Code of Conduct

UC Irvine Health

UNIVERSITY OF CALIFORNIA, IRVINE
A Passion for Care. The Power to Cure

University of California, Irvine Medical Center Mission (Our Purpose)

Discover. Teach. Heal.

The mission statement centers us and serves as an ever-present reminder for all of us on why our institution exists.

This statement represents our interwoven tripartite mission of excellence in patient care, research and education. Our mission is fundamental to our overall plan because it serves as the guide post by which strategic decisions will be made.

UC Irvine Medical Center Vision (Our Aspiration)

To be among the best (top 20) academic health centers in the nation in research, medical education, and excellence in patient care.

Our vision statement sets a target for our organization and represents our 10 years long-term goal. The five-year strategies contained in our strategic plan begin to address the gaps between where we are today and what we aspire to become. The strategies will move us closer to achieving our vision and are attached to metrics that we will review regularly to ensure we are on course.

Values (behaviors we live by and reward)

ARI²SE

A ACCOUNTABILITY
We are each responsible for the achievements and successes of UC Irvine Health.

R RESPECT
We foster an environment of mutual respect and trust amongst ourselves and with all whom we serve.

I INTEGRITY
We tell the truth and strive to earn the trust of those around us.

I INNOVATION
We seek ideas and approaches that can change the way the world discovers, teaches and heals.

S SERVICE through teamwork
As departments, units and individuals, we collaborate to effectively and compassionately serve our patients, each other and our community.

E EXCELLENCE
We are committed to achieving the highest level of excellence in patient care, discovery and education.
In an effort to further our mission of providing quality health care to our patients while, at the same time, advancing the prevention of fraud, abuse and waste in our health care delivery system, we have implemented a Corporate Compliance Program. This Program addresses effective internal controls that promotes adherence to applicable federal and state laws, and the program requirements of federal, state and private health care plans. This Corporate Compliance Program applies to operations involving University of California, Irvine Medical Center and ambulatory sites, UC Irvine University Physicians & Surgeons and the clinical activities of UC Irvine School of Medicine academic departments. The existing Professional Fee Billing Compliance Program, the Clinical Laboratory Compliance Program and the Research Compliance Program has been incorporated into the UC Irvine HealthSystem Corporate Compliance Program.

This document entitled “UC Irvine Health Code of Conduct” is an important part of our compliance program and has as its purpose to bring together information on the Healthcare’s standards for ethical and legal conduct. The Code of Conduct applies to all UC Irvine Health employees and students. The Code of Conduct serves as a guide to each employee and student involving our operations and patients. Each employee and student is expected to adhere to the Code whenever he or she acts on behalf of our organization. It is critical that all employees and students understand his or her responsibility to not only adhere to the Code but also to actively participate in and promote compliance.

With your help, we can achieve our goals of providing quality health care services, health professional training and biomedical research in compliance with all laws and regulations.

Howard Federoff, M.D., Ph.D.
Vice Chancellor of Health Affairs
CEO of the UC Irvine Health System
University Of California, Irvine Health 
Code of Conduct

AS AN EMPLOYEE OR STUDENT OF UCI HEALTH YOU ARE RESPONSIBLE TO COMPLY FULLY WITH THE CODE OF CONDUCT CONTAINED IN THIS EMPLOYEE HANDBOOK.

Purpose of the Code of Conduct?
The UC Irvine Health Code of Conduct (Code) has as its purpose to provide guidance to all UC Irvine HealthSystem employees and students in carrying out their daily activities in a legal and ethical manner. The Code consists of 14 standards, each of which is designed to address areas identified as high priority for compliance oversight. Although these standards are intended to communicate policies that are comprehensive and easily understood, sometimes they are very complex. If you are unclear on a particular issue, we encourage all of our employees and students to ask questions.

How do I communicate a question or concern about a compliance issue?
UC Irvine Health supports open discussion of ethical and legal questions and concerns regarding compliance issues and will not tolerate retaliation against any individual who, in good faith, raises questions or reports suspected violations.

The current health care environment is very complex, with numerous complicated regulations that define how the University conducts its health care business. The purpose of a compliance program is to establish standards and policies that clearly communicate the appropriate ethical and legal behavior. However, questions may arise. It is better for an individual to raise a question than to doubt his or her actions or those of a coworker. It is better to raise a question than to do something wrong.

