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WELCOME

Welcome to the staff of the Otsego Memorial Hospital Association. As an employee of this organization you have the unique privilege and responsibility of creating a friendly and efficient atmosphere of quality care. Whatever your job, you are a part of a skilled and dedicated treatment team that accomplishes its objectives with an emphasis on customer service.

We hope that this handbook will help you clarify your role and that you will enjoy your association here with the Otsego Memorial Hospital Association.

Sincerely,

Thomas R. Lemon
Chief Executive Officer

OTSEGO MEMORIAL HOSPITAL ASSOCIATION MISSION AND VISION

Mission Statement

To provide exceptional healthcare that meets the needs of our patients and the communities we serve.

Vision Statement

To be the center of northern Michigan's patient-focused alliance dedicated to healthcare excellence

OTSEGO MEMORIAL HOSPITAL VALUES

Respect:

Appreciating diversity and treating all with compassion, dignity and courtesy

- ❑ Show the person you are interacting with that they are your priority
- ❑ Convey empathy—put yourself in others' shoes
- ❑ Listen to and honor the personal, cultural and spiritual needs of patients and families
- ❑ Recognize that every job is important and has value

Integrity:

Unwavering commitment to honesty and trust

- ❑ Do the right thing for the right reason
- ❑ Protect confidentiality and privacy
- ❑ Discuss differences constructively, directly and tactfully
- ❑ Advocate for our patients, employees and organization

Excellence:

Teamwork and communication dedicated to understanding and exceeding expectations of quality, safety and customer service

- ❑ Take initiative to promote a culture of accomplishment, enthusiasm and expertise; take pride in your work
- ❑ Promote an exceptional healing environment based on individual needs
- ❑ Be open to giving and receiving feedback to accomplish mutual goals
- ❑ Achieve the best results in all we do

Accountability:

Accepting responsibility for our actions

- ❑ SEE IT – Be engaged to contribute positively; Acknowledge opportunities by learning from our experiences
- ❑ OWN IT – Understand how individual actions contribute to desired outcomes
- ❑ SOLVE IT - Follow through on commitments and responsibilities

HISTORY AND ORGANIZATION

The Otsego County Memorial Hospital Association was founded in 1946. After much planning and hard work, the Hospital was opened by the Association in 1951. In 1967, the McReynolds Hall Extended Care Facility was opened and the two units served Otsego County until 1973. It was in this year that a new and modern Otsego Memorial Hospital was opened and a trend of building to meet community needs and increasing demands for healthcare began.

In 1978, an addition consisting of a new surgical suite, recovery room, emergency rooms, an X-ray suite and an addition to the Laboratory was completed. In 1982, the Hospital added another wing for inpatients and new space for Medical Records, Business Office and Data Processing departments.

In 1990, an administrative wing housing medical records, a classroom and additional office space was added to the first floor administrative hall. In 1996, a construction and renovation project produced a new Emergency Department, Surgical Department, a new main lobby and a basement for storage and a morgue. Most of the ambulatory outpatient departments were remodeled and located to a ground level wing. Additional parking for patients, employees and medical staff was also provided.

An off-site walk-in clinic, the MedCare Walk-In Clinic, was opened in 1996. The Hospital was instrumental in bringing an outpatient dialysis program, Dialysis Services of Gaylord, to the area in 1997. In 2000, the MedCare Walk-In Clinic moved to a new building designed to provide walk-in and occupational health services. In 2001, the OB Department was extensively reconfigured resulting in 4 LDRP suites and was renamed the Birthing Center to reflect a family-centered approach to childbirth. In 2002, the Organization became a limited partner with Munson Home Health. Also in 2002, the Professional Medical Building, a 37,500 square-foot structure housing multiple physician specialties was constructed. The most recent addition to the main Hospital building took place between August 2004 and June 2006. This construction and renovation project transformed both the outpatient services areas of the facility as well as the exterior façade

to represent modern healthcare at its best. New Pharmacy, Intensive Care and Ambulatory Care departments were constructed. The main lobby/registration areas were renovated to enhance patient privacy. Outpatient services in Radiology, Laboratory, Rehabilitation Services and Cardiopulmonary were expanded and renovated to accommodate the growing outpatient services of the Hospital.

In October 2006, Otsego Memorial Hospital became an affiliate of Munson Healthcare. Munson Healthcare is comprised of 8 community hospitals committed to the well-being of our patients. The hospitals collaborate in a regional system of care, knowing that working together and sharing strengths allows each to serve their communities better.

In 2006, the OMH Oncology Infusion Center was expanded and relocated to its new location. In 2008 and 2009, the Montmorency Medical Clinic, N'Orthopedics and Gaylord OB/GYN joined the OMH Medical Group.

The OMH Medical Group continues to expand services to meet the growing healthcare needs of communities served by OMH. The OMH Medical Group – Indian River opened in November 2012 and provides primary care and walk-in services, as well as radiology and laboratory services. The OMH Medical Group – Lewiston was extensively renovated and expanded in November 2012 and provides primary care and walk-in services with radiology, laboratory and physical therapy services. The OMH Medical Group – Urology began providing urology services with locations in Gaylord and Cheboygan in January 2013. The OMH Medical Group – Boyne Valley opened in October 2013 and also provides primary care and walk-in services with radiology and laboratory services.

As the Hospital has grown physically, its services and programs that benefit the communities served have grown as well. Staffed by more than 100 primary care and specialty physicians, Otsego Memorial Hospital provides services in a wide range of specialties. In addition, Otsego Memorial Hospital has become a major employer and economic force in the region.

Otsego Memorial Hospital is a private, non-profit corporation governed by a Board of Directors. The individuals who serve on the Board of Directors are elected by the members of the Otsego Memorial Hospital Association. Membership is open to all residents of the service area based on various eligibility requirements. The Board of Directors is responsible for policies of the Hospital and the appointment of the Chief Executive Officer.

The responsibility and authority for the administration of the Hospital is delegated to the Chief Executive Officer. The Chief Executive Officer, VP of Finance, VP of Patient Care Services, VP of Professional and Ancillary Services and VP of Physician Services comprise the executive staff or Senior Management. Each Department Director is responsible to one of these Administrative Representatives of Senior Management. Department Directors are delegated the responsibility and authority for the operation of the various departments of the Hospital.

The Otsego Memorial Hospital Foundation, which was established in 1976, provides a comprehensive program of fund development that supports the mission and vision of the Otsego Memorial Hospital Association.

Otsego Memorial Hospital is constantly searching for innovative ways to serve the medical needs of the people in Otsego and surrounding counties. This includes recruiting the finest physicians, bringing new services to the area and recruiting new partners to further broaden the range of health care services available.

The Board of Directors and more than 700 employees strive to continue the Hospital's tradition of excellence in medical care with a personal touch.

INTRODUCTION

Otsego Memorial Hospital exists for the primary purpose of rendering the best possible care to its patients. So that the efforts of all Hospital staff may be concentrated on this objective, the Otsego Memorial Hospital Association has developed this handbook for the information and guidance of Hospital employees. It contains information about the Hospital and sets forth privileges and obligations concerning your employment in summary form.

This handbook is not a contract and the Hospital reserves the right to modify the provisions and benefits outlined at any time. In addition, employment can be terminated at any time, at the option of either the Hospital or the employee, with or without cause, and with or without notice. No representative of the Hospital other than the Chief Executive Officer, in writing, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

TERMINOLOGY

The Otsego Memorial Hospital Association includes Otsego Memorial Hospital, the Otsego Memorial Hospital Foundation, OMH Medical Group, the MedCare Walk-In Clinic and McReynolds Hall.

Otsego Memorial Hospital Association is referred to in this handbook by various terms including Otsego Memorial Hospital, Hospital, OMH, Employer and Organization.

“Department Director*” in this handbook should be read as “Department Director or Administrative Representative if the employee is a Director.”

Supervisor or Immediate Supervisor refers to an individual who has been delegated supervisory or management responsibilities by the Department Director.

ETHICS AND CONDUCT

PROFESSIONAL WORK ENVIRONMENT

All patients, visitors, physicians and employees deserve to be treated with respect and dignity. Otsego Memorial Hospital promotes equal opportunities and prohibits discriminatory practices on the basis of race, color, religion, national origin, sex, age, height, weight, marital status, disability, genetic information, veteran status, or other impermissible criteria. Abusing the dignity of anyone through ethnic, racist, sexist or other derogatory comments, jokes or slurs will not be tolerated. All employees and medical staff members are responsible for ensuring that the workplace is free from harassment and discrimination at all times. Employees or medical staff members who violate this policy will be subject to prompt disciplinary action up to and including termination of employment and/or termination of medical staff privileges.

Harassment

Harassment is any unwelcome or unsolicited verbal, non-verbal, or physical conduct that unreasonably interferes with an employee's job performance or creates a hostile, offensive, or abusive working environment. Examples of harassment include, but are not limited to, disparaging remarks about a person's sex, race, color, national origin, age, religion, disability, genetic information, veteran status, marital status, height, weight, or any other legally protected status, unwelcome or unsolicited touches or threats of physical harm, and the use of degrading words, nicknames, stories, jokes, or slurs, whether communicated verbally, by electronic mail, or otherwise.

Harassment by any representative of Otsego Memorial Hospital in any form is strictly prohibited. Harassment violates the anti-discrimination (Equal Opportunity Employment) policy of Otsego Memorial Hospital and is also prohibited by Federal and State laws.

Sexual Harassment

Sexual Harassment is defined as unwanted verbal, non-verbal, or physical sexual conduct or communications that are intended to or do in fact substantially interfere with an employee's employment or create an intimidating, hostile, or offensive work environment. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. Examples of conduct or communications that constitute sexual harassment include, but are not limited to, unwanted sexual advances, offering employment benefits in exchange for sexual favors, threatening reprisals after a negative response to sexual advances, leering, making sexual gestures, or displaying sexually suggestive objects, pictures, cartoons or posters, sexually derogatory comments or jokes, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations, sexual touching or assaults, and the impeding or blocking of movements.

Unwelcome sexual conduct or communications constitute sexual harassment when:

1. Submission to such conduct or communication is made either explicitly or implicitly a term or condition of the individual's employment;
2. Submission to or rejection of such conduct or communication by an individual is used as a basis for employment decisions affecting the individual; or
3. Such conduct or communication has the purpose or effect of unreasonably interfering with an individual's employment or creating an intimidating, hostile, or offensive work environment.

Reporting a Complaint

Any individual who believes that he or she has been the subject of harassment, who is aware of conduct prohibited under this policy, or who feels that he or she has been retaliated against for having made a complaint of harassment or for having participated in the complaint process, is encouraged to immediately report any such incident. You can raise concerns and make reports without fear of reprisal or retaliation. This report may be made either in writing or verbally to the Chief Executive Officer or to the Human Resources Director. A form is available in the Human Resources Department if you decide to put your complaint in writing. It is not effective or sufficient to tell a co-worker. Once Otsego Memorial Hospital receives the complaint, it will promptly and thoroughly investigate the allegations and appropriate action will be taken on a timely basis.

