Code of Conduct and Compliance Program
Focus on Integrity and Ethics
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As a community-owned and community-governed health system, Sparrow Health System and its caregivers have an important responsibility to the citizens of Mid-Michigan and are expected to personify honest and ethical conduct. Every Sparrow representative at our 115 sites of care – from board members to physicians, nurses, all other caregivers, and volunteers – must honor our individual and collective commitment to the highest standards of integrity.

The Sparrow Health System Compliance Program is designed to be user-friendly and provide guidance regarding Sparrow's Compliance Policies.

We encourage you to review the Program, commit yourself to the principles and speak up, without fear of retaliation, whenever you see a potential problem or an opportunity to improve. That latter point is crucial. If you see something that you believe will harm patients and/or caregivers, or is counter to our ethical guidelines, you are expected to say something. From the highest levels of Sparrow, we will have your back and support you.

A successful compliance process requires active participation by everyone within the organization to ensure Sparrow's ability to provide the best care to every patient, every time.

Thank you for your personal role in carrying out Sparrow's mission each and every day, and for earning the trust of all who rely upon us by your commitment to honesty, transparency and ethical behavior.

James F. Dover, FACHE
Sparrow Health System President and CEO
Overview

The Sparrow Health System Compliance Program is made up of the following key elements:

» Sparrow Code of Conduct and underlying policies and procedures
» Raising Concerns
» Compliance Resources

The Sparrow Code of Conduct and Compliance Program was developed to clearly outline Sparrow’s commitment to integrity and ethical behavior. The Program applies to all Sparrow Entities and caregivers, including board members, physicians, leaders, staff, volunteers and vendors.

What is Compliance?
Compliance is about following the rules. Compliance programs are particularly important for health care organizations which have numerous laws, regulations, and accreditation standards to follow. Focusing on compliance helps us raise awareness of these rules and measure how well we are following them.

iCARE about my Conduct
The Sparrow Code of Conduct provides guidance to Sparrow caregivers on how to carry out our business honestly and with integrity. By understanding and applying the Sparrow Code of Conduct, we treat patients, business partners, and other colleagues with dignity, honesty, and respect. Integrity is a personal commitment to conduct yourself and Sparrow’s business with the highest standard of ethical behavior.

Combining a focus on integrity along with Compliance creates a strong culture that protects our patients and our community.

Every Sparrow caregiver plays a role in ensuring Sparrow’s ethical culture remains strong. All caregivers have a responsibility to report any activities they feel are not in alignment with Sparrow’s Code of Conduct. See page 5 for reporting methods.

Policy and Procedure Manager (PPM)
Sparrow policies and guidelines are referenced throughout this Code of Conduct. To review them in more detail, please access them through the Policy and Procedure Manager (PPM) system. PPM can be accessed through the Sparrow Applications folder on your desktop or go to PPM.Sparrow.org.

Simply use the “search for” feature in PPM to locate policies related to your topic of interest.
iCare About My Behavior

To ensure that all caregivers are held accountable for providing quality, compassionate care to everyone, every time, the caregivers of Sparrow are expected to consistently demonstrate the highest level of professionalism to patients, fellow caregivers, and the community.

Caregivers, physicians, and volunteers at Sparrow are expected to model the following ICARE values and adhere to the Standards of Behavior in all their work behaviors, interpersonal interactions, contributions, and decision making.

Innovation — finding new ways to improve the quality of health services by routinely exploring best practices, listening actively and openly to new ideas, demonstrating creativity in solving problems, communicating collaboratively with others, supporting change, and assisting in implementation.

Compassion — providing radical loving care for everyone by making eye contact, introducing yourself, explaining duration and delays, and using verbal and non-verbal communication that reflects caring, dignity, and compassion.

Accountability — accepting responsibility for our actions by maintaining confidentiality, managing the use of resources effectively and efficiently, owning our actions and decisions, demonstrating truthfulness, openly and tactfully expressing own ideas but actively supporting decisions, and reporting evidence of discrimination and/or harassment based upon a legally protected status.

Respect — valuing diversity, inclusion, and working well together by treating all people with dignity, respect, and empathy, being open to feedback, discussing differences constructively, directly, and tactfully, and showing appreciation for every role and department.

Excellence — achieving the best results in all we do by doing the work right the first time, continuously enhancing skills and expertise, demonstrating professionalism in appearance and action, and taking the initiative to promote cooperation in accomplishing mutual goals.

What is our policy?

Sparrow Human Resources policies establish expectations regarding Values, Behaviors, and Work Rules. Caregivers are responsible for reviewing and understanding these expectations and the consequences for not upholding the HR Policies on ICARE Values and Behaviors, and Caregiver Conduct and Work Rules.

» Caregivers are expected to exhibit behaviors that are consistent with Sparrow’s Values and Standards of Behaviors.

» Caregivers who witness or have knowledge of violations of policies, practices, or work rules are required to immediately report it to their Manager or the Human Resources Department Caregiver Relations Hotline at 517.364.5689.

» Caregivers whose performance and/or behaviors are inconsistent with these Values and Behavior Standards may be subject to corrective action up to and including termination.

Where do I get more information?

