



Please **PRINT** information as neatly as possible

PERSONAL DATA

Employee ID:		Social Security Number:		Date of Birth:	
Last Name:			First Name:		Middle Initial:
Street Address:		Apt:	City:		State: Zip:
Home Phone Number:	Cell Phone Number:		Email:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Please <input checked="" type="checkbox"/> one:					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married					
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or more races _____ Other _____					

EMERGENCY CONTACT INFORMATION

Name: _____	Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
Home: _____ Cell: _____	Home: _____ Cell: _____

EMPLOYMENT DATA STATUS (TO BE COMPLETED BY HUMAN RESOURCES)

<p>Please <input checked="" type="checkbox"/> one:</p> <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire Original Date of Hire _____ <input type="checkbox"/> Full Time Employee A1 .9 or 1 <input type="checkbox"/> 12-hr <input type="checkbox"/> Full Time-Non Benefited A9 .9 or 1 <input type="checkbox"/> 10-hr <input type="checkbox"/> Part-time Employee 60% A3 .6 for 12 hr <input type="checkbox"/> 8-hr <input type="checkbox"/> Part-time Employee 80% A2 .8 for 8 or 10hr <input type="checkbox"/> Per Diem Employee A4 .42 nursing or .6 non nursing <p>Shift: Days Eve Noc <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt</p> <p>Department: _____ Cost Center: _____</p> <p>Job Title: _____ Job Code: _____</p> <p>Start Date: _____ Pay Rate: _____</p> <p>Req #: _____ Reports To: _____</p> <p><input type="checkbox"/> New Position Position Ctrl # _____</p> <p><input type="checkbox"/> Replacement Name _____</p>	<p>State Exemption: _____</p> <p>Federal Exemption: _____</p> <p>Union: <input type="checkbox"/> CNA <input type="checkbox"/> SEIU</p> <p>Bonus (if applicable): <input type="checkbox"/> Sign On _____ <input type="checkbox"/> Referral _____ <input type="checkbox"/> Completion _____ <input type="checkbox"/> Relocation _____ <input type="checkbox"/> Agency _____</p> <p>Payment Schedule: _____</p>	<p>I-9 Doc: <input type="checkbox"/> Citizen <input type="checkbox"/> PR <input type="checkbox"/> WP # _____ Exp: _____</p> <p>Document 1: Number: _____ Description: _____ Expiration: _____</p> <p>Document 2: Number: _____ Description: _____ Expiration: _____</p>
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Human Resources Data Entry Audit:

Lawson: HR11 _____ PA12 _____ PA22 _____ PA20 _____ PA52 _____ PA42 _____

Compliance _____ IMTS _____ Audited By: _____ Date: _____



Good Samaritan Hospital

A Tradition of Caring



EE SIGNED POLICIES
Human Resources Tel (213) 977-2378 Fax (213) 977-2309

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE HANDBOOK

Department: _____

Title: _____

Employee ID: _____

I acknowledge that I have received a paper copy or access to an electronic copy of the Good Samaritan Hospital Employee Handbook and that I understand that it contains important information about the Hospital's general personnel policies. I further understand and acknowledge that I am governed by the contents of the Employee Handbook and that I am expected to read, understand, familiarize myself with and comply with the policies.

I also understand that the Hospital may change, rescind or add to any of the policies, benefits or practices described in the Employee Handbook, in its sole and absolute discretion, with or without prior notice. I also understand that the Hospital will advise employees from time to time of material changes to the policies, benefits or practices described in the Employee Handbook. I have been informed that many Hospital policies are available for my review on the GSH intranet site.

I understand that the Employee Handbook provides a general overview of the hospital's policies, practices and benefits and that the Handbook does not describe all of the exclusions, limitations or conditions of the policies or benefits. The provision of the official plan documents and that of policy will prevail over the summaries contained in this Handbook.

Employee Name: _____

Employee Signature: _____ Date: _____



CONFIDENTIALITY AGREEMENT

Department: _____

Title: _____

Employee ID: _____

I, _____, understand that in the performance of my duties as
(print name)
 an Employee of GOOD SAMARITAN HOSPITAL, I may have access to and/or be involved in the processing of confidential business information and patient information vital to the interest and success of GOOD SAMARITAN HOSPITAL and its patients. I understand that under Hospital Policy, State Law and Federal Laws, I am obliged to maintain the confidentiality of hospital business data and patient's protected health information at all times, both at work and off duty.

