Code of Conduct

Employees, Board Members, Medical Staff and Allied Health Members, Volunteers and Contractors

Children, At The Heart of All We Do!

Compliance Hotline
(800) 624-5840
Table of Contents

PCH Mission, Vision, and Values Statements ........................................... 4
Letter from the CEO ................................................................................. 5
Purpose of the Code of Conduct ................................................................. 6
  Personal Responsibility
  Management Responsibility
Commitment to Integrity .............................................................................. 7
  Integrity Program Structure
  Written Standards
  Training and Education
  Investigation and Resolution
  Governmental or Outside Investigations
  Disciplinary Action
  Retaliation Prohibition and Whistleblower Protections
  Questions or Reporting Concerns
  Reporting Mechanisms
Quality of Care ............................................................................................ 10
  Patient and Family Rights
    Appropriate Patient Care and Safety
    Informed Consent
    Research Participants
  Emergency Treatment (EMTALA)
  Patient Complaints and Grievances
  Incident and Occurrence Reporting
Confidentiality, Privacy and Security ........................................................... 13
  Patient Information (HIPAA)
  Team Member Information
  Proprietary Information
  Intellectual Property
  Research
  Computer Use and Security
Workplace Conduct and Environment .......................................................... 16
  Employment Practices
    Diversity and Equal Employment Opportunity
    Positive Professional Behavior
    Professional Boundaries
    Fair Labor Standards and Leave
  Health and Safety
    Workplace Health and Safety
    Substance Abuse
    Environmental Obligation
  Background Checks and Credentialing
  Ineligible Persons
  Licenses, Certifications and Credentialing

Professional Relations .................................................................................. 21
  Conflict of Interest
    Outside or Dual Employment
    Business Associate Selection, Relations and Contracting
    Business Courtesies
    Receiving Gifts and Entertainment
    Providing Gifts and Entertainment
    Complimentary Travel and Education
    Community and Political Involvement
    Marketing, Advertising and Media Relations
    Competition and Antitrust

Business Conduct ......................................................................................... 27
  Business Assets
    Accuracy of Records and Reports
    Charting and Documentation
    Medical Necessity
    Coding and Billing
    Claims Submission
    Financial Reports
    Record Retention and Disposal
    Fraud, Waste and Abuse
    False Claims
    Deficit Reduction Act

Attestation ..................................................................................................... 31

Code of Conduct

Quality of Care

Confidentiality, Privacy, and Security

Workplace Conduct and Environment

Professional Relations

Business Conduct

Commitment to Integrity
Our Mission
We provide Hope, Healing and the best Health Care for children and their families.

Our Vision
Phoenix Children’s will be the premier regional pediatric center in the Southwest, nationally recognized as one of the best for pediatric care, innovative research, medical education and advocacy. We will:
• Offer the most comprehensive pediatric care services in the Southwest region providing a full range of services solely dedicated to children
• Be recognized for innovative research supported by leading clinical trials of new treatment and diagnostic methods
• Be recognized for providing advanced education and training for clinical providers
• Be known as an effective advocate for Arizona’s children

Our Values
• Family centered care that focuses on the need of the child first and values the family as an important member of the care team.
• Excellence in clinical care, service, and communication.
• Collaboration within our own institution and with others who share our mission and goals.
• Leadership that sets the standard for pediatric health care today and innovations of the future.
• Accountability to our patients, community and each other for providing the best in the most cost-effective way.

Letter from the President & Chief Executive Officer

Dear Phoenix Children’s Hospital Team,

Our patients and families rely on us every day to provide them with the highest level of care. Our reputation for clinical excellence is growing both locally and nationally. I know we take tremendous pride in our dedication to provide our patients and families with world-class care.

In the community, we have also established a reputation for honesty and doing the right thing. In fact, the very foundation of Phoenix Children’s, our organizational values, focus on:
• Family centered care
• Excellence
• Leadership
• Collaboration
• Accountability

As we continue to expand our programs and Hospital in size and depth to fulfill our quest to become one of the top children’s hospitals in the country, we have a responsibility to our patients and our community to ensure we stay true to these values. The Code of Conduct outlined in this book provides a framework for all team members to help you apply legal and ethical practices to your daily work.

The Code is deeply rooted in our mission, vision, and values and is compliant with Hospital policies as well federal and state laws. Use these guidelines as a reference to guide your interactions with patients, families, and coworkers. The principles illustrated within the Code of Conduct are important to help us maintain our position as an organization with the utmost integrity in all of our practices. These policies not only protect our patients and families, but they also help us preserve a positive and safe environment for our team members.

At Phoenix Children’s Hospital, patient safety and quality of care remain paramount. I know we all take the responsibility to live out our mission very seriously. Compliance must be part of our culture and our day-to-day operations. We aspire to live by the highest ethical standards in the care we render to our patients, in our business practices, and in our professional behavior in the workplace. We must lead with ethics and compliance will follow.

I thank each of you for your professionalism, commitment to excellence, and loyalty to Phoenix Children’s Hospital.

Sincerely,

Robert L. Meyer
President and Chief Executive Officer
The Phoenix Children’s Hospital Code of Conduct is a guide that describes important responsibilities for each of us and empowers everyone to meet and exceed expectations placed by the community we serve. This includes compliance with all applicable federal and state laws, rules and regulations. The Code of Conduct provides guidelines for ethical behavior and business conduct that are consistent with PCH’s mission, vision and values. In addition, PCH has developed policies and procedures that specifically address our standards.

Personal Responsibility

The Code of Conduct applies to all PCH employees, Medical Staff members, Board members, fellows, residents, students, volunteers, subcontractors, independent contractors, vendors, consultants and agents (“PCH team members”). PCH team members are expected to know, understand and abide by this Code of Conduct, policies and procedures, and the rules and regulations that apply to their position. Ethical professional behavior and compliance is a personal responsibility and every individual is held accountable for his or her conduct. Violations of this Code of Conduct, or the policies and procedures, even when committed for the first time, may lead to disciplinary action, up to and including termination.

While it is not possible to craft a document that covers every situation we encounter, the Code of Conduct and the policies and procedures, describe core values, integrity and proper behavior. We may face a situation where the right course of action is unclear. Use good judgment and consult management or other available resources, as appropriate, for clarification. If we become aware of a potential ethical concern, do not assume that others are aware, investigating or resolving the issue. Questions regarding this Code of Conduct, PCH policies and procedures, or our responsibilities should be directed to our manager or the Office of Business Integrity at (602) 933-1964 or through the Compliance Hotline at (800) 624-5840, as described on page 9 of this Code of Conduct.

