Statement of Values

MISSION
Why We Exist
Above all else, we are committed to the care and improvement of human life.

Vision
What We Want To Be
Committed to Excellence and Innovation and Inspiring Other Organizations to Join in Our Passion

Values
We recognize and affirm the unique and intrinsic worth of each individual
We treat those we serve with compassion and kindness
We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives
We treat our colleagues as value members of the team and pledge to treat one another with loyalty, respect and dignity

Keys To Our City

Employee Pride – achieve world class employee pride
Physician Engagement – work with engaged and inspiring physicians
Patient Loyalty – provide excellence in patient care
Fiscal Performance – fulfill our commitments
Community Involvement – participate in activities that build our community
Exceptional Care – achieves excellence always with patient outcomes

Changes to these guidelines will be posted periodically and communicated to staff via multiple communication methods including but not limited to email and memorandums.
The official handbook guidelines will be maintained in electronic format on the Organization’s intranet.

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ACKNOWLEDGEMENT CARD AND RECEIPT FOR HANDBOOK

The purpose of this handbook is to provide employees of Medical City Dallas Hospital and Medical City Children’s Hospital (to be referred to throughout this document as “the Organization”) with general information regarding the personnel guidelines that the Organization attempts to follow in most cases, but NEITHER THIS HANDBOOK NOR ANY PROVISION OF THIS HANDBOOK IS AN EMPLOYMENT CONTRACT OR ANY OTHER TYPE OF CONTRACT. Due to the nature of the Organization’s operations and variations necessary to accommodate individual situations, the guidelines set out in this Handbook may not apply to every employee or in every situation. The Organization reserves the right to rescind, modify or deviate from these or other guidelines, policies, practices or procedures relating to employment matters from time to time as it considers necessary in its sole discretion, either in individual or Organization wide situations with or without notice.

All employees are employed for an indefinite period and the employer may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND AGREE TO READ THE EMPLOYEE HANDBOOK WHICH I HEREBY ACKNOWLEDGE HAVING RECEIVED.

__________________________________________  ______________________
PRINTED NAME                           DATE

__________________________________________
SIGNATURE

** RETURN COMPLETED FORM TO HUMAN RESOURCES
WELCOME TO MEDICAL CITY DALLAS HOSPITAL

It is a special honor to extend to you a sincere and enthusiastic welcome. You have been selected to join us for your special skills, experience and your desire to be a part of the Organization’s team.

We think of ourselves as working together as a team to care for and interact professionally and sensitively with patients, relatives, visitors, and co-workers. We invite you to join in this partnership and to use your abilities to help your department and the Organization provide the excellent service for which we are known.

I am proud to be associated with so many caring and dedicated individuals. I hope that your employment with us is meaningful, challenging and rewarding.

Sincerely;

Erol Akdamar
President and Chief Executive Officer
ABOUT YOUR HANDBOOK

The purpose of this handbook is to provide employees with general information regarding the guidelines this facility attempts to follow in most cases but neither this handbook nor any provision of this handbook is an employment contract or any other type of contract. The Human Resources guidelines in this handbook supersede and replace all prior published or unpublished policies, guidelines, handbooks, or other publications related to personnel matters.

ABSENCE MANAGEMENT

Medical City Dallas Hospital has contracted with Unum for absence management, tracking, and administration per government laws and regulations. Examples of this include FMLA and Leave of Absence (medical, personal, educational, military, etc). All scheduled PTO/vacation time (two weeks or less per LOA policy), Bereavement leave, and Jury Duty will continue to be managed at the facility level.

After an employee has missed two (2) consecutive days of work due to an illness or injury, the employee is required to contact Unum’s Absence Reporting Center (ARC) at 877-352-8661 to report the absence. The employee will be asked a series of questions to verify status and assist the ARC in verifying eligibility of FMLA and/or LOA per policy. When an employee returns to work, he/she must notify the ARC prior to his/her return to work. In addition, if the employee has missed seven (7) calendar days due to the illness or injury event, he/she is required to provide a fit-for-duty form signed by their treating physician and submit back to ARC for processing prior to return to work.

Refer to Leave of Absence Policy for detailed information on eligibility, procedure, approval, benefit continuation, and reinstatement.

ANNIVERSARY RECOGNITION

In recognition of long-term service with the Organization, employees shall be recognized for continuous length of service. This includes employment at different facilities, Division, Group or Corporate offices as long as the service break does not exceed 180 days. Beginning with five (5) years of service, employees shall receive recognition service awards for each increment of five years as determined by facility guidelines.

ATTENDANCE

Employees of the Organization work together as a team and provide a much-needed service to our community, patients, and customers. Absence and tardiness can detract from the quality of this service and can cause undue hardship on co-workers. The facility
must be able to count on the regular and dependable attendance of employees. Accordingly, cumulative absence and tardiness will be dealt with based on the following absence point system.

In order to maintain a fair and reasonable work environment, and in recognition of the important contributions of each member of the facility team, it is imperative that this absenteeism policy be applied equitably to all employees. Unless specifically identified as an exception, (i.e. unexcused absence) no distinction will be made as to the reasons for an absence with regard to it being counted for points.

The facility reserves the right to:

1. Authorize or refuse to authorize an employee’s request for permission to be absent.
2. Investigate absences.
3. Determine whether an absence is necessary or justifiable.
4. Deny pay for an absence in violation of this policy.
5. Impose reasonable disciplinary penalties on employees who violate provisions of this policy.

The following definitions apply to the Attendance Policy:

**Absence Occurrence:** Absence from work for two or more hours on one or more consecutively scheduled workdays is considered one occurrence. The following exceptions are not counted as absenteeism under this policy:

1. Approved Leaves of Absence per company policy.
2. Scheduled PTO time, vacation time, bereavement, and jury duty.
3. Absence due to work-related/approved Employee Health and Safety Program occurrence.
4. Employee sent home, or permitted to leave early, (within 2 hours of the end of the scheduled shift) by his/her supervisor or Employee Health Services.
5. Absences covered under Family Medical Leave Act.

**Excused Absence:** Absence from work due to illness given with proper notification or other reasons approved by the supervisor/manager.

**Unexcused Absence:** Any absence from work, which is reported but is not for an approved reason or is without proper notification. The reason must be documented in the record for any unexcused absence. (Usually defined as within two (2) hours of shift start).

**No call – No show:** Any absence, which is not accompanied by notice (prior to or during the shift in question) to the supervisor.
Tardiness: Failure to be on time when reporting to work at the beginning of a shift or when returning after lunch or breaks.

Please note: KRONOS time clocks are programmed with an eight (8) minute window.

Definition of Year: Points will be reviewed based on an employee’s attendance record over a consecutive, rolling twelve-month period. Each absence occurrence or tardiness will be on record for one year after the absence. On the anniversary of the absence or tardy, the point(s) will expire, reducing the total number of points for the rolling 12 months.

Example:

<table>
<thead>
<tr>
<th>Date</th>
<th>Occurrence</th>
<th>Points</th>
<th>Total Points</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/96</td>
<td>Excused Absence/Child sick</td>
<td>1.0</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>6/17/96</td>
<td>Excused Absence/Proper notice</td>
<td>1.0</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>6/23/96</td>
<td>Tardy/flat tire</td>
<td>0.5</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>8/31/96</td>
<td>Unexcused Absence</td>
<td>3.0</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>10/25/96</td>
<td>Tardy</td>
<td>0.5</td>
<td>6.0</td>
<td>Written Counseling</td>
</tr>
<tr>
<td>11/7/96</td>
<td>Unexcused Absence/Improper notice</td>
<td>3.0</td>
<td>9.0</td>
<td>Final Written Counseling</td>
</tr>
<tr>
<td>12/28/96</td>
<td>Excused Absence</td>
<td>1.0</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>2/14/97</td>
<td>Tardy</td>
<td>0.5</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>3/25/97</td>
<td>Excused Absence</td>
<td>1.0</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>4/18/97</td>
<td>Tardy</td>
<td>0.5</td>
<td>12.0</td>
<td>Suspension &amp; Termination</td>
</tr>
</tbody>
</table>

ACCUMULATION OF POINTS

Absenteeism Point System:

a. 0 Points  Scheduled/Excused PTO Time
    .5 Points  Tardiness
    1 Point   Excused/Unscheduled Occurrence
    3 Points  Unexcused/Unscheduled Occurrence

b. 3 – 3.5 Points  Verbal counseling

c. 6 – 6.5 Points  Within a year will result in written counseling
d. 9 – 9.5 Points  Within a year will result in a final written counseling

e. 12 or more Points  Within a year will result in involuntary termination

• Counseling must be administered immediately after the total absenteeism points have entered the established point range for that level of counseling.

EXAMPLE: An employee accumulated a total of 5.5 points, and then had an absence (1 point). The total cumulative points are now 6.5, and a written counseling is necessary.

• All counseling levels, as detailed above, must be given prior to termination. Simultaneous counsels under the cumulative Absenteeism Policy are not permissible. Additional counseling or involuntary termination must be based upon absence or tardiness subsequent to the last counseling given.

EXAMPLE: A supervisor checked attendance three weeks ago and an employee then had 6 points and a 6-point counseling. Subsequently, the supervisor did not monitor attendance and now realizes that the employee should have 12 points. A final written counseling is all that can be given at this time, and the employee shall be considered to have only 9.5 points, which is the maximum permissible for that level of counseling. Any points accumulated since the employee reached 9.5 points shall be null and void.

• An employee accumulating 3.0 points during their initial employment period (typically the first 90 days) will be subject to a “3-point counseling.” Employees accumulating 6 points in their initial 3-month employment period will be subject to involuntary termination of employment.

• All counseling should be documented on the “Employee Corrective Counseling form.

VOLUNTARY QUITS

The Cumulative Absenteeism Policy notwithstanding, some situations are considered to be a voluntary quit by the employee. These situations include:

• Failure to return at the end of leave absence
• No call/No show for two or more consecutively scheduled workdays
• Job abandonment by leaving the premises without permission of a supervisor
• Taking other gainful employment while on leave of absence without approval from the hospital
• Refusal to accept an offer of same or comparable position, which makes reasonable accommodation as may be required by law, when released for return after Health & Safety program leave or family/medical leave.
RECORDKEEPING

The Department Manager is responsible for accuracy of each employee’s attendance record. Records are to be updated as absences occur.

NOTICE OF ABSENCE

If the employee is going to unable to report to work as assigned, that employee must personally notify his/her supervisor or department manager immediately. Such notice must be given in accordance with the individual employee’s department guidelines and/or as far in advance (usually two (2) hours before the start of the shift) as possible. In nursing departments, the employee should notify the administrative supervisor. The employee should attempt to contact the administrative supervisor by phone or beeper.

Failure to notify the department manager or immediate supervisor or in the case of nursing, an administrative supervisor of an absence will be grounds for disciplinary action, up to and including involuntary termination.

CLOCK IN AND CLOCK OUT TIMES

Employees will be required to work the hours assigned. Non-exempt employees should not report to work earlier than is reasonably necessary for reaching their assigned work area after clocking in, (normally 3-5 minutes), and they will be expected to clock out in the same manner. Employees are expected to clock in and out at the time clock closest to their work unit as determined by their department manager/director. Employees found to be lingering (around time clocks, in work areas or other hospital areas) having not clocked out and not on approved extended time by the Department Manager or Supervisor will be subject to disciplinary action.

Continued failure to use an issued ID badge could result in disciplinary action up to and including termination of employment.

BENEFIT PLANS INFORMATION

Employees of the Organization may be eligible for coverage under a variety of benefit plans. Complete information about coverage and eligibility is available through the Human Resources Department.

BEREAVEMENT

In the event of a death of a (full-time or part-time) employee’s immediate family member, he/she will be permitted time off with pay after completion of 90 days of employment from the day of death through the day of burial, or three consecutive scheduled work days, whichever is less. (Employees who have not completed 90
consecutive days of employment may request time off without pay. Please see the bereavement policy for defined family members.

**BINDING ARBITRATION**

To provide Texas Affiliated Employers a consistent means for employees to resolve disputes as outlined below in the Procedure section through binding arbitration.

Under the mandatory Binding Arbitration Policy, both the employee and the Texas Affiliated Employer agree to give up any right either of them might have to a jury or judge trial regarding any issue governed by the Mandatory Binding Arbitration Policy. All disputes governed by the mandatory Binding Arbitration Policy shall be submitted to final and binding arbitration to be conducted by an experienced arbitrator from the American Arbitration Association (“AAA”) chosen by the employee and the company. The employee and the Employer have equal say in selecting an arbitrator and the arbitration will be held in the same city where the Employer is located. The employee and the Employer will be bound by the decision made by the third party neutral arbitrator except as allowed by law to appeal to a court.

A. Why does the Employer offer arbitration? 
   The Employer’s arbitration program is designed to facilitate the resolution of employment disputes that cannot be resolved through the Employer’s internal dispute resolution procedures. Using the judicial system to decide a dispute often takes too long and is too expensive for everyone involved. Arbitration benefits both parties in a dispute because it is faster and less costly than litigation in courts.

B. What is AAA? 
   The AAA is a non-profit organization that offers a wide range of dispute resolution services to private individuals, businesses, associations and all levels of government. It handles approximately 60,000 cases each year and has access to more than 8,000 neutral experts who can hear and decide cases.

C. What claims may be submitted to arbitration? 
   Subject to the general requirement the claim must give rise to a legal cause of action that could be heard in court, the following claims may be submitted to arbitration:
   - claims relating to involuntary terminations, such as layoffs and discharges,
   - demotions negatively affecting pay, and suspensions without pay
   - employment discrimination and harassment claims, based on age (including claims based on the Older Workers Benefit Protection Act), race, sex, religion, national origin, veteran status, citizenship, disability or other characteristics protected by federal, state, or local law
- retaliation claims as recognized by applicable state or federal law
- claims relating to workplace accommodation due to physical or mental disabilities
- claims covered under the Equal Pay Act
- claims relating to state or federal family and medical leave acts
- claims relating to state or federal wage and hour claims
- tort claims, such as negligence, defamation, invasion of privacy, infliction of emotional distress, etc.
- claims of termination in violation of public policy
- claims of breach of contract or covenant (express or implied), such as the Employer’s “cause” standard outlined in the employee handbook, which provides that cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer.