I have read and agree to Good Samaritan Hospital's Acceptable Use Policy (H.IS.S.101) and understand that if I receive a password for any automated information systems, it is specific to my Department and allows access to those functions necessary to my job description. I agree to use the password each time I access the system, and after using the system, I will sign off. I will not leave the system on and unattended. I will not give my password to any other user, nor will I use anyone else's password.

I agree to limit my access to the Internet and e-mail systems solely to matters pertaining to GOOD SAMARITAN HOSPITAL in the course of conducting regular business and to refrain from utilizing this system for non-business related matters. I understand that any information stored on computers, mailboxes, networks and other information resources, is not private and is considered property of GOOD SAMARITAN HOSPITAL. I understand that at any time, GOOD SAMARITAN HOSPITAL reserves the right to inspect any and all files stored within my computer and network in order to insure compliance with policy.

I understand that a violation at any part of this Confidentiality Agreement, whether voluntary or accidental, may result in disciplinary action up to and including termination of employment. I further understand that I could be held personally liable for my actions. I certify by my signature that I have read the above agreement and agree to abide by said agreement and hold all patient care/financial/personnel/payroll or any other applicable private information in confidence. **Finally, I understand that violation of my duties as discussed above may independently constitute a violation of applicable criminal laws.**

 Employee Signature

 Date

 Human Resources Witness

 Date



**EMPLOYEE ACKNOWLEDGEMENT OF
 KNOWLEDGE OF REPORTING OBLIGATIONS**
 PAGE 1 OF 2

Department: _____
Title: _____
Employee ID: _____

California law requires hospitals to inform all direct care employees and "mandated reporters" (as defined below) of their obligations for the reporting of known or suspected child abuse, elder / dependent adult abuse and assault / domestic violence. Please review the following statements which address your reporting obligations:

ASSAULT / DOMESTIC VIOLENCE

State Law AB 165 mandates that any health professional / mandated reporter is required to make a report if s/he provides medical services for a physical condition to a patient who s/he knows or reasonably suspects is:

- Suffering from any wound or other physical injury inflicted by his or her own accord or inflicted by another where the injury is by means of a firearm.
- Suffering from any wound or other physical injury that is a result of assault or abusive conduct.

The mandated reporter is required to make a report by telephone immediately or as soon as practically possible and send a written report to a local law enforcement agency within two (2) working days.

CHILD ABUSE

Any mandated reporter who has knowledge of or who reasonably suspects that abuse has been inflicted upon a child, which includes mental suffering, or that the child's well-being is being endangered in any other way must report the known or suspected instance of child abuse.

Reports of suspected child abuse or neglect must be reported immediately or as soon as practically possible by telephone and to prepare and send a written report within 36 hours. A physician and surgeon or dentist or their agents and by their direction may take skeletal x-ray of the child without the consent of the parent, but only for the purposes of diagnosing case for child abuse.

ELDER AND DEPENDENT ADULT ABUSE

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, who has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or reasonably suspects that abuse has occurred, must report the known or suspected abuse by telephone immediately or as soon as practically possible, and by written report sent within 2 working days as set by the criteria outlined in Section 15630 of the California Welfare and Institutions Code.

**EMPLOYEE ACKNOWLEDGEMENT OF
KNOWLEDGE OF REPORTING OBLIGATIONS**
PAGE 2 OF 2

Department: _____

Title: _____

Employee ID: _____

MANDATED REPORTER

As defined by California State law, "mandated reporter" is defined, but not limited to any of the following:

Physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse (e.g. R.N. & L.V.N.), dental hygienist, optometrist, marriage, family and child counselor, clinical and non-clinical social worker, any emergency technician I or II, paramedic, teacher, an instructional aide, a teacher's aide/assistant, an employee of any public or private school, any and all employees in a child care center.

The above is an example of some professions and is not a complete definition. A complete listing can be found under Penal Code 11165.

State Law mandates timely notification for reporting of suspected abuse, and as such, the following 3 actions should be taken whenever you suspect abuse:

1. Immediately notify your Department Director, or Manager, or their designee.
2. Immediately complete an Occurrence Notice.
3. Immediately notify the Social Services Department or directly contact the appropriate Child/ Adult Protective Services or Law Enforcement Agencies.

