

Standards of Conduct

Dear employee, medical staff, vendors, volunteers and others who help EEH serve our patients:

As we represent the premier provider of healthcare in Chicago's west and southwest suburbs, all of us at Edward-Elmhurst Health ("EEH") have an obligation to perform our duties with compassion and the utmost integrity. EEH has a comprehensive, values-based Ethics and Compliance Program which supports this obligation.

How we treat our patients, how we work with our business partners, and how we interact with each other all have an impact on EEH's success, how others view us and, most importantly, how we view ourselves.

These Standards of Conduct provide guidance to ensure our work is done in an ethical and legal manner. This document will familiarize new employees with the ethical standards that guide EEH's patient and business relationships. For current employees, it will serve as a reaffirmation of those ethical standards. For members of our medical staff and others who work with EEH, the Standards of Conduct represent our expectations for how they will conduct themselves while working in our facilities and our pledge to conduct all aspects of our business ethically and in compliance with applicable laws.

EEH's Standards of Conduct cannot, nor are they intended to, address every situation that may arise. If you have any questions regarding the Standards of Conduct, or if you encounter any situation which you believe violates its provisions, you should immediately consult your supervisor, another member of management, your Human Resources business partner, a member of the Corporate Compliance Department, or the Compliance Hotline (1-800-901-7422).

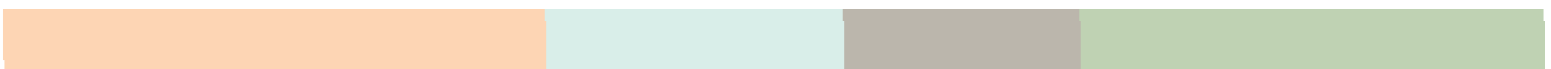
These Standards of Conduct cannot replace an individual's own sense of fairness, honesty and integrity. In your daily life and at work, if you are considering a course of action or encounter a situation that does not feel right, please discuss the situation with any of the resources mentioned above.

We have a tradition of performing our duties with integrity. It is a firm commitment to always doing the right thing. We expect all of our employees, medical staff, vendors and volunteers' actions to reflect the high standards set forth herein, and we ask you to join us in following these Standards of Conduct.

Sincerely,



Mary Lou Mastro
President & Chief Executive Officer



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Company Overview

Edward-Elmhurst Health, comprised of three hospitals and over 100 locations, is one of the largest healthcare systems serving the west and southwest suburbs of Chicagoland. We are driven to provide our more than 8,500 employees the support they need as we expand our reach even further.

Our hospitals include:

Edward Hospital (Naperville)
Elmhurst Hospital (Elmhurst)
Linden Oaks Behavioral Health (Naperville)

Our ambulatory sites include:

Primary Care offices (Family Practice and Internal Medicine)
Specialty offices
Immediate Care Centers
Walk-In Clinics
Imaging, Lab and Rehabilitation services

Mission, Vision and Values Statement

Above all else, we are committed to advancing the health of our communities.

Our Vision is to transform the healthcare experience - **SAFE, SEAMLESS, PERSONAL.**

We, the proud staff and physicians of Edward-Elmhurst Health, are **Healthy Driven.**

We are empowered to demonstrate a set of values that guide us every day in all that we do:

Determination: A passionate pursuit of continuous improvement

Respect: A belief that everyone—patients, families and each other—should be treated with dignity

Integrity: A firm commitment to always doing the right thing

Vision: A forward-focused mindset that emphasizes collaboration and innovation

Excellence: A steadfast focus on safety and ensuring a distinctively high quality, patient-centered experience

Nurturing: A dedication to providing hope, encouragement, empathy and compassion

The Purpose of the Standards of Conduct: Making the Right Decisions

Our Standards of Conduct (“Standards”) provide guidance to all Edward-Elmhurst Healthcare (“EEH”) employees, medical staff, vendors, volunteers and others who help EEH serve our patients, and assist us in carrying out the organization’s daily activities within appropriate ethical and legal standards. These Standards apply to our relationships with patients, physicians, third-party payers, subcontractors, independent contractors, vendors, consultants and one another.

The Standards are a critical component of our overall Ethics and Compliance Program. We have developed the Standards to ensure we meet our ethical standards and comply with applicable laws and regulations.

The Standards are intended to be comprehensive and easily understood. In some cases, the Standards deal fully with the subject covered. In many cases, however, the subject requires additional guidance to ensure those directly involved with the particular area to have sufficient direction. To provide additional guidance, we have developed policies on specific compliance topics which may be found on the Intranet. If a policy reference cannot be found for your issue or if you need additional guidance, please contact the Compliance Department.

Staff and business partners can help EEH demonstrate a firm commitment to integrity, which we define as always doing the right thing.

Leadership Responsibility

The CEO, senior management and other management are bound by all provisions of the Standards of Conduct, and particularly those provisions relating to conflicts of interest, compliance with laws, and internal reporting of violations of the Standards and/or EEH policies and procedures. We expect each department leader to create an environment where all team members feel free to raise concerns and propose ideas. We also expect that they will ensure members of their team have sufficient information to comply with laws, regulations and policies, as well as the resources to resolve ethical dilemmas. Leadership must help to create a culture within EEH which promotes the highest standards of ethics and compliance.

While all EEH employees are obligated to follow our Standards, we expect our leaders to set the example, to be in every respect a model. Supervisory responsibility must be performed in a manner that is open, kind, sensitive, thoughtful and respectful. Supervisors and managers need to create a healthy work environment in which employees’ concerns can be raised and openly discussed without fear of retaliation.

Patient Relationships

EEH strives to deliver a consistent patient experience based upon respect, excellence and nurturing. Respect is a belief that everyone—our patients, families and each other—should be treated with dignity. Excellence is a steadfast focus on safety and ensuring a distinctively high quality, patient-centered experience. Nurturing is a dedication to providing hope, encouragement, empathy and compassion. The Standards of Conduct are meant to help EEH deliver this common patient experience.

Patient Communication Method

Our service standard is a simple communication tool that inspires a service-minded culture. EEH delivers a consistent patient experience across our system. Every patient. Every encounter. A great patient experience can only be achieved with a consistent communication method. See Exhibit A for a detailed description of the G.R.E.A.T Service Model.

Quality of Care and Patient Safety

Our mission is to advance the health of our communities. To that end, we are committed to the delivery of safe, effective, efficient, compassionate and empathetic patient-centered care. We treat all patients with warmth, respect and dignity, and provide care that is both necessary and appropriate. EEH has a comprehensive program to promote patient safety and high quality care. EEH facilities are focused on each of the following:

- ▶ The attentiveness and dedication of service to patients
- ▶ The use of evolving technology to ensure high-quality, safe patient care, and to create an overall culture that makes patient safety paramount
- ▶ A comprehensive and effective approach to handling the credentialing and privileging of members of the medical staff
- ▶ Creating effective peer review mechanisms with the medical staff

There are increasingly numerous measures that relate in some way to the quality of patient care. Examples include: the Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS); the standards and surveys of CMS accrediting bodies; the consensus measures of the National Quality Forum; and the principles of the Leapfrog Group for Patient Safety. EEH is attentive to all of these standards and seeks to establish systems that reflect the best practices required or implied by these various standard-setting efforts.

This commitment to high-reliability and patient-centered care is an obligation of every EEH employee. Accordingly, it is a fundamental principle of being part of EEH that each individual dedicates himself or herself to achieving the high reliability principles to guide our work. See Exhibit B for the Road to Zero Harm high reliability behaviors all staff are expected follow.

If an EEH employee, physician or volunteer has a question about the safety or quality of care, he or she must raise this concern through appropriate channels until it is addressed and resolved. EEH employees are provided resources and guidance as to how to report a concern internally, or how to escalate the concern to an external quality partner, such as a CMS accrediting body, state survey agencies, or state quality improvement organizations.

Patient Rights

We never distinguish among patients based on race, ethnicity, religion, gender, sexual orientation, national origin, age, disability, veteran status or any other protected category. We involve our patients in decisions affecting their care by obtaining their consent for treatment or participation in clinical research. We recognize and respect the diverse backgrounds and cultures of our patients and make every effort to equip our medical staff with the knowledge and resources to respect each patient's cultural needs.

Our facilities respect the patient's right to and need for effective communication. We strive to ensure that patients and/or their representatives have the information necessary to exercise their rights. Each patient is provided with a written statement of patient rights and a Notice of Privacy Practices. The Notice of Privacy Practices outlines how EEH will use patient information. Whenever possible, this statement of patient rights is provided before providing or stopping care, in a language or manner that is understandable to the patient or the patient's representative. Such statements conform to all applicable state and federal laws, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (hereinafter referred to as HIPAA). EEH employees receive training about patient rights in order to clearly understand their role in supporting them.

EEH facilities maintain an ongoing, proactive patient safety effort for the identification of risk to patient safety and the prevention, reporting and reduction of healthcare errors and patient grievances. EEH corrects any issues identified through the patient grievance process.

Patient Information

When patients choose to receive services at EEH, they provide us with sensitive personal information. This can include names, addresses, phone numbers, Social Security numbers, medical diagnoses, family illnesses, prescription histories and other personal information. We realize the sensitive nature of this information and are committed to maintaining its confidentiality.

Consistent with HIPAA, we do not use, disclose or discuss patient-specific information, including patient financial information, with others unless it is necessary to serve the patient or required by law.

EEH employees must never use or disclose confidential information that violates the privacy rights of our patients. In accordance with our information privacy and security policies and procedures, which reflect HIPAA requirements, no EEH employee, medical staff member, or other healthcare partner has a right to any patient information other than for treatment, payment or operations, subject to the Minimum Necessary Rule. The Privacy Rule generally requires covered entities to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purpose. The minimum necessary standard does not apply to the following:

- ▶ Disclosures to or requests by a healthcare provider for treatment purposes.
- ▶ Disclosures to the individual who is the subject of the information.
- ▶ Uses or disclosures made pursuant to an individual's authorization.
- ▶ Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules.
- ▶ Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
- ▶ Uses or disclosures that are required by other law.