Management Responsibility

We all have the obligation to follow the Code of Conduct, but the leaders of PCH have a special responsibility to be role models for appropriate behavior. We do not sacrifice ethical and compliant behavior for business objectives. We expect everyone with supervisory responsibility to exercise authority in a manner that is fair, consistent, thoughtful, and respectful. We expect every leader to create an environment where everyone feels comfortable raising concerns. Management should remember that openness is essential to maintaining a healthy work environment.

The promotion and adherence to integrity by management is considered an integral part of each manager’s job performance. Managers are required to ensure that all team members participate in integrity training and understand the PCH Code of Conduct and policies and procedure. Management should educate their team members concerning corrective action for violations of policies, procedures and regulatory requirements.

PCH is committed to adhering to all applicable laws and regulations and furthering our mission to provide hope, healing and the best healthcare for children and families. Team members are expected to support these goals and incorporate them into their job responsibilities.

Integrity Program Structure

The Integrity Program is the process of preventing and detecting violations of laws, regulations and/or organizational policies by team members, patients, or other individuals or entities. The key elements of the Program include:

1. Setting written standards,
2. Conducting education and training,
3. Monitoring, auditing, investigating and resolving integrity issues,
4. Providing a mechanism for reporting potential issues,
5. Ensuring the eligibility of team members and business associates; and
6. Maintaining an organizational structure that supports the furtherance of the Program.

Through oversight by the President/CEO and the Board of Directors, the Office of Business Integrity is charged with the responsibility of administering the Integrity Program. It reviews our integrity policies and acts to resolve/investigate specific integrity issues that may arise. The Office of Business Integrity is led by the Chief Compliance Officer and is supported by the Compliance Committee, which is comprised of senior management.

Training and Education

The purpose of conducting a training and education program is to ensure that each individual is fully capable of executing his or her role in compliance with laws, regulations, and other standards. Therefore, proper and continuing training and education is a significant element of an effective integrity program. The Office of Business Integrity determines the materials and the training that each classification of team member receives.

Investigation and Resolution

The Office of Business Integrity ensures that a good faith inquiry commences upon receipt of potential integrity issues. The purpose of the investigation is to identify those situations involving fraud, waste, abuse, relevant violations and unacceptable conduct. In order to conduct a thorough investigation, it is important to provide details specific to the incident such as location, date and affected persons. The results of the investigation may identify corrective actions, such as further education, policy revision, repayment or individual discipline. The specific action taken depends on the nature and severity of the violation.

Written Standards

The purpose of written standards (which include the Code of Conduct and policies and procedures) is to establish guidelines that allow team members to carry out job functions in a manner that ensures compliance with federal and state healthcare program requirements and further the mission and objectives of PCH. The guidelines describe PCH’s expectations and provide guidance on dealing with potential integrity issues, identify how to communicate issues to appropriate personnel, and describe how potential integrity issues are investigated and resolved.
Commitment to Integrity

Governmental or Outside Investigations

We cooperate with all reasonable demands made in a government investigation of PCH and its team members; however, it is essential that the legal rights of PCH and its team members are protected during this process. If we receive a subpoena, inquiry or other legal document from a governmental agency, such as a licensing board or agency, we immediately notify the Office of General Counsel. If team members are approached by government investigators and agents outside of the Hospital we should contact the Office of General Counsel immediately. Team members have the right to insist on being interviewed only at the Hospital during business hours and with legal counsel present.

Disciplinary Action

A team member who violates laws, regulations, the PCH Code of Conduct or policies or procedures may be subject to disciplinary action. The specific discipline administered depends on the nature and severity of the violation, as well as the impact on or risk to the institution. Disciplinary action may include, verbal warning, written warning, probation, suspension, and/or termination. Actions that constitute an intentional violation or reckless disregard of criminal, civil or administrative law may result in both disciplinary action and possible criminal prosecution by the appropriate state and/or federal agencies. Discipline may also result for those who knew about the issue but failed to report it or for anyone who knowingly reports false information about a PCH team member.

Retaliation Prohibition and Whistleblower Protections

Retaliation in any form is not tolerated. PCH makes every effort to maintain, within the limits of the law, the confidentiality of the identity of individuals who report issues in good faith. Allegations of retaliation are promptly investigated, and if supported, may result in disciplinary action of the individual responsible for the retaliation.

Questions or Reporting Concerns

Open communication is essential to maintaining an effective integrity program by increasing the institution’s ability to identify and respond to integrity issues on a timely basis.

When we do not understand something we need to question others for accurate answers. Often the best person to contact is our department Supervisor, Manager, or Director. If that person is unavailable or is inappropriate to question, then turn to other resources at PCH, such as Administration, Human Resources, Quality or the Office of General Counsel. If we encounter misconduct or perceived misconduct, we have a duty to report the issues. Contact the Office of Business Integrity, or the Compliance Reporting Hotline.

Inquiries regarding human resource issues should be directed to the Human Resources Department. PCH has grievance and conflict resolution processes, along with other policies pertaining to personnel issues. Personnel issues brought to the Office of Business Integrity are referred to the Human Resources Department for investigation and resolution.

Reporting Mechanisms

PCH has several mechanisms for an individual to report possible integrity issues:

1. The normal organizational structure chain of command;
2. The Compliance Hotline (1-800-624-5840);  
3. The designated PCH Integrity email: compliance@phoenixchildrens.com;
4. The Chief Compliance Officer, or member of the Office of Business Integrity, either by letter, telephone, email, or meeting;
5. The Human Resources Employee Relations Department; and
6. An exit interview statement given upon the conclusion of employment at PCH.

While we are encouraged to report integrity issues directly to our immediate Supervisor or the Office of Business Integrity, PCH recognizes that this may not always be an option and has made available the toll-free Compliance Hotline. An outside company maintains the Compliance Hotline for PCH. This company is staffed by helpful, trained professionals. Access to the Compliance Hotline is available 24 hours a day, 7 days a week by calling:

PCH Compliance Hotline
(800) 624-5840

When the Compliance Hotline is not utilized, but we wish to contact the Office of Business Integrity, please contact as follows:

Chief Compliance Officer
1919 East Thomas Road
Building C, Suite 2360
Phoenix, Arizona 85016
Office: (602) 933-1964
compliance@phoenixchildrens.com

Q: Am I required to identify myself when I call the Compliance Hotline?
A: No. You do not have to reveal your identity to call the Hotline. Calls are not traced and are not recorded. No one should know you called unless you tell them you called or you willingly identify yourself during the call.

