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Code of Conduct

Nashville General Hospital is committed to honesty and fairness in all we do. This Code of Conduct explains the standards of conduct that you must follow as a participant in the activities of our organization. If you are a medical staff member, health professional, affiliated provider, Board member, employee, administrator, manager, contractor, vendor, consultant, agent, representative, or volunteer, you are expected to abide by the expectations in this Code.

After you have read the Code of Conduct, we will ask you to sign your written promise to follow it. If there is something that you do not understand or you need more information about anything here, please contact the Compliance Department.

MISSION:

To improve the health and wellness of Nashville by providing equitable access to coordinated patient-centered care, supporting tomorrow’s caregivers, and translating science into clinical practice.

VISION:

Leader in exceptional community healthcare— “One neighbor at a time.”

VALUES:

- Compassion to those we serve and to each other.
- Honesty and integrity in all we say and do.
- Accountability to society, our community, and each other.
- Respect and dignity for all human kind.
- Teamwork to achieve our vision, mission and values.

PURPOSE OF THE CODE OF CONDUCT

The purpose of this Code of Conduct is to help make sure that we put our values into action and that we follow all the laws and rules that apply to us. The Code of Conduct is an important part of our overall Compliance Plan, which has been approved by the Hospital Authority of the Metropolitan Government of Nashville Davidson County. Like the Code of Conduct, the Compliance Plan applies to all members of the NGH communities.

Knowledge about the Compliance Plan and the Code

of Conduct

You are expected to know and follow the Code of Conduct and the basic laws and rules relating to your job. We want the Code of Conduct to be easy to understand and to be as complete as possible. However, many of the subjects covered are complex, and you may need more guidance or more information depending on your particular work at NGH. That is why we have some specific training programs and some more detailed compliance policies and procedures for particular areas. Whenever you have a question or whenever you need more information, you should check with a supervisor or contact the people listed on the back cover of this Code of Conduct.

◆ Reporting

If you think that a law or rule may have been broken, you must speak up. Report the situation to your supervisor or to the Chief Quality Officer, or you can call the Compliance Hotline. NGH does not share the names of people who make an anonymous report unless we are required to do so by law. You also may ask for a confidential face-to-face meeting with the Chief Quality Officer.

On the back cover of this booklet you will find a list of people to contact and how to contact them to report a problem. Every employee has the job of reporting possible problems. Employees or other stakeholders with knowledge of a reportable issue who fail to disclose material information may be subject to discipline, including loss of medical staff membership or employment. If any situation makes you feel uncomfortable, it is important and deserves attention.

◆ No Retaliation

You can report problems without fear of retribution or retaliation. NGH does not allow retaliation against anyone who, in good faith, reports a possible violation or problem even if no actual problem is found when we investigate the report.

◆ Monitoring

We will check, using reviews and audits, to make sure that everyone is following this Code of Conduct and to see how well our Compliance Plan is working.

◆ Enforcement

When we learn of a possible problem, we will investigate the situation rapidly. If we find a violation, we will correct the problem and discipline the people involved in an appropriate and fair manner.

BASIC PRINCIPLES

WE MUST:

- Provide high quality, safe care and protect the rights of all patients.
- Follow all laws and rules and be ethical, fair, and honest.
- Avoid conflicts of interest and make decisions that are in the best interest of our organization and the patients we serve.
- Promote a safe and productive environment for all.

These principles are described in more detail in the sections that follow.

PROVIDING HIGH QUALITY, SAFE PATIENT CARE AND PROTECTING PATIENT RIGHTS

At NGH we treat all patients in a way that protects their rights and preserves their dignity, autonomy, and self-esteem. We make sure that patients are involved in all aspects of their care. We give each patient quality medical care and caring treatment and appropriate confidentiality, privacy, and security. When a patient needs or wants services that we cannot give, we will offer to transfer the patient to a facility that can provide the service.

◆ HIPAA (Information Privacy and Security).

NGH abides by the requirements of the Health Insurance Portability and Accountability Act of 1996 [and subsequent amendments], (“HIPAA”), including the federal privacy regulations, the federal security standards and the federal standards for electronic transactions. NGH agrees not to use or further disclose any Protected Health Information, other than as permitted by HIPAA Requirements. A copy of the “Notice of Privacy Practices”, which explains how we use patient information, is distributed to our patients.