D. What claims are excluded from arbitration?

- Claims for benefits under the Employer benefit plan covered by the Employment Retirement Income Security Act of 1974 (ERISA) or any other claims covered by ERISA
- Claims for workers’ compensation, violations of specific safety requirements or unemployment compensation benefits
- Claims related to an alleged breach of an employee’s non-competition, non-solicitation, fiduciary or confidentiality obligations
- Claims involving patents, trademarks, or intellectual property
- Claims covered under the National Labor Relations Act
- Claims against an individual manager that do not involve conduct within the scope of the manager’s employment solely determined by the Employer at the outset of the claim
- Claims that seek to establish, modify or object to the company’s policies or procedures (compensation, vacation, sick leave, etc.), except claims that allege a violation of applicable state or federal law
- Claims concerning performance evaluations
- Claims related to disciplinary actions that do not involve demotion, suspension or termination, unless the claim alleges discriminatory application of the disciplinary policies that would be contrary to federal, state, or local laws
- Claims covered under the Occupational Safety and Health Act
- Claims asserted on behalf of a class of employees
E. How does arbitration work?

Binding arbitration is a dispute-resolution process in which the employee and the Employer present their respective positions concerning the employee’s claims to an impartial third-party arbitrator who determines the merits of the employee’s claims. An arbitration hearing resembles a court proceeding in certain ways. Both parties have the opportunity to be represented by an attorney, to make opening statements, to present the testimony of witnesses and to introduce exhibits through witnesses, to cross-examine the other party’s witnesses and to make closing statements. Additionally, the arbitrator will permit the filing of a post-hearing brief upon the request of either party and will determine the procedure and timing of such filings.

The arbitrator’s decision is legally enforceable. In other words, the party to whom relief is granted may, if the other party does not comply with the terms of the arbitrator’s award, sue in court to enforce the award. Arbitration does not create or destroy any legal remedies; an employee’s legal remedies remain exactly the same. Arbitration simply changes the forum in which legal issues will be resolved.

In other words, when the Employer and an employee have signed a Voluntary Binding Arbitration Submission Agreement neither party may go to court to resolve a dispute subject to the Agreement; the dispute will be resolved by arbitration. The employee will be able to pursue through arbitration the same types of claims he or she otherwise could bring in court, and the arbitrator will apply the same laws and will be able to grant the same relief as would a judge or jury.

F. What authority does the arbitrator have?

The arbitrator will have all the powers a judge would have in dealing with any question or dispute that may arise up through the arbitrator rendering a decision. The arbitrator’s power is limited to rights, which would be protected in court. The arbitrator must apply statutory and case law to the facts of the dispute. The arbitrator will apply the burden of proof required by applicable federal, state or local law. Like a judge, the arbitrator will have no power to change the Employer’s policies and procedures (including this one), to change the law applicable to the facts of the dispute, or to substitute his/her business judgment for that of the Employer. The arbitrator must enforce, and not deviate in any way from, the Procedures herein. The arbitrator will not award relief greater than what the employee has requested in the Voluntary Binding Arbitration Submission Agreement.

G. Does the arbitrator have to follow rules of evidence?

Yes. The arbitrator will enforce the applicable legal rules of evidence in the same manner that a judge would in a court of law to the extent practicable.

H. How does an employee initiate arbitration?
There are two ways an employee can initiate arbitration with the Employer.

1. Within thirty (30) calendar days of receiving the written decision from the VP/HR or designee through Step 4, the employee must complete and deliver to the Human Resources Department a Voluntary Binding Arbitration Submission Agreement (“Agreement”). A copy of the Agreement should be delivered to the employee with the written decision from the VP/HR or designee. Copies also can be obtained from the Human Resources Department; or

2. If the complaint involves the alleged violation of a state or federal law and the employee has otherwise complied with any requirements established by such state or federal law, the employee may complete and deliver to the Human Resources Department a Voluntary Binding Arbitration Submission Agreement at any time as long as it is delivered within the applicable statute of limitations. Once both parties execute the Agreement, the Procedures herein become binding on both parties.

I. How is the arbitrator appointed?

Within fourteen (14) calendar days after receiving the employee’s completed Agreement, the Employer will request an arbitration panel from AAA. AAA will send to the employee and Employer a list of five arbitrators who are members of the applicable regional Employment Dispute Resolution Roster of the AAA that have hospital arbitration experience. This list also will contain information from AAA about each arbitrator.

Within ten (10) calendar days after receiving the list, both the employee and Employer will meet, either in person or by telephone, to choose the arbitrator. Starting first with the employee, the employee and the Employer will alternatively cross off names from the list until only one arbitrator’s name remains.

J. How does the employee obtain evidence to present his/her case to the arbitrator?

At least thirty (30) days before the arbitration hearing, the Employer must provide to the employee copies of documents that are relevant and material to the disputes submitted to arbitration and a list of names and addresses of those persons it intends to produce as a witness at arbitration. At least thirty (30) days before the hearing the employee must also provide copies of documents that are relevant and material to the disputes submitted to arbitration and a list of names and addresses of those persons he/she intends to produce as a witness at arbitration. Each party also shall be entitled to take one deposition of an individual with direct knowledge of the issues in dispute at least twenty (20) days in advance of the arbitration. A deposition provides the parties the opportunity to obtain evidence through questioning an individual under oath regarding relevant matters. This is called the discovery process. Additionally, the arbitrator may grant, upon good cause shown, either party’s request for additional information or depositions. Any disputes
regarding obtaining information through discovery will be decided by the arbitrator.

K. How long does the arbitration hearing take?
Normally, the hearing will be completed within a day or two. For good cause shown, however, the arbitrator may schedule as much additional hearing time as the arbitrator in his/her sole discretion believes is needed, and this extra time will be scheduled as soon as practicable.

L. When will the arbitrator make a decision?
Within thirty (30) calendar days after the close of the hearing or after the submission of posthearing briefs, whichever is later, the arbitrator will issue a signed written decision. The written decision will identify the parties, summarize the issues in controversy, and set forth the arbitrator’s decision and the factual and legal basis for the decision.

M. What remedies are available in arbitration?
The same remedies that are available in court. The arbitrator has the same power, authority and limitations to award any remedy to which either party would have been entitled had the dispute been taken to a government agency or to a court.

N. Who pays the cost of arbitration?
The Employer will pay all of the costs and expenses of any arbitrator appointed by AAA. In addition to the fees and expenses of the arbitrator, the Employer will also pay all of AAA’s arbitration administrative expenses, including the filing fee. However, other costs such as costs associated with witnesses or obtaining copies of hearing transcripts will be borne by the party incurring same.

O. Can an employee have an attorney represent them at arbitration?
Yes. Both the employee and the Employer may be represented by an attorney at the arbitration. Just like they would in a court lawsuit, each party is solely responsible for the costs of their respective attorney. If, however, the arbitration is based on an alleged violation of a state or federal law that allows the prevailing party to be awarded his/her attorney’s fees and costs, the arbitrator has the ability to award attorney’s fees and costs consistent with the applicable law as a remedy.

P. Is the arbitration confidential?
Yes. All aspects of the arbitration, including the hearing and record of proceeding, are confidential and shall not be open to the public, except (a) to the extent both parties agree otherwise in writing, (b) as may be appropriate in any subsequent proceedings between the parties, or (c) as may otherwise be appropriate in response to a governmental agency or legal process.

Q. Will an employee be retaliated against for electing to arbitrate a dispute?
Absolutely not. An employee’s good faith use of arbitration will not be held against the
employee in any way, including performance appraisals, consideration for promotions, salary actions, or other decisions affecting the employee’s employment with the Employer.

**BULLETIN BOARDS**

Bulletin boards are located in strategic areas throughout the facility. In addition, bulletin boards are maintained in each department for departmental information. Employees should review bulletin boards frequently for pertinent facility and company information. Bulletin boards are for official facility communications.

**CAREER ENHANCEMENT**

In order to reward eligible staff members whose efforts provide direct benefit to the goals of the Organization and whose activities have been directed toward improving the health status of the communities we serve and to the enhancement of its mission, the Organization established a Professional Recognition Program. Please refer to the Career Enhancement Policy available on IView for details. The Career Enhancement Bonus is paid out once a year during Nurse/Hospital Week.

**CHANGE IN PERSONAL INFORMATION**

It is important that the Organization keep an accurate record of each employee’s personal status. It is the responsibility of the employee to promptly report any change in name, address, telephone number, marital status, dependents, licensure, or level of education to the Human Resources Department. Name changes require official Social Security card verification with written request for name change on company document. It is also especially important for each employee to immediately report changes in dependency status, which affect the employee’s insurance program. Unreported changes might cause the insurance to be declared invalid in the event of a claim.

**CODE OF CONDUCT /ETHICS & COMPLIANCE**

As a part of our commitment to provide quality care to our patients, we strive to ensure an ethical and compassionate approach to healthcare delivery and management. We must demonstrate consistently that we act with absolute integrity in the way we do our work and the way we live our lives.

The Code of Conduct / Ethics and Compliance Program,” emphasizes the shared common values, which guide our actions. Every employee has access to the Code of Conduct brochure on Atlas and should become familiar with its contents, understanding that this is a set of standards by which we must all function.

If you have questions regarding this Code or encounter any situation that you believe violates provisions of this Code, you should immediately consult your supervisor, another
member of management, or the Ethics Compliance Officer at extension 5879. You may also
call the Ethics Line at 1-800-455-1996. You have our personal assurance there will be no
retribution for asking questions or raising concerns about the Code or for reporting possible
improper conduct.

We have a rich heritage of ideals, which are reflected in our Mission and Values Statement and in the Code of Conduct. We are equally committed to assuring our actions consistently reflect our words. In this spirit, we want Medical City to be a family of men and women of shared values, and we expect all of our colleagues’ actions to reflect the high standards set forth in the Code of Conduct.

No Code of Conduct can substitute for our own internal sense of fairness, honesty, and integrity. Thus, in your daily life and work, if you encounter a situation or are considering a course of action which may be technically within the guidelines of the Code of Conduct, but you are worried the contemplated action simply “does not feel right,” please discuss the situation with any of the resources listed above. We trust you as a valuable member of our healthcare team. We ask you to assist us and all of our colleagues in the Organization in supporting the values and principles that are critical to our tradition of caring.

Code of Conduct is required to be completed by all employees within 30 days of hire. Code of Conduct Refresher training is required annually and is assigned in Health stream. At Medical City, all active employees are required to complete Code of Conduct Refresher training by June 30th of each year. Employees joining Medical City after June 30th should complete Code of Conduct Refresher Training within 30 days of hire. Employees that join the organization after September 30th of each year are not required to complete Code of Conduct Refresher training until the next calendar year.

**COMPENSATION**

In an effort to attract and retain qualified employees, the Organization shall maintain a Wage and Salary Program, which is competitive in the facility’s labor market. The program shall:

- Operate within the guidelines of the hospital budget each fiscal year
- Comply with federal, state and local laws governing compensation
- Identify approved positions, FLSA status, pay grades and ranges
- Identify hire-in ranges which allow compensation for experience applicable to the position

The facility shall define differentials for which employees qualify.

**Overtime:** In compliance with the Texas Hospital Safe Staffing Law passed by the Texas Legislature in May 2009, MCDH will avoid the practice of scheduling non-exempt RNs and LVNs to work overtime hours other than as requested by the employee or required in the event of an emergency or when patient care needs cannot otherwise be met and an exception as allowed by the
law can be justified. Routine overtime is managed through volunteers and without it being scheduled. Non-exempt employees may be requested to work overtime hours in the event of an emergency or when patient care cannot otherwise be met. For further details, refer to Mandatory Overtime policy in Iview.

**Payday:** We observe a biweekly payroll cycle. The 14-day work period begins and ends every other week at 11:00 p.m. on Saturday night. Payday is scheduled every other Friday with paycheck distribution beginning at 7:00 am. The specific pay period/payday schedule for each facility is available at any time from Payroll or Human Resources.

**Direct Deposit:** It is the policy of the North Texas Division of HCA hospital facilities to have all employees set up to a direct deposit account for their paycheck distribution. If an employee does not have a personal checking account, Skylight services can be utilized. In the times of transition when setting up or changing accounts, there is a delay of up to two pay periods where an employee may receive a live check on the designated pay day.

**Payroll Deductions:** The Payroll Department will deduct from employee earnings only those deductions required by law (social security, withholding tax, etc.) plus employee authorized deductions.

**Recording Time Worked/ KRONOS:** Employees must record time worked accurately – failure to do so is a serious violation of company policy. Under no circumstances can an employee record time for another employee (if an employee cannot record time in or out for some reason, the manager must be notified). Failure to clock in or out with the designated hospital ID badge may result in disciplinary action up to and including involuntary termination.

**Payroll Errors:** All employees have a responsibility for checking the accuracy of their pay and notifying their manager if an error has occurred. Wage and salary adjustments for errors will not be made unless administratively approved. If approved the maximum retroactive pay will be four pay periods.

**Holidays at time-and-a-half:** The hospital pays additional compensation to employees in qualifying positions (*non-management/non-exempt employees*) who work on any of the following recognized holidays (not necessarily the day of observance):
- Thanksgiving Day (begins 11pm the night before and ends 11pm on the day of holiday)
- Independence Day (begins 11pm the night before and ends 11pm on the day of holiday)
- Labor Day (begins 11pm the night before and ends 11pm on the day of holiday)
- Christmas Day*
• New Year’s Day*
• Memorial Day*
* Additional compensation begins at 3:00pm on the eve of the holiday and ends at 11:00pm on the calendar Holiday.

