director.

- Prior to activation, the Department of Environmental Services will coordinate the removal of all medical waste and sharps containers and arrange for all dumpsters to be emptied.

- The following must be completed for each patient and placed within their medical record. These items will be attachment to the patient with a safety pin in a plastic Ziplock bag if evacuated:
  - A Patient Triage Card shall be completed by the physician caring for the patient. The Patient Triage Card must include the patient's last name, first name, middle initial, social security number, LSU INTERIM HOSPITAL medical record number, gender, date of birth, age, diagnosis, triage category i.e., red, yellow or green, if the patient is ambulatory or must be moved via stretcher, if the patient has an IV, if the patient is on a ventilator, if the patient

is on a cardiac monitor, if the patient is oxygen dependent, or if the patient is dependent on electricity. See Reference #2011-B for an example.

- Patient Demographic Information must be completed on each patient. The patient's nurse or designee shall print the CLIQ Patient Demographics Page for each patient and verify the accuracy of the demographic, patient contact information and next of kin information included on the CLIQ Demographics Page. If the patient demographic information is incorrect, it should be corrected in writing on the printed Patient Demographics Page. See Reference #2011-C for an example.
- A Patient Evacuation Transfer Summary Report shall be completed by the physician caring for the patient. The Patient Evacuation Transfer Summary Report should be written as a transfer summary to include at minimum, the following elements: admit diagnosis, diagnosis (diagnoses) on transfer, operative procedures, history of present illness, significant clinical findings, hospital course, condition on transfer, transfer disposition, prognosis, diet, activity, medications, follow up care and transfer instructions. See Reference #2011-D for a template.
- A three (3) day supply of medication to go with the patient.

PLEASE NOTE:
Triage Status
RED = critical care, ventilator dependent and/or dialysis
YELLOW = non-critical, non-ambulatory
GREEN = "walking wounded"; able to ambulate on own feet

- Departmental Code Grey Plans are to be initiated.
- Incident Command leaders will meet to assess last minute issues.
- Parking restrictions will be initiated.
- Packages containing emergency parking tags, Activation Team registration forms and Activation Team armbands are distributed to each Administrative Council member at the beginning of the hurricane season.
- Hospital access restrictions are initiated by Hospital Police. Restricted access is defined as limiting entrance to one entrance at front of facility and one entrance at the back of the facility **and** restricting visitor entrance. Visitors will be notified during this time that once the Activation phase is called, any visitor who leaves the facility will not be allowed to return.
- When the decision to activate is made, Activation Team I will be released from duty to go home or is notified by their department to prepare and return to LSU INTERIM HOSPITAL within twelve (12) hours. Activation Team I returns. Staffing, while Activation Team I is away

from duty, will be covered by Activation Team II and Recovery Team. Recovery Team may be called in to duty while the Activation Teams are at home preparing to return.

ACTIVATION:

The ***Activation*** phase will be announced when a hurricane may threaten within 48 hours (See Tracking Chart) with execution at 24 hours prior to landfall.

- Code Grey Activation will be announced three times on each campus and at the outer buildings at the start of the Activation phase and at 7 a.m./11 a.m./3 p.m./7 p.m./11 p.m. An email will also be sent to the *LSU INTERIM HOSPITALNO Department Directo*r group to announce the Code Grey Activation.

- Activation Team II will be released from duty as Activation Team I returns. Activation Team II is due back to LSU INTERIM HOSPITAL within twelve (12) hours. The Recovery Team should be off initiating their personal hurricane preparedness plans.

- Registration Desk opens when Activation is announced.

- Disaster supplies, waterless hand cleaner, food and water are moved into LSU INTERIM HOSPITAL above the first floor area.

- All ancillary buildings are closed, except for Laundry and Warehouse.

- Notice of Non-Acceptance of Non-Emergency Transfer is given to all ambulance companies.

- Notice of Ambulance Diversion is given.

- Visitor restriction is initiated. All visitors, except the one visitor who will remain with the patient, will be asked to leave. The one visitor remaining per patient must register and receive an armband at the Registration Desk. No visitors will be allowed to enter or re-enter any LSU INTERIM HOSPITAL building once the Activation phase is enacted.

- When the Activation phase is enacted, it is the responsibility to the Department of Registration/Admitting to print 50 copies of the Patient Census. These census copies will be used by the charge nurses for the Triage Summary Report and other during evacuation.

- Substations for CMS, Pharmacy, Dietary, Warehouse and Laundry to be set up at LSU INTERIM HOSPITAL.

- All outside travel by Activation Team members will stop in accordance with city and state directives.

- Employees on Activation must pick up their portable personal toilet and supplies from the Department of Environmental Services. See Reference #2011-E, How to Convert a Bucket into a Portable, Personal Toilet for complete instructions.

EVACUATION:

- The Evacuation phase is outlined in the Emergency Management Evacuation, Reference #1026 within the Emergency Management Plan.

RECOVERY:

- If an evacuation occurs, Code Grey Recovery will be announced three times on each campus and at the outer buildings at the start of the Activation phase and at 7 a.m./11 a.m./3 p.m./7 p.m./11 p.m. An email will also be sent to the *LSU INTERIM HOSPITALNO Department Directors* group to announce the Code Grey Recovery.

- The decision regarding Recovery Team report time is made by the Incident Commander. The specified time for the Recovery Team to report will be communicated internally through the departmental telephone trees and externally through WWL 870 radio and television stations. It is the Recovery Team employees' responsibility to monitor the media for these announcements if they have left the site of their telephone number of record.
- Activation Team members will be released as Recovery Team members report for duty. Staffing shall be determined by the department director or designee.

- Department specific recovery plans will be followed to implement and/or re-implement departmental services.

TELEPHONE TREE:

The Department of Telecommunications is responsible for notifying personnel on the Incident Command List at the start of Watch and Warning phases. Each department director is responsible for developing and implementing his/her own department telephone tree at the start of the Warning phase. See Reference #2011-A, the Telephone Call Tree, for the template.

COMMUNICATIONS:

- The main line of communication during Code Grey activities will be 800 mhz radios issued by the Incident Command Center to the Incident Command Leaders.

- Hand held Nextel two way radio communications will also be used as long as that capability exists. It is the responsibility of the Department of HIS to maintain a listing of all LSU INTERIM HOSPITAL issued Nextel telephone numbers for distribution during the Activation phase.

- FRS radios shall be issued to Administrative Council members, department directors or designee and the attending staff physician or designee from each hospital service of each medical school by the Department of Hospital Information Systems. These radios are to be used for internal and campus-wide communication for essential communications only. **Conversations shared on these radios can be heard by everyone on the radio net so please share cautiously.** These radios will also be used for announcements regarding situation status at 08:00 a.m., 12 noon and 4:00 p.m.

- The Incident Command Leaders will communicate with other hospitals, EMS, the City of New Orleans and HRSA by way of the official HRSA 800 mhz radio.

- One generator per hospital site will be dedicated for charging all 800 mhz radios. It shall be the responsibility of Hospital Police to maintain this generator and charge all 800 mhz radios as needed.

- One computer with internet capabilities will also be maintained on the generator dedicated to charging the 800 mhz radios to keep email and internet channels open.

- LSU INTERIM HOSPITAL will also possess a portable HAM radio to assist in communication. HAM radio operators will be hired and/or taken on as volunteers to operate the HAM radios.

VISITORS:

- Visiting hours will be suspended at the start of the Activation phase. All visitation will end 48 hours before landfall. One visitor will be allowed to remain with inpatients after visiting hours are stopped. All visitors will be required to register at the Registration Desk and may be used as Labor Pool.

- ***The Chief Executive Officer or designee has the authority to cancel visitation and direct all visitors to leave LSU INTERIM HOSPITAL if deemed necessary for the safety of the family members, patients or the staff***.

PERSONNEL ACCOMMODATIONS:

Sleeping quarters will be designated for the Activation Team. Staff will be notified of the designated sleeping quarters at the time of distribution of parking passes. Personnel are required to stay in their designated location.

ACCOMMODATIONS OF FAMILY MEMBERS AND DEPENDENTS:

There will be no guest and/or family accommodations at the LSU Interim Hospital. Activation team members may not bring guests and/or family members during Code Grey activities.