◆ Authorization for Treatment (General Consent)

All adult patients must have the opportunity to make decisions about their treatment. A competent adult has a right to make decisions about his or her treatment, even if the result is a serious risk to life or health, or even death. In fact, doctors and other health care providers generally have no duty to check with the patient’s family members in such situations. Moreover, the patient’s right to privacy keeps the doctor or other health care provider from talking about a patient’s case with another person without the patient’s permission.

The situation is different when a patient is not able to make decisions. This may happen when the patient does not have the mental capacity or is not physically able to make his or her wishes known. In general, if an adult patient is not able to make his or her own health care decisions, another person whom the patient has chosen (called a health care surrogate or durable power of attorney for healthcare) can make decisions. If such a person has not been chosen by the patient, the law allows a doctor to appoint a “surrogate” to act for the patient. This surrogate is selected based on a list of criteria outlined in our policy and in accordance with state law. The surrogate may or may NOT be related to the patient. Any concern about the individual making healthcare decisions must be reported to the Compliance Office or Legal Department.

In general, parents or legal guardians can make health care decisions for their children who are under 18. But in some situations, parents or legal guardians may not refuse life-saving care for their minor children, even on religious grounds. You must check with Compliance or Legal when there is any question about consent for the treatment of children under age 18. There are also some family planning and perinatal care exceptions in which a minor does not require parental consent.

◆ Informed Consent

Consistent with the law, we must give all patients the information they need to make decisions about their care and to give their informed consent to certain types of invasive procedures and treatments. Every patient has the right to be told about the material risks of any proposed surgery, invasive procedure or treatment, the benefits from the treatment, other treatments available, and the consequences of refusing treatment. The patient’s decision about a particular treatment based on that information (“informed consent”) must be written and included in the medical record.

◆ Equal Access to Care (Health Disparity)

NGH provides all patients with equal access to care and do not discriminate because of race, religion, sex, national origin, sexual orientation, gender identity, disability, ability to pay, or age. Our admission and transfer policies are not based on the patient's ability to pay or hospital economics.

◆ Quality of Care

The Hospital Authority is committed to reporting information regarding the quality of the care provided at our facilities in accordance with law and regulatory agencies. Our publicly reported data can be found on the internet. We regularly provide quality information to our employees and our patients. Our Board of Trustees and medical providers are actively involved in examining and improving the care provided at the hospital authority.

◆ Rights of Patients

NGH has patient rights posted throughout the facility. The patient rights listed below are available in handouts at registration areas.

NGH PATIENT RIGHTS

You (the patient) have a right to:

- Receive competent, considerate and courteous care.
- Retain your dignity.
- Be heard.
- Have your needs met without regard to your race, sex, color, religion, national origin, sexual orientation, gender identity, disability or your ability to pay for your care.
- Receive care as promptly and as courteously as may be possible, with the understanding that other patients may have similar or more urgent needs.
- Receive care (including education) and communication in a manner that is appropriate to your needs based upon your age, learning preference, health literacy, and/or disabilities.
- Respect for your cultural and spiritual values, beliefs and philosophy, unless they harm others, are disruptive, or interfere with the planned course of your medical therapy.
- A secure and safe environment and to be free from all forms of abuse, harassment, and corporal punishment.
- Religious and other spiritual services.
- Expect privacy of your records and communications pertaining to your care in accordance with the law and professional ethics.
- Free and reasonable communications in languages or techniques that help improve your understanding and enable you to make decisions regarding your treatment.
- Inspect your medical records, request amendments, and receive copies, with the understanding that you will be required to pay for copies and the hospital is allowed reasonable time to copy.
- Receive prompt and accurate answers to any questions you may have concerning any charges billed to your patient account.
- Receive information about advanced directives that would allow you to make your own healthcare decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
- Be actively included in decisions surrounding your care, including ethical issues, conflict resolution,

withholding resuscitative services, forgoing or withdrawal of life-sustaining treatment, participation in investigational studies or clinical trials, and to have your decisions honored.

