



Code of Conduct

A Message from the President & Board Chair

Dear Friends,

We are so grateful that you have chosen to be part of the team at Brattleboro Memorial Hospital (BMH) and that you are so committed to our mission. As you know, ethics and accountability are core values central to that mission.

The hospital's Code of Conduct supports BMH's Mission, Vision, and Values. Because we feel so strongly about our ethical responsibilities, the Board of Trustees has adopted a formal Corporate Compliance Program and appointed a compliance officer to oversee it.

BMH has created this Code to provide guidance regarding expectations for acceptable behavior. It applies to anyone who works for, or on behalf of, BMH. It provides a broad overview of compliance concepts and builds on the policies and procedures of our Compliance Program.

This Code of Conduct is your resource for doing the right thing. It applies to every person who represents BMH including employees, clinicians, officers, board members, volunteers, temporary staff, consultants, and students. The people in these roles are our colleagues, and all colleagues are expected to follow our Code of Conduct.

The Code of Conduct is one of BMH's most important documents. We urge you to read it and refer to it often because we believe our employees are partners in maintaining an organization that adheres to the highest ethical and legal standards.

We expect every employee to act with integrity at all times when carrying out any job or endeavor undertaken on behalf of the hospital.

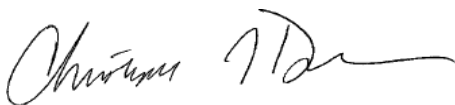
We strongly encourage you to lead by example, ask questions when you are unsure or don't know the answer, and report any problems or concerns you may have about known or suspected actions that are inappropriate or unethical. All employees have a duty to report compliance issues, problems, or concerns. You will be protected from any retaliation or retribution that may stem from reporting in good faith.

To make a report you can go to your supervisor or to BMH's compliance officer. You can also use other avenues described in the Code of Conduct including calling the **Compliance Hotline (802-251-8480)** or emailing: **compliance@bmhvt.org**. Again, you will be protected from any retaliation or retribution related to a report made in good faith.

While each of us should take the time to read through and familiarize ourselves with the Code, we want to emphasize the following:

1. Compliance is essential in every aspect of our business; we need to be aware of and adhere to all laws and regulations.
2. When issues or concerns are raised they will be addressed appropriately by our management team. It is each manager's job to foster an environment that facilitates problem identification and resolution; so, do not be afraid to ask.
3. Each of us has a duty to proactively bring matters of concern to the attention of the appropriate personnel. You are protected from retaliation or retribution for doing so in good faith.
4. The Code applies to all of us.

Again, many thanks for bringing your time and talents to BMH, and for following the hospital's Code of Conduct at all times!



Christopher J. Dougherty,
President & CEO



Rhonda Calhoun,
BMH Board Chair

A Message from the Compliance Officer

Dear Colleagues,

BMH is committed to providing the highest quality patient care, while ensuring adherence to the highest professional and ethical standards.

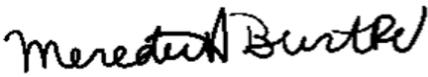
The purpose of this Code of Conduct is to reinforce BMH values and to serve as a guide for moral, ethical, and legal behavior. Adherence to the Code of Conduct promotes BMH's reputation for integrity and honesty in the community and also ensures that BMH is compliant with applicable laws, rules, and regulations.

The BMH Code of Conduct is intended to provide a general overview of basic compliance concepts and to give guidance on acceptable behavior for BMH personnel.

Without exception, this Code applies equally to everyone at all levels of the organization across the BMH organization and it is the responsibility of leadership, medical/professional staff, contract staff, volunteers, students, and all employees of BMH to act in a manner consistent with the Code of Conduct.

The Code of Conduct is not intended to fully describe State or Federal Regulations or offer a comprehensive review of BMH policies or procedures. For more details, please review the Code of Conduct Program available on BMH's policy site.

Anyone in the organization who has questions or concerns is encouraged to contact the BMH compliance officer for clarification or direction regarding the Code of Conduct. This includes questions and concerns about fraud, waste, and abuse.



Meredith Burt, RN
BMH Compliance Officer



• **Compliance Phone: 802-257-8354**

• **Confidential Hotline: 802-251-8480**



Email:
compliance@bmhvt.org



U.S. Mail:
Brattleboro Memorial Hospital
Attn: Compliance Officer,
17 Belmont Ave.
Brattleboro, VT 05301



- We act with the competence, skill, and integrity expected of our professions.
- We behave with dignity and courtesy toward our patients, clients, coworkers, learners, and others in business-related activities.
- We shall comply with and perform services consistent with high ethical and professional standards.
- We display and promote the highest standards of professional and ethical conduct.
- While representing BMH, we treat patients, co-workers, and others they interact with in a professional manner that's underscored by honesty, fairness, dignity, and respect.