HOUSE STAFF/ATTENDING STAFF ACCOMMODATIONS:

Accommodations for the house staff physicians and attending staff physicians will be made through the Medical Staff office and the Medical Director's office. **There will be no guest and family accommodations at the LSU Interim Hospital. Activation team members may not bring guests and/or family members during Code Grey activities.**

ACCOMMODATION PROHIBITIONS:

- Under no circumstances will patient rooms or clinics be used for staff and/or physician accommodations unless approved by the Incident Commander.

- **PETS ARE NOT ALLOWED ON LSU INTERIM HOSPITAL PREMISES.** Anyone who brings pets on LSU INTERIM HOSPITAL premises will be directed to remove them.

- No electrical appliance or combustion fuel equipment or supplies, i.e., Coleman stoves, non battery operated lanterns, candles, may be brought to the LSU Interim Hospital.

BEDDING:

All Activation Team employees are responsible for bringing their own sleeping bags, linens, blankets, pillows, etc. No LSU INTERIM HOSPITAL mattresses or "egg crates" may be distributed to anyone other than patients.

SUPPLIES:

- An assessment of critical supplies is made prior to the beginning of the Hurricane Season, no later than June 1st. Water and other critical supplies will be requisitioned, received and stored for use during hurricane season. Any supplies not used during hurricane season will be released for general use on December 1st or before expiration date, whichever comes first.

- Employee should bring sufficient clothing, food, water, medications and toiletries for 10-14 days. See Activation Team Hurricane Supply List, Reference #2015 within the Emergency Management Manual for suggested items.

DIETARY:

Food service will be available for Activation Team employees. As long as able, the cafeteria will serve breakfast, lunch and dinner at no cost to the employee. If needed, meals ready to eat will be available to Activation Team employees.

PARKING:

Parking will be available for Activation Team employees only. Each Activation Team employee may bring one car only. LSU INTERIM HOSPITAL will make every effort to arrange for elevated parking but no guarantees will be given.

SICK CALL:

If needed, employees, physicians or patient visitors may obtain medical care during the Activation phase between 6 a.m. and 8 a.m. and 6 p.m. and 8 p.m. Emergencies will be handled at anytime at each site. Payment for services will be in accordance with LSU INTERIM HOSPITAL Policy 1102 – Free Care Determination.

PAY:

All employees working during the Activation and Recovery phases will be paid cash. Overtime will be paid in accordance with Civil Service rules. Activation Team members must clock in using the official LSU INTERIM HOSPITAL time and attendance system at the start of Activation and out when relived at Recovery. The pay policy for Activation and Recovery will be published by the Department of Human Resources at the start of the Warning phase.

REGISTRATION:

The Registration areas will be designated at the initiation of the Activation phase. Everyone in an LSU INTERIM HOSPITAL building during Activation and Recovery will be required to register including employees, physicians and patient visitors. All physicians are registered by the Medical Staff office. An armband system for registration will be used as follows:

- Employees – Purple
- Patient Guest – Orange
- Physicians – Yellow

The Registration areas will be open during Activation and Recovery phases.

The Labor Pool will be responsible for reporting:

- Coverage for shortages in Activation staff to the departments 24 hours before landfall
- Total number of people registered to Dietary twelve (12) hours before landfall and as necessary; and
- Total number of people registered to the Incident Command Center(s).

Employees of departments that are not involved in direct patient care will be assigned to the labor pool as hall monitors, couriers, clerical assistants, dietary assistants or patient escorts. Training will be provided for hall monitors and patient escorts.

A team will be formed for each operational floor at each LSU INTERIM HOSPITAL site to include one hall monitor, one courier, one clerical assistant and one patient escort.

As people leave the facility, they will check out through the Registration Desk. Employees reporting in for the Recovery Team will sign in at the Registration Desk.

NURSING POOL:

The Nursing Pool will be comprised of nursing personnel from Ambulatory Clinics, Revenue Enhancement, Case Management, Staff Development and any other areas where nurses are assigned that are not considered direct patient care.

LSUHealth
INTERIM LSU PUBLIC HOSPITAL

CODE GREY

SEVERE WEATHER PLAN

I hereby acknowledge receipt of the Interim LSU Public Hospital (ILPH) Physicians Disaster Plan for Code Grey Operations Plan. I understand that:

- I am responsible for complying with the ILPH Physician Disaster Plan for Code Grey and the Code Grey Operations Plan,
- I may be assigned to an on-call team by my Department Chairman, Section Chief or Chief Resident
- The ILPH Medical Director has the final authority and responsibility for all assignments for all of the Staff (Medical Staff Members/Interns/Residents/Fellows).

_____ _____

Printed Name Cell phone Number

_____

Local Address City State Zip Code

_____ _____

Signature Date

Circle the appropriate status: Intern Resident Fellow

School/Department: _____

MEDICAL CENTER OF LOUISIANA
LSU Interim Hospital
Department of Medical Staff Affairs
and Graduate Medical Education (GME)

Policy Number: MS 0006

Policy Title: Medical Staff Code of Conduct

Inquiries to: Gail G. Runnebaum, CPMSM (504) 903-0381

Effective Date: April 29, 2010

Approvals:

_____
Administrative Director, Medical Staff & GME

Review/Revision Dates: 4/29/10
Medical Executive Committee Approval: 4/29/2010
Board of Supervisors Approval:

I. INTRODUCTION

The Medical Staff, (to include Faculty, Licensed Independent Practitioners and Residents, for this policy) at the Interim LSU Public Hospital (ILH) are committed to supporting a culture that values integrity, honesty, and fair dealing with each, and to promote a caring environment for patients, their families, physicians, nurses, other health care workers and employees.

The Medical Staff endeavors to create and promote an environment that is professional, collegial and exemplifies outstanding teaching, research and patient care.

Towards these goals, the Medical Staff strives to maintain a workplace that is free from harassment. This includes behavior that could be perceived as inappropriate, harassing, or that does not endeavor to meet the highest standards of professionalism.

II. PURPOSE

The purposes of this Code of Conduct are to:

- clarify the expectations of all health care providers during interactions with any individual at the ILH;
- encourage the prompt identification and resolution of alleged inappropriate conduct;
- encourage identification of concerns about the well-being of a health care provider whose conduct is in question.

Disruptive conduct and inappropriate workplace behavior may be grounds for suspension or termination of a contract, or cancellation, suspension, restriction or non-renewal of privileges.

The process set forth in the ILH (MCLNO) Medical Staff Bylaws and Rules and Regulations will be followed for matters which have an impact upon an individual's privileges, employment or a house officer's academic standing.

III. POLICY STATEMENT

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the process in the Medical Staff Bylaws, Rules and Regulations.

This Policy also addresses sexual harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated.

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, Practitioners, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

IV. DEFINITIONS

"Appropriate behavior" includes any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized Medical Staff, or to engage in professional practice including practice that may be in competition with the hospital.

"Inappropriate behavior" means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."

"Disruptive behavior" means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

"Harassment" means conduct toward others based on their race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

"Sexual harassment" means unwelcome sexual advances, requests for sexual activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment.

"Medical staff member" means physicians and others granted membership on the Medical staff and for purposes of this Code, includes individuals with temporary clinical privileges and residents.

V. TYPES OF CONDUCT

A. APPROPRIATE BEHAVIOR

Medical staff members cannot be subject to discipline for appropriate behavior. Examples of appropriate behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with aim of improving patient care safety;
- Encouraging clear communication;
- Expressions of concern about a patient's care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- Professional comments to any profession, managerial supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others;
- Active participation in medical staff and hospital meetings
- Membership on other medical staffs; and
- seeking legal advice or the initiation of legal action for cause.

B. INAPPROPRATE BEHAVIOR

Inappropriate behavior by medical staff members is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior". Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Personal sarcasm or cynicism;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient
- care or safety;
- Inappropriate comments or behavior in meetings
- Intentionally condescending language; and
- Intentionally degrading or demeaning comments regarding patients and their families, nurses, physicians, hospital personnel and /or the hospital.

B. DISRUPTIVE BEHAVIOR

Disruptive behavior by medical staff members is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone in the hospital including, physicians, nurses, other medical staff members, patients, their families, any hospital employee, administrator, or member of the Board of Directors;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts, or other things;
- Threats of violence or retribution;
- Sexual harassment;
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation; and
- Repetitive inappropriate comments or disruptions in meetings.

VI. GENERAL GUIDELINES/PRINCIPLES

1. Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by members of the Medical Staff or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy. If the matter involves an employed practitioner, hospital management in consultation with appropriate medical staff leaders and legal counsel will determine which of any applicable policies will be applied.

2. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address concerns about inappropriate conduct by practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Executive Committee or the elimination of any particular step in the Policy.

3. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the *Medical Staff Executive Committee (or its designee)*; the practitioner's counsel shall not attend any of the meetings described in this Policy.

4. The Medical Staff leadership and Hospital Administration shall provide education to all Medical Staff members and Allied Health Professionals regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

VII. PROCEDURES

Every individual should feel free to file a complaint in good faith about unprofessional behavior without fear of reprisal or retaliation. Medical Staff members have an obligation to address and/or report incidents of inappropriate and disruptive behavior. Complaints about a member of the Medical Staff regarding allegedly inappropriate or

disruptive behavior should reported within 5 business days and be in writing, signed and directed to Medical Staff Services. and Risk Management.

The complaint should include to the extent feasible:

1. name of practitioner , the dates(s), time(s), and location of the inappropriate or disruptive behavior;
2. a factual description of the inappropriate or disruptive behavior;
3. the circumstances which precipitated the incident;
4. the name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
5. the names of other witnesses to the incident;
6. the consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care or safety, or hospital personnel or operations; and
7. any action taken to intervene in, or remedy, the incident, including the names of those intervening.

VIII. INITIAL PROCEDURE

1. The Medical Director of the Medical Staff Office or designee will screen all complaints to determine the authenticity and severity of the complaint. If the complaint is clearly not valid, it may be summarily dismissed. If it is determined that the complaint may have substantial validity, the Medical Director of the Medical Staff Office (or designee) will speak with the complainant and the subject of the complaint.

2. Medical Staff members who are the subject of a complaint shall be provided with a summary of the complaint and a copy of this Policy in a timely fashion, in no case more than 30 days from receipt of the complaint. The subject shall be offered an opportunity to provide a written response to the complaint; any such response will be kept along with the original complaint in all relevant files.

3. The Medical Staff member will be notified that any attempt to confront, intimidate or otherwise retaliate against the complainant is a violation of this Code of Conduct and may result in corrective action against the Medical Staff member.

4. The complainant will also be provided a written acknowledgement of the complaint and an explanation of how complaints are handled. If the complaint is determined to have no substance or validity, the complainant will be counseled regarding appropriate use of the incident reporting system.

5. After discussion with the Medical Staff member, the Medical Director of the Medical Staff Office (or designee) will document the disposition of each complaint and a record shall be kept in the appropriate files.

6. The Hospital Center Head and the appropriate Medical School Department Chair will be kept informed regarding complaints directed toward their department members.

IX. DISPOSITION OF UNFOUNDED COMPLAINTS

If the information obtained in the investigation fails to demonstrate that the incident complained of took place, or if the reported behavior did not, in fact, deviate from expectations of professionalism, The Medical Director of the Medical Staff Office *(or designee)* may find that there is no basis for the concern. In this event, the complaint will be retained in the Practitioner's file in accordance with this policy, with a clear indication that it was unfounded together with the information that substantiates this.

X. SUBSTANTIATED COMPLAINTS

If it is determined that inappropriate conduct took place, a staged approach to behavior management shall be considered in light of the prevalence, severity, persistence and consequences of the incident or behavior.

1. The Director of the Medical Staff Office (or Designee) will meet with the Practitioner. Either may request the presence of a third party for this meeting.
2. At the meeting the following information will be provided to the Practitioner:
   a. the details of the incident about which the report was received; and
   b. an explanation of how this behavior deviated from expectations.
3. The Practitioner will be provided with the opportunity to respond to the information, either orally, during the meeting, or within 14 days in writing.
4. In discussion with the Practitioner the Medical Director of the Medical Staff Office (or designee) will determine whether further investigation as to the cause of the behavior is warranted. Such an investigation will certainly be warranted where the Practitioner feels that the behavior is outside of his or her own control. The Practitioner could be referred for an independent evaluation.

XI. BEHAVIOR MANAGEMENT

Unless behavior complained of poses an immediate threat to patient care or the safety of others, or unless the outcome of a prior complaint has indicated otherwise, the Medical Director of the Medical Staff Office (or designee) will consider the findings of the review and make the following recommendations:

- expectations in relation to behavior in the future;
- remediative measures, if any. (An effort will be made to reach agreement with the practitioner about the steps required towards changing his or her behavior; in keeping with a staged approach to management, the course of action could include such components as stress management training, psychotherapy, monitoring, teamwork training, an apology, monitoring etc.) The agreement as to what measures will be undertaken may take the form of a written contract between the practitioner and the institution;
- disciplinary action, as may be appropriate;
- the consequences of any repeated inappropriate behavior; and
- further follow up, as required.

The Director of the Medical Staff Office *(or designee)*will provide the Practitioner with a written summary of the meeting and a copy of the written summary will be retained in the Practitioner's file.

The Medical Director of the Medical Staff Office will provide a report to the MEC.

XII. EGREGIOUS/REPEATED UNPROFESSIONAL BEHAVIOR

If the behavior complained of poses an immediate threat to patient care or the safety of others, or if the outcome of a prior complaint has indicated as much, the matter will not be dealt with by the Medical Director of the Medical Staff Office. Rather, (the appropriate higher level of authority: the President of the MEC, a committee appointed by the President of the MEC and/or the MEC) will consider the findings of the review and make the determination as to outcome, which could include suspension of privileges or dismissal from the Medical Staff.

If the Practitioner feels that the process or determination is flawed, then the Practitioner is entitled to request a formal appeal as outlined in the Medical Staff Bylaws, Rules and Regulations.

A Practitioner who fails to act in accordance with this policy may be subject to disciplinary action, up to and including suspension/termination of privileges.

XIII. CONFIDENTIALITY

The complaints investigation procedure is intended to be a confidential procedure. All parties to the process are expected to respect and maintain the confidentiality of the process and not to divulge the details of the investigation to anyone. Where there is any risk to other Practitioners, employees and patients, disclosure will be made to the extent necessary to offer adequate protection.

XIV. BEHAVIOR DIRECTED TOWARD A MEDICAL STAFF MEMBER

Inappropriate or disruptive behavior which is directed against the organized medical staff or directed against a medical staff member by a hospital employee, administrator, board member, contractor, or other member of the hospital community shall be reported by the medical staff member to the hospital pursuant to hospital policy or code of conduct, or directly to the hospital governing board, the state or federal government, or relevant Accrediting body, as appropriate.

XV. AWARENESS OF CODE OF CONDUCT

The Medical Staff shall, in cooperation with the hospital, promote continuing awareness of this Code of Conduct among the Medical Staff and the hospital community, by:

1. Sponsoring or supporting educational programs on disruptive behavior to be offered to Medical Staff members and hospital employees.
2. Disseminating this Code of Conduct to all current Medical Staff members upon its adoption and to all new applicants for membership to the Medical Staff.
3. Educating the members and the hospital staff regarding the procedures the Medical Staff and hospital have put into place for effective communication to hospital administration of any Medical Staff member's concerns, complaints, and suggestions regarding hospital personnel, equipment and systems.

XVI. SEXUAL HARASSMENT CONCERNS

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

1. A meeting shall be held with the member of the Medical Staff to discuss the incident. If the member of the Medical Staff agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's file. This letter shall also set forth those additional actions, if any, which result from the meeting.

2. If the member of the Medical Staff refuses to stop the conduct immediately, this refusal shall result in the matter being referred to the Medical Executive Committee for review pursuant to the Medical Staff Bylaws, Rules and Regulations.