...no EEH employee, medical staff member, or other healthcare partner has a right to any patient information other than for treatment, payment, or operations, subject to the Minimum Necessary Rule.

To protect the confidentiality of our patients' information, employees, members of the medical staff, and all users of our information systems should follow our patient privacy policies especially keeping in mind the following:

- ▶ Refrain from discussing confidential, sensitive or non-public information in a public place. Conversations among peers, via the telephone or even transmitted on a computer screen, can be overheard or seen by individuals who do not have a right to that information.
- ▶ Dispose of patient information only in designated containers or shred bins.
- ▶ Double check patient identifiers before handing written patient information to the patient.
- ▶ Refrain from transmitting patient information using any insecure form of communication (e.g., texting, unencrypted email, other forms of insecure Internet based messaging, such as Facebook messenger, etc,
- ▶ Verify fax numbers before faxing patient information.

Research, Investigations and Clinical Trials

We follow the highest ethical standards and are in full compliance with federal and state laws and regulations in any research, investigations and/or clinical trials conducted by our physicians and professional staff. We do not tolerate research misconduct, which includes activities such as making up or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval. EEH's first priority is always to protect the patients and human subjects, and to respect their rights during research investigations and clinical trials. Physicians who participate in research investigations and clinical trials are expected to fully inform patients of their rights and responsibilities regarding their participation in the research or clinical trial.

The patient shall be informed if EEH proposes to engage in or perform human experimentation or other research/educational projects affecting his/her care or treatment. Any patient, who is the subject of a research program or an experimental procedure shall have, at a minimum, the right to receive an explanation of the nature and possible consequences of such research or experiment before the research or experiment is conducted, and to consent to or reject it.

Patient voluntary informed consent to participate in clinical investigations or research is documented and retained pursuant to EEH's policies. Any EEH entity or employee engaging in human subject research must do so in conjunction with IRB approval, and consistent with organization policies regarding human subject research and IRBs. As in all accounting and financial record-keeping, our policy is to submit only true, accurate and complete costs related to research grants.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act ("EMTALA") in providing an emergency medical screening examination and necessary stabilization to all patients, regardless of ability to pay. Provided we have the capacity and capability, anyone with an emergency medical condition is treated. In an emergency situation or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay, or any other discriminatory factor.

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

Patients have the right to have a family member or representative of their choice, and their own physician, notified promptly of admission to another hospital.

Physicians

EEH reflects a collaboration between those who are part of EEH and those who have been credentialed and privileged to practice in EEH facilities. As in any collaboration, each party has important roles and responsibilities. EEH is committed to providing a work environment for physicians and other privileged practitioners that has a steadfast focus on delivering safe, highly reliable care to ensure a distinctively high quality, patient-centered experience. We encourage members of our medical staffs to be familiar with these Standards of Conduct.

There are many portions of the Standards of Conduct that pertain to ethical or legal obligations of physicians in hospitals, and this document is likely to be a helpful summary of those obligations for our medical staff members. This section only addresses certain expectations for the conduct of physicians practicing at EEH. Physicians should familiarize themselves with all sections of these Standards of Conduct, not just this section.

Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facilities. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that employees who interact with physicians, particularly regarding (1) making payments to physicians for services rendered, (2) providing space or services to physicians, (3) recruiting physicians to the community, and (4) arranging for physicians to serve in leadership positions in facilities, are aware of the requirements of the laws, regulations and policies that address relationships between facilities and physicians.

If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and with any operational guidance that has been issued. Most arrangements must be in writing and approved by the Legal Department. Failure to meet all requirements of these laws and regulations can result in serious consequences for EEH.

It is essential to be familiar with the laws, regulations and policies that govern our interactions with physicians. Two overarching principles govern our interactions with physicians:

If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law

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

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

Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources

Any entertainment, gift or token of appreciation involving physicians or other persons who are in a position to refer patients to our healthcare facilities must be undertaken in accordance with corporate policies, which have been developed consistent with federal laws, regulations and rules regarding these practices. EEH employees must consult EEH policies prior to extending any business courtesy or token of appreciation to a potential referral source.

Legal and Regulatory Compliance

EEH provides services pursuant to appropriate federal, state and local laws and regulations, and the conditions of participation for federal healthcare programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as: certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records, confidentiality, patients' rights, clinical research, end-of-life care decision-making, medical staff membership and clinical privileges, corporate practice of medicine restrictions, and Medicare and Medicaid program requirements. The organization is subject to numerous other laws in addition to these healthcare laws, regulations and the conditions of participation.

We have developed policies and procedures to address many legal, accreditation, certification and regulatory requirements, and employees, members of the medical staff, and others working in our facilities are expected to follow these policies and procedures. However, it is impractical to develop policies and procedures that encompass the full body of applicable law, standards, conditions and regulation. Obviously, those laws, standards, conditions and regulations not explicitly covered in organization policies and procedures must still be followed. EEH has a variety of resources to contact for advice concerning legal and regulatory standards.

Anyone aware of violations or suspected violations of laws, regulations, standards and the Conditions of Participation, or of EEH policies and procedures, must report them immediately to a supervisor or member of management, Human Resources, Risk Management, the Compliance Department, the Legal Department, or the Compliance Hotline.

Accreditation and Surveys

In preparation for, during and after surveys, EEH employees must deal with all accrediting and external agency survey bodies in a direct, open and honest manner. No action should ever be taken in relationships with accrediting or external agency survey bodies that would mislead the accrediting or external agency survey teams, either directly or indirectly.

The matters related to accreditation or an external agency survey are extremely significant and broader than the scope of these Standards of Conduct. The purpose of the Standards of Conduct is to provide general guidance on subjects of wide interest within the organization. Accrediting bodies and external agency survey entities may address issues of both wide and somewhat more focused interest.

Occasionally, government agencies and other entities conduct surveys in our facilities. We respond with openness and accurate information. In preparation for or during a survey or inspection, EEH employees must never conceal, destroy or alter any documents; lie; or make misleading statements to the agency representative. Also, employees must never attempt to cause another employee to fail to provide accurate information or obstruct, mislead or delay the communication of information or records relating to a possible violation of law.

Anyone aware of violations or suspected violations of truthful and factual representations and responses to survey agencies must report them immediately through the chain of command or to the Compliance Officer.

Business and Financial Information

Accuracy, Retention and Disposal of Documents and Records

Each EEH employee is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements, but also to ensure records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny governmental authorities information which may be relevant to a government investigation.

Medical and business documents and records are retained in accordance with the law and with our record retention policy, which includes comprehensive retention schedules. Medical and business documents include: paper documents such as letters and memos; computer-based information (e.g., email or computer files on disk or other media); and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. EEH employees must not tamper with records. No one may remove or destroy records prior to the specified date in EEH policy without first obtaining permission.

Clinical Documentation, Coding and Billing for Services

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers, and patients. These policies, procedures and systems conform to pertinent federal and state laws and regulations. We prohibit any employee or agent of EEH from knowingly presenting, or causing to be presented, claims for payment or approval which are false, fictitious or fraudulent.¹

In support of accurate billing, reliable documentation of the services we render must be provided in the medical record. It is important that all individuals who contribute to medical record documentation are familiar with our policies and provide accurate information, and do not destroy any information considered part of the official medical record.

Accurate and timely documentation also depends on the diligence and attention of physicians who treat patients in our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner and to follow our policies, including policies governing the use of our electronic medical record.

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

Confidential Information

The term "confidential information" refers to proprietary information about our organization's strategies and operations as well as patient information and third party information. Improper use or disclosure of confidential information could violate legal and ethical obligations. EEH employees may use confidential information only to perform their job responsibilities and shall not share such information with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship, provided disclosure is not prohibited by law or regulation.

Confidential information, also referred to as "sensitive information," covers virtually any proprietary information related to EEH's operations that is not publicly known, such as: patient lists and clinical information, including individually identifiable patient information and clinical quality data; patient

¹ See exhibit C for a description of state and federal false claim laws.

financial information, including credit card data and social security numbers; passwords; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations and mergers; financial data; details regarding federal, state and local tax examinations of the organization or its joint venture partners; proprietary information from a research sponsor or the data generated from the research; strategic plans; marketing strategies and techniques; supplier and subcontractor information; and proprietary computer software. Sensitive data may also include photos and videos.

Use of due care and due diligence is required to maintain the confidentiality, availability and integrity of information assets the Company owns or of which it is the custodian. Because so much of our clinical and business information is generated and contained within our computer systems, it is essential that each EEH employee protect our information systems and the information contained in them. Each EEH employee and user of our systems is required to read and abide by the IT Code of Compliance. Annually employees re-confirm their commitment to follow the IT Code of Compliance. See Exhibit D for the IT Code of Compliance and the requirements that must be followed.

EEH employees and others working in our facilities must protect sensitive information in any form – paper, electronic or verbal. Privacy and Information Security Policies have been developed to promote protection of confidential information. Employees and others working in our facilities and with access to our information systems and confidential information are expected to follow our policies. These policies cover among other things:

- ▶ Secure fax and email procedures
- ▶ Secure disposal of paper and electronic data
- ▶ Secure transfer of data
- ▶ Secure storage on devices such as laptops, tablets and mobile phones and removable media such as a CD or USB drive
- ▶ Use of social media being extremely careful not to disclose patient or other sensitive information

EEH employees and others working in our facilities must protect sensitive information in any form – paper, electronic or verbal. Failure to follow the IT Code of Compliance and the Privacy and Information Security Policies may result in progressive discipline up to and including termination of employment or contractual relationship.

Failure to follow the IT Code of Compliance and the Privacy and Information Security Policies may result in progressive discipline up to and including termination of employment or contractual relationship.

Any EEH employee who knows or suspects that confidential information was compromised must report the potential security breach to the Privacy Officer either directly or by using an online reporting mechanism.

If an individual’s employment or contractual relationship with EEH ends for any reason, the individual is still bound to maintain the confidentiality of information viewed, received or used during the employment

or contractual business relationship with EEH. This provision does not restrict the right of an employee to disclose, if he or she wishes, information about his or her own compensation, benefits or terms and conditions of employment. Copies of confidential information in an employee’s or contractor’s possession shall be left with EEH at the end of the employment or contractual relationship.

