North Mississippi Health Services
Student Orientation
Mission Vision Values

MISSION:  To continuously improve the health of the people of our region

VISION:  To be the provider of the best patient-and-family-centered care and health services in America

VALUES:  Compassion, Accountability, Respect, Excellence, Smile
NMHS is on a HRO Journey

• A High Reliability Organization is an organization that successfully provides the intended function. It is built on the concepts of leadership, a culture of safety, and robust process improvement.

• Example: Nuclear Power Plants and Airline Industry

• NMHS Goal: Zero patient harm
You are a Key Element of our Journey
How can you help?

• Portray the same “behavioral standards” that we expect of our employees.
  
  – **Participation and Choices**-facilitate open communication; educate and involve people in their choices
  – **Communication and Information Sharing**-provide timely and accurate information to build trust; confirm that others’ needs are understood and met; AIDET; manage up (tell something good about your preceptor or the hospital)
  – **Collaboration and Teamwork**-promote teamwork; follow safety standards; communicate/collaborate across services to decrease gaps
  – **Dignity and Respect**-announce yourself when entering the room or care area; show kindness/compassion; advocate for privacy
  – **Proactive/Anticipate Needs**-take ownership of an identified need until resolved; anticipate and provide solutions for potential needs
  – **Positive Presence**-maintain professional image per defined standards; give undivided attention during every interaction; make eye contact and use appropriate facial expressions
AIDET
What is AIDET?

• The five fundamentals of patient communication (Acknowledge, Introduce, Duration, Explanation, and Thank You).
• North Mississippi Health Services has chosen this patient communication model to aid in providing world class service.
A = Acknowledge

• Engage using both verbal skills and body language.
• Knock before entering the room or care area.
• Make eye contact and use good body language.
• Use the patient’s name.
I = Introduce

• Tell the patient and family members your name, what school you are with, who your preceptor is, and what your role is in this person’s care.
D = Duration

• Provide an estimated time frame for how long your interaction is going to take.

• Be honest! If you know a procedure, test, or admission is going to take a long time, tell the patient and family. They deserve to know the truth.
E = Explanation

- Tell the patient and family exactly what you are doing or what is taking place.
- Excellent patient and family satisfaction comes from excellent communication.
- Allow time for the patient or family to ask questions.
T = Thank You

• Express appreciation for their time, attention, and cooperation.

• Thank them for choosing North Mississippi Health Services for their care.

• Ask, “Is there anything I can do for you or your family before leaving?”
Advantages of using AIDET

- Decreased anxiety of patient and family
- Increased compliance
- Improved clinical outcomes
- Increased patient and family satisfaction
What is Cultural Diversity?

• It is based on the idea that cultural identities should not be discarded or ignored, but rather maintained and valued.
• Every culture and race has made a substantial contribution to our history and should be respected.
Pay Attention

• To body language
• Gestures
• Rituals
• Home Remedies
• These are examples of different ways to express one’s culture.
Please refer to the Cultural Diversity Manual for information on a specific culture.

To access the Cultural Diversity Manual, find any NMHS computer, double click the “blue e” to access NMHS Intranet, click “alpha menu A-Z, click “c,” scroll to the bottom and click on Cultural Diversity Manual.
Employee Health
What does Employee Health (EH) have to do with Students?

• If a student has an injury on campus while doing clinical/observation time, have your instructor or preceptor enter a “Good Catch” - they do not have to be seen by EH.

• EH must be notified if a student has blood and body fluid exposure, sharps exposure (needle stick), or soiled uniform or clothing.
What do I do if…happens?

• If you are exposed to blood and body fluids or sharps, contact your preceptor, your clinical instructor (if applicable), and employee health. An Employee Occurrence Report (EOR) must be filled out and a Good Catch must be entered by the preceptor.
What do I do if...happens?

- If your uniform or clothing gets soiled, please contact your preceptor, your clinical instructor (if applicable), and Employee Health.
- NMHS will have your clothes cleaned and provide you with clean scrubs for you to wear. Hospital provided scrubs must be returned upon arrival to get your cleaned clothes back.
Needlestick Safety and Prevention Act

- Developed from Occupational Safety and Health Administration (OSHA) in 2001
- Requires employers to select and implement appropriate engineering controls to reduce or eliminate employee exposure to needlesticks.
- Employees must evaluate all new safety devices, we use a Produce Evaluation Committee.
- Requires a confidential sharps injury log must be maintained.
If a Needlestick Happens...

- You must fill out a Confidential Post Exposure Evaluation.
- Be aware that follow-up test and/or immunizations may be included (HIV, Hepatitis B, Hepatitis C, Tetanus, etc.).
Employee Health is here to help

• Hours of operation Monday – Friday 7am-4pm.
• For after hours, you can pick up the phone, dial “0” and page the “employee health nurse on call” or notify the security department.
NMHS Employee Health Website

• Double click the Internet Explorer icon.
• Click on the Alpha Menu A-Z.
• Click “E”
• Click “Employee Health”
Infection Control
What is Infection Control?

- It is the policies and procedures that are in place and used to decrease the risk of spreading diseases and infections.
- It is aimed at protecting the patients, families, healthcare providers, support staff, visitors, students, and community.
How does NMHS maintain Infection Control?

• Using Standard Precautions with all patients and Transmission based precautions when necessary
• Practicing good hand hygiene
• Cleaning equipment
Standard Precautions

• Used with all patients when blood and body fluid exposure is possible.
• Must be changed between patients and procedures.
• Includes wearing, at a minimum, gloves. More protection can be worn if desired or needed (such as gown, mask, etc.)
Transmission Based Precautions

- **Contact**-must wear yellow gown and gloves
- **Droplet**-must wear yellow gown, gloves, and mask
- **Airborne**-must wear yellow gown, gloves, and N-95 mask; keep the lights on in these rooms.
- *All students should contact their preceptor prior to entering a patient’s room that is labeled transmission precautions.*
- Blue gowns are fluid proof and worn when expecting a body fluid exposure.
- Faceshields are recommended to be worn when expecting a body fluid exposure.
Standard Precautions Waste Disposal

- All sharps should be placed in a puncture, leak-proof container, known as a sharps container.
- Never re-cap, bend or break contaminated needles.
- Red bags are for waste contains blood or body fluids that contain blood and other potentially infectious material. Refer to policies and procedures listed on the policy and procedure website.
- Blue bags are for all linen.
- White bags are for general trash.
Hand Hygiene

• Is the single most important method by which to prevent the spread of germs and break the chain of infection.

• Is a part of standard precautions, that are used with all patients.
The Centers for Disease Control published guidelines for when alcohol-based foam can be used and for when soap and water are the necessary means to decontaminate your hands. One can always use soap and water, but you cannot always use alcohol based foam.

**Clean your hands**
- Before having direct contact with patients.
- Before donning sterile gloves.
- Before inserting any invasive device.
- When moving from contaminated area to clean area on body or surface during patient care.
- After contact with patients.
- After contact with medical equipment.
- After removing gloves.

**Must use approved Soap and Water**
- When hands are visibly dirty.
- Before eating.
- After using restroom.
- After leaving a patient’s room that is labeled with any type of transmission precautions.
NMHS Policy

• One cannot wear any type of artificial nail or extender.
• One cannot wear any type of nail polish.
• Natural nail tips should be kept less than 1/4-inch long.
Cleaning Equipment

• Clean all equipment before and after each patient use.
• If in doubt, it is not clean.
• Approved disinfectant products: Oxivir TB wipes and Dispatch wipes
• Dispatch wipes are approved to disinfect against C. difficile and should remain wet for a minimum of 5 minutes.
Bioterrorism

• Always watch for clusters of illness (diarrhea, rash, or pneumonias out of season) and report to medical personnel.