PLEASE NOTE THE FOLLOWING:

While state-licensed healthcare professionals have a personal obligation to report suspected abuse, state statutes do allow hospitals to centralize that reporting responsibility with a designated service and that the social services department will be responsible for timely agency communication.

Direct patient care personnel treating patient during shifts when the Social Services staff is not available should directly contact the appropriate agencies and complete written report.

A report of known or suspected abuse must be made even if some of the information is not known or uncertain. No mandated reporter will be held civilly or criminally liable for any report required or authorized, unless it can be proven that a false report was made with deliberate disregard of the truth.

ACKNOWLEDGE AND ACCEPT

I certify that I have read and understand this statement and will comply with the set obligations.

Employee Name: _____

Employee Signature: _____ Date: _____



**HEALTHCARE WORKING ACKNOWLEDGEMENT OF
 PROCEDURE FOR EXPOSURE TO BLOOD AND OTHER
 POTENTIALLY INFECTIOUS MATERIALS**

Department: _____

Title: _____

Employee ID: _____

As a healthcare provider at Good Samaritan Hospital, it is important that you become familiar with the policies and safety devices in place to help protect you against exposures to **blood and other potentially infectious materials**. During your hospital- and unit-specific orientation, you will be shown the safety devices available to protect you. Additional information is available in the Infection Prevention and Employee Health policies and procedures, located on the Hospital intranet.

An exposure incident occurs when we sustain a needlestick, or eye or mucous membrane contact with blood or other potentially infectious materials such as CSF, peritoneal fluid, amniotic fluid, pleural fluid, synovial fluid, pericardial fluid, semen, vaginal secretions, breast milk, and any blood-contaminated fluid, tissue, or material.

Unfortunately, even with good infection control practices and proper use of safety devices, accidents do occur. When they do, it is important that protocols are followed to ensure you receive the best care possible. In the event you are exposed to **blood or other potentially infectious materials**, the following actions should be taken:

- Remain calm – resources ARE available to help you through this experience.
- Wash the area with soap and water immediately. For mucous membranes (mouth, eyes), thoroughly flush the area with water or saline.
- Notify your immediate Supervisor or Director and describe the incident to him or her.
- Call Employee Health at Ext. 2395, to report the incident. Leave a confidential message if no one is available to speak with you. We will be following up on your exposure; getting the information immediately helps us to provide you with proper treatment recommendations.
- Please leave the following information on the Employee Health confidential voice mail:
 - Your Name
 - Your personal Phone Number
 - Your Department and Director or Supervisor
 - Date and time the incident occurred
 - Brief Description of Incident
 - Name and/or MR number of the Patient whose blood or body fluid you were exposed to.
- If your exposure occurs during Employee Health hours, go to Employee Health for further instructions (Ground Level of the Lucas Building).
- If Employee Health is not available when you call, after leaving the exposure information on voice mail, go to the Emergency Department for immediate care.

This reminder is for your continued safety, and for the proper care and treatment of our patients. You are expected to report and follow-up on all exposures on all occasions.

I certify that I have read and understand this statement and will comply with my obligation to report all exposures to blood or other potentially infectious body fluids according to hospital policy.

Employee Name: _____

Employee Signature: _____ Date: _____

GOOD SAMARITAN HOSPITAL
OPERATING POLICIES

MANUAL:	HUMAN RESOURCES	POLICY #:		
SUBJECT:	ETHICAL, CULTURAL AND RELIGIOUS RIGHTS OF STAFF MEMBERS	ORIGINAL DATE APPROVED:		11/2000
PERSONNEL COVERED:	ALL EMPLOYEES	LAST BOARD APPROVAL DATE:		PRESIDENT'S COUNCIL 4/2012
		PAGE:	1	OF

Purpose

To define the mechanism for acceptance and review of requests by staff members and to participate in any aspect of patient care or treatment as a matter of conscience such as personal cultural values, ethics or religious beliefs.

To assure appropriate alternatives for delivery of patient care so as to ensure no disruption in the delivery or diminution of the quality of care provided to all patients.