The full policy is located in PPM using search terms: Behavior, values, work rules

» If you have questions, contact the Sparrow Human Resources Department Caregiver Relations Hotline at 517.364.5689.
What is our policy?
Sparrow Human Resources policies establish behavioral expectations. Caregivers, including staff, leaders, residents, and medical staff, are responsible for reviewing and understanding these expectations and the consequences for not upholding the Human Resources Policies on Discriminatory Harassment.

» Caregivers who witness or have knowledge of harassment of another must immediately report the incident in writing to a Leader or Human Resources Department (caregiverrelations@sparrow.org). You may call Caregiver Relations Hotline at 517.364.5689 for further information.

» Sparrow leaders are responsible for ensuring a workplace free of harassment.

If, after investigation, it is determined that a caregiver has engaged in discriminatory harassment/ harassment or has retaliated based on a complaint, such caregiver will be subject to corrective action, up to and including termination of employment. If, after investigation, it is determined a caregiver has engaged in behavior which does not violate policy on discriminatory harassment/ harassment but demonstrates a violation of other Sparrow Health System policies, such caregiver will be subject to corrective action, up to and including termination of employment.

Where do I get more information?
The full policy is located in PPM using search terms: Discriminatory Harassment

» If you have questions, contact the Sparrow Human Resources Department Caregiver Relations Hotline at 517.364.5689.

iCare About a Workplace Free of Harassment

Consistent with Sparrow’s Values, Sparrow is committed to providing a workplace that is free of discriminatory harassment. Harassment of any kind will not be tolerated.

Discriminatory harassment includes unwelcome advances, requests for favors, and other verbal or physical conduct or communication based on religion, race, ethnicity, national origin, age, gender, sexual orientation, gender identity, height, weight, military or veteran status, marital status, or physical or medical disability or medical condition (“Protected Class Status”) under any of the following conditions:

1. Submission to the conduct or communication is made a term or condition, either explicitly or implicitly, to obtain employment.

2. Submission to or rejection of the conduct or communication by a person is used as a factor in decisions affecting the person’s employment.

3. The conduct or communication has the purpose or effect of substantially interfering with a person’s employment or creating an intimidating, hostile, or offensive employment environment.

Actions or words prohibited include, but are not limited to, sexual flirtations, advances, or propositions; verbal abuse; unnecessary or unwelcome touching of an individual; graphic depictions or verbal comments about an individual’s body; degrading words used to describe an individual; a display in the workplace of suggestive objects or pictures; explicit or offensive jokes; or physical assault.
Raising Concerns & Using the Compliance Hotline

Sparrow maintains a Compliance Hotline for caregivers to report confidentially, and anonymously (if desired), activity they believe to be inconsistent with Sparrow’s Code of Conduct and Compliance Program.

**Reporting Process**

» Discuss questions or concerns with your supervisor

» If you are not comfortable talking with your supervisor, or you do not feel the response adequately addresses your concern, contact a higher-level manager, or the Audit and Compliance Services Department

» If you would like to report a concern confidentially or anonymously, use the Compliance Hotline

**Call the Compliance Hotline (1.800.399.3603)**

The hotline is answered by an outside company allowing for:

- 24/7/365 availability
- Increased ability to provide anonymity
- Numerous languages available

**Submit an electronic compliance concern**

- Accessed via the Compliance Department page through the Sparrow Intranet

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**Frequently Asked Question**

Q: When should I call the Compliance Hotline?

A: Use the Compliance Hotline to anonymously report concerns or to raise questions about business ethics, billing, contracting, conflicts of interest, privacy, and other similar business/regulatory issues. It is not intended for reporting Human Resources concerns. Please contact your Human Resources Partner or the Caregiver Relations Hotline at 517.364.5689 to report these issues.

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**What is our policy?**

**Hotline Policy**

This Policy provides guidance on how to report concerns using the Compliance Hotline. It also provides guidance to the Audit and Compliance Department staff on intake, investigation, and referral procedures. The Policy also outlines expectations on follow-up and reporting of hotline call activity.

**Non-Retaliation Policy**

Sparrow shall, to the extent possible, protect the confidentiality of all persons filing reports through the Hotline and/or through other communication methods established under the Compliance Program.

» **Non-Retaliation Policy** — The purpose of this policy is to protect caregivers, physicians and volunteers who, in good faith, report known or suspected instances of inappropriate conduct or activities. Sparrow prohibits anyone from taking retaliatory action against those who report compliance concerns in good faith. Any person who participates in retaliating against an individual because of his or her good faith reporting under the Compliance Program will be subject to corrective action consistent with our Human Resources policies. Concerns about possible retaliation or harassment should be reported immediately to the Compliance Officer.

**Where do I get more information?**

The full policy can be located in PPM using search terms: Hotline, Retaliation

If you have questions, contact the Audit and Compliance with Department at 517-364-2552.
What is our policy?
The purpose of Sparrow’s Conflict of Interest Policy is to protect Sparrow’s interest when entering into a transaction that might benefit the private interest of an insider (such as a board member, executive, director, manager, or other related person with a financial interest in the contracting company).

Sparrow’s policy requires disclosing and ethically resolving potential conflicts of interest. A conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that individual to act properly in his/her position. No matter how insignificant the conflict may appear, it must be acknowledged as a conflict. Conflicts may occur, so long as disclosure and review processes are followed.

Where do I get more information?
The full policy can be located in PPM using search terms: Board of Directors Conflict of Interest or Administrative Conflict of Interest Policy.

