

## **Jackson Health System Code of Conduct Message**

At Jackson Health System (JHS or Jackson), we strive to create a culture of the highest ethical standards. In order to communicate those standards, we created this Code of Conduct (Code). Jackson's Code sets forth guiding principles for our employees, and governs relationships with our colleagues - medical staff, agents, vendors, payors and volunteers. The Code helps all of us comply with applicable legal and ethical standards as we carry out our day-to-day activities.

Jackson is committed to conducting business in a lawful and ethical manner, which means that each and every one of us is required to abide by this Code. As an employee, it is a condition of your employment.

Health care today is governed by many laws, rules, regulations and ethical principles. Because of the industry's complexity, it is our collective job to understand and comply with the legal requirements and ethical principles that affect the mission of the organization. Numerous policies and procedures have been created to address many of these legal and regulatory requirements. All Jackson policies and procedures may be found on the Jackson Intranet.

In addition, the Office of Compliance and Ethics (OCE) has created compliance training modules that must be completed on an annual basis. These modules may be found on the Jackson Education Network (JEN). The OCE also conducts in-person training sessions on a number of topics outlined in this Code, including The Emergency Medical Treatment and Labor Act (EMTALA) and the Health Insurance Portability and Accountability Act (HIPAA). The OCE is always available to provide additional training or guidance, and to answer any questions you may have.

As Jackson employees, we all have a critical role in this process. We have an obligation to do our best to detect, deter and correct improper conduct, as well as promptly report any activity that appears to violate applicable laws, rules and regulations, Jackson's policies, or this Code. By reviewing this Code, completing mandatory compliance training, attending scheduled training sessions, and reading policies and procedures, you can become familiar with legal and regulatory requirements. This knowledge will allow you to identify circumstances and issues that may raise legal or ethical concerns. All Jackson employees are required to sign the Acknowledgment Form stating that they have received, reviewed, and will abide by this Code.

## **Jackson's Mission, Vision and Values**

**Mission** – Our mission is to build the health of the community by providing a single, high standard of care for the residents of Miami-Dade County.

**Vision** – Our strategic vision is to be a nationally and internationally recognized, world-class academic medical system, and to be the provider of choice for quality care.

**Values** – Our values are Service Excellence and Quality, Commitment, Compassion, Teamwork and Communication, Respect, Confidentiality, Integrity and Stewardship, and Inclusion.

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

This Code provides guidance and support to all Jackson employees and colleagues while they carry out their daily activities. Colleagues include our patients, medical staff, payors, regulators, vendors, suppliers and all others we consider a part of our Jackson community. All Jackson employees must comply with all applicable federal, state, and local laws and regulations. Any actual or perceived violation of this Code must be immediately reported to the OCE.

### **The goals of the JHS Office of Compliance and Ethics and this Code are as follows:**

- To safeguard the Jackson tradition of strong moral, ethical and legal standards of conduct.
- To identify and deter criminal or unethical conduct.
- To establish a structure that encourages employees to report concerns internally, without fear of retaliation.

At Jackson, we are committed to conducting business lawfully and ethically. The OCE, together with all departments within Jackson, strives to ensure compliance with all applicable state and federal laws and regulations, while also detecting and preventing potential violations. Jackson's reputation is the sum of the reputation of its employees, so it is critical that we perform our duties in accordance with legal and ethical standards. All employees and vendors must review and abide by this Code. Compliance impacts a number of areas in the Health System as set forth in the JHS Compliance Blocks shown below, with Ethics and Integrity serving as the foundation for compliant behavior.



## **Compliance with all JHS Policies and Procedures**

As employees, we must comply with all JHS policy and procedure manuals, as well as specific divisional manuals. All JHS policies and procedures may be found on the Intranet by choosing "PHT Policy Manual" under "The Insider & Publications" drop down menu. Any questions about policies or procedures should be directed to your immediate supervisor.