• NMHS does have a Bioterrorism Plan located on the Intranet—see your preceptor or instructor for help accessing this.
NMHS Infection Control Website

- Double click the Internet Explorer icon.
- Click on the Alpha Menu A-Z.
- Click “I”
- Click “Infection Control”
Infection Control Policies & Procedures

• Double click the Internet Explorer icon.
• Click on the Alpha Menu A-Z
• Select “P”
• Select Policies and Procedures
• Select the facility in which you are doing clinical
• Department: Infection Control
Codes

- Code Red – Fire
- Code Blue – Resuscitation
- Code Gray – Inclement Weather
- Code Green – Emergency/Disaster
- Code Yellow – Hazardous Spill
- Code Silver – Active Shooter
- Code Black – Bomb threat
- Code ADAM – Missing child/Abduction
- Code Secure – Any situation requiring discreet notification
Code Red - Fire

- If you are first to the fire dial “60” on any NMHS phone to tell the switchboard to activate the code and R.A.C.E.
- Rescue those in the area
- Alarm adjacent areas
- Contain by closing doors
- Extinguish with regard to your personal safety
- Notify your preceptor
Code Blue – Resuscitation

- Anyone can activate “Code Blue” when anyone is need of immediate resuscitation.
- To activate dial “60” to tell the switchboard to activate the code or flip blue switch in patient room-tell your location.
- Stay with the person until help arrives.
- Notify your preceptor or instructor.
Code Gray – Inclement Weather

• Stay away from windows and doors.
• Can be a “watch” or “warning” level.
• Notify your preceptor or instructor.
Code Green – Emergency/Disaster

- Can be Level 1, 2, or 3 (least to worst).
- Stay with your preceptor or instructor for details on how you can help.
Code Yellow – Hazardous Spill

- Dial “60” to tell the switchboard to activate the code.
- Evacuate and secure the immediate area.
- Notify your preceptor or instructor.
Code Silver – Active Shooter

• Dial “60” to tell the switchboard to activate the code.
• Find a secure place, lock the door, close blinds, and put your cell phone on vibrate.
• Do not respond to the area-stay in a secure room.
• You may barricade the room.
• Please remain calm and let security and the Police advise you on when to leave your safe area.
• Run, Hide, Fight
Code Black – Bomb Threat

• Dial “60” to tell the switchboard to activate the code.
• Keep calm
• Stay with preceptor or instructor
• If the threat is called in, do not hang up the phone and try to keep them talking.
Code ADAM – Child Missing/Abduction

• Dial “60” to tell the switchboard to activate the code, give a description of the missing person and M.O.V.E.
• Monitor the exits
• Organize a search of immediate area
• Verify the identity of the missing child
• Enhance observation of visitors
• Notify your preceptor
Good to Know Information

• In any code situation, please notify your preceptor as soon as possible.
• Your preceptor will guide you in what you need to do.
• Never be afraid to report anything suspicious or that does not look right.
• When equipment does not work correctly, notify your preceptor or instructor and Biomed needs to be contacted at 3032.
• A Red receptacle or outlet is connected to emergency power in a power loss.
• NMHS has all tobacco free campuses.
Good to Know Information

• Safety mirrors are located in high traffic areas to help prevent collisions.
• Open doors slowly to provide for safety of those on the other side of the door.
• If you spill something, you clean it up.
• If you see a spill, please contact Environmental Services, extension 3443.
• Always practice safe lifting and get help when needed.
NMHS Safety Management Website

- Double click the Internet Explorer icon.
- Click on the Alpha Menu A-Z.
- Click “S”
- Click Safety Management
Dress Code

- All students are expected to wear scrubs, school uniform, or business professional clothes and closed toe shoes in clinical areas.
- All students must wear their school identification badge and a NMHS badge, one of the two badges should have a photo of the student on it. Shadowers will obtain a student observer badge from the Student Experience Navigator.
- NMHS badge can be obtained from the NMMC-Tupelo campus security desk or your instructor.
Student Parking at NMMC Tupelo

Primary student parking – two designated student parking lots on Garfield Street. Highlighted Parking Choice #1 and #2

Back up parking – lower portion of the expanded southeast parking lot. Highlighted Parking Choice #3.
For more information

• Student Services – 662.377.6850
• Employee Health – 662.377.4107
• Infection Control – 662.377.3604
• Security Department – 662.377.3064
• Tupelo Main Unit – 662.377.3000
Legal Issues

- Students and employees alike must be aware of the various legalities that regulate the healthcare system. Adhering to these regulations will ensure a safe, caring, and legal environment for those we serve and for those with whom we serve.
- In this segment, you will learn about Protective Health Information, TPO (Treatment, Payment, Operations), Patient Consent and Authorization, Restricted Access to Records, HIPPA, Penalties and Misuse of Patient Information, compliance, Risk Management, Patient Rights and Responsibilities, Advance Directives, and Patient Abuse and Exploitation.
HIPAA & Privacy
What is PHI?

- Protected (Personal) Health Information (PHI) is individually identifiable information in any form or medium that relates to the past, present, or future physical or mental health or condition of a participant.
- Data elements – date of birth, social security number, address.
- Can be written, verbal, or electronic.
- This is not PHI (broken arm).
- This is an example of PHI (Jane Doe MR#1234567 has a broken arm).
- Never email a social security number.
What is HIPAA?

- Health Insurance Portability and Accountability Act of 1996
- Three main parts: insurance, portability, and privacy
When should medical records be accessed?

• Medical records should only be accessed for three reasons, TPO:
  – Treatment-healthcare providers may access records in dealing with the treatment of their patient
  – Payment-billing and coders must access records to correctly bill for services
  – Operations-support services when needed (example environmental services)
Beyond TPO Authorization

- Patients must still provide authorization to healthcare providers for most PHI uses and disclosures beyond TPO
- Unless otherwise required or permitted by law
- Law Enforcement/Government Agencies (generally provide written request, subpoena, or court order)
- Civil Litigation
  - Authorization signed by parties
  - Subpoena – notice to parties, wait 10 days
  - Court order
Minimum Necessary

- Privacy Rule – reasonable efforts to limit the use or disclosure of, and request for PHI, to the minimum necessary to accomplish the intended purpose
- Staff’s access to records is limited to the patient(s) they are actively treating
- Summarized version of the above-only look at a medical record if you need to see it to provide care to that patient or document.
Is it ok to...

• Talk at the nurses’ stations? Yes, use a low voice and be mindful of near by listening ears.
• Discuss PHI in a patient’s room with visitors present? Yes, if you receive permission from the patient to discuss the information with visitors present.
• Have names on the doors? Yes, but we do not do this at our facilities.
• Have sign in sheets? Yes
• Announce a patient name in the ED or waiting room? Yes, but do not announce any other information.
## Civil Penalties

<table>
<thead>
<tr>
<th>Violation</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Knowledge</td>
<td>$100/$25,000</td>
<td>$50,000/$1.5 Mil</td>
</tr>
<tr>
<td>Reasonable Cause</td>
<td>$1,000/$1 Mil</td>
<td>$50,000/$1.5 Mil</td>
</tr>
<tr>
<td>Willful Neglect (Corrected)</td>
<td>$10,000/$250,000</td>
<td>$50,000/$1.5 Mil</td>
</tr>
<tr>
<td>Willful Neglect (Not Corrected)</td>
<td>$50,000/$1.5 Mil</td>
<td>$50,000/$1.5 Mil</td>
</tr>
</tbody>
</table>
# Criminal Penalties

<table>
<thead>
<tr>
<th>Violation</th>
<th>Fine</th>
<th>Imprisonment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing Obtain/Disclose</td>
<td>$ 50,000</td>
<td>One (1) Year</td>
</tr>
<tr>
<td>False Pretenses</td>
<td>$100,000</td>
<td>Five (5) Years</td>
</tr>
<tr>
<td>Commercial Advantage</td>
<td>$250,000</td>
<td>Ten (10) Years</td>
</tr>
</tbody>
</table>
NMHS Penalties

• Privacy Officer may terminate computer access codes and may require remedial training for violations

• NMHS reserves the right to not allow students to come to their campus if there has been an issue with, but not limited to privacy or compliance.
Bruce’s HIPAA Top 10 List

- Spouse, ex-spouse, or soon-to-be ex-spouse
- Family member or soon-to-be ex-family member
- Co-workers
- Friends & neighbors
- Beware the “church member” trap door
- Family records – You and your kids
- Social media & cell phones
- No texting PHI or MD orders
- Don’t leave your computer unsecured or share/ give your code/password
- Emails, SS#’s, & Phishing
Risk Management Safety

It’s Everybody’s Job
Areas of Interest and Concern

• Organizational Ethics – do the right thing for and by all concerned
• Patient Rights and Responsibilities – what they are entitled to, what we need from them to provide the very best care
• Advance Directives – prior planning by patient for decisions regarding care
• Patient Abuse and Exploitation – if known, witnessed, or suspected, must be reported
Common Risk Management Issues

- These are areas of focus in providing a safe and caring environment.
  - Patient/Visitor falls
  - Patient/Visitor complaints
  - Suspected patient abuse
  - Medication errors
  - Policies/Procedures – must be clear and easy to understand
  - Medical malpractice issues
What are Organizational Ethics?