Definition

The treatments or procedures generally known to be in conflict with a person's cultural values, ethics, or religious beliefs include the administration of blood and blood products, sterilization procedures, treatments or procedures designed to bring about the termination of pregnancy, harvesting of organs for transplant, and withholding or withdrawing of life support or life sustaining measures. The hospital will make every reasonable effort to accommodate requests not to participate in such procedures, so long as the accommodation of such request will not negatively affect the patient's care, including treatment, and so long as there is an appropriate alternative method or methods of care delivery.

Policy

It is the policy of Good Samaritan Hospital that an employee may request not to participate in any aspect of patient care based on their personal ethics, cultural values, or religious beliefs. Caregivers may not request to participate in patient care based on the patient's race, religion, age, sex, national origin. Such requests will be reviewed in advance by the employee's Department Director, who is responsible for determining appropriate alternatives for patient care and treatment.

No employee shall be discriminated against or retaliated against for choosing not to participate in patient care or treatment based on their ethics, cultural values, or religious beliefs.

Procedure

When time permits, the employee must file a formal written request with their Department Manager. The request must include the aspect of patient care or treatment from which the employee declines to participate and must specifically state the basis upon which the request is made (i.e., specific cultural, ethical, or religious belief that prescribes such participation).

The Director or Manager will accept and review the employee's request not to participate in an aspect of patient care and/or treatment.

The Director or Manager may request documentation confirming the employee's participation and/or membership in an organization that promotes the beliefs under which the employee cites non-participation in an aspect of patient care.

The requesting employee is responsible for providing continued patient care until approval of their request is granted and alternate patient care arrangements can be made.

GOOD SAMARITAN HOSPITAL
OPERATING POLICIES

MANUAL:	HUMAN RESOURCES	POLICY #:		
SUBJECT:	ETHICAL, CULTURAL AND RELIGIOUS RIGHTS OF STAFF MEMBERS	ORIGINAL DATE APPROVED:	11/2000	
PERSONNEL COVERED:	ALL EMPLOYEES	LAST BOARD APPROVAL DATE:	PRESIDENT'S COUNCIL 4/2012	
		PAGE:	2	OF 2

The Director or Manager will review the employee's request not to participate in specific aspects of patient care and/or treatment. These aspects of care may include, but are not limited to, abortions and withdrawals of life-sustaining treatments.

Timelines

When possible, a request for non-participation must be made as soon as the employee knows there is a conflict and no later than two (2) weeks before the next work schedule is posted.

Accommodation & Staffing Plan

A plan including; but not limited to, alternate staffing, reassignment of patients, reassignment of units, inter-unit, departmental or interdepartmental personnel, shift changes, transfer or the securing of alternative personnel, will be established and signed by the Director or Manager and employee to ensure appropriate delivery of care and/or treatment for the patient. A copy of the plan will be sent to Human Resources and kept on file.

1. The Director or Manager will attempt to make reasonable accommodations for all justified employee requests for exclusion from patient care and/or treatment resulting from a conflict with the employee's ethical cultural or religious beliefs.
2. If it is determined that the employee's request cannot be granted without negatively affecting the particular patient's care, including treatment, the employee will be informed that he or she must participate in the patient's care until properly relieved from such duties. Employee refusal may result in disciplinary action up to and including termination.

Conflict Resolution

Should a question or lack of understanding concerning the employee's request arise, it is the employee's responsibility to notify their immediate Supervisor, Director, or Manager and provide a copy of the approved non-participation request.

Employees who believe their request not to participate in any aspect of patient care or treatment was denied in contradiction of this policy, may use the Good Samaritan Hospital Grievance Procedure to address their issue.

Author

Human Resources

<i>/Revision Dates for Policy # <insert policy number></i>	
Effective:	11/00
Revised:	11/00, 1/07, 11/10, 3/12
Approved:	4/9/12 President's Council
Keywords:	



Good Samaritan Hospital

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EE SIGNED POLICIES
Human Resources Tel (213) 977-2378 Fax (213) 977-2309

**ETHICAL, CULTURAL AND RELIGIOUS
RIGHTS OF STAFF MEMBERS REQUEST
TO NOT PARTICIPATE IN TREATMENT**

Department: _____

Title: _____

Employee ID: _____

Due to cultural values, ethics or religious beliefs, I hereby request not to participate in the following patient care or treatments:

I understand that I may be floated to a position in another department for which I am qualified, or I may be asked to leave work while the Hospital brings in other staff to provide such patient care or treatment. If I am asked to leave work, I understand that I may use any accrued but unused Paid Time Off (PTO) that I may have; otherwise, my time away from work will be unpaid. I further understand that the Hospital will make every reasonable effort to accommodate this request not to participate. However, I further understand that if adequate staffing cannot be found, or if this request cannot be granted without negatively affecting patient care or treatment, I will be required to participate in such treatment and care of the patient.