*In addition, support is available via the Policy Administration Office, which can be reached at 305-585-2971.*

### **Reporting to the Compliance Hotline**

Each Jackson employee is required as a condition of employment to report any issue that the employee, in good faith, believes violates or may violate Jackson's Code, Jackson's policies and procedures, or any applicable laws, rules or regulations. Every Jackson employee has an obligation to report suspicious or improper behavior. When reporting, it is important to provide as many details as possible to allow us to conduct a robust investigation.

Jackson will not engage in illegal retaliation, retribution or harassment against any employee for reporting misconduct, provided that the report was made in good faith and that the employee was not involved in the misconduct. Disciplinary action will be taken against any employee found in violation of Jackson's policies and procedures regardless of whether they reported the misconduct.

Deliberately making a false accusation with the purpose of harming or retaliating against someone will not be tolerated and may subject the employee to disciplinary action up to and including termination. There are several ways to report an actual or potential issue. You may report an issue to your supervisor or manager to higher levels of management or you may report directly to the OCE by calling or e-mailing any OCE staff member directly, by calling the general OCE number or by e-mailing the general OCE mailbox. The OCE ensures that proper documentation of the issue is prepared and also follows-up until the issue has been resolved.

If you are not comfortable speaking with your immediate supervisor or manager or to an OCE staff member, the Compliance Hotline is available to report issues anonymously. The Hotline is toll-free, accepts anonymous calls and is completely confidential. A live operator is available 24 hours a day, 7 days a week, and all calls are answered by a third-party vendor, not by Jackson employees. If you place a call to the Hotline, you will be provided with a report number that may be used to obtain a status regarding your call or to provide additional information.

JHS Compliance Hotline policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 657 – Internal Reporting of Potential Compliance Issues*, *JHS Policy & Procedure Manual Code No. 631 – Duty to Report*, *JHS Policy & Procedure Manual Code No. 646 – Compliance Hotline* and *JHS Policy & Procedure Manual Code No. 656 – Non-Retaliation*.

### **Contact Information:**

#### **Compliance Hotline Reporting**

Office of Compliance & Ethics

Office of Compliance and Ethics Email:

**800-684-6457**

305-585-2902

[jhs-compliance@jhs-miami.org](mailto:jhs-compliance@jhs-miami.org)

The OCE staff is available to you to answer questions you may have, and to provide guidance and advice.

## **Equal Opportunity and Affirmative Action**

We adhere to a policy of non-discrimination in employment and strive to provide an equal opportunity of employment for all applicants in accordance with federal, state and local laws.

We are committed not only to recruiting, hiring and promoting individuals in compliance with the state and federal laws, but also to functioning within the spirit of these laws. Therefore, we will recruit, hire and promote individuals in conformance with this policy, will make certain that individuals meet employment standards, and will continue to seek out applicants meeting the needs of the organization.

For a list and synopsis of the state and federal laws, which govern Jackson's non-discrimination and equal opportunity policy, see *JHS Policy & Procedure Manual Code No. 361 – Equal Opportunity and Affirmative Action*.

## **Anti-Discrimination and Retaliation**

We recognize our obligation to provide an environment in which diversity is valued and equal employment opportunities are provided.

We affirm our commitment to ensure that each employee in the Jackson community has a right to work in an environment free from any form of discrimination or harassment based upon race, color, sex, national origin, religion, age, disability, marital status, pregnancy, ancestry, citizenship, gender identity, veteran's status, gender expression, sexual orientation, genetic information, and/or any other status or condition protected by federal, state, or local laws prohibiting discrimination.

Any employee who believes that they have been subjected to discrimination or retaliation in violation of Jackson's policies should file a complaint within ninety (90) days of the alleged discrimination by utilizing the informal and/or formal complaint process as defined in *JHS Policy & Procedure Manual Code No. 378 – Anti-Discrimination and Retaliation*.