» If you have questions, contact the Audit and Compliance Services Department at 517.364.2552.

Conflict of Interest
What is it?
A “conflict of interest” exists whenever personal, professional, commercial or financial interests outside of Sparrow have the possibility to influence the judgment of a Sparrow caregiver in regard to any of their work at Sparrow.

We are expected to act with honesty, integrity, and in the best interest of Sparrow when performing work on behalf of Sparrow. Therefore, caregivers must avoid situations in which their personal interest could conflict, or reasonably appear to conflict, with the interest of Sparrow. Some examples of potential conflicts include personal interest in:

» An entity with which Sparrow conducts business (e.g. vendors we purchase from or customers we sell to);
» An entity with which Sparrow is negotiating a business transaction or arrangement;
» An entity that provides services competitive with Sparrow

Caregivers should avoid outside employment or involvement in activities that could have a negative impact on their job performance, conflict with their obligation to Sparrow, or negatively impact Sparrow’s reputation in the community.

Frequently Asked Questions
Q: A patient wants to give me a $100 gift card to thank me for my service. Can I keep it?
A: The Conflict of Interest Policy section on gifts allows caregivers to accept gifts of esteem/gratitude valued at up to $100, but NO cash or cash equivalents, such as gift cards, are allowed. Please direct anyone interested in donating cash directly to the Sparrow Foundation.
Vendor Interactions

What is it?
Vendors play a large role in providing the goods and services that our patients need every day. The Vendor Management Policy establishes standards for vendors doing business at Sparrow Health System as well as provides guidelines for caregivers when interacting with current or potential vendors.

Vendors that conduct business with Sparrow must do so in accordance with Sparrow’s policies. As defined by the Vendor Management Policy, upon visiting, vendor representatives must check-in and register at vendor credentialing kiosks located in multiple locations across Sparrow sites of care. It is expected that vendor representatives will interact with caregivers in a manner that meets ethical standards, protects patient confidentiality, does not interrupt patient care, and encourages appropriate and cost-effective use of equipment, supplies, services, and pharmaceuticals.

Frequently Asked Questions
Q: A vendor wants to bring lunch into our office. Is it OK to accept that?
A: Food, drinks, and refreshments of more than nominal value may not be provided by a vendor unless it is directly related to a valid educational session that has been approved by Medical Education, Nursing Education, Supply Chain Management, or the Pharmacy.

Q: A vendor wants to pay for our trip to view their equipment we would like to purchase. Is it OK to accept that?
A: Caregivers should not accept vendor support for travel to evaluate products. Exceptions must be approved by an executive.

Q: For Sparrow locations that do not have a check-in kiosk, how should vendor representatives register?
A: Our current vendor credentialing system provides for check-in via a mobile app. A digital badge is provided upon successful registration.

What is our policy?
Key aspects of Vendor Interactions that Sparrow has developed guidelines around are:

› Vendor Check-In process (vendors must check-in and wear an ID badge)
› Access to patients/patient units (no solicitation)
› New Product Introduction Process
› Dress Code
› Escalation Steps for Non-compliance
› Vendor Supported Education at Sparrow (with approved CME programs—see policy)
› Providing Refreshments (with CME program)
› Vendor Supported Education off-site (with limitations—see policy)
› Travel for Product and Equipment Evaluation (not allowed - exceptions must be approved by an Executive)
› Vendor donations for Sparrow Fundraising Events (allowed with approval)
› Gifts from vendors (as per Conflict of Interest Policy)
› Displays/Promotional Materials
› Samples (through Pharmacy)

Where do I get more information?
The full policy can be located in PPM using search terms: Vendor Management Policy.

› If you have questions, contact the Supply Chain Management Department at 517.253.6200; or the Audit and Compliance.
What is our policy?
It is important for Sparrow to closely scrutinize business transactions, particularly those with physicians and disqualified persons. Sparrow has two related contracting policies that outline the review and approval of these transactions:

- **Business Transaction Authorization Policy** — outlines what transactions are subject to review and who must review and approve various business transactions at Sparrow.
- **Disqualified Person Policy** — outlines the definition of a disqualified person and the appropriate controls in contracting with them, including board approval.

Where do I get more information?
The full policy can be located in PPM using search terms: Business Transaction Authorization Policy, or Disqualified Persons Policy.

- If you have questions on the Business Transaction Authorization policy contact Finance at 517.364.6049.
- If you have questions on the Disqualified Person Policy contact Audit and Compliance Services at 517.364.2552.
- If you have questions on Physician Recruiting, please call the Physician Recruiting staff at 1.800.968.3225.

Contracts/Kickbacks

What is it?
Federal and State laws govern relationships between health care organizations and physicians or other individuals who are closely related to the organization.

Anti-Kickback Statute
The Anti-Kickback Statute (AKS) is a criminal law that prohibits the knowing payment to induce or reward patient referrals or the generation of business (e.g., drugs, supplies, or healthcare services) for Medicare or Medicaid patients. This includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies. In some industries, it is acceptable to reward those who refer business to you. However, in Federal health care programs, paying for referrals is not allowed.