An accurate record of the alleged objectionable behavior or misconduct is required so that a formal and impartial investigation may be undertaken. All employees agree to cooperate in the investigation process. The investigators will do their very best to maintain confidentiality, but it cannot be guaranteed due to the fact that disclosure of certain facts and allegations may be necessary to assure a complete investigation and a fair resolution of the complaint.

When the investigation is completed, the individual making the complaint will be informed of the outcome of the investigation. Anyone found to be engaging in any type of unlawful harassment will be subject to disciplinary action, up to and including termination of employment and/or termination of medical staff privileges.

Management Responsibility

Each member of management is responsible for creating an atmosphere free of discrimination and harassment. Any director or supervisor who is made aware of or observes harassment must inform the Chief Executive Officer or the Human Resources Director so that it can be properly investigated and appropriate remedial action can be taken on a timely basis. Failure to do so will be cause for disciplinary action up to and including discharge, as determined appropriate by the Hospital.

Retaliation

Otsego Memorial Hospital strictly prohibits any retaliation against an employee who, in good faith, has registered a complaint under this procedure. Retaliation in any form is unacceptable and will be subject to prompt disciplinary action up to and including termination of employment and/or termination of medical staff privileges.

CODE OF CONDUCT

The Hospital's Board of Directors has established a Code of Conduct Policy that applies to all who work in the Hospital. The full text of the policy is available in the Policy and Procedure Manual which is available online in the Hospital Information folder. You are encouraged to access the full text of the policy and review it so that you are familiar with it. A summary of this policy is contained here.

The Code of Conduct Policy establishes definitions of Acceptable Conduct and Disruptive Conduct, and expects all employees to engage in acceptable conduct to create a culture of safety by creating a trusting and caring environment in which patients, Hospital staff, physicians and others are treated fairly and with respect.

Acceptable Conduct

The policy defines Acceptable Conduct as conduct that is professional and cooperative and that positively affects the ability, or could affect the ability, of Hospital employees or physicians to perform their jobs. Examples of Acceptable Conduct include, but are not limited to:

- Comply with acceptable organizational and regulatory policies, rules, and regulations;
- Provide information that is accurate, timely, complete, relevant, and understandable;
- Treat others with courtesy, respect, and dignity;
- Respect patient privacy and confidentiality;
- Be responsible and cooperative to requests for assistance;
- Promote ethical behavior;
- Protect and ensure the appropriate use of assets.

Disruptive Conduct

The policy defines Disruptive Conduct as conduct that is demeaning, abusive, intimidating, threatening or insulting and that adversely affects, or could affect, the ability of Hospital employees or physicians to perform their jobs, creates a hostile work environment, interferes with an individual's ability to work or practice competently, has or could have a negative effect on patient care or safety or constitutes harassment or abusive behavior. Expression of legitimate quality of care concerns through appropriate channels of communication, unless accompanied by otherwise unacceptable behavior will not be considered as 'disruptive.' Examples of Disruptive Conduct include, but are not limited to:

- Threatening or abusive language directed at Hospital employees or personnel, nursing staff, or physicians (e.g., belittling, berating, and/or threatening another individual);
- Degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, Hospital Board of Directors, or the Hospital;
- Derogatory comments regarding patients, families, nurses, physicians, Hospital personnel, Hospital Board of Directors, or the Hospital;
- Profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
- Inappropriate physical conduct, or threats of physical conduct with another individual that are threatening or intimidating;
- Public derogatory comments about the quality of care being provided by physicians, nursing personnel, or the Hospital;
- Inappropriate medical record entries concerning the quality of care being provided by the Hospital or any other individual; and/or
- Unwelcome behavior or conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an offensive, intimidating, or otherwise hostile work environment.

A procedure has been established for reporting violations of this policy. Please refer to the full text of the policy available online to report a violation.

CONFIDENTIALITY AND INFORMATION SYSTEMS USAGE

As a person having access to patient information through your employment/association/privileges with Otsego Memorial Hospital, it is essential that you understand and agree to OMH policies and procedures regarding security and confidentiality of patient information and the use of OMH information systems. Failure to comply with the policies and procedures governing the protection of health care information is grounds for disciplinary action up to and including termination of employment, or of privileges, and may be considered a criminal act under the law.

A patient is defined as any person (inpatient, outpatient, resident, member etc.) whose personal health care and medical data is documented and stored on paper records or electronic systems, or is otherwise accessible to health care providers. Confidential patient information is defined as personal health care information (whether that information is verbal, handwritten, printed or on a computer system) that must be accessed or disclosed only for a specific and approved patient care, business or legal need, or with the expressed authorization of the patient. Protected patient information includes telephone number, address, date of birth, social security number etc. Confidential information includes patient information, physician/provider information and information utilized for quality of care improvement and peer review. Hospital financial, payroll and personnel records shall also be considered confidential information.

First and foremost, any information obtained through employment, association or privileges with OMH (including information from OMH information systems) shall remain confidential to you. You are not permitted to share any information with other persons or organizations unless directed to do so in the performance of your regular role/duties. In

no event, shall information be shared outside OMH without appropriate patient authorization or management authorization. This includes, but is not limited to, casual conversation, electronic transmission and phone conversation.

Discussion of confidential information should occur only as strictly required by your role and duties and only with authorized persons who have a work-related or patient-authorized need to know such information. Discussion of confidential information in public places, such as elevators, hallways and the Cafeteria or at any outside location such as one's own home, is prohibited. Care should be taken to avoid being overheard while speaking on the phone. Appropriate precautions should be taken when utilizing facsimile (fax), e-mail and the Internet to transmit confidential patient information. Information displayed on a computer monitor or printer, fax machine, copy machine and paper record should be protected from being viewed by unauthorized onlookers.

You must not seek out, access, transmit or disclose confidential information for which you have no job-related or business need to know. You have an obligation to notify your supervisor and/or the Risk Management Department immediately if you observe any inappropriate access or use of confidential information. Your position and association in a health care system requires you to be very aware of the confidentiality requirements for all patients, and just as considerate when the patient is a family member, friend or fellow health care worker.

As part of your employment/association/privileges with OMH, you may need to access various computer software, hardware, systems and networks. All computer and electronic information systems and equipment are the sole property of OMH. Use of this information infrastructure is a privilege and imposes many obligations. Violators will be subject to penalties including disciplinary action, under Otsego Memorial Hospital policies and/or medical staff bylaws, and under laws of the State of Michigan or the United States of America to the extent applicable.

Use of OMH computers and applications for personal purposes is not permitted. Intranet and Internet access, including electronic mail from OMH systems, is intended only for role/job-related activities. Some examples of prohibited use include using your OMH email account as a personal email account; playing games using an OMH computer; or using the Internet for personal pursuits such as shopping, social networking and the like.

You are responsible for all entries of data and information into OMH information systems under your user ID/password. Assignment of an access level and user ID requires that you agree to not release your user ID/password to anyone else, or allow anyone else to access or alter information under your identity.

OMH maintains logs of access to clinical and administrative information systems; the Information Systems staff also has the ability to remotely view screens and/or intercept user data. These audit records include user ID, data and, for clinical systems, identification of all accesses to patient information. OMH may audit these logs, remotely view screens, or intercept data at any time to detect inappropriate use. Any inappropriate use of systems or access of information can be traced to you and may be grounds for disciplinary action up to and including termination. If you think your user ID or password may have been seen or used by someone other than yourself, contact Information

Systems immediately to have them changed.

Any transmission or receipt of electronic communication or information via e-mail or the Internet that contains pornographic or sexually explicit images, messages or cartoons, ethnic slurs, racial epithets or material that may be construed as harassment or offensive to others based on race, color, religion, national origin, sex, marital status, age, disability or other protected classification is strictly prohibited by OMH policy and may be grounds for disciplinary action or termination of privileges.

Unauthorized purchase, installation, copying, alteration, erasure or other unauthorized act pertaining to OMH systems is prohibited. Proprietary ownership and licensure of software must be respected. You may not make unauthorized copies of such software for your own use, even when the software is not physically protected against copying. Your employment/association with OMH prohibits you from seeking personal benefit, or permitting others to benefit personally, by any confidential information or use of equipment available through your work assignment or designated access level.

Your user ID will be inactivated when you are no longer employed/associated/have privileges with OMH. If your job classification or privileges change, you may be required to reestablish your access requirements, obtain a new login identification and attend additional education. Your obligations to maintain confidentiality as described above continue even after change or termination of employment/association/privileges with OMH.

Training on confidentiality is provided at the New Employee Orientation and at Annual Mandatory Inservice.

Consult your Department Director for copies of applicable policies and with questions regarding your obligations related to confidentiality and system usage.

CORPORATE COMPLIANCE

It is the policy of Otsego Memorial Hospital to ensure compliance with all State and Federal laws governing the operation of non-profit health care organizations and to provide services consistent with the highest standards of business and professional ethics. This policy is a solemn commitment to our patients, to our community, to those government agencies that regulate Otsego Memorial Hospital and to each employee.

To ensure compliance, Otsego Memorial Hospital has established a legal and regulatory Compliance Program. The Program is directed by a Compliance Committee and a Compliance Officer who are charged with reviewing compliance policies and compliance situations that may arise.

A Corporate Compliance Plan has been developed for distribution to all employees and can also be found in the Hospital Policy and Procedure Manual located on-line. The Plan includes statements of Otsego Memorial Hospital's policy in a number of specific areas. All employees and medical/professional staff members must comply with these policies which define the scope of Hospital employment and medical/professional staff membership. Conduct that does not comply with these statements or which is a violation

of applicable law or deviation from appropriate ethical standards is not authorized by Otsego Memorial Hospital and may subject employees and medical/professional staff members to disciplinary action up to and including discharge and/or termination of medical staff privileges.

If a question arises as to whether any action complies with Hospital policies or applicable law, an employee should present that question to his/her Department Director* or, if appropriate, to the Compliance Officer.

If, at any time, an employee or medical/professional staff member becomes aware of any apparent violation of Otsego Memorial Hospital policy, he or she must report it to the Compliance Officer. Reports should be submitted via the Corporate Compliance Hotline or via a Compliance Violation Report form found in the Hospital Information Folder. All persons making reports are assured that such reports are treated as confidential. Otsego Memorial Hospital will take no adverse action against persons making reports, other than the violator, whether or not the report ultimately proves to be well-founded. Please refer to False Claims Act protection in the Hospital Corporate Compliance Plan. If an employee or medical/professional staff member does not report conduct violating Otsego Memorial Hospital policy, that employee or medical/professional staff member may be subject to disciplinary action up to and including termination and/or revocation of privileges.

Consult your Department Director* for copies of applicable policies and with questions regarding your obligations related to corporate compliance.

DRUG-FREE WORKPLACE

OMH is committed to providing a safe working environment for employees and prohibiting influences in the workplace that may have a detrimental effect on job performance and productivity. The presence of illegal substances and alcohol adversely affects these goals. Therefore, OMH has established this policy that bans alcohol and other substances with potential for abuse in the workplace.