Q: Can the call be traced back to me?
A: No. The Hotline neither records calls nor is there any caller ID capability. Calls cannot be traced back to anyone at anytime.

Any questions or concerns that may arise regarding this Code of Conduct or PCH policies and procedures should be addressed to your manager or the Office of Business Integrity.
Quality of Care

As an important source of Arizona’s care of sick or injured children, we are committed “To provide hope, healing and the best healthcare for children and their families.” To accomplish our mission, we treat patients and families with respect and dignity, providing care that is both necessary and appropriate.

Patient and Family Rights

Our patients and their families look to us to provide appropriate care and we should treat them in a manner that promotes their dignity, autonomy, self-esteem, and involvement in their own care. We do not discriminate against patients or their families based on race, religion, gender, sexual orientation, national origin, age, disabilities, veteran status, or cultural preferences. We notify patients and families of their rights including their right to: (a) information concerning the patient’s condition and treatment; (b) make decisions about the child’s medical care, and (c) refuse or accept treatments as permitted by law. We ask families to partner with us in support of safety measures and practices that prevent medical errors. We do not conduct medical procedures unless doing so is in accordance with good medical practices and in the best interests of the patient. To promote patient rights, we ensure that care is provided with appropriate confidentiality, security, advocacy and protective services. We also provide the opportunity for resolution of patient and family complaints and grievances, as well as emotional or spiritual support.

Appropriate Patient Care and Safety

When patients present to our facilities for treatment, we use sound clinical judgment to determine the appropriate level of care. During the visit, we provide services in a safe, efficient and compassionate manner. We consider the medical necessity of available procedures and treatments and ensure an overall culture that makes the quality of our services our major commitment. We educate the patient and ensure appropriate follow-up care, including (if necessary) a discussion of available resources that may assist in follow-up care.

We respect established standards regarding quality and safety of patient care, including the Conditions of Participation (COP) issued by the Centers of Medicare and Medicaid Services (CMS), the standards of The Joint Commission, and the principles of the Leapfrog Group of Patient Safety. We are attentive to these standards and promote a culture that embodies these principles within our daily activities. We actively track patient and family satisfaction with the services we provide and assess that feedback to continually improve care.

Informed Consent

We seek to involve patients and their legally authorized representatives in all aspects of their care, including giving consent for treatment and making healthcare decisions. As appropriate, each patient and/or patient’s legally authorized representative receives a clear medical explanation of the procedure or treatment in a manner and language they can understand. This explanation may include: diagnosis, treatment to be performed, reasonable benefits, risks and complications of the available treatment options and, if necessary, the risks of non-treatment. After the practitioner provides the medical explanation, the patient and/or the patient’s legally authorized representative has the right to provide consent or refuse treatment, as permitted by law.

Research Participants

At PCH we have established an Institutional Review Board (IRB) to protect the rights of participants in clinical research. This ensures that we follow Food and Drug Administration (FDA) and Office of Human Research Protections (OHRP) provisions regarding clinical trials. We protect patients and respect their rights during research, investigations and clinical trials. Patients asked to participate in a clinical investigation or research project are given a thorough explanation of alternative services that might prove beneficial to them. Patients are informed of the procedures to be followed, especially those that are experimental in nature. Patients (or legally authorized representatives), provide informed consent to participate in clinical investigations or research. Refusal to participate in a research study will not compromise our services.

Emergency Treatment

PCH follows the Emergency Medical Treatment and Labor Act (EMTALA) in providing emergency treatment to patients, regardless of their ability to pay. We do not admit, discharge, or transfer patients with emergency medical conditions based on their ability to pay or any other discriminatory factors. If a person presents with an emergency medical condition, PCH provides stabilizing treatment within its specialized capability and capacity. Patients with an emergency medical condition may be transferred at the patient and/or legally authorized representative’s request or if PCH lacks the capacity and capability to meet the patient’s medical needs and then only in adherence to the federal and state EMTALA patient transfer rules.

Patient Complaints and Grievances

PCH is committed to family-centered care and strives to investigate and resolve patient concerns consistent with applicable laws, regulations, and guidelines. Patients and families have the right to ask questions and express concerns about patient care, service, and safety without fear of discrimination or reprisal. PCH team members are responsible for timely addressing patient and family complaints and, if necessary, referring the issue to management or additional resources for assistance.

For more information on the process for handling and resolving patient complaints and grievances, refer to the PCH grievance policy or contact the Service Excellence Coordinator at (602) 933-0781. Patients and families who wish to submit a complaint or grievance may be referred to the PCH Care Line at (602) 933-0781.

Incident and Occurrence Reporting

While we strive to provide the highest quality and safety for those we serve, we may encounter an event where we need assistance within the organization. Any member of the PCH team can report an incident/occurrence that is not consistent with the routine operation of the hospital or the care of a particular patient, including near misses and sentinel events. PCH uses incident/occurrence reports to establish an information base from which to monitor, evaluate and improve processes and systems at PCH and to alert Administration, Quality Management, Risk Management and Medical Staff of a potential incident. Personnel issues reported through the incident/occurrence systems may be referred to the Human Resource Department for investigation and resolution.
For questions or concerns regarding an incident/occurrence, contact PCH Quality Management and/or Risk Management.

Risk Management:
Office: (602) 933-0820

Quality Management:
Office: (602) 933-0709

Q: I work in a procedural area and understand that active time outs are PCH policy; however, we do not always do an active time out before the invasive procedure. What should I do?

A: According to PCH policy an active time out is performed before specific invasive procedures. This practice is in place to ensure that the surgical team confirms the correct patient, site, and procedure. If the time out practice is inconsistent, the issue should be shared with your supervisor and a plan developed to improve consistency and support safe practice.

Q: A piece of respiratory equipment appears to malfunction and the patient experiences some respiratory distress which quickly resolves. Is this medical device incident reportable?

A: Possibly. Safely remove the device from use and notify Biomedical Engineering of the incident so the device can be inspected and secured. Also, complete an occurrence report to provide details to Risk Management and Quality so they can then determine whether the event is reportable.