Users of computer and facility telephonic systems should presume no expectation of privacy in anything they create, store, send, or receive on the computer and telephonic systems, and EEH reserves the right to monitor and/or access communications usage and content.

All communications systems, including but not limited to computers, electronic mail, voicemail, intranet/internet access, Company-provided telephones and mobile devices, are the property of EEH and are to be used primarily for business purposes in accordance with electronic communications policies and standards. Limited reasonable personal use

of EEH communications systems is permitted. However, users should assume these communications are not private. Users of computer and facility telephonic systems should presume no expectation of privacy in anything they create, store, send or receive on the computer and telephonic systems, and EEH reserves the right to monitor, access and locate all communications and devices for tracking, usage and content.

Employees and other users of our information systems may not use EEH devices or EEH-provided communication channels or access the Internet or social media to view, post, store, transmit, download or distribute any (1) threatening materials, (2) knowingly, recklessly or maliciously false materials, (3) obscene materials, or (4) materials that breach patient privacy, (5) anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Also, these channels of communication may not be used to send chain letters, personal broadcast messages, or photos, videos or other copyrighted documents that are not authorized for reproduction. Employees and other users of our information systems who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Cost Reports

We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations and guidelines relating to all cost reports. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries.

The Reimbursement personnel maintain a standardized workpaper package to: provide consistency in the preparation, organization, presentation, and review of cost reports; apply a uniform cost report review process; identify and exclude non-allowable costs; adhere to documentation standards; and use transmittal letters to report protested items and make other appropriate disclosures.

All issues related to the preparation, submission and settlement of cost reports must be performed by or coordinated by the System Director of Reimbursement.

Electronic Signature

A user's electronic signature should be used only by the user to authenticate the part of the electronic medical record and/or other computer application/program that is the user's responsibility. Users should not disclose electronic signature credentials to any other person or permit another person to use them.

Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining and reporting financial information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, bondholders, suppliers, those charged with governance, and others. It is also necessary for compliance with tax and financial reporting requirements.

We are required to maintain books and records of our activities consistent with applicable legal requirements, which in reasonable detail accurately and fairly reflect our transactions and dispositions of assets. EEH maintains a system of internal controls designed to provide reasonable assurance that all transactions are executed in accordance with management's authorization and are recorded as necessary to permit preparation of financial statements in conformity with generally accepted accounting principles (GAAP). Our obligated group's financial statements are certified by our chief financial officer as fairly presenting in all material respects our financial condition, results of operations, and cash flows in accordance with GAAP. Financial information used for general business purposes, including estimates, projections or general financial reports, must be sufficiently reliable and complete to fairly and reasonably serve the purposes for which the information is compiled and presented.

We diligently seek to comply with all applicable auditing, accounting and financial disclosure laws. Senior financial officers receive training and guidance regarding auditing, accounting and financial disclosure relevant to their job responsibilities. They are also provided the opportunity to discuss issues of concern with the Board of Trustees' Audit and Compliance Committee. Anyone having concerns regarding questionable accounting or auditing matters should report such matters to the Audit and Compliance Committee of the Board of Trustees by calling the Compliance Hotline (1-800-901-7422).

Intellectual Property Rights and Obligations

Any work of authorship, invention, or other creation (collectively, "Development") created by an employee during the scope of the employee's employment with EEH shall be considered the property of EEH, including any patent, trademark, copyright, trade secret or other intellectual property right in the Development.

Whether something is developed during the scope of an employee's employment depends on a number of factors, including:

- ▶ The nature of the employee's work
- ▶ Whether the Development is related to EEH's business
- ▶ Whether the employee was directed to produce the Development as part of the employee's work
- ▶ Whether the employee utilized EEH intellectual property or resources at least in part to make the Development
- ▶ Whether the employee created the Development while being paid by EEH

If any Development created is copyrightable or patentable, then it will be considered a "Work for Hire" under the United States Copyright Act, with EEH considered to be the author and owner of such work.

When creating Developments for EEH, employees shall respect the intellectual property rights of others. Any works or inventions created by employees prior to employment by EEH shall be disclosed to EEH upon commencement of employment, and management and Legal Department approval shall be obtained prior to any use of these works or inventions in a Development for EEH.

By acknowledging these Standards of Conduct, an employee specifically agrees to be bound by these provisions of the Standards of Conduct. As such, the acknowledgment serves as an assignment by the named employee to EEH of all rights, title and interest in all Developments created by the employee within the scope of his or her employment, as well as an appointment of the Secretary for EEH as the employee's attorney-in-fact to execute documents on his or her behalf for the foregoing purposes. Employees shall assist EEH in obtaining and enforcing intellectual property rights in their Developments, while employed by EEH and after termination of employment.

Workplace Conduct and Employment Practices

As an employer, EEH believes that employees are our most important resource. It is only through the capable efforts and dedicated support of our staff that we can hope to achieve our mission. Employees work best in an atmosphere of fairness, cooperation and equal opportunity. EEH ensures a workplace that supports health, safety, privacy and comfort for everyone. EEH does not tolerate disrespectful, hostile, violent, intimidating, threatening or harassing conduct that disrupts the work environment. While it is difficult to develop clear, practical rules and policies to cover every conceivable situation, included in this section are minimum standards for our employees.

Anti-Harassment

EEH prohibits harassment, including sexual harassment, and discrimination based upon sex, race, color, religion, national origin, age, disability, protected activity, or any other protected category or class. Degrading or humiliating jokes, slurs or intimidation are not acceptable in our workplace. This prohibition applies to harassment by either an employee or a non-employee.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal or physical conduct of a sexual nature. Conduct is considered sexual harassment when:

- ▶ Submission to such conduct, whether real or implied, is a condition of employment;
- ▶ Submission to or rejection of such conduct is used as a basis for decisions affecting an individual's employment; or
- ▶ The conduct is intended to affect or reasonably affects an employee's job performance, or creates an intimidating or hostile work environment.

Any employee who engages in behavior which is confirmed to be of a violent or harassing nature will be subject to progressive discipline up to and including termination.

Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of senior management, the Compliance Department, or the Compliance Hotline.

Conflicts of Interest

A conflict of interest may occur if an EEH employee's outside activities, personal financial interests, or other private interests interfere, or appear to interfere, with his or her ability to make objective decisions in the course of the employee's job responsibilities, or if any of the above distract the employee from the performance of his/her job or cause the employee to use EEH's resources for non-EEH purposes.

Employees may not compete, either directly or indirectly, with any services, products or plans that EEH offers. Furthermore, employees should not incur any financial or personal obligation that might affect, or appear to affect, their judgment in dealing with other employees or with outside firms or individuals.

EEH employees are obligated to report any potential conflicts of interest. If employees have any question about whether an outside activity or private interest might constitute a conflict of interest, they must obtain the written approval of their supervisor, who may contact the Compliance Department with any questions. An unfair advantage may be gained by not disclosing potential conflicts of interest. In situations where a conflict is not disclosed, all parties may believe their interests are being equally promoted, when in fact they may not be. Managers, senior management, board members and others as defined by policy must answer an annual conflict of interest questionnaire, even if they are not faced with a conflict of interest. Please carefully review the Conflict of Interest Policy.

Contracts

Contracts shall be reviewed by management to ensure informed business decisions, consistency with EEH's strategy, budget and data protection requirements, and to identify potential conflicts of interest. No written agreement shall be subject to any oral side agreements. All notices received within our organization with respect to any contract, real estate matter or dispute should be immediately forwarded to the Legal Department. Contract expiration dates should be monitored by the EEH manager responsible for that contract, to make sure it is reviewed and renewed timely to avoid using services for which there is no legal agreement. The EEH manager responsible for the contract will:

1. make sure that an information security assessment is performed on the relationship and that any issues identified are remediated.
2. obtain the approval of IT for any contracts that require IT services, hardware or software prior to negotiating the contract.
3. monitor any users of EEH IT systems associated with the contract to make sure that the access they receive is appropriate for the user's role and terminated timely.

Controlled Substances

Some of our employees routinely have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If one becomes aware of inadequate security of drugs or controlled substances, or the diversion of drugs from the organization, the incident must be reported immediately. EEH strictly enforces the reporting of any violations of diverting medications by staff or privileged practitioners.

Copyrights: Printed and Online Publications

Our organization purchases and/or subscribes to a variety of printed and online publications. These publications are protected by copyright laws, which, with some limited exceptions, prohibit the reproduction or copying of the material without the specific authorization of the publisher. Employees who make, acquire or use unauthorized copies of printed or online publications will be subject to disciplinary action up to and including termination. In addition, federal copyright law makes the illegal copying of printed or online publications subject to substantial civil damages.

Corporate Opportunities

EEH employees are prohibited from taking for themselves opportunities that are discovered through the use of EEH property, information or position, and are for personal gain and competing with EEH. EEH employees have a duty to EEH to advance the Company's interests when the opportunity arises.

Diversity and Inclusion

We are D.R.I.V.E.N. to create a culture where employees of various races, ethnicities, religions, sexual-orientations, physical abilities, and socio-economic backgrounds are able to meet, share and learn in an accepting environment. By creating platforms and opportunities that allow us to come together, we can begin to know and understand each other. And through better understanding, we can effectively meet the needs of our diverse patients and deliver on our mission to provide outstanding healthcare.

Our D.R.I.V.E.N values of Determination, Respect, Integrity, Vision, Excellence and Nurturing form the foundation of our inclusive and diverse workplace. At EEH, we believe that in order to foster Respect, everyone should be treated with dignity. To deliver Excellence, patients must be at the center of the experience. Our patients are distinct and our work force should represent that diversity. To focus on our Vision, we must foster a mindset that emphasizes collaboration. These values and others can only be met by encouraging a diverse and inclusive working environment for our employees. At EEH, we believe that a

diverse workforce will nurture an atmosphere of open discussion and diversity of thought, creating better outcomes for our patients.

It is our shared responsibility to take care of our patients and each other, to build an environment where each person is valued and can grow.