The following activities are prohibited and employees who engage in them will be subject to discipline up to and including discharge:

1. Use, possession, manufacture, distribution, dispensation or sale of illegal drugs or alcohol on OMH premises, in OMH supplied vehicles or during working hours.
2. Being under the influence of an illegal drug or alcohol on OMH premises, in OMH supplied vehicles or during working hours.
3. Refusing consent to testing or refusing to submit a blood, urine, breath or other sample when requested by management upon reasonable suspicion.
4. Testing positive on any drug or alcohol screen required by the employer.
5. Refusing to submit to an inspection when requested by management upon reasonable suspicion.
6. Failing to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is enrolled.
7. Conviction under any criminal drug statute, or failure to inform the Hospital

within 5 days after a conviction of a criminal drug statute for activities in the workplace.

Any employee reporting for work under the influence of alcohol or illegal drugs will be relieved from duty immediately. (Under no circumstances should such an employee be sent home without providing assistance to ensure that the employee arrives home safely.) The use of prescribed drugs or over-the-counter medications which may adversely affect performance or behavior must be reported by the employee to the Immediate Supervisor upon reporting for duty.

OMH may employ drug and/or alcohol screening programs as follows:

1. During the pre-employment process (where legally allowed).
2. Following an accident or near miss incident occurring on Hospital time and/or premises.
3. When there is reasonable suspicion to believe that an employee is in possession of, using, distributing or functioning under the influence of illegal drugs or alcohol on the job.

Under certain circumstances OMH may consider continuing the employment of an employee who has violated a substance abuse rule on a one-time-only basis, or of an employee who has volunteered that he/she has a substance abuse problem, provided the employee has entered into an approved treatment or counseling program. A determination of continued employment will be based upon consideration of the rule violated, the specific circumstances involved, as well as the employee's overall work record. A second rule violation will result in automatic employment termination.

Employees who enter into a drug or alcohol treatment program may, at the Hospital's discretion, be required to comply with more stringent testing or other requirements than found in this policy.

OMH will comply with the applicable portions of the Medical Marijuana Act. However, under no circumstances shall any employee possess or use marijuana on Hospital property or perform work for the Hospital while under the influence of marijuana.

HIPAA PRIVACY COMPLIANCE

The HIPAA Privacy Rule ensures that personal medical information that a patient shares with those who provide and pay for healthcare is protected. In general, you are required to get a signed authorization from the patient if you use or disclose his/her Personal Health Information (PHI) including social security number and address for purposes other than for treatment, payment or healthcare operations. HIPAA violations can result in civil and criminal penalties including fines and incarceration. In addition, OMH will take strict disciplinary action if an employee breaches patient confidentiality. HIPAA Privacy Policies are available on-line. If you have any questions related to privacy, please contact the OMH Privacy Officer.

SOCIAL SECURITY NUMBER PRIVACY POLICY

As required by state law, it is the policy of OMH to protect the confidentiality of Social Security numbers obtained in the ordinary course of OMH business from employees, patients, vendors, contractors, or others. No employee shall knowingly obtain, store, transfer, use, disclose, or dispose of a Social Security number that OMH obtains or possesses, except in accordance with this Privacy Policy.

Obtaining Social Security Numbers

Social Security numbers should be collected only where required by federal and state law or as otherwise permitted by federal and state law for legitimate reasons consistent with this Privacy Policy. Legitimate reasons for collecting a Social Security number include, but are not limited to the following circumstances:

- Social Security numbers will be requested from patients seeking any form of treatment from OMH for patient identifying and billing purposes; however, no patient shall be refused treatment for refusing to provide his/her Social Security number.
- Employment applicants may be required to provide a Social Security number for purposes of a pre-employment background check.
- Copies of Social Security cards may be obtained for purposes of verifying employee eligibility for employment.
- Social Security numbers may be obtained from employees for tax reporting purposes, for new hire reporting, or for purposes of enrollment in any OMH employee benefit plans.
- Social Security numbers may be obtained from creditors or vendors for tax reporting purposes.

Public Display

No more than four sequential digits of a Social Security number shall be placed on identification cards, badges, time cards, employee rosters, bulletin boards, permits, licenses, or any other materials or documents designed for public display. Documents, materials, or computer screens that display more than four sequential digits of a Social Security number shall be kept out of public view at all times.

Account Numbers

No more than four sequential digits of a Social Security number of any individual shall be used as an OMH account number for an individual.

Computer Transmission

No more than four sequential digits of a Social Security number shall be used or transmitted on the Internet or on a computer system or network unless the connection is secure, or the transmission is encrypted, or unless transmitted with the consent of the individual, which consent shall be documented.

Mailed Documents

OMH documents containing more than four sequential digits of a Social Security number shall only be sent in cases where state or federal law, rule, regulation, or court order or rule authorizes, permits, or requires that a Social Security number appear in the document. Documents containing more than four sequential digits of a Social Security number that are sent through the mail, shall not reveal the number through the envelope window or otherwise be visible from outside the envelope or package.

Storage

All documents containing Social Security numbers shall be stored in a physically-secure manner. Social Security numbers shall not be stored on computers or other electronic devices that are not secured against unauthorized access.

Access to Social Security Numbers

Only personnel who have legitimate business reasons will have access to records containing Social Security numbers. Those having access to records containing Social Security numbers shall determine which other personnel have a legitimate reason in OMH's ordinary course of business to have access to such Social Security numbers. Personnel using records containing Social Security numbers must take appropriate steps to secure such records when not in immediate use.

Disposal

Documents containing Social Security numbers will be retained in accordance with the requirements of state and federal laws. At such time as documents containing Social Security numbers may be disposed of, such disposal shall be accomplished in a manner that protects the confidentiality of the Social Security numbers, such as shredding.

Unauthorized Use or Disclosure of Social Security Numbers

OMH shall take reasonable measures to enforce this privacy policy and to correct and prevent the reoccurrence of any known violations. Any employee, who knowingly obtains, uses, or discloses Social Security numbers for unlawful purposes or contrary to the requirements of this privacy policy shall be subject to discipline up to and including discharge. Additionally, certain violations of the Act carry criminal and/or civil sanctions. OMH will cooperate with appropriate law enforcement or administrative agencies in the apprehension and prosecution of any person who knowingly obtains, uses, or discloses Social Security numbers through OMH for unlawful purposes.

EMPLOYMENT PROCESS

EQUAL OPPORTUNITY EMPLOYMENT

It is the policy of Otsego Memorial Hospital to provide equal employment opportunity to individuals without regard for race, color, religion, national origin, sex, marital status, age, height, weight, disability, genetic information, veteran status or other protected classification under applicable State or Federal law. Otsego Memorial Hospital's equal employment opportunity philosophy applies to all aspects of employment including hiring, training, transfer, promotion, compensation, benefits, counseling and termination. Employment decisions will be based on qualifications such as experience, education and skills as well as work record including demonstrated ability and performance, length of employment and attendance.

Otsego Memorial Hospital will comply with the Michigan Persons with Disabilities Civil Rights Act and the Americans with Disabilities Act. Otsego Memorial Hospital will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in undue hardship. Any employee with a disability which requires accommodation pursuant to the Michigan Handicapper's Civil Rights Act must notify the Human Resources Department in writing (utilizing a form available from Human Resources) immediately but not later than 182 days after the need for accommodation becomes known.

DISABILITY ACCOMMODATION

Otsego Memorial Hospital is committed to complying fully with all applicable provisions of the Americans with Disabilities Act (ADA) and related state law. The ADA prohibits discrimination against a qualified employee or applicant with a disability who is able to perform the essential functions of his or her job, with or without a reasonable accommodation.

An employee requiring an accommodation must notify the Human Resources Director or the Chief Executive Officer as soon as the need for accommodation becomes known. The Hospital will engage in the interactive process with the employee in good faith in order to determine what, if any, reasonable accommodations would allow the employee to perform the essential functions of his or her job. Documentation from a medical provider may be necessary to verify the presence of a disability or to assist in developing a reasonable accommodation. The Hospital will reasonably accommodate the disabilities of qualified employees and applicants unless undue hardship and/or a direct threat regarding safety would result. Under the Michigan Persons with Disabilities Civil Rights Act, an employee must notify the employer in writing of the need for an accommodation within 182 days of when the employee knew or reasonably should have known that an accommodation was needed.

STAFF SELECTION

The Hospital is firmly committed to selecting the most qualified individual for each available position.

The screening of applicants is coordinated by the Human Resources Department. Screening of an applicant's qualifications for a position is accomplished through a process which includes review of the application, a personal interview, skills testing as appropriate and a reference and criminal background check. The final decision on Hospital staff selection rests with the Department Director. A post-offer, pre-employment physical examination including drug screening, which is provided by the Hospital and arranged by Human Resources, is required prior to the first day of employment.

EMPLOYMENT CLASSIFICATIONS

Employee status is established at the time of hire or transfer. All changes in said status must be in writing, signed by the Department Director and Administrative Representative and submitted to Human Resources.

Full-Time Employment

Full-time employees are those who are regularly scheduled to work a minimum of 67.5 hours per pay period (as defined elsewhere in this handbook). Full-time employment entitles the employee to all the benefits provided by Otsego Memorial Hospital after the 90-day qualifying period (with the exception of health insurance which is effective on the first of the month following 60 days and employer contribution to retirement and tuition reimbursement which have longer waiting periods).

Part-Time Employment

Part-time employees are those who are regularly scheduled to work at least 22.5 hours per pay period but not more than 67.5. Part-time employment entitles the employee to Paid Time Off benefits on a prorated basis and certain other benefits after the 90-day qualifying period. (Health insurance coverage for a part-time employee who is subsequently assigned to full-time will be effective on the first of the month following completion of 60 days of full-time employment.)

Contingent Employment

A contingent employee is one who is hired during a period of need or to work on an as-needed basis. Contingent employees may or may not be scheduled and may work any number of hours per pay period, as defined elsewhere in this handbook. Individuals in this category are not entitled to benefits provided by the Hospital with the exceptions of holiday pay for hours worked on a holiday, incentive pay and pension (provided that eligibility requirements are met). (Health insurance coverage for a contingent employee who is subsequently assigned to full-time will be effective on the first of the month following completion of 60 days of full-time employment.)

Exempt Employee

An employee who is qualified as exempt under the Fair Labor Standards Act and is paid a weekly salary is an exempt employee. Exempt employees are not required to log in nor are they eligible for overtime pay.

Otsego Memorial Hospital is committed to fully complying with all requirements under the Fair Labor Standards Act, including without limitation, those requirements pertaining to deductions from the wages of exempt salaried employees. In that regard, any salaried exempt employee who believes that the Hospital has made an improper deduction from employee's salaried wages may address this concern with the Hospital through the following complaint procedure:

1. If an exempt salaried employee believes that the Hospital has made an improper deduction from employee's salaried wages, the employee should promptly notify the Human Resources Director of the alleged error;
2. Following notification of the alleged error, the Hospital will promptly investigate the matter and make a determination as to whether the deductions were made in error; and
3. If the Hospital determines that the deductions were made in error, it will timely reimburse the employee for the improper deductions.