Employee Name: _____

Employee Signature: _____ Date: _____

GOOD SAMARITAN HOSPITAL
OPERATING POLICIES

MANUAL:	ADMINISTRATIVE	POLICY #:			
SUBJECT:	Conflict of Interest - Employees	ORIGINAL DATE APPROVED:	8/2005		
		LAST BOARD APPROVAL DATE:	6/2015		
PERSONNEL COVERED:	Hospital Employees	PAGE:	1	OF	4

Purpose

The purpose of this policy is to ensure the integrity of decisions made on behalf of the organization. Business decisions should be free of personal bias, interest or gain. The intent of this policy will be met when decisions are made fairly and objectively, with the interests of the organization in mind.

Policy

When personal interests present actual or potential conflicts with the interests of the organization, or appear to conflict with the objectivity and integrity of professional roles and responsibilities, they will be disclosed to a member of management who can objectively assess the situation.

Procedure

Members of the organization will periodically review their roles and disclosure conflicts of interest. Areas where risk of conflicts of interest arise are often found are when employees encounter the following:

Purchasing and Contracting. Purchasing and contracting decisions should be based on vendor history, quality, service, price and other factors necessary to advance the interests of the organization. Individuals who have the ability to make or influence a purchasing or contracting decision should be free of personal bias or gain. Personal relationships with a potential vendor or contractor, financial interests, gifts or favors received and other forms of influence should be disclosed. When a conflict of interest warrants action, there may be exclusion from the selection, negotiation, purchasing and contracting process.

Hiring / Staffing. Staffing decisions should be based on academic credentials, skills, experience, professional qualifications and achievements and other factors necessary to excel in the role. Individuals who have the ability to make or influence staffing decisions should be free of personal bias or gain. Staffing decisions involving immediate family members, relatives and other individuals where a personal relationship exists should be disclosed. When a conflict of interest warrants action, there may be exclusion from the screening, selection or hiring process, career development, advancement and other staffing decisions.

Gifts and Gratuities. Studies have shown that gifts of even minimal value can influence decisions. In order to assure that all relationships are based upon unbiased assessments of what will be best for patients and for the institution, all Staff are prohibited from accepting any personal gifts from any individuals or companies, even those of nominal value. For further guidance see policies related to vendors.

Corporate Assets. The privilege in access and use of corporate assets is granted to advance the interests of the organization and should not be abused for personal gain. Financial, personal and other incentives to misuse cash, property, equipment, supplies and other company resources should be disclosed. When such expenditures do not enhance the performance of professional responsibilities for the organization, they may be considered waste and abuse of corporate assets. Company discounts and other benefits extended to organizations and individuals, including prospective and current customers, should be disclosed. When such benefits are based on personal relationships or for personal gain, and do not advance the interests of the organization, they may be considered waste and abuse of corporate assets. Waste and abuse of corporate assets may result in disciplinary action.

**GOOD SAMARITAN HOSPITAL
OPERATING POLICIES**

MANUAL:	ADMINISTRATIVE	POLICY #:			
SUBJECT:	Conflict of Interest - Employees	ORIGINAL DATE APPROVED:	8/2005		
		LAST BOARD APPROVAL DATE:	6/2015		
		PAGE	2	OF	4

Information Integrity. The management and communication of information should be free of personal bias or gain. Financial, personal and other incentives that may compromise the integrity of information documentation and reporting should be disclosed. When a conflict of interest warrants action, there may be exclusion from access, analysis and presentation of the information.

Outside Activities. Outside activities that may conflict with professional roles and responsibilities should be disclosed and include, but are not limited to, serving on competitor boards, working for competitors, ownership in a competing business, investments in competitors, political activities and contributions, or activities that go against the core values of the organization.

Assessment

Each situation will be assessed on a case-by-case basis to determine if personal interests are compromising, or have the potential to compromise, professional integrity. Not every situation involving competing personal and professional interests will warrant action.