- Conduct & Conflict refers to how we operate as a healthcare organization.
- The Code of Ethics is adhered to regarding billing, basic decisions, communication, and patient rights.
- Organs – partner with MORA for donations (Mississippi Organ Recovery Agency)
- Research – regulated by the Institutional Review Board (IRB) to ensure understanding of risk for participating individuals.
- Non-participation in patient care – allows for discussion of provider rights/beliefs.
Patient Rights

Here are a few examples

• Guidelines – if you suspect that a patient is being denied care, contact your Clinical Instructor, Preceptor, or Coach.
• Proper care and treatment – patients have access regardless of race, creed, gender, national origin, religion, disability, or payment source
• We will provide care that respects cultural, psychosocial, and spiritual values (ethical treatment)
• Care and treatment information – information provided to allow patient participation in decisions regarding diagnosis, prognosis, risks, benefits, and alternatives (two-way communication with patients and families)
• Privacy, dignity, courtesy, respect, and compassion
• Ethical treatment

Remember the Golden Rule
Treat others as you would like to be treated.
Patient Responsibilities

Here are a few examples

• It is vital that those we serve provide accurate and complete information regarding present and past:
  ➢ Complaints
  ➢ Illnesses
  ➢ Hospitalizations
  ➢ Medications
  ➢ Other health related information

This helps us help them!
Patient Responsibilities

• We require our patients, families, and guests to follow these guidelines
  – Follow the recommended treatment plan
  – Follow hospital rules/regulations:
    • Noise control – respect others
    • No smoking – tobacco free campus
    • Monitor the number and behavior of visitors – to prevent conflicts or disturbances that could compromise patient care
Advanced Directives

• A Living Will and an Advance Directive are similar documents. A patient has the right to make decisions in advance regarding his/her healthcare. This could apply to pain medications, life support, feeding tubes, etc. Advance directive documents are appropriate for all individuals age 18 or older regardless of current health status.

• Federal Law – Patient Self Determination Act of 1990 requires that healthcare providers inform patients about advance directives and their right to make healthcare decisions.
Advance Directives – Mississippi Law
Power of Attorney for Health Care

Mississippi’s law regarding advance directives went into effect July 1, 1998. The state now only has one advance directive document – Power of Attorney for Healthcare. It is not necessary to register with the Mississippi State Department of Health. It is a legal document, and its execution must be witnessed by two individuals not related to the patient (to prevent any conflict of interest). A NMHS employee cannot serve as a witness while at work. The document is not kept on file, as it can be amended or removed by the patient at any time.
Patient Abuse and Exploitation

• “Any person who, within the scope of his/her employment at a care facility or in his professional capacity, has knowledge of or reasonable cause to believe that any patient or resident (regardless of age) of a care facility has been victim of abuse or exploitation shall report or cause a report to be made of the abuse or exploitation.”
When and Where do you report Patient Abuse and Exploitation

• If you question an incident of abuse or exploitation contact Risk Management, the Legal Department, the Social Work department, your clinical instructor or immediate supervisor.

• Examples of abuse include physical assault, rape, sexual molestation, domestic abuse, elder neglect/abuse, and child neglect/abuse.

• If a report is appropriate, it must be made within 24 hours of discovery with a written report made within 72 hours.
North Mississippi Health Services
Corporate Compliance Plan

Presentation & Booklet
Primary Areas of Compliance Focus

- Quality Care – most important for every patient every time
- Physician Relationships
- Vendor Relationships
- Coding, Billing, and Reimbursement – includes documentation
- EMTALA – deals with transfers, mostly in ED
- HIPAA, Privacy, and Security
Compliance is not an option!

It is all about relationships with and among physicians, vendors, patients, and the community. At the end of the day everyone needs to be in compliance!
Intersection of Law & Ethics

If ethics and culture differ, culture will trump ethics every time.
When everyone is looking and when no one is looking, do the right thing.

A mistake is **not** fraud, but a pattern of mistakes is **fraud**.
Does it pass the smell test?

If something does not seem right, report it.
No Retaliation and No Intimidation
You will not be punished for reporting issues or problems.
Rule of Thumb

- When faced with a compliance or ethical decision, ask yourself:
  - Is it legal?
  - Does it comply w/ NMHS policy?
  - Is it consistent with our Mission, Vision, and Values?
  - Could it harm patients, employees, MD’s, and/or visitors?
  - Am I being fair and honest?
- If you know it's wrong, Don't Do It!
- If you're not sure... Ask Before You Act!
Hypothetical #1

You are walking down the hallway and notice a piece of paper. What do you do?

– Answer: Pick it up and throw it away

What if the piece of paper contains PHI?

– Answer: Shred it.....
Hypothetical #2

An employee or student provides high quality patient care. At the end of the shift, the employee or student documents care hurriedly.

What are the risks?

- Quality patient care & Continuum of care – right documentation on the right patient
- Professional liability – missing documentation
- Compliance – providing one level of care and documenting a different level of care
- Financial – reimbursement for documentation
Hypothetical #3

An employee documents care that was either not provided or not consistent with quality patient care.

What are the risks?

- Quality patient care & Continuum of care – right documentation on the right patient
- Professional liability – missing documentation
- Compliance – providing one level of care and documenting a different level of care
- Financial – reimbursement for documentation
Words of Wisdom

• “I look for three things in a new hire: energy, creativity, and integrity. But if you don’t get the last thing, the first two will kill you.” – Warren Buffet
• “It takes less time to do a thing right than it does to explain why you did it wrong.” - Henry Woodsworth Longfellow
• “Character is like a tree and reputation like its shadow. The shadow is what we think of it; the tree is the real thing.” – Abraham Lincoln
• “Watch the little things; a small leak will sink a great ship.” – Benjamin Franklin
• “A man’s character is his fate.” – Heraclitus
• “Be more concerned with your character than your reputation, because your character is what you really are and your reputation is what others think you are.” – John Wooden
Reporting Compliance Issues

- **NMHS Compliance Hotline** - (888) 246-2808 (may leave anonymous tips)
- Chief Compliance Officer - 377-4148
- General Counsel/Privacy Officer - 377-4229
- Employment Services - 377-3062
- Compliance Liaison – Community Hospitals & Clinics
- Supervisor
- Instructor or preceptor
NMHS Corporate Compliance Plan Booklet

TABLE OF CONTENTS

SUMMARY .............................................................................................................. 1

A. PEOPLE
1) Corporate Compliance Plan, Corporate Compliance Officer, and Corporate Compliance Committee .................................................................................................................. 4

2) Specialized Compliance Guidance ........................................................................ 5

3) Hotline .............................................................................................................. 5

4) Environment Of Care Plan ................................................................................... 5

5) Blood-borne Pathogens: Exposure Control Plan .................................................... 6

6) Hazardous Material Plan ...................................................................................... 6

7) Hazardous Waste Plan ...................................................................................... 6

8) Workplace Violence ............................................................................................ 6

9) Employment ....................................................................................................... 6

10) Employment Discrimination/Assessment ................................................................ 7

11) Corrective And Disciplinary Guidelines ................................................................ 7

12) Medical Records, Records Retention, Confidentiality, and Computers ................. 8

a) Medical Records .............................................................................................. 8

b) Business Records ............................................................................................ 9

c) Confidentiality- Patient Information ..................................................................... 9
d) Use of NMHS Computers .................................................................................. 9
e) E-Mail .............................................................................................................. 9
f) Internet .......................................................................................................... 10

13) Conflicts Of Interest .......................................................................................... 11

14) Government Investigations ............................................................................... 12

15) Personal Electronic Devices ............................................................................. 13

16) Fraternization ..................................................................................................... 13

17) Employment Of Relatives .................................................................................. 13

B. SERVICE
1) Consent And Non-Discrimination ........................................................................ 13

2) Admissions ....................................................................................................... 14

3) Treatment Of Patients With Emergency Conditions .......................................... 14

C. QUALITY
1) Quality Care ..................................................................................................... 14