*For further questions regarding discrimination and retaliation, contact the Employee/Labor Relations & Workforce Management Department at (305) 585-7268.*

## **Billing and Reimbursement**

We are committed to ensuring that our billing and reimbursement practices comply with applicable federal and state laws, regulations, guidelines and policies. We are dedicated to ensuring that our charges are accurate, reflect current appropriate payment methodologies and are provided timely to patients. All charges must be based on services rendered and supported by documentation contained in the patient's medical record. Working in collaboration with physicians and clinicians, all charges must be entered accurately and in a timely manner in accordance with Jackson policy. Employees who handle patient charges and billings are available to answer billing questions timely, accurately and directly.

Submitting fraudulent claims is a violation of the False Claims Act (FCA). The FCA is a federal statute that prohibits the submission of false or fraudulent claims to Medicare and Medicaid for payment. The FCA establishes criminal and civil penalties for falsely billing the government,

over-representing the amount of a delivered product, or under-stating an obligation to the government. Under the civil FCA, no specific intent to defraud is required. The civil FCA defines “knowing” to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information. Filing false claims could result in fines for each claim filed. Under the criminal FCA, submitting false claims can result in imprisonment and criminal fines.

The following are examples of unacceptable billing practices under the FCA:

- Billing for items or services not actually rendered;
- Providing medically unnecessary services;
- Upcoding – the practice of using a billing code that provides a higher payment rate than the actual services furnished to the patient;
- Outpatient services rendered in connection with inpatient stays;
- Billing for discharge in lieu of transfer;
- Failure to refund credit balances;
- Duplicate billing; and
- Unbundling – the practice of submitting bills piecemeal or in fragmented fashion to maximize the reimbursement for various tests or procedures that are required to be billed together and therefore at a reduced cost.

If you suspect or have knowledge of the submission of fraudulent or inappropriate claims or any unacceptable billing practices, it is your duty to report the issue to your supervisor, escalate the issue to higher management, contact the OCE directly or call the Compliance Hotline. Employees who lawfully report these types of issues are protected from retaliation through state and federal laws, as well as JHS policies and procedures. We will only be able to meet our goal of billing for services provided accurately and compliantly if all employees play a role in awareness and reporting.

*For further questions regarding billing and reimbursement matters, contact the Corporate Business Office at (786) 466-8101.*

### **Cost Reporting**

We are required by Federal and State laws to submit certain reports operating costs and statistics and comply with cost reporting requirements. We have a duty to disclose current, accurate and complete cost and pricing data where disclosure of such data is required under applicable Federal or State laws and regulations. As a participant in the Medicare program we are required to submit information to achieve settlement of costs relating to health care services rendered to Medicare beneficiaries. To that end, we must be particularly careful to ensure that hours worked and costs incurred are applied to the account for which the effort was required.

### **Patient Rights and Freedom of Choice**

As a community safety net hospital with a mission to serve all patients in need regardless of age, gender, disability, race, color, religion, national origin, or ability to pay, Jackson plays a critical role in the health care of our community. Every Jackson employee must respect each

patient's right and need for dignity and effective communication, and provide support as needed.

At Jackson, we actively seek to involve patients and their families in their own care. All Jackson employees are expected to be available to answer questions, provide support and generally facilitate a patient's ability to exercise their health care rights.

Jackson healthcare facilities support the "Patient's Bill of Rights and Responsibilities" which apply to all adult and children patients, their parents and/or guardians. Each patient must be provided with a written copy of the "Patient's Bill of Rights" to ensure full patient awareness of their rights and to provide patients with all information on how to exercise those rights.

*The "Patient's Bill of Rights and Responsibilities" can be found at <http://www.jacksonhealth.org/library/policies/jhs-patients-bill-of-rights.pdf>.*

### **Confidentiality and HIPAA**

In order to provide the best possible quality care to the community our patients have to trust us. Central to this trust is the confidential environment we must ensure for our patients. Accordingly, employees are consistently educated and trained on confidential practices and the potential consequences of losing patient trust through a breach of confidentiality.