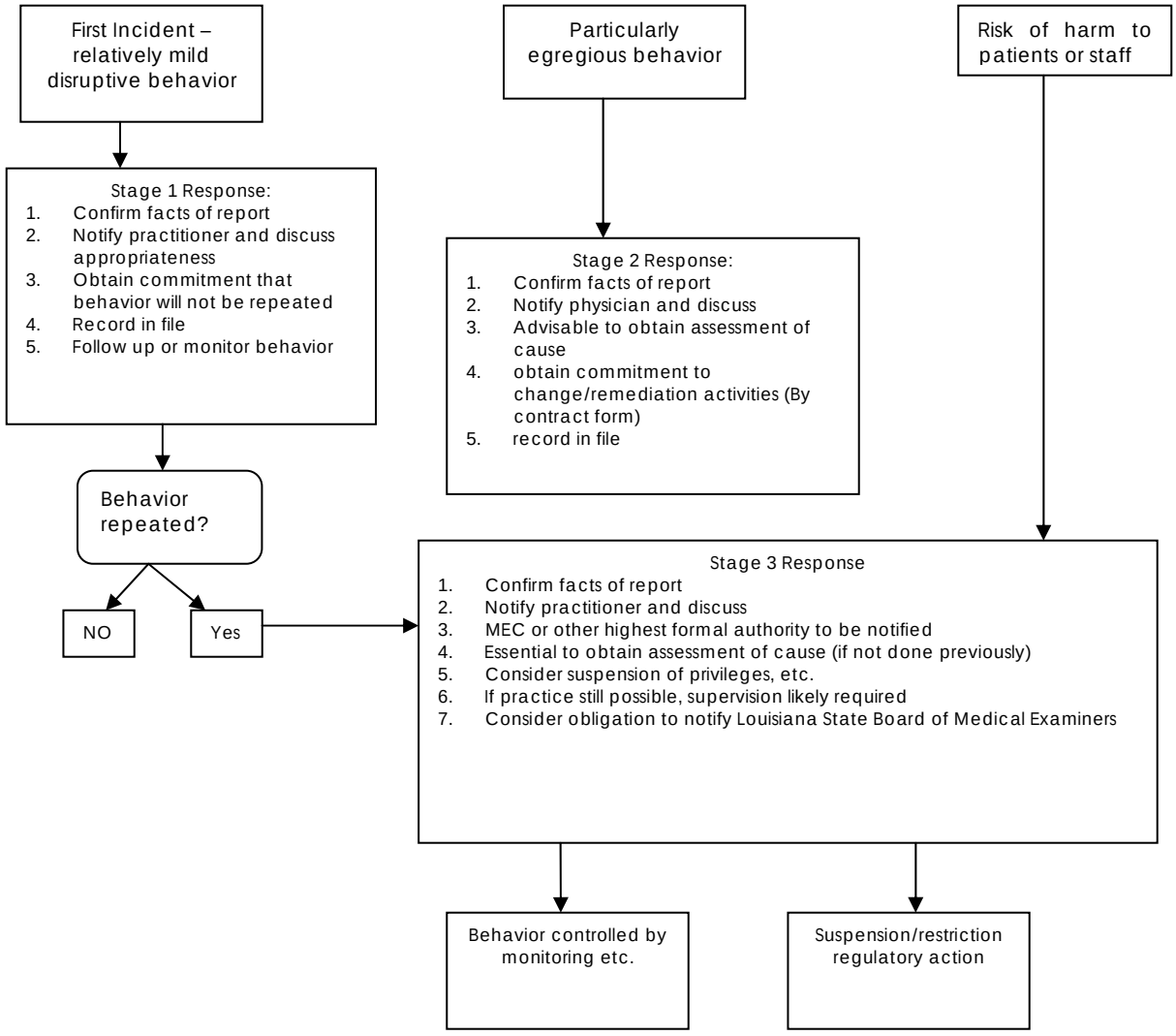
3. Any reports of retaliation or any further reports of sexual harassment, after the member of the Medical Staff has agreed to stop the improper conduct, shall result in an immediate investigation. If the investigation results in a finding that further improper conduct took place, the President of the MEC will appoint a committee with a formal investigation or other steps in accordance with the Medical Staff Bylaws, Rules and Regulations. Such referral shall not preclude other action under applicable hospital human resources policies. Should the Medical Executive Committee make a recommendation that entitles the individual to request a hearing under the Medical Staff Bylaws, the individual shall be provided with copies of all relevant reports so that he or she can prepare for the hearing subject to agreement of the practitioner and counsel, if any, not to retaliate in any way.

Recommended by the Executive Committee this **29th** day of **April, 2010**

_____
President of the Medical Staff

Approved by the Board this _____ day of _____, 20___.

Behavior Management Flow Chart



LSUHealth
INTERIM LSU PUBLIC HOSPITAL

Code of Conduct

ACKNOWLEDGMENT

This is to acknowledge that I have read and understand the Interim LSU Public Hospital Medical Staff Code of Conduct.

_____
(Print Name)

_____
Signature Date

Environment of Care: Key Elements

Interim LSU Public Hospital

Department of Professional Development, Clinical Excellence, and Clinical Affiliation

Revised March, 2010

Welcome to Interim LSU Public Hospital

- This inservice is an introduction to and overview of our environmental safety policies and practices
- It is actually required by the accrediting agencies; therefore it is very important that you participate
- Please print out an answer sheet, then read through this presentation. There is a quiz at the end.

ILH Core Values

- **C**ustomer Focused
- **H**ealing Environment
- **A**ccountability
- **R**espect & Integrity
- **I**nnovation
- **T**eamwork
- **Y**es We Can Attitude

You are expected to demonstrate these values every day you are here

Appearance Standards
Policy 8134

- ILH employees, physicians, students, contract workers, and volunteers shall present a neat and clean appearance, and dress in a manner appropriate for a professional healthcare environment
- In general, all will wear name badges with name and title, and shall not wear denim, shorts, or revealing clothes

Service Excellence

Two kinds of customers:

- Internal—coworkers, people from other departments, vendors, representatives, students, and instructors
- External—patients, and their family and friends

Treat all of these people with respect, helpfulness, and willingness to listen

Communication Skills

- Differences in communication styles can lead to misunderstandings
- Nonverbal communication can mean different things to different people
- Simplify and explain what you are saying
- Check with the person regularly during the conversation, to see if they understand you
- Avoid slang or technical language
- Listen as much as you speak and be patient

Telephone Etiquette

- Answer promptly; state the name of the department and your name
- Listen and show interest; take written notes
- Transfer only when necessary, but first give the person the number before you transfer them
- Give any messages accurately and quickly to the appropriate person

Email Etiquette

- Would a personal conversation be better?
- Re-read the message before you send it; would you want this message to be seen in a public place?
- Copy (“cc”) people you think need the information; check these names before you send

Email: Things to Avoid

- Discussing multiple topics or lengthy messages
- Using email as your main mode of communication
- Copying others as a form of coercion
- Overuse the high priority flag
- ALL CAPITALS!

Dealing with difficult customers

- Apologize for any difficulties
- Learn to anticipate peoples' needs; be proactive and prevent problems before they occur
- Remain calm and listen; use appropriate body language as well
- Try to solve a situation before it escalates into an unsafe one
- Know when and how to obtain assistance for a customer, when you are unable to help them

Interpreter Services

- Every patient is entitled to use qualified medical interpreters, and we must guarantee confidentiality at all times
- Use only approved hospital interpreters
- Interpreter services are available 24 hours a day, 7 days a week
- Call the hospital operator at 903-3000

Ethics

- You are expected to do the right thing, at the right time, all the time, in the right place, for the right reason
- The Ethics Committee provides a forum for discussion of ethical concerns or situations
- You can access an Ethics Committee member 24 hours a day, 7 days a week, by calling the hospital operator at 903-3000

Diversity

- Diversity is when people from different backgrounds and cultures are joined together by some common element
- Stereotyping is viewing a person as a member of a larger group, and assuming that they share characteristics. It is based on lack of experience with people from that group.

Cultural Competency

- Having the motivation, knowledge, and skills that enable you to work with or serve people from differing backgrounds or cultures
- You have to actively examine your attitudes toward different kinds of people, and deliberately work to get to know, understand, and work with them in respectful and productive ways

Health Literacy

- The ability to understand and act upon health information
- Affects people of every age, race/ethnicity, socioeconomic, and educational levels
- Poor health literacy results in patient dissatisfaction, poorer patient outcomes, increased health disparities, and higher health costs

Gold Standards of Health Literacy

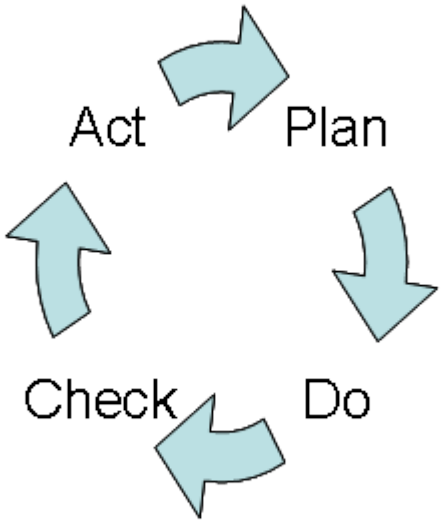
- Listen
- Treat patients with respect
- Explain things in a way that patients can understand
- Give help as soon as patients want it
- Explain medicines before giving them
- Give patients information about what to do during their recovery at home

Ask Me 3

- We want all of our patients to be comfortable enough to ask questions about their condition, care, or treatments; and we will welcome and encourage these questions

Performance Improvement

- “PDCA” is the continuous cycle of performance improvement used at ILH
- Departments identify opportunities for improvement, then implement them, and evaluate for effectiveness
- **Everyone participates in performance improvement**



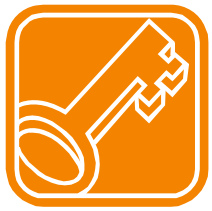
Service Excellence

Providing excellent customer service is a choice you make.