When University personnel have a question or concern regarding what should be the appropriate and ethical action, a number of options are available, including the following:
A. Communicate with an immediate supervisor or manager
   The individual should immediately discuss the issue with his or her supervisor, manager, or team leader because these individuals should be most familiar with the particular job requirements and business practices. The supervisor should provide a timely response to the individual or work with him or her to seek alternative solutions.

B. Talk with higher level management.
   If an individual is not comfortable speaking with a direct supervisor or manager, he or she should contact a higher level manager in the department or within UC Irvine Health. The list of names and phone number is on the last page of this hand book.

C. Contact the UC Irvine Health Chief Compliance & Privacy Officer (CCPO)
   At any point in the process, an individual can bring a question or concern to the CCPO or staff within the Compliance & Privacy Office. This would include situations where the individual believes that he or she has not received an appropriate, timely or ethical response from a supervisor.

D. Obtain help from other University resources
   University personnel can contact University management within other departments such as, human resources, risk management and internal audit.

E. Call the UC Irvine Health Confidential Compliance Message Line
   At any point, an individual can contact the Confidential Compliance Message Line (1-888-456-7006) to raise questions and clarify issues or to report suspected violations. Reports will be investigated or referred to appropriate personnel for resolution. University personnel who contact the Confidential Compliance Message Line may remain anonymous. University personnel may want to maintain a personal record of any communications or questions raised.
What if I become aware of a potential compliance violation?
All University personnel are encouraged to report issues, concerns or suspected violations if they believe that patient care is at risk or the ethical and business standards defined in the Code have not been met. University personnel should report these concerns directly to a supervisor, the CCPO or the Confidential Compliance Message Line. There will be no retaliation against University personnel who, in good faith, report suspected non-compliance or raise concerns about compliance issues.

The University’s Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities (the "Whistleblower Policy") describes the responsibilities and procedures for reporting and investigating known or suspected misuse of University resources by University personnel. The Chancellor has designated a Whistleblower Coordinator to be responsible for investigating misuse of University resources. The University Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing retaliation Complaints (the "Whistleblower Protection Policy") affirms that the University will not tolerate retaliation against University personnel who report suspected violations.

UC Irvine Code of Conduct Standards
Quality of Care Standard
The University’s academic health centers and health systems will provide quality health care in a manner that is appropriate, medically necessary, and efficient.

Policy:
1. All patients of the UC Irvine Health will be afforded quality clinical services.
2. Urgent and/or medically necessary services will be provided independent of payment methodology. The University’s health care professionals will follow current medical and ethical standards regarding physicians and other health care providers’ communication with patients, and where appropriate, their representative, regarding the care delivered.
3. The University recognizes the right of patients to make choices about their own care, including the right to do without recommended care or to refuse treatment.

4. University personnel, generally the patient’s health care provider or knowledgeable designee, will inform patients about the alternatives and risks associated with the care they are seeking and obtain the informed consent of the patient or their representative. To the extent possible, this will be provided in a language that the patient can understand.

Question: I am a clerk in an outpatient office. I noticed that a doctor ordered a DPT immunization for a child, but the nurse used a DT vaccine. I mentioned it to the nurse, she seemed annoyed and said she would handle it. I am not sure anything was done. Should I do anything else?

Answer: If you are uncertain, keep raising the issue. Talk to your supervisor. The nurse may have done what was needed, but you should be satisfied that you have an answer. Errors do occur in practice, but with care and attention from everyone, they can be prevented or corrected.

Question: I am an inpatient nurse. A patient asked about their scheduled surgery, including questions about other treatments that could avoid surgery. The patient chart indicates that the doctor discussed all this with the patient, but I am not sure that really happened.

Answer: It is critical for patients to personally hear from a physician about their treatment, alternatives, risks and benefits. The doctor may have had that conversation with the patient, but under the stress of the moment, the patient may not remember or had all their questions clarified. Bring this matter to the doctor’s attention or to your head nurse. Make sure the patient’s questions are answered. You have a personal obligation to that patient.
MEDICAL NECESSITY STANDARD

The University’s academic health centers and health systems shall submit claims for payment to governmental, private, or individual payers, for those services or items that are medically necessary and appropriate.

Policy:

1. When ordering or providing services or items, University physicians (or other health care professionals authorized by law to order items or services) shall only order those services and items that are consistent with generally accepted medical standards for diagnosis or treatment of disease and are determined by the profession to be medically necessary and appropriate.