With the enactment of the Health Insurance Portability and Accountability Act (HIPAA), a patient's right to have his or her health information kept private and confidential became more than just a good business and quality practice. HIPAA is a federal law that requires that all Protected Health Information (PHI) be kept strictly confidential – only to be used, accessed, and disclosed by employees pursuant to applicable federal and state laws. HIPAA also establishes significant consequences for covered entities, like JHS, for violations of its provisions. In addition to HIPAA requirements, the JHS Privacy Manual (a set of policies and procedures) outlines how to use, access and disclose any PHI at Jackson. The JHS Privacy Manual is available to all JHS employees on the JHS Intranet Portal. Examples of PHI include:

- (A) Telephone numbers;
- (B) Fax numbers;
- (C) Electronic mail addresses;
- (D) Social security numbers;
- (E) Medical record numbers;
- (F) Health plan beneficiary numbers;
- (G) Account numbers;
- (H) Certificate/license numbers;
- (I) Vehicle identifiers and serial numbers, including license plate numbers;
- (J) Device identifiers and serial numbers;
- (K) Web Universal Resource Locators (URLs);
- (L) Internet Protocol (IP) address numbers;
- (M) Biometric identifiers, including finger and voice prints;
- (N) Full face photographic images and any comparable images; and
- (O) Any other unique identifying number, characteristic, or code.

It is important to note that, despite what many may feel are obvious identifiers that must be protected, PHI includes a “catch all” provision (see “O” above) for anything unique that may directly identify a patient or reasonably be used to identify an individual patient.

Our patients’ trust is central to providing the best quality care to the community and it is critical that each of us play a role in identifying potential issues. If any PHI disclosure occurs, we have a duty to timely report the issue to our immediate supervisor, to the OCE, or to call the Compliance Hotline, available 24 hours a day, 7 days a week, at 1-800-684-6457.

To further assist patients with information about their privacy rights, the JHS must provide each of its patients a Notice of Privacy Practices (NPP). The NPP informs patients how JHS may use and share their PHI and how the patients may exercise their health privacy rights. The NPP is provided to patients at the time of visit to any of JHS’s facilities and is also available to patients upon request or on the JHS website.

### **Social Media Use**

We participate in social media to promote better communication with the community. However, we have policies and procedures in place defining appropriate use of social media by individuals working at Jackson. Individuals are responsible for exercising good judgment regarding the reasonable use of social media, including never posting patient information or photographs on a social media page or forum ***unless prior consent is given from the Office of Communications & Outreach or shared from an official Jackson account.*** Reasonable use of social media must not interfere with one’s employment obligations. ***When we participate in social media activity, we must only do so in an official capacity when on company time.***

*For further questions regarding social media use, contact the External Affairs Department at 305-585-8974.*

### **Access to Emergency Care Services**

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that applies to any hospital with a dedicated emergency department that participates in a federal health program. EMTALA requires that anyone presenting to an emergency department be stabilized and treated – regardless of their insurance status or ability to pay. Similarly, the Florida Access to care laws state every hospital that has an emergency department will provide emergency services and care for any emergency condition when the emergency services and care are requested by the person (or on their behalf). We will provide care to all individuals who have an emergency medical condition regardless of the ability to pay.

We may not delay treatment or the provision of an appropriate medical screening in order to inquire about an individual’s method of payment or insurance coverage. An individual may only be transferred from Jackson to another facility in the limited circumstance where a Jackson facility is unable to stabilize a patient as required by state and federal laws.

In order to ensure compliance with these laws, the OCE has performed training and education sessions throughout all of Jackson’s emergency departments, as defined in both state and federal laws. Further education or clarification of any issues related to access to emergency

care services is available by contacting the OCE at 305-585-2902 or reviewing applicable policies.

JHS EMTALA policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 400.017 – Guidelines for Reporting Apparent Violations of Access to Emergency Care Laws*, *JHS Policy & Procedure Manual Code No.309 – Medical Screening Examination* and *JHS Policy & Procedure Manual Code No.101 – Access to Care*.