Choose excellence at every opportunity

Americans with Disabilities Act

- LSU HCSD provides reasonable accommodations for people with disabilities when possible, and focuses on a person's abilities, rather than disabilities
- ILH is a drug and alcohol-free workplace
- Follow all drug-testing policies



Safety

Standard Hospital Emergency Codes

- Code Blue (medical emergency)
- Code Red (fire or smoke)
- Code Grey (severe weather)
- Code Pink (infant/child abduction)
- Code White (violence/security alert)
- Code Yellow (disaster/mass casualty)

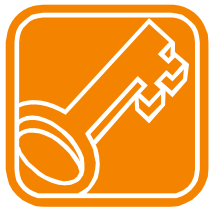
Call 2-5000 to report any emergency

Safety

Standard Emergency Codes, continued

- Code Brown (internal disaster)
- Code Orange (hazardous materials)
- Code Gold (prisoner violence)
- Code Black (bomb threat)
- Code Green (obstetric delivery)

Call 2-5000 to report any emergency



Code Blue

1. Call for help
   → inside the hospital, call 2-5000
   → in any building separate from the hospital, call 911
2. Begin the steps of CPR

Rapid Response Team

- If you think anything is wrong with a patient, notify the nurse or doctor immediately
- Inside the hospital, you can also call the Rapid Response Team for further assistance
- Call 2-5000
- If the patient continues to worsen, call for Code Blue, then begin CPR

Life Safety--
Fire Prevention

In the immediate area of the fire: RACE

- **Rescue** persons in immediate danger
- **Activate** the manual pull station alarm; call 2-5000 for Code Red
- **Close** doors to smoke and fire
- **Extinguish** or Evacuate

Fire Extinguishers

ABC fire extinguishers may be used on all types of fires

To operate: **PASS**

1. Pull the pin
2. Aim the nozzle at the base of the fire
3. Squeeze the handle
4. Sweep from side to side

Fire Safety

If you are in an area that is above, below, or adjacent to the fire:

- Move patients into rooms
- Close all doors and windows
- Wait for further instructions

Fire Safety

- If you are inside the hospital, practice RACE and PASS
- Fire alarm pull stations are located at each exit
- If possible, attempt to extinguish the fire

Fire Safety

If you are located in any building outside the hospital (clinics, offices), evacuate immediately, then call 911

Smoke-free Environment

ILH is a tobacco free facility, including all buildings and grounds owned by the hospital with the exception of designated smoking areas.

Electrical Safety

- Always inspect electrical equipment before using; never used if damaged or wet
- Always remove by pulling the plug, not the cord
- Plugs must have a third prong
- Red outlets supply generator power when the regular power is lost

Electrical Safety, continued

- Only ILH electricians may open electrical panels and reset breakers
- Only ILH extension cords, space heaters, or electrical equipment are allowed
- Never touch a person who is being electrocuted

1. Disconnect the power source
2. Call 2-5000
3. Begin the steps of CPR

Violence in the Workplace

- Violence includes verbal or physical threats
- Intentional destruction of property
- Domestic situations frequently carry over into the workplace
- Violence is often preceded by warning signs
- Call Code *White* for any potentially or actual violent situations 2-5000

Hospital Security

- Everyone has the responsibility to ensure a safe environment
- **Everyone** must wear an ID badge
- Report anything that appears unusual, or does not seem right to Hospital Police (903-6337)
- Anticipate and attempt to prevent violence
- Report any occurrences immediately

Code Grey

- Code Grey is the inclement weather plan for ILH
- When severe weather is anticipated, employees on the Activation Team will report for duty
- Employees on the Recovery Team will report for duty after the weather event is over
- Check with your supervisor for your specific Code Grey assignment

Material Safety Data Sheets (MSDS)

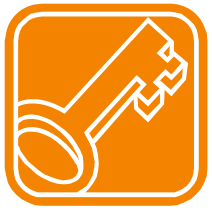
- MSDS is a document that gives safety information about chemicals and substances
- Every chemical used in your work area must have a MSDS readily available
- MSDS tells us procedures for safe handling and use; level of toxicity and reactivity; what precautions to take if someone is exposed, and the manufacturer’s name and phone number

Prisoner Care: Policy 5008

- We treat prisoners with the same level of dignity and respect we give to all other patients
- Prisoners must always wear a restraint device, and a law enforcement officer must be physically present at all times
- Prisoners cannot have phone calls, messages, or visitors

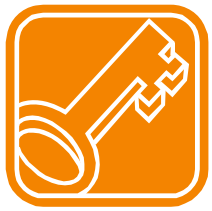
Prisoner Care, continued

- Prisoners are to be treated and discharged as quickly as possible
- Prisoners are to receive no information about clinic or follow up appointments
- If there are any problems with either prisoners or law enforcement officers, please notify Hospital Police as soon as possible
- Call Code Gold for any prisoner-related violence



Incident Reporting Policy 5040

- An incident is any occurrence that is not consistent with routine operation of ILH, or has the potential to result in harm or loss to an individual or property
- All employees, physicians, volunteers, students, and contract workers are responsible to report incidents, and to cooperate with Safety Coordinators



Patient's Rights

- We must follow all of the National Patient Safety Goals (posted in all areas); you are responsible for knowing how they are being carried out in your area
- Rights include pain management, and age-specific care
- Patients' responsibilities include providing an accurate medical history and following hospital rules

Safe Haven Law: Policy 0073

- In accordance with state law, ILH provides a “safe haven” for parents to leave an infant in the hospital’s care. There are conditions that apply.
- If a person brings an infant to the hospital, arrange to transport the infant to the Emergency Department, and ask the parent to stay and speak with ED personnel.

Identifying Neglected or Abused Patients

- ILH provides services and care to patients who are abused or neglected
- Indicators for suspected abuse/neglect are listed in Policy 5065

It is mandatory to report suspected abuse/neglect in three kinds of people:

1. **Those who have a disability, of any age**
2. **Over age 60**
3. **Under age 18**

Abused/Neglected Patients

- If you suspect abuse or neglect in your patient, call the Department of Case Management
- There may be other agencies you will report to as well

Preventing Falls

- We have a duty to protect patients from falling
- RAGTIME is our fall-prevention program

If a patient is at risk for falling:

- Take immediate precautions
- Notify the charge nurse
- Everyone on the unit will be notified, and intervene to keep the patient from falling

Safe Medical Device Act Policy 5027

- Safe Medical Device Act is federal law: the FDA must be notified of any medical device-related problems
- **Everyone** is responsible to report any damaged or defective medical equipment
- Remove the defective equipment, apply a red label, remove it from use, and complete the report

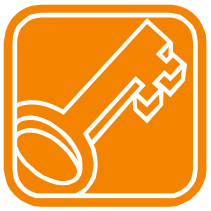
Infection Control

- No eating or drinking in any area where patients are served
- Do not come to work if you are sick
- Hand hygiene

Infection Prevention and Control

Hand Hygiene is the most important thing you can do to prevent transmission of healthcare associated infections

- Before and after patient contact
- After removing gloves
- Before preparing food, medication, or handling clean supplies
- Soap and water; wash for 10-15 seconds
- Alcohol sanitizer may be used if no visible residue (but not when C. Difficile is present)
- Allow alcohol sanitizer to dry completely before touching anything