2) Risk Management ............................................................................................. 15

3) Safe Medical Device Act .................................................................................. 15

D. FINANCIAL

1) Private Benefit ................................................................................................ 15

2) Political Contributions And Communications .................................................... 16

3) Management Controls ..................................................................................... 16

4) Fraud and Abuse .............................................................................................. 17

5) Federal Anti-Kickback Statute .......................................................................... 17

6) Stark Self-Referral Statute .............................................................................. 17

7) False Claims Act ............................................................................................. 17

8) Civil Monetary Penalties .................................................................................. 18

9) Billing ............................................................................................................. 18

10) Gifts To Physicians ......................................................................................... 19

11) Gifts From Vendors And Physicians ................................................................ 20

12) Solicitation And/OR Acceptance Of Gifts From Patients .................................. 20

13) Gifts And Gratuities To Patients ..................................................................... 20

14) Charitable Care Policy .................................................................................... 20

E. GROWTH
1) Business Development ..................................................................................... 20

2) Physician Agreement And Prerequisites ............................................................ 21

3) Antitrust Laws .................................................................................................. 21

What connected feels like™
Dear Fellow Employee:

North Mississippi Health Services, Inc. (NMHS), through its Board of Directors (the “Board”), has adopted a corporate compliance plan (“Plan”). In setting forth NMHS’s Code of Ethics and Business Conduct, the Plan summarizes the values and principles that should guide employees’ actions in carrying out our mission and vision. Additionally, the Plan guides our relationships and interactions with each other.

If you, as an NMHS employee, have any concerns regarding any suspected improper activities involving other employees, physicians, vendors, or anyone else with whom NMHS does business, you should contact any one of the following:

- NMHS Compliance Hotline toll-free at (888) 240-2688
- James P. Trashell, NMHS Chief Compliance Officer at (662) 377-4146
- Bruce J. Toppin, NMHS General Counsel & Privacy Officer at (662) 377-4229
- Rodger Brown, NMHS Vice President of Human Resources at (662) 377-3058
- Your Compliance Liaison
- Your Facility Administrator
- Your supervisor

To the extent possible, all such calls will be treated confidentially, and may, at the caller’s request, remain anonymous.

NMHS is the parent corporation over North Mississippi Medical Center, Inc., Tishomingo Health Services, Inc., Clay County Medical Corporation, Panola Health Services, Inc., Marion Regional Medical Center, Inc., Webster Health Services, Inc., North Mississippi Enterprises, Inc., North Mississippi Medical Clinics, Inc., Tupelo Service Finance, Inc., North Mississippi Emergency Services, Inc., North Mississippi Management Services, Inc., North Mississippi Health Link, Inc., Accolad, Inc., Professional Practice Management, Inc., and North Mississippi Joint Ventures, L.C., Although you may not be directly employed by NMHS, references to NMHS throughout this Plan means the NMHS owned and/or affiliated entity that directly employs you.

NMHS provides several resources available to its employees to assist them in the ethical and responsible performance of their duties. There can be no better course of action for you than to apply common sense and sound judgment in the manner in which you conduct yourself. One question to ask yourself is, “If anything I said or did were to appear on the front page of a local or national news outlet, would it embarrass my employer, my fellow employees, my family, or me?” In order to avoid embarrassment, conduct yourself accordingly, and never hesitate to report any suspected wrongdoing, to ask any questions, or to seek clarification.

When reviewing the Plan, please remain mindful of why we are here.
We strive to conduct our business in accordance with all applicable federal, state, and local laws, rules, and regulations. These laws, rules, and regulations relating to healthcare within the United States are far-reaching and complex. Compliance does not compromise our responsibility to provide quality health care.

As required by the United States Sentencing Commission, the Plan contains the following seven (7) basic elements:

1. Written standards of conduct;
2. Appointment of a corporate compliance officer;
3. Employee education and training;
4. Process to receive complaints, including complaints regarding supervisors;
5. System to respond to allegations and discipline employees;
6. Audits to monitor compliance; and
7. Investigation and mediation of systemic problems.

Even beyond these essential elements, the Plan is organized around the following critical success factors with an eye toward advancing their visibility and assimilating their integration into our everyday practices and processes:

- People - Maintain high quality workforce
- Service - Improve customer service
- Quality - Improve prevention and health education services. Improve health outcomes
- Financial - Produce financial resources required to support mission and vision
- Growth - Expand access to health services

By following the Plan, you help us fulfill our mission and vision, and critical success factors. Thank you for your attention to this very important matter.

Sincerely,

Shane Spees
NMHS President/CEO

A. PEOPLE

1) CORPORATE COMPLIANCE PLAN, CHIEF COMPLIANCE OFFICER, AND CORPORATE COMPLIANCE COMMITTEE

The Plan’s goals include demonstrating to employees and to the community at large, NMHS’ commitment to honest and responsible conduct, helping to identify and prevent illegal and unethical conduct, helping to improve the quality of care provided to our patients, and encouraging our employees to report potential problems. We accomplish this through timely investigation of all reports, and by taking appropriate corrective action.

The Chief Compliance Officer’s tasks include the development and coordination of system-wide compliance plan and the development and implementation of system-wide programs, including education and training in areas of compliance, audits, and investigations. Since it is impossible for the Chief Compliance Officer to be everywhere, many facilities, subsidiary corporations, and even some large departments may have their own Corporate Compliance Liaison. The Corporate Compliance Liaison, in addition to his/her existing job description, is responsible for acting as a liaison between their respective facilities and the Chief Compliance Officer to help ensure that education, training, and audits are occurring and, when necessary, assist the Chief Compliance Officer in any investigation. If you have a Corporate Compliance Liaison in your facility or department, please write that person’s name and phone number in this book. In order to evaluate our compliance effort, the Chief Compliance Officer may request that the Systems and Auditing Department (Auditing) perform, using internal and external auditors, regular and/or periodic compliance audits. These audits will typically focus on billing and coding issues, but may also include an examination of any area with exposure to governmental enforcement actions.

Auditing role regarding NMHS’ corporate compliance is twofold. First, Auditing is responsible for responding to reports of problems and/or questions regarding NMHS’ compliance with applicable laws and regulations. The response by Auditing includes: (i) an investigation into the issue; and (ii) a report to the General Counsel, the Chief Compliance Officer, and the Compliance Committee as to the validity and depth of the issue, as well as any recommended corrective action.

Secondly, Auditing is responsible for performing random audits to gauge and monitor NMHS’ compliance with applicable laws, rules, and regulations. Such audits include examining the policies and procedures to determine if they are adequate to deter or detect non-compliant behavior.

The Chief Compliance Officer has a tri-fold reporting relationship with the Vice President and General Counsel, the Chief Executive Officer, and the NMHS Compliance Committee. In turn, the NMHS Audit & Compliance Committee reports to the Board. The NMHS Compliance Committee consists of at least six (6) Board members. In
addition, the Vice President and General Counsel, Vice President of Human Resources, the
Chief Compliance Officer, and the Internal Audit Manager, also participate in the
meetings.

2) SPECIALIZED COMPLIANCE GUIDANCE

In addition to the general guidance provided herein, NMHS also seeks to help ensure
compliance in specific areas that the government has identified as requiring specialized
attention. These areas include the following:

a) Home health services;

b) Clinical laboratory services;

c) Hospice services;

d) Nursing facility services;

e) Physician practice services (independent and small group); and,

f) Ambulance services.

Accordingly, the provision of any these services should be properly ordered and/or
requested. Thereafter, any such services should be timely and properly performed and
documented by qualified and appropriately licensed personnel. By doing so, NMHS
helps ensure that its billing process is consistent with the provision of medically
necessary services and is in accordance with all applicable laws, rules, and regulations.