Disqualified Persons
You are a disqualified person if you are a person who is in a position to exercise substantial influence over the affairs of a tax-exempt organization. Transactions resulting in excess benefits for a disqualified person may result in the IRS penalizing both the organization and the disqualified person receiving the benefit.
iCare about Ethical Decisions

Beyond the situations outlined in the preceding business policies, caregivers sometimes are faced with ethical situations and decisions that are not defined in one of Sparrow’s policies. Because Sparrow is a community-based healthcare organization, addressing ethical decisions appropriately helps Sparrow uphold the public’s trust. Healthcare ethics is about more than compliance; it is about fulfilling the role of a community-based healthcare organization, and balancing being an organization that is a care provider, an employer, and a citizen.

**What is it?**

**Clinical Ethics**: Questions or conflicts that arise between patients, family members, caregivers, and other clinicians regarding the direct care and treatment plans employed for the patient.

**Organizational Ethics**: Questions or conflicts that arise regarding healthcare business issues, particularly related to being a community-based entity and employer.

**What is it?**

- Requests for providers of a certain race/sex
- Fair hearings/appeals for denied care
- Objection to participation in treatment options
- Downsizing
- Responsible advertising
- Environmental Responsibility
- Mergers and Acquisitions

**What Should I do if I have an Ethical Concern?**

**Clinical Ethics**: Sparrow has developed a Clinical Ethics Committee to support caregivers, physicians, patients, and families in an advisory capacity. Use the **Clinical Ethics Consultation Guide** if a consultation with the committee is needed.

**Organizational Ethics**: Use the **Organizational Ethics Consultation Guide** if you have an organizational ethics question or concern.

**What is our policy?**

Sparrow has the following policies and tools to assist caregivers in ethical situations:

- **Guidelines for Ethics Issues**
  SHS Policy outlining resources related to clinical and organizational ethics issues

- **Clinical Ethics Consultation Guide**
  This Guide describes when a clinical ethics consultation might be necessary, how to request a consultation and answers other common questions about requesting a consult.

- **Clinical Ethics Committee Charter**
  This Charter outlines the purpose and functions of the Ethics Committee, which is mainly focused on clinical ethics questions, including case review and ethics consultations.

- **Organizational Ethics Consultation Guide**
  This Guide describes steps to follow, such as utilizing current policies, consulting with a leader, using an ethical decision-making model, or requesting assistance/consultation from Audit and Compliance Services and/or the Compliance and Ethics Committee.

- **Compliance and Ethics Committee Charter**
  This Charter outlines the purpose and functions of the Compliance and Ethics Committee, one of which is to provide guidance on business ethics questions and/or ethical breaches that arise.

**Where do I get more information?**

The above documents can be located in PPM using search terms: **Ethics, Consultation**.

- General questions can be directed to the Audit and Compliance Services Department at 517.364.2552.
iCare about Preventing Fraud and Abuse

Sparrow is committed to the highest standards of business ethics and integrity. To achieve this commitment, Sparrow caregivers must accurately and honestly represent Sparrow, and shall not engage in any activity that compromises our ethical culture.

Sparrow caregivers should be diligent to ensure that payers, including Medicare and Medicaid, are not billed for services that are not performed and/or not documented. This section of the Code of Conduct will address:

» False Claims
» Documentation/EMR Use
» Exclusions

False Claims

What is it?
Claims to Medicare and Medicaid for payment make up the majority of health care claims paid by the U.S. Government. Violating the Federal False Claims Act includes:

» Knowingly presenting a false or fraudulent claim for payment or approval
» Knowingly making or using a false record to get a false or fraudulent claim paid

Violations of the Federal False Claims Act can result in penalties of not less than $11,000 and not more than $22,000 per claim, plus three times the amount of damages that the government sustains.

The patient care that Sparrow caregivers provide every day is the underlying service that is being billed to all payers, including Medicare and Medicaid. It is very important that Sparrow’s medical record documentation and related billings accurately and completely reflect the services that are performed.
Documentation/EMR Use

Why is this important?
At Sparrow, Electronic Medical Records (EMRs) have virtually replaced traditional paper medical records documenting and storing patient health information. However, EMRs and the ways they are used can create new vulnerabilities, requiring organizations to revise their approaches to protect against fraud and abuse.

Providers and other caregivers must use the EMR and associated health IT systems appropriately, being aware of the following vulnerabilities:

Copy Forward and Copy-and-Paste Without Reviewing and Updating:
Copy-and-Paste, also known as documentation cloning, enables users to select information from one source and replicate it in another location. When physicians, nurses, or other clinicians copy-and-paste or copy forward information but fail to update it or ensure its accuracy, inaccurate information is likely to enter the patient's medical record and inappropriate charges may be billed to patients and third-party health care payers.

Auto-Populating Without Reviewing: iSparrow EMR contains tools and templates that auto-populates information into selected fields or note text for improved efficiency, sometimes with a few keystrokes or even a single click. These tools can improve documentation efficiency and completeness, but if not appropriately reviewed and edited by the user as needed — may be inaccurate.

What is our policy?
Sparrow Health System has adopted the Electronic Medical Record (EMR) Etiquette Guidelines for iSparrow EMR. This document was developed to briefly outline key elements of the iSparrow medical record documentation guidelines and expectations in an enterprise-wide electronic medical record system environment to protect against fraud and abuse.

