




SOUTHERN NEVADA HEALTH DISTRICT
DISTRICT-WIDE POLICY AND PROCEDURE

DIVISION: Administration	NUMBER: ADM-019
PROGRAM: District Wide	Page: 1 of 4
TITLE: Ethical Standards	EFFECTIVE DATE: 12/16/2021
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APPROVED BY: District Health Officer  12/16/2021	LAST REVISION DATE: 03/10/2021
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I. PURPOSE

To support a culture of transparency, trust, and integrity in all Health District practices. To describe the ethical framework within which the Health District manages and conducts its patient care and business operations.

II. SCOPE

This policy applies to all Workforce members and services, transactions, and business relationships, conducted in furtherance of Health District business.

III. POLICY

The Health District’s commitment to ethical patient care and business operations is integral to who we are and how we fulfill our mission. The Health District is committed to operating within the highest standards of integrity and ethics, and to fostering a culture of compliance with Health District policies and procedures as well as applicable legal and regulatory requirements.

Those found to have violated this policy will be subject to disciplinary action up to, and including, termination. Retaliation against a workforce member who has in good faith reported an alleged unethical practice will not be tolerated.

A. Definition

Workforce members - officers, employees, volunteers, interns, board members, and agents.

B. Gifts and Inducements

Workforce members shall not offer, solicit, pay, or accept anything of value in exchange for healthcare referrals or for actions that may be perceived as creating an advantage for an individual or entity that conducts business with the Health District. This applies to offering or receiving money, gifts, free or discounted items or services, meals, professional courtesies, or other arrangements with the intent to induce referrals or preferential treatment. Workforce members are prohibited from accepting gratuities, favors, or anything of monetary value.

It is appropriate for a Workforce member to decline a gift because of his/her official position.

C. Conflicts of Interest

A conflict of interest can exist when the Workforce member has a direct or indirect financial interest that conflicts with the Workforce member's Health District duties.

Workforce members shall make a written disclosure of any real or apparent conflict of interest and submit it to their supervisor.

When a conflict of interest exists, Division Directors or their designee shall reassign duties to avoid the conflict.

Management will prohibit individuals with a real or apparent conflict of interest with a given contract from participating in the selection, award, or administration of such contract.

Although this policy does not attempt to describe all possible conflicts of interest that could develop, the following are examples of common conflicts of interest from which Workforce members are expected to refrain include:

1. Using or obtaining public property, funds, or other negotiable instruments of value for direct or indirect personal or political gain.
2. Public endorsement of any commercial products or services in which the Workforce member has a direct or indirect financial interest.
3. Transacting business (including participating in the selection of a contract) in an official capacity with any business entity of which the Workforce member is an officer, agent, or member, or has an interest, without the express prior knowledge and approval of the appropriate Division Director.
4. Promises or assurances of special consideration or favors in the performance of the Workforce member's official duties which are contingent upon any direct or indirect material, tangible, or financial reward.
5. Submitting claims for payment which are knowingly false, fictitious, or fraudulent.

6. Accepting, offering, or paying anything of value in return for recommending products or services (including referrals) in violation of the Anti-Kickback Statute. This also applies to any transactions involving potential referral sources, including transactions with other health care providers, vendors, or patients.
7. Acceptance of any gifts, directly or indirectly, with the intent to influence or affect the business relationship.

IV. PROCEDURE

A. Confidentiality

Workforce members must observe and respect the confidentiality of Health District clients, visitors, and other workforce members. The right of confidentiality applies to all financial, health-related, personnel, proprietary, and other non-public information protected either by law or Health District policy.

1. Unless the Workforce member is specifically authorized by their Division Director or the DHO, employees designated as “confidential” shall disclose information relating to confidential employee relations on an as-needed basis only with those persons also designated “confidential.”
2. The willful falsification, deletion, alteration, or other disposition of official Health District records, reports, contracts, or documents for personal interest or gain or malicious reasons is strictly prohibited.

B. Responsibility

1. It shall be the responsibility of each Division Director or their designee to implement and enforce this policy.
2. It shall be the responsibility of each Workforce member who has an ethical dilemma or decision to consult with their immediate supervisor, manager, division director, or the Senior Compliance Specialist.

C. Guidelines for Making Ethical Decisions

When a Workforce member recognizes they have an ethical decision to make, the staff member should:

1. Be able to state the conflict as they currently see it.
2. Determine the best process for resolution, by considering:
 - a. How urgent is the situation?
 - b. What is the best way to engage the interested parties and private and public community partners?
 - c. Who has ultimate decision-making authority?

- d. Clinical staff will respect the patient’s autonomy and take special care to avoid imposing their values on the patient.
- 3. Study the facts, including:
 - a. Risk/benefit analysis
 - b. Impact on quality of service
 - c. Resource implications
- 4. Speak to their supervisor or Compliance regarding the issue.

When resolving Ethical Conflicts, all Workforce members should consider the following:

- a. Inclusiveness – Decisions should be made explicitly with interested parties and private and public community partner views in mind and there should be opportunities for interested parties and private and public community parties to be engaged in the decision-making process.
- b. Transparency – Decisions should be publicly defensible. That means the process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected interested parties and private and public community parties.
- c. Reasonableness – Decisions should be made by people who are credible and accountable and based on reasons (i.e., evidence, principles, values) that the interested parties and private and public community parties can agree are relevant to meeting health needs.

V. REFERENCES

Code of Conduct

Compliance and Ethics Reporting Policy

SNHD Outside Employment Notification and Request for Approval

NRS Chapter 281A

The Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b)

False Claims Act, 31 U.S.C. § 3729(a)