



DEPARTMENT: Ethics & Compliance	POLICY DESCRIPTION: Ethics and Compliance Officer
PAGE: 1 of 3	REPLACES POLICY DATED: 1/1/02, 3/8/01, 4/15/03, 8/31/05, 12/1/07, 1/24/09, 3/15/11, 11/1/11, 5/15/12, 8/1/14, 9/15/19
EFFECTIVE DATE: July 1, 2021	REFERENCE NUMBER: EC.010
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, physician practices, home health agencies, hospice agencies, outpatient imaging centers, service centers, and other locations where health care items or services are provided or which provide support for such activities.

PURPOSE: To ensure that each Company-affiliated facility has an Ethics and Compliance Officer (ECO) and to ensure each Company-affiliated hospital establishes a Facility Ethics and Compliance Committee.

POLICY:

1. Each Company-affiliated facility must have an ECO to oversee and implement the Ethics and Compliance Program and the facility's compliance with the requirements of Federal health care programs.
2. Each ECO at a Company-affiliated hospital must establish a Facility Ethics and Compliance Committee (FECC) to assist with the implementation of the Ethics and Compliance Program.

PROCEDURE:

1. Each Chief Executive Officer (CEO), Administrator or Area Practice Manager of a Company-affiliated facility shall either assume the duties of ECO or designate an appropriate individual as identified below, to serve as the ECO. Notice of who will serve as ECO must be provided to the Vice President, Ethics and Compliance, any time there is a change in such position, using the online [ECO Directory](#). The ECO must be one of the following, unless approved in advance by the Vice President, Ethics and Compliance:
 - a. For Hospitals:
 - i) the CEO, Chief Operating Officer (COO), Chief Nursing Officer (CNO), or Chief Financial Officer (CFO);
 - ii) if a larger hospital with one or more Vice Presidents, one of those individuals;
 - iii) an individual designated to perform the ECO duties on a full-time basis and who reports to the hospital CEO; or
 - iv) an Associate Administrator.
 - b. For Ambulatory Surgery Centers, the Administrator;
 - c. For Physician Practices, the Area Practice Manager or Market Manager;
 - d. For Home Health and Hospice agencies, a Regional Vice President (RVP) or other designated regional leader who reports directly to an RVP, or a full-time ECO;
 - e. For all other facilities within the Company, the Chief Executive Officer or a full-time ECO.

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2. Each ECO must oversee and implement the facility's Ethics and Compliance Program and compliance with the requirements of the Federal health care programs. The ECO responsibilities for implementation and oversight of the Ethics and Compliance Program are outlined in the Company's Guide for Local Ethics and Compliance Officers, including but not limited to:
 - a. communicating compliance standards,
 - b. distributing the Code of Conduct and overseeing related training,
 - c. coordinating and monitoring required compliance training,
 - d. advising colleagues on ethics and compliance matters,
 - e. conducting and cooperating with investigations,
 - f. ensuring no retaliation for good faith reporting,
 - g. coordinating and supporting corporate monitoring and auditing procedures,
 - h. reviewing internal audit reports and investigative reports,
 - i. identifying trends related to ethics and compliance within the facility,
 - j. serving as the liaison to the facility's board (if one),
 - k. coordinating with the facility's clinical ethics committee (if one),
 - l. overseeing facility compliance with records retention requirements, and
 - m. ensuring employee evaluation includes an ethics and compliance component.

3. Hospital Facility Ethics and Compliance Committee (FECC)
 - a. The ECO at each Company-affiliated hospital shall establish an FECC. The ECO shall chair the FECC, which should include the facility's officers (CEO, CNO, COO and CFO), heads of each of the facility's major compliance-related departments (e.g., Business Office Director, Director of Health Information Management, Medical Director, Pharmacy Director, Human Resources Business Partner). The facility ECO should coordinate with the Shared Services Center (SSC) ECO regarding FECC participation, relevant agenda items and actions. Each FECC will:
 - Assist the ECO in implementing the Ethics and Compliance Program, including investigations, training, and administrative requirements;
 - Assist the ECO in ensuring the facility's compliance with the requirements of Federal health care programs; and
 - Report compliance concerns to the ECO.
 - b. The FECC will meet as necessary, but at least quarterly. FECC meetings should be used to resolve open issues, announce new initiatives, review new rules, regulations, and policies and procedures, develop work plans and assign responsibilities for meeting Ethics and Compliance Program requirements. Minutes must be prepared and maintained for each meeting.



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4. The ECO's effectiveness in performing his or her duties will be constantly assessed. This assessment may include one or more of the following: compliance process reviews, Division President visits, and surveys.

REFERENCES:

1. Guide for Local Ethics and Compliance Officers
2. Code of Conduct
3. Code of Conduct Training Facilitator's Guide
4. Internal Handling of Ethics Line Calls Policy, [EC.002](#)
5. Code of Conduct Distribution and Training Policy, [EC.011](#)
6. Records Management Policy, [EC.014](#)
7. Online ECO Directory: <http://ecodb.app.medcity.net/>