Where do I get more information?
The full policy can be located in PPM using search terms: Electronic Medical Record Etiquette Guidelines

» If you have questions, contact Audit and Compliance Services at 517.364.2552.
OIG Exclusions

What is it?
The Office of Inspector General (OIG) maintains a public listing of individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Reasons for exclusion include: Medicare or Medicaid fraud; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

The effect of an exclusion is that no payment will be made for anything that an excluded person furnishes, orders, or prescribes. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, and any hospital or other provider for which the excluded person provides services. The exclusion applies regardless of who submits the claims and applies to administrative and management services furnished by the excluded person.

What is our policy?
Sparrow Health System will not employ, credential, enter into contracts with, or purchase from any individual or entity that is currently excluded by the OIG or other relevant federal agencies. Verification is performed at various points when caregivers enter the System.

» At employment by Human Resources
» At credentialing by Medical Staff Services
» At contracting with outside entities
» At the point of setting up new vendors in purchasing.
» Monthly verifications against current caregivers, physicians and vendors is performed by Audit and Compliance Services.

Where do I get more information?
The full policy can be located in PPM using search terms: Excluded Individuals and Entities Policy.

» If you have questions, contact Audit and Compliance Services, 517.364.2552.

Sparrow Compliance Hotline
800.399.3603

Code of Conduct
Preventing Fraud and Abuse
iCare about Protecting our Patients

Sparrow’s mission is to improve the health of the people in our communities by providing quality, compassionate care to every person, every time. This section of the Code of Conduct will address:

» Patient Rights and Responsibilities
» Quality and Patient Safety
» Privacy of Patient Information

Patient Rights and Responsibilities

What Should You Know?
Sparrow is committed to treating all patients with dignity, respect, and compassion. We recognize that all patients have basic rights, and we are committed to honoring these rights. Likewise, Sparrow has the right to expect reasonable and responsible behavior from patients, their relatives, and friends.

Some examples of Patient Rights are:

» Access and receive treatment regardless of age, race, creed, sex, national origin, gender identity, sexual orientation, marital status, cultural or spiritual values, disability or source of payment when they seek care at any access point in the Sparrow Health System.

» Provided with information about their illness, treatment, pain, and care alternatives in a way that they can understand. For patients that do not consider English as their preferred language, interpreter services are provided free of charge.

» Given the right to request treatment. However, the right to make decisions about healthcare does not mean a patient can demand treatment or services that are medically inappropriate or unnecessary.

» Given the right to visitors, unless the individual’s presence interferes with the patient’s health, the rights or safety of other patients, or is medically or therapeutically unsafe.

Some examples of Patient Responsibilities are:

» Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to their health.

» Following the treatment plan recommended by the physician primarily responsible for their care.

» Being considerate of the rights of other patients and healthcare staff.

Patients may exercise their rights personally, or through a guardian or patient advocate when unable to do so personally.

What is our policy?
Sparrow caregivers must know our Patient Rights and Responsibilities Policy. Our interactions with patients must include involving them in decisions about their care, treatment, and services. We must also inform patients and their representatives who to contact in the event they are not satisfied with the care provided at Sparrow.

What can I do?

» You are responsible to know our patients’ rights and responsibilities and to abide by those rights.

» You are responsible to inform patients who to contact when they are not satisfied with their care.

» Please have them contact the Patient Experience Department at 517.364.3935. If dialing from within Sparrow, call 43935.

Where do I get more information?
The full policy can be located in PPM using search terms: Patient Rights and Responsibilities Policy.

» When in doubt, use the appropriate chain of command. Ask your supervisor.

» Another information resource is the Patient Experience Department at 517.364.3935.
Patient Safety

What is it?
At Sparrow, our annual Quality, Performance Improvement, and Safety Plan promotes excellence in clinical quality measures (how we measure patient outcomes), accreditation/regulatory compliance (following national hospital standards) and patient safety (the culture and actions to keep patients free from harm).

» All Quality and Safety activities support our health system’s mission, vision and values through continuous improvement and commitment to the Sparrow Way.

» Healthcare is complex with human and technological factors that may impact care at the bedside. Our processes must be designed to adhere to evidence-based practices while also making it easy for our caregivers to do the right thing, every patient, every time. This means support and participation by all levels of the organization:
  • The executive team provides resources and leadership to ensure that Sparrow’s systems promote quality and safety.
  • The leadership team works with each other across departments and with caregivers to design safe, highly reliable systems of care that meet or exceed national standards for quality and safety. Sparrow Health System leaders must react to defects in quality and unsafe conditions with design changes and console, coach and correct behaviors that result in unintended safety events.
  • Our frontline caregivers’ role is to follow the Sparrow Way with every Patient, every time, complying with safety initiatives and reporting good catches, safety concerns and safety events.

» Each one of us has a right and responsibility to the patient to Speak Up if you have a concern, and Sparrow has a right and responsibility to protect you from retaliation for doing so.

What should I do if I have a safety concern?

» **Speak Up**
  » Get attention – use the red clarity card and/or say the person’s name; move to a private environment whenever possible
  » Express concern — ask a clarifying question about the situation
    • I need clarity...
    • I am concerned... I am uncomfortable...
  » Make a request to stop and discuss
    • State the problem — be brief and clear (do not hint or hope)
    • This is a safety issue
  » Propose a solution
    • Use team words like “We” or “Let’s”
  » Use the chain of command. Contact your Supervisor for assistance
  » Complete a report in the RL Risk Occurrence Reporting portal
  » Call Risk Management if it continues and the concern is not resolved

What is our policy?
Sparrow has established numerous policies to protect patients, families and caregivers. These policies address:

» Safe use of medical equipment
» Hazardous waste management
» Caregiver incident reporting
» Patient rights and grievances
» Violence in the workplace

Where do I get more Information?
The full policy can be located in PPM using search terms: Quality, Performance Improvement and Safety Plan.