Minor holidays for which no additional compensation is provided but are recognized include:
• Martin Luther King Day

Please refer to Holiday policy for further details.

COMPETENCY

The management staff of the Organization continually assesses, maintains, and improves the competence of staff members. A variety of methodologies and resources are used to ensure that employees meet the standards outlined for their position. Beginning with the initial orientation process, and annually, each employee’s ability to carry out assigned responsibilities safely, competently and in a timely manner, is assessed.

COMPLIANCE AUDITS

MCDH employees must comply with all facility and corporate mandated audits, both internal and external, within the specified timeframes or it could lead to disciplinary action including and up to termination of employment. Examples of audits include but are not limited to: payroll, code of conduct, etc).

CONDUCT

Our prime concern of the Organization is the welfare of our patients. Employees are expected to conduct themselves in a professional manner. Noise of any type is frequently annoying to a sick person or concerned relatives and friends of patients – especially in patient areas, lobbies, elevators, corridors and stairways. Employees contribute to their needs by a considerate manner, thoughtfulness, quiet and orderly conduct, and conscientious attention to duty and cheerful spirit.

CONFIDENTIAL INFORMATION

Information about a patient’s condition, care, treatment, personal affairs, or records is confidential and may not be discussed with anyone (except those responsible for patient care and treatment) without the full consent of the patient or when compelled by legal requirements, and then only by employees having specific approval by the hospital. Carelessness or thoughtlessness leading to the unauthorized access or release of confidential information may result in disciplinary action up to and including involuntary termination.
CONFLICTS OF INTEREST

Transactions in which the Organization are involved should not be influenced, or reasonably appear to be influenced, by an employee’s personal interests or relationships.

CORRECTIVE DISCIPLINE

The prime concern of the Organization is the patient’s welfare and continued facility operation. It is expected that employees will conduct themselves in a manner, which enhances the care, services, and image of the overall facility. Examples of expected behaviors include, but are not limited to:

- Regular and punctual attendance
- Courteous interactions with co-workers, patients, and visitors
- Quiet and orderly conduct
- Conscientious attention to duty
- Delivery of quality care and services
- Performance which reflects support for the Organization and its mission

The conduct/behavior listed below warrants disciplinary action for the protection and well being of patients and facility operations. The following examples of behavior will not be tolerated and may result in disciplinary action up to and including involuntary termination of employment including, but not limited to:

- Dishonesty
- Use or possession of illegal or intoxicating substances while on facility premises, or being under the influence of such substances while on facility premises
- Refusal to perform assigned duties
- Breach of confidentiality
- Falsification of any company records or documents
- Abuse or neglect of patients
- Threatening or intimidating patients, visitors, co-workers or others
- Violation of safety standards
- Non-compliance with harassment policies including sexual harassment
- Carelessness
- Failure to meet standards established in the job description or facility standards
- Attending to personal matters while on Company time
- Actions or attitudes which adversely affect Facility operations, patients or others
- Absenteeism
- Job abandonment
- Failure to comply with dress and/or hygiene/grooming standards
• Willful misconduct
• Use of personal electronic devices in a way that could impede patient care.

Infractions may result in disciplinary action including verbal warnings and written counseling(s), suspension or involuntary termination or any combinations thereof. All disciplinary action will be evaluated individually based on all known circumstances.

Employees may appeal disciplinary actions by following the established Employee Dispute Resolution procedures.

**DAYS OFF**

Because hospitals operate permanently on a seven-day a week basis, employees must expect some weekend and holiday duty. Refer to the PTO policy for requesting vacation procedures.

**DISASTER PLAN**

One of the major responsibilities of the Organization in serving the community is to provide emergency services needed in the event of disaster. All employees are expected to be available if and when needed, should a disaster occur. In addition, each employee should be familiar with the facility’s Disaster Plan and the department’s role in that plan. Administration authorizes the activation of the Facility disaster plan in which case all departments are to initiate their specially assigned duties. The plan is covered in department orientation and is available upon request from each Department Director and is also located in the Safety Manual in each department.

**DISPUTE RESOLUTION, EMPLOYMENT**

If is the policy of Medical City Dallas Hospital to provide a step process of dispute resolution for employment-related disputes. This policy is designed to provide employees an opportunity to resolve certain employment-related claims in a fair and reasonable manner. The step process is intended to assist the Affiliated Employers and their employees in creating and maintaining open, forthright and honest communication.

The Step Process. Employees are encouraged to first discuss any problems with their immediate Supervisor. If resolution does not occur within a reasonable time, the problem is to be submitted in writing to the next applicable step. At each written step, the employee is responsible for identifying the problem, why it is felt that the action taken was inappropriate and what action is recommended to be taken. The Human Resources Department is available to assist employees in expressing their concerns in writing. The process to executive review consists of the following four steps that employees generally must follow to obtain a resolution of a problem: Step 1 – Discuss Problem with Supervisor, Step 2 –
Appeal Supervisor's Decision to Department Head, Step 3 – Appeal Department Head's Decision to Peer Review Panel, and Step 4 – Appeal Peer Review Panel’s or Department Head’s Decision to Facility Vice President of Human Resources in consultation with CEO if necessary

- **Step 1: Supervisor**
  The employee is to meet with and discuss the dispute with his/her immediate supervisor. In situations where the dispute relates to the supervisor, the employee may consult with the Human Resources Department for guidance and go directly to Step 2. The Supervisor will provide a written response within seven calendar days of the meeting and send a copy to the Human Resources Department.

- **Step 2: Department Head**

  If the dispute is not resolved at Step 1 or if the Human Resources Department determines that Step 1 is not appropriate for use, the employee must submit the dispute in writing to the employee’s Department Head within seven calendar days of the Supervisor’s written decision in Step 1 or within seven calendar days of the determination of the Human Resources Department that the dispute should be initially submitted at this Step. The employee is responsible for identifying the dispute, why it is felt that the action taken was inappropriate and what action is recommended to be taken. If the employee takes no action within seven calendar days to advance the dispute, the employee is deemed to be in support of the decision at the prior level.

  The Human Resources Department is available to assist employees in expressing their concerns in writing. A written response from the employee’s Department Head will be provided within seven calendar days of the date the Department Head receives the employee’s written request to consider the dispute. If the employee fails to raise the dispute to this Step, it is considered to have been resolved at the previous Step and the employee can take no further action concerning that dispute.

- **Step 3: Peer Review Panel**

  If the dispute is related to a disciplinary action involving termination of employment, loss of status or loss of pay, the Department Head’s response in Step 2 does not resolve the matter, and the employee wishes to pursue it further, the
employee must submit it to the Peer Review Panel in writing within seven calendar days of the date of the Department Head’s written response in Step 2. If the employee’s complaint is not related to a disciplinary action involving termination of employment, loss of status or pay, the employee will proceed directly to Step 4 below. If the employee fails to raise the dispute to this Step, it is considered to have been resolved at the previous Step and the employee can take no further action concerning that dispute.

The Panel will be convened and administered by the Human Resources Department. The Panel will meet within 30 days of the receipt of the employee’s written request to convene in order to review the dispute. This peer review process is unrelated to any state’s licensure process.

The Panel will review the facts and make a decision based on the application of policy and procedure, and may award back pay and/or reinstatement, when appropriate. Although the Panel has the authority to decide whether or not a policy or procedure has been followed, the Panel does not have the authority to modify benefit plans, establish or change policies or procedures, or award monetary (compensatory or punitive) damages, nor does the decision of the Panel have the effect of setting precedent. The decision of the Panel is subject to review by the Affiliated Employer’s Chief Executive Officer or Corporate Senior Vice President as appropriate, who must ensure that the Panel’s decision is consistent with applicable laws, regulations, and policies.

- Step 4: CEO or Corporate Senior Vice President as Appropriate

If the employee’s complaint is not related to a disciplinary action involving the termination of employment or if the Peer Review Panel’s response in Step 3 does not resolve the dispute, the employee may submit it to the Vice President of Human Resources. If the employee wishes to proceed to Step 4, the written request for review at this step must be submitted within seven calendar days of the decision from either Step 2 or Step 3, whichever is applicable. The Director of Employee Relations will submit the documented problem for review and response. A written response will be provided by the Vice President of Human Resources/designee within seven calendar days of the date the documented problem is received for review. If the employee fails to raise the dispute to this Step, it is considered to
have been resolved at the previous Step and the employee can take no further action concerning that dispute.

The Peer Review Panel Process:

- Panel Composition: The Panel will consist of five Affiliated Employer employees, and will be chaired by a Human Resources Representative. The Chairperson will convene the Panel and will serve as the facilitator for the meeting. The Chairperson is not a voting member of the Panel. Non-exempt employees shall be paid for time worked as a Panelist.

- Panel Selection: Five Affiliated Employer employees will be randomly selected from a list of qualified employees who volunteer for participation in the dispute resolution program. Employees must have a minimum of one year of employment with the Affiliated Employer and have no current, written disciplinary action. The names of Panelists for each individual hearing are taken in rotating order from the lists maintained by the Human Resources Department.

A list of managers will be used to select the Panel for an employee who is a manager, lists of non-management employees will include a list of nurses to select the Panel for an employee who is a nurse, a list of clinical employees to select the Panel for an employee who is a clinician, and a staff list to select the Panel for an employee who is neither a nurse nor a clinician.

For a non-management proceeding, three of the Panelists must be non-management employees, and two must be management employees. For a management proceeding, all five of the Panelists must be management employees. To ensure objectivity, the Panelists should not be in the same department as the affected employee, should not be familiar with the problem or have a close relationship with any of the parties involved. The affected employee may challenge the selection of one of the five Panelists.

Panel Proceedings: The proceedings of the Panel will be informal and conducted in accordance with the following guidelines:

- The Chairperson will convene the meeting, introduce the parties, state the issues to be decided and present any pertinent information, including an explanation of policies and procedures involved, if necessary.

- The parties (the employee and the department head or designee)
will be permitted to present his or her case in accordance with such guidelines as to duration and manner of presentation as the Chairperson has established and communicated to the parties before the hearing.

- Any party may present evidence in support of its position, including relevant documents and the testimony of witnesses; but a party may not present the testimony of more than three witnesses unless the Panel decides that there is good cause to allow additional witnesses. The Panel will determine what evidence it will consider and the weight such evidence will be given. The Panel may permit a party to submit a written statement at the Panel meeting setting forth his or her position and the evidence supporting it.

- At any time during the Panel meeting, after the initial opening statement by both parties, the Panelists may ask questions or request information from the parties or from the witnesses.

- Immediately following the Panel meeting, the Panelists will convene in private to discuss the case and vote by secret ballot or by open vote on the issues presented. The Panel decision shall be determined by a majority vote (3 of 5). The Panel's responsibility shall be to evaluate the facts presented and reach a decision based on those facts.

- If the Panel decides that it needs additional information during its deliberation in order to reach a decision, it may hear additional testimony and/or consider additional documents.

- Once a decision has been reached by the Panel, the Panel meeting will be reconvened and, with the parties present, the Chairperson will announce the decision. Alternatively, the decision of the Panel may be communicated to the affected employee by telephone or mail without reconvening the Panel. The Human Resources Department will ensure that all actions required to implement the decision of the Panel are carried out promptly following review by the Affiliated Employer’s Chief Executive Officer or Corporate Senior Vice President as appropriate, who must ensure that the Panel’s decision is consistent with applicable laws, regulations, and policies.

Panelists: The Peer Review Panel process is an opportunity to participate in a process intended to ensure that disputes concerning the termination of employment are resolved in a prompt, fair and equitable
manner. The issues presented may have serious and long lasting consequences. Employees selected as a Panelist are expected to:

- Render an objective and unbiased decision that is based only on the facts presented and the application of policies and procedures,

- Maintain strict confidentiality and not disclose any of the information learned during the process, and

- Participate fully in the Peer Review Panel process.

**DIVERSITY**

The Organization actively promotes diversity in its workforce at all levels of the Organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. We will make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We are committed to recruit and retain a diverse staff reflective of the patients and communities we serve. We regard laws, regulations and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them strengths of the Organization. The Organization is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status with respect to any offer, or term or condition, of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

**DRESS CODE**

All employees are required to maintain a professional appearance while at work. Employees must dress in a manner and custom, which establish confidence and respect for the institution.

- Some employees are expected to wear uniforms and are responsible for providing and maintaining them. Uniforms may be furnished to certain employees, depending upon the nature of the work and the job classification. Even where uniforms are furnished, however, it is the employee’s responsibility to maintain them.

- Hospital approved uniforms/clothing should be neat and clean in appearance with no odors including cigarette/cigar smoke (refer to Smoke Free Policy, B-128).

Hairstyles, clothing, and jewelry should conform to the best business and professional standards. Infection control standards may also require adherence to specific guidelines relative to hair, beards, mustaches, and sideburns. Gum chewing is not allowed in patient
or public areas. Artificial nails are not allowed for direct caregivers in patient care areas. Employee ID badges must be visible on upper chest area at all times while on duty. (Refer to the dress code policy on IView for details.

**DRUG-FREE WORKPLACE**

The presence of any measurable level of illegal or non-prescribed, controlled substance in any employee, or in any individual applying for employment, or any employee of any contractor, or any individual contractor to the hospital is prohibited and is cause for not extending an employment opportunity or contractual opportunity. Compliance with this substance abuse policy is a condition of employment. It is the intention of the hospital to fully cooperate with local law enforcement agencies in matters regarding this policy.