Q: My neighbor asked me to use the computer system to look up some lab data about her granddaughter. May I give this information to my neighbor?

A: No. The patient/patient’s legally authorized representative should obtain this information from the patient’s physician. All medical information is strictly confidential. Never provide any health information to anyone outside the scope of your patient care responsibilities and unless expressly authorized.

Q: My department has reports that include Social Security Numbers (SSNs). We dispose of this information in the secured locked recycle containers. Is this okay?

A: Yes. PCH treats all documents deposited in the locked containers as potentially containing confidential information. We have implemented this secured program in order to ensure the appropriate destruction of these documents.

Confidential information regarding PCH’s team members, patients, patients’ families and PCH operations is a valuable asset. Confidential information includes such things as personnel data and information, patient information, financial data, strategic plans, marketing strategies, supplier and sub-contractor information, and proprietary computer software. Although a team member may use or have access to confidential information to perform a job, such information is not shared with others, inside or outside of PCH, unless the other person is authorized to access the information or has a legitimate need to know. We should protect PCH’s confidential information, even if we leave the organization.

For more information on the patient privacy and rights refer to PCH policies or contact the Privacy Office at (602) 933-1964. To report a patient privacy breach, immediately contact the Privacy Office or the Compliance Hotline at (800) 624-5840.

Confidentiality, Privacy, and Security

Quality of Care
Team Member Information

Team member information, such as employment and Human Resource records, is confidential and only accessed as part of our job and when necessary to complete our work. As part of our relationship with PCH, the Human Resources department collects and retains team member information within the context of state and federal employment guidelines as well as regulatory and accrediting agencies, such as the State of Arizona and The Joint Commission. The Human Resources department is responsible for assembling employment record information, such as salary, benefits and other personal information and ensuring that information is complete, correct, and timely. Unless authorized by Human Resources, we do not share team member information, including verification of employment, to third parties unless permitted under law.

Proprietary Information

The term “proprietary information” refers to information which cannot be released to the public because it contains trade secrets, financial, strategic, quality or other confidential information. We do not disclose proprietary information regarding the organization. Within the organization, we discuss this information on a strict “need to know” basis only with other team members who require this information to perform their jobs.

Intellectual Property

PCH intellectual property includes any invention, discovery, trade secret, trademark, technology, creation, scientific or technological development, computer software, work of authorship, copyrightable material, or other form of expression of an idea that arises from the activities of persons (i) employed by PCH, (ii) using PCH facilities, resources, staff or personnel, (iii) under the supervision of PCH personnel, or (iv) under contract in which the contract vests ownership in PCH. The intellectual property that a PCH team member creates should be disclosed to PCH prior to the date such team member submits information about the intellectual property for publication, or makes public disclosure or even a private disclosure to an academic publication, governmental agency, commercial entity or otherwise. If you have questions regarding intellectual property, or have a disclosure to make of PCH intellectual property, contact the Office of General Counsel.

PCH exercises care to protect our patients, trademarks, copyrights and software to preserve their value. We should all strive to honor the intellectual property rights of others as well. Most works are presumed to be protected unless further information from the owner or express notice reveals that the owner intends the work to be in the public domain or used without payment of fees or royalties. Permission should be obtained from the owner to copy or use items or materials when not for personal consumption. Contact the Office of General Counsel for advice concerning intellectual property.

Research

PCH’s research goals include promoting creativity and cultivating a scientific community that adheres to high ethical standards while conducting research. We believe this is encouraged by promoting integrity in research projects where every investigator maintains detailed records of experimental protocols, data and findings. PCH does not tolerate research misconduct. Each PCH team member applying for and conducting research of any type is responsible for complying with applicable laws and regulations. Information obtained during the course of research is considered confidential and is not publically disclosed, unless under the guidance of the sponsor of the research.

Computer Use and Security

Anyone using the PCH computers and its internet connection should have no expectation of privacy. Electronic files and data created, sent, received, or stored on computers and other information otherwise under the custody or control of PCH are not private unless expressly stated. Such information may be accessed as needed for purposes of system administration and maintenance, for resolution of technical problems, for compliance with a subpoena or court order, to conduct the business of PCH, and to perform audits or reviews. Access to the internet via institutional computers is for institutional purposes. Limited personal use that does not interfere with work responsibility may be allowed, PCH team members who improperly or illegally use the internet may lose their privileges and are subject to disciplinary action, up to and including termination.

We do not share or disclose our computer usernames or passwords. In addition, we do not write or otherwise document passwords in a place that is accessible to others.

Team members who use software licensed to PCH should comply with applicable software license agreements and may copy licensed software only as permitted by the license. Unauthorized duplication of copyrighted software is a violation of federal copyright law. Furthermore, it is illegal to install licensed software on more than one computer, unless the license allows for more than one installation.

Q: My department does not have enough money for everyone to have a copy of a specialized program on every computer. So I just copied the program from someone else’s computer and put it on mine. What’s wrong with that?

A: This is a violation of federal copyright laws that prohibit copying works of authorship owned by others, including software. Check with Information Services to determine whether a cost–effective site license is available for this program on your computer, or a stand-alone computer.
Employment Practices

Diversity and Equal Employment Opportunity

PCH is an Equal Employment Opportunity (“EEO”) employer. We comply with federal and state EEO laws and strive to keep the workplace free from all forms of unlawful discrimination, including harassment. Our commitment to equal opportunity principles applies to all aspects of employment (including recruitment, retention, promotion, compensation, benefits and training). We ensure that employment decisions are made on a non-discrimination basis, and without regard to a team member’s or applicant’s race, gender, religion, national origin, color, age, disability, veteran status, sexual orientation or any other basis prohibited by statute. PCH is committed to the provisions of the Americans with Disabilities Act and provides equal employment opportunities, equal access to PCH facilities and services, and reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

Q: I am a partially disabled employee, but I do not require special assistance. However, some buildings pose entrance problems for me. What should I do?

A: You should talk with Human Resources. Reasonable accommodation(s) may be available.

Positive Professional Behavior

Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment among health care workers. We strive to create an environment that supports working in teams and respecting other people, regardless of our position in the organization. We are accountable for modeling desirable behaviors and enforcing our standards consistently and equitably among staff, regardless of seniority, clinical discipline or status.