Our approach to diversity focuses on three main objectives:

1. Promoting an inclusive work environment, through training, education, and creating platforms for awareness and discussions.
2. Utilizing real data on our employees, patients and communities to identify and address health disparities.
3. Increasing representation of minorities in Governance and Management to reflect the communities we serve.

Dress Code

Workplace attire and grooming must be neat, clean and appropriate for the work being performed and the setting in which the work is performed. Specific entities within the System have established more specific guidelines based on the needs of their particular business; if such a policy exists, that policy is to be followed. Please consult with the manager of your area.

Employment of Relatives

Employees are prohibited from employing or placing close family members inside the organization in positions that create a conflict of interest. The following relationships are prohibited:

- ▶ The employee has direct supervisory authority over the family member.
- ▶ The employee is in a position where he/she may significantly influence the pay, benefits, work responsibilities, career progression or performance of the family member.

Equal Employment Opportunity

Our organization is an equal opportunity employer that promotes diversity in the workplace. Our policy is to provide each job applicant and employee with equal opportunities for employment, training, promotion, benefits and all other personnel actions without regard to any protected category or class (i.e., without regard to race, color, creed, religion, gender, marital status, sexual orientation, national origin, age, veteran status, disability, or any other protected category or class).

ID Badges

New hires, contractors, students and interns will be issued an ID badge and it must be worn at all times while working, must be visible to others, and is to be worn above the waist, typically at collar level. Any lost ID badges will incur a replacement cost.

Ineligible Persons

We do not contract with, employ, or bill for services rendered by an individual or entity that is:

- ▶ Excluded or ineligible to participate in federal healthcare programs (e.g., individuals convicted of fraudulently billing Medicare, individuals convicted of not paying student loans, etc.)
- ▶ Suspended or debarred from federal government contracts and has not been reinstated in a federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility

In accordance with our policy, we routinely search the Department of Health and Human Services' Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons.

Employees, vendors and privileged practitioners working in our facilities are required to report to us if they become excluded, debarred, or ineligible to participate in federal healthcare programs.

Legal Action

Members of EEH's Legal and Claims Departments are the only employees who may seek out or retain outside legal counsel on behalf of EEH. EEH's lawyers should be notified immediately when any notice of a legal action against the organization is received or when there is an unusual occurrence that could result in legal action against our organization. The Legal Department should be consulted before an employee threatens to sue another organization or individual on behalf of EEH.

License and Certification Renewals

Employees, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. To assure compliance, EEH may require evidence of the individual having a current license or credential status.

EEH does not allow any employee, independent contractor or privileged practitioner to work without valid current licenses or credentials. Each employee must have evidence of current and valid licensure, certification, registration, accreditation or credentials as required by their position description. Each facility must have appropriate processes and procedures to assure documentation of compliance with each position description requirement.

Material Non-Public Information

As an employee of EEH, you may have access to material non-public information about EEH and affiliated entities. Information is material if there is a substantial likelihood that a reasonable investor would consider it important in deciding whether to buy, hold or sell an asset impacted by or related to EEH operations or a security issued by EEH and/or an affiliated entity. Therefore, any information that could reasonably be expected to affect the price of a security is material. Although not exhaustive, some common examples include: plans for land purchases, potential mergers and acquisitions, marketing strategy, financial results, or loss of a significant business contract. Any employee with access to material non-public information is prohibited from discussing this type of information outside of EEH and affiliated entities unless necessary to perform their job responsibilities.

Securities laws prohibit individuals from trading in the marketable securities of an organization that is publicly held or traded, or from influencing others to trade in such securities on the basis of non-public, material information. These restrictions are meant to ensure the general public has complete and timely information on which to base investment decisions.

Media Relations

Events may occur that will draw attention from the news media. It is imperative that one person speaks for EEH to deliver an appropriate message and to avoid giving misinformation in any media inquiry. Every employee is expected to answer all media/reporter questions with a response of "I am not authorized to comment for EEH."

Parking

Consult with your manager on parking options at specific sites. At hospitals, parking is designated for employees, contractors, students, and volunteers in specific areas.

Personal Use of EEH Resources

It is the responsibility of each EEH employee to preserve our organization's assets, including time, materials, supplies, equipment and information. Organization assets are to be maintained for business-related purposes. As a general rule, the personal use of any EEH asset without prior supervisory approval

is prohibited. The occasional use of items, such as copying facilities or telephones, where the cost to EEH is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by senior management. Any use of organization resources for personal financial gain unrelated to the organization's business is prohibited.

Relationships Among EEH Employees

In the normal day-to-day functions of an organization like EEH, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these situations, and many do not require explicit treatment in a document like this. A few routinely arise, however. One involves gift giving among employees for certain occasions. While we wish to avoid any strict rules, no one should ever feel compelled to give a gift to anyone, and any gifts offered or received should be appropriate to the circumstances. A lavish gift to anyone in a supervisory role would clearly violate organization policy.

Another situation which routinely arises is a fundraising or similar effort undertaken by individual employees, in which no one should ever be compelled to participate. Similarly, when EEH determines to support charitable organizations, such as the United Way, no employee should be compelled to contribute to the charitable organization, nor should there be any workplace consequences as a result of non-participation.

Solicitation and Distribution

Employees may not solicit other individuals to join or contribute to any organization, fund, activity, or cause in working areas during working time.

The prohibition against solicitation and distribution includes, but is not limited to: solicitation for funds, signatures, gifts or memberships in an organization, the distribution of literature, and the sale of merchandise or tickets. Non-employees may not come onto EEH premises to solicit or distribute literature for any reason. Approval may be granted by senior management for the promotion of select events or causes which further EEH's mission.

Substance Abuse and Mental Acuity

To protect the interests of our employees and patients, we are committed to an alcohol-free and drug-free work environment. All employees must report to work free from the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in an employee's system; or using, possessing or selling illegal drugs while on EEH work time or property may result in immediate termination. We may use drug testing as a means of enforcing this policy.

It is also recognized that individuals may be taking prescription or over-the-counter drugs, which could impair judgment or other skills required in job performance. Employees taking such medications must immediately report the situation to their supervisor. Anyone who observes an individual who appears to be impaired when performing his or her job must also immediately report the situation to their supervisor, following the chain of command, to the Compliance Department or to the Compliance Hotline.

Tobacco Free Environment

Smoking, including the appearance of smoking, which includes vaping or e-cigarettes, is prohibited on all EEH campuses. For more information, see the specific policy.

Environmental Health and Safety

EEH is committed to promoting a safe environment for patients, staff, and visitors; and protecting the environment from harm. Environmental Health & Safety (EH&S) Policies and Procedures and other resources are available on the intranet to manage these risks and include:

Employee Safety
Fire Safety (See Exhibit E)
Hazardous Materials Management

Employees play an essential part in the EH&S program and are encouraged to Speak Up when they see an unsafe condition.

Public Safety

EEH maintains order within its facilities. Public Safety is charged with providing a secure and safe environment that allows patients, visitors, employees, medical staff and volunteers to deliver or receive quality services with minimal threats against their personal well-being and property.

Healthcare workers are victims of workplace violence at twice the rate of the general workforce. Workplace violence includes any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. Workplace violence may include, but is not limited to:

- ▶ Intentionally causing physical injury to another person;
- ▶ Making verbal or written threats of violence/intimidation;
- ▶ Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to a reasonable level of apprehension;
- ▶ Intentionally damaging property or property of others while on premises;
- ▶ Possession of prohibited weapons, including firearms, knives, sprays, shock device, or other item or device that could harm/injure, or any form of weapon or explosive restricted under local, state or federal regulation;
- ▶ Retaliatory actions against an individual who reported a workplace violence incident as required by this policy.

EEH will work, through information, training, and enforcement, to foster a safe, respectful culture and healthcare environment that strives to eliminate violence for employees, physicians, volunteers, patients, and visitors. EEH does not tolerate violence in the work setting.

Individuals are encouraged to report incidents to a Supervisor and Public Safety. All incidents should be documented in the Safety Event reporting system to help raise awareness and prevent future incidents. See Exhibit F for more information and response techniques.

Active threats with a weapon are a concern. EEH adheres to the “Run, hide, fight” response technique. See Exhibit G for a description of this response technique.

Any employee who engages in behavior which is confirmed to be of a violent or harassing nature will be subject to progressive discipline up to and including termination.

Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, the Human Resources Department, a member of senior management, the Compliance Department, or the Compliance Hotline.

Emergency Preparedness

EEH works collaboratively with local community partners and other healthcare providers to plan, prepare for and respond to the needs of victims of natural or man-made disasters, bioterrorism and other public health emergencies. Hospitals are critical infrastructure within the disaster medical response system. In the event of an emergency or disaster, the hospital incident management team would activate the emergency operations plan which can be found on the intranet. See Exhibit H for Emergency Codes.

Infection Control

EEH is committed to preventing healthcare acquired infections and to properly reacting to outbreaks and other special circumstances. As a result, the Infection Control Department has implemented policies and procedures that must be adhered to by all staff. See Exhibit I for more information regarding infection control policies and procedures.

Government Relations and Political Activities

Federal and state lobbying laws regulate contacts with governmental officials and employees, and federal laws governing tax-exempt organizations prohibit EEH from engaging in political activity. While employees are encouraged to participate in the regulatory and legislative processes, federal and state laws limit permissible contacts by employees on behalf of their organization. Unless approved in advance by the Vice President, Chief Strategy and Marketing Officer, EEH employees are prohibited from:

- ▶ Speaking on EEH's behalf regarding political issues
- ▶ Donating EEH's money, property, use of our facilities, or the services of our employees, including refreshments and meals, to any political contribution on behalf of EEH
- ▶ Using work time to advocate our political beliefs
- ▶ Engaging in substantial lobbying. This includes communicating or acting in the name of EEH, without our consent, to try to influence the making of laws
- ▶ Engaging in forbidden political activity for any federal, state or local political candidate, party organization or committee

Competitive Activities and Marketing Practices

We operate in a highly competitive environment. Our competitive activities must conform to the high standards of integrity and fairness reflected in these Standards of Conduct. EEH requires compliance with antitrust and other laws governing competitive activities, and with EEH's written policies governing interactions with competitors, customers and suppliers.