GENERAL EXPECTATIONS

1. Consider first the well-being of the patient.
2. Interactions with patients, visitors, employees, clinicians, volunteers, health care providers, or any other individuals shall be conducted with courtesy, honesty, respect, and dignity.
3. All individuals associated with the BMH organization are expected to refrain from conduct that may reasonably be considered offensive to others or disruptive to the workplace or patient care. Offensive conduct may be written, oral, or behavioral.

Examples of inappropriate conduct would include, but are not limited to:

Inappropriate verbal interactions:

- Profane, disrespectful, insulting, demeaning, or abusive language
- Shaming others for negative outcomes
- Demeaning comments or intimidation
- Inappropriate arguments with patients, family members, staff, or other care providers
- Rudeness
- Boundary violations with patients, family members, staff, or other care providers
- Gratuitous negative comments about another clinician's care (orally or in chart notes)
- Passing severe judgment or censuring colleagues or staff in front of patients, visitors, or other staff
- Outbursts of anger
- Behavior that others would describe as bullying
- Insensitive comments about a patient's medical condition, appearance, situation, etc.
- Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance, or socioeconomic or educational status.

Inappropriate actions/inaction:

- Throwing or breaking things
- Refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care
- Use or threat of unwarranted physical force with patients, family members, staff, or other care providers
- Repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or when expected to be available
- Not working collaboratively or cooperatively with others
- Creating rigid or inflexible barriers to requests for assistance/cooperation.

NOTE: Comments that are or may be perceived as being sexually harassing will not be tolerated, and any reports of this inappropriate activity will be investigated. See BMH's Sexual Harassment Policy for details.

CONFLICT of INTEREST

We will comply with the BMH Conflict of Interest Policy (found on the BMH policy platform). This includes disclosure of any actual or perceived compliance conflicts and/or willingness to comply with the process in place to resolve conflicts as needed.

Depending on the circumstances, a “conflict of interest” might include: employment outside of BMH with a competitor or in violation of our policies; supervising a close relative; purchasing stocks based on confidential information; accepting gifts from a vendor, patient, or fellow provider; or causing BMH to contract with vendors with whom you have a personal or financial interest.

If you have questions about what might be a conflict of interest, review BMH policies and speak with your supervisor or the Compliance Office.

PERSONAL USE of BMH RESOURCES

It is the responsibility of each BMH colleague to preserve our organization’s assets including time, materials, supplies, equipment, and information.

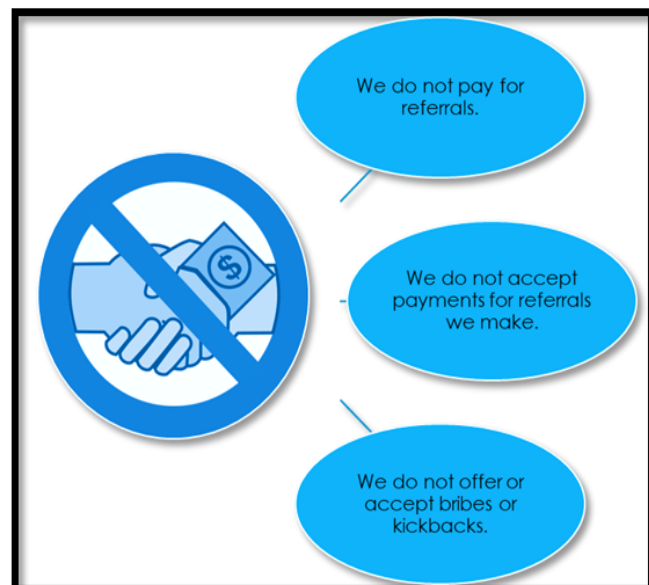
Organizational assets are to be maintained for business-related purposes. As a general rule, the excessive personal use of any BMH resource without prior supervisory approval is prohibited. The occasional use of items such as copying facilities or telephones, where the cost to BMH is insignificant, is permissible.

Any community or charitable use of organizational resources must be approved in advance by one’s supervisor. Any use of organization resources for personal financial gain unrelated to the organization’s business is prohibited.

REFERRALS, GIFTS, BUSINESS COURTESIES, SUNSHINE ACT, ANTI-KICK BACK, STARK LAW

Only general information is included in this Code of Conduct, (See: Referrals, Gifts, and Business Courtesies Policy, found on the BMH policy platform).