**ELECTRONIC COMMUNICATIONS**

Unless otherwise indicated, this policy applies to both internal e-mail (email which is sent and received within the Organization) and e-mail sent over the Internet. The policy applies to all the Organizations e-mail systems and other information systems and methods, including, but not limited to:

- All e-mail systems (Outlook, Meditech (also known as MOX), etc.);
- All information systems and associated infrastructure;
- All automated electronic communication processes utilizing e-mail or the Internet;
- Internet-based discussion groups, chat services, and mailing lists;
- Electronic connections with the Internet or non-Organization systems; and
- Electronic bulletin board systems and online services to which the Organization subscribes.

The Organization encourages the use of the Internet and e-mail because they can make communication more efficient and effective. However, Internet access and e-mail are Company property, and their primary purpose is to facilitate company business. Every user has a responsibility to maintain and enhance the Company’s public image and to use Company e-mail and access to the Internet in a productive manner.

- Users have the responsibility to use electronic communications in a professional, ethical, and lawful manner in accordance within the Organization/HCA Code of Conduct.

- Every User has a responsibility to maintain and enhance the public image of the Organization and to use the Organization’s e-mail, access to the Internet, and other electronic communications in a productive manner. These electronic communication mechanisms may be subject to discovery in the event of litigation.
As with all communications, colleagues should avoid saying or using anything that might appear inappropriate or might be misconstrued by a reader.

- The Organization recognizes that Users may occasionally need to conduct personal business during their work hours and permits highly limited, reasonable personal use of the Organization’s communication systems. Any personal use of the Organization’s electronic communications is subject to all the provisions of this and related policies. Any questions are to be directed to the User’s company supervisor/representative.

**COMPANY RIGHT TO ACCESS FILES AND MESSAGES**

- Users shall presume no expectation of privacy in anything he/she may create, store, send or receive on the computer systems and the Organization reserves the right to monitor and/or access communications usage and content without the User’s consent. The Organization may log, review, and otherwise utilize information stored on or passing through its systems in order to manage systems and enforce security. For these same purposes, the Organization may also capture User activity such as telephone numbers dialed and web sites visited.

- Users will return all electronic files or determine appropriate disposition with their immediate supervisor when leaving the department or separating from the Organization. The User will not delete files and will retain files in accordance with the Company Records Management Policy, EC.014.

- To ensure appropriate use and successful operation of the Organization’s electronic communication systems and the information they contain, it is sometimes necessary for the Organization’s system administrators to access and view their contents. Statistical information about each User and other measures of system performance, such as number and size of messages sent and received, Internet sites visited, length of time spent using the Internet, etc., are routinely collected and monitored by system administrators. While the goal of this type of monitoring is to evaluate and improve system performance, any evidence of violations of the Organization’s policy discovered in the course of this type of monitoring will be reported to the appropriate managers.

- The Organization reserves the right to examine electronic mail, personal file directories, hard disk drive files, and other information stored on the Organization information systems at any time and without prior notice. This examination is performed to assure compliance with internal policies, support the performance of internal investigations, and assist with the management of the Organization’s information systems.

- Only the Corporate Legal Department or a facility or department’s Ethics and Compliance Officer in consultation with Operations Counsel can authorize access
to and disclosure of an individual colleague’s messages or computer files without that colleague’s knowledge, except as noted below.

- Information contained in e-mail messages and other information concerning computer usage may be disclosed to the appropriate authorities, both inside and outside of the Organization, to document employee misconduct or criminal activity. Moreover, in some situations, the Organization may be required to publicly disclose e-mail messages, even those marked private or intended only for limited internal distribution.

- Personal files on the Organization’s computers must generally be handled with the same privacy given to personal mail and personal phone calls. This means that other workers, including managers and system administrators, must not read such personal files without authorization as described above. The following exceptions may be made routinely upon a request to the Organization’s Director of Information Systems with approval of the User’s department manager:
  a. To dispose of or reassign files after a User has left the Organization, or
  b. To access critical files when a User is absent and has failed to properly delegate access to e-mail or forward such files to appropriate colleagues.

**COMMUNICATIONS CONTENT**

**SCOPE:** It applies to anyone who uses Company electronic communication and information systems (“IT systems”), including, but not limited to:

- Employees;
- Contractors;
- Physicians;
- Volunteers; and
- Representatives of vendors and business partners.

Unless otherwise indicated, this policy applies to the use of any Company IT systems, including, but not limited to:

- workstations and terminal devices
- networks, servers, and associated infrastructure;
- software and applications, including clinical systems and communication systems such as e-mail, instant messaging, file transfer utilities, and blogs; and
- databases, files shares, team rooms, and data storage devices.

This policy also applies to the use of Company IT systems to access non-company systems on the Internet or at external companies including, but not limited to:

- connection to external non-Company networks and devices;
- connection to Internet Web sites and external Web-based applications;
- use of external e-mail (e.g., Gmail), instant messaging, blogs, micro-blogs (e.g., Twitter), chat services, and other Social Networking communications applications; and
• use of external data storage and file sharing sites and applications.

This policy also applies to the use of systems, applications, websites or other electronic media other than Company IT systems (e.g., personal or public computers) by employees, contractors, physicians, volunteers and representatives of vendors and business partners when they:

1. hold themselves out as being employed by or representing the Company or a subsidiary;
2. can be perceived to be speaking on behalf of the Company or a subsidiary; or
3. use confidential or otherwise protected information obtained through their employment or affiliation with the Company or a subsidiary.

For purposes of this policy, all persons identified as being within the Scope of this policy (i.e., employees, contractors, physicians, volunteers and representatives of vendors and business partners) are referred to as “User” singularly or “Users” collectively.

Business Purpose and Use: The Company encourages the use of the Internet, e-mail, and other electronic means to promote efficient and effective communication in the course of conducting Company business. Internet access, e-mail and other electronic means of communications made available through Company systems are Company property, and their primary purpose is to facilitate Company business. Users must not use external e-mail systems to conduct Company business. Users have the responsibility to use electronic means of communications in a professional, ethical, and lawful manner in accordance with the Company’s Code of Conduct.

Personal Communications: When a User communicates in his/her personal capacity (i.e., not on behalf of the Company), it is important that the User not create the impression that he/she is communicating on behalf of the Company. The User must comply with all appropriate safeguards of Company information as articulated in the Company Code of Conduct and policies.

No Expectation of Privacy: A user shall presume no expectation of privacy in anything he or she may access, create, store, send or receive on Company computer systems. The Company reserves the right to monitor and/or access communications usage and content without the User’s consent. Users should be aware that with regard to non-Company systems and applications, there are varying levels of privacy protections, and communication should be made with this in mind.

Communications Content: Content of all communications should be truthful and accurate, sent to recipients based on a need-to-know and sent or posted with appropriate security measures applied in accordance with the Information Security Standards, which are available on Atlas under Information Security. In addition, any information being sent via email outside of the Company must be
encrypted appropriately per the Company Information Security Standards (refer to the HCA policy Information Confidentiality and Security Agreements).

Use of Social Media: The use of social media (as defined below) is governed by detailed guidelines located on the Company’s intranet. The guidelines address Company-authorized use of social media and personal use of social media. Each User is responsible for reviewing and adhering to the Company’s Social Media Guidelines.

Social Media are online communication methods in which individuals play an active role as the author and audience of messages and comments. Social Media methods include, but are not limited to: blogs, bulletin boards, networks (e.g. Facebook, MySpace, Twitter, etc.), multi-media (e.g. YouTube, Flickr) and news media sites.

1. Productive and Appropriate Communication: Every User has a responsibility to protect the Company’s public image and to use communication resources and systems in a productive and appropriate manner. Users must avoid communicating anything that might appear inappropriate or might be misconstrued as inappropriate by a reader.

The Company recognizes that Users may occasionally need to conduct personal business during their work hours and permits highly limited, reasonable personal use of the Company’s communication systems for such purpose.

Any personal use of the Company’s electronic communications is subject to all the provisions of this and related policies. Any questions are to be directed to the User’s company supervisor or designee.

3. Personal Communications.
When a User is communicating personally, as opposed to on behalf of the Company, the User must make it clear that his/her communication is on his/her own behalf and does not represent the views of the Company. When using social media, the User must comply with the Social Media Guidelines located on the Company’s intranet.

The Company may log, review, and otherwise utilize information stored on or passing through its systems in order to review communications, manage systems and enforce policy. The Company may also capture User activity such as web sites visited.

The Company reserves the right to use content management tools to monitor comments or discussions about the Company, its employees, its patients and the industry posted on the Internet by anyone.

The Company reserves the right, at any time and without prior notice, to examine
files, email, personal file directories, hard disk drive files, and other information stored on Company information systems, with proper legal authorization.

- This examination is performed to assure compliance with internal policies, support the performance of internal investigations, and assist with the management of Company information systems.

- Information contained in documents and e-mail messages and other information concerning computer usage may be disclosed to the appropriate authorities, both inside and outside the Company, to document employee misconduct or criminal activity. Moreover, in some situations, the Company may be required to publicly disclose communications including e-mail messages, even those marked private or intended only for limited internal distribution.

Any evidence of violations of Company policy discovered during monitoring must be reported to the appropriate managers. Facility requests to retrieve electronic communication logs (e.g., Internet history logs, e-mail records) must be submitted by the facility Ethics & Compliance Officer (ECO), Human Resources representative, or Facility Information Security Official (FISO) to the facility’s Ethics Line Case Manager. Corporate requests must be submitted by the Department’s Vice President to the appropriate Ethics Line Case Manager. The Ethics Line Case Manager will consult with Corporate Employment Counsel to review the request and the retrieval of electronic communication logs, which includes accessing an individual's e-mail account and/or other electronic communication records. The Case Manager will forward the reviewed request to the SVP and Chief Ethics and Compliance Officer for approval. Electronic communication logs may be reviewed to address employment issues, system performance, or system security.

Personal files, including those on Company computers, must generally be handled with the same privacy given to personal mail and personal phone calls. This means that other workers, including managers and system administrators, must not read such personal files without authorization as described above. The following exceptions may be made routinely upon a request to the FISO with approval of the User’s department manager:

- To dispose of or reassign files after a User has left the Company.
- To access critical files when a User is absent and has failed to properly delegate access to e-mail or forward such files to appropriate colleagues.
- To research or respond to system performance or system security issues.

5. Internet Use. Users are only to access or download materials from appropriate Internet sites in accordance with Company Information Security Standards and the Code of Conduct.

6. Unacceptable Uses. Users may NEVER use the Company’s Internet access, e-mail, or other means of communications in any of the following ways:

- To harass, intimidate, make defamatory statements, or threaten another person or organization.
• To access or distribute obscene, sexually explicit, abusive, libelous, or defamatory material.
• To illegally obtain or distribute copyrighted material that is not authorized for reproduction/distribution.
• To impersonate another user or mislead a recipient about one’s identity.
• To access another person’s e-mail, if not specifically authorized to do so.
• To bypass Company system security mechanisms.
• To transmit unsecured confidential information.
• To initiate or forward chain letters or chain e-mail.
• To send unsolicited mass e-mail (“spamming”) to persons with whom the User does not have a prior relationship.
• To participate in political or religious debate.
• To automatically forward messages (e.g., with mailbox rules) to Internet e-mail addresses.
• To communicate the Company’s official position on any matter, unless specifically authorized to make such statements on behalf of the Company.
• To pursue a business interest that is unrelated to the Company.
• To conduct any type of solicitation for any organization not affiliated with the Company.
• To deliberately perform acts that waste computer resources or unfairly monopolizes resources.
• For any purpose which is illegal, against Company policy, or contrary to the Company’s best interests.

7. Sanctions: Suspected violations of this policy must be handled in accordance with this policy, the Code of Conduct, any Company sanctions and enforcement policies and the Company’s Social Media Guidelines. Investigation and resolution at the local level is encouraged and each facility must designate a process for promptly reporting violations. Typically, this includes reporting to one’s supervisor, another member of management, a Human Resources representative, the Facility ECO, or the FISO. In addition, suspected violations may be reported to the Ethics Line at 1-800-455-1996.

EMPLOYEE ASSISTANCE PROGRAM

The Organization recognizes that employees and their families may experience personal problems that can adversely affect job performance. As a result, the Organization provides a voluntary, confidential, no cost Employee Assistance Program to you and your family regardless of your participation in the Organization sponsored health plans. An outside vendor specializing in this kind of service provides EAP services. Services provided by the outside vendor include professional problem assessment, counseling and referral to appropriate outside resources.
EMPLOYEE HEALTH AND SAFETY PROGRAM

HCA in the state of Texas does not subscribe to the Texas Worker’s Compensation Commission program for handling on-the-job injuries and illnesses. MCDH has a managed care program known as the Employee Health and Safety Program. To review this program, refer to your copy of the Employee Health and Safety Program Summary Plan Description. The Employee Guide to Health and Safety provides information on safety at work and injury prevention. Each employee receives these two booklets during orientation. If you need another copy, please contact the Employee Health Department.

EMPLOYEE MEDICAL RECORDS

It is never appropriate for an employee to access his or her own medical record. To assist us in compliance with federal guidelines regarding Patient Privacy, we have developed policies and procedures that give clear guidance on obtaining medical records. To access information from the medical record, the employee must make the request in writing as required of other patients. The request is easily obtained through the Release of Information department at extension 4734. Employees who fail to comply with appropriate access will be subject to disciplinary action as described in Policy IM 7.330 Sanctions for Privacy and Information Security Violations. The Employee Health Nurse creates and maintains confidential employment medical records, which is a requirement of the Occupational Safety and Health Administration (OSHA) rules. Records are kept under lock-and-key and are available for review by employees, upon request.

EMPLOYEE/STAFF REQUESTS – MANAGING OF

All patients will receive appropriate care regardless of the personal beliefs of any employee who finds him or her unable to render care due to a moral, ethical or religious issue. While understanding a caregiver’s personal, cultural values, ethics, and religious beliefs regarding the care provided to patients, the Organization will ensure that these personal beliefs do not negatively affect the patients well-being by placing another qualified employee in the place of the original care giver. If an employee feels that due to his/her personal, cultural values, ethics and/or religious beliefs that he/she cannot willingly provide treatment, a formal request must be completed. This form may be obtained from the Human Resources Department.

