

# Living Our Values



Code of Conduct



# Overview

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# Overview

## Sparrow's Mission, Vision, and ICare Values

Sparrow's Integrity Program is driven by Sparrow's mission, vision, and ICARE values.

**Sparrow's Mission:** Improving the health of the people in our communities by providing quality, compassionate care to everyone, every time.

**Sparrow's Vision:** Sparrow will be recognized as a national leader in quality and patient experience.

**Our Behavior at Sparrow:** Our behavior, through **Living our Values** with integrity every day, is the cornerstone of Sparrow achieving our mission and vision for our patients and members of our community.

## ICARE about Integrity

Here are some examples of how you can be part of our Integrity Program by following Sparrow's ICARE value behaviors:

- » **Innovation:** Routinely exploring best practices, listening actively and openly to new ideas, supporting change, and assisting in implementation.
- » **Compassion:** Using verbal and non-verbal communication that reflects caring, dignity, and compassion.
- » **Accountability:** Owning our responsibilities, actions, and decisions and demonstrating truthfulness.
- » **Respect:** Valuing diversity, inclusion, and working well together by treating all people with dignity, respect, and empathy, discussing differences constructively, directly, and tactfully, and showing appreciation for every role and department.
- » **Excellence:** Doing the work right the first time and continuously enhancing skills and expertise.

## Why does Sparrow have an Integrity Program?

The purpose of the Integrity Program is to enhance the ethical culture of Sparrow by expecting conduct of **accuracy, completeness, honesty, professionalism, thoroughness, and validation** in all our work and interactions.

- » **Sparrow's Commitment to Integrity:** An Integrity Program emphasizes Sparrow's commitment to integrity. It outlines important behavior and policy standards for caregivers, physicians, board members, volunteers, business partners, and the community.
- » **Our Commitment to Behavior:** Each caregiver has a personal role in understanding these standards, committing to them, and living them every day.
- » **Commitment to Federal Health Care Programs and Compliance:** The healthcare environment is complex and based on funding from federal and state healthcare programs. By committing to our Integrity Program, Sparrow is providing the underlying structure to ensure that we adhere to the high standards of these programs.

## Leadership and Integrity

Members of leadership, governance, and the medical staff play an important role in the success of Sparrow's Integrity Program by building trust through open communication and doing the right thing when presented with challenges. By modeling the behaviors of the ICARE values and consistently expecting the same from all caregivers, Sparrow is better positioned to be an organization based on integrity and ethics.



ICARE about  
**Innovation**  
**with Integrity**

# Securing Sparrow Information in a Cyber World

## External Threats (SPAM and Email)

### Standard

Cyber threats and attacks are attempted against the Sparrow network on a daily basis. The IT Security Department works diligently to protect our network, but some email scams may make it to your inbox. These authentic-looking emails attempt to manipulate victims into revealing their personal information, which is typically used to distribute malicious code for purposes of identity fraud, theft or ransomware. Cyber criminals present themselves as a trusted source or person in need who asks for help. They may send highly customized spear-phishing messages to an organization or to a few select individuals within an organization. These messages may include leader names, organization names, fake account numbers, and may even appear to come from someone in the organization.

### Expectation

Do not open any unexpected email or abnormal communication from a known or unknown source. If you open an email that appears legitimate but contains links or attachments, **do not open the link or attachment** and report the SPAM email to the Information Security Department.



### Related Policy

- » HP 78 – Information Services Security Incident Response
- » HP 81 – Workstation Security



### What should you do?

**Q:** I received an email from an external vendor that wants me to enter information like my login and password. I checked the email address and it looks like an official site, but I am not sure if I should enter the information.

**A:** If an email asks you to open an attachment, click a link or requests sensitive information, verify the message is legitimate before acting.

**Never provide your user ID or password.**

Contact the sender via a phone call to validate. Be aware that if the sender's email account has been compromised, you may receive a reply from the malicious actor if you use the email address for validation. If you believe this is a phishing email, do not open it. If you are not sure whether you have received a phishing email, immediately call the IT Help Desk at **517.364.HELP (4357)** or forward the email to **SPAM@Sparrow.org**.

## Use of Sparrow Electronic Devices

### Standard

All electronic media issued by Sparrow such as laptops and computers, tablets, flash drives, pagers, voicemail, internet access, and email are provided to caregivers solely to facilitate appropriate Sparrow business communications. Employee privacy does not extend to the caregiver's work-related conduct or use of Sparrow-provided equipment or supplies. This content is considered the property of Sparrow and Sparrow maintains the right to monitor, retrieve, and dispose of all such communications and media. Media must be protected from unauthorized access, intrusion, or damage.

### Expectation

Sparrow-issued devices are to be used for work-related business purposes, not for personal use.



### Related Policy

- » HP 57 – Media Control
- » HP 70 - Computer Usage



### What should you do?

**Q:** I cannot find my flash drive which contains an Excel spreadsheet of my surgical patient's information on it for the quarterly report.

**A:** Contact the IT Help Desk immediately at **517.364.HELP (4357)** and report the incident to the Information Security Department to start an investigation. They will advise next steps.

## Encryption of Email

### Standard

Sparrow expects the use of encryption to protect data by ensuring unauthorized people cannot access or modify the information. Information that is not encrypted is called plain text. Plain text emails are susceptible to attacks and unauthorized access. Encryption converts this information to a non-readable format using a cipher key. Encryption should be utilized to minimize the risk of unauthorized access to protected health information, financial information, sensitive or confidential information at rest, in transit (email, the internet, etc.) and during storage. Encryption can help protect data you send, receive, and store using a device.

### Expectation

Make sure all email messages containing protected health information (PHI) or personal identifiable information (PII) sent to an external address outside Sparrow are encrypted by entering "**shsencrypt**" in the subject line or body of the email. If there are several emails in a discussion chain, do not assume there is no protected health information. Either review the entire chain or add "**shsencrypt**" to the subject line or body of the email for safety. Confidential or sensitive information should not be entered in the subject line of the email.



### Related Policy

- » HP 55 – Email Use
- » HP 95 – Encryption Controls for Protection of Information





### **What should you do?**

**Q:** I am sending an email to an outside consultant working with us on a project. The email attachment contains sensitive, confidential Sparrow information. How do I protect it?

**A:** Sparrow emails can be encrypted by typing “shsencrypt” in the subject line or body of the email. Encryption should be utilized to minimize the risk of unauthorized access to protected health information, financial information, sensitive, or confidential information.

