



## Setting the Standard: Code of Conduct

**MOSAIC**  
LIFE · CARE



Dear fellow caregiver,

Setting the Standard: Code of Conduct is a summary of the key elements of our compliance program. It explains the behaviors that are expected of every Mosaic Life Care caregiver, provider, volunteer and board member.

At Mosaic, our goal is to provide the best and safest care to the people we serve. Understanding and adhering to the elements described in this booklet will define your role in terms of achieving this goal and make you an indispensable part of our team. All Mosaic caregivers should be able to apply the laws, regulations and standards listed in this guide as they relate to their job duties. They include, but are not limited to, licenses, permits, accreditation, access to treatment, informed consent to treatment, medical record keeping, access and confidentiality of medical records, patient's rights, clinical research and Medicare and Medicaid rules.

You create a great experience by fulfilling your responsibilities and our values of sacred trust, servant's heart, diversity and inclusion, integrity and life care.

We are confident that our trust in you is well placed, and we are committed to being worthy of your trust.

Sincerely,

Your Executive Leadership Team

# Table of Contents

## Contents

The Compliance Program Purpose .....	1
HEART Standards .....	2,3,4,5
How to Report and Resolve Issues .....	6, 7
Whistleblower Protection, False Claims and Overpayments .....	8
Fraud, Waste and Abuse (FWA) .....	9, 10
The Organization's Records .....	11, 12
Respect Patient Rights .....	13
Confidential Information .....	14, 15
Suppliers and Referrals .....	16
Gifts from Businesses .....	17
Conflict of Interest .....	18
Caregiver Relations .....	19
Clinical Research .....	20
Education and Training for Key Issues .....	21
Quick Checklist When in Doubt, Ask Yourself .....	22
Receipt and Acknowledgement .....	23

# The Purpose of Our Compliance Program

The laws and regulations regarding health care are extensive and complex. *Setting the Standard: Code of Conduct* gives you guidance on how to carry out daily activities according to the organization's ethical, moral and legal standards.

This code is not intended to include every situation. For more guidance, you can find commonly used compliance-related standards by clicking on the "Policies and Procedures" link on the Compliance department page on Connected (intranet). If you have the standard number, you can also use the Standards and Forms search, which is also located on Connected.

Mosaic is committed to operating in an ethical, moral and legal manner. Our Corporate Compliance Program gives us an effective way to maintain our standards. More information about this program can be found in Standard LD2000. The Corporate Compliance Officer and members of the Compliance Department may also address your concerns.

## Compliance is an important part of everyone's job

To ensure we avoid illegal or improper acts:

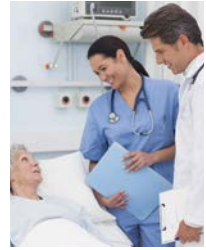
- Follow all laws, regulations and standards.
- Know the standards applicable to your job.
- Report illegal or unethical behavior to the appropriate person in a timely manner.
- Request clarification when you are concerned or confused about a process.
- Caregivers who do not follow laws and standards, or exhibit disruptive behavior, are subject to Corrective Action Program Standard HR7300. Annual performance evaluations include measures of compliance.
- Providers are subject to provisions of medical staff standards.

## The Compliance Department supports you by:

- Ensuring education is provided to you about your responsibilities.
- Ensuring standards exist to assist you in performing your job.
- Receiving and investigating complaints of alleged wrongdoing.
- Auditing and monitoring organization processes.
- Implementing corrective actions when necessary.

# HEART Standards of Behavior

RESPECT Counts describes the organization's Standards of Behavior, which enable us to consistently interact with every customer every time, no matter what your role is. All caregivers, volunteers and providers will attend classes to learn about RESPECT Counts and HEART.



## Hear

**Listens to the voice of the customer, both internal and external**

- Follow the AIDET communication process — Acknowledge, Introduce, Duration, Explanation and Thank You — in all patient and customer interactions.
- Encourage questions from patients, visitors and fellow caregivers, listening carefully and providing answers in a professional tone to instill a sense of trust.
- Explain what the patient can expect during a procedure, examination or other process, and encourage the patient and family members to ask questions if they do not understand any aspect of the service or procedure.
- Consistently ask and respond to every patient and customer with the question: “Is there anything else I can do for you? I have the time.”
- Communicate with patients, physicians, customers, fellow caregivers, supervisors and all with whom I come into contact in a respectful manner.
- Greet everyone with a “Good morning,” “Good afternoon,” “Good evening” or “Hello” while smiling and making eye contact. Use a pleasant tone.