- To be free from restraint or seclusion unless it is required to ensure your immediate physical safety or the safety of others. To have the restraint/seclusion be the minimum necessary to achieve safety and to have it discontinued at the earliest possible time.
- To have visitors of YOUR choosing and the right to change your mind about visitors at any time.
- Have a person of your choosing designated as an emotional support person. This person may stay with you throughout your care unless the presence of your support person infringes on the rights or safety of others or is medically or therapeutically inappropriate.
- Receive pain relief and management measures.
- Know if something goes wrong with your care.
- Get an up to date list of your medications.
- To voice any complaints, concerns, or grievances that you may have regarding your care and to receive a prompt response. Your right to quality patient care will not be impacted or denied as a result of your expression of a complaint or concern.
- Support in your right to access protective services such as guardianship and advocacy services, conservatorship, and child or adult protective services.
- Receive respectful, responsive care for the end-of-your-life including: comfort and dignity, appropriate treatment for primary and secondary symptoms, effective pain management, and consideration of any other emotional, spiritual, and cultural needs that you or your family might have.
- Know the identity of your caregiver's (nurses, physicians, etc.), even when those caregivers are students residents or other trainees.
- Know of the relationship of this hospital to other healthcare and educational institutions, where this may pertain to your care.
- Accept or refuse treatment unless you have been deemed legally incompetent to make your own decisions.
- Accept or refuse participation in research and when you accept, to be fully informed in accordance with law and regulation.

You can expect your doctor to:

- Tell you about your treatment, including a reasonable explanation about procedures and/or operations.
- Tell you if you must be transferred to another health facility and the alternative to such a transfer when such may become necessary.
- Respond to your report of pain and to provide timely and effective pain management.
- Permit you to decline any treatment, and inform you of any known possible legal and physical ramifications which could result from such action.
- Advise you in advance of any research/educational or human experimentation projects which may involve you, and your right to refuse such involvement at any point in the research.
- Provide you reasonable continuity of care while you are a patient here and following your discharge.

You (the patient) are expected to:

- Tell us about any arrangements you have made regarding who can make medical decisions for you if you can't make them for yourself.
- Tell us about any decisions you have made about what care you do or don't want to have at the end of your life.
- Tell us about any other ethical issues that may impact your care.
- Keep, to the best of your ability, all appointments scheduled for you or to contact your caregiver when you

cannot keep a scheduled appointment.

- Follow, to the best of your ability, all reasonable instructions regarding your treatment, and to inform the physician or nurse of any instructions that you don't understand or can't/won't follow.
- Give accurate and complete information concerning your health, medical history and past hospitalization.
- Behave in a courteous and respectful manner.
- Let us know if you are hurting.
- Understand that your visitors will be expected to behave in a courteous and respectful manner.
- Provide truthful, complete information concerning your ability to pay for services, and to work with the hospital in assuring that you pay all charges according to your ability.

◆ Patient Care Personnel Credentialing

All doctors and health professionals at NGH must be properly credentialed and privileged for the patient care they are providing. The credentials must be kept current in the medical staff personnel files.

◆ Freedom of Choice

Patients are free to choose where they will obtain services after discharge. Physicians and staff must involve the patient and/or the patient's emotional support person in the process of obtaining post discharge services. The patient may want to talk with his or her insurance company about the different choices. NGH will give the patient information about all the reasonable choices available under the circumstances. Our employees and providers will act in the best interest of the patient and will not interfere with the patient's freedom of choice.

◆ Confidentiality and Professionalism

Patients and residents have a right of confidentiality and professionalism in health care. NGH does not allow unauthorized seeking or sharing of information related to a patient's medical care. Without the express consent of the patient, no health care provider, health services organization, or insurance company may give or get information about the patient. There are some exceptions to this rule. For example, health care information may be shared with the patient or a person who is authorized to make decisions for the patient. Health care information may be shared with the people directly involved in treating the patient or processing payment for treatment, and with people responsible for peer review, utilization review, and quality assurance. And in some situations, the health care provider may be required by law to give a patient's health care information to the government, for example, if the patient is a victim of abuse or if the patient carries a sexually transmitted disease.

A patient's photographs or medical images are likewise considered confidential even if the images do not contain protected health information under privacy laws. Copying or reproducing a patient/resident images or downloading to a personal device such as a phone is considered a breach of the patient's trust and unprofessional.

If you have questions regarding a patient's right to confidentiality, you should ask the Chief Quality Officer or your supervisor. If you believe that confidential patient information has been given or requested improperly, you should immediately report the problem. You are obligated to report potential confidentiality issues even if the information is posted outside of the workplace during off work hours.

◆ Billing Information

Bills for services must be itemized upon request, must have the dates of service, and must give a truthful

account of the services that were given and the charges for those services. Patients are told about our billing and payment policies. Their questions about billing and payment must be answered fully, promptly, and courteously.