Marketing Practices

EEH will use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and recruit new hires. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements.

While it is permissible to compare and contrast our services and prices, it is against EEH policy to intentionally disparage other persons or businesses based on information that is untrue, or not known to be true, or to intentionally interfere with another business' contractual and business relationships through wrongful means. This does not prevent fair, non-deceptive competition for business from those who may also have business relationships with a competitor.

Antitrust and Unfair Competition

EEH competes fairly and complies with all antitrust laws. We do not illegally obtain or use proprietary information from competitors, nor do we use deceptive means to gain such information. If a comparison of our organization's services is conducted against those of a competitor, such comparison shall be fair and accurate.

The core concern of the antitrust laws is agreements that unreasonably lessen business competition and may result in severe penalties, both civil and criminal, to the organization and the individuals who act on the organization's behalf. In general, federal and state antitrust laws prohibit competitors from entering into any agreement or understanding that restricts competition. Employees must never have discussions with the representatives of any competitor that might be considered an anti-competitive activity (i.e., fixing prices, rigging bids or secret agreements, including price sharing, with competitors). Moreover, it is not unusual to obtain public information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and spoken information. However, employees should avoid seeking or receiving information about a competitor through other non-public means if they know or have reason to believe the information is proprietary or confidential. For example, an employee should not seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

Global Anti-Corruption

It is our policy to comply with all anti-corruption laws that apply to Company operations, including the Foreign Corrupt Practices Act (FCPA) and the anti-corruption laws of nations in which EEH conducts business. EEH prohibits employees from giving, offering or authorizing the provision of anything of value to, or for the benefit of, a Foreign Official, in order to obtain or retain business, to secure any other business advantage, or to obtain beneficial governmental treatment, except as specifically permitted in the FCPA. Before offering or giving anything of value to any individual who may be an official, employee or representative of a foreign government, or of a state-owned or controlled entity, employees must consult with the Legal Department or the Compliance Department.

Gifts and Business Courtesies

General

This part of the Standards of Conduct should not be considered in any way as an encouragement to make, solicit or receive any type of entertainment or gift. For clarity purposes, please note that these limitations refer to activities with those outside of EEH but do not pertain to the efforts employees make to solicit gifts to one of the EEH Foundations. This section does not pertain to actions between EEH and its employees, or actions among EEH employees themselves. (See “Relationships Among EEH Employees” on page 16.) For guidelines related to business courtesies or gifts related to referral sources, see “Extending Business Courtesies and Tokens of Appreciation to Potential Referral Sources” in the “Physicians” section on page 6.

Receiving Business Courtesies from Outside Business Associates or Referral Sources

Events: Social, Educational, Training

We recognize there will be times when a current or potential business associate, including a potential referral source, may extend an invitation to attend a social event in order to further develop a business relationship. An EEH employee may accept such invitations, provided: (1) the cost associated with such an event is reasonable; (2) no expense is incurred for any overnight lodging or travel costs (other than in a vehicle owned privately or by the host entity) unless the event involves training or education (i.e., conferences, seminars, etc.); and (3) such events are infrequent, which, as a general rule, means three or fewer times per year. The limitations of this section do not apply to business meetings at which food (including meals) may be provided, or to Foundation special events. Prior to accepting invitations to training and educational opportunities that include travel and overnight accommodations at reduced or no cost to an employee or EEH, appropriate approvals are required. Specific departments may have more restrictive guidelines. Employees are expected to check with department management before attending events.

Gifts from Outside Business Associates or Referral Sources

EEH employees may accept gifts of a reasonable value from an individual or organization who has a stable business relationship with EEH. For purposes of this paragraph, physicians practicing in EEH facilities are considered to have such a relationship. Any questions regarding the reasonableness of a gift or business courtesy should be directed to an employee’s supervisor or the Compliance Department. It is critical to avoid the appearance of impropriety when receiving gifts from individuals who do business with or are seeking to do business with EEH. We will never accept gifts or other incentives to improperly influence relationships or business outcomes. A prime example of this is that we will not accept gifts or other courtesies from outside business associates who are actively bidding to provide goods or services to EEH.

Perishable or consumable gifts given to a department or group should be limited and may be provided only at the department management’s discretion. EEH employees may not accept gift certificates valued at more than \$25 and may never accept cash or financial instruments (e.g., checks, stocks). Finally, under no circumstances may an EEH employee solicit a gift.

Gifts from Patients

Patients wishing to give a gift as an expression of gratitude for the care they received should be directed to the Foundation associated with the hospital where the patient received treatment. EEH employees may not accept gift certificates, cash or financial instruments (e.g., checks, stocks) from patients. If it would appear impolite to refuse a gift, EEH employees may accept tokens of appreciation from patients of a nominal value. Gifts of substantial value that cannot be refused graciously should be delivered to the Foundation by the recipient. Finally, under no circumstances may an EEH employee solicit a gift. Any questions regarding the reasonableness of a gift should be directed to an employee’s supervisor or the Compliance Department.

Extending Business Courtesies to Non-Referral Sources

Meals and Entertainment

There may be times when an employee wishes to extend to a current or potential business associate (other than someone who may be in a position to make a patient referral) an invitation to attend a social event (e.g., reception, meal, sporting event, or theatrical event) to further or develop a business relationship. The purpose of the entertainment must never be to induce any favorable business action. During these events, topics of a business nature must be discussed and the host must be present. These events must not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging. The cost associated with such an event must be reasonable and appropriate. Moreover, such business entertainment with respect to any particular individual must be infrequent, which, as a general rule, means three or fewer times per year. The business necessity and appropriateness of the entertainment must be documented. The organization will under no circumstances sanction any business entertainment that might be considered lavish or in questionable taste.

Sponsoring Business Events

EEH facilities may routinely sponsor events with a legitimate business purpose (e.g., board of trustee meetings or retreats). Provided that such events are for business purposes, reasonable and appropriate meals and entertainment may be offered. In addition, transportation and lodging can be paid for.

Giving Gifts to Business Associates or Potential Business Associates

This section does not address items given to patients. It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with EEH. We will never use gifts or other incentives to improperly influence relationships or business outcomes. In order to avoid embarrassment, an effort should be made to ensure that any gift we extend meets the business conduct standards of the recipient's organization. An EEH employee or facility may give gift certificates, but may never give cash or financial instruments (e.g., checks, stocks).

Vendor Relationships

EEH is committed to selecting consultants, subcontractors, suppliers and vendors on the basis of objective criteria, including: quality, technical excellence, price and delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made based on the supplier's ability to meet our needs, and not on personal relationships and friendships.

Bribes and Kickbacks

We do not offer, ask for, accept or give gifts, services, improper discounts, kickbacks or other things of value to influence the business actions of any supplier, vendor, customer, contractor, government official or other associate. Employees must never give to, or receive from, any vendor or potential vendor any bribe, kickback or other unusual payment. Federal and state laws specifically make it a crime for anyone to offer or accept a bribe, kickback or other thing of value to/from referring patients or other businesses.

Vendor Solicitation

All business dealings on behalf of our organization must be the result of usual and proper business considerations. Business dealings must never be the result of undue influence exerted by, or special favors bestowed by, any vendor. Employees may never solicit from vendors any monies, contributions or program sponsorships, or other property or favors. No services or supplies shall be accepted for free or purchased at less than fair market value as an inducement to obtain contracts for any other services, including, but not limited to: imaging, laboratory, ambulance, pharmacy, therapy and dietary services. If any gift or payment cannot withstand public scrutiny under these rules, it should not be made, accepted or solicited on the organization's behalf.

Preferential Treatment and Discounts

Accepting personal discounts or other preferential treatment offered by vendors or potential vendors because of the employee's position in the organization is a conflict of interest and is specifically prohibited. Use of our organization's vendor contracts, name or influence to receive personal discounts from vendors is specifically prohibited.

EEH's Ethics and Compliance Program Structure

The Ethics and Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of the organization to the highest standards of ethics and compliance. The elements of the program include setting standards (the Standards and Policies and Procedures), communicating the standards, providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the furtherance of the program. Each of these elements is detailed in the Compliance Program document which can be found on the Compliance Department intranet page.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are: the Audit and Compliance Committee of the Board of Trustees; the Corporate Compliance Committee consisting of senior management; and various workgroups established to address specific areas of the program.

The EEH compliance officer and the Compliance Department are responsible for the day-to-day direction and implementation of the Ethics and Compliance Program. This includes developing resources for the program (including policies and procedures, training programs, and communication tools), and providing support (including operating the Compliance Hotline, conducting program assessment, and providing advice).

Another important resource that may be able to address issues arising out of the Standards of Conduct is the Human Resources Department. Human Resources Department personnel are highly knowledgeable about many of the compliance risk areas described in these Standards of Conduct that pertain to employment and the workplace, and are responsible for ensuring compliance with various employment laws. For concerns relating to specific details of an individual's work situation, rather than larger issues of organizational ethics and compliance, the Human Resources Department is the most appropriate contact.

Individuals are always free to contact the Compliance Hotline at 1-800-901-7422. EEH makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retaliation or discipline for anyone who reports a concern in good faith. Any employee who deliberately makes a false accusation with the purpose of harming or retaliating against another employee is subject to discipline.

Individuals are always free to contact the Compliance Hotline at 1-800-901-7422. EEH makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retaliation or discipline for anyone who reports a concern in good faith.

Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations, and to correcting wrongdoing wherever it may occur in the organization. Each employee has an individual responsibility for reporting any activity by any employee, volunteer, student, physician, subcontractor, vendor or other individual working in one of our facilities that appears to violate applicable EEH policies and procedures, laws, rules, regulations, accreditation standards, standards of medical practice, federal healthcare Conditions of Participation, or these Standards. If a matter that poses serious compliance risk to the organization, or involves a serious issue of medical necessity, clinical outcomes or patient safety, is reported to area management, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Compliance Hotline until they are satisfied that the full importance of the matter has been recognized. If a matter that poses concern regarding the safety or quality of care provided to a patient in the hospital is identified and was reported locally but thought to be unresolved, an additional avenue for reporting is available through notification to a CMS accrediting body. There will be no retaliatory disciplinary action taken against an employee who reports concerns to a CMS accrediting body.