Non-Exempt Employee

A non-exempt employee is eligible for overtime pay.

QUALIFYING PERIOD

The amount of time an employee must be employed to be eligible for benefits provided by Otsego Memorial Hospital is termed the qualifying period. For most benefits, the qualifying period is 90 calendar days (an employee must be employed full-time for 90 days to be eligible for full-time benefits; an employee must be employed part-time for 90 days to be eligible for part-time benefits). Some benefits (namely, tuition reimbursement and pension), however, have longer waiting periods as described in the Benefits section of this handbook. The completion of this qualifying period does not mean that an employee may be terminated only for cause.

ORIENTATION

To enable a new employee to become acquainted with employment at Otsego Memorial Hospital, he/she receives an overview of employment guidelines and benefits as outlined in this handbook and is required to attend a paid orientation which provides a general introduction to the Hospital as well as training in practices which promote a safe and healthy environment for patients, visitors and Hospital staff. Department-specific orientation is arranged by the Department Director*.

HOURS OF WORK

Employees will work in the position and hours assigned according to their employment classifications and may be required to work overtime and all shifts that the department operates to provide necessary service. In addition, due to the nature of Hospital business, most positions require weekend and holiday work assignments.

Rest Periods and Meal Periods

A rest period of 15 minutes for each 4 hours scheduled will be granted each employee. There may be times, however, when a break will not be possible due to various needs within the department. Rest periods are scheduled by the Supervisor or Department Director to ensure continuing Hospital routines. Employees are not allowed to leave campus or clock out for breaks.

An employee will receive an unpaid meal period (lunch) of 30 minutes for every shift he/she is scheduled to work. The timekeeping system will automatically deduct the 30 minutes for every shift worked. The employee will not need to clock out and clock back in for lunch unless the employee is leaving campus.

An employee will be required to notify the Supervisor if he/she plans to leave campus during the 30-minute meal period. When leaving campus, an employee must clock out and clock back in when returning so that the time out is accurately documented (the payroll system will not deduct more than 1 30-minute period per shift worked).

Meal periods will be assigned by your Supervisor and may be staggered to provide adequate coverage of your area.

Staff in certain departments running on staggered or emergency schedules may call the Food Service Department and request that food be held for them.

If an employee is required to work through lunch break, this will be requested by and authorized by the Supervisor. When clocking out at the end of the day, the employee will select the “no lunch” code so that the adjustment is made in the timekeeping system for appropriate compensation.

Examples of rest and meal periods are as follows:

Four hour shift	One 15 minute rest period
Eight hour shift	Two 15 minute rest periods; one 30 minute meal period
Ten hour shift	Two 15 minute rest periods; one 30 minute meal period
Twelve hour shift	Three 15 minute rest periods; one 30 minute meal period

Off-Duty Hours

For smooth operation of Hospital business, employees are requested to arrive for work no earlier than 15 minutes prior to the beginning of their shift and to leave the premises upon completing their shift. Employees shall log in no sooner than 6 minutes prior to the start of their shift and log out no later than 6 minutes after the end of their shift.

ASSIGNMENT OF DUTY

The main purpose and function of the Hospital is to provide the very best patient care possible. We hope that no employee ever loses sight of this fact. From time to time, it is necessary to have an employee work in an area (for which they have comparable skills) or hours other than those normally assigned. These changes are usually due to an employee's absence or, at times, a shortage of staff. Hospital employees are expected to carry out all of their assignments to the best of their ability with a cooperative and helpful attitude.

ABSENTEEISM AND TARDINESS

Your daily attendance and punctuality is expected and is vitally important in order for your department to provide complete and efficient service.

Whenever you find that you will be tardy or unable to report for work, you must notify your Supervisor or Department Director* as far in advance as possible so that arrangements can be made to carry on your work. Notification of at least 2 hours prior to the start of your shift is required. Notice within this period should be excused only if the employee is unable, through no fault of his/her own, to give the notification. The Hospital reserves the right to require a doctor's note to verify the illness of an employee who calls in sick.

It is necessary that you report your absence each day if your return date is undetermined. An employee will be considered to have resigned without notice if he/she is absent for 2 consecutive scheduled days without notice to the Department Director*.

Please remember that excessive absenteeism, for any reason, places a severe hardship on your co-workers and Supervisor whenever a replacement must be called in to perform your duties. Attendance records become a permanent part of the employee's work history and are an important factor in decisions regarding promotions and transfers.

This absenteeism and tardiness control policy refers to all unscheduled occurrences of tardiness (defined as not being at work station at scheduled time), leaving before the end of a shift and absence from work when scheduled. Pre-approved PTO time, jury duty, bereavement leave, low census, time missed within 8 hours after on-call duty, FMLA leave, work-related accidents/illnesses and disciplinary suspensions will not be counted as events under this policy.

An event of unscheduled absence is defined as follows:

- Absent 1 full day or part of a day for more than 1 hour – 1 event
- Absent 2 or more consecutive working days for the same reason when the employee has worked the scheduled day before and the scheduled day after the absence – 1 event
- Absent 2 or more consecutive working days for 2 different reasons when the employee has worked the scheduled day before and the scheduled day after the absence – 2 events
- Absent both the day(s) before and the day(s) after a scheduled day off – 2 events
 - Absent on a denied day off – 2 events
- 2 tardies or leaving early or combination - 1 event

As stated above, consecutive days of absence for the same reason will be considered to be one incident. However, if the employee is absent for 3 or more consecutive days, he/she must bring a doctor's note for those days to be counted as one incident. This certification/clearance will provide written approval of return to work and will include any necessary work restrictions but does not excuse the absence.

Failure to notify or excessive unscheduled absenteeism or tardiness will result in disciplinary action up to and including termination according to the following:

1 st – 3 rd Event	No discipline
4 th Event	Verbal warning documented in employee's file
5 th Event	Written warning
6 th Event	Suspension
7 th Event	Termination

Events are monitored on a rolling 12-month period. The Department Director* takes the appropriate disciplinary action outlined above depending on the total number of events in the most recent 12-month period.

OMH reserves the right to omit one or more of the progressive steps depending on the circumstances surrounding the infraction, length of employment, other performance issues, history of absenteeism prior to last 12 months and identified patterns of absenteeism. Such patterns include consistently failing to provide the required minimum 2-hour notice prior to the shift, consistently missing a specific day of the week, consistently missing the day before or after a holiday (please see Holiday Pay section of this Handbook for loss of holiday pay related to absence), consistently missing the day before or after a scheduled vacation day and consistently missing the day before or after a weekend or other requested or scheduled day off.

This progressive discipline process in no way alters the "at will" nature of employment between OMH and its employees.

Illness

OMH expects employees to use their best judgment when ill, and to stay home when there is a risk that they might transmit an illness to co-workers or patients. To that end, OMH offers a generous Paid Time Off program that assures a source of income when an employee is ill and cannot work.

An illness resulting in absence of the employee for 3 or more consecutive scheduled days requires a doctor's certification. This certification/clearance will provide written approval of return to work and will include any necessary work restrictions.

A part-time or full-time employee who has completed the 90-day qualifying period **must** use any accumulated Paid Time Off for scheduled days lost due to illness. In order to do so, a PTO Request form must be received by Payroll/Benefits by Monday of the pay week. In case of illness that is extended beyond accrued Paid Time Off, a Medical Leave of Absence may be authorized.

The Hospital retains the prerogative to place an employee on a Medical Leave of Absence if it is felt that the employee's health prevents him or her from performing his/her duties in a satisfactory manner or if excessive absenteeism, which requires call-in replacements, is in evidence.

Any return to work involving restrictions is to be approved by the Department Director* and the Human Resources Department prior to return.

POSITION DESCRIPTIONS

A specific position description has been developed for each position at OMH. A copy of the current position description is signed by the employee upon employment or assignment to a new position.

PROFESSIONAL LICENSURE/REGISTRATION

Employees whose positions require them to be licensed, registered, certified or otherwise credentialed to perform the duties of their position must present their license, registration, certification or credentials to Human Resources at the time of hire and thereafter in accordance with governmental and non-governmental regulatory agencies.

Evidence of renewal or application for renewal must be presented to the Department Director* and forwarded to Human Resources for inclusion in the employee's confidential personnel file. It is the employee's responsibility to notify Human Resources if the employee's license or registration is suspended, revoked or not renewed. Failure to obtain or maintain proper licensure/registration/certification or failure to notify Human Resources as required by this policy is grounds for discipline including suspension and/or termination.

PERFORMANCE APPRAISALS

Newly hired employees receive performance appraisals prior to completion of 6 months. Thereafter, all employees receive a performance appraisal annually. Performance reviews are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths and discuss positive, purposeful approaches for meeting goals. The performance review at 6 months does not include a review of wages and/or salary.

No discussion which takes place during a performance appraisal shall be capable of modifying the at-will employment relationship.

JOB POSTINGS

The Hospital provides an opportunity for all interested, qualified employees to apply for position openings concurrent with any external search activities. Position openings are posted for a minimum of 5 calendar days in the designated display case outside the Cafeteria. In addition, postings of position openings are distributed via internal mail to Hospital owned/operated entities which are located off-site. Qualified candidates interested in a posted position must apply during the posting period through the Human Resources Department.

The Hospital reserves the right to waive the job posting procedure when, for financial or other reasons, it would benefit the Hospital to fill a position without delay.

TRANSFERS AND PROMOTIONS

When job vacancies occur, efforts are made to promote or transfer from within the Hospital if qualified employees are available. However, promotion or transfer of a qualified employee is not guaranteed. Promotion or transfer to another position will depend on the employee's qualifications to meet position requirements, past performance, attitude and dependability as compared to other applicants as well as the best interests of the Hospital.

Employees who have not been employed for a minimum of 6 months in their current department are not eligible to apply for promotions or transfers. This requirement may be waived by approval of the appropriate Administrative Representative(s).

An employee must notify his/her Department Director* when bidding on a posted position.

The employee transferring from one department to another will give a 2-week notice (30 calendar days' written notice if employee is an exempt employee) to the current Department Director*. This requirement can be waived or extended if the employee and both Department Directors* agree.

CHANGE OF STATUS

Any change in an employee's employment status must be approved by the Department Director (and Administrative Representative if the change involves a rate change) on the Change of Status form which is submitted to the Human Resources Department so that the necessary changes in the employee's personnel and payroll records can be made.

SERVICE RECOGNITION AWARDS

Otsego Memorial Hospital appreciates the continuity of quality service provided by employees who, over an extended period, have supported our patient goals through their employment.

In appreciation for this, the Hospital annually recognizes those individuals who have served 5, 10, 15, 20 etc. years of employment at Otsego Memorial Hospital.

OPEN DOOR POLICY

Your opinions, suggestions and questions are important to us and we want to encourage you to express these concerns as they relate to issues at work. We will make every attempt to provide you with honest, straight-forward responses to your comments and questions.