EMPLOYMENT STATUS

All employees are classified in one of the following categories:

- **Full-time** – classified in the core-staffing plan, employment is for no definite term and is normally scheduled to work a minimum of 64 to 80 hours per pay period on a regularly scheduled basis.
• **Part-time** – classified in the core-staffing plan, employed for no definite term, normally scheduled to work 40 to 63 hours per pay period on a regularly scheduled basis.

• **Temporary** – not classified in the core-staffing plan, work assignment is expected to be of limited duration (not guaranteed employment for the duration of his/her work assignment), employment is for an indefinite term, not to exceed the duration of the work assignment or assignments.

• **PRN/Pool** – not classified in the core staffing plan, employment is for no definite term, scheduled to work on an “as-needed” basis, flexible schedule or less than 40 hours per pay period.

• **Seasonal** – Please see seasonal guidelines for season in question

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**EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the Organization that all persons are entitled to equal employment opportunity regardless of race, color, religion, sex, national origin, age, disability, as required by state and federal law.

In compliance with the provisions of all applicable state and federal civil rights laws, every effort will be made to employ the individuals whose qualifications best meet the needs of open positions, without regard to the above factors. Additionally, it is and shall continue to be our policy to provide promotion and advancement opportunities in a nondiscriminatory fashion.

The Organization does not and will not permit employees to engage in unlawful discrimination practices or harassment involving patients, visitors, or co-worker or any person associated with the facility.

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**EXIT PROCESS**

It is the policy of the Organization to ensure prompt and proper documentation of all employee separations. It is recommended that the employee gives manager/supervisor letter of resignation (2 weeks before leaving for non exempt employees/4 weeks for exempt employees). Employee must return all company property to include but not limited to: keys, badge, communication device(s), etc. prior to receiving last paycheck. Employee’s last paycheck is generally a live check and it is the responsibility of the employee to make arrangements for pickup or delivery with the Human Resources Department.

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**FACILITY AND COMPANY PROPERTY**

All Facility and/or Organization property, including but not limited to lockers (whether secured by employees’ locks or otherwise), desks, file cabinets and vehicles used by employees, is subject to being searched and the contents held by management or security personnel at any time.
FALSE CLAIMS LAWS

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit qui tam suits as well, which are lawsuits brought by lay people, typically employees or former employees of healthcare facilities that submit false claims.

There is a Federal False Claims Act and a Texas state version of the False Claims Act. Under the Federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds is liable for significant penalties and fines. The fines include a penalty of up to three times the Government’s damages, civil penalties ranging from $5,500 to $11,000 per false claim, and the costs of the civil action against the entity that submitted the false claims.

Generally, the Federal False Claims Act applies to any federally funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

One of the unique aspects of the Federal False Claims Act is the “qui tam” provision, commonly referred to as the “whistleblower” provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The purpose of bringing the qui tam suit is to recover the funds paid by the Government as a result of the false claims. Sometimes the United States Government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Because the Government assumes responsibility for all of the expenses associated with a suit when it joins a false claims action, the percentage is lower when the Government joins a qui tam claim.

However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower’s share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

The Federal False Claims Act also contains a provision that protects a whistleblower from retaliation by his employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his employment as a result of the employee’s lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney fees.
A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the “PFCRA”). It provides administrative remedies for knowingly submitting false claims and statements. A false claim or statement includes submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact. A violation of the PFCRA results in a maximum civil penalty of $5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

Texas has a state version of the False Claims Act that is substantially similar to the Federal False Claims Act. The actions that trigger civil and criminal penalties under the Texas Act generally mirror those of the Federal False Claims Act. However, under the Texas False Claims Act, a person may also be liable if he presents a claim for payment under the Medicaid program for a product or service that was rendered by an unlicensed provider or that has not been approved by a healthcare practitioner. The Texas False Claims Act also differs from the Federal False Claims Act in that the civil penalty is greater for unlawful acts that result in injury to an elderly person, a disabled person, or someone younger than eighteen.

The Texas False Claims Act also has a whistleblower provision. Like the Federal False Claims Act, the Texas law includes provisions to prevent employers from retaliating against employees who report their employer’s false claims.

The State of Texas has also adopted several other false claims statutes that are intended to prevent fraud and abuse in the Texas Medicaid program. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the Texas Medicaid program.

REPORTING CONCERNS REGARDING FRAUD, ABUSE AND FALSE CLAIMS

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company’s affiliated hospitals to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its affiliated hospitals’ employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility’s human resources manager, the facility’s ECO, another member of management, or with the Company’s Ethics Hotline (1-800-455-1996).

Employees, including management, and any contractors or agents of Company-affiliated hospitals should be aware of related facility policies regarding detection and prevention
of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company’s Intranet site, or the Company website at www.hcahealthcare.com. The following are some of the policies that are relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.012-Correction of Error Related to Federal Healthcare Program Reimbursement; (2) EC.020-Reportable Events Policy; (3) EC.003-Self-Reporting; (4) REGS/BILL.005-Confirming and Processing Overpayments; (5) REGS.GEN.001-Billing Monitoring; and (6) RB.009-Errors in Reporting.

PROCEDURE:

Facility responsibilities include, but are not limited to:

- Ensuring that all employees, including management, and any contractors or agents of the facility, are provided with this policy, effective January 1, 2007.
- Making revisions to this policy as necessary to comply with changes in the law. Changes must be documented and implemented.

HARASSMENT

It is and shall continue to be the policy of the Organization that its employees and their work environment shall be free from all forms of unlawful harassment and intimidation.

Verbal or physical contact of a sexual nature by any employee, supervisor, or manager, including sexual advances, requests for sexual favors or other conduct which tends to create an intimidating, hostile or offensive work environment is strictly prohibited.

An employee who believes he/she is being subjected to harassment to a co-worker, manager, supervisor or other individual (whether employed by the facility or not), or who believes his/her employment is being adversely affected by such conduct, should report such incidents either to their Manager or Human Resources. A prompt and thorough investigation of his/her complaint will be conducted. If he/she is not satisfied with the conclusion or results of the investigation, he/she should present his/her complaint to the CEO in writing.

HAZARDOUS WEATHER DAY

It is the policy of the Organization to provide continuing care to patients regardless of adverse weather and resulting road conditions, by staffing adequately to meet our patient’s needs. This policy has been written to encourage the Organization’s employees to make a special effort to report to work as scheduled and recognize those employees who do report.
PROCEDURES

The decision to declare a Hazardous Weather Day will be made by the Chief Operating Officer or by the Administrator On Call. The COO or AOC shall indicate the day and time a hazardous weather day will be in effect, and shall also determine the day and time a hazardous weather day ends.

- Employees are responsible for making the arrangements to travel to and from work during inclement weather. Periodically, the employee should evaluate their capability to work scheduled shifts during inclement weather and make plans accordingly.

- Medical City Dallas Hospital will provide a cafeteria meal ticket for an employee who works extended or multiple shifts during a Hazardous Weather Day.

- Employees directed to park in a covered garage by Security will do so free of charge.

- If the employee does not report to work at all, it should be counted as an occurrence of absence.

- An employee may be required to work on a different floor/unit if other areas are understaffed due to adverse weather conditions. Adverse weather may have an effect on some departments normal day-to-day operations, thereby affecting the need for utilizing all of their employees. If a department is not going to use all of its scheduled staff, these departments will be expected to contact other departments (or Administrative Supervisor) that my be able to utilize their personnel as opposed to simply closing their departments or telling the employee he/she are not needed.

- An employee who is allowed to stay over and sleep part of the time that he/she is in the facility is to be paid only for hours actually worked. The supervisor should contact the Administrator on duty for the availability of beds and to make arrangements for the employee who is allowed to stay over during a Hazardous Weather Day. Employees are required to clean their own room.

- Medical City Dallas Hospital has an Emergency Transportation Plan that will be put into effect when a Hazardous Weather Day is declared. Taxi vouchers are available through the Nursing Administration office.

- Employees who do not report to work at all on a Hazardous Weather Day may not use paid time off hours for that day, even if the employee calls in ill on the day of the hazardous weather day. Employees receiving pre-scheduled PTO/EIB time on the full workday prior to the declared Hazardous Weather Day may continue to receive their PTO/EIB.
ILLNESS ON DUTY

If an employee becomes ill while on duty, he/she should inform his/her supervisor, who will determine the proper course of action. If the supervisor determines that the employee should not remain on duty, the employee should immediately leave the work areas with the options of:

- Going home for rest and treatment;
- Seeking the assistance of a private physician;
- Using an HCA facility on the same basis as non-employees.

INCIDENT (OCCURRENCE) REPORTS

From time to time, incidents occur in the facilities that are out of the ordinary and should be reported to management, or recorded for future evaluation. Such incidents might involve a question about medication, an injury or unusual occurrence at the patient’s bedside, theft, etc. These instances must be reported on our standard Incident Report Form, which is available from Meditec or the Nursing Supervisor.

INSPECTION OF PARCELS AND VEHICLES

Employees are discouraged from bringing personal items to work. The Organization may, from time to time, search and/or require employees to allow searches of parcels, bags (including handbags and briefcases), other personal items, and/or personal vehicles brought onto company property.

JURY DUTY

Non-exempt full-time and part-time employees will be paid their base hourly rates for time off because of required jury duty. Exempt employees will receive their regular salaries during weeks in which they have required jury duty. It is the employee’s responsibility to provide documentation of such duty to their supervisor.

LEAVE OF ABSENCE

It is the policy of Medical City to utilizes a neutral leave policy. Guidelines apply to all leave types with exception of legal requirements for the Family Medical Leave Act, Military, and the Employee Health and Safety Program (EHSP). The Leave of Absence policy protects the longevity of employees who must be absent from work for acceptable reasons as approved by management and as required by law.
DEFINITIONS
Health Care Provider: The Family Medical Leave Act defines a health care provider as:

- A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices;
- This includes: Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors;
- Nurse practitioners, nurse-midwives and clinical social workers;
- Christian Science practitioner;
- Any health care provider from whom an employer or the employer’s group health plan’s benefits manager will accept certification of the existence of a serious health condition to substantiate claim for benefits;

The above must be authorized to practice in the State and must perform within the scope of their practice as defined under State law.

Rolling Year: The rolling 12-month period is measured backward from the date an employee uses any FMLA leave.

FMLA Serious Health Condition: A Serious Health Condition means an illness, injury, impairment, or physical or mental condition that involves one of the following:

- **Hospital Care** - Inpatient care (an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
- **Absence Plus Treatment** - A health condition (including treatment therefore, or recovery there from) lasting more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also includes: 1. Treatment two or more times by or under the supervision of a health care provider; or 2. One treatment by a health care provider with a continuing regimen of treatment; or
- **Pregnancy** - Any period of incapacity due to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence, or
- **Chronic Conditions Requiring Treatments** - A chronic serious health condition which continues over an extended period of time:
  a. Requires periodic visits for treatment by a health care provider
  b. Continues over an extended period of time (including recurring episodes of a single underlying condition; and
  c. May cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc)
- **Permanent/Long-term Conditions Requiring Supervision** - A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer’s, stroke or terminal stages of a disease.
- **Multiple Treatments (Non-chronic conditions)** - Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other
injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc), severe arthritis (physical therapy), kidney disease (dialysis).

Reasons
- Leaves may be granted for Personal, Educational, Medical, Family, EHSP and Military reasons.
- Due to the complicated legislation associated with Leaves of Absence, all Leaves of Absence and FMLA will be handled through Unum’s Absence Reporting Center (ARC) at 877-352-8661.

Eligibility
- All employees with at least 12 months service are eligible if 1,250 hours were worked in the previous 12 months. Military and EHSP Leaves do not require 12 months service and are available immediately upon employment.
- Consideration will be given to employees requesting LOA as long as the employee intends to return to active employment.
- New employees after the first six months of employment may be eligible for personal, educational or medical leaves if they would have otherwise been anticipated to work 1250 hours during the first 12 months of employment.

Request
- Employee discusses request with Manager/Director at least 30 days prior to the commencement of leave (or as soon as foreseeable). Manager/Director refers employee to Unum’s ARC.
- Employee contacts Unum’s ARC and discusses the reason for leave.
- Unum provides employee with applicable forms and instructions regarding leave.
- Unum corresponds with both employee and Medical City Dallas Human Resources regarding leave.
- Human Resources department updated Manager/Director regarding the employee’s leave status.

Approval
- Unum received and reviews the request for leave and determines eligibility for: FMLA, Military, EHSP, Personal, Educational leaves
- Unum notifies Human Resources of employee’s eligibility
- Human Resources notifies the Manager/Director.
- All time off for an approved LOA must be counted for tracking purposes.

Duration
- Formal LOA’s are required if an absence of greater than three (3) days is experienced unless prior approval of scheduled PTO/Vacation is granted.
- LOA’s normally will not exceed 12 weeks in any rolling 12-month period.
- Extensions of up to 12 additional weeks may be requested by employees
• The combination of the original and extension may not exceed 24 weeks in any 12-month period.

**Benefit Participation While on LOA**

• An employee on an approved leave may continue group insurance coverage during the leave. If any portion of the leave is paid, (i.e., PTO or EIB), the premiums normally paid by the employee, while working, will be deducted from such pay.

• If time off during an approved Leave is unpaid, an employee may continue benefit coverage. Employees who desire to continue coverage during an unpaid leave must pay the full premium amount (company and employee premiums) to LifeTimes Connection during the unpaid leave period. LTD can only be continued if LOA is due to employee illness.

• Premiums are due on a monthly basis in advance of the coverage period. An employee’s failure to pay his/her portion of the insurance premiums will result in termination of the coverage, after proper notice, at the end of the thirty days following commencement of the leave, or at the end of thirty days following the date premiums became due.