2. In some cases, a health care professional may determine that services are medically necessary or appropriate, but the patient’s health plan may not cover those services. In those cases, a patient should refer to his or her health plan administrator to receive information about the process for disallowed claims or uncovered benefits.

3. Patients may request services that are not covered benefits. Such services may be provided as long as the patient has been given advance notice and has agreed to pay for the services. In these cases, the patient may request the submission of a claim for the services to protect his or her appeal rights with respect to those services or to determine the extent of the coverage provided by the payer.

4. Professional coding and documentation will be consistent with the standards established in the University and Campus Programs and relevant policies.

Question: A patient has asked me to change a bill for a service I have rendered so as to list a procedure covered by their insurance rather than one that is not.

Answer: Doing this constitutes fraud and could create legal problems for you, the patient and the University.

Question: Patients are seen by residents in the ambulatory unit where I work without a faculty member supervising the care. Is this proper?
Answer: This is a complicated question as the answer depends on the specific situation. There are certain outpatient evaluation and management (E&M) services for which Medicare does not require direct involvement of the faculty physician. Also, licensed residents can provide care without supervision. However, a faculty physician cannot submit charges for services if he or she was not directly involved. Since the answer to your question depends on the specific circumstance, you may want to discuss the situation with the faculty physician managing the clinic, with your supervisor, or the CCPO.

CODING, BILLING AND PATIENT ACCOUNTING STANDARD

University personnel involved in the coding, billing, documentation and accounting for patient care services for the purpose of billing governmental, private or individual payers must comply with all applicable state and federal regulations and campus policies and procedures pertaining to the implementation of the University’s Program.

Policy:

1. The University will bill only for services actually rendered and shall seek the amount to which the University is entitled. The University will not tolerate billing practices that misrepresent the services actually rendered.

2. Supporting medical documentation must be prepared for all services rendered. University personnel shall bill on the principle that if the appropriate and required documentation has not been provided, then the service has not been rendered.

3. All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, and contracts and campus policies and procedures. Federal and state regulations take precedence; campus policies and procedures must accurately reflect those regulations.

4. All patients shall be consistently and uniformly charged. Discounts shall be appropriately reported and items and services consistently described so that comparability can be established among payers.

I am afraid tests are being ordered on patients hospitalized on my unit to help supply research information and not because they will help diagnose the patient’s condition.
5. Government sponsored payers shall not be charged in excess of the provider’s usual charges. Any questions regarding the interpretation of this standard should be directed to the campus CCPO or University general counsel.

6. Billing and collections will be recorded in the appropriate accounts. Credit balances must be processed in a timely manner in accordance with applicable rules and regulations. When the cost report process identifies any credit balances, University personnel shall direct those issues to the academic health center or health system’s accounting or risk management departments or other personnel responsible for patient accounts.

7. University personnel should be aware of the existence of systemwide and campus Professional Billing Guidelines and Clinical and Laboratory Billing Guidelines. These Guidelines, available through the campus Compliance Office, provide for the policies and procedures to be followed when the University bills payers for professional services and laboratory services. University personnel responsible for coding, billing and documentation should be knowledgeable about University policies and procedures, federal and state regulations regarding those activities. The University shall provide these individuals with opportunities for training to allow them to accurately code, document, and bill according to federal and state regulations and the University’s policies and procedures. Management at each academic health center campus should ensure that appropriate evaluation processes have been established to assess whether University personnel understand and carry out correct procedures.

8. Elective procedures that are not covered by governmental or private payers can be provided. However, before providing any elective services, the provider must inform the patient that these services may not be covered. The provider should obtain the patient’s agreement to pay for the services if payers deny the claim. A patient has the right to have a claim submitted even if services are excluded from coverage.

9. An accurate and timely billing structure and medical records system is critical to ensure that University personnel can effectively implement and comply with required policies and procedures. Demonstrated lapses in the information and billing systems infrastructure should be remedied in a timely manner by the campus executive management team, other designated University personnel and billing entities.
Question: I am afraid tests are being ordered on patients hospitalized on my unit to help supply research information and not because they will help diagnose the patient’s condition. What should I do?

Answer: Research tests may be proper but they should be paid by the study. Medical diagnosis is complex. The person ordering the test may have good justification for doing it. Ask that person. If you are not satisfied with the answer, keep asking your supervisor or others in the organization. If necessary, call the CCPO or Confidential Compliance Message Line (1-888-456-7006).