Harassment, sexual harassment and discrimination are not tolerated at PCH. Undesirable and disruptive behaviors from any person that intimidate co-workers, other healthcare workers, vendors, patients and/or visitors can lead to medical errors, poor patient satisfaction, preventable adverse outcomes, and increased cost of care. The presence of undesirable, intimidating and disruptive behaviors in the organization erodes professional behavior and creates an unhealthy environment.

Behavior that interferes with the ability of others to effectively carry out their duties or that undermines a patient’s confidence in the organization or another member of the health care team is considered disruptive. In addition, some actions that might not be considered disruptive when observed as isolated incidents could be classified as disruptive if they are repeated over time and thus form a pattern of inappropriate conduct. Examples of disruptive behavior include:

- Overt actions such as verbal or physical outbursts or threats directed at any person in the facility, i.e., throwing of instruments, charts or other objects, etc.
- Threatening mannerisms/intimidating behavior, including physical contact or abuse, that has the effect of suppressing input by other members of the health care team, i.e., clenched fists, raised voice, obscene gestures etc.
- Abusive, condescending, profane or degrading comments or language, including public embarrassment or criticism of other caregivers in front of patients or other staff.
- Passive activities such as refusing to perform assigned tasks, quietly exhibiting uncooperative attitudes during routine activities, failure to adequately address safety concerns or patient care needs expressed by another caregiver, or reluctance, impatience, or refusal to answer questions, return phone calls or pages.
- Disruptive behavior also includes incidents of workplace violence. PCH prohibits dangerous activities including threatening or violent behavior, or even the suggestion of such behavior and willful or negligent destruction of company property or the property of others. Possession of firearms, explosives, or other weapons on company property is prohibited except by law enforcement or security officers acting in performance of their duties and other circumstances allowed by law.
- Sexual harassment is strictly prohibited. Activity which may be considered sexual harassment is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to or who witness it. This includes any verbal or physical conduct of a sexual nature where there is an attempt to make submission to such conduct a term or condition of an individual’s employment or professional relationship.
- Immediate action is required when disruptive behaviors are identified in the organization. Conflict with another PCH team member that cannot be resolved professionally and appropriately is addressed with Management. PCH has established a specific conflict resolution process to assist team members in communicating, addressing and resolving conflicts. Use the appropriate chain of command to report issues. If the situation concerns your supervisor, you may report the issue further up the chain of command, or to another appropriate resource, such as Human Resources.

Q: I have a question about a medication order but am hesitant to call the physician for clarification because he acted irritated when I questioned him in the past. What should I do?

A: PCH is committed to fostering an environment in which everyone feels comfortable raising questions or concerns, particularly if it involves patient safety. Because an incorrect or unclear order is a patient safety issue, clinical staff is responsible for seeking timely clarification prior to following the order. If you do not feel comfortable seeking a clarification or if the response is unclear, you should consult your supervisor.

Q: A co-worker sent an email to the whole department that was slightly suggestive. However, I found it offensive. What should I do?

A: Talk with your Supervisor and/or Human Resources who can address this with the employee.

Q: My supervisor makes remarks laden with sexual innuendo clearly directed at me. What can I do?

A: Ask the Supervisor to stop the remarks or contact Human Resources.

Professional Boundaries

Professional boundaries are the framework within which the team member/patient relationship occurs. Boundaries maintain and support professionalism and safety for the patient and their family, and set the parameters within which services are delivered.
Workplace Conduct and Environment

Although there are no explicit guidelines that prohibit friendships from developing once services have terminated, we use our good judgment in assessing the appropriateness of a personal relationship with an individual patient or family. Relationships established prior to PCH interaction should be held to the professional standards during the course of services. Examples of inappropriate interactions include, but are not limited to, assistance with financial needs from personal resources (pay bills, lend money, etc.), babysitting, working at a patient’s home, providing transportation, entering into business agreements, sexual relationships, etc.

Fair Labor Standards and Leave
The primary source of federal wage and hour regulation is the Fair Labor Standards Act (FLSA). Under the provisions of FLSA, team members who are classified as non-exempt (hourly) have a minimum wage standard and are paid overtime for hours worked, not including leave time, beyond 40 hours in a specific workweek. We obtain prior approval from our supervisor and complete appropriate documentation of approval before working overtime; otherwise, we may be subject to corrective action for accruing unapproved overtime. For detailed information regarding overtime, contact Human Resources.

We may be eligible for a leave of absence under the PCH Leave of Absence policy such as personal leave or medical leave. Contact the Human Resources for eligibility criteria.

Q: Who decides whether my absences from work qualify for a leave of absence under the Family Medical Leave Act (“FMLA”)?
A: Occupational Health Services or Human Resources determine whether an employee is eligible and qualifies for a leave of absence under the FMLA. Contact those departments for assistance.

Health and Safety
Workplace Health and Safety
We are committed to comply with federal, state, and local health and safety laws and regulations, including those instituted by the Occupational Health and Safety Act (OSHA). We should be familiar with and understand how these laws, standards and policies apply to our specific job responsibilities. Every effort is made to prevent accidents by establishing safety procedures and by using proper equipment, instructions and safeguards. When handling hazardous materials or dangerous instruments, we abide by the policies and procedures for safe management. PCH team members are responsible for advising their supervisor or the PCH Safety Services office (602-933-2155) of situations presenting a danger of injury so that timely corrective action may be taken. We report a team members’ injuries on the job to our supervisor and to Occupational Health Services. Both the supervisor and the team member should notify Occupational Health Services within 24 hours of an injury that results in lost time from work.

Q: I accidentally smashed my finger in the office door. I will probably lose a fingernail because of the injury. Should I report this?
A: Yes. You should report your injury to both your supervisor and to Occupational Health Services. Also, you should complete Part I, Employee’s Injury Statement, of the Worker’s Compensation Insurance form. This form is available from Occupational Health Services.

Q: I have been out sick. Must I do anything before I come back to work?
A: If you have been out sick or on medical leave for more than 3 continuous days, you must have a Certificate of Fitness for Duty from your physician to release you to return to work. You must check in with Occupational Health Services before reporting to work.

Q: I notice that a person who is standing in the lobby has a handgun, but is not identified as a law enforcement officer. What should I do?
A: Contact PCH Security immediately at x35500. Do not approach the individual or attempt to take other action.

Q: Can I pour waste chemicals down the sink drain if I feel that they are non-hazardous?
A: In general, chemical waste may not be poured down the drain. If you have any questions about specific waste, you should contact the PCH Safety Services office (602-933-2155) and refer to the MSDS References.