Supervisors and directors are expected to listen to employee concerns, to encourage their input and to seek resolution to their problems/issues. In addition, from time to time, we may ask you to cooperate in sharing your suggestions with us in open forums and through periodic opinion surveys.

If you have a question or concern and you think we can help, please feel free to ask us. The first person to notify regarding your question is your Immediate Supervisor or Department Director*. If this individual cannot answer your question or cannot obtain the appropriate information, please feel free to contact the Administrative Representative for your department.

PROBLEM RESOLUTION

Most problems can be handled in a friendly manner simply by discussing the matter with your Immediate Supervisor or the Department Director* as described in the Open Door Policy.

However, there may be times when a more formal mechanism is necessary to insure prompt and effective response.

A Problem Resolution procedure is available to provide an objective method for employees to raise questions, problems, requests and complaints in confidence. These steps are to be followed:

Step 1: The employee will submit his/her concern *in writing* to the Department Director within 5 working days of its occurrence. The employee will specifically request Problem Resolution Procedure review in this correspondence in order to initiate this process and forward a copy to the Human Resources Director. After documented investigation, the Department Director will respond to the concern *in writing* within 5 working days. (For a Director, this process will begin with Step 2.)

Step 2: If the concern is not resolved to the employee's satisfaction at Step 1, the employee may submit the written concern to the appropriate Administrative Representative within 5 working days of the Department Director's response with a copy to the Human Resources Director. If the Administrative Representative is the CEO, review at this step will be delegated to another Administrative Representative. The Administrative Representative will review the documentation, interviewing additional persons as necessary, and will respond in writing within 5 working days.

Step 3: If the concern is not satisfactorily resolved at Step 2, the employee may, within 10 working days of the Administrative Representative's response, submit a written request to the Human Resources Director for the concern to be considered by a committee of 2 management and 2 non-management staff appointed by the Human Resources Director. The committee will interview witnesses, consider the facts and circumstances as documented, and prepare a written recommendation within 10 working days of the request to the Human Resources Director. This recommendation will be submitted by the Human Resources Director to the CEO for final decision within 10 working days of receipt of the committee's recommendation. Concerns about individual rates of pay will not receive committee review and will be forwarded directly to the CEO for final decision.

The Human Resources Director is available to assist the employee and/or the Department Director* in this process. Adoption of and/or use of this procedure does not alter or modify the at-will employment relationship.

COUNSELING/DISCIPLINE & PERFORMANCE MANAGEMENT

Certain rules and regulations regarding employee conduct and minimum standards of employee performance result in the efficient operation of the Organization and contribute to the benefit and safety of all patients and employees. Conduct and/or performance that interferes with effective and efficient Hospital operations, which discredits the Organization, or which is in any way detrimental to patients or fellow employees cannot be tolerated.

If there is a problem developing with an employee regarding his/her performance and/or conduct, the employee's Immediate Supervisor or Department Director* should discuss the problem with him/her in order to identify the problem and underlying causes to see if resolution is possible. Problems of a more serious or repeated nature that require immediate attention may result in immediate disciplinary action up to and including termination.

When it is deemed to be in the best interest of OMH, discipline may be administered by the Department Director*, in conjunction with the Administrative Representative and the Human Resources Director, progressively in 4 steps:

1. A verbal warning will be given to the employee and documented in the file.
2. The employee will receive a written warning.
3. The employee will be given a determined period of time off without pay (suspension).
4. Termination.

Depending on the type and seriousness of the infraction, one or more of the progressive steps may be omitted at the option of OMH. All disciplinary action involving termination will be reviewed by the Chief Executive Officer.

Nothing in this handbook is intended to change the “at will” nature of employment between OMH and its employees. OMH reserves the right to pursue courses of action not set forth in this section or handbook.

OMH expects employees to behave in a manner which is conducive to the efficient operation of the Organization and to follow rules of conduct that will protect the interests and safety of all employees, patients and the Organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of conduct that may result in disciplinary action up to and including termination of employment:

- Theft or inappropriate removal or possession of property
- Falsification of documents or records related to Hospital business including employment
- Working or reporting to work under the influence of alcohol or illegal drugs
- Possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace, while on duty, or while operating OMH-owned vehicles or equipment
- Fighting or threatening violence in the workplace
- Sexual or other unlawful harassment or creation of a hostile work environment
- Possession of dangerous or unauthorized materials such as explosives, firearms or other weapons in the workplace
- Insubordination or other disrespectful conduct
- Failure to obey orders
- Excessive absenteeism/tardiness
- Unauthorized disclosure of business information or patient information
- Physical/verbal abuse of patient/visitor/employee
- Unsatisfactory performance or conduct, abandonment/neglect
- Violation of Hospital/department policies including safety policies
- Unauthorized absence from work station during the shift
- Negligence or improper conduct leading to damage of employer or customer property
- Unauthorized use of telephones, mail system, information systems, e-mail,

- the Internet or other employer equipment
- 2 consecutive No Call/No Shows

It is the policy of OMH that all employees meet the appropriate standards of conduct set forth in this handbook, in Hospital/department policies and procedures and in the employee's position description.

In addition, OMH uses performance counseling and management techniques to assure that all employees are performing their jobs in a manner that results in high quality, safe and cost-efficient patient care, professional customer service and effective relationships with co-workers. Performance counseling is initiated by the Department Director* as soon as it appears that an employee's performance does not meet job requirements, Hospital standards or other expectations. Employees and co-workers who observe that another employee's performance does not meet job requirements or endangers patient care are responsible to bring the matter to their Department Director's* attention. In a Performance Counseling Meeting, the Department Director* meets with an employee and clearly indicates which elements of the employee's job performance are unsatisfactory. The Department Director* and employee develop a Performance Improvement Plan which includes the elements of job performance that are unsatisfactory, specific outcomes which are expected, actions to be taken to improve performance, the timeframe(s) in which performance must improve, the intervals for review of progress, and what action may occur if the performance does not improve. More information about performance management is available in the Human Resources policy entitled Performance Management and Counseling which is available on-line.

TERMINATIONS

After completion of the qualifying period, a **non-exempt** employee who wishes to receive payment of 50% of all PTO credited to him/her must give a minimum of **14 calendar days written notice** to the Department Director* before leaving employment. After completion of the qualifying period, an **exempt** employee who wishes to receive payment of 50% of all PTO credited to him/her must give **30 calendar days written notice** of resignation. For each day's lack of written notice as described above, one day of PTO to the credit of the employee shall be deducted from the terminal leave payment.

It is expected that a non-exempt employee will provide a minimum of 14 calendar days written notice and that an exempt employee will provide 30 calendar days written notice. However, such notice is not required and an employee may terminate his or her employment at any time.

Employees will not be allowed to use PTO for vacation or any other time off during the last 14 days (if non-exempt) or 30 days (if exempt) of employment. Managers may not allow employees to use PTO to substitute for required notice, unless approved in advance by the Administrative Representative. Any remaining PTO will be paid out at 50%.

Employees who leave employment with less than 90 days of service or who are discharged by OMH at any time shall forfeit all accrued benefits regardless of whether he/she elects to give the 14 days or 30 days written notice.

An employee will be considered to have resigned without notice and therefore not entitled to PTO credit if absent for 2 consecutive scheduled days without notice to the Department Director*.

The Hospital reserves the right to pay the employee for all or any portion of the required period of notice in lieu of the employee actually working.

Upon termination, employees are required to return all Hospital property including keys, identification cards and beepers to the Department Director*.

EXIT INTERVIEW

Before leaving our employment, all employees (except those who have not completed the qualifying period) will be expected to contact Human Resources to complete an exit interview questionnaire. Terminating employees are encouraged to be honest and forthcoming in completing these exit interview questionnaires. The information obtained from the exit interview questionnaire is confidential. However, suggestions will be used to improve existing services, policies, procedures and the work environment whenever possible. The exit interview questionnaire will not become a part of the employee's official personnel file or be used for reference purposes for other employers.

RE-EMPLOYMENT

There are occasions when an employee leaves the employ of the Hospital and later seeks re-employment.

In order to be considered for re-employment, the former employee will reapply and be considered as any other applicant. Only individuals who have left previous employment by Otsego Memorial Hospital in good standing will be considered for re-employment. An employee who does not provide advance written notice of resignation as expected, or who has been previously discharged by the Hospital, normally will not be eligible for rehire.

A former employee who is subsequently rehired shall be considered a new hire and is subject to the qualifying period.

SAFETY AND HEALTH

SAFETY PROGRAM

Otsego Memorial Hospital is committed to the prevention of accidents and the promotion of a safe, healthy environment for our patients, visitors and staff.

To achieve these goals, the Hospital has established a workplace safety program and emphasizes the importance of safety as a prime responsibility of each employee. The Hospital provides information to employees about workplace safety and health through written communications and safety training. The training covers potential safety and health hazards as well as safe work practices and procedures to eliminate or minimize hazards. The Hospital requires the use of safe work practices and compliance with departmental and Hospital safety guidelines. Employees must immediately report unsafe conditions such as wet or slippery floors and steps, unusual odors, loose wires, defective equipment, unattended equipment left in the corridors and so forth. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report such situations may be subject to disciplinary action up to and including termination of employment.

INCIDENTS/OCCURRENCES

For the employee's and the Hospital's protection, all injuries, accidents or incidents occurring on the job or on the premises must be immediately reported to the Department Director* or Supervisor. The appropriate report form must be completed within 24 hours and routed through proper channels. Employees must also report any injury or accident involving a patient or visitor. Please contact your supervisor or Department Director* if you have questions regarding the proper form to use to report an employee incident or patient/visitor occurrence.

EMPLOYEE HEALTH SERVICES

In the event of a work-related injury, no matter how minor, the employee must report to the Employee Health Service in the Emergency Department for evaluation and treatment.

An employee who is a known T.B. positive reactor will complete a yearly health assessment form which is reviewed by the Employee Health Nurse.

Other medical services, such as flu shots and other immunizations, are offered at no cost to the employee.

CODE MANUAL/INCIDENT COMMAND SYSTEM

The Incident Command System is a centralized command process to be used at the scene of unplanned events that disrupt normal operations. It is a system designed to define the role and responsibility of an individual(s) or department(s) when such an event occurs. This preplanning allows for a quick response by the appropriate resources to manage an incident. The Hospital Emergency Incident Command System consists of commands which, when paged, initiates the corresponding plan of action. An Emergency Code Manual is available in each department or on-line that lists the commands and the corresponding plans of action. For each emergency situation, a checklist has been developed. The checklist is to be completed when a command is paged and submitted to the appropriate person as designated on the checklist.

The various commands are as follows:

- Code Blue – Cardiac and/or Respiratory Arrest
- Code Red – Fire or Smoke
- Code Grey – Security Situation
- Code Yellow – Bomb Threat
- Code Pink – Infant/Patient Abduction/Missing Person
- Code Silver – Weapon or Hostage Situation
- Code Triage External – External Disaster
- Code Triage Internal – Internal Disaster

Training on the Emergency Code Manual is provided at New Employee Orientation and at Annual Mandatory Inservice. It is the responsibility of each employee to know his/her part and to be prepared to act in the event of an emergency situation.