### **Quality of Service**

Our mission to provide quality health care to all people regardless of ability to pay includes a requirement to support the needs of all members of our team who are involved in and provide care to the community. The Jackson Quality Corporate department establishes a comprehensive program to promote quality and safety objectives throughout the organization. Our first responsibility is to provide patients and their families with high quality care and services. We provide care through the framework of STEEEP:

S \_ **Safe** care protects patients from harm.

T \_ **Timely** care is delivered promptly.

E \_ **Effective** care makes optimal use of resources to improve quality of life.

E \_ **Efficient** care maximizes utility and avoids waste.

E \_ **Equitable** care is consistent in quality and extended to all in need.

P \_ **Patient-centered** care respects and responds to patients' preferences, needs, and values.

- We are committed to providing high quality care with the ultimate goal of relieving suffering and restoring health for the patients.
- We will communicate effectively with patients and families, explain our role in their care and respond to each patient's treatment needs and service requests.
- We will address any outcome of care, including any unanticipated outcomes, by reporting these to a supervisor who can assess the problem, take appropriate action and follow the problem to resolution.
- We will make every effort to employ and/or credential only fully licensed and/or properly qualified providers with the expertise to care for our patients.
- We will require that admissions, transfers and discharges are medically appropriate and in accordance with all legal requirements. In the event of a medical emergency we will not consider a patient's ability to pay or current hospital fiscal conditions in discussions and decisions concerning admissions, transfers or discharges.
- We will provide patients with care only within the scope of clinical privileges granted to us by the appropriate Jackson facility.



## **Arrangements with Physicians and Referral Sources**

Arrangements between physicians and hospitals must be structured and administered to ensure compliance with numerous federal and state laws and regulations. The federal laws that focus on arrangements with physicians include the Stark Law and the Anti-Kickback Statute.

The Stark Law, also called the Physician Self-Referral Law, states if a physician or immediate family member has a financial relationship with an entity, the physician may not make referrals to the hospital for inpatient or outpatient services and certain other services (known as Designated Health Services). Additionally, the hospital may not bill Medicare or Medicaid, unless the relationship fits within an exception.

The Anti-Kickback Statute prohibits anyone (person or corporate entity) from offering, paying, soliciting, or receiving remuneration in exchange for referring an individual or furnishing or arranging for a good or service for which payment may be made under any Federal health care program. The transaction can be direct or indirect and in cash or in kind.

The Stark Law and the Anti-Kickback Statute are only two of the laws regarding physician arrangements. In addition, Florida has similar laws that must be adhered to and have their own set of consequences and penalties. There is another law that addresses submitting false claims to the government for payment. The False Claims Act provides liability for any person who knowingly submits a false claim to the government or causes another to submit a false claim to the government or knowingly makes a false record or statement to get a false claim paid by the government. The definition of having the knowledge to violate this law is (1) actual knowledge, (2) deliberate ignorance of the truth or falsity of the information, or (3) reckless disregard of the truth or falsity of the information.

It is important that all employees and vendors are aware of the laws and can identify when an illegal arrangement is occurring. Two key statements that can help identify an improper arrangement are that we do not accept payment (or anything of value) for referrals we make, and we do not pay for referrals.

The OCE together with the County Attorney's Office carefully review physician arrangements to help ensure compliance with the Stark Law and the Anti-Kickback Statute, among other laws. Additionally, we have several policies and procedures in place that address these laws and regulations. If we do not follow the laws and regulations, it can bring serious consequences to our organization.

JHS physician arrangements policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 283 – Medical Directorship Physician Compensation* and *JHS Policy & Procedure Manual Code No. 273 – Acquisition of Hospital-Based Physician Services*.

## **Gifts, Entertainment & Business Courtesies**

Our success as a health care provider stems from providing quality services. We do not seek to gain an improper advantage by offering business courtesies such as entertainment, meals, transportation or lodging to customers, referred sources, or purchasers of Jackson services. A business courtesy that is received or extended must never be offered to induce any favorable business action.