Question: I was told by my supervisor to process charges for services even if the chart note did not support the level of service.

Answer: This is a very serious compliance issue and should be reported to a senior manager in your department. If you are not satisfied that this practice is changed, notify the CCPO or Confidential Compliance Message Line.

COST REPORTS STANDARD

*University personnel who are responsible for the preparation and submission of cost reports must ensure that all such reports submitted to governmental and private payers are properly prepared and documented according to all applicable federal and state laws.*

Policy:

1. In submitting and preparing cost reports, all costs will be properly classified, allocated to the correct cost centers, and supported by verifiable and auditable cost data.

2. It is the University’s policy to correct any cost report preparation or submission errors and mistakes in a timely manner and, if necessary, clarify procedures and educate employees to prevent or minimize recurrence of those errors.

Question: I’m a University accountant and a senior manager told me how to record a transaction. These instructions are not in compliance with generally accepted accounting principles or the University guidelines. What do I do?
Answer: Try to explain the accounting requirements and the reason the transaction cannot be recorded as instructed. If you are unable to resolve the situation with this manager, contact your manager’s supervisor, the CFO or the Confidential Compliance Message Line.

Question: I am a new accountant in the finance department. I happened to review a draft of an official statement that was being finalized. I noticed that some of the financial data was incorrect. Should I assume someone else will catch this mistake or should I report the error?

Answer: Immediately bring this information to the attention of your supervisor. If an official statement is published with incorrect information, there can be serious consequences for the University and those in charge of preparing the document.

PERSONAL AND CONFIDENTIAL INFORMATION STANDARD
All efforts will be made to protect personal and confidential information concerning the academic health center and health system’s patients and the respective health care practices of those entities.

Policy:
1. University personnel shall not disclose confidential patient information unless at the patient’s request and/or when authorized by law. Appropriate use of patient information for research purposes must be obtained from the Institutional Review Board.

2. Confidential patient information should only be discussed with or disclosed to appropriate University personnel on a limited, “need to know” basis and in response to a legal or authorized request.

3. Confidential patient information should not be discussed with or disclosed to non-University personnel unless requested by the patient. Non-University personnel include the family or business and social acquaintances of University personnel, customers, suppliers, or others.
4. In general, patients can request and are entitled to receive copies or summaries of their records with the exception of minors, some mental health patients, and patients being treated for alcohol and drug abuse, who may be provided with copies of the records if it is appropriate as judged by their clinician.

5. Some information may be sought under the *California Public Records Act*, the *Information Practices Act*, or other statutes requiring the release of information. University personnel should review any such information request with a supervisor, CCPO, University general counsel, or, where appropriate, campus general counsel.

6. University personnel who have any questions regarding patient confidentiality should refer to University policies for additional information and consult with appropriate medical records supervisors, risk management, University general or campus counsel. University policies should be updated as necessary to reflect changes to federal and state law regarding medical records privacy, and protection of paper-based and electronic health care information.

**Question:** I discovered that a fellow employee is looking at laboratory reports on other employees and telling his friends about them. Is this proper?

**Answer:** This is a serious problem which calls for discipline of that employee. Immediately report the problem to your supervisor. If you are reluctant to do that, the CCPO or Confidential Compliance Message Line should be notified.

**Question:** Medical Records occasionally receives calls from patients wanting copies of their medical records. Can we provide this information?

**Answer:** Generally, patients are entitled to receive copies or summaries of their records. The patient must make the request in writing. There are many exceptions to this rule (for example, minors, mental health patients). If there is a question, get advice from either the Medical Records Supervisor, the Risk Manager or the CCPO before releasing any medical record information.
Question: I received a call from the new employer of a former University employee asking questions about the employee’s performance while at the University. Should I give out this information?

Answer: Information concerning employee performance is confidential. Refer all such calls to Human Resources.

Question: A coworker who developed training materials (such as a software program) for the University is marketing these materials on his own time to other companies. He intends to keep the proceeds for his own use. Is this proper or ethical?

Answer: Generally, the University owns all information including “intellectual property” (computer programs, training materials, processes, marketing strategies) created by employees while on the job or while using University resources. This is a complex area and you should raise this issue with your supervisor, the CCPO or Confidential Compliance Message Line.

Question: A writer from a trade association journal or newspaper calls and requests information regarding the medical center’s long-range strategic plan as part of an article being written about the response of medical centers to marketplace challenges. Can I provide the writer with that information?