» For questions on Quality and Performance Improvement, contact the Director of Quality and Performance Improvement 517.364.5239.
» For questions on Safety, contact the Director of Safety, Accreditation and Infection Prevention, Safety Officer, at 517.364.5219.
Privacy of Patient Information

The Health Insurance Portability and Accountability Act (HIPAA), as amended by HITECH, is a law enacted by the federal government with three parts that address the privacy, security and the use and disclosure of health information.

A major goal of the Privacy Rule is to assure that individuals’ health Information is properly protected while allowing the flow of information needed to provide and promote high quality healthcare. The HIPAA Privacy rules and stricter Michigan law dictate how and when protected health information (PHI) can be used or disclosed; whether written, verbal or electronic.

What is it?

HIPAA Privacy rules require restrictions on the use and disclosure of patient information and the reporting of inappropriate disclosures or breaches of PHI. HIPAA Privacy and HITECH regulations also include both personal and business consequences, such as penalties and fines, for non-compliance.

It is the responsibility of every Sparrow caregiver, physician, volunteer, and contractor or vendor to adhere to regulations, policies/procedures, and patient rights for privacy including:

» Right to confidential communications
» Right to receive a Notice of Privacy Practices to help understand how their PHI is used throughout the health system
» Right to access or receive a copy of their medical records and to direct Sparrow to transmit a copy of their medical record to a designated person of their choice
» Right to request restrictions regarding how PHI is used
» Right to request changes (amendments to their records)
» Right to receive a listing of who viewed their PHI (accounting of disclosures), if requested

Sparrow Workforce members have a personal obligation to protect the privacy and security of confidential information. Sparrow Health System has an active, on-going program to review records and transactions for inappropriate Workforce member access. Inappropriate access or disclosure of confidential information contrary to or inconsistent with Sparrow Privacy and Information Security policy can result in caregiver sanctions under Sparrow Human Resource Policy.

HITECH Privacy Standards: Access and Usage Monitoring

» Access and usage monitoring gives us the ability to investigate the following activities:
  • Break the glass access
  • Patient/caregiver medical records snooping
  • Family member and self- examination of medical records
  • Neighbor medical record examination
  • Investigation of Privacy Complaints
  • Insider Threats

What is our Policy?

Sparrow has established policies to safeguard the privacy of our patients’ information. You need to be aware of the HIPAA Privacy policies in use by Sparrow and have a general understanding of the impact of privacy on patient information and your daily activities.

Sparrow caregivers may use or disclose PHI for treatment, payment and operations or as required by law, but must abide by the “Need to Know” and “Minimum Necessary” standards outlined in Sparrow policies and the Privacy Rule.

Disclosure of PHI for other reasons requires patient authorization or a court order.

Report all inappropriate disclosures or breach concerns to the Privacy Department via the Privacy and Security Breach Referral Form located on the home page of the Intranet or RL6.

Where do I get more Information?

The full policy can be located in PPM using search terms: HIPAA Privacy Policies.

» The Privacy Department is available for patients and caregivers to discuss questions or concerns at 517.364.2161
iCare about Protecting Data

Sparrow is committed to protecting information and data from unauthorized disclosure or modification, and to ensuring that information is available to appropriate individuals. Information Security has identified the following goals to protect information:

**Confidentiality** — limiting information access and disclosures to authorized individuals and systems, and preventing access to unauthorized individuals or systems.

**Integrity** — protecting the accuracy and consistency of information and preventing data from being modified or removed inappropriately.

**Availability** — ensuring that information is available in a timely and reliable manner to appropriate individuals for use and dissemination.

Secure data is safe data

What is it?

Information Security is the practice of protecting information from unauthorized access, use, disclosure, disruption, modification, perusal, inspection, recording or destruction. It is the responsibility of every Sparrow caregiver, physician, volunteer, and contractor to be aware of HIPAA Security policies utilized by Sparrow, and to have a strong understanding of the impact these policies have on our patient information and daily activities.

Examples of Security Incidents:

» Inappropriate sharing of information, passwords, and data
» Inappropriate disclosure of confidential information with others that do not have a need to know
» Violation of Information Security policies
» Theft or loss of computer equipment, information, or data
» Unauthorized access to computer systems, or information
» Storage of PHI on third party websites or third-party email services
» Use of mobile devices to process confidential information that is not protected by encryption (e.g. laptops or tablets)
» Distribution or receipt of confidential information in a non-encrypted format
» Receipt and/or perpetuation of a Computer Virus or Phishing Email

All information must be protected during its creation, use, storage, and disposal. Regardless of how information is sent or handled, you have a responsibility to protect that information by following appropriate policies and procedures.
Compliance and Ethics Committee

The purpose of the Compliance and Ethics Committee (CEC) is to provide oversight for Sparrow Health System's Compliance Programs. This oversight is designed to ensure a multi-disciplinary and executive-level focus on compliance risk for Sparrow Health System and ensuring the integrity and reliability of information assets. The CEC will also provide guidance on business ethics questions and/or ethical breaches that arise. The CEC is advisory to both the Chief Compliance and Privacy Officer and the Chief Information Security Officer, and will serve as the primary forum to advise on Compliance, Privacy, and Information Security at Sparrow.