# E

## xcellence

### **Performs work in a professional manner, doing the right things right**

- Learn, understand and perform the responsibilities of my job function and ask for assistance and support if there are aspects I do not feel competent in.
  - Increase my knowledge by attending classes and maintain my credentials related to licensure, certification, competency assessments and health screenings.
  - Proactively seek learning that supports safety, quality and service goals.
  - Perform within the guidelines of IDS standards to maintain continuum of care.
- 

# A

## pppearance

### **Takes pride in how one appears and the appearance of the facility**

- Maintain a neat, clean, well-groomed appearance appropriate for my position and work environment, avoiding extreme hairstyles, jewelry, perfume and cologne.
- Wear my photo ID badge above the waist at all times with my name and photo clearly visible.
- Ensure patient rooms, waiting areas and work areas are neat and clean by disposing of litter and notifying appropriate departments for assistance to keep the facility in good order.
- Keep equipment well maintained and stored in its proper place.

# Responsibility

## Doing all that is expected to meet customers' needs

- Demonstrate the Mosaic Life Care Values of Sacred Trust, Servant's Heart, Diversity and Inclusion, Integrity and Life Care.
- Handle complaints promptly and without defensiveness, working toward agreeable solutions and involving my unit/department leadership when needed.
- Extend courtesy and a helpful attitude, beginning with any initial patient or customer contact and throughout the service process.
- Willingly apologize for problems impacting patients and customers.
- Respect the privacy needs of our customers and caregivers.
- View disagreements as opportunities for creative solutions.
- Meet the time and attendance requirements expected.
- Treat people in a caring, compassionate manner — the way they would like to be treated.
- Consistently approach patient care information with the central question: "Do I need this information to do my job effectively?"
- Follow HIPAA regulations to the letter. Ensure confidentiality when entering computer information, maintaining documentation or discussing patients on the telephone or in public areas.

# Teamwork

## Supporting one another to improve customer service, quality, safety and the work environment

- Support caregivers in words and actions, offering assistance when able.
- Welcome new caregivers to the team, offering support and helping them become part of the group.
- Make every effort to understand how individual work contributes to the goals of the team, as well as the goals of the organization, to assure high quality, safety and service.
- Respect, encourage and support new ideas, suggestions and processes — offering constructive feedback and encouragement as appropriate.
- Adapt to change willingly and ask questions if rationale for change is not understood.
- Willingly participate on unit/department committees and attend meetings to be informed about the unit/department, as well as the overall organization.
- Collaborate effectively with other units/departments and units to ensure an optimum experience for patients and customers.
- Report to work on the days and at times scheduled, recognizing that failing to do so places a burden on the team.



## How to Report and Resolve Issues

- Report patient complaints or events through the Patient Event Report system on Connected or by contacting the Patient Relations department
- Report potential fraud, waste, and abuse to Medicare plan sponsors
- Talk to your team leader. He/she can provide additional information or act on your feedback.
- Talk to the organization's leadership about your concerns
- Call the Talent Agency for assistance
- Contact the Compliance Department by phone or email
- Contact the anonymous Compliance hotline or website

Responsible Party	Phone number
Patient Relations Department	816.271.1215
Talent Agency	816.271.8181
Compliance Department	816.271.6006
Compliance Hotline	800.447.2505
Compliance Website	<a href="https://mymlc.ethicspoint.com">https://mymlc.ethicspoint.com</a>

Alternatively, if you believe your issue has not been resolved internally, you may also report to the applicable external resource listed below:

Responsible Party	Contact Method
The Joint Commission	Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181 630.792.5636 Fax Use the "Report a Patient Event" at: <a href="http://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/">www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/</a>
AETNA/CVS Health	CVS Health Ethics Line 877.287.2040 CVS Health Online Ethics Line <a href="http://cvshealth.com/ethicsline">cvshealth.com/ethicsline</a> Chief Compliance Officer, CVS Health One CVS Drive Woonsocket, RI 02895
American College of Radiology	American College of Radiology Attn: Accreditation Program Patient Comments 1891 Preston White Drive Reston, VA 20191-4326 703.648.8900 <a href="http://www.acr.org">www.acr.org</a>
College of American Pathologists	College of American Pathologists 325 Waukegan Road Northfield, IL 60093-2750 800.323.4040 <a href="http://www.cap.org/contact-and-support">www.cap.org/contact-and-support</a>

Responsible Party	Contact Method
MO Department of Health and Senior Services	Missouri Department of Health and Senior Services 912 Wildwood, PO Box 570 Jefferson City, MO 65102-0570 573.751.6400 <b>info@health.mo.gov</b> <b>health.mo.gov/askus.php</b>
MO Board of Registration for the Healing Arts	Board of Registration for the Healing Arts 3605 Missouri Blvd., PO Box 4 Jefferson City, MO 65102 573.751.0098 Telephone 573.751.3166 Fax 800.735.2966 TTY or 800.735.2466 Voice Relay <b>healingarts@pr.mo.gov</b> <b>pr.mo.gov/healingarts.asp</b>
Kansas Department of Health and Environment	Kansas Department of Health and Environment Curtis State Office Building 1000 SW Jackson Topeka, KS 66612 785.296.1500 <b>www.kdheks.gov</b>
Missouri Medicaid	MO HealthNet 615 Howerton Court PO Box 6500 Jefferson City, MO 65102-6500 573.751.3425 or 855.373.4636 <b>mydss.mo.gov/healthcare</b>
Kansas Medicaid	KanCare 800.792.4884
Centers for Medicare & Medicaid Services (CMS)	CMS, Kansas City Regional Office 601 East 12th Street, Room 235 Kansas City, MO 64106 816.426.5233 <b>www.cms.gov</b>
US Department of Health and Human Services	US Department of Health and Human Services 200 Independence Ave., S.W. Washington, D.C. 20201 877.696.6775
Office of Inspector General, US Department of Health and Human Services	Department of Health and Human Services Office of Inspector General Attn: Hotline, PO Box 23489 330 Independence Ave., SW Washington, DC 20201 800.447.8477 or 202.619.1343 800.377.4950 TTY or 800.223.8164 Fax <b>hhstips@oig</b> <b>www.oig.hhs.gov</b>
Office for Civil Rights	US Department of Health and Human Services Office for Civil Rights 601 East 12th St., Room 353 Kansas City, MO 64106 800.368.1019 (Voice) or 800.537.7697 TDD <b>www.hhs.gov/civil-rights/filing-a-complaint</b>

# Whistleblower Protection, False Claims and Overpayments

No caregiver who reports a compliance issue in good faith will be disciplined or punished in any way for making the report. Retaliations against such caregivers will not be tolerated. If you feel you are being retaliated against for reporting an issue, contact the Compliance Department immediately. Any caregiver who misuses or interferes with the Compliance hotline or website will be subject to corrective action. For further information, please see Reporting of Retribution/Whistleblower Protection Standard LD2010.

## False Claims Act

The False Claims Act (FCA) prohibits knowingly making a false claim against the government. The FCA prohibits:

- Presenting a false claim for payment or approval
- Making or using a false record or statement in support of a false claim
- Conspiring to violate the False Claims Act
- Falsely certifying the type/amount of property to be used by the government
- Certifying receipt of property without knowing if it's true
- Buying property from an unauthorized government officer
- Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the government.

## Reporting of Overpayments

We are required to return all known overpayments by the federal government. Suspected overpayments not in the process of being refunded will be reported to the Compliance hotline or website, or to the Compliance Department. Suspected overpayments will be fully investigated. The organization has 180 days to conduct a timely investigation or review to identify an overpayment. If an overpayment is identified, the organization will promptly report and refund the amount within 60 days after the date the overpayment was identified.