Infection Prevention and Control

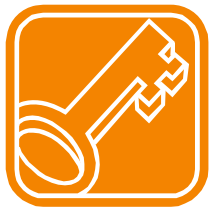
Standard Precautions

- Designed to reduce the transmission of recognized or unrecognized sources of infection
- Applies to all patients, regardless of diagnosis
- Includes proper use of personal protective equipment and respiratory cough hygiene practices

Infection Prevention and Control

Respiratory Hygiene Cough Etiquette

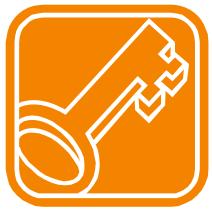
- Cover mouth and nose when coughing or sneezing
- Contain secretions in a tissue and dispose of in a touchless receptacle
- Wash hands afterward
- Mask all coughing patients



Infection Prevention and Control

Blood borne Pathogens

- All body fluids are treated as if contaminated
- Identify risks of exposure (job duties) and always use safe work practices
- Obtain appropriate vaccinations
- Always use personal protective equipment



Infection Prevention and Control

If you are exposed to blood or body fluids:

- Wash exposed area with soap and water
- Report exposure to supervisor
- Immediately report to the Emergency Department for treatment
- Complete incident report

Infection Prevention and Control

Sharps disposal

- Immediately place used sharps into appropriate containers
- Never recap needles
- When sharps containers are ¾ full, call for replacement

Infection Prevention and Control

Symptoms of Tuberculosis

- Cough that lasts greater than 2-3 weeks
- Chest pain with cough
- Fever, chills, night sweats
- Weight loss, poor appetite
- Fatigue or weakness
- Shortness of breath

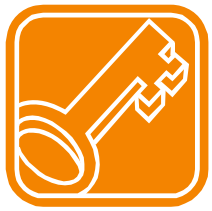
Tuberculosis Control Plan

For yourself:

- Complete required TB screening
- If you have any symptoms of TB, notify your supervisor and Infection Control immediately

For your patients:

- If your patient has symptoms of TB, apply an N-95 mask, place into isolation room, and notify Infection Control



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Compliance

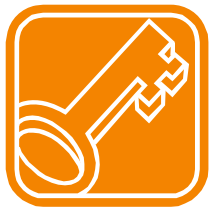
- A compliance program is designed to ensure that a hospital follows all government rules and regulations
- It also ensures that all hospital and LSU-HCSD policies are followed

Fraud/Abuse

- Fraud occurs when a provider or supplier **knowingly and willfully** deceives the Medicare program, in order to obtain money
- Abuse is practices of providers, physicians, suppliers which are inconsistent with accepted sound practices
- Federal False Claims Act: anyone who knowingly presents the US Government with a false claim for payment is liable for penalties

What is your role in Compliance?

- Adhere to rules, regulations, and compliance policies, and the LSU-HCSD Code of Conduct
- Reporting any suspected violations
- Supervisors are responsible for detecting, investigating, reporting, and correcting any compliance issues



LSU-HCSD
Code of Conduct

- HCSD shall comply with all applicable laws
- HCSD shall conduct its affairs in accordance with the highest ethical standards
- All personnel shall avoid conflicts of interest
- HCSD shall strive to attain the highest standards of patient care
- HCSD shall provide equal opportunity and respect the dignity of all patients and personnel
- HCSD shall maintain the highest standards of academic integrity

LSU-HCSD
Code of Conduct

- HCSD shall maintain proper and accurate records and a relationship of integrity with all payor sources
- All business practices of HCSD and it's personnel shall be conducted with honesty and integrity
- HCSD shall have a proper regard for health and safety
- The code of conduct is the fundamental basis for the operation and activities of HCSD

Reporting Suspected Violations

1. Directly to the Compliance Officer,
   at 903-0571 or
2. Through the Compliance Access Line,
   at 1-800-735-1135

There will be no direct or indirect retaliation against anyone who raises a problem or concern

HIPAA Privacy Rule

- Requires policies and procedures to protect health information and patients' rights
- Requires education for staff
- Requires a process for investigating any patient complaints

What is Protected Health Information?

- Any information that can lead to the identity of a patient
- It includes such things as names, addresses, contact information, dates (birth, service, death), or numbers (Social Security, ID, medical records), and any health-related information
- It can be written, verbal or non-verbal, or electronic (email)

How do we protect patients' information?

- Treat all information as if it were your own, or a family member's
- Do not discuss patients in public areas, such as the hallways, elevators, or cafeteria
- Do not discuss patients outside the workplace, with anyone
- Do not leave information in areas where anyone could see it

Protecting information, continued

- Shred/destroy any records (paper, disk, films) when they are no longer needed
- Access systems only when you are authorized to do so, and have a legitimate business or professional reason to do so
- Log off or lock your computer when you leave your work station; do not share passwords
- Keep records secured when you are away from your workplace

EMTALA

- Federal law that imposes obligations on hospitals that have emergency departments
- It protects patients from financial discrimination
- Violations can result in fines, or exclusion from Medicare reimbursement
- Hospitals cannot assess financial status before providing treatment

EMTALA, continued

- Every patient who presents for care must receive an medical screening exam, and be recorded
- The medical screening exam must determine if an emergency condition exists
- Hospitals must provide on-call physician coverage schedules, and publicly post EMTALA notices
- Hospital are required to report any possible violations, such as when they inappropriately receive a patient from another facility

“When in doubt, report”

1. Ask the manager or supervisor
2. Ask the Nursing Services Supervisor
3. Ask the Compliance Officer

The Compliance officer is:

JoeAnn Coleman

903-0571

Sexual Harassment

- Every person has the right to a work environment free from sexual harassment
- Sexual harassment can come from anyone—employee, non-employee, coworker, supervisor, vendor, student, contractor, etc
- It can come from a person of the same or a different gender
- It is never acceptable

Sexual Harassment, continued

- If someone harasses you:

1. Say “no” and tell them to stop
2. Notify your supervisor immediately

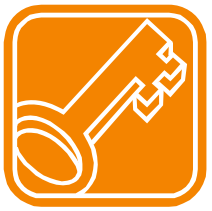
The hospital is obligated to act upon and investigate any complaints of sexual harassment. There will be no retaliation against an employee who makes a report.

Slips, Trips, Falls

- **Everyone** is responsible for preventing injuries in the workplace
- Keep walkways clear, dry, and well-lit
- Pay attention to what you are doing, wear proper shoes, and follow safe work practices
- Immediately request repairs or environmental services when needed

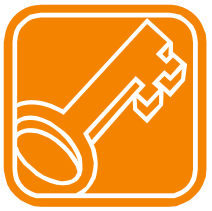
Back Safety

- Risk factors for back pain: age, poor fitness, overweight, arthritis, smoking, job duties…
- 37% of all low back injuries occur on the job
- Poor posture causes the back to come out of alignment, and can cause injury
- Prevention is key!



Back Injury Prevention

- Sit and stand in correct posture
- Manage your weight
- Exercise
- Stop smoking
- Use proper techniques when lifting/moving patients or objects



Proper Lifting Technique

- One foot in front of the other, shoulder width apart, and stand close to the object
- Keep back straight and **bend at the knees**
- Tighten stomach muscles as you bend down, but don’t hold your breath
- Keep the object close to your body, and lift it by pushing up with your legs—keep your back straight
- Never twist your back—move your feet to turn

Quiz:
True or False?

1. I can treat my coworkers differently than my patients
2. Email is always the best form of communication
3. I can tell a customer “I don’t know”
4. I can ask a coworker to translate if a patient does not speak English

How did you do?
Answers

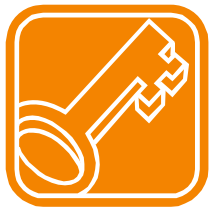
1. **False.** Treat all customers with respect and attention
2. **False.** Sometimes a phone call or personal conversation is best
3. **True.** But only if you immediately follow up and take the steps to find the answer for them.
4. **False.** Always use the hospital-approved translation service

Quiz, continued
True of False?

5. I don’t have to worry about performance improvement
6. I can call 2-5000 for any emergency
7. If I see fire or smoke, my first step is to run for help
8. An ABC fire extinguisher can be used on any type of fire

Answers

5. **False.** Everyone has a role in performance improvement.
6. **True.** (if outside the hospital building, you will call 911 for Code Blue or Code Red)
7. **False.** The first step in Code Red is to rescue anyone in immediate danger (RACE)
8. **True.** You should always know the location of the alarm pull station and the fire extinguishers.



Quiz, continued
True or False?