3) HOTLINE

NMHS has established, and encourages the use of, the NMHS Compliance Hotline,
(888) 246-2938. Through the hotline, NMHS employees have an easily accessible
avenue to raise concerns and to report possible wrongdoing. Every call, to the extent
possible, will be treated confidentially. Calls will not be recorded or traced. The caller
may remain anonymous if he/she so desires. The NMHS Chief Compliance Officer will
investigate all calls and help ensure that appropriate and necessary follow-up action is
taken. NMHS policy prohibits any employee from taking retaliation against a
Compliance Hotline caller who calls in good faith. Other phone numbers employees
may utilize are as follows:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Compliance Officer</td>
<td>(662) 377-4148</td>
</tr>
<tr>
<td>Vice President, General Counsel &amp; Privacy Officer</td>
<td>(662) 377-4229</td>
</tr>
<tr>
<td>Vice President of Human Resources</td>
<td>(662) 377-3058</td>
</tr>
</tbody>
</table>

4) ENVIRONMENT OF CARE PLAN

To help protect our patients and our employees, NMHS is committed to providing a
drug-free (physician prescribed drugs for patients excluded), safe, and healthy work
environment. Each employee is responsible for assisting with our efforts to comply with
all applicable environmental, health, and safety laws, rules, and regulations. Please
observe posted warnings and regulations. Your supervisor should be immediately
notified of any accidents or injuries sustained on the job, as well as any other
environmental and/or safety concerns or questions you may have. The Materials and
Hazardous Waste Plan and the Environment of Care Manual are available on the
Internet on the "Safety Management" home page. For additional information, contact
the NMHS Safety Manager at 377-4283.

5) BLOOD-BORNE PATHOGENS: EXPOSURE CONTROL PLAN

NMHS seeks to comply with all applicable Occupational Safety and Health
Administration (OSHA) standards, rules, and regulations with respect to blood-borne
pathogens in its efforts to protect its employees, patients, medical staff, and visitors
against exposures of blood and other bodily fluids. Employees should carefully follow
requirements set forth in the Hospital Exposure Control Plan (such as using universal
precautions when working with blood and bodily fluids).

6) HAZARDOUS MATERIAL PLAN

Chemical exposure may cause or contribute to health problems, and some chemicals
may also be a safety hazard, having the potential of causing fires and other accidents.
The NMHS Hazardous Material Plan is designed to educate employees about work
hazards and to help protect themselves, patients, and visitors. If the NMHS
employees should seek to carefully follow these policies and procedures, use of personal
protective equipment, and other work practices described in the Chemical Spill Response
Plan to help safeguard against hazardous chemicals exposures.

7) HAZARDOUS WASTE PLAN

Hazardous waste, when not handled properly, can pose significant safety and health
risks. A spill or release of hazardous waste requires clean up by specially-trained
personnel utilizing special equipment. Each NMHS facility should identify and provide
for the control of hazardous waste, and prepare and implement appropriate emergency
response policies and procedures.

8) WORKPLACE VIOLENCE

NMHS seeks to follow all applicable OSHA standards, rules, and regulations with
respect to the prevention of workplace violence. Accordingly, NMHS has a zero
tolerance policy against any such violence. These guidelines are set forth in our
Security Management Plan. Possession of firearms of any kind on NMHS premises,
except by authorized law enforcement personnel, is strictly prohibited. In the event of
violence of any nature, immediately contact NMHS security at your facility. Any act of
violence by an employee, including verbal threats and grounds for disciplinary action, up
to and including discharge.

9) EMPLOYMENT

NMHS employment guidelines and practices are intended to comply with all applicable
laws, rules, and regulations. Most employment guidelines are outlined in the NMHS
additional information, please contact the NMHS Employment Services Department at 377-2555.

10) EMPLOYMENT DISCRIMINATION/HARASSMENT

It is a violation of federal and state laws, and NMHS policies and procedures, to discriminate in any way and any respect in the treatment of employees and patients with regard to race, color, religion, gender, sexual orientation, age, national origin, ethnicity, disability, or veteran status. NMHS employees shall be free from all forms of sexual harassment, intimidation in the workplace, and from retaliation for good-faith reporting of suspected instances of discrimination and/or harassment. Verbal abuse and physical contact of a sexual nature by any agent, employee, supervisor, manager, or NMHS medical staff member, including sexual advances, requests for sexual favors, or other conduct which tends to create an intimidating, hostile and/or offensive work environment, is prohibited. NMHS also prohibits harassment based upon race, color, religion, gender, sexual orientation, ethnicity, national origin, disability, or veteran status. Any suspected instances of such discrimination or harassment shall be immediately reported to Rodger Brown, Vice President for Human Resources at 660-377-3556 or the Compliance Hotline at 888-248-2508. Further information on NMHS employment practices is contained in the Employee Guidelines Booklet.

In the event problems arise or become apparent which cannot be handled by an individual, on an informal basis, it is appropriate for the employee to request assistance from management. Under such circumstances, it is management’s responsibility to treat the request seriously, discreetly, and professionally.

In the event a supervisor knows of, or observes, inappropriate conduct that could be in violation of this policy, it is the supervisor’s responsibility to immediately report this to the Director of Employment Services at 662-377-3556 or the Vice President of Human Resources so that the appropriate investigative actions can be taken, and where warranted, prompt corrective action.

11) CORRECTIVE AND DISCIPLINARY GUIDELINES

When unacceptable performance and/or behavior occurs, the appropriate management will review the known facts and circumstances of each particular case and take the appropriate corrective action. Such actions taken may include, but are not limited to, verbal and/or written counseling and/or warning, discharge from employment; and/or other actions NMHS deems appropriate.

The following are the guidelines for use in conducting an investigation:

a) Interview relevant personnel and review relevant documents.
b) Remove the employee(s) under investigation if the Chief Compliance Officer, Vice President/General Counsel, and/or Vice President for Human Resources agrees.
c) Take steps to prevent the destruction of documents or other evidence relevant to the investigation.
d) Timely completion of the investigation and implementation of any necessary corrective action.
e) Notification of appropriate federal, state, and/or local authorities as required.

NMHS will not knowingly employ any individual who is listed by any federal agency as debarred, excluded, or otherwise ineligible for participation in any federally funded health care programs. This Plan is not a contract and is not intended to alter the indefinite duration of the at-will relationship which gives you and NMHS the right to discontinue the employment relationship at any time for any reason, or for no reason. Also, no NMHS officer or employee is authorized to make any oral agreement contrary to the above.

12) MEDICAL RECORDS, RECORDS RETENTION, CONFIDENTIALITY, AND COMPUTERS

NMHS is committed to maintaining accurate records. There are several types of records—those that are required by federal and state law for participation in federal healthcare programs, those necessary to protect the integrity of the hospital’s compliance process, and those for business purposes, including billing records and medical records.

a) MEDICAL RECORDS: All medical records should contain sufficient documentation to support the medical necessity of the medical services provided. A medical record must be maintained for every patient evaluated or treated at an NMHS facility, either on an inpatient or an outpatient basis. Medical records should be legible, accurate, and timely written or typed either on paper or in electronic form. Such medical records should be timely and properly completed, properly filed, and retained in their original format, in an approved electronic format, or in an approved electronic format for a minimum period of at least twenty-eight (28) years. Upon notification to the patient or consent from the patient, x-ray film and other graphic data may be destroyed after four (4) years.

b) BUSINESS RECORDS: As a general rule, all other business records, including billing records, should be maintained in their original format or in an approved electronic format for a minimum period of ten (10) years unless specific prior management approval is obtained. Any destruction of original records should not be done without the Chief Compliance Officer’s or the General Counsel’s approval.
c) CONFIDENTIALITY: Patient Information: NMHS is committed to compliance with all federal and state laws regulating patient privacy, and the security and confidentiality of patient information. A violation of patient confidentiality may result in disciplinary action of employees (up to and including termination of employment and/or computer access) and/or NMHS medical staff members (up to and including termination of privileges and/or computer access).

Employees and staff should only discuss with others their involvement in a patient’s treatment as is necessary to perform their employment duties, for the treatment of patients, for payment of services, or for healthcare operations. All employees, agents, and NMHS medical staff members are responsible for maintaining and safeguarding the security and privacy of our patients’ medical information. Even innocently mentioning a patient’s name within earshot of an unauthorized listener can be a confidentiality violation. Telling a church member that another church member is an NMHS patient, while seemingly innocent, can also be a violation.