For their own safety, employees need to also learn the location of exits, fire alarms, and fire extinguishers in their department and know how to use them. Employees must always be alert to any condition that is likely to cause a fire, and if such a condition is identified, it must be reported to the Supervisor or Department Director*.

COMPENSATION

WAGES AND WAGE ADJUSTMENTS

The Hospital's wage structure is based upon competitive practices of other hospitals and local industry, changes in economic indicators, productivity, governmental constraints and the Hospital's financial position.

An established wage schedule provides a minimum and maximum rate of pay for each position. New employees will normally begin at the minimum rate of pay for the position. However, consideration will be given to a higher rate of pay when previous experience justifies it as determined by Human Resources and the Department Director*.

Performance appraisals are conducted prior to completion of 6 months and annually thereafter by the Department Director*. The annual review is conducted to evaluate an employee's performance and eligibility for an increase.

Wage increases are not automatic. Economic conditions at any time may make it necessary to modify practices concerning increases.

TIMEKEEPING

Hours of work for hourly employees are maintained through the use of a computerized time and attendance system. Employees must use their assigned user ID/password to log in ("clock in") to work and to log out ("clock out") of work each day. Hours of work not logged in will not be paid. Any errors made in logging in or out must be reported to the individual who is authorized to audit the payroll system for your department.

Under no circumstances should you log in another employee or authorize another employee to log in under your user ID/password. Please refer to the "Confidentiality and Information Systems Usage" section of this handbook for more information about employees' obligations related to information systems usage and consequences of failure to comply with systems usage policies.

Employees shall log in no sooner than 6 minutes prior to the start of their shift and log out no later than 6 minutes after the end of their shift.

An employee shall not leave the Hospital campus for rest periods. See the "Hours of Work, Rest Periods and Meal Periods" section of this handbook for information about leaving campus during the 30-minute meal period as well as information on when you need to log in and out for meal periods.

SHIFT PREMIUM

An hourly employee who works afternoons or nights will receive a premium in addition to the regular hourly rate of pay when working these shifts as follows:

Afternoons -- 3:00 p.m. to 11:00 p.m.	\$1.00/hour
Nights -- 11:00 p.m. to 7:00 a.m.	\$2.00/hour

Employees who work 3 or more hours into a differentiated shift shall receive the appropriate differential for those hours worked in the differentiated shift. For example, an employee who works from 7:00 p.m. until 7:00 a.m. would receive the afternoon shift differential from 7:00 p.m. until 11:00 p.m. and the night differential from 11:00 p.m. until 7:00 a.m. Likewise, an employee who works from 11:00 a.m. until 7:00 p.m. would receive regular pay until 3:00 p.m. and afternoon differential from 3:00 p.m. until 7:00 p.m.

Shift premium does not apply for employees within the OMH Medical Group and MedCare Walk-In Clinic.

OVERTIME PAY

For 8-hour shift positions, a 14-day work week will be assigned and employees will be paid overtime of 1½ times their average hourly rate for hours worked in excess of 8 hours per shift and 80 hours per pay period.

For 10- and 12-hour shift positions, a 7-day work week will be assigned and employees will be paid overtime of 1½ times their average hourly rate for hours worked in excess of 40 hours per work week, regardless of the number of hours worked in any particular day.

Overtime must be authorized by the Supervisor or Department Director according to departmental procedures.

Under certain circumstances, employees may be assigned Mandatory Overtime. However, under these circumstances, an employee will not work more than 16 hours in a 24-hour period or 12 hours of mandatory overtime in a two-week pay period.

For continuity of care or service, an employee may be required to work beyond the scheduled shift. Employees on the over 40 overtime schedule who work beyond their scheduled shift, will not receive overtime unless they work more than 40 hours per week.

Time paid but not worked, such as PTO, is not included in the accumulation of hours worked for the purpose of calculating overtime. Premium hours, such as Holiday Worked, also are not included in the calculation of overtime.

ON-CALL AND CALL-BACK PAY

The on-call pay is \$2.00 per hour for each scheduled on-call hour. When an employee who participates in a formal regularly-occurring call schedule is called in to work

while on-call, he/she will receive call-back pay at the rate of time and one-half for the hours worked for a minimum of one hour. The on-call pay ends when the call-back pay begins. When an employee is assigned on-call due to low census and subsequently called in because of admissions/increased volume, he/she will be paid straight pay for the worked hours as this occurs during the regular scheduled shift.

Employees on a formal regularly-occurring call schedule developed to provide emergency services, are required to report to work within 30 minutes. Employees on call for other reasons will report to work within 1 hour or the usual drive time, whichever is less. Anyone changing the call schedule must initial and date the change on all copies of the schedule.

PAY PERIODS AND PAYCHECKS

There are 26 pay periods in a calendar year. Each 2-week pay period begins on a Saturday and ends 14 days later on a Friday.

OMH utilizes an online paycheck system. You will receive instructions on how to set up your account so that you can view your pay stubs at any time.

Any questions pertaining to your paycheck should be directed to Payroll/Benefits which will make corrections where necessary in subsequent pay periods.

PAYROLL DEDUCTIONS

Social Security (FICA)

The Hospital participates in the Federal Insurance Contribution Act (FICA), commonly known as Social Security. As such, the Hospital contributes an equal amount to that deducted from your pay in accordance with Federal regulations. The total amount paid by you and the Hospital is credited to your account for your retirement under the Social Security Program. You should be absolutely correct when informing Payroll/Benefits of your Social Security number to insure proper credit to your account.

State and Federal Income Tax

Payroll deductions are required by law for your Federal and State income taxes. The W-4 tax forms authorizing such deductions can be obtained from Payroll/Benefits. It is your responsibility to inform Payroll/Benefits of any changes which would affect your exemption status.

Voluntary Deductions

In addition to deductions which are automatically made from your paycheck, arrangements can be made with Payroll/Benefits for certain other deductions including Tax Deferred Annuity contributions and Supplemental Insurance (Health, Life, and Short Term Disability etc.) premium payments.

Through its paperless pay system, the Hospital will provide you with a W-2 form indicating how much you earned during the year and how much was withheld. It is imperative that any individual terminating employment inform the Hospital of a change of address as this statement will be mailed to the last known address.

Direct Deposit

Employees may choose to have the net amount of their paychecks deposited into an account they have established with any financial institution in the United States that participates in the electronic transfer of funds clearinghouse. Direct deposit automatically transfers the net amount of your paycheck to the account you specify so that the money is available for your use on payday. Direct deposit forms are available from Human Resources or Payroll/Benefits.

BENEFITS

UNEMPLOYMENT COMPENSATION INSURANCE

The Hospital provides Unemployment Compensation Insurance coverage and unemployment benefits are payable to eligible employees through Michigan's Unemployment Insurance Agency. Contact information is available from the Human Resources Department.

WORKERS' COMPENSATION INSURANCE

The Hospital provides Workers' Compensation Insurance coverage which pays certain benefits to employees for injuries or illnesses occurring in the performance of Hospital duties. All employees are covered.

All work-related injuries or illnesses, no matter how minor, must be reported immediately to the Supervisor or Department Director* and are to be evaluated by an Employee Health Physician/Provider in the Emergency Department. The Hospital retains the right to require reasonable medical examination by a physician of its choice during the time of disability.

An Incident Report form must be completed and filed with the Human Resources Department within 24 hours of the occurrence or detection of a work-related injury or illness. This form may be obtained from the Supervisor or Department Director.

PROFESSIONAL LIABILITY INSURANCE

Otsego Memorial Hospital maintains professional liability insurance coverage and has extended this coverage to include all employees.

All employees are covered while on Hospital premises or on assigned duties of the Hospital.

INCENTIVE PAY

An hourly employee (full-time, part-time or contingent) who is called in to work other than his/her scheduled day/shift will receive incentive pay in addition to the regular hourly rate of pay. Incentive pay may apply to pre-scheduled hours/shifts when specifically designated by the Director/Manager as eligible for incentive pay. Incentive pay does not apply to on-call, call-back or non-designated pre-scheduled hours/shifts.

HOLIDAY PAY

The holiday pay practices of the Hospital apply to the following holidays:

1. New Year's Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Christmas Day

Because of the nature of Hospital business, some employees will be required to work on these holidays. If required to work, full-time employees will be paid for the hours worked at 1½ times the regular hourly rate plus 7.5 hours holiday pay even if they have not been employed for 90 days. For holidays not worked, full-time employees who have completed the 90-day qualifying period will be paid 7.5 hours of holiday pay at the regular rate of pay (even for those employees whose normal shift exceeds 7.5 hours). A full-time employee must work the scheduled day preceding and following the holiday to receive the holiday pay. However, if an employee or his/her child becomes ill and the employee is unable to work his/her scheduled day either preceding or following the holiday, he/she will receive the holiday pay as long as he/she can provide a written statement from a physician indicating that the employee (or his/her child) was seen and treated and the employee was unable to work on the day in question. If an employee calls in sick and does not have a written excuse, he/she will not be paid for the holiday.

For employees required to work on a holiday, the Department Directors will make their best efforts to assign another day off during the pay period that includes the holiday so that the total of hours worked, the 7.5-hour holiday and PTO in the holiday pay period does not exceed the hours that the employee is normally assigned each pay period. If it is not possible for the Department Director to grant time off during the holiday pay period, the employee may receive the additional 7.5 hours holiday pay. An employee can only be paid in excess of the normal number of hours worked each pay period with the approval of the Department Director.

If a paid holiday occurs during a period of time off covered by PTO, the full-time employee may, with the approval of the Department Director*, either use one less PTO day or extend the period of time off by 1 day.

If a paid holiday falls on a Saturday or Sunday, eligible full-time employees who work a scheduled Monday through Friday week may receive another day off with pay during that pay period. If the holiday falls on a Saturday, the Friday before the holiday will be the day off with pay unless the Department Director assigns another day off. If the holiday falls on a Sunday, the Monday following the holiday will be the day off with pay unless the Department Director assigns another day off. If it is not possible for the Department Director to grant the day off in the holiday pay period, the employee will receive the additional 7.5 hours holiday pay.

Part-time and contingent employees will be paid for a holiday only when they work it. Even if they have not been employed 90 days, part-time and contingent employees will be paid double time for hours worked on holidays.

EMPLOYEE ASSISTANCE PROGRAM

Otsego Memorial Hospital recognizes that a wide range of personal problems can have an effect on job performance. These problems may include alcoholism, drug abuse, marital conflicts, family conflicts or emotional trauma, to name a few. It is also recognized that many personal problems can be dealt with successfully when identified early and referred to appropriate care.

With this in mind, the Hospital offers employees a convenient and cost-free opportunity to receive counseling through an Employee Assistance Program (EAP). The Hospital makes referral to an outside source for confidential professional consultation. The EAP is designed to provide early identification, motivation and referral to appropriate community resources in order to resolve personal problems. Normally this can be accomplished in one to three visits.