9. The Hospital Police alone are responsible for ensuring hospital safety
10. Prisoner-patients get no healthcare information
11. I am responsible for knowing and practicing the National Patient Safety Goals
12. I must report a 70 year old patient who shows signs of neglect

Answers

9. **False. Everyone** is responsible for ensuring a safe hospital environment
10. **False.** You can teach prisoner-patients about their health, except for clinic appointment information
11. **True.** You should know what these Goals are and how we practice them
12. **True.** You must also report if patients are under 18 or have any kind of disability

Quiz, continued
True or False?

13. If a medical device is defective or broken, all I have to do is return it to CMS
14. Hand hygiene is the most important thing I can do to prevent the transmission of healthcare-associated infections
15. I can report a blood/body fluid exposure the next morning Employee Health is open
16. If I make a false claim for payment, I can be liable for penalties

Answers

13. **False.** You must also tag the device and complete a Medical Device Report
14. **True.** Other measures include cough etiquette, Universal Precautions, and TB control plans.
15. **False.** You must report an exposure immediately, and report for treatment
16. **True.** This is a Federal law. It's purpose is to reduce patient/staff injuries.

Quiz, continued
True or False?

17. If I will be away from my work area, it is OK to give my password to my supervisor
18. Only a supervisor can sexually harass an employee
19. I can take several measures to prevent back injuries
20. I only need to use Standard Precautions when I suspect a patient has an infection

Answers

17. **False.** Never give your password to anyone. Log off, or lock your computer when you step away from your work area.
18. **False.** Anyone can harass another employee. Tell them to stop and notify your supervisor.
19. **True.** Use of safe lifting techniques and exercise are some of the things you can do
20. **False.** Use Standard Precautions for each and every patient

Thank You!

Please submit the completed answer sheet. It will serve as a record of your training.

We are all responsible for creating and maintaining a safe environment for patients, families, coworkers, students, vendors, and guests.

Your efforts are much appreciated. If you have any questions, please check with the supervisor of the area you will be working in.

Again, welcome to Interim LSU Public Hospital.

Environment of Care:
Key Elements

ILH Department of Professional Development
And Clinical Affiliations

Answer Sheet/Certificate of Completion

Participant: _____

Date: _____

Organization/Department/School: _____

Last Four Digits of Social Security Number: _____

Circle Correct Answer:

1. T F	6. T F	11. T F	16. T F
2. T F	7. T F	12. T F	17. T F
3. T F	8. T F	13. T F	18. T F
4. T F	9. T F	14. T F	19. T F
5. T F	1. T F	15. T F	20. T F

This sheet will serve as the record of your training. Please fill it out completely and give to your area supervisor. Name must legible on sign in sheet to receive credit, so please print. Any questions, please call Education/Staff Development, at 903-0702.

Rev. 7/09

It is against the law to knowingly submit a false claim for payment. Submitting a false claim includes using the wrong billing codes, falsifying medical records, or billing for services that are not provided or are not medically necessary. Violations of these laws can be punished by fines, prison terms or both. Providers can also be excluded from the Medicare or Medicaid program for submitting false claims. The policy of the HCSD is to bill accurately and only for medically necessary services that have been provided and documented. Any contractors that perform billing services for the HCSD provider must insure compliance with billing requirements as well. Additionally, all teaching physicians who utilize residents shall insure that all bills for services rendered comply with the teaching physician guidelines.

It is generally against the law for a physician to refer patients to providers of services in which the physician has a financial interest or relationship under both state and federal laws. Violation of the federal law can result in fines and exclusion from Medicare or Medicaid. The law in this matter is complex and questions should be directed to the appropriate administrative authority or the Compliance Officer at your facility.

9. The HCSD Shall Have Proper Regard for Health and Safety.

The HCSD shall work with all other relevant parties to ensure a workplace that conforms with all laws and regulations regarding occupational health and safety. The HCSD is committed to proper maintenance of the environment, and all medical waste, hazardous waste, and other products shall be used and disposed of in accordance with all applicable environmental laws and regulations.

10. The Code of Conduct is the Fundamental Basis for the Operation and Activities of the HCSD.

The Code of Conduct exists for the benefit of the HCSD, its Personnel, and all who have contact with the HCSD. The Code must be an integral part of the daily activities of the HCSD and its Personnel.

- The Code of Conduct is in addition to, and does not limit, specific policies and procedures of the HCSD and all Personnel must perform their duties in accordance with such policies and procedures. To facilitate daily operations and activity of the HCSD, managers and supervisors shall address disruptive behavior of individuals working at all levels of the organization. Disruptive Behavior is behavior which violates accepted rules of civil behavior and professional etiquette, violates legal standards of conduct or professional ethics, and disrupts the efficient and orderly operations of patient care.
- The Code of Conduct is a living document, and all Personnel are encouraged to suggest changes or additions to the Code.
- It is the duty of all Personnel of the HCSD to uphold the standards set forth in the Code of Conduct and to report any known or suspected violations of this Code or the compliance program by following the reporting procedures outlined by the HCSD.
- Any HCSD Personnel that finds himself/herself under criminal investigation, charged, or convicted for the violation of healthcare compliance laws or the perpetration of a fraud, must report such information to appropriate administrative officials. All Personnel shall also report any exclusions, debarments, suspension or removal from any government program to the compliance Officer.
- The administrative and medical leadership of the HCSD have a special duty to adhere to the principles set forth in this Code of Conduct, to support other Personnel in their adherence to the Code, to recognize and detect violations of the Code, and to enforce the standards set forth herein.
- Any action taken in reprisal against anyone who reports suspected violations of the Code of Conduct or other HCSD policies and procedures, in good faith, shall be prohibited and dealt with severely. However, deliberate false reporting is also prohibited and will result in disciplinary action.
- Alleged violations of the Code of Conduct or other policies and procedures of the HCSD will be investigated in accordance with established HCSD policies and procedures. Proper and prompt remedial action shall be taken in response to any improper activities revealed by an investigation, including reporting as required by law.
- Disciplinary action for violations of the Code of Conduct and other HCSD policies and procedures shall be enforced through the disciplinary policies and procedures of the HCSD. Disciplinary actions will be determined on a case-by-case basis and may include dismissal from employment. If the HCSD suspects that a violation has included criminal violations of law or regulation, the HCSD will cooperate with law enforcement or regulatory authorities in connection with the investigation and prosecution of the offender.

How to Report a Suspected Violation of the Code.

To report a suspected violation of the Code of Conduct, you should report all pertinent information to your immediate supervisor. If you prefer not to report such matters to your supervisor for any reason, you should call or notify your department manager, Hospital Administrator, Human Resources Director or Compliance Liaison Officer for your facility,

Toll -free Compliance Access Line 800-735-1185

All reports to the Compliance Access Line may be made anonymously and on a confidential basis as allowed by law. HCSD policy and whistleblower provisions of the False Claims Act protect employees from retaliation for reporting suspected fraud, waste, or abuse or non compliance with the Code of Conduct.

Please note that the Code of Conduct does not create any contract of employment, express or implied, between the HCSD and any individual. The HCSD reserves the right to amend the Code of Conduct at any time or from time to time in its sole discretion.

MCLNO Compliance Liaison Officer 504-903-0571

Revised May 2010

LSU
HEALTH CARE SERVICES DIVISION
LOUISIANA'S HOSPITAL SYSTEM

CODE OF CONDUCT

The Code of Conduct of the LSU Health Sciences Center - Health Care Services Division (HCSD) provides the guiding standards for our decisions and actions as members of the HCSD. Although the Code can neither cover every situation in the daily conduct of our many varied activities nor substitute for common sense, individual judgment or personal integrity, it is the duty of each officer, director, employee, leased employee, student and agent (Personnel) of the HCSD to adhere, without exception, to the principles set forth herein. All Personnel of the HCSD are subject to and shall comply with the terms of this Code of Conduct.

1. HCSD Shall Comply With All Applicable Laws.

It is the duty of all Personnel of the HCSD to take all reasonable steps to comply with all applicable laws and regulations. This includes, but is not limited to, compliance with the Health Insurance Portability and Accountability Act (HIPAA) pertaining to Privacy and Information Security, as well as, the revisions to the Social Security Act implemented by the Deficit Reduction Act of 2005 pertaining to the detection and prevention of fraud waste and abuse and the rights of employees to be protected as whistleblowers. All Personnel must be aware of the legal requirements and restrictions applicable to their respective positions and duties. The HCSD shall implement programs necessary to further such awareness and to monitor and promote compliance with such laws and regulations. Any questions about the legality or propriety of any proposed actions to be undertaken by or on behalf of the HCSD should be referred immediately to one's supervisor, department manager, Hospital Administrator, Human Resources Director, or facility Compliance Officer.