## **Auditing System Access**

### **Standard**

Sparrow caregivers have a personal obligation to protect the privacy and confidentiality of our patients, members, and their representatives. Sparrow has an active and on-going program to ensure that individuals’ health information and transactions are properly protected. By utilizing artificial intelligence and machine learning, inappropriate access or disclosure of confidential information contrary to or inconsistent with Sparrow Privacy and Information Security policy can be monitored.

You should only access the minimum information necessary to do your job. This means that you should not look up your own record, a family member’s record, a co-worker’s record, a patient’s record where you are not part of the assigned care team or the record of a VIP. Violations could result in disciplinary action up to and including termination and/or personal lawsuits against you for your actions.

### **Expectation**

- » Access and usage monitoring are in place to provide the ability to investigate the following activities:
  - » Patient/caregiver medical records snooping
  - » Family member and self-examination of medical records
  - » Neighbor medical record examination
  - » Investigation of privacy complaints
  - » Insider threats
  - » Modification of personal EMR entries



### **Related Policy**

- » HPO-02 – Privacy Access Audit Plan



### **What should you do?**

**Q:** My mother-in-law is in the hospital, and my husband wants me to help find out how she is doing. Is that OK?

**A:** You may not look up your own, or any family member’s, confidential medical information using your Sparrow access. Doing so could result in disciplinary action up to and including termination. There may also be personal claims made against you for this action.

Personal information may be accessed through MySparrow, the PHP Enter Portal, or by completing an authorization form from the Health Information Management Department that is signed by the patient.

# Social Media Use

## Standard

The first rule of social media in healthcare is to never disclose protected health information on social media.

The second rule is to never share protected health information on social media. Social media refers to online communities and personal blogs in which users post information, personal messages, and other content.

The Privacy Rule prohibits the use of protected health information on social media networks. That includes any text about specific patients as well as images or video or audio recordings that could result in a patient being identified. Protected health information can only be included in social media if the patient has given their consent, in writing, and with the specific purpose included.

## Expectation

### When using social media:

- » Maintain patient privacy and do not share confidential information.
- » If you identify your connection to Sparrow, make it clear that you are speaking for yourself and not Sparrow.
- » Your social media activities should meet Sparrow's high standards of professional conduct.
- » Be respectful toward patients, members, caregivers, and business partners.

### Common HIPAA violations involving social media:

- » Using a patient's or member's protected health information for personal reasons (such as developing a personal relationship with the patient) rather than for legitimate and authorized business reasons.
- » Posting of images and videos of patients without their consent.
- » Sharing photos, videos or text on social media within a private group.
- » Sharing of photographs or images taken inside a facility in which patient or caregiver protected health information is visible.
- » Posting of any information that could allow a patient or caregiver to be identified.



### Related Policy

- » HR 0613 – Social Media Policy



### What should you do?

**Q:** A patient has been contacted (or “friended”) by a Sparrow caregiver through social media the day after an appointment at Sparrow. There are no mutual friends and the patient has not had any contact with this individual prior to the appointment. The patient is a friend of yours and wants to make a complaint. You think the caregiver is using protected health information for personal reasons. Who should you have the patient contact?

**A:** You can have the patient call the Hotline at **1.866.990.0111**, contact the Patient Experience Department or contact your supervisor for assistance.



## Electronic Medical Record Use

### Standard

At Sparrow, electronic medical records (EMRs) have virtually replaced traditional paper medical records for documenting and storing patient health information. EMRs and the ways they are used can create new vulnerabilities, requiring organizations to revise their approaches to protect against fraud and abuse.

### Expectation

Any entries in the EMR must be completed with care to ensure accuracy. Using shortcuts such as copy-and-paste and copy forwarding without review and updating can lead to record errors that may ultimately impact patient care. Additionally, Sparrow caregivers are to access only the information necessary to complete their assigned role.



### What should you do?

**Q:** You're updating a patient record with details of a lengthy progress note similar to one from a prior day. You know it's going to take several minutes, and it would be quicker to copy from that prior entry, wouldn't it? What should you do?

**A:** The bottom line for the patient is that the documented note for the current day needs specificity, and the best way to ensure that is to not copy and paste previous notes.

# Emergency Response Preparedness (Code Use)

## Standard

The Sparrow Emergency Management Plan was put in place to effectively respond to any emergency (both internal and external). Such emergencies include patient-related issues or inclement weather and disasters that could affect our ability to provide care and continue our operations. The plan was developed with physician input and is coordinated with local, county, and state emergency planning and response agencies.

To notify caregivers about urgent safety issues, like an active violence incident and tornado warnings, Sparrow provides Everbridge mass notifications. This system utilizes both text and phone messaging to convey urgent news quickly. Leaders are required to sign up for notifications. All caregivers may opt to receive notifications. For instructions to sign up for notifications search “Everbridge” in OneSparrow.

## Expectation

Your badge card describes the various codes that could be announced. Be familiar with the codes so you can respond appropriately when they are announced.



## Related Policy

- » Safety – Code Pink: Infant Abduction
- » Safety – Code Red: Fire Emergency
- » Safety – Code Silver: Active Shooter
- » Safety – Code Triage: Disaster Emergency Response
- » Safety – Code Weather Emergency
- » Safety – Code Yellow: Bomb Threat
- » Safety – Code Orange: Hazmat Situation



## What should you do?

**Q:** You hear a “Code Red” announcement? What should you do?

**A:** Listen for the location. If the Code Red is for the area that you are in, perform PASS (pull, aim, squeeze and sweep) and RACE (rescue, activate, contain and extinguish/evacuate) as appropriate. Do not go to the location of the Code Red unless directed to do so.



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**Compassion  
with Integrity**

# Patient Rights and Responsibilities

## Standard

We recognize that all patients have basic rights. We are committed to honoring those rights to ensure each patient is treated with dignity, respect, and compassion. Likewise, Sparrow has a right to expect reasonable and responsible behavior from patients, their relatives, and friends.

## Expectation

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



### Related Policy

» PATIENT EXP – Patient Rights



### What should you do?

**Q:** I am working with a patient who has concerns about how she was treated at Sparrow. Who should I have them contact?

**A:** When in doubt, use the chain of command and ask your supervisor. If the patient wants to make a formal complaint, have them contact the Patient Experience Department at **517.364.3935**.

# Patient Safety

## Standard

Sparrow is committed to providing a safe and healthy workplace for you, our patients, and visitors.

## Expectation

We all have a responsibility to follow health and safety policies and regulations that apply to our work and to follow guidance provided by the facility's safety officer.