## Fraud, Waste and Abuse (FWA)

We are required to detect, prevent, correct and report Fraud, Waste and Abuse (FWA) of government funds. If you suspect FWA issues are occurring in your area, please contact the Compliance hotline or website, the Compliance Department, the Centers for Medicare and Medicaid Services, Medicare Plan Sponsors (e.g. Aetna/CVS Health); the Office of Inspector General, U.S. Department of Health and Human Services, Missouri Medicaid or Kansas Medicaid.



The definition of **fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

### Check Your Understanding

Q: The clinic's provider is out of the country on vacation. The access representative discovers charges for visits during the time the provider is on vacation. Is this a cause for concern? Should you notify anyone?

A: Yes. You should immediately contact the Compliance hotline or website, or the Compliance Department, to report this issue.

## Fraud, Waste and Abuse (FWA)

The definition of **waste** is overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources.

### Check Your Understanding

**Q:** A patient has received a prescription for antibiotics. The patient needs antibiotics for a 10-day supply. The prescription is written for a 20-day supply, which is more than medically necessary. Is this a cause for concern? Should you notify anyone?

**A:** Yes. First contact the provider who wrote the script to confirm supply or treatment course. If not resolved, you should immediately contact the Compliance hotline or website, or the Compliance Department, to report this issue.

The definition of **abuse** is any action that may, directly or indirectly, result in unnecessary costs to the Medicare program. Abuse involves payment of items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

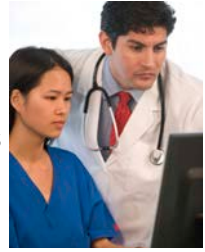
### Check Your Understanding

**Q:** A surgical nurse noticed the surgeon routinely performs surgery on patients. Procedures — the nurse feels — are not medically necessary. Is this a cause for concern? Should she notify anyone?

**A:** Yes. She should immediately contact the Compliance hotline or website, or the Compliance Department, to report this issue.

# The Organization's Records

Federal law requires the organization to ensure that its records accurately reflect the true nature of the transactions represented. Caregivers must not create or participate in the creation of records that are intended to mislead or to conceal anything that is improper.



## Examples of Falsification of Records

- Knowingly causing the organization's records to be inaccurate
- Making records appear as though payments were made to one person when they were made to another
- Submitting expenses which do not accurately reflect the true expense
- Creating records that do not accurately reflect the true nature of a transaction
- Altering permanent records
- Making payments for a different purpose than described in the supporting documentation
- Slush funds or similar off-book accounts, where there is no accounting for receipts or expenditures on the organization's ledger
- Incorrectly documenting services provided to patients
- Preparing inaccurate bills for patients and payers

## Record Retention

Our organization is required to retain certain records for specific periods of time. The organization retains records according to the Record Retention and Management Standard LD1001.

# The Organization's Records

## Protecting Information

All caregivers must protect the confidentiality and integrity of the organization's records. The organization maintains standards for the following:

- Safeguard electronic information by using passwords or other security methods. Keep passwords confidential and do not share. Refer to the Work Station Use and Security Standard LD4101, Data Integrity and Security Standard LD4148, and Confidential Data, Use of Encryption for Sensitive Data Standard LD4820.
- Keep workstations secure by invoking the screen saver lock or log off. Refer to the Work Station Use and Security Standard LD4101.
- Safeguard portable devices and never leave unattended. Refer to the Mobile Device and Portable Media Receipt, Handling, Storage and Removal Standard LD4158.
- Do not download or store confidential or protected health information on an unencrypted device. Refer to the Use of Encryption for Sensitive Data Standard LD4820.
- Do not electronically transmit protected health information via an unsecured method. Refer to the Secured Messaging (Texting, Email) Standard IM1015.

## Check Your Understanding

**Q:** You routinely leave your workstation for a few minutes to retrieve documents from the printer. Do you need to log off or invoke the screen saver lock on your computer since you're only away a few minutes?

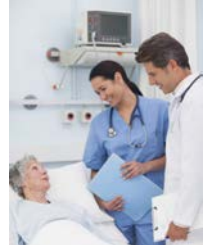
**A:** Yes, you must either log off the computer or invoke the screen saver lock. Refer to the Standard LD4101 Work Station Use and Security.