Action

For conflicts of interest that warrant action, such action will be taken to protect the interests of the organization.

Accountability

Procedures that ensure compliance with this policy and its provisions will be implemented at the facility and department levels. Guidelines for implementing procedures that ensure compliance with this policy and its provisions are the responsibility of the Compliance Officer. Management Team Leaders are accountable for implementation, enforcement, monitoring and oversight of this policy in their departments.

Communication

The Compliance Officer is responsible for communicating this policy to leadership, and the organization at large. Periodic surveys of management staff will be performed as a reminder of the risks of conflict of interest and to obtain attestation for their personnel file. These surveys may be accomplished by the attached form or by on-line training documentation.

Sample questions employees should consider:

1. Are you, or any member of your immediate family, employed by or engaged as a consultant by any organization or individual that, to your knowledge, does business or is seeking to do business with our organization?
2. Do you work for another hospital, IPA, or medical group that is a competitor of our facility?

**GOOD SAMARITAN HOSPITAL
OPERATING POLICIES**

MANUAL:	ADMINISTRATIVE	POLICY #:	
SUBJECT:	Conflict of Interest - Employees	ORIGINAL DATE APPROVED:	8/2005
		LAST BOARD APPROVAL DATE:	6/2015
		PAGE	3 OF 4

3. Have you, or has any member of your immediate family, accepted gifts, entertainment, honoraria, speaking fees, salary or sports tickets from any organization that, to your knowledge, does business or is seeking to do business with our organization?

4. With respect to our organization's confidential information, have you disclosed any such information outside of the scope of your employment or used such information in any way to promote your own interest or the interests of others?

5. Do you, or does any member of your immediate family, have any other interest or arrangement that could represent a conflict of interest, compromise you or our organization, or impair your independent judgment?

Attachment

Sample Conflict of Interest Attestation

Author

Compliance Officer

Previous Board Approval Dates:	
Dates:	08/2005
	2/2010
	2/2013
Keywords:	Conflict of Interest, Employee



CONFLICT OF INTEREST CERTIFICATION

Department: _____

Title: _____

Employee ID: _____

I certify that I have read and understand the information given in the Conflicts of Interest Policy for Employees I agree to comply with the Conflicts of Interest Policy for Employees by fully disclosing whenever I have an interest that does or might create a conflict of interest.

Employee Name: _____

Employee Signature: _____ Date: _____

I have no potential conflicts of interests to report. _____

I wish to disclose the following potential conflict of interest(s):

**GOOD SAMARITAN HOSPITAL
OPERATING POLICIES**

MANUAL:	ADMINISTRATIVE	POLICY #:			
SUBJECT:	Code of Conduct and Organizational Ethics	ORIGINAL DATE APPROVED:	11/1993		
		LAST BOARD APPROVAL DATE:	10/2015		
PERSONNEL COVERED:	All hospital personnel	PAGE:	1	OF	3

Purpose

This Code of Conduct and Organizational Ethics sets forth the ethical guidelines that governing board trustees, employees, medical staff members, independent contractors, contract staff, students and trainees are expected to follow when performing their duties on behalf of Good Samaritan Hospital. The Code of Conduct and Organizational Ethics applies to all conduct on behalf of or reflecting upon the Hospital, both internal and outside of the organization.

Policy

Good Samaritan Hospital, its governing board trustees, employees, medical staff members, independent contractors, contract staff, students and trainees (collectively referred to as the Hospital team) are committed to providing patient care and conducting all business operations in an ethical manner consistent with the Hospital's mission and values. The expectation for ethical practices extends to all conduct on behalf of or reflecting upon the Hospital, including conduct related to patient care, business operations, community service, and education and training.

A. Ethical Principles

Good Samaritan Hospital and all Hospital team members are expected to abide by ethical principles that safeguard the interests of the Hospital, staff, medical staff, patients and community. The Hospital's mission is to provide quality health care, teaching and research, and to assure that the highest standards of ethical conduct and integrity are practiced in meeting these responsibilities. The professional conduct of each member of the Hospital team is expected to be consistent with and fully comply with these ethical principles. All members of the campus community are expected to behave and engage as follows:

1. Integrity – conducting oneself with integrity in all dealings with and on behalf of the Hospital.
2. Respectful behavior – treating everyone with civility, courtesy, tolerance and acceptance, and recognizing the worth, dignity and unique characteristics of each individual.
3. Trustworthy conduct – consistently offering dependability, loyalty and honesty in communications and actions.
4. Accountability – taking personal responsibility for one's actions and decisions.
5. Fair and just actions – utilizing equitable processes in decision-making.
6. Responsible management – promoting prudent use of Hospital resources in a fiscally responsible manner.
7. Compassion – caring for others, both within and apart from the Hospital community, and providing the highest quality service to patients and our community.
8. Good citizenship – striving to make the Hospital community function well now and in the future.