Each employee has an individual responsibility for reporting any activity by any employee, volunteer, student, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice, federal healthcare Conditions of Participation, or these Standards.

Discipline

Violators of the Standards and/or EEH policies and procedures will be subject to disciplinary action.

The specific discipline used will depend on the nature, severity and frequency of the violation and may include but is not limited to any or all of the following disciplinary actions:

- ▶ Verbal warning
- ▶ Written warning
- ▶ Final written warning
- ▶ Termination
- ▶ Restitution

Further, the rights and remedies of Edward – Elmhurst Health are not exclusive and are in addition to any other rights and remedies available in law or in equity.

Acknowledgment Process

EEH requires all employees to acknowledge their review of the Standards, confirm they understand they represent mandatory policies of EEH, and agree to abide by them. New employees are required to do so as a condition of employment. Each EEH employee is also required to participate in annual Standards of Conduct training, and records of such training must be retained.

Adherence to and support of EEH's Standards of Conduct and participation in related activities and training is considered in decisions regarding hiring, promotion, and compensation for all candidates and employees. New employees must receive Standards of Conduct training within 30 days of employment.

Exhibit A

G.R.E.A.T Service Model

Our service standard is a simple communication tool that inspires a service-minded culture. We need to deliver a consistent patient experience across our system. Every patient. Every encounter. A great patient experience can only be achieved with a consistent communication method. That is why we created the G.R.E.A.T.™ service standard in 2015.

There are five components of every successful encounter. These components make up **G.R.E.A.T.™**

Greet. Relate. Explain. Ask. Thank.

The **G.R.E.A.T.™** service standard allows us to align our mission/vision/values with our culture and helps enhance patient satisfaction, improves care quality, and creates a more engaged staff.

Greet: Introduce yourself in a welcoming, reassuring way.

The greeting addresses that all important first impression which immediately establishes how the patient feels they are going to be treated. And considering that patients are often anxious, stressed or frightened, a warm greeting goes a long way toward making our patients feel welcomed and comfortable.

Relate: Actively listen for needs and respond in an authentic, empathetic manner.

Before diving into the business side of things, try to connect on a personal level. It doesn't take long to build rapport by asking patients about their work, family, hobbies or favorite sports teams. And make sure to share something about yourself as well to personalize the experience.

Explain: Clarify your role and the situation/plans as clearly as possible.

Explaining things thoroughly and clearly can empower patients to overcome fear and anxiety and inspires them to be more involved in their care. Carefully explain any unfamiliar environments, complex processes, or even basic procedures to a patient or family member. Use easy to understand language and let them know how long things will take.

Ask: Inquire with open-ended questions to gauge understanding.

When something is obvious to us, we assume everyone else understands it clearly as well, but patients come from different cultures, upbringings and educational backgrounds, so we can't assume we all perceive things the same way. Asking questions helps us understand whether our explanations have been understood which in turn helps patients take better care of themselves.

Thank: Show gratitude for the interaction and wish them well.

Thank your patients. Encourage them and let them know how much it really means to you that they trusted you with their care. This will reinforce their belief that they made the right choice.

Exhibit B

Healthy Driven Road to Zero Harm – High Reliability Behaviors

EEH is firmly committed to building a culture that ensures a safe, highly reliable outcome for every patient. We call it our Healthy Driven Road to Zero Harm. It means zero harm – every patient, every time.

High reliability organizations (HROs)

“operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.”

Managing the Unexpected (Weick & Sutcliffe)

To achieve safe, highly reliable outcomes, we must use the following principles to guide our work:

BEHAVIORS

ERROR PREVENTION AND SAFETY TOOLS

Pay Attention to Detail

We focus our attention – always thinking before we act.

1. Do a self-check using PAR (Pause/Act/Review)

Communicate Clearly

We communicate so that information is heard correctly and understood. We provide effective handoffs of patients, projects and tasks.

1. Use 3-way communication (send, repeat or read back and confirm).
2. Ask clarifying questions.
3. Assure effective handoffs using SBAR (Situation/Background/Assessment/Recommendation).

Have a Questioning Attitude

We ask questions – always asking whether conditions fit with what we know and checking with expert sources if they don't.

1. Question and confirm.

Speak Up for Safety

We assertively and respectfully ensure that work is stopped when uncertain and unsafe conditions are identified.

1. Say “I have a safety concern.”

Focus on the Team

We always help others to do the right thing and expect that they will do the same for us.

1. Do cross checks with “I've got your back.”
2. Provide peer feedback.

Exhibit C

Federal and State False Claims Laws

The Federal False Claims Act (“False Claims Act”) protects government programs including Medicare, Medicaid and Tri-Care from fraud and abuse. The False Claims Act imposes civil penalties on any person or organization for knowingly making a false record or filing a false claim with the government for payment. Penalties for violating the False Claims Act can be up to three times the value of the false claim, plus from \$10,781 to \$21,562 in fines, per claim.

A person who knows a false claim was filed for payment can file a lawsuit in federal court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. The False Claims Act protects anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by his/her employer for filing the suit. If a court finds that the employer retaliated, the court can order the employer to re-hire the employee and to pay the employee twice the amount of back pay that is owed, plus interest and attorney’s fees.

The Federal Deficit Reduction Act of 2005 provides individual states with financial incentives for enacting state false claims laws to protect the individual states’ Medicaid Program from fraud and abuse. Individual states that have adopted false claims laws are required to include provisions to protect employees who initiate lawful actions under the provisions of the state’s false claims law from retaliation. Such a law exists in Illinois—the Illinois Whistleblower Reward and Protection Act. This Act provides that any individual who has knowledge of a fraud against the state of Illinois (the so-called “qui tam plaintiff”) may file a lawsuit on behalf of Illinois against the person or entity that committed the fraud. If that legal action is ultimately successful, the qui tam plaintiff will be rewarded with a percentage of the amount recovered. Illinois, through the Attorney General, may intervene in any such lawsuit and take over the prosecution of the lawsuit.

Illinois also has its own false claims act—the Insurance Claims Fraud Prevention Act— which makes offering or paying any remuneration to induce a person to obtain services or benefits under a contract of insurance, or to file a false claim related to insurance, a basis for civil monetary penalties. A private individual (a whistleblower) may bring an action to enforce this statute. Civil penalties can be imposed of not less than \$5,500 nor more than \$11,000, as well as three times the amount of each claim under the contract of insurance. If the action is successful, the individual bringing the action will receive up to 50% of the amount recouped from the individual or entity violating the statute. Actions under this statute include actions to recoup Medicaid payments made as a result of a false claim.

Examples of possible false claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality.

Exhibit D

Information Technology Code of Compliance

This **IT Code of Compliance** applies to Employees of Edward-Elmhurst Health (“EEH”), EEH Medical Staff members and their Office Staff, independent contractors of EEH, EEH authorized workforce, and authorized non-employee workforce, and any other approved Workforce who require access to EEH Technology Systems (collectively “Users”).

All Users who need access to EEH Information Systems must read this policy, abide by its requirements, acknowledge receipt and accept its terms by signing below. Each individual that requires access to an Information System including but not limited to: computer systems, voice mail systems and electronic mail systems (collectively “systems”) must sign and return this document to EEH Human Resources (“HR”) or their EEH Sponsor prior to obtaining permission to access the systems. Violations of this IT Code of Compliance are subject to disciplinary action in accordance with the EEH Privacy and Information Security Sanctions policy or termination of relationship.

Levels of access will be granted as follows and may be modified or terminated by EEH Information Security at any time and/or for any reason in EEH’s sole discretion:

1. **EEH employees** will be granted access based on their job functions and responsibilities and approved by the employee’s manager; changes in access required by changes in responsibility shall be approved by the employee’s Sponsor;
2. **Medical Staff** members will be granted access based upon their need for access in the care and treatment of their patients;
3. **Office Staff** will be granted access based upon job functions and responsibilities and only for the Medical Staff member’s patients; any such Office member must have the EEH Medical Staff Office approval for computer access (a record of EEH Medical Staff Office approval designees and Sponsors are maintained by the Access Security Team);
4. **Other non-employed workforce** may be granted access in accordance with the scope of duties and services to be performed under the terms of their contract. This access may be subject to a risk assessment and will require approval by the non-employee’s responsible EEH Manager, Director, or Sponsor.
5. **Unmanaged Technology Resources** will be permitted access to on a case by case basis. Users requiring access to technology resources not provided by IT will be required to submit a request, approved by their Sponsor, including: the business need to the organization, and a signed copy of the Unmanaged Technology Usage Agreement (“UTUA”) approved by the Chief Information Security Officer, Associate Vice President, IT, System Director of Technology, or the Manager of Technology Security and Compliance. Termination of access is the Manager’s responsibility as defined in EEH System Policy, Access Management, ITS-010.

Definitions

Sponsor – User’s EEH Manager, or above.

Workforce - Employees, physicians, volunteers, trainees, students, and other persons whose conduct, in the performance of work for the System, is under the direct control of the System, whether or not they are paid for such work by the System.

PHI – Means any health information (including demographic information collected by the System from the individual pursuant to HIPAA), which is: (a) created or received by the System; (b) relates to the past, present, or future physical or mental health condition of an individual; (c) the provision of health care to an individual; (d) the past, present, or future payments for the provision of health care to an individual; and/or (e) identifies the individual or in which there is a reasonable basis to believe that the information can be used to identify an individual. PHI may take any form of media; including oral, written or electronic forms. It excludes health information contained in employment records held by the System in its role as employer. ePHI in an electronic version, copy or record of PHI.

PII - means any personal data or personal information (such as a social security #, driver’s license #, or account #) pursuant to Illinois’ Personal Information Protection Act (PIPA). ePII in an electronic version, copy or record of PII.