• Employees may choose not to continue insurance coverage during leave. If an employee elects not to continue coverage his/her coverage will be reinstated, upon the employee’s return from leave, to the same coverage levels that were in effect prior to the leave. The employee’s coverage will be reinstated the day the employee returns to active status. There will not be any waiting period, evidence of insurability, or pre-existing exclusion.

• Employees on LOA are required to use PTO/Vacation and EIB/Sick time per policy guidelines with the exception of Military Leave. Employees on an approved leave (not including military leave) may be required to use PTO/EIB concurrent with the leave. PTO/EIB hours used must be in an amount consistent with the employee’s normally scheduled hours.

• During an LOA, benefit accruals will continue as long as paid benefit time is used. When benefit time (PTO, Vacation, EIB, Sick) is exhausted, accruals stop unless the leave is FMLA or Military Leave.

• Credit for length of service/seniority is protected during an approved LOA.

**Performance Evaluations/Compensation**

• The affect of the LOA on the date for performance evaluations will be based on facility specific policy.

• If an LOA qualifies as FMLA or Military Leave, it cannot have a negative affect on the amount of annual increase awarded.
Reinstatement Following LOA

- An employee should provide Unum with periodic reports concerning intent to return to work. Employees must notify the Manager/Director and Unum of availability to return to work as soon as possible for scheduling purposes. An employee should give Unum at least two (2) days notice of intent to return to work earlier than anticipated.

- If on FMLA or medical LOA, employees must present a release to return to work from their health care provider per facility procedure directly to Unum before returning to work.

- Job Guarantee - Reinstatement after FMLA and Military Leave is guaranteed. The position offered does not have to be the same one vacated but must be comparable in duties, responsibility, rate of pay, and general hours of work. Taking of FMLA leave does not entitle the employee to any lesser or greater right to be restored to his/her position, or an equivalent position than the right the employee otherwise would have had if FMLA had not been taken (e.g., during a reduction in force or Organizational redesign).

- Reinstatement after LOA’s other than FMLA and Military are not guaranteed. Employees seeking reinstatement may be offered the former position if it is available. If not, employees may be offered any available position for which the facility concludes they are qualified, at the appropriate rate of pay for the new position. In the event the offer is declined, the employee will be terminated.

FMLA

- The Family and Medical Leave Act of 1993 (FMLA) allows a total of 12 weeks of paid or unpaid leave to eligible employees during any backwards-rolling 12-month period with job guarantee for any one or more of the following reasons:
  a. The birth of a child and to care for the newborn. This leave must be taken within 12 months of the child’s birth.
  b. The placement with the employee of a child for adoption or foster care. This leave must be taken within 12 months of placement.
  c. To care for the employee’s spouse, child or parent with a serious health condition.
  d. A serious health condition that makes the employee unable to perform one or more of the essential functions of the job.

- Leave for birth or placement of child for adoption or foster care must be taken within 12 months of birth or placement. When both spouses are employed by the same facility, they are limited to a combined total of 12 weeks during any rolling 12-month period if the Leave is taken for birth or placement of a child for adoption or foster care. Intermittent or reduced schedule LOA for a birth or placement of a child for adoption or foster care is allowed and must be taken within 12 months of birth or placement.
• FMLA need not always be taken in one continuous period if substantiated by the health care provider:
  a. FMLA may be taken on a Reduced Schedule, which is a reduction of an employee’s number of normally scheduled working hours per day or week or pay period.
  b. FMLA may be taken on intermittent bases, which is a separate block of time as a result of a qualifying event rather than for one continuous period of time.
  c. Intermittent or reduced schedule LOA to care for a qualified sick family member or for an employee’s own serious health condition will be approved if the Leave is medically necessary and substantiated by the health care provider.
• An employee who has a serious health condition and is unable to return to work after 12 weeks of FMLA may be placed on a general medical leave.
• Calculation of the amount of leave available to an employee in a leave period:
  a. Full time employees who are normally scheduled to work 80 hours per biweekly pay period are eligible for 12 weeks/480 hours.
  b. If an employee works less than 80hrs/pay period, multiply the employee’s normal work schedule by 12 weeks to determine the maximum (e.g. if schedule is 30hrs/week - 30 X 12 = 360 hours maximum)
  c. If a varied schedule is worked, average the workweek during the prior 12 weeks (excluding weeks where FMLA leave was taken) and divide that number by 12. The average is multiplied by 12 to determine the maximum.
  d. A salaried employee’s maximum is determined by multiplying the normally worked hours each week by 12 weeks (e.g. if an exempt employee normally works 60 hours/week, the calculation would be 60 X 12 = 720).
• The effective date of FMLA may not be retroactive past the employee’s request.
• If a qualifying condition is determined, absences cannot be counted in the Attendance Policy. Once a qualifying condition is determined, absences cannot be counted for that reason even though the qualified condition or formal request for leave was not submitted until a later date.
• Employees cannot waive, nor may employers induce employees to waive, their rights under FMLA.
• A health care provider’s medical certification will be required to support a request for leave. Second or third opinions may also be required at the employer’s expense. It is the employee’s responsibility to return both the health care provider certification as well as any other requested documentation to Unum within fifteen
(15) days of request for leave. A delay in the return of the required documents and certification may result in the leave being denied or postponed. Subsequent re-certifications may also be requested of the employee at periodic intervals no more often than every thirty- (30) days in order to update the leave record and justify the continuation of the leave. Failure to comply with the request for re-certification may result in the leave being canceled. Employees have an obligation to provide a health care provider statement if requested by Human Resources or the Manager/Director.

- A fitness for duty or physician’s release to return to work will be required when the leave has been taken due to the serious health condition of the employee. An employee will not be returned to work without the proper documentation from the health care provider. Failure to submit a fitness for duty certification may result in the denial of restoration to employment following FMLA leave.

- Written notice detailing employee rights and obligations must be provided to employees requesting FMLA and must be given within a reasonable time (two business days, if feasible). The specific notice must be given once every six months.

Military Leave
- Employees who engage in active or inactive Military duty in the Armed Forces of the United States (including National Guard) are eligible for Military Leave.

- Employees are eligible immediately for Military Leave (12 months service not required).

- Employees may use PTO for annual Military training or service but are not required to do so.

- Leave will be granted for the period of training or service.

- Federal law provides three major categories of military training or service with separate sets of rights attached to each. All questions regarding Military Leave should be referred to Unum.

Training Leave
This policy is in compliance with the Uniformed Services Employment and Re-employment Rights Act (USSERA) of 1994 and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 under which, service in a training program authorized by the Assistant Secretary for Public Health Emergency Preparedness shall be deemed “service in the uniformed services” for purposes of chapter 43 of title 38, United States Code (USSERA).

Employees who must be absent for active or inactive military or National Disaster Medical System training duty (e.g., Reserves or National Guard summer camps, annual
cruises, weekend drills, attendance at military schools or a training program authorized
by the Assistant Secretary for Public Health Emergency Preparedness) will be granted,
upon request, a leave of absence without pay. An employee may use PTO for training
duty obligations upon written request.

- Eligibility - All employees who engage in active or inactive training duty in the
  uniformed services of the United States, or National Disaster Medical System.

- Approval - Request for training leave should be made sufficiently in advance of
  the projected beginning of the leave to enable the employer to adjust the work
  schedule accordingly. The employee should use the appropriate Leave of
  Absence Request form.

- Duration - Leave will be granted for the period of the training.

**Active Duty Leave**

This policy is in compliance with the Uniformed Services Employment and Re-
employment Rights Act (USSERA) of 1994 and the Public Health Security and
Bioterrorism Preparedness and Response Act of 2002 under which, service as an
appointee when the Secretary of Health and Human Services activates the National
Disaster Medical System shall be deemed ‘service in the uniformed services’ for
purposes of Chapter 43 of Title 38, United States Code (USSERA).

All classifications of employees (Full Time, Part Time, PRN, and Temporary)
are covered by USERRA. Former employees of affiliates with five (5) years or
less of military service or employees
returning from active duty leave have a right to be re-employed or reinstated
to the same or comparable position held prior to the period of active duty,
including restoration of rate of pay and benefits that would have been attained had
the employee not been absent due to active duty military service.

Beyond the scope of USSERA, it is the intent of this policy is to make employees called
to active military duty or service as an intermittent disaster response appointee, other than
routine training, “whole” in terms of missed compensation while on active duty.
Employees’ compensation will be offset in circumstances where normal pay is greater
than military or National Disaster Medical System pay while on active duty.

Payments will be calculated based on the difference between the employee’s gross
regular pay (including shift differentials) at the time of activation and his/her gross pay
from the military or National Disaster Medical System. Therefore, regular gross pay will
be based on the employees’ scheduled hours and shifts at time of activation. Overtime
hours are not included in the calculations; only regular hours, shift differentials, and any
applicable other premium pay such as certification differentials, are to be included. An
employee may not use PTO in conjunction with Active Duty Leave.
- **Eligibility** - Regular Full Time and Regular Part Time employees who have been served with Activation Orders to report to active duty within their component (USA, USMC, USN, USCG, National Disaster Medical System, etc). Temporary and PRN employees are not eligible.

**Licensure/Certification**

Employees whose positions require licensure and/or certification by state agencies will be responsible for keeping such licensure/certification current and in effect at the employee’s expense. Nurses with a compact RN license must follow the guidelines by the Texas Board of Nurses and have only 30 days in which to obtain a permanent RN license after he/she has changed residence. Failure to maintain proper licensure and/or certification, status or notify the facility of changes will lead to deactivation of employment, suspension without pay until current and/or involuntary termination. Absences incurred due to deactivation are subject to unexcused absences per the attendance policy.

**Meal and Rest Periods**

Meal Periods
- Patient care needs permitting, meal periods must be at least thirty (30) minutes in duration and are scheduled for employees working five (5) or more consecutive hours. Meal period scheduling should be determined by management based on operational needs.

- Meal periods are considered unpaid time. Employees will not be compensated for meal periods unless the meal period is interrupted to perform work-related duties. If a nonexempt employee is interrupted to perform work during a scheduled meal period, the employee will be paid for the entire scheduled meal period. The employee must immediately notify his/her supervisor of the interrupted meal period.

- Non-exempt employees must take meal periods away from their workstation. Eating at a workstation located in clinical or patient care areas is not permitted.

- Effective September 13, 2009 automatic deduction for meal periods will be turned off in the timekeeping system, and non-exempt employees must clock out at the beginning of the meal period and clock in to return to work after their meal period utilizing the same clock for both the out punch and in punch. Meal periods of more than 30 minutes are rounded to the nearest quarter hour. Meal periods of less than 30 minutes are counted as working time and will be paid.

- Until automatic deduction for meal periods has been turned off in the timekeeping system, non-exempt employees must report an interrupted or missed meal period to the department time editor on the Kronos Edit Request form included with this policy.
• All Kronos Edit Request form must be retained as a payroll document required for audit purposes. These forms should be retained in accordance with policy EC014, code ACC-50-20 Time Cards, current year + 6 years.

• With prior management approval, an employee may consume an “on duty meal” while performing duties outside of clinical or patient care areas. The “on duty meal” time is paid.

• If a non-exempt employee is authorized to leave the premises for a meal period or for any other personal reason, the employee must clock out when leaving and clock back in upon return.

REST BREAKS: Employees may receive fifteen (15) minute rest breaks for each four (4) hour work period as long as the break will not interfere with department operations and/or patient care. Breaks are not “automatic” and workloads may require that breaks be eliminated on a given day. Employees are not allowed to go to other work areas for non-business purposes and interfere with or distract other employees who are working. Breaks cannot be taken within an hour of arriving or leaving work without supervisor approval. Break time may not be accumulated to extend meal periods, add to other break periods or allow the employee to arrive late or leave early.

MEDICAL EXAMINATION

After an offer of employment is extended, new hires are required to complete a Physical Therapy evaluation in order to verify the ability to perform the essential job functions. The Organization also requires pre-employment drug screening which is coordinated by the Employee Health Department.

MINORS, EMPLOYMENT OF

Candidates for employment must be at least 18 years of age and meet the minimum requirements of the job description for the position in which they are applying. However, persons who have reached their sixteenth birthday may be considered for employment within the limits of state and federal law.

OFFER OF EMPLOYMENT

Offers of employment are contingent on but not limited to successful completions of the following:

• Criminal history report
• References
• Verification of license, certification, and/or education required for the position
• Drug screen
- Physical Therapy evaluation to determine the ability to perform the essential functions of the job.

**ON-CALL**

In some departments, it is necessary to retain non-exempt employees on an “on-call” status in order for the department to be covered in all situations. If the employee in that status is required to be on-call during off-duty hours, that employee may be paid on-call pay. See your department supervisor for additional on-call information.

**ORIENTATION**

It is the policy of this Organization to ensure that new employees of each facility and employees shared between facilities are familiar with the overall philosophy and objectives of their facility and responsibilities for performance in designated positions. Employees are required to attend the General Orientation within 30 days of their employment date. In addition, Department Manager and Supervisors are responsible for providing an orientation of the job responsibilities as outlined in the position description and specific operational standards regarding department activities before initiation of patient care and/or other activities.

**OUTSIDE EMPLOYMENT**

Outside employment is permitted provided it does not divide or appear to divide an employee’s business loyalty or reduce his/her ability to perform assigned duties in the facility. Outside employment must be discontinued if it has an adverse effect on an employee’s work performance, is competitive with HCA, or is a conflict of interest. Immediate supervisors must be informed if employees are employed outside the Company as soon as employment is accepted.

**PAID TIME OFF/EXTENDED ILLNESS BANK**

It is the policy of the Organization to provide Paid Time Off (PTO) to employees for periods of time away from work with pay. PTO benefit time encompasses the traditional Vacation, Holiday, and Sick Time. Extended Illness Bank (EIB) is provided only to eligible full time and part time employees. No other employment classifications are covered under this policy.