An employee or medical staff member should not use their access to review the records of a co-worker, family member, friend or other acquaintance unless they are involved in the treatment, payment for services, or healthcare operations regarding such individual(s). Even if authorized to access such patient information, employees and medical staff should only access the information minimally necessary to perform their required duties.

d) USE OF NMHS COMPUTERS: NMHS has an award winning sophisticated computer system. This system also includes Internet and e-mail. The same rules of confidentiality that apply to a paper medical record apply to the electronic medical record. Guard your password closely. Never give your password to someone else, or use someone else’s password. Misuse of a password is a violation of your agreement to utilize the system, and can result in disciplinary action, up to and including termination. NMHS performs random and specific audits on employees and staff who access patient records.

e) E-MAIL: E-mail is an important tool for conducting business and effectively carry out one’s job. However, please keep in mind that when using the e-mail system, all information placed in the e-mail system is subject to review by NMHS. NMHS specifically reserves the right to audit any employee’s e-mail for any purpose, including but not limited to harassment, offensive behavior, and personal use. Use of the e-mail for personal reasons should be kept to a minimum. A violation of this policy may subject the user to loss of e-mail privileges and/or disciplinary action, up to and including termination.

f) INTERNET: The Internet is an additional tool that can be used to assist employees and medical staff in performing their jobs. However, use of the Internet should be for business purposes only, and any personal use should be kept to a minimum. Use of the Internet to locate, view, print, or download pornographic, sexually offensive, racially offensive, or other materials that NMHS would deem offensive is strictly prohibited. Doing so may result in loss of Internet privileges and/or disciplinary action, up to and including termination. NMHS specifically reserves the right to audit any employee’s Internet usage for any purpose, including, but not limited to harassment, offensive behavior, and any personal use.

g) SOCIAL NETWORKING WEBSITES: Use of any electronic device (cellular phone, PDA, computer, or Internet access, including chat rooms, social networking sites, etc.) for personal reasons at work is strongly discouraged and may be prohibited at the discretion of individual managers on an individual or group basis. If such electronic devices are allowed to be brought into the workplace, responsible use is expected and required. Accordingly, electronic devices will be silenced at all meetings at all times and they must be switched off during duty except for rest breaks and meal periods unless an emergency or business reason has been previously approved by a supervisor. Employees must not use electronic devices in patient areas or in halls where patients or family members are present except for common eating areas. Electronic devices may only be used to access social networking websites (Facebook, MySpace, and/or Twitter, etc.) during approved rest breaks and may be used only during work time. However, social networking sites may not be used while in NMHS computers, NMHS networks or other NMHS electronic devices. Regardless of whether using an NMHS owned computer, a personally owned computer, or an electronic device, social networking sites must never be used to discuss or post any NMHS business information. Discussions or posts that put NMHS or any of its employees, patients, and/or medical staff in an unfavorable light are prohibited. Regardless of whether using an NMHS owned computer, a personally owned computer, or an electronic device, social networking sites may never be used to discuss, disclose, or post any patient information, condition, activity, or treatment whether or not such includes the patient’s name or any other
13) **CONFLICT OF INTEREST**

Conflicts of interest exist when the loyalty of an NMHS employee is divided between responsibilities to NMHS and responsibilities to an outside interest. NMHS and most of its subsidiaries are federally tax-exempt organizations. However, in exchange for tax exemption, NMHS must provide community benefits, not personal benefits. Therefore, NMHS has a policy for dealing with Conflicts of Interest that may arise for officers, members of the Board, and those individuals who have significant influence in the organization. Conflicts of Interest apply to all employees, agents, Medical Staff, officers and directors of NMHS organizations. If a business relationship feels and looks like a conflict of Interest, it probably is and should be disclosed and resolved. Conflicts of interest are often not black and white decisions, but a fine line of conduct to be followed. A good rule to follow is to avoid any business relationship in which you or a member of your family materially benefits. In other words, employees, agents, Medical Staff, officers, or Board must avoid engaging in any activity, practice, or act which conflicts with the interests of NMHS and the patients it serves. NMHS employees, agents, Medical Staff, officers, or Board must also avoid situations that would create even the appearance of a conflict of interest.

No employee nor any member of an employee’s family may accept any personal gift or favor from an NMHS competitor, contractor, customer or supplier, or anyone with whom the employee does business on behalf of NMHS. However, please note that gifts such as flowers, fruit, or gifts of minimal value or reasonable personal entertainment may be ethically accepted if the gift would not influence, or reasonably appear to others to be capable of influence. If the value of the gift is over $50 or if there is any question regarding whether the gift meets the standards of reasonableness, the employee must disclose the details of the gift and seek approval from your supervisor, with a copy to the Internal Audit Manager, prior to accepting the gift, or refuse the gift and/or properly return the gift to the donor. Disclosure of possible conflicts of interest shall be made to the Chief Compliance Officer or to the General Counsel.

Each NMHS employee is expected to conduct NMHS business to the best of his or her ability, and for the benefit of and in the best interest of NMHS. No employee may become involved in any manner with NMHS competitors, contractors, customers, or suppliers if such involvement would result in improper personal gain, or even the appearance of improper personal gain.

NMHS employees are expected to devote their entire working time to the performance of their NMHS duties. Outside business or consulting activities are not prohibited except to the extent that any of those would divert time, resources, interest and talents away from such duties. NMHS employees are encouraged to engage in charitable activities with social, civic, and religious groups during their personal time.

NMHS employees may not use for their personal benefit any NMHS proprietary information. Employees should discuss such business information only as required in the performance of their job, or only with the prior express written authorization of NMHS.

14) **GOVERNMENT INVESTIGATIONS**

It is NMHS’ policy to cooperate fully, to the extent allowed by applicable federal, state, and local laws, rules, and regulations, with any reasonable governmental demand made in a government investigation. In doing so, however, it is essential that the legal rights of NMHS and its personnel involved be protected. If any employee receives an inquiry, subpoena, or other legal document regarding NMHS business, whether at home or in the workplace, from any governmental agency, NMHS requests that the employee notify his or her supervisor or the General Counsel’s office immediately. If an individual is contacted at home by a government agency concerning NMHS business, the individual may ask the agent to come back later.

NMHS employees should understand that they are under no obligation to voluntarily submit to an interview with any government investigations. Whether or not the employee decides to submit to an interview is the employee’s own choice. If an employee decides to submit to an interview, the employee has the right to request that the interviews take place during normal business hours on NMHS’ premises, and that neither NMHS legal counsel or employee’s personal lawyer be present.

Employees may not give or show to investigators any NMHS documents without the express permission of NMHS, or a valid subpoena or valid search warrant. No law enforcement agent is allowed to conduct a search of any home or business without a valid search warrant signed by a judge. Therefore, anyone claiming to be an agent with a warrant should be asked to show proper identification and provide a copy of the search warrant. NMHS employees should ask for a business card from the lead agent. Employees should treat the agent’s presence as an emergency.

It is a crime to obstruct an agent in the lawful exercise of his or her duties, including execution of a search warrant. However, asking questions and demanding a copy of the warrant are not obstruction. Remain calm, polite and observant. In other words, observe the course of the search, but do not interfere with it. Do not destroy evidence. Nothing is worse in a governmental investigation than destruction of evidence. Any hint of destruction of evidence leads the government to take quicker and more serious steps. If any government agent appears for an interview or with a subpoena or search warrant, immediately contact the General Counsel’s office. Employees should watch the agents and take notes as to the type of evidence seized, request an inventory and make every effort to assure that the inventory is specific enough to be useful.
16) PERSONAL ELECTRONIC DEVICES

Personal electronic devices include, but is not limited to, such items as cellular telephones (with and without embedded cameras), pagers, Blackberry’s, iPod’s, MP3 players, audio recorders, or video recorders, etc. Employee’s use of such devices is governed by NMHS policies and procedures. In no event are any individuals, employees, or non-employees permitted to use any such device to download, transmit, capture or remove any NMHS data including but not limited to business or patient information without prior express approval.

17) FRATERNIZATION

Employees should not allow a close relationship to disrupt the workplace, interfere with job functions, or interfere with patient care. While NMHS has no desire to intrude into the personal lives of its employees, the avoidance of conflicts of interest, favoritism, bias, disruptive behavior or indecent behavior, is essential to the proper functioning of our business. If such a situation occurs it will be reviewed on a case by case basis to determine whether a change in employment status or corrective action is warranted. While all employees shall avoid these conflicts of interest, bias and behaviors, supervisor level employees are expected to avoid even the appearance of impropriety.

For the purposes of this guideline, the term “close relationships” means spouses, persons dating one another, persons residing together, persons engaged in physical relationships and domestic partnerships. Please also review NMHS' policies regarding harassment/sexual harassment and employment of relatives guidelines.