PCI – PCI is a subset of PII. The PCI Payment Card Industry Data Security Standard (PCI DSS) applies to all entities that store, process, and/or transmit cardholder data. It covers technical and operational practices for system components included in or connected to environments with cardholder data. If you accept or process payment cards, PCI DSS applies to you. (PCI Security Standards Organization). ePCI in an electronic version, copy or record of PCI. **Passphrase** – Complex password that meets EEH policy criteria as defined in the Identity and Access Management Standard, 011.

Software

It is the standard of EEH to respect all computer software copyrights and to adhere to the terms of all software licenses.

1. Individuals may not duplicate any licensed software or related documentation for use within the corporation or elsewhere.
2. Only software acquired with proper ISS management authorization, installed by, or with approval from Information Technology Services may be used on EEH devices.
3. Individuals are not permitted to load non-EEH owned software onto EEH owned devices.
4. Individuals are not permitted to load EEH owned software onto non-EEH owned devices; if there is a need, employee will need prior approval from EEH management.
5. Duplication/installation in violation of the software policy will subject employees to disciplinary action up to and including termination of employment.
6. Unauthorized duplication/installation by Medical Staff members or their Office Staff may result in the termination of their access to EEH Information Systems.

Users Must

1. Maintain the confidentiality of their access credentials (e.g., user name, password, access code, etc.);
 - a. Not allow another person to use one's access credentials;
 - b. Not use another person's access credentials;
 - c. Not email passwords;
 - d. Not give passwords over the phone.

IT personnel will never ask for password information over the phone or in e-mail correspondence
2. Not access Protected Health Information (PHI) , Personally Identifiable Information (PII), or any EEH confidential information for any purpose other than in accordance with their scope of duties, job functions and EEH policies;
3. Not e-mail PHI/PII or EEH business confidential information unless using approved encryption methods;
4. Only use authorized portable devices with password protection and encryption enabled when working with PHI/PII or business confidential information;

Encrypted USB Flash Drives can be obtained from the IT Service Desk upon request
5. Not save ePHI/ePII or other business confidential information on public, personal or unapproved network locations;
6. Report the following to the IT Service Desk immediately:
 - a. Lost or stolen computing or mobile devices;
 - b. Suspicious, unsolicited e-mails;

Do not open

 - c. Unknown media (CDs, flash drives, external hard drives, etc.).

Do not connect them to your computer or the network
7. Not provide confidential information to anyone until you verify their identity and the reason for their request;
8. Log-off or lock your desktop computer when you leave it unattended to protect it from use by unauthorized persons;
9. Not remove privacy screens or similar privacy controls attached to devices;
10. Take care to protect confidential information from being viewed by onlookers;
11. Not hold secured doors open for unknown individuals without asking them to identify themselves;
12. Wear badge identification at all times while working;
13. Be aware that personal use of EEH email and assets is not private and may be monitored or recorded by EEH.
14. Dispose of sensitive data in approved shred bins or through similar approved methods;
15. Not use EEH email address or credentials for non EEH applications or websites;
16. Not use auto-forwarding technologies to send EEH emails to a non-EEH email address;
17. Not send PHI or PII via unapproved or insecure text or other messaging systems;
18. Only use approved messaging applications for communicating PHI or PII on any device.

Hardware

It is the standard of EEH to track and protect all equipment and device assets at all times. By signing this agreement, you agree to adhere to all applicable EEH policies and standards as it relates to the use and configuration of any EEH owned device issued to you.

1. Assets are to be connected to the EEH network at least every 30 (thirty) days.

Exhibit E Fire Safety (Code Red)

All staff need to be familiar with the RACE/PASS fire response procedures, location(s) of exits/areas of rescue assistance, fire alarm pull stations, and fire extinguishers for the location(s) in which they work.

RACE/PASS

- | | |
|----------|---|
| R | Rescue patients, staff, and visitors from the area affected by fire/smoke and move to an area way from the fire. |
| A | Alarm building occupants by pulling the nearest fire alarm pull station and calling your locations Emergency Number. |
| C | Contain the smoke or fire by closing all doors, windows and other sources of airflow. |
| E | Extinguish the fire using the P.A.S.S. method, only if it can be done safely, or Evacuate . |
| P | Pull the fire extinguisher pin out of the handle. |
| A | Aim the fire extinguisher horn, hose, or nozzle at the base of the fire. |
| S | Squeeze the handle trigger. |
| S | Sweep the contents from side to side at the base of the fire until the fire is extinguished. |

There are two types of fire responses based on the location in which you work.

1. Defend in Place - Employees who work at Edward Hospital, Elmhurst Hospital, Linden Oaks Hospital, and the Plainfield Emergency Department practice “Defend in Place.” Employees at these locations follow RACE/PASS, but may stay in the building by moving patients, staff, and visitors to a safe area (smoke compartment) away from the fire area. There are at least 2 smoke compartments for each patient care unit, and can be recognized by a set of fire doors that automatically close when the fire alarm sounds.
2. Evacuate Upon Alarm - Employees who work in clinics and business offices outside the hospital buildings practice “Evacuate Upon Alarm.” Employees at these locations follow RACE/PASS, but leave the building and meet in a designated meeting point away from the building.

Evacuation should only be used as a last resort in a fire in a multi-story patient care area. In the event a fire is too large and is affecting more than one smoke compartment, evacuation may be necessary.

To evacuate, follow the exit routes found on evacuation maps in your work area. Evacuation maps can be found adjacent to entries, exits, stairwells and elevators.

In business occupancies, such as clinics, the Education Center and the South Annex, building occupants are required to evacuate upon alarm. These buildings are not designed with smoke compartments and require a complete evacuation during a fire.

During an evacuation, remember the following:

- Prepare to immediately leave the building.
- Close but DO NOT LOCK doors behind you.
- Make sure all patients, visitors and staff are accounted for.
- Use stairs, NOT elevators.
- Wait until the Fire department or Public Safety allows you to re-enter the building.

Exhibit F

Violence Prevention

Violence does not occur spontaneously. It's the final stage of 4 behavioral and emotional response stages an individual may go through. Awareness of your personal feelings and the responses of others is critical to ensure the safety of yourself and others.

Stage 1 - General Anxiety

Individuals are rational and in control of their emotions but show signs of stress/anxiety.

Stage 2 - Elevated Stress Defensive Behaviors

Signs may include rapid heart rate, confusion or inability to problem solve, high pitched voice or quiver, nervous habits (finger/foot tapping).

Stage 3 - Severe/Stress Threatening Behaviors

Signs may include disruptive behavior, shouting, swearing, arguing, threats, clenched fists, pacing, fixed stare, throwing objects, indications of drunkenness or substance abuse.

Stage 4 - Acute Crisis Physical Violence

Signs include out of control cognitive, emotional and behavioral levels, being unresponsive to verbal intervention, fear, uncontrollable crying, violent behavior (kicking, punching, biting, scratching, slapping).

Recognition of any of these stages of behavior is the first step in managing a crisis.

Environmental risk factors may be:

- Noise
- Access to harmful items
 - o Equipment
 - o Fixtures
 - o Medical Supplies
 - o Sharps
- Access to personal belongings (razors, medications, etc.)
- Invasion of someone's personal space

Personal risk factors may be:

- **Your Behavior** - Your stance, your proximity to the exit, body language, tone of voice, situational awareness, personal space, responsiveness, etc.
- **Your Appearance** - Loose hair / clothing should be secured to prevent from being grabbed.
- **Your Accessories** - Wear only breakaway ID lanyards; no loose jewelry; no stethoscopes around your neck; limit access to scissors, pens, stethoscopes and other supplies that can be used as weapons.

Exhibit G

Active Threat with a Weapon Response

In the event there is a person(s) in the facility using a weapon against staff/visitors/patients, employees should follow the steps below:

RUN - HIDE - FIGHT

RUN - Immediately get out of the area and/or building.

HIDE - Lock/barricade yourself behind a door and use available resources to fight should the person(s) with the weapon enter the room.

FIGHT - If unable to RUN or HIDE and in immediate danger, act as aggressively as possible by fighting the assailant. Any object can be thrown and used to distract or incapacitate the assailant so that you can escape.

For further information, refer to your facility's policy.

Exhibit H Emergency Preparedness

To prepare for an emergency, you must be aware of reporting and response procedures. For emergencies call:

Edward Hospital #66 (Edward Hospital phones)
 Elmhurst Hospital #66 (Elmhurst Hospital phones)
 Linden Oaks Hospital #66 (Linden Oaks Hospital phones)
 Off-Site Business and Clinic Locations 911 or 8-911

For any other non-emergency issues, after hour access and/or badge questions, please contact:

Edward Hospital Public Safety at extension 7-3399
 Elmhurst Public Safety at extension 15500

Emergency Codes

There are a number of Emergency Codes that may be activated during the normal course of a day. It is important to know and understand each code and how they may pertain to you and the area in which you are working.

CODE	DESIGNATES
Code Blue	Cardiac arrest - adult
Code Blue (Child)	Cardiac arrest - child
Code Tornado: Watch/Warning	Tornado
Code Gray	Bomb threat
Code Active Threat	Active shooter/weapon threat
Code Pink	Suspected abduction of a minor 17 yrs or under
Code Hazmat	Patient decontamination not an internal spill
Code Red	Fire alert
Code Evacuation	Facility evacuation
Code Triage	Mass casualty
Code Outage	System and/or utility failure
Code Support	Behavioral emergency
Code Command	Incident command activation
Code Missing Person	Elopement or missing adult
All Clear	Cancels announced code

Exhibit I Infection Control

This Exhibit covers three important infection control topics:

1. Bloodborne Pathogens
2. Standard Precautions
3. Isolation Procedures

For more information, or to answer infection control questions, speak to your manager or use the following resources:

- Intranet (MyEdward/MyElmhurst)-Quality and Safety Tab-Infection Prevention-Infection Control
- Call the Infection Control Department

Bloodborne Pathogens

In the course of your work, you may be exposed to bloodborne pathogens, which are microorganisms that may be present in blood or bodily fluids. These can include but are not limited to:

- Hepatitis B-can cause Hepatitis
- Hepatitis C-a serious liver disease
- HIV-can cause AIDS, which compromises immunity

Bloodborne Pathogens are **NOT** easy to catch, even for healthcare workers.