**Eligibility**

- Employees are eligible for PTO hours based on length of continuous service and employment status. Continuous service is defined as completed years with no break in employment with HCA affiliated facilities longer than one hundred and eighty (180) days. Those categories eligible for accrual and use are:
  - Full time employees - those normally scheduled to work 64 to 80 hours per pay period
Part time employees - those normally scheduled to work 40 to 63 hours per pay period

Accrual
- Accruals begin with the employee’s hire date or date of transfer to eligible status.

- Accruals continue as long as the employee is being paid productive time, non-productive time, PTO/EIB time, or Employee Health and Safety Program (EHSP) time.

- If an employee is on Leave of Absence (LOA), and is utilizing PTO/EIB, accruals will continue. With exception of an employee on Military Leave, PTO benefits do not accumulate during unpaid periods such as Leave of Absence without pay.

- PTO hours will accumulate each pay period and will be available for use in the following pay period.

- Employees will accumulate PTO/EIB based on the following schedule. Department Directors/Managers will begin accruals at the second level upon hire or promotion and accrue at the third level after the fifth year of service.

- Exceptions to PTO accrual rates may be made only with the express written approval from the Vice President of Human Resources.

- PTO benefits may be accrued to a maximum of 400 hours. When the maximum is reached, further accumulations stop until PTO time is used or taken during cash out options.

- EIB benefits may accrue to a maximum of 867 hours. When the maximum is reached, further accumulations stop until the balance falls below 867 hours.

<table>
<thead>
<tr>
<th>Yrs of Service</th>
<th>Employee Status</th>
<th>PTO Accrual (Annual)</th>
<th>PTO Accrual (Pay Period)</th>
<th>EIB Accrual (Annual)</th>
<th>EIB Accrual (Pay Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4th year</td>
<td>Full-Time</td>
<td>160 hours</td>
<td>6.15 hours</td>
<td>80 hours</td>
<td>3.08 hours</td>
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<tr>
<td></td>
<td>Part-Time</td>
<td>80 hours</td>
<td>3.08 hours</td>
<td>40 hours</td>
<td>1.54 hours</td>
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<tr>
<td>5th - 9th year</td>
<td>Full-Time</td>
<td>200 hours</td>
<td>7.69 hours</td>
<td>80 hours</td>
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<tr>
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<td>Part-Time</td>
<td>100 hours</td>
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<td>10+ years</td>
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<tr>
<td></td>
<td>Part-Time</td>
<td>120 hours</td>
<td>4.615 hours</td>
<td>40 hours</td>
<td>54 hours</td>
</tr>
</tbody>
</table>

PTO Usage
- PTO benefits are available for use after 90 days of employment, with Manager’s authorization (see Section 3.5 for advance notice requirement). Employees
transferring from another HCA facility, having completed the 90-day waiting period there may begin using benefits immediately.

- PTO benefits must be credited prior to use. Negative balances must have prior approval of Senior Management.

- PTO can be used for a minimum of 1-hour increments for time missed from work. PTO usage cannot exceed hours routinely worked during a pay period, up to a maximum of 80 (eighty) hours per pay period, however, exceptions may be made by the Department Director. (An example of such an exception would include an employee working overtime at the hospital’s request the first week of the pay period and then having a scheduled vacation the following week of the pay period). Final interpretation of this clause will rest with the Human Resources Department.

Twelve (12) hour shifts create a special exception to the maximum of 80 hours rule. See examples below:

- An employee is routinely scheduled to work four (4) twelve hour shifts one week (48 hours), and three (3) twelve hour shifts the next. One week the employee works 48 hours, and the following week, works 24 hours and takes 12 hours of approved PTO. At the end of this pay period, the employee will be paid for: 72 hours of regular pay (for the hours actually worked); 8 hours of Overtime pay (for the week in which 48 hours were worked); and 12 hours of PTO pay. In this case, the 72 Regular Hours added to the 12 Hours PTO (total 84 hours) exceed the customary "maximum 80 hours" rule.

- An employee whose routine work schedule is four (4) twelve hour shifts one week, and three (12) hour shifts the next is approved for two weeks of vacation. Since this employee routinely works 84 hours a pay period, he/she would eligible to use 84 hours of approved PTO.

- An employee may use PTO, with prior Department Manager approval, when they have a dentist/doctor’s appointment during their normal work schedule. Assume the employee normally works an 8-hour shift. The appointment takes 2 hours. The employee will be paid 6 regular hours and 2 PTO hours for that day.

- Exempt staff will use PTO/EIB when a full day is missed.

- Employees are responsible for requesting PTO in advance, according to departmental policies and procedures. PTO time not scheduled in advance may impact the employees’ attendance record.
• An employee requesting time off may be required by his/her supervisor to take earned PTO or other non-productive time as a condition of granting the request, depending on patient care needs and business circumstances including the availability of replacement staff without incurring overtime.

• Employees with one year of service may cash-out PTO time during four designated periods per year. Cash-out rate is 90%. Full-time employees may cash up to 80 hours PTO per quarter, and must retain a minimum balance of 80 hours. Part-time employees may cash up to 40 hours PTO per quarter, and must retain a minimum balance of 40 hours. A 100% pay out of PTO is available but must be “pre-qualified”. This pre-qualification requires that a Formal PTO Planned Payout Request Form be completed by the employee requesting this payout and must be received by October 1st of each year. The payout will occur in the year following the request during the pay periods that the employee designates on the form. No forms will be accepted past the October 1st due date and once an employee makes a designation to have this payout of PTO, the request is irrevocable. No exceptions will be made. Due to IRS regulations (see Human Resources for guidelines and interpretation), this procedure must be followed strictly. The maximum available for 100% payout in any given year is not to exceed 80 hours, a balance of 80 hours must be maintained after the payout occurs, and only two pay periods per year may be designated for payout.

PTO Payment
• PTO benefits are paid at base pay, exclusive of differentials. PTO hours are classified as benefit hours for overtime calculations.

• PTO benefits for employees with 3 months service are paid out at 100%. Employees with less than 3 months service are not eligible for use of PTO or payout of PTO upon termination of employment.

Extended Illness Bank (EIB)
• The Extended Illness Bank (EIB) may be used after the employee has been off work due to personal or immediate family illness for 16 consecutive scheduled work hours (paid by PTO or taken unpaid) per occurrence. EIB may also be utilized for maternity leave if the employee has been off work for 16 consecutive scheduled work hours (paid by PTO or taken unpaid hours). Additionally, 6 weeks of EIB may be utilized for the adoption of a child or for the placement of a foster child.

• Occurrence is defined as a continuous episode that is uninterrupted by returning to work.

• Immediate family is defined as family members including:
  • By blood: parent, child, grandparent, grandchild, brother, sister, half sister, half brother;
• Any other relative of the employee or his/her spouse living in the employees home.

• EIB usage for family illness is limited to 24 hours per family member illness. In special cases, additional EIB may be authorized by administrative approval.

• The EIB can be accumulated to a maximum of 867 hours; balances are forfeited at termination or retirement. Upon transfer to PRN, EIB balance will be frozen and will be reinstated on return to an eligible status (FT/PT).

• Unum’s Absence Reporting Center (ARC) will require a physician’s statement as deemed necessary to validate the need for time off as of the seventh day off for personal illness.

***In order for an employee to return to work following a non-work related illness or injury he/she must provide a physicians’ release to Unum’s Absence Reporting Center before scheduling their first day back.

PARKING

Employees must park in designated areas of the parking lot/garage assigned to them. We ask that employees keep in mind that our patients and visitors are our primary concern and we must provide the best customer service for them. Space is available on a first-come first-serve basis only. The Organization is not responsible for any damage to or loss or theft of any vehicle parked on facility premises.

PERFORMANCE EVALUATION

Employees shall receive a written performance evaluation on a continuing and periodic basis based on the position description. This process facilitates management and employee communication concerning the employee’s job-related expectations, behaviors, competencies and performance.

PERSONNEL FILES/EMPLOYMENT RECORDS

Personnel files are business records of the Organization and are the property of the Facility. Photocopying of personnel documents is not permitted. Current employees may request to review their personnel file by making an appointment with an HR representative.
PUBLIC INFORMATION

No employee may give out information about any patient’s condition to anyone without specific authorization as outlined below. To do so may involve the employee and the Organization in legal action. Registered Nurses, Nursing Supervisors, and Administration are the only individuals authorized to release the following kinds of information:

- Inquires from friends and relatives are to be directed to the nursing station.
- Inquires from newspapers, radio and television stations and other sources of public information are to be referred to the Head of Marketing, the Head of Nursing, or to the Nursing Supervisor in charge of the facility/unit at that time.
- Inquires with regard to the blood bank or ancillary/clinical services should be referred to the Nursing Supervisor.
- Calls received by the business office concerning patients will be referred to Nursing Service.
- An employee should not become involved in discussions about insurance of any type with patients or visitors. Insurance programs are frequently very complex. Any matter concerning hospitalization insurance should be referred to the Business Office. Any pending claim against the facility for injury or other damage will be considered on an individual basis and must be reviewed by the Facility CEO.

RE-EMPLOYMENT

Former employees may be considered for re-employment. Re-employment will be based on previous work performance, supervisory recommendations at the time or prior to termination from the Organization, subsequent work record and other job-related factors. If an employee is rehired within 180 days of termination date, he/she shall maintain the original date of hire (seniority will be uninterrupted).

RELATIVES, HIRING OF

Applicants will be evaluated on their individual qualifications. No employee may directly or indirectly supervise a relative. For purposes of this policy, relatives are considered to be:

- By blood: Parent, child, grandparent, grandchild, brother, sister, half sister, half-brother.
Other: Any other relative of the employee or his/her spouse living in the employee’s home. No relative of anyone who is employed in Human Resources or Finance.

SAFETY/SECURITY MANAGEMENT

The Organization is committed to providing employees with a work place free from recognized hazards and to preventing workplace violence. An effective safety and health program that applies to preventing workplace violence includes:

- Management commitment and employee involvement
- Work-site analysis
- Hazard prevention and control
- Safety and health training

Employees are responsible for complying with the safety/security measures at each facility and for prompt and accurate reporting of all incidents.

Violence inflicted upon employees may come from many sources – i.e. patients, third parties, and co-workers. Organization policies include a zero tolerance for violence of any kind.

All applicants, prospective employees, and/or current employees are prohibited from using or possessing a weapon of any kind, concealed or otherwise, at any time while on the premises and/or while engaging and conducting business on behalf of the Organization.

SCHEDULING AND STAFFING

Because many healthcare facilities operate permanently on a seven-day basis, employees must expect some weekend and holiday duty. Managers are responsible for scheduling in their respective departments and each employee is expected to follow department guidelines for requesting time off and preferences of schedules.

From time to time, it may be necessary for management to change the starting and completion time of a work shift to accommodate the needs of the Organization and patients. Employees will be required to work the hours assigned. Non-exempt employees should not report to work earlier than is reasonably necessary for reaching their assigned work area after clocking in (normally 3 to 5 minutes) and they will be expected to clock out in the same manner.

SHARED EMPLOYEE PROGRAM

Employees who have completed their initial 90-day period with their home facility may apply to become a shared employee with other HCA facilities. An employee may obtain Request to be Shared Employee Information Sheet from their Home Facility’s Human
Resources Department. With the appropriate approvals on the form, the Home Facility’s Human Resources Department faxes/mails the completed Request to be Shared Employee Information Sheet to the Human Resources Department of the facilities requested by the applicant. The Shared Facility’s Department Director should make initial contact with the requesting employee for scheduling and hospital specific orientation. For further detail, an employee may consult IVIEW for the Shared Employee Program Policy.

SMOKING

Medical City Dallas Hospital will provide a smoke-free environment to all patients, employees, physicians, and visitors to the hospital campus. Medical City Dallas Hospital is committed to the safety and well being of all employees, patients, physicians and others who visit the Medical City Dallas Hospital campus. In order to provide a healthy and safe environment for patients, visitors, physicians, and employees the hospital prohibits smoking. The restriction on smoking is intended to; reduce risk to patient associated with smoking including possible adverse effects on treatment, reduce the risks to other patients and staff associated with passive smoking, and reduce the risk of a fire safety hazard. In cooperation with Medical City Dallas, Ltd., the property manager, smoking is not permitted on the Medical City Dallas Hospital premises. Premises are defined as all property inward of city sidewalks surrounding the hospital.

PATIENTS:
- Patients may not smoke on campus. Enforcement of the Smoke-Free policy will be the responsibility of all Medical City employees and Physicians.

VISITORS:
- Enforcement of the Smoke-Free Policy will be the responsibility of all Medical City employees, Medical City Limited employees, and Physicians.
- Any visitor, who refuses to cooperate after an explanation of the policy has been given, will be politely asked to smoke off campus.

MEDICAL CITY HOSPITAL EMPLOYEES:
- Employees of Medical City may not smoke during their shift or anywhere on the Medical City campus.
- Assistance in smoking cessation will be provided to staff who wish to stop smoking.
- Smoking materials will not be sold or distributed within Medical City.
- All Medical City employees and leadership are required to observe and promote compliance with the smoke-free policy.
- Employees are expected to inform any member of the Medical City leadership team when they witness another employee violating the smoke free policy. The smoking violator’s immediate manager will then be notified and will follow-up as appropriate.
• Non-compliance with this policy will be documented as an Environmental Hazard.

• Failure to adhere to the smoke free policy will result in disciplinary action, up to and including termination.

• Discharge may occur immediately if the employee is smoking inside Medical City buildings or in areas where combustible supplies, flammable liquids, gases of oxygen are used or stored.