We all have a right and responsibility to the patient to "speak up" if we have a safety concern and Sparrow has a right and responsibility to protect us from retaliation for doing so.

### Ways that we speak up are as follows:

- » Use the red clarity card.
- » Express concern or ask a clarifying question.
- » Propose a solution.
- » Use the chain of command if you need assistance.



### Related Policy

Sparrow has established numerous policies to protect patients, families, and caregivers in the categories of:

- » SAFETY – Safe use of medical equipment
- » Caregiver incident reporting
- » PATIENT EXP – Patients Rights
- » SAFETY – Workplace Violence



### *What should you do?*

**Q:** If I am participating in a procedure and I see something I am not comfortable with, is it OK to stop the procedure and raise my concern?

**A:** It is always appropriate to make sure everything is being performed safely and in the best interest of the patient. Sparrow’s “speak up” culture promotes and encourages doing the right thing at the right time.

## Privacy - Safeguarding Information

### *Standard*

Protecting patient and other sensitive data is key to maintaining patient and co-worker trust. The Privacy and Security Programs include oversight for various sets of data including patient, member, caregiver, financial, and business data.

Protected health information is intended to be used only in the course of treatment, payment, and healthcare operations, including research or education by individuals within Sparrow as they perform their assigned duties. Note that you should use the minimum amount of protected health information necessary to meet the intended purpose.

Violations of this policy may be grounds for disciplinary action, which may include termination of your employment or professional relationship with Sparrow. Additionally, you could be subject to criminal or professional penalties.

### *Expectation*

**We each have a duty to protect patient and other sensitive information. This means we:**

- » Access patient information on a need-to-know basis to perform work and nothing more.
- » Only share information with others for legitimate work-related reasons.
- » Keep sensitive information from being viewed by unauthorized persons.
- » Use strong passwords. Never share them with others. Adhere to all information security policies and procedures.
- » Dispose of sensitive information in a secure manner such as shredding or placing documents in a locked confidential bin.
- » Log off our workstation before leaving your work area.
- » Refrain from discussing patient information in public areas such as elevators, waiting rooms, and the cafeteria.



### *Related Policy*

- » HP 51 – Safeguards Policy
- » HP 24 – Minimum Necessary
- » HP 56 – Safeguarding Use and Disclosure of Protected Health Information



### *What should you do?*

**Q:** My co-worker and I are in the Gathering Place and she begins to go over a story about one of our patients while there are other people around who might hear. What is the right thing to do in this situation?

**A:** Remind your co-worker that we cannot discuss patient information with each other, particularly in public places.



## Together Safe (Caregiver Safety)

### Standard

Sparrow is a safe environment for healing. Aggressive and inappropriate behavior will not be tolerated. **Examples of aggressive behavior include:**

- » Physical assault
- » Verbal harassment
- » Abusive language
- » Sexual language directed at others
- » Threats
- » Failure to follow facility policies and procedures

Note that Sparrow is a weapons free zone.

### Expectation

Individuals in violation of this policy may be subject to removal from the facility or prosecution. Sparrow supports its caregivers in pressing charges for aggressive behavior they encounter.



### Related Policy

- » SAFETY – Disruptive or Violent Patients and Families or Visitors (Behavioral Emergency Response Team - BERT)
- » SAFETY – Workplace Violence



### What should you do?

**Q:** What do I do if I encounter a threat that is direct and imminent in nature?

**A:**

- » At E.W. Sparrow Hospital or Sparrow Specialty Hospital, immediately call the Security Department at **ext. 64911**.
- » At Sparrow facilities without on-site security, obtain assistance from local law enforcement by calling **911**.





## Diversity and Inclusion

### Standard

We seek to foster a work environment that allows each person to fulfill their highest level of potential and to be recognized and appreciated for individual differences and unique contributions to the organization. Sparrow will strive to actively attract, retain, and promote a diverse workforce.

### Expectation

Treat all people with courtesy, kindness, dignity, respect, and empathy in word, tone and action. Be open in listening to feedback and differing perceptions.

All caregivers are responsible for helping to ensure a discrimination-free environment and to provide quality and compassionate care to everyone, every time. Caregivers will demonstrate the highest level of professionalism to patients, members, the community, and fellow caregivers. Caregivers of Sparrow are expected to model the ICARE values.



### Related Policy

- » HR 0103 – Equal Employment Opportunity/ Nondiscrimination
- » HR 0030 – ICARE Values & Behavioral Standards
- » HR 0104 – Non-discrimination Based Upon Disability Handicap



### What should you do?

Consider joining a Caregiver Resource Group to network internally to create opportunities to improve inclusion of ideas and solutions through Sparrow. Details and meeting times can be found in the Sparrow News Break.

### Examples of some Caregiver Resource Groups are as follows:

- » Sparrow Military Network
- » Sparrow Women in STEM & Allies
- » Sparrow ABLE + Allies
- » Sparrow PRIDE LGBTQIA+ & Allies
- » Sparrow EMBRACE

# Just Culture (Duty to Report)

## Standard

“Imagine a workplace where you’re not afraid to ask a question, admit a mistake, or escalate a concern. Where mistakes and errors are reviewed in a standard way, ensuring a fair and equitable response; where accountability is aligned with behaviors, actions, and intent, and where your voice helps build stronger, safer systems. One Sparrow. Just Culture.”

### The main beliefs of a Just Culture are:

- » Balanced accountability and continual learning for both individuals and the organizations responsible for designing and improving systems in the workplace.
- » Leaders will respond to caregiver behaviors fairly and justly.
- » Caregivers are held accountable for their choices and to report errors and system gaps that may lead to harm.
- » Individuals are not held accountable for system failings when errors occur.

## Expectation

Speak up when you see a mistake or error that could lead to harm to a patient or caregiver. Voice your ideas on ways to improve a process or policy.



## Related Policy

- » RM – Occurrence Reports



## What should you do?

**Q:** A nurse selects an intravenous medication from the dispensing system. Fortunately, just before administering medication to the patient the nurse realizes it is the wrong medication. Upon further investigation it is determined that two medications looked nearly identical (same size, shape, color, and print). What should you do?

**A:** The nurse should speak up to their supervisor and complete an occurrence report through the Say Something RL application. Return or waste the incorrect medication, as appropriate. Dispense the correct medication.





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**Accountability  
with Integrity**

# Federal and State Programs

## Standard

Sparrow is committed to adhering to the laws and regulations surrounding federal and state healthcare programs.