The Employee Assistance Program can be accessed by contacting Human Resources.

RETIREMENT PROGRAM

The Hospital provides a tax qualified retirement investment plan for eligible employees and affords them the opportunity to save for retirement through convenient payroll deductions on a pre-tax basis. Through this program, which supplements Social Security benefits, the Hospital is helping employees meet their future financial needs and encouraging them to take an active part now in planning for their own financial needs.

Retirement Savings Plan

This plan is a 403(b) Retirement Plan for employees of a not-for-profit organization such as Otsego Memorial Hospital. The Hospital will make a contribution equal to 2% of the employee's compensation into the Plan for the employee after the employee meets the initial requirements of completion of a service year with 1000 hours worked. If, through payroll deduction, the employee elects to contribute an additional 2% of his/her compensation to the Plan, the Hospital will make a matching contribution equal to 2% of compensation into the Plan for the employee.

Employee contributions are always 100% vested. Employer-provided benefits vest at a rate of 20% per year, 100% vesting after 5 years. Once an employee has completed 5 calendar years of service of 1000 hours, he/she is 100% vested and has earned a right to a benefit upon retirement. A complete copy of the Retirement Plan can be obtained from the Payroll/Benefits Manager.

TUITION REIMBURSEMENT

Otsego Memorial Hospital encourages its employees to seek professional growth and development through educational opportunity by offering tuition reimbursement. It is the sincere hope of OMH that each employee not only gain in individual accomplishment but that this also be reflected in the constant improvement in patient care and services.

A full-time or part-time employee who has been employed by OMH for a period of not less than one year, and has been approved through the Hospital's tuition reimbursement application process, may receive tuition reimbursement for course work in a health care field which is related to Hospital business. If approved, the Hospital will offer 80% tuition reimbursement for an employee who works a minimum of 67.5 hours per pay period or 50% tuition reimbursement for an employee who works a minimum of 22.5 hours per pay period up to an established maximum per year.

Employees eligible for the provider CME benefit will not be eligible for tuition reimbursement. More information may be obtained from Staff Development or Human Resources.

PAID TIME OFF

Otsego Memorial Hospital believes that employees will benefit mentally and physically from a period of rest and relaxation away from the duties and responsibilities of the job. In addition to vacations, the Hospital understands that employees need time off for other reasons such as illness and personal matters.

To accommodate these needs for time off and to allow eligible employees to protect their income during periods of time off, Otsego Memorial Hospital has developed a Paid Time Off (PTO) program which combines vacation, sick days and personal time into one pool of paid time off which is to be used for scheduled and unscheduled time away from work. Time off for vacation and personal must be scheduled and approved by the supervisor with a minimum of one week's advance notice. Unscheduled time should be used for immediate family illness and medical disability only. Excessive unscheduled absences will be cause for disciplinary action.

All full-time and part-time employees begin accruing PTO time at 90 days and may begin using any accumulated PTO after they have completed the 90-day qualifying period. An employee who changes status from contingent to part-time or full-time will begin accruing PTO time at 90 days from the date of the change.

PTO time is accrued on an annual basis from January 1 through December 31 each year. PTO time is accrued each pay period based on the number of years of OMH service and the actual hours worked per pay period. The PTO accrual schedules are available in the online Hospital Information folder or from the Human Resources Department.

An employee is encouraged to take a vacation of at least 5 consecutive days in any calendar year. Vacation requests are to be submitted to the Department Director*, in writing, as far in advance as possible. Vacations will be granted subject to staffing needs; the Hospital retains the right to deny vacation time if staffing requirements demand the presence of the employee. If time off is approved, it is the employee's responsibility to ensure that he/she maintains adequate PTO to cover the time off requested. If the employee does not maintain the PTO needed to cover a request for time off, the approval will be considered void and the time off not covered by PTO will not be allowed.

Any time an employee requests time off, PTO **must** be used. If the employee has

no PTO left, the time off will not be allowed. If an employee is requested by the employer to take time off (low census, for example), PTO may be used at the employee's option.

No PTO time is accrued while on an approved leave of absence or during an absence due to work-related disability. Also, if there is no worked time in a pay period, there is no PTO accrued in that pay period.

Employees may request payment for their accumulated and unused PTO benefits to be paid on a pay period at any time after 90 days. Eligible employees may receive 50% cash reimbursement at their current rate of pay for unused accumulated PTO. Employees must maintain a minimum of 24 hours of PTO and may not carry over more than 80 hours of PTO from one year to the next.

Employees may not request PTO above the employee's regularly scheduled hours in any work week. Any such request will be considered PTO buy-back and will be paid at 50%.

Employees may receive 50% reimbursement of any accumulated and unused PTO paid at the employee's current hourly rate upon termination with a minimum of 14 days' notice for a non-exempt employee, 30 days' notice for an exempt employee. Employees may not substitute PTO for required notice without prior approval of the Administrative Representative. One day of PTO will be deducted for each day short of the 14 days (non-exempt) or 30 days (exempt) written notice provided by the employee. Payment will be processed when all termination requirements are met. Employees who terminate employment with less than 90 days of service or those who are involuntarily terminated will not be paid for accrued PTO time.

If an employee changes status from part-time or full-time to contingent, all accumulated and unused PTO will be paid out at 50% at the time of the change of status.

LOW CENSUS/HOSPITAL CONVENIENCE TIME

During periods of low patient census, as determined by the Department Director, full-time and part-time employees may take Low Census Time off without pay per approval of the Department Director. It is intended that Low Census Time be distributed as evenly as possible throughout the department.

Hospital Convenience Time off may be authorized by the Department Director at other times, such as during an extended power outage, when normal operations within a department are compromised.

PTO time will accrue during periods of Low Census/Hospital Convenience Time taken.

HEALTH INSURANCE

Otsego Memorial Hospital offers a comprehensive Health Insurance plan, which includes Dental, Optical and Prescription coverage for full-time employees and part-time

employees who work 30 hours or more per week. Employees pay a portion of the premium and such payment is made through payroll deduction on a pre-tax basis. Premiums vary based on coverage (Individual, 2-Person or Family) and Plan selection.

For full-time employees, Health Insurance coverage is available for all usual family dependents (spouse and children under age 26) when they are properly enrolled. (A newborn child is not automatically added to the employee's Health Insurance coverage; an employee has up to 30 days from the date of birth to sign up a child with Payroll/Benefits.)

Employees are required to enroll prior to the effective date of coverage. The effective date of coverage will be on the first of the month following completion of 60 days of employment.

Once each year, any eligible employee who did not become a subscriber during the initial enrollment period may enroll during the annual reopening period. Also, any presently enrolled subscriber may make any permissible change in his/her contract at this time.

Health Insurance for a separating employee will be effective through the employee's last day worked.

As required by the Comprehensive Omnibus Budget Reconciliation Act of 1986 (COBRA), employees and their dependents that are no longer eligible for Health Insurance coverage under the Hospital's group plan due to termination or other qualifying event (divorce, legal separation etc.) may elect to continue Health Insurance coverage through the Hospital's group plan by paying for it themselves at the Hospital's group rate for up to 18 months (36 months for dependents). COBRA notices explaining rights to continuation coverage are forwarded to employees after Payroll has received notice of a qualifying event. Arrangements for continuation coverage can be made with the Payroll/Benefits Manager.

Under the Health Insurance Portability and Accountability Act (HIPAA), employees are entitled to certain information being provided on their behalf to subsequent employers. For detailed information regarding the rules and regulations under HIPAA, employees should contact the Payroll/Benefits Manager.

Payment of the Hospital's portion of the premium will cease 12 weeks after an employee discontinues working due to a serious health condition that makes the employee unable to perform his or her job. For this purpose, a serious health condition is an illness, injury or physical or mental condition requiring inpatient care or continuing treatment by a health care provider resulting in necessary absence from work on a recurring basis. Under these circumstances an employee may elect COBRA coverage.

More information about Health Insurance coverage including rates and reopening periods can be obtained from the Payroll/Benefits Manager.

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT

Otsego Memorial Hospital provides a fully paid group term Life Insurance policy for full-time employees that becomes effective after the completion of the qualifying period. This insurance includes Accidental Death and Dismemberment benefits.

All eligible employees must enroll during the 90-day qualifying period.

Premiums associated with Life Insurance benefits in excess of \$50,000 are considered taxable income as required by the Internal Revenue Service.

You have the option of converting this term Life Insurance to permanent Life Insurance by payment of the difference in premiums. Please refer to the insurance brochure for the exact benefits of the plan.

If you have any questions concerning these benefits, you may contact the Payroll/Benefits Manager.

SHORT TERM DISABILITY COVERAGE

After completion of the qualifying period, full-time employees become eligible for coverage under the Hospital's Short Term Disability Insurance. This benefit provides up to 26 weeks of supplemental income to the employee equivalent to 60% of net weekly wages up to \$750.00 per week when off work as a result of a non-job-related injury or illness.

When an employee becomes ill or injured, he/she must notify the Payroll/Benefits Manager immediately. If eligible, the employee will fill out an application for disability benefits. Upon completion of the application, the employee's attending physician will be requested to supply the medical information necessary for the claim to be approved. The Hospital reserves the right to require an employee to be examined by a physician of its choice for purposes of determining eligibility.

In order for an employee to continue to receive disability income, he/she must be disabled and under a physician's care. Once a physician authorizes an employee to return to work, all disability benefits will cease.

More information about Short Term Disability coverage can be obtained from the Payroll/Benefits Manager.

LONG TERM DISABILITY COVERAGE

In the event that a full-time employee who has completed the qualifying period is off work due to a non-job-related accident or illness, the Hospital also provides a Long Term Disability Insurance policy that takes effect after Short Term Disability coverage ends. This allows the employee to receive 60% of his/her net monthly income up to \$5,000.00 per month until age 65. More information on this policy can be obtained from the Payroll/Benefits Manager.

SUPPLEMENTAL INSURANCES

Supplemental Health, Life and Short Term Disability Insurance coverage is available through payroll deduction for employees meeting eligibility requirements. More information regarding Supplemental Insurance coverage can be obtained from the Payroll/Benefits Manager.

LEAVE OF ABSENCE AND OTHER TIME OFF

LEAVE OF ABSENCE

Situations may arise when employees require time off from work for extended periods. OMH makes provisions for an employee to request a Leave of Absence under certain circumstances. In addition, the Hospital reserves the right to initiate a Leave of Absence if an employee is unable to perform his/her job duties or if work habits and performance are adversely affected.

The various types of Leaves of Absence are described below. Please note that the proper request form must be completed in order for a request for leave to be considered. Forms and additional information regarding continuation of benefits are available from the Human Resources Department.