◆ **Ethics Committee**

There is an Ethics Committee at NGH to assist healthcare providers and patients with difficult decision making and/or end-of life issues. The committee also serves to educate all staff regarding bioethical issues and develop applicable policies. Ethical issues are handled confidentially and in a way that protects the rights of everyone involved.

◆ **Participation in Research Studies**

NGH follows all laws and rules for research involving human beings. Before beginning research using human beings, a researcher must get approval from the Meharry Medical College Institutional Review Board. The Medical Executive Committee is responsible for protecting the rights and welfare of the human beings who are used in the research studies conducted at NGH. Research studies recommended by the Meharry IRB are approved by the Medical Executive Committee and the Hospital Authority Board of Trustees prior to commencing.

FOLLOWING FEDERAL, STATE, AND LOCAL LAWS, REGULATIONS, RULES AND ACCREDITATION STANDARDS

◆ **“Fraud and Abuse” laws and regulations**

NGH complies with all “Fraud and Abuse” laws and regulations. The “Fraud and Abuse” laws are designed to prevent misuse of health care programs resources and waste of the public money used to fund the government programs.

You are expected to guard against fraud and abuse. Although the “Fraud and Abuse” laws are complex, you should know their basic provisions. These laws are explained in general terms below.

◆ **Referrals to Entities with Which a Doctor Has a Financial Relationship (Stark Law)**

The Stark Law says that a doctor may not refer patients for certain services to organizations -- like NGH -- if the doctor, or the doctor’s immediate family member(s), has a financial relationship with that organization. The purpose of the law is to make sure that doctors and hospitals do not perform (financially benefit) from unnecessary medical tests and care. There are certain exceptions to the Law. Any financial relationship between NGH and a referring doctor must fit within one of the exceptions. NGH ensures that our business arrangements with doctors who refer patients complies with the Stark Law.

◆ **Anti-Kickback and Self-Referral Policies**

It is against the law to give or take “kickbacks.” Kickbacks include offering, paying, asking, or accepting any money or other benefit in exchange for patient referrals, purchases, leases, or orders. NGH follows this law strictly. We do not pay for referrals and we do not take payment for referrals that we make. To help make

sure that no one connected with NGH takes or gives a kickback, we have the following policies in place:

- No money, gift, discount, rebate, loan, service, or gratuity of any kind should be offered, given, or taken in exchange for, or to encourage, the referral of patients to NGH.
- All contracts and other arrangements with referral sources must follow all laws that apply.
- Any doctor who gets a payment of any kind from NGH must keep records of the time, date, and type of services provided and must submit those records before receiving payment.
- Agreements with providers must be in writing and be approved by NGH administration. All payments to doctors or other sources of referrals must be at fair market value and may not take into account the volume or value of referrals to NGH.

◆ False Claims – Cost Report Issues

NGH community members who, as part of their jobs, deal with developing or submitting a cost report to Medicare must follow applicable laws, regulations, and guidelines regarding cost reports. To help NGH make accurate hospital cost reports, you should carefully follow our policies on keeping expense records.

◆ False Claims - Medical Necessity

No claims for payment for services may be submitted unless the services were “medically necessary” and were ordered by a doctor or appropriate person. NGH requires the medical staff to document the medical need for each test or service by giving an appropriate diagnosis or diagnosis code for the patient.

◆ False Claims - Billing

NGH bills only when hospital and professional services have been provided and properly documented. All members of the NGH community who work with billing or claims must carefully follow applicable rules for billing. It is against the law to make or submit a false or fraudulent claim for payment to the government or a private insurance company. False claims include billing for services not rendered or improperly documented, coding for more services than provided, charging individually for services that are supposed to be billed together, submitting inaccurate diagnostic information, and misrepresenting the medical necessity of services provided. If you know or believe that a bill is false or incorrect, report the problem immediately to the Chief Quality Officer.

Reporting Fraud and Abuse Problems. You are expected to report Fraud and Abuse violations and problems to the Chief Quality Officer. Check with the Chief Quality Officer if there are any questions about business arrangements that we might have with doctors, home health agencies, nursing homes, equipment companies, pharmaceutical companies, or other providers for whose services the government may be billed. You will not be retaliated against for reporting issues.

◆ Emergency Treatment for Patients and Women in Labor and Patient Transfers (EMTALA)

NGH follows the laws and rules that require the screening and stabilization of patients with emergency medical conditions including pregnant women who are in labor without regard to financial status or ability to pay.