**Q:** You are walking by a computer and notice the screen is unlocked and PowerChart is open. Should you go to the computer and start looking up another patient's medical record knowing that you are not using your own user name and password?

**A:** No. You should not use a computer with another caregivers' sign on. Refer to Work Station Use and Security Standard LD4101.

# Respect Patient Rights

The organization treats patients with care, respect and honesty. Patients have rights and responsibilities as specified under the Patients Rights Standard PR1000. Patients needing help to understand or exercise their rights should be assisted by contacting the Patient Relations department.



## The Right to Access Care

Patients have the right to receive necessary care regardless of race, color, ethnicity, national origin, culture, language, religion, age, sex, gender identity or expression, sexual orientation, socioeconomic status, disability or handicap. Patient discrimination complaints should be sent or reported to the Compliance department or the Compliance hotline or website.

Some of these rights include:

- Patients have the right to receive safe care and remain free of harm while in our care. Caregivers will at all times ensure patient safety, raise awareness of unsafe conditions or events and participate in patient safety initiatives.
- Patients are encouraged to participate in their care to promote safety.
- Patients are encouraged to discuss any concerns, and they may refuse care or treatment.
- Patients have the right to privacy and confidentiality.

Patients who believe their confidentiality has been violated may report the violation to:

1. The Patient Relations Department
2. The Compliance Department



# Confidential Information

All caregivers, business associates, medical staff, volunteers and students at Mosaic have a responsibility to maintain confidentiality. This includes patient, employment and business information. You may also refer to the Confidentiality Policy Standard LDO100 for more information.

## Patient Information

The Health Insurance Portability and Accountability Act (HIPAA) is a law that all caregivers must follow. HIPAA prohibits caregivers from accessing or disclosing a patient's protected health information (PHI) unless the patient has provided consent or if HIPAA permits or requires it. PHI is defined as any health information about a patient, whether in electronic, paper or oral form, that relates to: 1) the patient's physical or mental health or condition, 2) the provision of health care to the patient, or 3) the payment for the provision of health care to the patient, and which further identifies the patient or could reasonably be used to identify the patient. Violations of HIPAA may result in civil or criminal penalties.

- Caregivers should avoid accessing PHI unless there is a legitimate business reason for doing so.
- Caregivers may access or disclose PHI for legitimate treatment, payment or health care operations reasons.
- Caregivers should never access more than the minimum necessary health information to perform their job. Refer to the Confidentiality Policy Standard LDO100.
- Caregivers may not look up the information of their spouses, children, relatives or friends, or even other caregivers, unless necessary to perform their job duties. Refer to the Confidentiality Policy Standard LDO100.
- Caregivers should never allow patient information (verbal, electronic or paper) to be compromised by discussing it or leaving it in a non-secure area.
- Caregivers should generate patient lists only for their assigned work areas.
- Caregivers should double and triple check papers handed out to a patient to ensure it belongs to that patient.

# Confidential Information

## Employment and Business Information

Caregivers must safeguard the organization's employment and business information. This includes information such as:

- Caregiver's address, date of birth and Social Security number
- Income-tax withholding records
- Information in a caregiver's personnel records
- Marketing strategies
- Financial/business negotiations and arrangements
- Development of new systems
- New business ventures
- Protect workstations and paperwork from unauthorized views



## Check Your Understanding

**Q:** You are a nurse in the ICU unit, and you've found out from your friend that your wife may be pregnant. You asked your wife if she is pregnant, and she said "no." Should you access information in the electronic medical record (EMR) to find out if the rumor is true?

**A:** No. This is an unauthorized access of protected health information. Remember, caregivers may not look up the information of their spouses, children, relatives or friends, or even other caregivers, unless necessary to perform the caregiver's job duties.

# Dealing with Suppliers and Referrals

Dealing with suppliers can pose ethical and legal problems. The following will help you make ethical decisions.

## Bribes and Kickbacks

Caregivers must report any vendors who offer bribes or kickbacks to the Compliance Department or the Compliance hotline or website. Gifts may be bribes or kickbacks. Anything more than a small gift should be declined. See Gifts, Gratuities and Solicitation Standard HR2100 to determine what is considered an acceptable gift.