Healthcare organizations receive most of their payments from federal and state programs, such as Medicare, Medicaid, and Medicare or Medicaid Advantage plans.

**Some of the key federal rules and regulations surrounding these programs that our Integrity Program address are:**

- » **False Claims Act:** You cannot knowingly submit a false claim for payment to the federal government.
  - **Example:** Submitting a claim for a service that was not provided or was inflated to be different than what was provided.
- » **Anti-Kickback Statute:** You cannot knowingly offer, pay, solicit, or receive payment to induce referrals for items or services covered by government programs unless the transaction fits within a safe harbor.
  - **Example:** Free or discounted items or services, such as perks, gifts, space, equipment, meals, CME, etc.
- » **Stark Law:** If a physician (or their family member) has a financial relationship with an entity, the physician may not refer patients to that entity for designated health services and that entity may not bill Medicare for such designated health services, unless the arrangement is structured to fit within a regulatory exception.

- **Exceptions include:** Bona fide employment relationships, personal service contracts, and space and equipment rentals (plus many others).

- » **Civil Monetary Penalties Law:** Prohibits certain specified conduct, often in conjunction with the False Claims Act and Anti-Kickback Statute, but adds the following elements:
  - » Offering incentives to program beneficiaries.
  - » Submitting claims for services ordered by, or contracting with, an excluded entity.
  - » Failing to report and repay an overpayment.
    - **Example:** Waiving co-pays and deductibles, offering free or less than fair market value items and not verifying the exclusion status of individuals we hire or contract with.
- » **State Statutes:** The State of Michigan and private payers also have laws and regulations that Sparrow is committed to adhering to.

## Expectation

Our work and decisions on documentation, coding, billing, credentialing, and contracting is how we adhere to these important laws. When you are aware of any instance that might be a situation of non-compliance of the above rules, you should report it to your leader and/or the Office of Integrity Services.



## Related Policy

- » OIS – False Claims Act Policy
- » OIS – Excluded Individuals and Entities
- » OIS – Disqualified Person Policy

- » OIS – Medicare Inpatient Hospital Admissions Policy
- » OIS – Non-Monetary Compensation and Medical Staff Incidental Benefits
- » OIS – Courtesy Local Transportation Guide
- » FINANCE – Contract Approval and Execution Policy
- » FINANCE – Contract Request Form



### **What should you do?**

**Q:** I work as a receptionist in a physician office, and often patients come into the office and don't appear to have the resources to pay their co-pay. Can't Sparrow just cover that for the patient?

**A:** Sparrow is not allowed to routinely waive co-pays or deductibles due to the civil monetary penalties' regulations. Sparrow does have policies on financial hardship which might allow some discount or waiving of payments upon verification of their financial situation (see the PFS – Financial Assistance Policy).

## **Conflicts of Interest**

### **Standard**

Caregivers cannot use their knowledge or position to personally profit, or help others in profiting, at the expense of Sparrow. We are required to act with honesty, integrity and in the best interest of Sparrow. Board members, leadership, and caregivers in charge of purchasing goods and services are required to complete a conflict of interest questionnaire each year to disclose any potential conflicts of interest.

### **Expectation**

Avoid situations that are or could appear to be a conflict of interest.

#### **Examples of conflicts include:**

- » A business you own that provides services to Sparrow.
- » Working for or supporting a business that provides services in competition with Sparrow.

It may be allowable to have a conflict of interest, but it must be disclosed and managed appropriately by removing the person with the conflict from related transactions.



### **Related Policy**

- » OIS – Administrative Conflict of Interest Policy
- » OIS – Board of Directors Conflict of Interest Policy
- » OIS – Board of Director Independence Policy
- » FINANCE – Bidding Policy



### **What should you do?**

**Q:** There are several old trees with branches overhanging electrical lines near a Sparrow site of care that I oversee. Since my brother-in-law owns a tree trimming service, I approve to pay for his services. Is this a conflict?

**A:** Yes, this relationship causes a conflict. By receiving at least three bids for contracted services and having an independent person review and approve the transaction, we can be sure that Sparrow is paying fair market value for those services.

# Vendor Interactions

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## Standard

Vendors play an instrumental role in providing goods and services for use by our Caregivers and Patients. Sparrow has established standards for vendors and medical sales representatives doing business at Sparrow. Sparrow policies also provide guidelines for caregivers who are working with current or potential vendors.

Personal gifts or promotional items of any kind are not acceptable from current or potential vendors under any circumstance. Examples include money, food, entertainment, tickets, travel, gift certificates, coupons, vouchers, textbooks, and/or clinical supplies and equipment.

Food, drinks, and refreshments may not be delivered to any department unless it is directly related to a valid educational session that has been approved through the proper channels.

## Expectation

**Vendors must adhere to a high code of conduct while doing business across all sites of care in the Sparrow Health System. Examples include:**

- » Respect and maintain confidentiality of patient information.
- » Disclose conflicts of interest.
- » Register in the internet-based vendor credentialing system.
- » Schedule appointments with a Sparrow representative.
- » Wear Sparrow-provided temporary or digital identification badge.



## Related Policy

- » SCM – Vendor Management Policy
- » GME 0053 – Vendor Interaction Policy



## What should you do?

**Q:** A vendor wants to bring lunch into our office. Is it OK to accept?

**A:** Food, drinks, and refreshments should be directly related to a valid education session and approved by either Graduate Medical Education, Nursing Education, Supply Chain Management, or Pharmacy Departments.

**Q:** A vendor wants to pay for our trip to view their equipment that we are evaluating to purchase. Is it OK to accept that?

**A:** Caregivers should not accept vendor support for travel to evaluate products. Exceptions must be approved by Senior Leadership.

# Contracts

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## Standard

Sparrow is committed to ensuring that interactions and arrangements with physicians and other entities we do business with are structured in accordance with federal and state laws and regulations. Key overarching principles in these arrangements are:

- » We evaluate all arrangements for fair market value.
- » We do not pay for referrals.

## Expectation

Caregivers who arrange for physicians or entities to provide services to Sparrow must be aware of the requirements of these laws and regulations and ensure that the arrangements are not only written appropriately, but diligently administered. Arrangements must be in writing and approved as outlined in the below policies.



### Related Policy

- » FINANCE – Contract and Approval Execution Policy



### What should you do?

**Q:** I am a director working on recruiting a physician group to work at Sparrow that is important for our growth. The group is interested in an arrangement but feels there is a premium necessary for them to commit to working with Sparrow. How do I come to resolution on the arrangement given the conflicting goals of growth and compliance?