In addition, all gifts received or extended must be reasonable, and no gift may be intended to influence a business decision, or to gain or increase a referral of business. The term “gift” refers to the transfer of anything of economic value, whether in the form of money, service, loan, travel, entertainment, hospitality, item or promise, or in any other form, without adequate and lawful consideration.

#### Gifting Rules:

- No employee may accept, solicit or receive any gift having a value of fifty dollars (\$50.00) or more from patients, relatives or friends of patients, or from firms or individuals doing business with or soliciting business from Jackson.
- Food and beverages consumed at a single sitting or meal are considered a single gift, and the value of the food and beverage provided at that sitting or meal are considered the value of the gift.
- Employees cannot accept directly or indirectly any travel expenses including, but not limited to, transportation, lodging, meals, registration fees, and incidentals from any county contractor, vendor, service provider, bidder, or proposer.

JHS occasionally sponsors business events with legitimate business purposes, all within the limitations of business courtesy policies and procedures. At such events, only reasonable and appropriate items are offered to attendees.

JHS gifting policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 329 – Gratuities* and can be viewed on the *Miami Dade County Code of Ethics*.

*If you have a question with respect to whether an item is an appropriate gift, please contact the OCE at (305) 585-2902.*

#### **Procurement Activities**

Jackson's procurement activities are governed by the Procurement Regulation (“Regulation”). The Regulation's purpose is to govern the procurement of goods, services and construction, including professional services, for the Public Health Trust (“Trust”). The Regulation is advisory in that it is intended to provide guidance to Trust staff in the conduct of an orderly administrative process. It is the policy of the Trust to promote competition and transparency in public procurement. All employees of the Trust including, but not limited to, those specifically identified in the Regulation are directed to advance this policy. The Regulation shall apply to all contracts for public improvements and the purchase of all goods and services, including professional services, made by the Trust, irrespective of the source of funds, except as otherwise provided by law. Any Jackson employee involved in procurement activities, including contract negotiations, must be certain to abide by the Procurement Regulation and Miami-Dade County's Conflict of Interest and Code of Ethics Ordinance. This will ensure transparency and avoid any perception of favoritism.

## **Physician Credentialing**

Jackson's Corporate Credentialing Office manages medical staff and affiliated medical staff applications, as well as the credentialing of all Jackson physicians, dentists, podiatrists and many mid-level practitioners. Our team is dedicated to helping deliver high quality care by credentialing all medical staff professionals in compliance with the State of Florida Department of Health, The Joint Commission, and other regulatory agencies.

We are committed to maintaining all appropriate credentials, professional licenses and certifications. We are required to maintain current status with our credentials and must follow the ethical standards required by our respective disciplines. We are committed to ensuring our professional teams do not have individuals who are sanctioned and/or excluded from participating in federal health care programs. Jackson will not hire individuals who have been sanctioned or excluded from their respective disciplines. To ensure compliance with credentialing, we may ask periodically for individuals to show proof of their license or credential status.

JHS physician credentialing policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 1001– Initial Credentialing and Appointment*, *JHS Policy & Procedure Manual Code No. 1002 – Credentialing Reappointment*.

*For further questions regarding physician credentialing, contact the Corporate Credentialing Office at (305) 585-7725.*

## **Excluded Parties**

Jackson will not retain any employee, contractor or vendor who has been debarred, excluded or otherwise been deemed ineligible for participation in Federal and State healthcare programs, who has been convicted of or charged with committing a healthcare fraud-related criminal offense, or who does not have a current license, registration or certification. In addition, all employees, contractors or vendors must be in good-standing with the relevant State authorities that grant such license, registration or certification, as applicable, in the event that such a qualification is necessary for the job or contractor or vendor position. We screen our current employees, contractors, vendor owners and other Jackson vendors against The Department of Health & Human Services, Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), The General Services Administration's (GSA) List of Parties Excluded from Federal Programs and The Florida Agency for Healthcare Administration (AHCA) Office of Medicaid Program Integrity's List of Excluded Providers.