## Antitrust Laws

You are expected to strictly adhere to all Federal and State Antitrust Laws, which protect the integrity of our free enterprise system. These laws address agreements and practices resulting in the restraint of competition including boycotting suppliers, allocation of markets, discussing prices with competitors, implementing unfair or deceptive business practices and misrepresenting services. All proposed agreements should be reviewed as required by the Contracting Policy Standard LD2500.

## Referral Sources

Any gifts or entertainment involving physicians or other persons in a position to refer patients are subject to federal laws, rules and regulations regarding these practices and must be undertaken with the utmost integrity and good judgement. All gifts to physicians must be reported to the Compliance Department.

## Check Your Understanding

**Q:** I work in a clinic and the physician is making referrals to General Hospital, which sends the physician monthly checks for the referrals. This does not feel right, but I'm afraid to say anything for fear of retaliation by the physician.

**A:** You should immediately report this to your leader, the Compliance Department, or the Compliance hotline or website. If you are reporting a compliance issue in good faith, you will not be disciplined or punished for making the report. This issue violates the anti-kickback statute and would be addressed immediately.

## Gifts from Businesses

### Gifts from Businesses

Any gift intended to induce or reward referrals or result in the purchase of goods or services is prohibited. Unsolicited gifts of nominal value (\$100 or less per instance per year) may be permissible. Cash or cash equivalents such as gift certificates, stocks, bonds, etc., from outside entities are prohibited. See Gifts, Gratuities and Solicitation Standard HR2100.



### Other Improper Payments

The use of the organization's funds or assets for any unlawful or unethical purpose is prohibited. Making a payment to a third party for any purpose other than disclosed on the payment documentation is prohibited.

### Vendor Rebates

Vendor rebates should be forwarded to Accounting for deposit and appropriate record keeping. Vendors, agents or contractors must be willing to certify their compliance with our standards. We will not hire vendors to perform improper acts that violate our values and principles on our behalf.

### Vendor Sales Calls

Vendors should be treated according to Supply Chain Services Standard LD4500. When supplier sales representatives make personal sales calls, they must:

- Call ahead for an appointment
- Register with Purchasing upon arrival and obtain a vendor badge

## Check Your Understanding

**Q:** Should I accept a \$50 gift card from a vendor with whom we do business?

**A:** No. You may not accept the gift card. Cash or cash equivalents such as gift certificates, stocks, bonds, etc., from outside entities are prohibited. Refer to the Gift, Gratuities and Solicitation Standard HR2100.

# Conflict of Interest

## **Conflict of Interest**

Conflicts of Interest may exist in any instance where the actions or activities of an individual on behalf of the organization may involve the obtaining of an improper gain or advantage or may have an adverse effect on the organization's interests. Although it is impossible to list every circumstance which might be a possible conflict of interest, the following will serve as a guide to the types of activities that might cause conflicts and should be fully reported. Potential conflicts must be reported to your leader.

Caregivers must not engage in any activities, transactions or relationships that are incompatible with the impartial, objective and effective performance of their duties. Caregivers must also avoid any investments in the businesses of the organization's customers, suppliers or competitors that could cause divided loyalty or give the appearance of divided loyalty. All caregivers must disclose all other employment or interests that conflict with their jobs to the organization. A conflict of interest develops when an individual's actions or activities on behalf of the organization may lead to personal gain at the expense of the organization or adversely affect the organization.

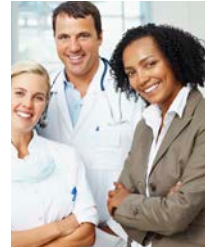
Caregivers who engage in an activity which is considered a conflict of interest or who fail to disclose a conflict of interest will be subject to corrective action, up to and including separation of employment.

For further information, see Conflict of Interest Standard HR2060.

# Caregiver Relations

## Caregiver Relations

The organization believes in abiding by the principle of equal employment opportunity. It is our policy to recruit, hire, pay, train and promote individuals without regard to race, color, religion or belief, age, sex (including pregnancy), gender, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, national, social or ethnic origin and ancestry, military/veteran status or status as a qualified individual with a physical, mental or sensory disability, HIV status, family medical history or genetic information, family or parental status, or any other status protected by the laws or regulations in the locations where we operate. See Equal Employment Opportunity Standard HR1001.