Answer: A strategic planning document prepared by the medical center or clinical enterprise may contain trade secret information that, if it were released to the public prior to implementation, could significantly impact the success of that plan. Prior to release of any strategic planning documents, contact the CCPO.
CREATION AND RETENTION OF PATIENT AND INSTITUTIONAL RECORDS STANDARD

All patient and institutional records are the property of the University. University personnel responsible for the preparation and retention of records shall ensure that those records are accurately prepared and maintained in a manner and location as prescribed by law and University policy.

Policy:
1. The complete and accurate preparation and maintenance of all records (medical, professional, electronic, paper and institutional) by University physicians, clinicians, nurses, and others are important for providing quality care and conducting the business of the University’s clinical enterprise. Accurate records are required in order for the University hospital or clinic to retain licensure and accreditation.

2. University personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive or misleading information.

3. University personnel must not delete any entry from a record. Medical records can be amended and material added to ensure the accuracy of a record in accordance with medical center and medical staff policies and procedures. Whenever University personnel amend a record, they must indicate that the notation is an addition or correction and record the actual date that the additional entry has been made.

4. University personnel must not sign someone else’s signature or initials on a record unless they have been authorized and clearly marked that they are signing on behalf of another (e.g., by initialing the signature).

5. University records shall be maintained according to accepted standards and principles of the particular profession and applicable University policies and procedures.

6. Unless authorized by University policy, University personnel shall not destroy or remove any University records from the University’s premises.

7. The University’s record retention and record destruction policies and procedures must be consistent with federal and state requirements regarding the appropriate time periods for maintenance and location of records. The premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.
Question: I am a RN. A fellow RN called me from home after she completed her shift. She told me that she forgot to enter an order for a change in medication for a patient that had been phoned in at 9:00 a.m. by the patient’s physician. The nurse asked me to log the change into the patient’s chart at the appropriate time, 9:00 a.m., and to use her initials. She said charts are often updated in this way and no harm is done. Is this okay?

Answer: While the nurse did the right thing by calling to note the chart error, the error should be promptly reported to the shift supervisor. You should never record an order you did not hear and never sign someone else’s signature or initials. Even if no harm occurred in this case, the error needs to be reported. The chart can be corrected in a proper fashion by the supervisor. If you fear that the nurse who called you will be angry, bring your concern to the attention of your supervisor. The University does not tolerate retaliation against employees who promptly report errors or omissions.

GOVERNMENT INVESTIGATION POLICY STANDARD

University personnel should cooperate with appropriately authorized governmental investigations and audits.

Policy:

1. The University has developed detailed policy to advise University personnel on the procedures to be followed when representatives of the government arrive unannounced at the respective medical center or at the homes of present or former University personnel. Generally, these representatives wish to either interview employees or obtain certain documents. The Systemwide Code of Conduct Policy Appendix B (located at the Compliance & Privacy Office Website-Hospital/Resources), establishes a procedure for an orderly response to the government’s request to enable the medical center to protect its and its patients’ interest while fully cooperating with the investigation.
2. When a representative from a federal or state agency contacts University personnel anywhere, such as at home or at the office, for information regarding the medical center or any medical center-affiliated health care entity, or any other entity with which the medical center does business, the individual should contact the hospital director immediately. If the hospital director is not immediately available, the individual should contact the Risk Management Department, the CCPO or the University general counsel or campus general counsel.

3. University personnel should ask to see the government representative’s identification and business card, if the government representative is there in person. Otherwise University personnel should ask for the person’s name and office, address and telephone number, identification number and then call the government representative’s office to confirm his or her authority.

**Question:** The local district attorney called and asked me to give a statement regarding treatment of a particular University patient. Should I respond?

**Answer:** We have a responsibility to protect patient confidentiality. Do not provide confidential patient information to the person who identifies himself or herself as a district attorney until you have spoken with the CCPO.

**Question:** What should I do if an FBI agent comes to my home and asks to talk to me about the activities of my department?

**Answer:** The University cannot prohibit you from talking to a government investigator if you wish to do so. However, you may consult with University general counsel or your personal attorney before answering any questions. Asking to speak with legal counsel before answering questions is your right and in no way indicates that you are not cooperating fully.
PREVENTING IMPROPER REFERRALS OR KICKBACKS STANDARD

University personnel must not accept or offer, for themselves or for the University, anything of value in exchange for referrals of business or the referral of patients.