**GOOD SAMARITAN HOSPITAL
OPERATING POLICIES**

MANUAL:	ADMINISTRATIVE	POLICY #:			
SUBJECT:	Code of Conduct and Organizational Ethics	ORIGINAL DATE APPROVED:	11/1993		
		LAST BOARD APPROVAL DATE:	10/2015		
		PAGE	2	OF	3

9. Excellence – conscientiously striving for excellence in our work.

B. Standards of Behavior to Promote Ethical Conduct

In internal and external dealings, Good Samaritan expects its Hospital team members to abide by these standards of behavior that promote ethical conduct:

1. Demonstrate behavior that reflects integrity, supports objectivity and fosters trust in all activities.
2. Respect the dignity of each human being.
3. Respect and promote patient rights, including rights to make decisions, to be fully informed, to privacy, and to self-determination.
4. Strive to improve personal competence and quality of service.
5. Represent truthfully and accurately, in oral or written communication, information regarding hospital programs and services, professional credentials, education and experience.
6. Refuse to participate in illegal or unethical acts.
7. Refuse to conceal the illegal, incompetent or unethical acts of others.
8. Protect the confidentiality of all patients and hospital information and refrain from discussing any hospital business with persons not directly involved.
9. Always provide full disclosure when any possible conflict of interest arises and refrain from taking action in such situations.
10. Commit to supporting and promoting the Hospital's compliance plan, including appropriately reporting any suspected problems or non-compliance so it can be investigated and addressed.
11. In all financial dealings, strive for accuracy and accountability.
12. In all business development, marketing and promotional activities, represent the Hospital with truth, accuracy, fairness, and responsibility to patients, community, and the public.

C. Addressing Issues

Members of the Hospital team are encouraged to discuss questions or concerns with their immediate supervisor (for employees and contract staff), Medical Staff leadership, Hospital contacts (for independent contractors and contract staff) and the Hospital officers and compliance officer (for Trustees). If this is not practical or issues or conflicts arise that cannot be resolved through between the individual and the immediate supervisor or other appropriate contact, the individual should raise the concerns through the chain of command. This may include the next level of manager, the department head, Human Resources and the office of the President. Medical Staff members with concerns or questions should discuss them with

**GOOD SAMARITAN HOSPITAL
OPERATING POLICIES**

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the department chair and when appropriate, the Medical Staff Officers. Students with questions or concerns should speak with their faculty of record or advisor, or contact the student liaison office for assistance.

D. Whistleblower Policy

Under the Hospital Compliance Policy, individuals are encouraged to use the compliance reporting process if they have a good faith belief that an activity occurred or is continuing to occur that is not in compliance with federal or state law or Hospital policy. Such individuals are protected from retaliation for making such a "protected disclosure." A "protected disclosure" may be made to the Hospital Compliance Officer, General Counsel, President or any Hospital Vice President. This policy may be found on the Hospital intranet. Calls may be made anonymously to the Compliance Hotline 1-866-294-9592.

Author

General Counsel

Previous Board Approval Dates:	
Dates:	11/1993, 03/1997, 11/2003, 02/2010
	02/2013
Keywords:	Conduct, Ethics



Good Samaritan Hospital

A Tradition of Caring



EE SIGNED POLICIES
Human Resources Tel (213) 977-2378 Fax (213) 977-2309

CODE OF ORGANIZATIONAL ETHICS / CODE OF CONDUCT POLICY

Department: _____

Title: _____

Employee ID: _____

I have received read and understand the Code of Conduct and Organizational Ethics Policy and in signing this statement, I hereby agree and comply with the Policy.

I understand that failure to adhere to the Code of Conduct and Organizational Ethics Policy may result in corrective action.

Employee Name: _____

Employee Signature: _____ Date: _____