2. The HCSD Shall Conduct Its Affairs in Accordance With the Highest Ethical Standards.

The HCSD and all Personnel of the HCSD shall conduct all activities in accordance with the highest ethical standards of the State of Louisiana, the community, and their respective professions, at all times in a manner which upholds the HCSD's reputation and standing.

The HCSD does not pay for patient referrals, nor does it accept payment for any referrals it makes. No inducements shall be made to patients to choose the HCSD to provide healthcare services except for those of nominal value that conform to applicable laws and regulations.

Payment or inducements offered for participation in research studies shall be in conformity with applicable laws, regulations, grant requirements and HCSD policy.

All contracts involving the HCSD or its Personnel will be in accordance with the requirements of state and federal laws, including any anti-kickback and self-referral laws. All contracts will reflect due regard for any safe-harbors or exceptions to those laws. In addition, all contracts will reflect knowledge of the Privacy and Information Security provisions of HIPAA and provisions of the Deficit Reduction Act of 2005 noted previously.

3. All Personnel Shall Avoid Conflicts of Interest.

The HCSD is a state owned organization dedicated to the provision of healthcare to the general public and supporting the LSU Health Sciences Center, in its mission of providing health care services, education of health professionals and health-related research. All Personnel of the HCSD must faithfully conduct their duties, in their assigned roles and tasks, for the purpose, benefit and interest of the HCSD and those that it serves. All Personnel have a duty to avoid conflicts of interest with those of the HCSD and may not use their position and affiliation with the HCSD for personal benefit. Personnel must consider and avoid not only actual conflicts but also the appearance of conflicts of interest. Any questions relating to these matters should be directed to your supervisor, department manager, Hospital Administrator, Human Resources Director, or the facility Compliance Officer.

No Personnel shall accept gifts or anything of value from any person or company that does business with or uses the services of the HCSD. Any arrangement through which Personnel directly or indirectly benefit by receiving anything of value shall be reviewed prior to its implementation.

4. The HCSD Shall Strive to Attain the Highest Standard of Patient Care.

As leaders in health care, all Personnel of the HCSD must support the HCSD's mission to provide health services of the highest quality that meet the needs of our patients, their families and the community as a whole. The HCSD will take all reasonable steps to provide treatment in accordance with all pertinent federal and state laws. The care provided must be reasonable and necessary to the care of each patient, as appropriate to the situation, and such care must be provided by properly qualified individuals.

All patient care, and all patient records, must be properly documented as required by law and regulation, payor requirements, applicable contractual obligations, and professional standards. Billing records and the supporting documentation will be accurate, complete and as detailed as required. Records must be accurate as to the service provided, charges, identity of provider, date and place of service, and the identity of the patient.

The HCSD and all of its Personnel must protect the confidentiality of patient information. All patient information (including medical records) must be kept strictly confidential and not released to anyone not associated with the HCSD, or removed from HCSD facilities without written patient consent, lawful court order, pursuant to exceptions in the law, or in accordance with HCSD policies now in existence or as developed. All Personnel must avoid discussing confidential information with non HCSD Personnel or where others, including family, can overhear them. Internal access to medical records is not appropriate unless there is a legitimate work-related need to see the information.

The HCSD and its Personnel will make every reasonable effort to comply with all applicable laws, regulations and HCSD policies concerning the security and privacy of patient information and particularly electronically stored or transmitted patient information, in accordance with the applicable provisions of HIPAA.

5. The HCSD Shall Provide Equal Opportunity and Respect the Dignity of all Patients and Personnel of the HCSD.

The HCSD is committed to providing equal educational and employment opportunities for all persons, without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, disability or veteran's status. The HCSD is committed to providing a patient care and workplace environment that emphasizes the dignity and respect of each individual. And, as a result, any type of prohibited discrimination, in any form or context, will not be tolerated.

6. The HCSD Shall Maintain the Highest Standards of Academic Integrity.

The HCSD, and the Personnel of the division, must uphold the highest moral and ethical standards in education of health professionals and health related research. All Personnel must undertake their academic activities with honesty and integrity and avoid any activities that would be detrimental to the individual, community, or reputation of the HCSD.

Personnel of the HCSD must also uphold the highest ethical standards in research. Activities that interfere with the rights of the HCSD's patients, including their right to confidentiality, and activities such as plagiarism or falsification or fabrication of data or results, are intolerable to the HCSD's goals and are strictly forbidden. Research must be conducted only with the applicable approvals required by the policies and procedures of the HCSD and LSU and in accordance with the requirements of granting agencies.

7. The HCSD Shall Maintain Proper and Accurate Records and a Relationship of Integrity With All Payor Sources.

The HCSD and its Personnel shall create and keep billing and supporting records and documentation that conform to legal, professional and ethical standards. The HCSD and its Personnel shall ensure that payment or reimbursement from government payors such as Medicare and Medicaid and private payor sources is for such care as is reasonable, medically necessary and appropriate, is provided by properly qualified persons, and is billed in the correct amount and supported by proper documentation.

Bills shall reflect the most appropriate CPT, ICD-9, E&M, APC, and DRG codes as reflected in the documentation of the services rendered, regardless of the impact on reimbursement. Billing will be for only medically necessary services, properly provided, in accordance with the medical necessity rules of the applicable payor. Billing shall reflect compliance with applicable bundling rules.

Any discounts offered to a patient or payor shall be reported as required by law. The HCSD will make a reasonable, good faith effort to collect co-pays and deductibles from its patients. Every reasonable effort will be made to be consistent in dealing with similarly situated individuals. No waivers of co-pays or deductibles shall be allowed unless there is an exception in accordance with federal regulations and HCSD policies. All reasonable steps will be taken to return credit balances in a timely fashion.

The HCSD and its Personnel will accurately respond to all governmental, payor, or patient inquiries as required by law. Personnel will report all unusual inquiries or requests for documentation to their supervisors in accordance with HCSD policies. Personnel will record any specific advice, guidance, or instructions received from the government or other payors.

8. All Business Practices of the HCSD and its Personnel Shall Be Conducted with Honesty and Integrity.

All business practices of the HCSD must be conducted with honesty and integrity and in a manner that upholds the HCSD's reputation with patients, payors, vendors, competitors and the academic community. All Personnel of the HCSD must maintain and protect the property and assets of the HCSD, including intellectual property and proprietary information, controlled substances and pharmaceuticals, equipment and supplies, and funds of the HCSD.

It is illegal to pay or receive payments for patient referrals or for a recommendation that someone needs healthcare services or items. It is the policy of the HCSD not to pay for referrals or recommendations or to accept payment for referrals made by its Personnel regardless of the payor source. "Payment" does not have to be cash; it can be anything of value, a discount or a free service or piece of equipment.

Louisiana State University Health Sciences Center
Health Care Services Division
Interim LSU Public Hospital

Corporate Compliance Attestation Statements

CODE OF CONDUCT

- This is to acknowledge that I have received ILH Code of Conduct and understand that it is my responsibility to read the entire document to make myself familiar with the content.

HIPAA CONFIDENTIALITY AGREEMENT

- I Agree to comply with ILH's HIPAA policies which include procedures for proper handling of Personal Health Information (PHI), computer passwords and access and confidentiality.
- I acknowledge that my violation of these policies by me may lead to immediate disciplinary action, up to and including the termination of my employment.
- I also acknowledge that my obligation of confidentiality continues to exist when I leave the employ of the LSU system facility.

Corporate Compliance Attestation Statement

- I have attended the mandatory Corporate Compliance training for all new House Staff Officers and understand that I am responsible for being familiar with the Corporate Compliance Program as it relates to my position and to the facility as a whole.
- I understand that I am responsible for following the Corporate Compliance policies and procedures as well as other policies and procedures of the facility.
- I understand that I am responsible for reporting any suspected fraud and abuse practices within this facility.

If I have any questions regarding compliance or HIPAA, I will contact my Coordinator or the ILH Compliance Liaison Officer as soon as possible.

House Officer's name printed_____

House Officer's Signature_____

Date_____