◆ Compliance with Antitrust Laws

We follow all state and federal antitrust laws and regulations. The antitrust laws protect the free market and promote fair competition. They generally do not allow monopolization or other kinds of restraint of trade or unfair competition. In particular, the antitrust laws do not allow competitors to get together to set prices or divide markets or to refuse to deal with someone. You should avoid communications with our competitors about things that might interfere with free and fair competition. This includes any communication with competitors about fees, charges for services, discounts, terms of vendor relationships, salaries, or anything else having to do with price, volume of services, or business allocation.

◆ Compliance with Medical Records Requirements

All records and materials must be made and kept as required by law.

The law requires us to prepare and keep certain medical records. All records must be prepared accurately and honestly. Entries to a patient's medical record should be made as close as possible to the time that the service is given and must be signed, dated and timed when the entry is made. If you are concerned about any entry in a medical record you are free to discuss that concern with your supervisor, Medical Records or the Chief Quality Officer.

◆ Human Resources Policies

NGH follows all federal, state, and local labor laws and rules. These laws include, for example, Equal Employment Opportunity, the Family and Medical Leave Act, the Fair Labor Standards Act, anti-discrimination laws, hostile work environment and other laws and rules that protect our employees. Employees are welcome to express any concern about their workplace to the Human Resources department. To help make sure that we comply with the law, we have set up certain Human Resources policies that everyone must follow.

◆ Marketing Policies

NGH acts ethically in all marketing activities. Our marketing materials will reflect our mission and values. They will accurately describe our services and the level of our licensure and accreditation.

◆ Cooperation With Investigations

NGH must cooperate with government investigations. If an NGH employee receives a subpoena, search warrant, or other similar document, the employee must immediately contact the supervisor or administration before taking any action. If a government investigator, agent, or auditor comes to NGH, you must immediately check with a supervisor, the Chief Quality Officer, or Administration before you talk to the government official about anything or give any documents to the government official. The Chief Quality Officer or designee, Legal Counsel or designee will handle the release and copying of documents.

◆ Destruction or Falsification of Information

Under no circumstances will any person associated with NGH ever destroy documents in response to an internal or external investigation or legal action. We interact truthfully with surveyors and during internal and external investigations. Falsification of information or destruction of documents will be grounds for disciplinary action up to and including termination.

CONFLICT OF INTEREST

NGH physicians and employees are expected to be loyal to and must avoid doing things that conflict with the interests of the Hospital Authority or with the interests of our patients.

You may have a conflict of interest if you have a personal financial interest that influences or appears to influence your ability to make objective decisions in your job. You may have a conflict of interest if you are not able to give the time or attention needed to do your job or if you use NGH for purposes that are not related to our business.

You must avoid or disclose any financial interests that conflict with the interests of NGH. This means, for example, that you must not interfere with a business opportunity that belongs to NGH. Similarly, you must disclose any financial relationships with any competitors or suppliers.

These are just a few examples of conflict of interest situations. The NGH Conflict of Interest Policy explains in more detail. If you have any questions about a possible conflict of interest, you should check with the appropriate supervisor or the Chief Quality Officer. Whenever there may be even the appearance of a conflict, you must get permission from the appropriate supervisor before you go ahead with the activity.

When a conflict of interest is discovered, it must be reported to the Chief Quality Officer.

◆ Receiving Business Courtesies

You may not ask for or take, directly or indirectly, for yourself or anybody in your household, any gift, gratuity, service, favor, entertainment, lodging, transportation, loan, loan guarantee, or other thing of monetary value from anyone who has or is seeking a business relationship with NGH. There are a few exceptions. For example, it is okay to eat refreshments that are served at a community event associated with NGH.

◆ Extending Business Courtesies

When NGH sponsors an event for a business purpose, we may offer reasonable and appropriate meals and entertainment. However, these meals and entertainment, like all parts of NGH business events must follow HA Policy A-091: Business Courtesies.

PROMOTING A SAFE ENVIRONMENT

◆ Compliance with Environmental Safety Laws

NGH must follow all the laws and rules for disposing of all waste, especially hazardous and biomedical waste.

◆ Compliance with Health and Safety Requirements

The NGH communities must follow all laws, rules, and facility policies and procedures that protect health and safety. You should know and understand the laws, rules, and policies for your job and work area. If you have questions, you should ask your supervisor. Promptly tell the appropriate supervisor or Human Resources of any on-the-job injury. Tell the Compliance or Safety Officer immediately if you notice any dangers or unsafe conditions so that we can correct the problem.