**A:** Never promise anything to a referral source that is considered outside of fair market value or is not commercially reasonable for the services. If unsure what terms are considered fair market value and commercially reasonable, seek guidance from compliance or legal in advance of making any commitment. The policy noted above will help ensure that the arrangement receives the correct legal and compliance oversight prior to execution of the agreement.

## Billing and Coding

### Standard

Sparrow is committed to timely, accurate, complete, and consistent coding and billing practices. We strive to code and bill every patient claim correctly. We will only bill for medically necessary services that have been provided and documented.

We strive to comply with all laws governing federal and state-funded healthcare programs and the coding and billing rules required by insurance companies. We make every effort to correct inaccuracies in billing in a timely manner as required by applicable laws, regulations, and policies.

### Expectation

All caregivers shall be committed to timely, complete, accurate, and compliant documentation, coding, and billing.



### Related Policy

- » HB – Coding Policies and Procedures
- » SMG – Ambulatory Med Record Documentation Standards



### What should you do?

**Q:** Is it acceptable to bill for services/goods that the patient did not receive?

**A:** There must be documentation to support services/goods delivered in order to bill the patient/insurance company.

# Credentialing, Licensing, and Exclusions

## Standard

Sparrow caregivers hold a wide variety of credentials and licenses. During the onboarding process, and annually thereafter, Sparrow verifies that such credentials and licenses are kept current. Additionally, on a monthly basis, Sparrow verifies that caregivers, providers, and vendors have not been excluded from participating in federal or state health care programs.

## Expectation

Caregivers are responsible for keeping their license, certification, registration or other credentials current if it is required for their job.



### Related Policy

- » OIS – Excluded Individuals and Entities
- » HR Policy O205 – Verification of Licensure



### What should you do?

**Q:** Is it up to me to track my license or certification due date and make sure that all related education and materials are submitted to the licensing agency?

**A:** Yes – all caregivers are responsible for maintaining compliant licenses and certifications. Forward a copy of your license and certification to your manager and to the Human Resources Department.

# Medical Staff and Professionalism

## Standard

Sparrow’s medical staffs are governed by distinct bylaws, and policies and procedures. Through these policies, numerous medical staff committees have been established to administer oversight functions, such as peer review, for the the medical staff. Sparrow has established a positive and educational approach to address performance issues and foster a culture of continuous improvement for individual providers.

## Expectation

To provide safe and competent patient care, all providers must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.



### Related Policy

- » Med Staff – Medical Staff Professionalism Policy
- » Med Staff – Credential Policies Manual
- » Med Staff – Allied Health Practitioner Policy Manual
- » Med Staff – Professional Practice Evaluation Policy
- » Med Staff – Organization and Functions Manual
- » Med Staff – Medical Staff Policy and Procedures Manual





### **What should you do?**

**Q:** I am concerned that a physician I work with treats the nurses on our unit with disrespect. Who can I contact about that concern and what will be done?

**A:** Report this concern through the Say Something RL Application.

In general, all caregivers, including physicians, are expected to treat others with respect. Behavior and performance issues will be addressed through peer review and other medical staff processes.

## **Gifts and Business Courtesies**

### **Standard**

Caregivers may only accept gifts of esteem or gratitude if under \$100, and only if it does not (or would not appear to) influence you in the performance of your duties. Cash gifts or gift cards are never to be accepted and should be directed to the Sparrow Foundation. There may be times when a current or potential business associate may extend a gift or an invitation to attend a social event. Personal gifts or promotional items of any kind from vendors are not acceptable under any circumstance.

### **Expectation**

We should all keep our work for Sparrow and related work decisions we make separate from any potential benefit or gift we might receive by avoiding acceptance of any gifts or gratuities.



### **Related Policy**

- » OIS – Administrative Conflict of Interest Policy
- » SCM – Vendor Management Policy
- » OIS – Non-Monetary Compensation and Medical Staff Incidental Benefits
- » HR 0331 – Gifts to Caregivers



### **What should you do?**

**Q:** A patient’s family would like to donate a plate of cookies and \$100 to our unit. Can I accept?

**A:** You may accept the cookies and share with your fellow caregivers, but should ask the patient’s family to contact the Sparrow Foundation to make a cash donation.

**Q:** A current vendor offered to give me tickets to a Detroit Lions game as a “thank you” for working together. Can I accept these tickets?

**A:** You should not accept these tickets as it could appear to influence you in your work-related decisions and duties.

# Interactions with Physicians

## Standard

Items may only be provided to non-employed (independent) medical staff members if they fit within one of the following exceptions, which contain many conditions and further explanation as outlined in the policy noted below:

- » Non-monetary compensation up to the individual and annual limitation amounts.
- » Medical staff incidental benefits offered widely and uniformly and not based on the level of referrals or business generated.

## Expectation

Those of us working with physicians and providing routine incidental benefits must be aware of the federal rules and regulations restricting this activity as noted above.



## Related Policy

- » OIS – Non-Monetary Compensation and Medical Staff Incidental Benefits
- » OIS – Advertising and Marketing
- » FINANCE - Expense Reimbursement Policy - Business, Travel and Continuing Medical Education



## What should you do?

**Q:** I work in the Facilities Department and we have been asked to develop special parking facilities for a group of independent physicians who are important to Sparrow for growth and revenue generation. Is that OK?

**A:** No free items or services may be provided to independent physicians based on the level of their referrals or business with Sparrow. Please refer to the referenced policies and/or contact the Office of Integrity Services for further clarification.

# Confidentiality of Business Information

## Standard

In addition to patient information, other information created by Sparrow in the conduct of business, such as caregiver data, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to Sparrow. All data relating to caregivers, including data generated when caregivers are patients at Sparrow is strictly confidential.

## Expectation

When you receive confidential information in the course of performing your job duties and responsibilities you must not use it for your own or your family's benefit and you may not disclose it to others for their personal use.

**Some examples of this sensitive information are:**

- » Employee information such as documentation of personnel disciplinary actions.
- » Non-public financial and research information (inside information).
- » Intellectual property (inventions) of Sparrow that is not intended for public disclosure and similar information of other entities that has been shared with us on a confidential basis.

- » Contractual information with vendors and other entities with whom we have signed an agreement (vendors that we have non-disclosure agreements with).