Policy:

1. Federal law generally prohibits anyone from offering anything of value to a Medicare, Medicaid or Tricare patient that is likely to influence that person’s decision to select or receive care from a particular health care provider.

2. University personnel may not offer or receive any item or service of value as an inducement for the referral of business or patients to or from University providers or practitioners.

3. In addition to the prohibition regarding exchange of goods or money to induce referral, certain prohibitions exist with regard to receipt of gifts by University personnel.

4. University personnel should adhere to the University’s policy as defined in the Compendium of University of California Specialized Policies, Guidelines and Regulations related to Conflict of Interest, the University’s Gifts Policy, as well as the California Political Reform Act.

5. Each campus shall establish procedures for the review of all pricing and discounting decisions to assure that appropriate factors have been considered and that the basis for such arrangements are documented.

6. The following types of business arrangements must be reviewed and approved by one or more of the campus executive management team to assure compliance with University policies and federal regulations. The executive management team may determine that certain business transactions must first be approved, in accordance with University policy, by the University's Board of Regents charged with taking action on such matters:

   - pursuing joint ventures, partnerships, corporations;
   - developing hospital financial arrangements with hospital-based physicians;
   - entering into an arrangement to lease or purchase equipment or supply items from a vendor or;
   - acquiring physician practices, hospitals, and other facilities, clinical and ancillary services, or any other entities.
Question: I work in the payroll/accounts payable department and every month I process a check for a medical director. Recently I learned from a friend that the physician never performs services as a medical director. What should I do?

Answer: When encountering questionable circumstances such as this, bring this information to the attention of your supervisor, a higher level manager or another University resource such as the Confidential Compliance Message Line.

ADHERENCE TO ANTITRUST REGULATIONS STANDARD

The University will comply with all applicable federal and state antitrust laws.

Policy:

1. University personnel should not, for example:
   - agree, or attempt to agree, with a competitor to artificially set prices or salaries;
   - divide markets, restrict output, or block new competitors from the market;
   - share pricing information with competitors that is not normally available to the public;
   - deny staff privileges to physicians or allied practitioner, individually or as a group, when there is no academic programming decision to do so and when such decisions should be based on individual qualifications; and
   - agree to or participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

Question: I have a friend in the managed care department of one of our competitors. She has been asked by her company to survey managed care prices in the region. Can I get her copies of price lists and bids?

Answer: No. Any sharing with competitors of pricing information not normally available to the public could be perceived as, or be legally treated as, an effort to fix fees or limit competition.
Question: I sometimes attend trade shows or professional meetings at which I run into old friends who work for competitors of the University. Are there subjects that I should avoid?

Answer: Avoid anything that affects competition in the marketplace including prices, pricing policy, profit margins, or credit and billing practices. Trade shows, professional meetings and other gatherings pose problems when competitors “talk shop.” The most serious problems often arise in informal gatherings (e.g., lunch or dinner after the meeting has concluded). Stay away from any business discussions with competitors.

AVOIDING CONFLICTS OF INTEREST STANDARD

All University personnel shall conduct clinical enterprise and personal business in a manner that will avoid potential or actual conflicts of interest.

Policy:

1. University personnel shall not use their official positions to influence a University decision in which they know, or have reason to know, that they have a financial interest.

2. University personnel should follow the Compendium of University of California Specialized Policies, Guidelines, and Regulations Related to Conflict of Interest and be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to, the following:

   • giving to or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the University in a manner that is not in accordance with the University’s Gifts Policy and the California Political Reform Act. Third parties may include, but are not limited to, customers, patients, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries;
   
   • using University facilities or resources for other than University activities;
   
   • using the University’s name to promote or sell non-University products or personal services; and
   
   • contracting for goods or services with family members of University personnel directly involved in the purchasing decision.
3. University personnel should consult with a supervisor, executive management, the campus conflict of interest coordinator, University general counsel, or, if available, campus counsel prior to engaging in any activity that could raise conflict of interest issues.

Question: My supervisor is about to contract with a coffee vendor for a new coffee kiosk. My wife owns a coffee kiosk business. Would it be a conflict of interest if I recommend my wife’s company?