» The CEC will be guided by the Compliance and Ethics Committee Charter that outlines key responsibilities, including:

» Approval of the SHS Compliance Program
» Approval of supporting High Risk Compliance Plans
» Approval of the identification of high risks areas and the Compliance Risk methodology, including the underlying risk committee structure
» Approval of recommendations to mitigate the potential risks and vulnerabilities as defined in the Information Security Program
» Approval of recommendations to mitigate breaches requiring notification to Department of Health and Human Services, and the Privacy access monitoring program
» Approval of assignment of responsibility of the implementation of significant new or modified compliance regulations
» Approval and enforcement of the mandatory education requirements of the SHS Compliance Programs
» Enforcement of mandatory monitoring requirements of the SHS Compliance Programs
» Approval and enforcement of process improvement plans related to significant compliance issues, ethical breaches, and external audit findings
» Approval of recommendations concerning repayment or self-disclosure obligations for errors and omissions identified as part of the compliance program

Compliance Risk Sub-Committees

The CEC will be supported by underlying Compliance and Cybersecurity Risk Committees focused on the following high-risk areas and topics:

» 340B Compliance
» Affiliates Compliance
» Corporate Revenue Cycle Compliance
» Clinical/Provider Compliance
» Cybersecurity

Each of these risk focused committees have developed a charter outlining the scope responsibilities and Committee membership. The Committee chairs will make routine reports to the Compliance and Ethics Committee.
Compliance Officer

Responsibility for implementing and managing the Compliance Program has been assigned to the Vice President and Chief Compliance and Privacy Officer (CCO). The CCO will report to the President and Chief Executive Officer of Sparrow (CEO) on significant compliance issues, as well as the Chair of the Finance and Audit Committee as deemed appropriate. The CEO and the CCO will both be responsible for communications with the Board of Directors of Sparrow directly or through an appropriate committee of the Board.

The CCO will be supported in his efforts by the Compliance and Ethics Committee and related risk sub-committees, the Audit and Compliance Services Department staff, and internal/external legal counsel.

Audit and Compliance Services Staff

The CCO will be supported in his/her efforts by the Audit and Compliance Services Department. The CCO and Audit and Compliance Services will, with the assistance of legal counsel where appropriate, perform the following activities:

» Ensure that Sparrow has policies in place to guide appropriate billing for services, as well as policies related to appropriate handling of other regulatory matters;

» Ensure that appropriate departments and affiliates have developed Compliance Risk Grids, including detailed policies, and that the grids are routinely reviewed and updated;

» Ensure that comprehensive training regarding applicable rules and regulations is provided to all applicable caregivers;

» Provide oversight related to compliance reviews conducted by both internal and external auditors/consultants;

» Establish a uniform method for caregivers to raise questions and report areas of potential non-compliance;

» Review any compliance inquiries or reports of non-compliance and develop an appropriate response or refer to the appropriate department for follow-up;

» Develop appropriate process improvement plans to address any compliance issues;

» Establish required records and reporting systems necessary to support the program;

» Modify the program periodically in light of changes in the organization, laws or policies;

» Ensure that independent contractors who furnish services to the hospital that fall within the scope of this plan are aware of the requirements of the Compliance Program.
Education and Training

Sparrow believes that the proper education of all caregivers is a significant element of an effective compliance program. All caregivers, as identified by the Chief Compliance and Privacy Officer or Department Managers, are required to attend/complete training on a periodic basis.

The Audit and Compliance Services Department will periodically conduct general training on the Health System Code of Conduct and Compliance Program and general information on fraud and abuse investigations and principles. They will also ensure that new employees, managers, physicians and residents are trained on the Health System Code of Conduct and Compliance Program as part of Sparrow’s orientation process.

Individual Departments and Affiliates will conduct periodic training on more specific policies, rules, laws, and regulations applicable to that Department or Affiliates.

Failure to attend/complete required training sessions will result in corrective action, up to and including termination.

Auditing and Monitoring

To ensure that the Compliance Program is implemented as intended, Audit and Compliance Services will perform (or arrange the performance of) periodic audits of identified High Risk Areas. The results of compliance auditing and monitoring will be reported to the Department Manager, Executive, Compliance and Ethics Committee, CEO and the Finance and Audit Committee of the Board of Directors, as deemed appropriate by the CCO.

If there are areas of deficiency identified as a result of the audit process, a process improvement plan will be developed by the Department and approved by the Audit and Compliance Services staff.

In addition to the Compliance Department’s audit process, certain Departments and Affiliates will perform self-audits and self-monitoring as outlined more fully in their Compliance Risk Grids.
Investigating Compliance Issues

Whenever the Audit and Compliance Services Department receives a report of any activity that may be inconsistent with Sparrow’s policies or legal requirements, the Chief Compliance and Privacy Officer (CCO) will perform a preliminary evaluation of the facts received. The CCO will then determine whether the issue should be subject to further investigation, what level of management should be notified (Manager, Director, Executive and CEO), or any other appropriate responses to the complainant. The CCO will discuss the issue with the Compliance Steering Committee (CSC) and/or the Finance and Audit Committee of the Board as he/she deems appropriate.