Referrals: We accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the needed services. We do not pay or offer to pay anyone—colleagues, clinicians, or other persons or entities—for the referral of patients.



No BMH colleague or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

Bribes and kickbacks are money, gifts, services, or special treatment given to someone in exchange for a favor, such as referral. The favor may be many things, from a promise to make patient referrals to a promise to use a particular vendor’s product.

Gifts: Vermont law bans most gifts to clinicians and healthcare entities and requires reporting of most expenditures of pharmaceutical products, biological products, and medical devices to Vermont health care providers, including expenditures for samples (including vouchers) and clinical trials.

Regulatory Regulations related to Referrals, Gifts, and Business Courtesies: We endorse and fully comply with all regulatory requirements regarding referrals, gifts, and business courtesies, including but not limited to: The Federal Health Care Program Anti-Kickback Statute, 42 U.C.S. § 1320a-7b, The Physician Self-Referral Ban (The Stark LAW, Physician Payments Sunshine Provision (§ 6002)). For further information on these regulations (See: Referrals, Gifts, and Business Courtesies Policy, found on the BMH policy platform).

BMH POLICIES & PROCEDURES

BMH personnel shall comply with all applicable BMH policies and procedures, including but not limited to those policies and procedures relevant to the Compliance Program.

BMH personnel are required to understand and follow all policies and procedures that apply to their work obligations at BMH.

EMPLOYMENT

BMH promotes diversity and will provide a workplace environment that is in full compliance with all applicable employment-related laws as well as BMH and facility policies and procedures.

It is BMH policy to provide equal employment opportunities to all personnel, prospective and current, without regard to age, ancestry, color, crime victim status, disability, gender identity, health insurance coverage status, HIV status, national origin, place of birth, race, religion, sex, sexual orientation, or association with a member of a legally protected category listed.

BMH will comply with Titles I and V of the Americans with Disabilities Act (ADA) applicable regulatory requirements. BMH will make reasonable accommodations as mandated in this regulation.

BMH personnel who have questions concerning, or are aware of, any breach of the Equal Employment Opportunity (EEO), or ADA guidelines, should contact the Human Resources department or the compliance officer.

BMH has a zero tolerance policy regarding violence in the workplace. All threats of harm, harassment, physical or verbal abuse, or assault are not acceptable and will be investigated. Personnel suspected of violent acts in the workplace will be reported to Human Resources for investigation and potential disciplinary actions up to immediate termination when appropriate.

RESPONSIBILITY REGARDING USE of SOCIAL MEDIA & TECHNOLOGY

BMH encourages an online and social media culture that complies with the law, internal policies, procedures, and ethical values.

BMH employees may not disclose confidential or proprietary information about BMH, its patients, or its employees on social media (including, but not limited to, communications over the Internet, on personal websites or webpages, or in online communities).

We do not take or transmit photographs or recordings of patients, visitors, or staff in the workplace except as permitted by our policies. Any questions concerning the appropriate use of social media and technology should be directed, as applicable, to the privacy officer or the Marketing department.

PRIVACY & CONFIDENTIALITY/HIPAA

In the course of performing authorized work, BMH staff members may be granted access to information systems that maintain Protected Health Information (PHI) as defined by the Health Information Portability and Accountability Act (HIPAA). Such access creates an obligation to treat PHI in a confidential and secure manner. (See: Privacy Policy found on the BMH policy platform). This Code of Conduct affirms the commitment of staff to:

1. Understand their obligations to comply with all applicable policies and statutory and regulatory requirements.
2. Act in an ethical and compliant manner.
3. Understand the consequences of failure to comply with the Code of Conduct.
4. Take action to appropriately address violations and conflicts to the Code of Conduct.

Staff members are specifically responsible for the following:

- Protecting the confidentiality, privacy, and security of PHI.
- Only accessing, releasing, or sharing PHI sensitive information as necessary as a part of their assigned duties.
- Understanding that access to BMH systems containing PHI is audited and may be reviewed at any time, with or without cause.
- Protecting PHI by not sharing passwords or access to any BMH systems or applications with any other person
- Understanding that at the conclusion of their employment, affiliation, contract, or assignment with BMH, they may not take any institutional PHI with them and are still required to maintain PHI confidentially.

REPORTING INAPPROPRIATE CONDUCT, INCLUDING HIPAA-RELATED NON-COMPLIANCE

Staff members are obligated to report suspicious or illegal activities, including the unauthorized disclosure of PHI, that violate BMH policies or state and federal regulations. The responsibility of the staff member ends with reporting the suspicious or illegal activity to an appropriate authority.

Under no circumstances should a staff member confront another staff member, other community member, or conduct any kind of investigation.