Answer: Generally, the University avoids contracting for goods or services with family members of employees. Do not take any action that may create the impression that you are attempting to influence a purchasing decision in favor of a family member. As long as you and your wife stay out of the purchasing decision and disclose the relationship and the University can reach an objective decision, such arrangements may be acceptable.

Question: Many airlines, hotels and rental car companies have frequent traveler programs through which I can receive free trips, car rentals or hotel stays for my personal use. Does the University allow me to accumulate these points for University travel?

Answer: Yes, you may use these credits as long as you are aware of certain responsibilities. You must be sure that you haven’t subjected the University or a government grant to additional expenses by scheduling a particular routing, carrier or trip simply to pursue these credits. The trip should be clearly necessary and use the most cost-effective carrier, routing and services. Employees should be able to clearly explain their choices of timing, routing, location and carrier.

At no time should a University employee attempt to influence or direct a patient’s selection of a provider.
PATIENT’S FREEDOM OF CHOICE STANDARD

When referring patients to home health agencies, medical equipment suppliers or long term care and rehabilitation providers, University personnel should respect the patient’s right to choose his or her own providers.

Policy:

1. Some healthcare plans limit the patient’s choice of provider, or pay less than the full cost of a provider. The patient may choose a provider outside the health plan, but probably will have to pay for non-covered care.

Question: A doctor I work with always arranges for her patients to go to one skilled nursing facility (SNF) even if it is distant from where the patient’s family lives.

Answer: This doctor may have had particularly favorable experiences at that SNF. On the other hand, it is proper for you to raise a question about any possible improper financial arrangements between the SNF and the doctor. Ask the doctor or your supervisor. Keep asking until you are satisfied with the answer.

EXTERNAL RELATIONS STANDARD

University personnel shall adhere to fair business practices and accurately and honestly represent themselves and the University’s services and products.

Policy:

1. University personnel will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the University’s academic health centers and health systems.

2. Vendors who contract to provide goods and services to the University’s academic health centers and health systems will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with University policy.
Question: I do not understand why we use one particular company’s medical supplies. I think there are better products available.

Answer: Purchasing decisions are complex and are usually controlled by a formal process with lots of oversight. A particular supplier may have a contract through a group purchasing agreement and costs may be particularly favorable. You are encouraged to ask questions. Contracts may be improper and raise issues such as conflict of interest.

Question: I am embarrassed by a University newspaper advertisement which seems to exaggerate the availability of certain services to the public.

Answer: You should raise this issue with the Director of External Affairs, Administration or the CCPO. The University is committed to truthful advertising.

FAIR TREATMENT OF EMPLOYEES STANDARD

The University prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The University is committed to providing equal employment opportunity and a work environment where each employee is treated with fairness, dignity, and respect.

Policy:

1. The University will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities. If an individual requires accommodations or needs assistance, he/she should contact the campus Employee Assistance Program or human resources.

2. The University does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the University pursuant to the University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment.
3. Any form of workplace violence or sexual harassment is strictly prohibited. University personnel should refer to campus specific policies dealing with workplace violence or sexual harassment.

4. For employees who observe or experience any form of discrimination, harassment or violence, the University provides a number of ways to report the incident, including, but not limited to the following: a supervisor, the CCPO, University general counsel, campus counsel when available, human resources, the campus Office of Equal Opportunity & Diversity, the campus Confidential Compliance Message Line and appropriate Academic Senate committee.

**Question:** My supervisor is a member of a minority ethnic group. I am not. He seems to give the best assignments and promotions to minority workers in our department.

**Answer:** Promotions and assignments should be based on your ability compared to your fellow workers. If your supervisor cannot explain his decisions to your satisfaction, ask his supervisor or Human Resources. You should not be harassed because you ask questions. On the other hand, when you have received a proper explanation, you have an obligation to accept these supervisory decisions and work to improve your performance so that you will be selected next time.

**Question:** I have a disability. My supervisor and most of my fellow workers have been fair and helpful in their interactions with me, but one worker tries to make me feel uncomfortable and implies that I am receiving favorable treatment.

**Answer:** Ask your supervisor to deal with this employee. Managers need to treat you fairly and make sure that others in your workplace do the same.
CLINICAL RESEARCH STANDARD
The University ensures study participant’s rights, well-being and personal privacy are protected during clinical research by complying with all applicable federal, state, local government and University regulations and non-federal sponsor requirements.