18) EMPLOYMENT OF RELATIVES

No employees of NMHS should be employed to work under the general or direct supervision of a relative.

Relatives may be hired when there is no manager or subordinate relationship provided the person possesses the usual qualifications for employment. It is most desirable that relatives not be hired in the same department or in the same cost center. When relatives do work in the same department and one is promoted, both may maintain their positions if not under the direct or indirect supervision of each other and neither occupies a position with influence over the other's employment, promotion, salary, and other related management or personnel considerations.

For the purposes of this guideline, the term “relative” means spouse, mother or father, son or daughter, brothers and sisters, including steps, father-in-law and mother-in-law, son-in-law and daughter-in-law, sister-in-law, brother-in-law, aunts and uncles, nieces, nephews, and first cousins or other persons living in the same household.

B. SERVICE

1) CONSENT AND NON-DISCRIMINATION

Patients have the right to be informed about medical treatment and to consent to those treatment decisions. Except in emergencies, no medical procedure may be performed without the patient’s consent. At all times, patients should be treated with dignity and respect. NMHS facilities should keep patient records strictly confidential as required by law. The provision of medical treatment and care is not based upon, or affected by, an individual’s race, ethnicity, religion, national origin, gender, citizenship, age, preexisting medical condition, physical or mental disability, insurance status, economic status, or ability to pay.

2) ADMISSIONS

NMHS facilities will admit and treat patients who need or who may benefit from treatment by NMHS medical staff members. Only a physician can make the determination of whether to admit an individual to an NMHS facility. A patient’s medical treatment received in a NMHS facility should be based on clinical need, not revenue or expenses.

3) TREATMENT OF PATIENTS WITH EMERGENCY CONDITIONS

It is NMHS' policy that all NMHS hospitals should comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) for patients who come to a NMHS emergency department seeking an examination or treatment (regardless of whether or not such individuals are eligible for insurance benefits or their ability to pay) for a medical condition. As required by EMTALA, we will provide a medical screening exam by qualified medical personnel to all such individuals to determine if the individual has an emergency medical condition. If it is determined that the individual has an emergency medical condition, NMHS hospitals and Medical Staff will provide the individual with such further medical examination and treatment as required to stabilize the medical condition, within the capacity and capability of the hospital, and its medical staff, or arrange for the transfer of the individual to another facility. Neither NMHS and nor any member of its medical staff should delay the provision of a medical screening exam in order to inquire about the individual’s method of payment or insurance status.

C. QUALITY

1) QUALITY CARE

The primary goal of NMHS corporations is to provide quality, cost effective healthcare services that respond to individual, family and community needs in a safe, healing environment. NMHS is committed to providing quality care to its patients and to the delivery of health care services in a responsible, reliable and appropriate manner. NMHS is also committed to the goal of quality patient care and is sensitive to patient needs. NMHS corporations will seek out and employ only healthcare professionals with proper experience and expertise in meeting our patients’ needs. NMHS will not knowingly employ any individual who is listed by any federal agency as disabled, excluded, or otherwise ineligible for participation in any federally funded health care programs. NMHS does not waive insurance co-payments or deductibles or otherwise
provide financial benefits to patients in return for admissions except for legally approved contractual arrangements in which co-pays and deductibles are waived as part of a
managed care agreement. Under certain circumstances, an NMHS hospital may provide appropriate financial accommodations (such as allowing monthly payments over time) to patients based purely on the financial need of the individual patient or may provide uncompensated care to patients because of financial need and inability to pay. NMHS employees who wish to report a safety or quality-of-care concerns or questions may do so to their supervisor. If the employee feels the issue was not dealt with satisfactorily, the employee may report the issue to The Joint Commission. The Joint Commission may be contacted by phone at 1-800-555-6400 or by email at complaint@jointcommission.org. NMHS will not take any retaliatory or disciplinary actions against employees, physicians, or other individuals making a good faith report.

2) RISK MANAGEMENT

NMHS Risk Manager, in conjunction with other risk managers throughout our system, is committed to reducing hazards and risks for all NMHS employees, patients, and visitors. If a visitor or patient accident, injury or incident occurs, please submit a Good Catch report which can be completed through the Good Catch Intranet Website and notify your immediate supervisor. In addition, you may contact the NMHS Risk Manager at (662) 377-3139 or your facility’s risk manager. If an employee accident, injury or incident occurs, please complete an Employee Occurrence Report (OCR) form located in your department and contact Employee Health at (662) 377-4126 or the appropriate individual at your facility.

3) SAFE MEDICAL DEVICE ACT

The Safe Medical Device Act ("SMDA") is a federal law that requires the reporting of incidents involving a patient or employee injury involving a medical device. MDR stands for Medical Device Report. A reportable incident is one that reasonably suggests that the medical device contributed to the death, serious injury, or serious illness of a patient or employee. For all reportable incidents, a GCR should be filled out. A serious injury or illness is one that is life threatening or necessitates emergent medical and/or surgical intervention. If you have any questions regarding whether or not a reportable situation exists, please contact NMHS Risk Manager at (662) 377-3139 or your facility’s Risk Manager.

D. FINANCIAL

1) PRIVATE BENEFIT

Congress has passed the Intermediate Sanctions Tax which states the Internal Revenue Service ("IRS") will impose an excise tax on "excess benefit transactions." An excess benefit transaction is when a person receives more than fair market value from NMHS or pays NMHS less than fair market value for products or services. If it is determined that a person with substantial influence in NMHS received, arranged, or influenced a transaction above or below fair market value, then that person may be subject to a twenty-five percent (25%) penalty tax. The tax is applied to the difference between the actual amount of the transaction and its fair market value. In addition, an excise tax of 10% of the excess may be imposed on any management personnel who knowingly approved the transaction. For more information on the excess benefit tax or private inurement, please contact the General Counsel’s office. To report a transaction that may be a violation of private inurement regulations, call the NMHS Corporate Compliance Hotline, the Chief Compliance Officer, or the General Counsel.

2) POLITICAL CONTRIBUTIONS AND COMMUNICATIONS

Although employees are encouraged to participate freely and actively in the political process, each employee should ensure that his or her own political activities are lawful and separate from those of NMHS. NMHS will not contribute anything of value to any political party or candidate for public office. No employee may make or reimburse another person for making any contribution, expenditure or payment directly or indirectly from NMHS funds for the use or benefit of, or in support of, or opposition to, any political party or candidate for public office. Furthermore, no NMHS employee may engage in activities that may create the public perception that NMHS is endorsing a particular political party and/or candidate for public office.

In an effort to live by the spirit of 501(c)(3) regulations and to avoid perceived conflicts of interest in the political arena, it is the recommendation of NMHS that members of the System Leadership Team limit their contributions to $200 per candidate in any political campaign. In addition, members of the System Leadership Team shall not communicate their support of any particular candidate so as to create the appearance that the organization supports that candidate.

3) MANAGEMENT CONTROLS

In carrying out the responsibilities for administering internal accounting controls, managers must ensure that:

(a) Business transactions of all kinds are executed only by employees authorized to do so. The only individuals authorized to sign binding contracts on behalf of NMHS are the corporate officers or individuals specifically authorized by such officers or Board, up to the authorized limits.

(b) Access to assets of all kinds (cash, inventory, supplies) is permitted only with the authorization by appropriate management.

(c) Business transactions are reported as necessary to permit preparation of accurate financial and other records, and to clearly reflect the responsibility for assets.

(d) Records identifying the responsibility for assets are compared with actual assets at reasonable intervals. Appropriate action shall be taken if there are discrepancies.

(e) Managers should ensure that company records accurately and fairly represent all business transactions.
4) **FRAUD AND ABUSE**

Part of the need for the Plan is a result of the increasing number of investigations and large monetary settlements in recent years involving fraud by health care providers. These investigations make aggressive compliance efforts critical for health care entities operating today. Of primary concern for health care providers are the Anti-Kickback Statute, the Stark Law, and the False Claims Act.