What types of compliance concerns should be reported?

- Embezzlement, fraud, or kickbacks
- Ethical standards violations
- Billing for services not rendered or items not provided
- Falsifying claim forms to receive overpayment for services provided
- Falsifying certificates of medical necessity and billing documents for services not medically necessary
- Inaccurate billing practices that could result in the receipt of reimbursement for which BMH is not entitled
- Any event that would require BMH to disclose wrongful activity to a governmental agency, including unallowable costs in any claims for reimbursement
- HIPAA, patient privacy rights/other patient rights violations
- Policy violations
- Substance abuse/alcohol use in the workplace
- Risk and safety concerns

QUESTIONS ABOUT the COMPLIANCE PROGRAM or REPORTING SUSPECTED WRONGDOING WITHOUT FEAR of RETALIATION

BMH personnel shall seek clarification from, or approval by, the compliance officer before engaging in actions or transactions if there is any question concerning whether the action or transaction complies with applicable laws, regulations, program requirements, or BMH policies.

CONTACT your immediate supervisor, department manager, or department director.

Or

COMPLETE an incident report using the BMH-approved incident reporting system.

Or

SPEAK with the director of Human Resources.

Or

REACH OUT to the Compliance Officer directly via email, hotline, or office extension.

BMH personnel with knowledge of or who suspect any wrongdoing and who are acting in good faith, are expected to promptly **report the matter using one of the processes described in the chart to the left.**

Employees are expected to be truthful and cooperate with any compliance investigation to the best of their ability. Employees found to hamper a compliance investigation, not be forthcoming with information, or be untruthful during the investigatory process, may be referred to Human Resources for disciplinary action, up to and potentially including termination.

Employees are required to report suspected violations of the Code of Conduct, policies, procedures, the law, and regulations to a supervisor, the compliance officer, or the confidential Compliance Hotline.

Retaliation is not permitted against anyone who seeks advice, raises a concern, or reports misconduct in good faith. Any retaliation should be reported immediately to the compliance officer.

ENTITIES THAT CONTRACT with BMH

BMH personnel shall ensure that vendors and other entities that contract with BMH comply with the Compliance Program and cooperate with BMH's compliance efforts.

If a contract or arrangement with an outside entity implicates any of the compliance concerns previously listed, BMH personnel should refer the contract or matter to the compliance officer for review.

Nothing in this policy or Compliance Program shall be construed as an undertaking by BMH to inspect, assume liability for, or guarantee the performance of work or activities by independent contractors or other agents.

BMH personnel shall not offer or receive any free or discounted items or services to or from other healthcare clinicians.

s, their family members, vendors, or other office staff unless such offer is consistent with BMH's Referrals, Gifts, and Business Courtesies Policy, found on the BMH policy platform.

EMERGENCY MEDICAL TREATMENT & LABORACT (EMTALA)

We follow the Emergency Medical Treatment and Labor Act (EMTALA) in providing emergency medical screening examinations and necessary stabilization to all patients, regardless of ability to pay.

In an emergency situation, or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability or inability to pay or any other discriminatory factor.

Patients with emergency medical conditions are only transferred to another healthcare facility if the patient's medical needs cannot be met at BMH (e.g., we do not have the capacity or capability), or upon request of the patient (or their decision-making surrogate) and appropriate care is knowingly available at another healthcare facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory and statutory requirements.

Patients have the right to have a family member or representative of their choice and their own primary care clinician notified promptly of admission to a hospital.

IMPROPER BILLING ACTIVITIES

We have implemented policies, procedures, and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. These policies, procedures, and systems conform to pertinent federal and state laws and regulations, including using the required ICD-10 coding system. We prohibit any colleague or agent of BMH from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious, or fraudulent.

In support of accurate billing, BMH's Health Information Management department (Medical Records) must provide reliable documentation of the services we render. As such, it is vitally important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record.

Any subcontractors engaged to perform billing or coding services for BMH are expected to have the necessary skills, qualifications, quality control processes, systems, and appropriate procedures to ensure all billings for government and commercial insurance programs are accurate and complete.

UNFAIR COMPETITION and DECEPTIVE TRADE

Federal and state antitrust laws prevent certain anti-competitive conduct including collusive agreements between or among competitors to set prices; divide patient care or services; boycott other entities; etc.

BMH personnel should not engage in collusive discussions with competitors over such things as prices, employee wages, services to be rendered or eliminated, or division of patients or patient services without the compliance officer's prior approval.

Similarly, BMH personnel should not discuss exclusive arrangements with third-party payors, vendors, or clinicians without first discussing the matter with the compliance officer.