

DEPARTMENT: Ethics & Compliance	POLICY DESCRIPTION: Ethics and Compliance Officer
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EFFECTIVE DATE: June 1, 2023	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:

- A. At each Company-affiliated facility, the duties of ECO shall either be assumed by the Chief Executive Officer (CEO), Administrator or the Physician Services Group Vice President or conferred on a designee as identified below. Prior to the appointment of a hospital ECO, the CEO should discuss such appointment with their Division Ethics and Compliance Officer (DECO) to ensure the potential candidate is able to fulfill the responsibilities of the ECO. The CEO and DECO should consider whether the hospital would benefit from an assistant or co-ECO to serve with the ECO.
- B. To serve, the ECO must be one of the following, unless approved in advance by the Vice President, Ethics and Compliance:
 1. For Hospitals:
 - a. the CEO, Chief Operating Officer (COO), Chief Nursing Officer (CNO), or Chief Financial Officer (CFO);
 - b. if a larger hospital with one or more Vice Presidents, one of those individuals;
 - c. an individual designated to perform the ECO duties on a full-time basis and who reports to the hospital CEO; or
 - d. an Associate Administrator.
 2. For Ambulatory Surgery Centers, the Administrator.
 3. For Physician Services Group (PSG),
 - a. Division Vice President, Division Assistant Vice President, Vice President of Operations;
 - b. Director of Physician Services, Area Practice Manager, Market Manager or Director of Operations;

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- c. Director of Laboratory Services, Lab Chief Operations Officer;
 - d. an individual designated to perform the Ethics and Compliance duties as Assistant ECO or Division Lead ECO (Director of Compliance).
- 4. 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;
- 5. For all other facilities within the Company, the Chief Executive Officer or a full-time ECO.
- C. With the exception of the Physician Services Group, 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](#). A separate online directory is maintained by the Physician Services Group, and changes should be submitted to the PSG VP and ECO online through the PSG Change Form.
- D. Each ECO must oversee and implement the facility's Ethics and Compliance Program and compliance with the requirements of the Federal health care program guidance. 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, and include but are not limited to:
 - 1. communicating compliance standards,
 - 2. distributing the Code of Conduct and overseeing related training,
 - 3. coordinating and monitoring required compliance training,
 - 4. advising colleagues on ethics and compliance matters,
 - 5. conducting and cooperating with investigations,
 - 6. fostering an environment of no retaliation for good faith reporting,
 - 7. coordinating and supporting corporate monitoring and auditing procedures,
 - 8. reviewing internal audit reports and investigative reports,
 - 9. identifying trends related to ethics and compliance within the facility,
 - 10. serving as the liaison to the facility's board (if one),
 - 11. coordinating with the facility's clinical ethics committee (if one),
 - 12. overseeing facility compliance with records retention requirements, and
 - 13. ensuring employee evaluations include an ethics and compliance component.
- E. Hospital Facility Ethics and Compliance Committee (FECC)
 - 1. 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:

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<ul style="list-style-type: none"> ▪ 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. <p>2. 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.</p> <p>F. The ECO's effectiveness in performing their duties will be constantly assessed. This assessment may include one or more of the following: compliance process reviews, Division President visits, and surveys.</p>	
<p>REFERENCES:</p> <ol style="list-style-type: none"> 1. Guide for Local Ethics and Compliance Officers 2. HCA Healthcare 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. ECO Directory: http://ecodb.app.medcity.net/ 8. PSG Change Form 	