### **Related Policy**

- » HF 05 – Acknowledgement of Sparrow Health System Confidentiality and Security Obligations and/or Conditions



### **What should you do?**

**Q:** If I am working remotely, do I have an obligation to protect Sparrow data?

**A:** Yes, although you are working from home, you should still take all necessary precautions to protect business information from anyone that you share a residence with.

## **Research – Sparrow Clinical Research Institute (SCRI)**

### **Standard**

SCRI conducts research according to the highest ethical standards and in full compliance with federal and state laws. Investigators and staff follow all FDA regulations and the requirements of the specific study Institutional Review Board (IRB). SCRI is committed to fostering a supportive environment that promotes responsible conduct of research.

### **Expectation**

When we ask patients to participate in research projects, they are advised of the risk and benefits of the proposed treatments and of any alternative treatments available to them. We want patients to make informed decisions about whether to participate in research projects and to understand their care will not be affected if they decline to participate.

Investigators and staff complete and update financial disclosures for all studies as required. Furthermore, investigators and staff must keep up to date on Human Research Protection and Good Clinical Practice (Sparrow subscribes to the CITI program for these trainings) and must follow standard operating procedures.



### **Related Policy**

- » All policies beginning with “IRB” in Policy and Procedure Manager (PPM).
- » The Sparrow IRB is used for nursing and resident research and for non or low-risk studies with investigators not required research documentation to use another IRB.



### **What should you do?**

**Q:** Is there a Sparrow department that is responsible to ensure that research at Sparrow is performed within the federal and state guidelines?

**A:** SCRI is the Sparrow department/entity that maintains Sparrow's compliance with clinical research federal and state laws and regulations for all studies it administers.

# Political Contributions and Lobbying

## Standard

Sparrow is a tax-exempt entity. As a condition of that tax-exempt status, tax regulations prohibit Sparrow from conducting political activities. This prohibition applies to all Sparrow entities, as well as to your activities as a Sparrow caregiver during work hours. Any use of Sparrow resources to distribute statements supporting or opposing any political candidate or position or to engage in political fundraising is prohibited.

## Expectation

Sparrow encourages you to participate in the political process outside the workplace. Your personal political activity, however, should not reference Sparrow or your position at Sparrow.

- » **Do not use** property, facilities, employee time, or One Sparrow for any political activity. Examples of prohibited actions include using Sparrow caregiver time to send invitations for political fundraising events, using a Sparrow telephone to make political solicitations, allowing any candidate to use any Sparrow meeting rooms for political campaigning, or using Sparrow property in a political campaign.
- » **Do not use** Sparrow's email to communicate personal political opinions to other individuals, elected representatives, government agencies, newspapers, periodicals, or other external organizations.



## Related Policy

- » There are no related policies.



## What should you do?

Sparrow and other tax-exempt organizations are permitted to engage in very limited lobbying activities. Because the political process is highly regulated, you should consult the Government Relations Department before agreeing to do anything that could be construed as involving Sparrow. Such activities are coordinated through the Government Relations Officer.

# Accreditation

## Standard

The Sparrow Accreditation Plan promotes continuous and sustained compliance with CMS (Centers for Medicare/Medicaid Services) and Joint Commission condition of participation and standards. Accreditation Leadership gives organizational excellence, improved workflow, and risk mitigation.

The scope of the program includes activities across the health system to identify, prevent, and reduce the risk of harm to our patients, visitors, and caregivers. Prioritized strategies include, but are not limited to:

1. Establishing accountability of reporting structure for all community hospitals to the health system quality governing board.
2. Establishing separate hospital and health system Accreditation Readiness Steering Committees.

3. Communicating Joint Commission and Vizient data trends to providers and stakeholders.
4. Building decision making based off data from SAFER Matrix and/or CMS surveys.
5. Organizing tracer activities, using the Joint Commission AMP Tool, to identify opportunities for performance improvement, and then overseeing action plan processes.

### Expectation

Achieving accreditation readiness is not done simply because the Joint Commission says so. It is done so that each caregiver can confidently answer yes to “am I doing all that I can to keep the patient safe?”

By focusing on patient safety, we give safe care to the patient and provide quality of care as an organization.



### Related Policy

Sparrow’s policies and procedures are directly related to our accreditation standards.



### What should you do?

**Q:** As an individual, how can I prepare for an accreditation survey or audit?

**A:** You can participate in mock surveys, review The Joint Commission booklet for quick answers, and you can review the accreditation online material available via One Sparrow .

## EMTALA

### Standard

E.W. Sparrow Hospital and the community hospitals must comply with the Emergency

Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to all persons who present themselves for emergency care, regardless of ability to pay or any other discriminatory factor.

### Expectation

Any individual who comes to a Sparrow property or one of its dedicated emergency departments requesting an examination or treatment for a potential emergency medical condition will be given an appropriate medical screening.



### Related Policy

- » RM – Policy – Emergency Medical Treatment and Active Labor Act (EMTALA) – EWSH
- » SCCH – EMTALA COBRA Transfer of Patients Policy
- » SCH – Emergency Medical Treatment and Active Labor Act Policy (EMTALA)
- » SEH – EMTALA Screening, Treatment and Transfer of Emergency
- » SIH - COBRA-EMTALA Transfer Policy



### What should you do?

**Q:** I work in the Emergency Department at one of the hospitals within the Health System and I have questions about EMTALA.

**A:** Each of the hospitals within the Health System has an EMTALA policy that details what the hospitals obligations are to patients that come to the Emergency Department seeking care. If you have questions after reviewing the policy, you can reach out to the Risk Management Department at **517.364.5950**.



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Integrity**

# Employment Policy

## Standard

Sparrow is committed to the following as a matter of employment policy:

- » **Diversity and Equal Opportunity:** Sparrow celebrates diversity and believes that a diverse workforce contributes to the strong bond that caregivers have with their patients. Employment at Sparrow is based solely on job-related qualifications. Sparrow recruits, hires, trains, promotes, and compensates caregivers and provides all other conditions of employment without regard to race, color, creed, religion, national origin, age, sex, gender identity, genetic information, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, employment status or any basis prohibited by federal law.
- » **Sanctioned Individuals:** Sparrow does not employ individuals or entities that are ineligible for participation in federal healthcare programs.
- » **Employment of Family Members:** Employment of family members is acceptable at Sparrow; however, any relatives are prohibited from working together in a supervisor/subordinate relationship.

## Expectation

Those making hiring decisions should commit to providing a diverse and equal opportunity work environment for all current and future caregivers.