Policy:
1. University written policies provide guidance for complying with the federal, state and University standards of accountability required to ensure the integrity of its research programs. These policies are communicated to employees, students, volunteers and subcontractors and establish procedures for resolving questions concerning possible conflicts of interest and/or commitment, regulatory non-compliance, scientific misconduct and procurement integrity.
2. A University health and safety program ensures protection for research participants, patients, employees, students, volunteers and visitors. Protection of the rights, well being and personal privacy of research participants is ensured through a written institutional assurance submitted to, and approved by, the Office for Protection from Research Risks with the National Institutes of Health. This assurance describes Institutional Review Board activities pertaining to the protocol review, informed consenting process and protocol activities for human subjects.
3. The Sponsored Project Administration (SPA) provides oversight for the contract, grant and proposal activities to ensure program performance is consistently maintained in accordance with the federal cost principles as defined in the Office of Management and Budget (OMB) Circulars A-21, A-110, and/or standards of other sponsoring agencies. Departmental/school business offices and SPA provide the responsible fiscal administration oversight to ensure research proposal budgets comply with Federal, external sponsor and university regulations and guidances. UC Irvine Health Department of Patient Financial Services maintains appropriate clinical billing practices through compliance with Office of the Inspector General (OIG), sponsor, third party payors and internal regulations. Ongoing training programs ensure personnel are knowledgeable of sponsor regulations, requirements and procedures.
4. A system for procuring goods and services in a competitive, fair and timely manner for research ensures the guidelines stated in the OMB Circular A-110 are followed.

5. Ongoing monitoring and auditing processes, with initiation of appropriate corrective action, ensure the University’s clinical research programs are well managed.

6. The University maintains staffing levels to accomplish institutional goals and objectives. The personnel management program also provides safeguards to assure compliance with applicable federal laws and University regulations for recruiting, hiring, training and terminating employment.

7. The records retention program for clinical research ensures documents and other necessary supporting evidence are maintained for the appropriate length of time. This program evaluates and verifies the effectiveness of the systems and internal procedures implemented.

**Question:** A patient hospitalized on my unit is on a research study and has concerns about the safety of the study treatments that I cannot answer. What should I do?

**Answer:** You can contact either the Principal Investigator or another member of the research team. If the patient is uncomfortable speaking with a member of the research team, contact their Primary Care Physician or Medical Center Chief Medical Officer at 714-456-6855. Additionally, the patient can request to be taken off the study drug, research procedures, and receive standard of care treatment.

**Question:** I am reviewing a medical record and notice an order in the Physicians Orders for a research drug. I cannot find any other documentation in the medical record that indicates the patient is enrolled onto a research study. How should I proceed?
Answer: You can ask either the attending physician if the patient is enrolled on a research study or refer the question to the UCI Medical Center Clinical Research Compliance Office/r at 714/456-8778. Patients participating in clinical research are enrolled onto a study during an informed consent process, in which they sign an informed consent document and receive a copy of it to keep. After the informed consent process is documented in the Progress Notes and a copy of the signed consent is filed in the medical record, an order for the drug is then entered in the Physician’s Orders.

INTERNAL CONTROLS, AUDITS AND MONITORING

The University is committed to consistent application of the University’s Program. Towards this end, internal controls, which include regular monitoring activities are being implemented to assure compliance with the University’s Program. In addition, internal audit will review selected aspects of the University’s Program in conjunction with the execution of their Annual Audit Plan. External auditors/consultants will be utilized when necessary.

Each department shall implement internal controls, including monitoring activities, to ensure compliance with the University’s Program. These controls should be designed and implemented in coordination with the campus controller and local internal auditors.

On an annual basis, each campus Compliance & Privacy Officer will provide to the Chancellor for review and approval a copy of the Campus Compliance Program Annual Report. Upon approval by the Chancellor the report will be submitted to the Office of the President. A copy of this report will also be provided to the Dean and the division Privilege and Tenure Committee for review.
My signature on this form acknowledges that I have received and agree to read the University of California, Irvine Health’s Code of Conduct.

I confirm that I have not been excluded by the federal government from participation in any governmental program nor, to the best of my knowledge, have I been proposed for exclusion. I agree to notify the Chief Compliance & Privacy Officer or the University’s Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health care program.

Name (Please Print)           Signature

Date          Department

Please indicate.

☐ School of Medicine Employee
☐ Medical Center Employee
☐ Resident
☐ Faculty
☐ Medical Student
☐ Other ______________________________________ (please describe)