Substance Abuse
To protect our patients, visitors and team members, we are committed to a safe drug-free and alcohol-free workplace. Reporting to work under the influence of an illegal substance or alcohol, having an illegal drug in our system; or using, possessing, or selling illegal drugs while on work time or property may result in disciplinary action, up to and including termination. Appropriate use of over-the-counter and prescription medication is allowed, however, it should not impair or interfere with job performance. Concerns regarding medication use will be handled by Occupational Health Services.

Team members can be subject to random or for-cause substance abuse testing in accordance with federal, state and local laws and regulations. At the discretion of PCH, an individual may be referred to the Employee Assistance Program and/or may be required to participate in and satisfactorily complete an approved rehabilitation program as a condition of continued employment.

Environmental Obligations
PCH complies with environmental laws and regulations by operating with the necessary permits, approvals, and controls. We act to preserve our natural resources to the extent reasonably possible. We strive to employ the proper procedures with respect to handling and disposal of hazardous and biohazardous waste, including medical waste. We make every reasonable effort to minimize the waste generated as a result of our activities. Therefore, appropriate receptacles are used for the disposal of sharps, glass, pharmaceuticals and biohazardous waste.
Background Checks and Credentialing

Ineligible Persons
We do not knowingly contract with, employ, or bill for services rendered by an individual or entity that is excluded, suspended, debarred or ineligible to participate in federal healthcare programs or contracts. A thorough search of the Department of Health and Human Services’ Office of Inspector General and the U.S. General Services Administration’s exclusion list is conducted, pre-employment, pre-contracting, and annually, to ensure compliance with this standard. If we become aware of an ineligibility action, we immediately report the issue to the Office of Business Integrity or Office of General Counsel.

Licenses, Certifications and Credentialing
We maintain professional credentials, licenses, and certifications that are necessary to perform our respective disciplines. To ensure compliance we have evidence of current licenses, certifications, registrations, accreditations, or credentials as required by our position description. We do not work without a valid, current license or credential. If a concern arises regarding our license or credential, we immediately contact our supervisor, the Medical Staff Office, Human Resources and/or Office of Business Integrity.

The modern healthcare system is comprised of many entities that work in collaboration to provide the highest quality benefit to those we serve. As we select business associates to partner with for necessary services and materials, we are very careful to ensure that they continually embrace and demonstrate high standards of ethical business behavior.

Conflict of Interest
A conflict of interest is a situation when outside activities, personal financial interests, or other personal interests influence or appear to influence the ability to make objective decisions in the course of representing PCH. Team members are expected to avoid conflicts of interest when possible and to seek advance guidance from management or the Office of Business Integrity whenever there is a doubt. This includes sitting on boards of institutions or organizations that may have interests different from PCH.

Outside or Dual Employment
Outside professional commitments should never cause a conflict of interest, bring discredit to PCH, or interfere with our primary commitment, attention, interest, and energy to the duties, responsibilities, and requirements of our PCH position. Outside business should never be conducted while we are actively on duty for PCH.

Q: As a nurse, I am also qualified to work for a local home health agency on days that I am not scheduled to work. Does this employment conflict with my job at PCH?
A: Not necessarily, but you should discuss this with your supervisor. Note that you should not steer PCH patients or families to the home health agency where you are employed.

Q: If I participate in a mutual fund which owns stock in a shipping company and my department ships packages via that company, does a conflict of interest exist?
A: No. Typically, investments in mutual funds or in publicly traded companies are not considered to be a conflict of interest, unless the financial interest is significant. If you have specific concerns, address them with your Supervisor or the Office of Business Integrity.

Q: I have been asked to work on my weekends off for a vendor that provides services to PCH. Can I accept the extra work?
A: Possibly. Review the employment opportunity with your supervisor and determine if a possible conflict of interest exists. Questions regarding conflicts of interests should be addressed to the Office of Business Integrity.
## Business Associate Selection, Relations and Contracting

At PCH, we conduct our vendor selection negotiation, and the administration of contracting activities in a fair and reasonable manner, free from conflicts of interest and consistent with applicable laws and good business practices. Contracting decisions are based on the supplier's ability to meet PCH's needs in a cost-effective and quality manner and not on personal relationships, or other inappropriate reasons. Only individuals expressly authorized by PCH's President/CEO and Board may enter into contracts or agreements, on behalf of PCH. Contracts follow the contract review and approval process as delineated in the Contracting Process Policy, which includes review by the Office of General Counsel. Honoraria payments for consulting services, educational grants, etc., should be reviewed and approved by the appropriate Vice President and are subject to PCH policy.

### Questions and Answers

**Q:** A sales representative has asked me to sign a “purchase agreement” immediately because the price of the product will increase tomorrow. May I sign such an agreement?

**A:** No. There are contracts in place for purchasing goods and services. Most purchasing agreements should be approved by PCH Materials Management, the appropriate PCH Vice-President, the Office of General Counsel and signed by the President and Chief Executive Officer.

**Q:** My department needs to lease some space in another area of Phoenix. Can I sign the lease for my department?

**A:** No. The Office of General Counsel should review all lease agreements and secure the appropriate signatures.

**Q:** I have a substantial financial interest in a new invention that would greatly enhance patient care at PCH. Can I write a justification to exclude other products from consideration in the purchasing process?

**A:** No. You should first disclose your potential conflict to your Supervisor and the purchasing official. This information is disclosed on the contract review sheet. If you normally have responsibilities to make or recommend such a purchase, you should disqualify yourself from participating in the decision.

**Q:** A sales representative tells you that he will give you 10 new IV pumps for free if you will just purchase his disposable IV products. He asks you to keep this just between the two of you. You place a purchase requisition for the IV products and you don’t mention the free IV pumps. Have you violated the purchasing rules?

**A:** Yes, in several ways:

1. Under-the-table deals do not allow for fair competition.
2. If you accept the “free” pumps, there is no way of knowing that the cost of the pumps was not included in the cost of the disposable supplies.

## Business Courtesies

We communicate to vendors, physicians, patients, customers and others that our values restrict what we can give and receive. Business relationships are conducted free from offers or solicitations of gifts and favors or other improper inducements in exchange for influence or assistance. We do recognize that certain nominal items are okay as long as they do not present a risk of influencing our decisions.