## Related Policy

- » HR 0103 – Equal Employment Opportunity
- » HR 0104 – Non-Discrimination Based Upon Disabilities
- » HR 0105 – Hiring of Relatives



## What should you do?

**Q:** My family member is a physician at Sparrow. I would like to apply for a job in the Accounting Department. Can I do so?

**A:** So long as the job that you are applying for does not place you and your family member in a supervisor/subordinate relationship, you are encouraged to apply for the job.

# Harassment and Behavior Expectations

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## Standard

Sparrow is committed to providing an environment free of discriminatory harassment to caregivers and patients of all abilities, ages, ethnicities, genders, races, religions, sexual orientations and socio-economic status. Harassment of any kind will not be tolerated.

## Expectation

Sparrow caregivers are expected to exhibit behaviors consistent with Sparrow's values and standards of behavior. Prohibited actions or words include, but are not limited to: sexual flirtations, advances, or propositions; verbal abuse; unnecessary or unwelcome touching of an individual; graphic depictions or verbal comments about an individual's body; degrading words used to describe an individual; a display in the workplace of suggestive objects or pictures; explicit or offensive jokes; or physical assault.



## Related Policy

- » HR 0030 – ICARE Values and Behaviors
- » HR 0601 – Caregiver Conduct and Work Rules
- » HR 0643 – Discriminatory Harassment/ Harassment



## What should you do?

**Q:** A caregiver who works in the same department as me is always telling lewd jokes about a fellow caregiver. The jokes make me feel uncomfortable and sometimes are said loud enough so that a patient could hear. What should you do?

**A:** Any of the following actions would be appropriate:

- » Bring your concerns to a leader.
- » Contact the Caregiver Relations Hotline at **517.364.5689**, contact your HR Partner, or email **CaregiverRelations@Sparrow.org**.
- » Anonymously report your concern through the Hotline at **1.866.990.0111**.

# Drug-Free Workplace

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## Standard

Sparrow is committed to maintaining a drug- and alcohol-free environment in all its facilities.

## Expectation

As Sparrow caregivers, we are expected to perform our job duties and responsibilities in a professional manner free from the influence of alcohol, drugs, or other substances, which may impair our job performance or judgment.

If it is suspected that you are under the influence of drugs or alcohol, you will be required to submit to appropriate drug or alcohol testing. If you are found to be performing any activity for Sparrow while impaired by or under the influence of alcohol or illegal drugs, you will be subject to disciplinary action up to and including termination of your employment.





### Related Policy

- » HR 0030 – ICARE Values and Behaviors
- » HR 0602 – Drug and Alcohol Use



### What should you do?

**Q:** What do I do if I suspect a co-worker is possibly working while impaired?

**A:** Many caregivers have a natural reluctance in approaching a co-worker suspected of drug or alcohol impairment while working, as they fear they will be met with anger, resistance, denial, and possible retribution.

- » Bring your concerns to a leader immediately.
- » Contact the Caregiver Relations Hotline at **517.364.5689** or contact your HR Partner.
- » Anonymously report your concern through the Hotline at **1.866.990.0111**.

## Drug Diversion

### Standard

All controlled substances within Sparrow may be only handled by properly authorized caregivers who do so as a part of their job duties and responsibilities. Caregivers may not, in any circumstance, divert controlled substances for personal use or sale.

### Expectation

Caregivers are expected to protect the integrity of Sparrow and the safety of our patients by safeguarding the drugs entrusted to them. Caregivers are expected to be aware of the potential situations where drug diversion may

occur and provide safeguards to prevent these from happening. **This includes:**

- » Not attributing warning signs to other causes (e.g. stress, illness, etc.).
- » Not co-signing controlled substance waste that you did not observe.
- » Not providing co-worker(s) with your password.
- » Not making excuses for another caregiver.
- » Not following controlled substance handling procedures.



### Related Policy

- » HR 0602 – Drug and Alcohol Use
- » SHS Policy – Drug Diversion: Prevention, Identification, Reporting and Response
- » SHS Policy - Medication Order Management and Administration Policy



### What should you do?

**Q:** What should I do if I suspect a co-worker is possibly diverting controlled substances?

**A:** Any of the following actions would be appropriate:

- » Bring your concerns to a leader.
- » Contact the Caregiver Relations Hotline at **517.364.5689** or contact your HR Partner.
- » Anonymously report your concern through the Hotline at **1.866.990.0111**.

Please remember that the worst thing you can do is nothing! By becoming involved, you will not only help a co-worker who may be doing something illegal, but more importantly, your action could affect the safety and welfare of the co-worker and those of our patients and community that may come in contact with him/her.

# Health and Safety

## Standard

Sparrow is committed to providing a safe and healthy workplace for you, our patients, and visitors.

## Expectation

A culture of health and safety grows when we dedicate ourselves to its development. Although not easily measured, it is evident in the way we consistently perform our work. **Our own safety, and that of our patients, depends upon:**

- » Training
- » Expectations
- » Individual choices
- » Ongoing communication among caregivers



## Related Policy

- » All policies in PPM beginning with the word “safety.”
- » HR 0603 – Tobacco and Smoke Free Health System



## What should you do?

**Q:** What is my role? What can I do?

**A:** Remember to actively participate in safety in your work environment. **Here are three things you should do:**

- » **Be alert.** Look for safety problems throughout the day.

- » **Don't walk by.** When a safety problem is discovered, it is your job to make sure patients and caregivers in the immediate area are safe until the issue can be resolved.
- » **Report the problem** to immediate supervisors and to the Risk Management Department using the Say Something RL Application, so that long-term solutions can be put in place.





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# Raising Concerns and Using the Hotline

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## Standard

The Office of Integrity Services wants to hear from you!

Sparrow maintains a Hotline for caregivers to report confidentially, and anonymously (if desired), report activity they believe to be inconsistent with Sparrow's Integrity Program.

## Expectation

- » Reporting Process
  - » Discuss questions or concerns with your supervisor.
  - » If you are not comfortable talking with your supervisor, or you do not feel the response adequately addresses your concerns, contact a higher-level manager, or the Office of Integrity Services by emailing **Compliance-Intake@med.umich.edu**
  - » If you would like to report a concern confidentially or anonymously, use the Hotline.
- » Call the Hotline at **1.866.990.0111**
  - » The hotline is answered by an outside company which allows for 24/7/365 availability, increased ability to provide anonymity, and availability to communicate in numerous languages.
- » Submit an Electronic Compliance Concern
  - » Accessed via the Office of Integrity Services page through One Sparrow.