## **Conflict of Interest**

At Jackson, we are dedicated to conducting our activities in a professional and ethical manner free of inappropriate influence. Consistent with our values, all Jackson employees and members of our families are prohibited from engaging in any activity, practice, or act which would be considered a Conflict of Interest.

Jackson employees are required to adhere to the conflict of interest regulations as outlined in Florida Statute Chapter 112.313, Section 2-11.1 of the Miami-Dade County Code of Ethics, and

JHS Policy and Procedure Manual Code No. 158 “Conflict of Interest.” To ensure adherence, all Jackson employees are required to complete Conflict of Interest training on a yearly basis.

JHS Policy No. 158 defines a Conflict of Interest as a circumstance where a Jackson Associate’s judgment could be affected because of a financial or personal interest in the outcome of a decision over which the Jackson Associate has control or influence. A financial interest includes income or other remuneration, or investments and ownership stakes in excess of 5% of the total interest in an entity. A personal interest exists when any Jackson Associate or a member of his or her family stands to gain, either directly or indirectly, as a result of a decision.

A Jackson Associate includes all employees (including physicians and Graduate Medical Education residents and fellows). A family member includes an individual’s spouse, domestic partner, children, grandchildren, great grandchildren, parents, grandparents, siblings, and spouses of the above. This term also includes any trust, organization or enterprise over which the individual and/or his/her Family exercise a controlling or significant interest.

If you are aware of any current actual or potential Conflict of Interest involving you or a member of your family (as defined above), you are required to complete a Conflict of Interest Disclosure form. The OCE reviews all disclosure forms and shall determine appropriate action, taking into account all relevant factors. This review may include directing an investigation, providing guidance to manage a Conflict of Interest, or developing a plan for resolution where appropriate (“Conflict of Interest Management Plans”). All decisions will be documented.

*You may contact the OCE either directly at 305-585-2909 or via e-mail at [jhs-coi@jhsmiami.org](mailto:jhs-coi@jhsmiami.org) to request a copy of the form or if you have any questions.*

### **Outside Employment**

Although not all instances of outside employment result in a Conflict of Interest, all employees should be aware of JHS Policy and Procedure Manual Code No. 311 – Outside Employment. The policy defines outside employment as a means providing goods, services, labor or advice other than to JHS, with the intent of earning a fee, profit, income, honorarium, or anything else of value, including, but not limited to, becoming an employee, independent contractor, consultant, agent, or self-employed. Prior to beginning outside employment, all full-time employees must get permission from their management by filling out and providing a “Request for Outside Employment” form, which must be completed annually thereafter.

JHS outside employment policy and procedure can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 311 – Outside Employment*.

*For further questions regarding outside employment contact the OCE at 305.585-2902.*

### **Marketing and Advertising Activities**

Consistent with laws and regulations that may govern such activities, we may use marketing and advertising activities to educate the general public, provide information to the community, increase awareness of our services, and recruit colleagues. We present only truthful, honest,

fully informative, and non-deceptive information in these materials, advertisements, and announcements.

*For further questions regarding marketing and advertising activities, contact the External Affairs Department at 305-585-8974.*

### **Disciplinary Action**

We are expected to perform job duties and responsibilities in a manner that reflects the highest ethical and professional standards of conduct in accordance with the JHS Policy & Procedure Manual and any stated rules of a division, department or other established work unit.

We have developed specific corrective action protocols that should be followed when employees do not meet expectations for conduct and/or performance.

All violators of Jackson's Code will be subject to disciplinary action as outlined in JHS Policy & Procedure Manual Code No. 305 – Corrective Action. The level of discipline will depend on the nature, severity, and frequency of the violation, but will typically follow the subsequent progression:

- i. Written Reprimand
- ii. First Level Warning/Suspension
- iii. Second Level Warning/Suspension
- iv. Termination

For more information regarding disciplinary action issues consult *JHS Policy & Procedure Manual Code No. 305 - Corrective Action*.

*For further questions regarding disciplinary action contact the Employee/Labor Relations & Workforce Management Department at (305) 585-7268.*

### **Drug-free Workplace**

We are committed to protecting the safety, health and well-being of all employees and other individuals in our workplace.