The Audit and Compliance Services staff, acting alone or with external investigative support, will perform an investigation of all the facts and circumstances surrounding any issue the CCO has determined to be an area of genuine concern. A factual report will be prepared and provided to the CEO, CSC, legal counsel, or the Finance and Audit Committee of the Board as deemed appropriate by the CCO. Instances of possible criminal conduct will not be ignored. Upon review by internal and external legal counsel, self-reporting to the appropriate government agency may be required and, if so, such reporting will be done in a timely fashion.

The Audit and Compliance Services Department will periodically summarize compliance issues and any investigations and their dispositions for the Compliance Steering Committee and the CEO in a manner that preserves confidentiality and the relevant privileges.

Sparrow caregivers must cooperate fully with any investigations undertaken by the Audit and Compliance Services Department.
Process Improvement Plans Following Investigations

The CEO and Board of Directors has given the Compliance Department the authority to prepare and/or approve Process Improvement Plans (PIPs) for any instances of non-compliance that are identified. Process Improvement Plans will be developed with the guidance of legal counsel as needed.

All caregivers, including board members and physicians on the medical staff, are subject to the conditions of a PIP if there is a non-compliance issue related to their duties as a caregiver of Sparrow Health System. Enforcement and imposition of corrective action will be consistent across the board, regardless of who is in violation. The Chief Compliance and Privacy Officer (CCO) may consult with the Human Resources Department, the CEO, and others in the development of an appropriate PIP.

Process Improvement Plans will be designed to ensure not only that the specific issue is addressed but also that similar problems do not exist in the future. PIPs may require that policies be developed, certain training and/or monitoring take place, restrictions be imposed on billing, that repayment be made, or that the matter be disclosed externally. Sanctions or corrective action, in accordance with Sparrow policies, may also be recommended. If it appears that certain individuals have a demonstrated history of engaging in practices that raise compliance concerns, the PIP should identify actions that will be taken to prevent such individuals from exercising substantial discretion with regard to those areas.

The Compliance Department will periodically summarize significant PIP disposition/completion for the Compliance Risk Sub-Committees, Compliance and Ethics Committee and CEO.
Responding to a
Government Investigation

If any caregiver of Sparrow receives notice that Sparrow is being investigated by the government (defined broadly as any agency or instrumentality of the Federal, State, or local government), this information should immediately be provided to the Chief Compliance and Privacy Officer (CCO), who will confer with legal counsel. The CCO intends to deal directly and forthrightly with the government in the event of any investigations.

Caregivers have the following responsibilities in responding to an investigation conducted by the government:

» To cooperate with and assist the CCO in responding to the inquiry
» To respond in a timely fashion
» To be truthful when being interviewed by government investigators
» To cooperate with the CCO in making documents available for review, including ensuring the prior review of documents which may be protected by privilege (e.g., attorney-client privilege or doctor-patient privilege), as determined by legal counsel
» To cooperate with the investigators
» To keep accurate records of all information provided to the investigators and to whom they were provided

Caregivers must NOT do any of the following:

» Destroy documents in anticipation of a government request for those documents
» Alter any documents
» Lie or make misleading statements to anyone
» Pressure anyone else to hide information from or provide false information to government investigators
Revisions to the Program

The Code of Conduct and Compliance Program is intended to be flexible and readily adaptable to changes in regulatory requirements in the health care industry. The Program will be regularly reviewed to assess its effectiveness and modified as experience shows that a certain approach is not effective or suggests a better alternative. To facilitate appropriate revisions to the Program, the Chief Compliance and Privacy Officer will prepare an annual report that describes the general compliance efforts that have been undertaken during the preceding year and identifies changes that might be made to improve compliance. This report will be circulated to the members of the Compliance and Ethics Committee, the President and CEO, legal counsel and others with an interest in compliance for their comments about possible revisions to the Program. Changes to this Program will be approved by the Compliance and Ethics Committee. Finance and Audit Committee approval is also necessary if the changes are deemed substantive or material by the Compliance and Ethics Committee.

Applicable Human Resources Policies

Following are current Human Resources policies and articles from Union agreements that include references to and/or support Sparrow’s Compliance Program. They are incorporated into the Sparrow Compliance Program by reference.

Policy 30  iCare Values and Behaviors Program
Policy 205  Verification of Licensure/Registration/Certification and Federal Health Care Exclusion Status
Policy 601  Caregiver Conduct and Work Rules
Policy 630  Corrective Action Process
UAW Agreement Article 17, Discipline
MNA Agreement Article 15, Discipline
Policy 643  Harassment/Discriminatory Harassment

Applicable Medical Staff and Allied Health Professional Policies

Current Medical Staff and Allied Health Professional policies and governance documents that relate to conduct include, but are not limited to:

» Medical Staff Organization and Functions Manual
  • Part 3 - Medical Staff Committees
    – Medical Staff Executive Committee
    – Centralized Peer Review and Quality Committee
» Medical Staff Professionalism Policy with related Attestation to Professional Conduct
» Medical Staff Credentials Policy
  • Section 6 Peer Review Procedures for questions involving Medical Staff members
» Allied Health Professionals Policy
» Professional Practice Evaluation Policy (Peer Review)