## Related Policy

- » OIS – Hotline Policy
- » OIS – Non-Retaliation Policy



## What should you do?

**Q:** When should I call the Hotline?

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

# Clinical Ethics Consults

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## Standard

Beyond the situations outlined in the preceding business policies, caregivers sometimes are faced with ethical situations and decisions that are not defined in one of Sparrow's policies. Sparrow has developed additional resources when faced with clinical ethics or organizational ethics decisions.

## Expectation

What is the difference between clinical and organization ethics?

- » **Clinical Ethics:** Questions or conflicts that arise between patients, family members, caregivers, and other clinicians regarding the direct care and treatment plans employed for the patient.
- » **Organizational Ethics:** Questions or conflicts that arise regarding healthcare business issues, particularly related to being a community-based entity and employer.



### Related Policy

- » ETH – Clinical Ethics Consultation Guide



### What should you do?

**Q:** What should I do if I have an ethical concern?

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

For **Organizational Ethics:** Call the Hotline at **1.866.990.0111**.

# Government and Joint Commission Inquiries

## Standard

Sparrow cooperates fully with government inquiries and investigations. Sparrow will collaborate with accrediting bodies in a direct, open, and honest manner. No action should ever be taken with an accrediting body that would mislead an accreditor or its survey team, either directly or indirectly.

## Expectation

Any Sparrow personnel who greets an individual arriving at a facility identifying themselves as a government auditor, investigator, or other representative should:

- » Treat the individual(s) with respect and courtesy.
- » Request identification from the individual(s) and ascertain the reason for the visit. **Do not photocopy credentials as this is a violation of federal law.**
- » Politely inform them that you will contact someone who can assist them.
- » Request the individual(s) to remain with you while you contact the necessary leaders to come escort them to a conference room.
- » Immediately contact the SHS Accreditation Director. If unavailable, contact the CEO, and then CNO.
- » Do not reply to questioning, submit to an interview, or provide the representative with any documents or other information until directed to do so by leadership.



### **Related Policy**

» There are no related policies.



### **What should you do?**

**Q:** If The Joint Commission, State of Michigan, or MIOSHA representative presents to the Information Desk or my department and indicates they are here to conduct a survey, what should I do?

**A:** Contact the SHS Accreditation Director. If not available contact the CEO and/or CNO and they will provide assistance. No information should be provided until the SHS Director of Accreditation has been notified.



### **Related Policy**

» MARKETING – Media Access to Sparrow Health System; Permission forms for approval for patients, family, and the public to appear in media



### **What should you do?**

**Q:** You see a vendor or the media taking pictures in the hospital lobby without a hospital representative with them. How should you handle it?

**A:** Ask the vendor/or media person who their business contact is with Sparrow and whether they have received permission to film. Ask them to refrain from filming until you can confirm their approval with the business owner and Media Relations in the Marketing Department at **517.364.8042** or **Media@Sparrow.org**. Call Security if they refuse to stop filming.

## **Media Inquiries**

### **Standard**

All requests from reporters or the general public for information should be referred to Media Relations in the Marketing Department at **517.364.8042** or **Media@Sparrow.org**.

### **Expectation**

Caregivers should never release information or allow video images/photography to be taken without the permission of Media Relations in the Marketing Department. A representative of Sparrow Marketing should always accompany a vendor or media taking videos or photos at Sparrow.

## **Integrity Program Elements**

### **Standard**

Sparrow maintains an Integrity Program that incorporates the seven elements of a Compliance Program as outlined by the Department of Health and Human Services Office of Inspector General:

- » Implementing written policies and procedures and standards of conduct
  - » See PPM for this Code of Conduct and supporting policies as noted throughout this document.

- » Designating a compliance officer and compliance committee
  - » Sparrow has a designated compliance officer, and a robust compliance committee structure anchored by the executive-led Compliance and Ethics Committee. This structure includes reporting on key elements and metrics of the Integrity Program as well as risk-focused sub-committees.
- » Conducting effective training and education
  - » Sparrow's Integrity Program is covered in various orientations throughout Sparrow, as well as in the annual mandatory training modules. In addition, there are specific topical focused education sessions held as needed.
- » Developing effective lines of communication
  - » Sparrow has established an externally answered Hotline to allow for anonymous reporting, in addition, there is an on-line reporting tool available. Also, members of the Office of Integrity Services issue regular newsletters and regulatory advisories.
- » Conducting internal monitoring and auditing
  - » Sparrow has updated its Audit Policy and annually develops a plan to audit areas of risk as identified through an enterprise wide risk assessment. Audit results are communicated to the members of the various compliance committees and governance as appropriate.
- » Enforcing standards through well-publicized disciplinary guidelines
  - » Sparrow has developed guidance around a just culture which includes

an algorithm to ensure that instances of non-compliance are evaluated, and the appropriate actions are taken to address the situation.

- » Responding promptly to detected offenses and undertaking corrective action.
  - » Sparrow utilizes a database to assist with tracking all incoming hotline calls and on-line portal reports. Sparrow's OIS also facilitates the creation and completion of corrective action plans for compliance related reports that require process improvement.

## Acknowledgment

Each year, as part of the annual LMS mandatory awareness training, we ask all caregivers to answer the following question with a YES or NO response. Please seriously consider this acknowledgement, which includes being familiar with the Code of Conduct, complying with the related standards and policies, and being aware that breaches of the code can subject an individual to corrective action.

### I acknowledge the following:

- » I understand that it is my responsibility to review and be familiar with the code's contents.
- » I agree to comply with the standards contained in the Code and all related policies and procedures as part of my continued employment or association with Sparrow Health System.
- » I am aware that any breach of the code, Sparrow Health System policies, or other policies applicable to me subjects me to corrective action, up to and including termination of employment or other relationship with Sparrow Health System.

# Living Our Values: Code of Conduct

Visit the Office of Integrity Services (OIS) page on One Sparrow for:

- » OIS Staff contact info
- » Code of Conduct
- » Education and communication

This document is also available on the Sparrow Health System website:  
[Sparrow.org/IntegrityServices](https://Sparrow.org/IntegrityServices)

*Revised: September 2023*



[Sparrow.org](https://Sparrow.org)

Sparrow complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services are free of charge and available to you. Call 517.364.3935.  
ATENCIÓN: Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al 517.253.2405.

تنبيه: إذا كنت تتحدث لغة أبخالف الإنجليزية، فإن خدمات المساعدة اللغوية مجانية ومتاحة لك. اتصل برقم 517.253.2406.