### Questions and Answers

**Q:** As a department head at PCH, I have been working with a vendor for several years. The vendor recently offered to do some home repair work for me at a substantial discount if I could help get them business with PCH. Can I take advantage of this great offer?

**A:** No. In this case the discount appears to be an inducement. An inducement is a discount that the vendor is giving you with the expectation that you could use your position with PCH to steer more business to this vendor.

**Q:** The pumps, even though given “free” to PCH, are a PCH asset and need to be recorded for accounting purposes.

**A:** Yes. This could be considered an inducement or payment to purchase products and therefore a kickback under federal and state laws.

### Receiving Gifts and Entertainment

Gifts are usually given to show appreciation and create goodwill; however, at PCH we do not solicit tips, personal gratuities or gifts from patients, their family members, or other business associates. We do not accept gifts, favors, services, entertainment or other items of value to the extent that PCH's decision-making or actions might be influenced. We may not accept cash or its equivalents (checks, gift certificates, stocks, coupons, etc.). If a patient or another individual wishes to present a monetary gift, he or she is referred to the Phoenix Children’s Hospital Foundation.

We may accept small tokens of appreciation or non-monetary gifts of nominal value (such as pens and coffee mugs). Perishable or consumable items given to a department or a group are not subject to specific limitations. If a gift is received that exceeds our guidelines, the person who received the gift returns it with a note expressing gratitude and explaining our policy.
At times, we may be invited to attend a social event (e.g., reception, meal, sporting event, or theatrical event) to further or develop a business relationship or discuss topics of a business nature. The purpose of this entertainment or meal is not to induce a favorable business action. They do not include expenses paid for travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging. Exceptions require pre-approval by the department vice president.

Q: I am a nurse on a unit in the hospital. On discharge, a grateful parent offers me $20 in cash to thank me for the care I gave their child. May I keep the cash?
A: No. You may not accept any amount of money in the form of cash or cash equivalent such as a gift card from anyone in relation to your position or job performance at PCH.

Q: The representative of a vendor who services my department wants to take me to lunch to discuss their products. May I go to lunch with the representative?
A: Yes. If you are the guest of the representative and the representative is present, you may go to lunch with him or her. However, you may not go to lunch and use a representative’s account at the restaurant or any other business if the representative is not present.

Providing Gifts and Entertainment
We do not pay or offer items or services of value in order to induce referrals or as a reward for referrals. Federal and state laws and regulations, including the Stark Law and the Anti-Kickback Law, govern the relationship between PCH and physicians or other entities that are in a position to refer patients or business to our facility. Arrangements, including entertainment, gifts or tokens of appreciation, with a referral source are structured to ensure compliance with the legal requirements, our policies and procedures, and with applicable guidelines.

Q: I am responsible for the relationship between my department and several vendor representatives. At Christmas time, a representative sent me a fruit basket. May I accept the fruit basket?
A: Yes. If the value of the fruit basket is nominal, you may accept it and it is probably appropriate to share the fruit basket with your co-workers. Report vendors who offer inappropriate gifts to PCH team members to the Office of Business Integrity.

Complimentary Travel and Education
Often our business associates provide training and education in relation to medical advancements and their products. Education and training opportunities conducted at our facilities or within the local area are permitted with Management pre-approval. Invitations to training and education to receive information about new products or services that include complimentary travel and overnight accommodations at reduced or no cost to PCH require pre-approval by our department Vice President.

Community and Political Involvement
As a charitable organization, we do not provide funds or resources directly to an individual’s political campaign, political party or other organization which intends to use the funds or resources primarily for political campaign objectives. This includes the use of PCH’s facilities as an open forum for making political speeches or for advertising for political campaigns. A team member may personally participate in and contribute to political organizations or campaigns, but we do so as an individual, not as representatives of PCH and we use our own funds and time. Use of the facility’s resources, such as telephone, fax, copiers or email, is not appropriate for personal engagement in political activities. An activity that relates to political campaigns, such as ticket sales for political fund-raising or advertising for political candidates, is not allowed in PCH facilities.

We serve our community by providing quality cost-effective healthcare and recognize our specific responsibility to help those in need. We encourage volunteerism for charitable activities, but do not pressure others to do so. We sponsor activities that benefit the community and aim to fulfill our mission.
Marketing, Advertising and Media Relations

Consistent with laws and regulations that govern marketing and advertising activities, we may use such activities to educate the public, provide information to the community, increase awareness of our services, and recruit business associates. We present truthful and non-deceptive information in these materials and announcements. We do not use or disclose protected health information for purposes of marketing communications without a written authorization from the individual or his/her legal representative.

The Marketing and Communications Department acts as the official spokesperson for PCH and replies to requests from the media for information regarding a patient’s condition, interviews with staff members, visitors, or patients. Media requests are referred to Administration or the Marketing and Communications Department for resolution.

Competition and Antitrust

The antitrust laws were founded on the belief that the public interest is best served by vigorous competition that is free from agreements among competitors to set prices and/or service terms. We comply with antitrust and similar laws that encourage fair competition and prevent monopolies. We do not illegally obtain or use proprietary or confidential information concerning competitors, nor do we use deceptive means to gain such information. We also do not speak or discuss with competitors regarding PCH prices, wages, strategic and marketing plans or key contract terms.

Business Assets

We strive to make prudent, effective use of PCH’s resources including time, materials, supplies, equipment, capital, space and information. As a general rule, the personal use of PCH resources is prohibited without prior Management approval. Everyone is responsible for ensuring that we do not improperly and unreasonably use documents, telephones, computers, copiers, equipment, or PCH licensed computer programs for personal purposes. Occasional use of facilities and telephones, where the cost is insignificant, is permissible, but is limited.

We strive to protect the organization’s assets from loss, damage, carelessness, misuse and theft. Our computers and sensitive documents are password protected and/or protected behind physical barriers. We screen files and downloads to ensure that they are free from viruses and hackers’ intentions. We secure assets when they are not in use to prevent misappropriation. We do not use patient, colleague or entity information to personally benefit (e.g., perpetrate identity theft).

Travel and entertainment expenses are consistent with the team member’s job responsibilities and the PCH’s needs and resources. We may not divulge PCH’s confidential information such as financial data, payer information, computer programs, and patient information for our own personal or business purposes.

Q: I am a Sunday school teacher. I prepare materials for my class and copy them on the PCH copying machine. Is this OK?
A: No. You may not use the copy machine for personal reasons because PCH incurs additional cost.