The organization is committed to providing an environment in which all individuals are treated with courtesy, respect and dignity. The organization will not tolerate or condone any actions by any caregivers which constitute harassment and create a hostile, offensive or intimidating environment. See Harassment Standard HR1005.

# Clinical Research

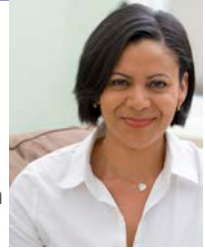
## Clinical Research

Research compliance is governed by state, federal and international regulations just as routine health care is. The type of research being conducted dictates the oversight body. For example, pharmaceutical and device studies have oversight by the Federal Drug Administration (FDA). Other governing bodies include Centers for Disease Control, Department of Health and Human Services and the National Institutes of Health. The process in which clinical research studies are conducted follow rules and regulations that derive from documents called the Nuremburg Code (1947) and the Declaration of Helsinki (1964). These guidance documents focus on the balance between patient safety and medical progress. One key oversight is that of the ethical review of the project to ensure subject safety, justice and beneficence. This balance is evaluated by an Institutional Review Board (IRB). All projects should be submitted to the Medical Center IRB for approval. Only after this approval is received may the project begin.

The research project may require a subject to sign an informed consent to participate in the project. This document is approved by the IRB and is executed by the subject before any research procedure or activity can begin. If you have questions about the IRB application and evaluation process, please contact the IRB coordinator. If you are thinking about doing a research project at Mosaic, please contact the Clinical Research and Development Manager at 816.271.7937.

## Education and Training for Key Issues

To ensure caregivers have knowledge of the law, the Corporate Compliance Committee works with leadership to provide job-specific information to raise the caregiver's level of awareness and sensitivity to key issues. Caregivers who have concerns regarding their education or training can discuss them with their supervisor, contact the Compliance Department or report their concerns to the Compliance hotline or website.



It is the responsibility of each caregiver to participate in the educational programs that apply to his/her work area.

If you are still in doubt or need clarification, there are resources available to assist you. Do not hesitate to use these resources when necessary, as the organization is committed to preventing any retribution for anyone making a report in good faith. The Corporate Compliance Officer and members of the Compliance Department are available to assist you with any questions and direct you to the appropriate resource.

**Call:** Compliance Hotline at 800.447.2505

**Contact:** Compliance Website at <https://mymlc.ethicspoint.com>

**Call:** Compliance Department 816.271.6006

Remember, there is never a penalty for calling the Compliance Hotline or Compliance Department. People in a position of authority cannot prevent you from reporting a concern; if they try, they are subject to corrective action.

When you contact these sources, you will be treated with dignity and respect. Your communication and identity will be protected. Your concerns will be seriously addressed and, if not resolved at the time of your call, you will be informed of the outcome in a timely manner.



## Quick Checklist

### When in Doubt, Ask Yourself ...

Compliance, with all of the organization's rules of ethics and business conduct, can become very confusing. Common sense and sound judgment are your best guides in determining the appropriateness of behavior and necessary course of action. However, if you find yourself in a situation where you are unsure of what is right or wrong, ask yourself a few simple questions:

**Are my actions legal?**

**Am I being fair and honest?**

**Am I doing the "right things right?"**

**Is this in the best interest of the organization and the patients and customers we serve?**

**Will my action withstand the test of time?**

**How will I feel about myself afterward?**

**How will it look in the newspaper?**

**Will I sleep soundly tonight?**

**What would I tell my child to do?**

**Would I want my personal information used this way?**

**Do I need to access this information to perform my job?**

# Receipt and Acknowledgement

I acknowledge that I have read *Setting the Standard: Code of Conduct*. I also understand that as a caregiver, provider, volunteer, board member, agent, consultant or representative, I am responsible for knowing and adhering to the principles and standards of the Code as appropriate to my job/role. In that respect, I certify that I am not aware of any unreported past or current violations of the Code of Conduct or Confidentiality Policy. I have disclosed any potential conflicts of interest to my leaders and/or the Compliance Department.

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Caregiver number: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Please fold crisply and detach here.

