



Service Excellence

Standards of Conduct

Corporate Compliance

Regulatory Standards

Service Excellence Standards

- **Dress Code** - Following the dress code contributes to a positive impression in your daily contact with patients, visitors and fellow employees.

*[*Dress Code Policy Issue No: 831.200-251](#)*

- **Phone Etiquette** - Answer every call with: *Good morning/afternoon/evening, (your unit/department), (your name) speaking, How can I help you?*
- **Noise Level** – Take an active part in maintaining a quiet and healing environment. Be aware of your own volume in hallways and other public areas.
- **Attitude** – A positive attitude, eye contact, a smile, a friendly tone of voice – all contribute to creating a space where patients and visitors feel welcome.
- **Cell Phones** – Cell phones should always be on vibrate or with simple sound alerts only. Personal cell phones should never be used via text or voice while you are working.
- **Elevator Etiquette** – Smile and say “hello” when you get on the elevator. The *patient elevators* are for patients – if a patient in a wheelchair or stretcher gets on the elevator, get off.

Standards of Conduct & Corporate Compliance

- **Your ethics and values define your personal standard of conduct.**
 - University Hospital maintains a high standard of legal and ethical behavior. Our values form the foundation of the service provided by employees, physicians, volunteers and contractors.
 - Compliance means that we abide by federal and state laws and standards with an emphasis on preventing fraud and abuse. We also have a responsibility to report any behavior that may be considered illegal or unethical.
 - If you believe someone has committed fraud or taken a wrong action, you are required to report it immediately.

Compliance Help Line: 855.431.9966

Professional Behavior and Conduct

- It is the policy of UH that all individuals within it be treated with courtesy, respect and dignity. All members of the medical staff are expected to conduct themselves with dignity and professionalism at all times. Disruptive behavior of any type is considered unacceptable and will not be tolerated.
- It is recognized that stressful situations may arise that present a challenge to the medical staff member. The response to these situations should be expressed with dignity, insight, professionalism and discussed in an appropriate setting.
- ***UH Policy: 831.200.274***

Appropriate Behavior



- Encouraging clear communication
- Use of cooperative approach to problem resolution
- Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety
- Expressions of dissatisfaction with policies through appropriate channels
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes

Disruptive Behaviors

- Degrading comments or insults
- Discriminatory behavior
- Inappropriate joking
- Incompetence
- Physical assault
- Profanity
- Refusal to cooperate with other providers
- Physical contact that is threatening or intimidating
- Refusal to follow established protocols
- Sexual harassment
- Spreading malicious rumors
- Substance abuse
- Throwing objects
- Retaliation
- Yelling
- Blatant, deliberate failure to respond to patient care needs or staff request without medical justification
- Physically threatening language directed at anyone within the hospital (staff, patients, visitors, etc.)



Disruptive Physician Behavior

Defined as: Physicians acting in a way that is disrespectful, unprofessional and toxic to the workplace.

- TJC considers disruptive physician behavior a serious issue and one that contributes to patient safety issues.
- All formal complaints about disruptive physician behavior will be investigated by the Compliance officer or designee.
- Findings will be reviewed with Executive Leadership and, if substantiated, a counseling session will ensue with the CMO.
- Repeated complaints will result in formal disciplinary action up to and including a hearing with MEC, potential loss of privileges, and report to the NJ Board of Medical Examiners, as well as other regulatory agencies.
- A full review of the disciplinary process can be found in the University Hospital Medical Staff Bylaws, Part II, Corrective Action & Fair Hearing Manual
- *A link to this information has been provided under the Medical Staff Structure, Bylaws and Rules and Regulations Section of this training.*

Consequences of Disruptive Behavior

- Reporting of disruptive behavior
- Limiting privileges
- External reporting
- TJC requirements for reporting, etc.



Compliance Helpline (855) 431-9966

- All University Hospital employees, volunteers, vendors, and contractors have a duty to report suspected violations of the University Hospital Code of Conduct.
- If you become aware of a matter that may violate the UH Code of Conduct, please contact your supervisor immediately or the Office of Ethics and Compliance at (973) 972-3450. You may also contact the Compliance Helpline and have the option to remain anonymous.