Q: I am an officer in a charity organization here in Phoenix. Can I use my computer to maintain a database for this organization?
A: No. While PCH encourages team members’ involvement in service organizations, PCH resources cannot be used to support external organizations.

Q: I think I saw one of my co-workers stealing supplies to take home for personal use. What should I do?
A: You should first tell your Supervisor. However, if you do not feel comfortable telling your Supervisor, you can call the Office of Business Integrity at (602) 933-1964 or call the PCH Compliance Hotline at (800) 624-5840.

PCH is committed to the highest standards of business ethics and integrity and to providing services in compliance with state and federal laws governing our operations. We accurately and honestly represent PCH and do not engage in an activity or scheme intended to defraud anyone of money, property or services.
Accuracy of Records and Reports
We are responsible for the accuracy and integrity of our documents and records. We maintain and comply with internal controls, regulatory and legal requirements, and our policies and procedures. Records, whether medical, operational or financial reports and other documents should accurately and clearly represent the facts or the true nature of the transaction.

Charting and Documentation
Entries in patient records are timely, clear, and complete and they accurately reflect the item or service that was provided to the patient. No one may alter or falsify information on a record or document, including back-dating documents, making up entries, signing other people’s names to documents, or documenting services not performed. We strive to ensure that our records do not include guesswork, exaggerations or mistranscriptions. If we change a record, we note the change as required by our internal policies.

Medical Necessity
We comply with the regulations regarding billing for medically necessary services. We provide those items or services that are determined “reasonable and necessary” for the treatment of the patient. In such cases, we provide clear and complete medical documentation to ensure that payment is received only for appropriate care.

Coding and Billing
We follow legal and regulatory guidelines for coding and billing hospital and physician services. We implement policies, procedures, and systems to facilitate accurate coding and billing to government payers, commercial insurance payers and patients. These policies, procedures, and systems conform to pertinent federal and state laws and regulations. In support of accurate coding and billing, medical records provide reliable documentation of the services we render. We expect those physicians who treat patients in our facilities to provide us with complete and accurate information in a timely manner. In addition, contractors engaged to perform billing or coding services are expected to have the necessary skills, quality control processes, systems, and appropriate procedures to ensure coding and billing are accurate and complete.

Claims Submission
We prepare and submit accurate claims for payment from government payers, commercial insurance payers and patients. We comply with federal and state laws and regulations concerning proper billing and reimbursement of medical claims. We present claims for payment or approval that are not false, fictitious, exaggerated or fraudulent. When requesting reimbursement related to research, it is PCH’s policy to submit true, accurate, and allowable costs that are appropriately related to each individual research grant or contract.

We collect those amounts to which PCH is entitled and refund amounts billed and/or collected in error. If we discover a claim, bill or code that contains a possible error, we investigate the potential error and if possible, correct the error prior to the bill or claim submission. If the issue cannot be resolved, we should report the issue to the proper PCH personnel.

Financial Reports
Financial information reflects actual transactions and conforms to Generally Accepted Accounting Principles (GAAP). We do not hide expenditures, funds, assets or liabilities. Funds and assets are properly recorded in the books and records of PCH. If we become aware of or suspect potential improprieties regarding accounting, internal controls, or auditing, we report it immediately to PCH resources.

Record Retention and Disposal
We are responsible for maintaining an active and continuing records management program that identifies vital and confidential records and ensures the appropriate retention and disposition of records. It is important that individuals who contribute to medical records provide accurate information and do not destroy information considered part of the official medical record. We maintain records and documents according to our records retention schedule. Records containing protected health information (PHI), confidential or proprietary information are destroyed by shredding or a secure recycle process. We do not tamper, remove or destroy information in an effort to hide the information from governmental authorities. Questions regarding specific record retention requirements are directed to Health Information Management.

Fraud, Waste and Abuse
It is our responsibility to conduct business free from practices that may violate the fraud and abuse laws. Fraud, waste and abuse are forms of deception or misrepresentation which could result in some unauthorized benefit. Team members committing fraud, waste or abuse activity are subject to discipline (up to and including termination), as well as possible criminal and civil prosecution by the state or federal government. Examples of inappropriate activities include:

- Improper billings to third-party payers (government and private insurance payers) for services that were not rendered to a patient.
- Certifying medical necessity for a patient to receive services when the patient has no medical condition or diagnosis qualifying him or her for the services.
- Accepting free items or services in exchange for purchasing goods or services or for patient referrals.
- Falsifying records, such as payroll or time, medical, or research records.
- Inappropriate use of PCH resources for the provision of services to non-patients, such as people who are not registered in the PCH system. This includes the use of “self-testing” by performing tests on fellow team members or testing on patient family members without the appropriate physician or Occupational Health order.

Q: My department is very low on file space and I need to throw away old files to make room for some new ones. Can I just throw away everything that is more than three years old?

A: No. Documents, records and files should be retained as long as the retention schedule requires. Questions about specific documents are directed to the Office of General Counsel or Health Information Management.
False Claims

The Federal False Claims Act protects government programs including Medicare, Medicaid and Tri-Care from fraud, waste and abuse. This law prohibits: 1) direct, indirect or disguised payments in exchange for referral of patients; 2) submission of false, fraudulent or misleading claims to a government entity or third party payer, including claims for services not rendered or claims which do not otherwise comply with applicable program or contractual requirements; and 3) making false representations to an entity in order to obtain payment for a service.

Deficit Reduction Act

The Federal Deficit Reduction Act of 2005 (DRA) provides states with financial incentives for enacting State False Claims laws to protect the individual states’ Medicaid Program from fraud and abuse. Arizona has adopted a False Claims Act in protection of the state Medicaid program. Provisions in the DRA specifically provide that institutions adopt internal policies and provide education with respect to detecting fraud, waste and abuse. DRA also grants protection from retaliation to team members who initiate lawful actions under the False Claims and DRA laws.

Q: My supervisor has asked me to change the date on a progress note on a patient chart so that we can submit a bill. Am I allowed to do that?

A: No. Falsifying information in order to submit charges is an illegal and unethical practice. If a valid mistake was made regarding the medical record entry, follow PCH policy regarding amending records.

PCH requires all team members to sign an Attestation confirming they have received and understand this Code of Conduct. New employees will be required to sign an Attestation as a condition of employment. Adherence to and support of PCH’s Code of Conduct, and participation in related activities and training, may be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.