5) **FEDERAL ANTI-KICKBACK STATUTE**

The federal Anti-Kickback Statute (42 U.S.C. § 1320a-7(b)) states as follows: The knowing and willful solicitation, offer or payment of any remuneration (cash or in kind) in return for referring an individual for any item or service at which payment may be made in whole or in part under The Medicare Program. This statute prohibits: 1) the solicitation or receiving of money for referrals of Medicare or Medicaid patients, or for referrals of services or items which are paid for, in whole or in part, by Medicare or Medicaid; 2) the solicitation or receiving of money in return for purchasing, leasing, ordering, or arranging for, or recommending purchasing, leasing, or ordering, any good, facility, service or item for which payment may be made, in whole or in part, by Medicare or Medicaid; 3) offering or paying money for referrals of Medicare or Medicaid patients or for referrals for services or items which are paid for, in whole or in part, by Medicare or Medicaid; and 4) offering or paying money in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service or item for which payment may be made, in whole or in part, by Medicare or Medicaid.

A person engaged in any such prohibited conduct may be fined up to Twenty-Five Thousand Dollars ($25,000) or imprisonment for not more than five (5) years, or both. For further information on the Anti-Kickback Statute, or if you have any further questions on the Anti-Kickback Statute, please contact the General Counsel or Chief Compliance Officer.

6) **STARK SELF-REFERRAL STATUTE**

In 1989, Congress enacted the Ethics in Patient Referral Act known as STARK (42 U.S.C. § 1395nn). STARK I and II generally prohibit physicians from referring Medicare patients to clinical laboratories, inpatient and outpatient hospital services, radiology services, durable medical equipment, physical therapy, home health services, and outpatient drugs (“designated health services”). If the referring physician (or a member of the physician’s immediate family) has a financial relationship (i.e., ownership, medical directorship, lease agreement, recruitment agreement) or other compensation arrangement with the designated health service (i.e., hospital, nursing home, clinic). Exceptions to this rule include certain arrangements including bona fide employment agreements, group practice exceptions, and the office ancillary services. If you have questions on STARK, or whether or not a referral would be in violation of STARK, please contact the General Counsel or Chief Compliance Officer.

7) **FALSE CLAIMS ACT**

The False Claims Act (FCA) has existed since the Civil War. An FCA violation occurs when a person presents, or causes to be presented, a claim for payment to the federal government that the person knew or should know is false or fraudulent. This generally involves improper coding and billing for services that were not rendered, or for services rendered at a lower level than billed. If you need additional information on the FCA or if you have any questions or believe a violation of the FCA has occurred, please contact the General Counsel or the Chief Compliance Officer.

Additionally, the FCA authorizes “qui tam” actions to be brought by private individuals having direct knowledge of any such suspected violation. Such individuals are referred to as “qui tam relators,” and are more commonly referred to as “whistleblowers.” As required by the FCA, NMHS extends any and all protections afforded to such whistleblowers. Consequently, NMHS will take no discriminatory, retaliatory, and/or disciplinary action, against any such whistleblower for any good faith actions taken in accordance with the FCA.

Any individual who believes that NMHS has violated the FCA, such individual should report the suspected violation to the NMHS Compliance Hotline at (866) 246-2868, the Chief Compliance Officer at (662) 377-4148, the General Counsel at (662) 377-4229, or the Vice President of Human Resources at (662) 377-3655. Lastly, if the individual feels the suspected violation was not handled properly, they may pursue the filing of a qui tam action and/or contact the Department of Health and Human Services, Office of Inspector General by phone at 1-800-447-8477 or at the following address:

Office of Inspector General
Department of Health and Human Services
Attn: HOTLINE
330 Independence Ave., SW
Washington, DC 20201

9) **CIVIL MONETARY PENALTIES**

The Medicaid and Medicare Patient Program Protection Act authorizes civil monetary penalties for improper filed claims (false claims for services rendered, e.g., improper documentation, coding, or level of service provided) for a medical item or service that a person or entity knew or should have known would result in a greater payment than they would otherwise be entitled. Penalties can also be imposed for submitting a claim for a medical item that a person or entity knew or should have known was false or fraudulent. Lastly, penalty can also be imposed when a person or entity procures incentives for reducing or limiting services.

9) **BILLING**

Improper billing can result in a violation of the False Claims Act. NMHS seeks to bill patients and/or third-party payers (including government payers) accurately, and in
employees should first contact the Compliance Officer of the General Counsel’s office for advice.

11) GIFTS FROM VENDORS AND PHYSICIANS

Employees may not accept monetary gifts (cash) from vendors or physicians. Employees may accept non-monetary gifts from vendors or physicians so long as such non-monetary gift is of minimal value (One Hundred Dollars ($100.00) or less per year) and is voluntarily offered by the vendor or physician. Perishable or consumable gifts given to employees are not subject to any specific limitations. Under no circumstances should employees solicit any gifts, monetary or non-monetary, from any vendor or physician.

12) SOLICITATION AND/OR ACCEPTANCE OF GIFTS FROM PATIENTS

NMHS employees may not solicit or accept any gift or gratuity from any patient, or anyone acting on the patient’s behalf. No monetary gifts such as baked goods, flowers, candy, and trash are permitted so long as the value of such non-monetary gifts is less than fifty dollars ($50.00).

13) GIFTS AND GRATUITIES TO PATIENTS

NMHS employees may not offer or give gifts or gratuities to patients, or anyone acting on the patient’s behalf if such gift and/or gratuity exceeds Ten Dollars ($10.00). Any such gift or gratuity in excess of this amount may be a violation of the Civil Monetary Penalty statute in that it may be viewed as remuneration that may influence the patient’s selection of their healthcare provider. NMHS employees are encouraged to contact the Compliance Officer or the General Counsel’s office if they have any questions.

14) CHARITY CARE POLICY

NMHS will provide medically necessary services to patients who reside in the hospital service area, and whose household income levels are below 100% of the NMHS Poverty Guidelines, free of charge or at a reduced charge. For more information contact 1-888-615-9595 or www.nmhs.net.

E. GROWTH

1) BUSINESS DEVELOPMENT

NMHS will forgo any business which can only be obtained by improper and illegal means. NMHS will not knowingly make any unethical or illegal payments to anyone to

What connected feels like™
incurs the use of our services. An NMHS employee should never make a payment which, if it were publicly disclosed, would embarrass the employee or NMHS. To avoid the appearance of impropriety, NMHS will not knowingly provide any payment or reimbursement for expenses incurred by any governmental or public representative or employee, except where allowed or required by law.

The decision to admit or treat individuals is a separate and independent clinical decision made by physicians. Admission or treatment is not based upon the patient’s ability to pay, or upon revenue or expenses.

2) PHYSICIAN AGREEMENT AND PREREQUISITES

Every NMHS agreement, or other contemplated transactions or relationships, with a physician must be submitted in advance to the General Counsel’s for review and approval. All agreements with physicians must be in writing and signed by both parties, must specify the services to be provided by the physician and must be for a term of at least one (1) year. The total compensation must be set in advance and be consistent with the fair market value for such services. Additionally, such compensation may not be determined in a manner that reflects referrals otherwise generated by the parties. No employee is allowed to offer or grant any benefit to a potential or actual referring physician on the condition that such physician agrees to refer any patient to a NMHS facility.

3) ANTITRUST LAWS

Vigorous competition is an essential element of our free enterprise system. The basic objective of antitrust laws is to protect and preserve competition from unreasonable restraints. It is the policy of NMHS to comply fully with antitrust laws. This policy applies to all NMHS personnel, all NMHS subsidiaries, especially employees holding management and marketing positions. Due to the complexities of antitrust laws, all NMHS employees should contact the General Counsel’s officer whenever any question arises as to the possible application of antitrust laws. While concerned with all antitrust laws, there are two (2) particular areas of concern.

(a) Unlawful Per Se Agreements. Violations in this category include agreements or understandings to fix, stabilize, or control prices, including resale prices; to allocate products, markets, or territories; to boycott certain customers or suppliers; or to agree not to engage in the supply of the same or sale of any product or service line. In no event shall any NMHS employee engage in any discussions, agreements or understandings with any competitor with respect to any matter that would artificially set prices.

(b) Agreements subject to Rule of Reason Analysis. Under the “Rule of Reason,” a court determines whether, in light of the particular facts or circumstances, a certain transaction or practice, agreements are the result or by-product of an “unreasonable” restraint of trade.

(Revised 1/14/2014)
For more information

• Go to any NMHS computer and double click on the “blue e”
• Click the “Alpha Menu A – Z
• Click “L”
• Click Legal – Office of General Counsel
• There you will find contact information on all current staff.