Transmission would require you to have 'exposure' to blood or certain other body fluids that might contain the virus. This does not include sweat, which does not transmit these organisms, so casual contact cannot spread these diseases.

An exposure could be:

- Needle stick or cut with a used needle/scalpel
- Splash of blood/body fluid to eyes, nose, mouth
- Blood/body fluid getting into non-intact

In the event of an exposure, do the following:

1. If it is a needle stick or exposure to non-intact skin, clean the site. If it is a splash to the eyes or mucous membranes, flush with water.
2. Notify your supervisor or charge person.
3. Go immediately to Occupational Health. If it is after hours, please notify your charge person, and they will direct you.
 - o You will receive a free, confidential evaluation, including any required testing or treatment.
 - o It's important that you treat any exposure (or any on-the-job injury) seriously.
 - o If you are exposed, do not wait until the end of your shift or the next day to be seen by Occupational Health.
 - o The CDC (Centers for Disease Control) says that if your exposure was to a patient carrying the HIV virus, you need to receive treatment within hours of the exposure. If you wait a few days to be treated, it may be too late.
4. Fill out an RL6 Safety Event Report.

Standard Precautions

It is important to practice Standard Precautions at all times with all patients. Standard Precautions include:

Hand hygiene - Always follow these steps when performing hand hygiene:

- Wash hands when visibly dirty or contaminated with blood or other body fluids.
- Wash hands before eating or after using the restroom.
- Wash hands when caring for patients with confirmed or suspected *Clostridium difficile* (C. dif) or with diarrheal illness.
- Wash hands with soap and water for at least 20 seconds.
- Use hand sanitizer when hands are not visibly soiled.
- Practice hand hygiene before and after every patient contact, before and after removing gloves, after removing PPE or something that may be contaminated, and before touching something clean (linens, supplies, etc).
- Use only healthcare approved hand lotion in clinical areas (no lotions from home).
- Nails are kept short in clinical areas (less than ¼ inch from the fingertip) and nail polish must be fresh and not chipped. Artificial nails are not allowed.

Personal Protective Equipment (PPE)

- Wear gloves if you expect to contact blood, bodily fluids, mucous membranes or non-intact skin.
- Wear a mask and/or eye protection if you anticipate splashing fluids.
- Add additional PPE if needed.

Disinfecting equipment and work surfaces

- Clinical Staff uses SaniCloth wipes for disinfection (bleach wipes for C. dif or diarrheal illness).
- Clean equipment after use on any patient.
- Any surface or equipment soiled with blood or bodily fluid (even stool) must be cleaned and disinfected immediately.

Proper food storage

- Food and drink should be stored in designated staff refrigerators and break rooms only.
- Do not eat or drink in clinical areas.

Addressing illnesses

- Stay home when you are sick.

Isolation Precautions

Use Isolation Precautions when interacting with patients with dangerous or highly contagious diseases.

Isolation precautions can include:

- **Contact isolation** - All staff and visitors must wear an isolation gown and gloves when entering a patient room.
- **Droplet isolation** - All staff and visitors must wear an isolation mask when entering a patient room.
- **Airborne isolation** - Patients must be placed in a negative pressure airborne isolation room. All staff must wear a N-95 respirator. These must be fitted before entering the patient room. Visitors must wear an isolation mask.

When Isolation Precautions are used, the following steps must be taken:

1. No admission to isolation room without proper personal protective equipment as listed and indicated on the isolation sign outside of the patient door.
2. Wear PPE before entry into the room. Upon leaving the room, remove and dispose and wash hands or use hand sanitizer.
3. Dedicate equipment and supplies or use disposables for isolation patients whenever possible.
4. Please use disposable stethoscopes for patients in isolation precautions.
5. Any equipment or supplies removed from isolation room must be disinfected with SaniCloth.
6. Please remember to use the bleach wipes for patients in Enteric/Contact plus isolation.
7. Use the bleach wipes at Elmhurst Hospital for those patients with a diarrheal illness.
8. Educate and reinforce isolation procedures with visitors.

Nursing responsibility for initiating and discontinuing isolation

Isolation precautions are implemented by nursing staff immediately upon identifying a patient with any of the following:

- New laboratory result for any disease/organism requiring isolation
- New diagnosis of any disease requiring isolation
- Symptoms consistent with any disease requiring isolation
- History of infection or colonization with any drug resistant organism
- Isolation precautions do not require a physician's order

Isolation Set-Up

- Isolation cart and supplies can be obtained from Central Sterile Processing Dept. (Edward Hospital) or can be found in the isolation drawers (Elmhurst Hospital).
- Document isolation in Epic.
- Hang appropriate isolation sign outside room.
- Place SaniCloth, gloves and masks (if needed) on top of cart.
- Place disposable stethoscope in patient's room
- For patients in Enteric/Contact plus isolation, place small sign on hand sanitizer dispenser in patient's room

Discontinuing Isolation Precautions

Please refer to your hospital's Isolation policy for requirements to discontinue isolation. You may also consult Infection Control before discontinuing isolation.

IT Code of Compliance Attestation

Follow all EEH policies.

The main policy requirements are emphasized below but this may not be a complete list. Please refer to the EEH policy portal for all policy requirements.

- A. Maintain the confidentiality of my access credentials (e.g., username, passphrase, access code, etc.):
 - 1. Not allow another person to use my access credentials
 - 2. Never share their passphrase and access credentials via any method, including verbally
 - 3. Not use another person's access credentials
 - 4. Not email passphrases ***IT personnel will never ask for passphrase information over the phone or in e-mail correspondence.***
- B. Not access PHI/PII/PCI or any EEH classified record types for any purpose other than in accordance with my scope of duties and job functions, and EEH Standard Data Classification, 063;
- C. Encrypt emails by typing SECURE in the subject line when sending any PHI/PII/PCI outside of the organization.
- D. Not send PHI/PII/PCI to any personal email address without prior authorization.
- E. Only use portable devices with passphrase protection and encryption enabled when working with PHI/PII/PCI or business confidential information.

Encrypted USB Flash Drives can be obtained from the IT Service Desk upon request

- A. Not save PHI/PII/PCI, or other business confidential information on public, personal, social media, or unapproved network locations, including the EEH network folder named "Public (P)".
- B. Report the following to the IT Service Desk immediately:
 - 1. Lost or stolen computing or mobile devices, including personal devices with any EEH system access.
 - 2. Suspicious, unsolicited e-mails; Do not open, and report as spam by forwarding to spam@eehealth.org
 - 3. Unknown media (CDs, flash drives, external hard drives, etc.). Do not connect them to your computer or the network
- C. Log-off or lock my desktop computer when I leave it unattended to protect it from use by unauthorized persons. Any activity under your login is linked to your access credentials.
- D. Not remove privacy screens or similar privacy controls attached to devices.
- E. Take care to protect confidential information from being viewed by onlookers.
- F. Not hold secured doors open for unknown individuals without asking them to identify themselves.
- G. Wear badge identification at all times while working.
- H. Be aware that personal use of EEH email and assets is not private and may be monitored or recorded by EEH.

Inappropriate or excessive use may result in disciplinary action, as determined by the user's Sponsor.

- A. Not use EEH email address or credentials for non EEH applications or websites.
- B. Not use auto-forwarding technologies to send EEH emails, or proprietary information to a non-EEH email address.
- C. Not send PHI/PII/PCI via unapproved, unsecure text or other messaging systems, or social media.
- D. Only use social media platforms on my EEH device within the scope of my position, and I must adhere to all terms in the Electronic and Social Media Policy, LGLRSK_004.
- E. Only use approved messaging applications for communicating PHI/PII/PCI any device.
- F. Monitor access activity on my EEH DUO accounts, and I must approve only authorized DUO access requests.
- G. Must report any unusual activity on my EEH DUO account.

Name Printed: _____ Company Name: _____

Signature: _____ Department: _____

Date: _____ Title: _____

Standards of Conduct Agreement

My signature below confirms the following when I am representing EEH or working in an EEH facility:

1. I understand that I am expected to read the entire Standards of Conduct.
2. I will seek to understand how the contents relate to my position with the organization. I understand that if I have questions regarding the contents of the Standards or how they relate to my position, I should direct my questions to my supervisor.
3. I agree to abide by the principles of the Standards including the IT Code of Compliance (see Exhibit D) and EEH policies and procedures, and to keep this handbook for future reference.
4. I further agree to maintain the privacy and confidentiality of healthcare information in accordance with applicable state and federal laws , Health Insurance Portability and Accountability Act of 1996 (HIPAA), and HITECH.
5. I recognize that EEH monitors and audits my use of the Systems at all times. I agree to provide EEH with any documentation or information necessary for EEH to support such monitoring/auditing and to cooperate with EEH in performing such monitoring/auditing. I acknowledge that I have no expectations of privacy in regards to my use of EEH systems.
6. I acknowledge that I am responsible for any and all actions executed with any User ID assigned to me.
7. I agree to inform my supervisor and the System Director, Internal Audit and Corporate Compliance immediately if, during my employment or association with this organization, I receive a notice of exclusion or sanction, or if I am convicted of a crime.
8. I am aware of no possible or actual conflicts of interest between the organization and me, as defined in the section titled "Conflicts of Interest." If I am aware of any conflicts of interest, or if I am not sure if a particular relationship is a conflict of interest, I will contact the Compliance Officer to discuss it.

Violations of the Standards may result in the following:

1. Disciplinary action up to and including termination of employment or contract;
2. Medical Staff members or members of their Office Staff may be deprived of access to the Information Systems and/or membership on the Medical Staff;
3. Independent contractors, students, volunteers, etc. may be deprived of access to the Information Systems and their contract with EEH terminated.

EEH reserves the right to pursue any available legal remedies for such violations.

Certification

I hereby certify that the information supplied on this form is true, correct and complete to the best of my knowledge and belief.

Name (Print Legibly)

Date

Signature

INSTRUCTIONS: Complete this form promptly and submit to Human Resources. It will be included in your file.