◆ Controlled Substances

Authorized employees and doctors routinely handle prescription drugs, medical supplies, and other controlled substances. Improper use of these substances is illegal and very dangerous. NGH strictly follow all laws and rules about controlled substances. If you know or believe that any controlled substance has been removed from the hospital or has been mishandled, given, or taken without proper authorization, you must immediately tell a supervisor or administration.

◆ Substance Abuse and Mental Acuity

To protect the entire NGH community as well as our patients we have an Alcohol and Drug-Free Workplace policy. It is against NGH policy to come to work under the influence of alcohol or any illegal drugs, or to have an illegal drug in your system, or to use, possess, make, distribute, or sell illegal drugs on work time or property. NGH will drug test at hire and randomly thereafter. Employees who appear to be “under the influence” will be subject to drug testing for “reasonable suspicion”. Violations of the policy may result in disciplinary action, up to and including loss of employment or medical staff membership. You must immediately tell your supervisor, Human Resources or administration about any problems related to drug or alcohol use at work.

If you are taking prescription drugs that may impair your judgment or job skills, you must tell your supervisor or the Human Resources Department.

◆ Tobacco

We have tobacco and vapor-free environments. You may not use tobacco or vapor on the property including parking areas.

PROFESSIONAL BEHAVIOR

NGH physicians, employees, and business associates are expected to behave in a professional manner in all circumstances.

Unprofessional or disruptive behavior is any action, statement or other conduct which is reasonably likely to impair the efficiency, safety or tranquility of the work environment.

Examples of disruptive behavior include but are not limited to: striking another person, yelling, throwing objects, abusive or foul language, discriminatory conduct, non-constructive derogatory comments about the facility or other employees, sexual, emotional or physical harassment, physical or verbal intimidation, retaliation, refusal to perform job duties, impairment by drugs or alcohol, and inappropriate comments in the medical record.

Unprofessional or disruptive behavior must be reported to a supervisor, human resources, or the Compliance Office.

See also: A-019 "Harassment", A-025 "Workplace Violence", A-020 "Behavior of Employees", "Medical Staff By Laws" Article IX, and individual facility Disruptive Behavior Policies.

REPORTING AND RETALIATION

1. If you are aware of a possible violation of this Code of Conduct or any other part of the Compliance Plan, you must report the problem. If you have questions, please ask your supervisor or the Chief Quality

Officer. The information you give us will be shared with others only on a need-to-know basis as required by law.

2. We do not allow retaliation against anyone who, in good faith, reports a possible problem or violation.
3. Your questions and concerns are very important. They give us opportunities to work together to improve the services we provide to our community.
4. On the back cover of this booklet you will find a list of people to call if you need to report problems or violations, or when you have questions or concerns.
5. You have the right to report outside of the organization if you choose. We hope that you will feel secure in reporting internally so we can correct any issues immediately. On the back cover we have listed outside resources if you decide to report externally.

This Code of Conduct is designed to protect you, our organization and our patients. It is your guide to doing the right thing. Do not hesitate to talk with your supervisor or with one of the people listed below if you have any questions or concerns. The Chief Quality Officer is always available to help you. Here is the list of people you should call to tell us about your concerns, to report a problem, or to talk about your questions.

TO REPORT VIOLATIONS OR PROBLEMS RELATED TO ACCREDITATION, LICENSURE OR REGULATORY COMPLIANCE, CONTACT:

Compliance Hot Line – (615) 341-4555

Other important contacts:

Human Resources: (615) 341-4470

Quality of Care or Patient Safety Concerns: (615) 341-4452

Please know that you are safe to report internally but if you feel that you must report externally, the following contacts are provided with areas of oversight:

The Joint Commission: patientsafetyreport@jointcommission.org (patient safety/care)

Tennessee Department of Health: 1-877-287-0010 (patient safety/care)

Office of the Inspector General: 1-800-HHS-TIPS (1-800-447-8477) (healthcare fraud)

Office of Civil Rights: OCRComplaint@hhs.gov (privacy, discrimination)

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
ELT	Joseph Webb: CEO	10/2017
ELT	Kimberly Lamar: Chief Population Health and Quality Officer	08/2017
	Ginger Woodside: Patient Safety and Risk Manager	07/2017