MEDICAL CITY CONTRACTED CONSULTANTS, VENDORS, AND CONTRACTORS
• Consultants, vendors, and contractors may not smoke on the Medical City campus

• Violation of policy may result in termination of contract

SOLICITATION/DISTRIBUTION

To avoid disruption of health care operations or disturbances of patients, the following rules apply to solicitation and distribution of literature on Medical City Dallas Hospital property.

• Outside Organizations and/or Individuals:
  Persons not employed by the Organization may not solicit or distribute literature on Facility property at any time.

• Employees:
  Employees may not solicit for any product, service or cause during working time for any purpose. Employees may not solicit for any purpose in immediate patient care areas. Employees may not distribute literature at any time for any purpose in work areas or in-patient care areas, including other areas that would cause disruption of health care operation or disturbance of patients, such as corridors in patient treatment areas and rooms used by patients.

Working areas are all areas, except cafeterias, employee lounges, lobbies, and parking areas. Working time does not include break period and meal times. Working time includes the working time of both the employee doing the soliciting or distributing and the employee to whom the soliciting and distributing is directed.

TELEPHONE CALLS, PERSONAL

While at work employees are expected to exercise the same discretion in using personal cell phones and PDAs as is expected for the use of company phones. Excessive personal calls or text messaging during work time, regardless of the phone used can interfere with employee productivity and be distracting to others. Employees should make personal
calls on non-work time where possible and make sure friends and family members are aware of the company’s policy.

- The facility will not be liable for the loss of personal cell phones or other personal electronic devices brought into the workplace.

- Personal cell phone and other electronic devices must be turned to vibrate, silent, or off mode while working.

- Employees are permitted to use personal cell phones and other personal electronic devices in non work areas during lunch and break periods. Personal cell phones and other personal electronic devices can be used on an emergency basis during working hours.

- The use of personal cell phones and other personal electronic devices by staff in patient care areas is prohibited.

- The use of cell phones or any other personal electronic device for photographs is strictly prohibited.

- Calls for employees received by the Human Resources Department will not be forwarded.

- Employees in possession of company equipment such as cell phones or PDAs are expected to protect the equipment from loss, damage and theft.

- Upon resignation or termination of employment or at any time upon request, the employee may be asked to produce the company electronic device for return or inspection.

- Employees are expected to follow applicable state or federal laws or regulations regarding the use of cell phones or electronic devices at all times.

- Employees utilizing cell phones, pagers or PDAs for business use are expected to refrain from using the device while driving or must use hands-free equipment. Use of electronic devices while driving is not required by the company and applicable local, state and federal laws must be followed.

- The use of camera-phones, PDAs or other audio or video recording capable devices within the facility may constitute not only an invasion of employee’s personal privacy, but may breech patient confidentiality. Therefore the use of camera or other video/audio recording devices is prohibited without express prior permission of senior management and the person present at the time.

- Visitors and Patients and may use cell phones as needed in the facility unless such use creates a disturbance or disruption that impacts the patient or the patient care giver.
Physicians and staff must always maintain patient confidentiality according to HIPAA guidelines. Cell phone conversations should not take place in locations where patient confidentiality may be compromised.

TELEPHONE COURTESY

Employee courtesy in using the telephone is of great importance and projects a favorable image for both the facility and the employee. In using the telephone, please keep in mind the following:

- Answer properly and promptly.
- Identify yourself by name and department.
- Give accurate and careful answers.
- Take messages carefully.
- Transfer calls tactfully.
- Always say “please” and “thank you”.
- Speak clearly and use a helpful and pleasant tone of voice at all times.
- If information requested is not available, offer to return the call rather than to keep the caller waiting.
- Hang up gently.

TERMINATION

Employment is based upon continuing mutual consent allowing either the employee or the employer the privilege to terminate employment at any time.

POLICY

It is the policy of this facility to ensure prompt and proper documentation of all employment separations.

PROCEDURE

This policy covers the following forms of terminating employment with the Organization:

1. **Layoff** - termination of employment by the hospital due to lack of work, re the Organization and or economic reasons.
2. **Discharge** - involuntary termination initiated by the hospital. Notice is not required, however, proper documentation is necessary to effectuate the termination.
3. **Resignation** - termination of employment initiated by the employee who informs his/her Supervisor/Director of intention to resign.
4. **Quit** - termination of employment without notice or not within the guidelines of notice for his/her position initiated by the employee. Quitting without notice may cause negative documentation in the employee’s file and negatively affect the opportunity for re-hire.
An employee wishing to terminate service with the hospital is required to give written notice to his/her immediate Manager and work every day of the notice period unless otherwise specified by the Manager/Director.

1. Non-exempt (hourly) employees are required to give two-weeks notice.
2. Exempt (salaried) employees are required to give a one month notice.
3. Pay in lieu of notice will be considered on a case-by-case basis.

An employee should contact Human Resources prior to his/her last day of work in order to process final paperwork, and make arrangements to receive their final paycheck.

The employee’s Manager/Director will initiate an action to terminate in Lawson MSS and Meditech. The Manager/Director must also identify any company property issued to the employee, the employee must return all said property to the Human Resources department. The Manager will notify Human resources to initiate a replacement requisition for the terminated employee.

Benefits will terminate in accordance with guidelines outlined in the Summary Plan Document for each type of coverage the employee had at the time of termination.

Accrued/unused time remaining in the Extended Illness Bank will not be paid to the employee at termination under any circumstances. Refer to PTO/Vacation Policy.

Re-Employment consideration will be based on previous work performance, supervisory recommendation/documentation prior to termination from the hospital and other related factors.

**BENEFITS AT TERMINATION** – When employment is terminated, regardless of the circumstances, the employee will be paid for all earned and unused PTO provided the employee has completed three months of service. Insurance programs will remain in effect through the end of the month in which employment was terminated. (refer to [www.HCARewards.com](http://www.HCARewards.com) or Lifetimes at 1-800-566-4114 for an explanation of continuation coverage and conversion rights). Under no circumstances will any employee be paid for unused EIB upon termination.

**THEFT**

Employees are urged to be alert to the entry of unauthorized persons in any area. If you see someone who does not appear to be an employee or even an employee who might be outside his/her regular working area, please offer assistance in directing him/her to his/her destination. The cooperation of all employees is essential if the problem of theft is to be minimized. Be sure supplies and equipment are stored in approved areas and that maximum security measures are observed.

The Organization cannot be responsible for loss or theft of personal items; therefore employees should not bring valuables or large amounts of money to work. Company
property may not be removed from the premises except by advance written authorization from Administration.

**TIME RECORDS**

Every employee is required to record all hours worked using the system in place at the Organization. Supervisors can answer questions relating to the recording of hours worked, holidays, etc.

Employees may never record time worked for another employee or allow an employee to record time worked for them. Such action will lead to disciplinary action against both employees. If recorded time must be corrected for any reason, the supervisor must be contacted and advised of the problem, before any correction is made.

Failure of an employee to clock in or out with their designated hospital ID badge could result in disciplinary action up to and including involuntary termination.

**TRANSFER FROM ANOTHER HCA FACILITY**

This facility shall accept the continuous service date of an employee transferring from another HCA affiliate provided the employee is currently employed with an HCA affiliate or has been employed with an HCA affiliate within the past 180 days. If an employee wishes to transfer to another HCA facility, he/she will apply for a position with the desired facility and notify the current Manager/HR department of interest. All employees must remain in their position six months before seeking an open position, unless approved by the Vice President of Human Resources. (See policy for further information).

**TUITION REIMBURSEMENT**

The Organization promotes employee education. Tuition reimbursement is available for full time and part time employees who have been employed for one year. Interested employees must complete a Tuition Reimbursement form prior to the beginning of the semester and attach a copy of their receipt of payment. At the end of the semester, the employee should turn in passing grades and the payment will be processed. Further information is available in the Human Resources Department. (See policy for further details).

**VIOLENCE IN THE WORKPLACE**

To provide guidelines in an effort to establish a work environment as free from the threat of violence and theft as is reasonably possible for employees, physicians, patients,
volunteers, contractors, visitors and customers who should be treated with courtesy and respect at all times.

- Employees must report to their supervisors, security staff or human resources representative any suspicious workplace activity, situations or incidents relating to security that they observe or that they become aware of whether involving other employees, former employees, physicians, patients, volunteers, contractors, visitors or customers, and all such reports should be presented to the Director of Security.

- HCA Employers will not tolerate threats or acts of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks. Every specific or implied verbal or physical threat of violence, or act of violence, must be treated seriously.

- Except as specifically authorized in writing, weapons of any kind are strictly forbidden on the premises, or while conducting business. Under some conditions federal, state, or local law enforcement officers are permitted to carry weapons in certain areas or for specific purposes.

- Facility Administration has the authority to search any facility property which includes property of any nature owned, controlled or used by the facility, including but not limited to parking lots, offices, desks, file cabinets, and lockers. Facility Administration specifically reserves the right to search personal property which has been brought onto the premises, including but not limited to vehicles, handbags, briefcases, packages, clothing and other personal items. In addition, an employee, physician, patient, volunteer, contractor, visitor, or customer may be requested by Facility Administration to submit to a search of his/her person. Facility Administration may respond as deemed appropriate in the event anyone may refuse a search or may show a lack of cooperation during a search.

**Risk Reduction**

Human Resources will undertake certain efforts in the employment background investigation process to reduce the risk of hiring individuals with a history of theft or violent behavior. Each facility shall designate and communicate a point of contact in its safety plan. The facility’s Safety and Security Committee will ensure appropriate inspections of the premises are conducted in an effort to evaluate and determine vulnerability to workplace violence or hazards and follows up with necessary corrective action. The facility’s Safety and Security Committee will ensure an appropriate individual will conduct a review of occurrence reports, workers compensation claims and security reports, analyze trends and rates of injury caused by violence in the workplace, and track changes in workplace controls as they occur.

**Notification**

Safety and security in the workplace is every employee’s responsibility. Employees are asked to be alert to unauthorized persons in any area of the facility. Employees are urged to offer assistance in directing or escorting the person to his/her destination. Employees
are expected to inform their supervisors, security staff, human resource representative, another member of management or the facility’s Ethics and Compliance Officer of behavior exhibited by any person(s) which could be a sign of a potentially dangerous situation. Such behavior might include:

- Discussing weapons or bringing them to the workplace.
- Displaying overt signs of extreme stress or agitation, resentment, hostility or anger.
- Making threatening remarks.
- Sudden or significant deterioration of performance.
- Displaying irrational, intimidating, aggressive or inappropriate behavior.
- Reacting to questions with an antagonistic or overtly negative response.
- Reacting harshly to changes in policy and procedure.
- Personality conflicts with co-workers.
- Obsession or preoccupation with a co-worker or supervisor.
- Attempts to sabotage the work or equipment of a co-worker.
- Blaming others for mistakes and circumstances.

If an employee receives or perceives a threat or if an employee is the victim of violence while on the premises, he or she should immediately report it to a supervisor, security staff or human resource representative. The police or appropriate law enforcement agency may also be contacted.

**Enforcement**

Employees may report violations and raise any questions regarding their responsibilities under this policy in good faith without fear of reprisal. All threats will be promptly investigated. No employee will be subjected to retaliation, intimidation or disciplinary action as a result of reporting a threat in good faith under this policy. Any employee accused of committing or threatening violence or any employee found to be carrying a weapon on Company property or during Company business will be suspended immediately, pending the outcome of an investigation by the Security Director and Human Resources. If following an appropriate investigation it is determined that this policy has been violated, appropriate corrective action, up to and including termination, will be taken.

**Post Incident Response**

HCA Employers will provide support to an employee who is a victim of violence in the workplace that includes treatment, individual counseling, and paid time to pursue prosecution.

- Treatment is provided through the workers compensation program or the Texas Employee Health and Safety Program Benefits Plan (EHSP).
- Employees will be paid at base rate for time to pursue prosecution.
- Counseling services are provided through the Employee Assistance Program (EAP).

An employee who is a victim of violence other than a felony defined by the jurisdiction may pursue prosecution at the employee’s discretion and will be supported as described
above. Affiliated employers with an employee who is a victim of violence defined by the jurisdiction as a felony will assist the employee in pursuing prosecution as described above. Additionally, the affiliated employer may engage legal counsel when doing so is considered appropriate.

**Training**

HCA Employers will provide training opportunities intended to make employees aware of workplace violence risk reduction efforts and the support available to an employee who is a victim of violence in the workplace. This training is presented:

- At the time of orientation for new employees.
- Periodically through Code of Conduct training.
- Regularly by supervisors and/or the facility’s Safety Committee or manager responsible for safety and security.

Security staff will receive training on the appropriate use of force in an effort to provide physical protection within the parameters of policy, and their specific job requirements. Skills include situation/response analysis, psychology of deterrence, attack management, security tactics, and a clear definition of responsibility and authority. Training should aid in presenting a respectable and competent presence in routine operations, provide the security personnel with skills for use in unusual and emergency situations, and provide management with a logical and consistent framework for planning, response, control, and after-action analysis and justification. Clinical staff in security sensitive areas such as the Emergency Department and Critical Care areas should receive crisis prevention/intervention training that teaches staff to respond effectively to the warning signs of escalating aggressive behavior, and addresses how staff can deal with their own stress, anxieties, and emotions when confronted with these challenging situations. Training should focus on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being, but should also teach appropriate physical intervention where necessary.

**Property**

All personal belongings should be protected by keeping them out of sight or inaccessible. HCA Employers are not responsible for the loss or theft of personal items. Supplies and equipment should be stored in approved areas and security measures are to be observed. Supplies, equipment, material, or property belonging to the facility, other employees, patients, volunteers, contractors, visitors or customers may not be removed from the premises by an employee without authorization.

**VOTING TIME**

If an employee is unable to vote before or after regular working hours, that employee will be allowed reasonable time off with pay to discharge this civic duty if scheduled in advance with his/her manager.
WEAPONS

Employees may not use, display, or carry firearms or other weapons on facility premises or while conducting business. Violation of this policy will result in immediate termination of employment.