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UH Compliance Program

- Physicians
- Psychologists
- Nurses
- Counselors
- Aides
- Statisticians
- Technicians
- Therapists
- Social workers
- Finance
- Facilities
- Laboratory Techs
- Pharmacists
- Coders
- Clinical associates
- Administrators
- Clerical
- Practice managers
- Researchers
- Food services
- Security
- Transporters
- Messengers
- Housekeeping
- Discharge planners
- Others



HIPAA: At a Glance



- The Health Insurance Portability & Accountability Act of 1996 aka “HIPAA” is a federal law that went into effect on April 14, 2003.
- HIPAA Privacy & Security Laws mandate protection & safeguards for access, use and disclosure of Protected Health Information (PHI) and/or Electronic Protected Health Information (ePHI) with sanctions for violators.
- HIPAA = **Confidentiality** – information will not be disclosed to unauthorized individuals or processes, **Integrity** – data or information has not been altered or destroyed in an unauthorized manner and **Availability** – the property that data or information is accessible and usable upon demand by an authorized person.
- HIPAA requires health care employees to use or share only the “minimum necessary” information they need to do their jobs. The minimum necessary requirement does not apply to treatment. Clinical staff can look at the patient’s entire record and freely share information with other clinicians caring for that patient. This doesn’t mean every staff member needs to see health information about a patient.

HIPAA: At a Glance



- It is **EVERYONE'S** responsibility to help maintain patients' health information confidentiality. UH expects all employees to adhere to the privacy and confidentiality policies. Violators are subject to reprimand up to and including termination.
- HIPAA requires that an individual be appointed to oversee the implementation of the required policies and procedures and to monitor compliance. Danette Slevinski is the Chief Compliance Officer here at UH.
- Employees should report violation or suspected abuses to the **Office of Ethics & Compliance located in SSB 12th Floor, Suite 1214**. Confidential and anonymous reporting can be done via the UH Compliance Helpline 1.855.431.9966 or online: <https://uhcompliancehelpline.alertline.com>. UH will not retaliate against an employee for reporting a privacy violation.
- *Breaking HIPAA's privacy rule can mean civil or criminal penalties including fines up to \$100 for each violation, up to \$25,000 per calendar year, larger fines and/or jail time and/or loss of licensure. The criminal penalties increase as the seriousness of the offense increases. These penalties are up to \$250,000 in fines and/or imprisonment of up to 10 years.*

HIPAA: At a Glance



Some best practices to consider under HIPAA

- Never Post PHI on Social Media
- Never Share Username and Password
- Complete Annual HIPAA Training
- Keep Conversations at a Low Tone When Discussing PHI
- Minimum Necessary
- Confirm Fax Numbers and Email Addresses When Sending PHI
- Lock Offices and/or Desks Containing Unsecured PHI
- Report potential HIPAA violations to the Office of Ethics and Compliance

EMTALA: At a Glance

In 1986, Congress enacted the **Emergency Medical Treatment & Labor Act (EMTALA)**, aka the Anti-Dumping Act to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Two Basic Concepts:

- Duty to Screen – arises when someone comes to a hospital with an emergency medical condition seeking treatment for the emergency medical condition
- Duty to Stabilize – arises when hospital has actual knowledge that patient has an emergency medical condition

EMTALA: At a Glance

Basic Rules – any person presenting to the hospital ED seeking examination or treatment

- Must be medically **SCREENED**
- If there is an emergency medical condition, the patient must be **STABILIZED** within the capacity of the hospital; the screening and stabilizing treatment must be provided **WITHOUT DELAY** because of insurances inquiries. **TRANSFER** to another facility may be requested if the other facility has the capability to stabilize the condition, accepts the transfer, physician certifies that the benefits of transfer outweighs the risk of transfer and if appropriate equipment and qualified personnel is used to transfer patient.

Who/What is Covered:

- Covers ALL persons
- Covers ALL hospitals that participate in Medicare

EMTALA: At a Glance

Requirements:

- Appropriate medical screening exam to determine if emergency medical condition exists
- Stabilizing treatment – treatment necessary to ensure, with reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer, delivery of a child and the placenta, psychiatric patients are protected and prevented from injuring or harming self or others.
- Appropriate transfer
- **NO DELAYS!**

Penalties:

- Hospitals with >100 beds: Up to \$50,000 per violation
- Hospitals with <100 beds: Up to \$25,000 per violation
- ED Physicians and Specialists: Up to \$50,000 per violation, may be excluded from federally funded health care programs and specialists may be liable if they fail to complete a timely consult ordered by the ED physician.

Thank You