It is our policy to maintain a Drug-Free Workplace and, in accordance with the Federal Drug-Free Workplace Act, Jackson is committed to providing annual notification, education, training and communication concerning any available drug counseling, rehabilitation, and assistance programs to its employees. We encourage individuals to voluntarily seek help with drug and alcohol problems.

All employees are prohibited from manufacturing, distributing, dispensing, possessing, or using illegal drugs, or any other unauthorized or mind altering or intoxicating substances while on Jackson property or while conducting Jackson business.

All employees are prohibited from using or taking prescription drugs above the level recommended by the prescribing physician and are prohibited from using prescribed drugs for purposes other than what the prescribed drugs were intended.

Your use of a prescription drug as prescribed by a physician may under certain conditions pose a risk to the safety of the employee or others. If you believe or have been informed that use of prescription drugs or “over the counter” medication may present a safety hazard, please consult with the Occupational Health Services Office (OHS) before beginning work.

Any employee convicted of violating a criminal drug statute, including pleas of guilty or no contest, must notify his/her supervisor of such conviction within five (5) calendar days of the conviction. Appropriate action will be taken within thirty (30) days of such notification. Federal contracting agencies will be notified when appropriate and in accordance with the Federal Drug-Free Workplace Act.

We conduct the following drug tests: pre-employment drug testing, reasonable suspicion testing, post-accident testing, and follow-up testing.

Violations of the Drug-Free Workplace Policy may result in disciplinary action up to and including termination, and will be administered according to JHS Policy and Procedure Manual Code No. 305 – Corrective Action.

For more information regarding drug free workplace policies see *JHS Policy & Procedure Manual Code No. 337 – Drug Free Workplace Policy*.

The Employee Work Life Services/Employee Assistance Program (EWLS/EAP) is available at any time to assist any employee who voluntarily seeks help with an alcohol or drug problem. Employees may contact the EWLS/EAP at (786) 466-8377.

### **Record Retention**

It is our policy to maintain an effective, comprehensive and standardized Records Management Program that complies with federal and state statutes for the storage, retention and disposition of public records. The procedures designed to implement this policy will be in accordance with the following State of Florida publications: General Records Schedule for State and Local Government Agencies (Schedule GS1-SL), and General Records Schedule for Public Hospitals, Health Care Facilities and Medical Providers (Schedule GS4). These publications, along with Records Retention Schedules, Record Disposition Requests, and Record Transfer Lists and Labels will be maintained and distributed by the Jackson Records Management Office under the direction of the Jackson Records Manager. It is also our policy to ensure the utmost privacy and confidentiality for all records maintained by our organization.

JHS record retention policies and procedures can be found on the Intranet in *JHS Policy & Procedure Manual Code No. 114 – Public Records – Retention and Disposition*.

*For further questions regarding record retention, contact the Director of Health Information Management at (305) 585-2732.*

### **Reporting to the Public Health Trust Board of Trustees**

The Audit and Compliance Subcommittee (“AC”) of the Public Health Trust Board of Trustees shall assist Board oversight of JHS’ procedures and systems. The oversight will ensure that:

- (1) JHS' employees, Board Trustees, and operations comply with all applicable laws and regulations related to government programs; and
- (2) JHS, its employees, and Board Trustees act in accordance with the appropriate JHS Standards and Code of Conduct.

The Chief Compliance and Ethics Officer (CCEO) shall make regular (at least bi-monthly) reports regarding compliance matters directly to the CEO and to the Board AC Subcommittee, or as needed should an issue arise. In addition, the CCEO has monthly meetings with two different levels of management to discuss compliance issues. The first is the "Executive Compliance Committee Meeting" and second is the "Regulatory Compliance Committee Meeting."

### **Reservation of Rights**

Jackson reserves the right to amend this Code, in whole or in part, at any time and solely at its discretion, in accordance with the provisions set forth by the JHS administrative policies and procedures.