Family and Medical Leave

Otsego Memorial Hospital offers Family and Medical Leave as provided by the Family and Medical Leave Act of 1993 (FMLA). An approved leave under the FMLA provides certain job reinstatement and health benefits continuation protections to eligible employees. Full-time, part-time and contingent employees who have been employed for at least 12 months and have worked at least 1250 hours during the previous 12-month period are eligible to seek approval for FMLA leave. Eligible employees are allowed a maximum total of 12 workweeks of leave during a 12-month period. The 12-month period of time is defined as a rolling 12-month period measured backward from the date an employee uses any FMLA leave. FMLA leave may be requested for the following reasons:

1. Incapacity due to pregnancy, prenatal care or childbirth;
2. To care for the employee's child after birth, or placement for adoption or foster care (such leave must be taken within one year after the birth or placement of the child and FMLA leave for a new child may not be taken intermittently unless approved by Otsego Memorial Hospital. If a husband and wife both work for OMH, and each wishes to take leave for the birth or placement of a child, they may only take a combined total of 12 weeks of leave.
3. To care for the employee's spouse, son or daughter, or parent who has a serious health condition;
4. For a serious health condition that makes the employee unable to perform his or her job.

A serious health condition is an illness, injury, or physical or mental condition requiring either inpatient care or continuing treatment by a health care provider resulting in

necessary absences from work on a recurring basis.

Military Family Medical Leave

Eligible employees with a spouse, son, daughter or parent on active duty may use their 12-week leave entitlement to address certain qualifying exigencies. "Active Duty" means duty during deployment with the Armed Forces to a foreign country whether as a regular component of the Armed Forces, or through the National Guard or Reserves. Qualifying exigencies may include attending certain military events, arranging for alternative child care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a spouse, son, daughter, or next of kin who is a covered service member during a single 12-month period. A covered service member is (a) a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty (or existed before the beginning of the service member's active duty and was aggravated in the line of duty) that may render the service member medically unfit to perform his/her duties for which the service member is undergoing medical treatment, recuperation or therapy; or is in outpatient status; or is on the temporary disability retired list; or (b) a veteran undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (including National Guard or Reserves) any time during the preceding five (5) years. If a husband and wife both work for OMH and each wishes to take leave to care for an injured or ill service member, they may only take a combined total of 26 weeks of leave.

To request and obtain approval for an FMLA leave, an eligible employee will give the Hospital **at least 30 days' advance written notice** requesting FMLA leave in circumstances where the FMLA leave is foreseeable. If this is not possible or the need for the leave is not foreseeable, then notice requesting FMLA leave is to be given as soon as practicable and the employee must comply with the Hospital's usual absence call-in requirements. When giving the required notice requesting leave for reasons qualifying under the FMLA, employees must use the Hospital's Request for Leave form that is available from the Human Resources Department.

The Hospital requires timely medical certification from a health care provider to support FMLA leaves requested because of a serious health condition, and the Hospital may, at its expense, require second or third opinions. In order to be timely, the medical certification supporting the employee's FMLA leave must be submitted within 15 days of the employee's initial request. This medical certification must be obtained by employees using the Hospital's Certification of Health Care Provider form, which is available from the Human Resources Department.

An application for military family leave must include information about the circumstances supporting the need for leave.

The Hospital may directly contact the health care provider of the employee or the employee's family member for verification or clarification purposes. The Hospital will first give the employee an opportunity to resolve any deficiencies in the medical certification.

If notification and certification requirements are not followed by an employee, it may result in denial of the requested FMLA leave or termination of leave already in progress.

The Hospital may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. Recertification may occur more frequently if circumstances have changed significantly, if the Hospital receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave.

During the course of the FMLA leave, an employee's pre-existing health insurance coverage will be continued under the same terms and conditions established for active employment, unless the employee declines such coverage. This means that an employee is responsible for timely payments or contributions (if any) as may be required pursuant to established Hospital policy. Arrangements must be made by the employee with the Payroll/Benefits Manager for timely payment during the leave of any cost shared by the employee. If an employee does not return to work from FMLA leave, any health insurance premiums or payments made by the Hospital during the leave become a debt owed by the employee and will be recovered. Health insurance waiver payments (for those grandfathered in for this benefit) will not continue during FMLA leave.

An employee does not need to use this leave entitlement in one block of time. Leave can be taken intermittently or on a reduced work schedule when medically necessary or appropriate. Employees must make reasonable efforts to schedule leave for planned medical treatment so as to not unduly disrupt the Hospital's operations. Military family leave due to qualifying exigencies may also be taken intermittently. The Hospital may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent leave.

An employee must use any and all accrued PTO benefits during any portion of FMLA leave for which he/she is not eligible for disability insurance coverage and may not elect to retain accrued but unused PTO benefits for use at other times. After exhaustion of PTO benefits, any remaining portion of the leave is without pay. PTO benefits will not continue to accrue. Employees who are eligible for disability insurance benefits must use PTO benefits during the qualifying period for disability benefits. In addition, any time for which a full-time employee receives disability benefits will be counted toward the maximum allowable 12 weeks. Any period of FMLA leave will be treated as continuous service for purposes of vesting and eligibility to participate in the Retirement Plan. All other employee benefits will be discontinued during FMLA leave.

The employee is required to contact the Hospital 14-21 calendar days prior to the expected return date regarding status and intent to return to work. An employee seeking to return to work from FMLA leave involving the employee's own serious health condition must provide a physician authorization to return to work. Failure to provide such authorization may delay returning to work until this requirement is met.

Following expiration of the FMLA leave and return to work, an employee ordinarily will be reinstated to the position the employee held when the leave commenced or to an

equivalent position (one which has the same pay, benefits, privileges and status as well as similar duties and responsibilities), provided the employee is qualified.

An employee who does not return at the end of an approved leave will be notified that failure to return or complete medical certification to extend within 1 week will be considered a voluntary quit.

The Hospital is not required to hold a position and continue to pay for health benefits for an employee who is not eligible for FMLA leave (because he/she has not worked 1250 hours in the past 12 months or because he/she has not been employed for at least 12 months) or for an employee who has exhausted the 12 weeks FMLA leave allowed an employee in a 12-month period.

In these instances, the Director may fill the position and the employee will be notified that the employee's status will be changed to contingent. However, the full-time employee who had been eligible for short-term disability benefits will continue to receive this benefit for as long as the employee remains eligible for this benefit until the maximum period of such payments is exhausted.

Military Leave

Military leaves without pay will be granted to allow employees to serve in the Armed Forces, National Guard or Reserves in accordance with applicable State and Federal statutes.

Educational Leave

An educational leave without pay or benefits may be granted to a full-time or part-time employee after one year of employment for purposes of furthering his/her education in the health care field.

JURY DUTY AND BEREAVEMENT

Jury Duty and Court Appearances

Full-time employees who have completed the qualifying period and who are summoned to serve jury duty on scheduled workdays shall receive pay for the difference between jury duty pay and straight-time earnings at the Hospital (up to 8 hours per day) for the days on which the court requires attendance up to 2 weeks. Part-time employees must use accumulated PTO to serve jury duty. Contingent employees will be allowed the time off to serve jury duty.

All employees who must appear in court for Hospital business shall receive pay for the time required to be in court. Employees summoned to appear in court for non-Hospital business must use accumulated PTO for the time required to be in court.

The employee should bring the summons notice or subpoena to the Department Director* and request the time off with as much notice as possible. If the employee is excused before serving 3 hours of jury duty, he/she is expected to report to work.

It is necessary that Payroll/Benefits be furnished with a copy of the voucher for jury pay in order for an eligible full-time employee to receive the differential pay.

Bereavement

In the event of a death in the immediate family, a full-time employee who has completed the qualifying period may be granted up to 24 hours of time off with pay. Part-time employees may use accumulated PTO. Additional time off beyond the 24 hours may be taken by using accumulated PTO or without pay per approval of the Department Director or Administrative Representative.

Immediate family as it relates to this policy is defined as spouse, children, parents (biological and adoptive only, not step), employee's grandparents, grandchildren, brothers, sisters, mother-in-law, father-in-law, sisters-in-law and brothers-in-law.

COMMUNICATIONS

DISPLAY CASES

Special announcements and required postings are posted in the display cases outside the Cafeteria. Employees should make it a habit to look at the display cases for such postings.

OMH UPDATE

OMH Update is published weekly online to keep employees informed of recent developments and happenings. Employees are invited to submit information to the Marketing Department for inclusion in OMH Update.

MONTHLY EDUCATION BINDER

The Monthly Education Binder is a primary source of valuable information and education for staff. Every department maintains a binder and all employees, including contingent employees, are required to review the contents and sign off that they have reviewed the materials every month.

NOTIFICATIONS VIA PAPERLESS PAY SYSTEM

From time to time, employees receive special notifications and requests for information via the Hospital's paperless pay system. Employee cooperation in responding to these requests is necessary and appreciated by Administration.

SUGGESTIONS FOR PERFORMANCE IMPROVEMENT

Employee suggestions for improving the quality of our service to patients or any other aspect of Hospital operations are encouraged and welcome. A copy of the Performance Improvement Opportunity form can be found in the Performance Improvement section of the Hospital Wide Policy and Procedure Manual that is available in the online Hospital Information folder.

SUPERVISOR AND DEPARTMENT DIRECTOR

Employees are encouraged to exchange their thoughts, ideas, information and opinions with their Immediate Supervisor and Department Director*. Through proper communications, the Hospital can attain a common viewpoint and understanding and cooperate to accomplish organizational ends and objectives.

CORPORATE COMPLIANCE HOTLINE/REPORT FORM

In accordance with the OMH Corporate Compliance Plan, employees and physicians who become aware of any violation of OMH policy or Federal or State regulation or standard, are required to report the potential violation. The report can be made to the Department Director* or Corporate Compliance Officer, on the Compliance Violation Report Form (available in the online Hospital Information folder), or via the Corporate Compliance Hotline (the number of which is located on the phone list in each department). More information about reporting potential violations can be found in the Corporate Compliance section of the Hospital Wide Policy and Procedure Manual that is available in the online Hospital Information folder.

HOSPITAL WIDE POLICY AND PROCEDURE MANUAL

A Hospital Wide Policy and Procedure Manual is accessible to all employees in the online Hospital Information folder.

Employees are responsible for familiarizing themselves with the Hospital's policies and procedures.

FALSE CLAIMS ACT AND HEALTH CARE PROGRAMS

Otsego Memorial Hospital is committed to complying with its regulatory obligations as they relate to detecting and reporting health care fraud and abuse. Health care compliance is a proactive practice designed to prevent fraudulent activities. In the interest of educating and familiarizing employees, contractors and agents about health care compliance in this arena, pertinent Federal and Michigan laws and regulations are summarized below. In addition, this information is also detailed in the Corporate Compliance Plan located in the Hospital's Policy and Procedure Manual.

The Federal government has enacted the Federal False Claims Act, which is paralleled by the Michigan Medicaid False Claims Act. Both the Federal and Michigan versions of the Act cover fraud involving any state or federally funded contract or program. Each Act establishes liability for any person or entity who knowingly presents or causes to be presented a false or fraudulent claim to the United States government or the State of Michigan for payment. Both the Federal and Michigan versions of the False Claims Act do not require proof of a specific intent to defraud the Federal government or the State of Michigan. Instead, health care providers and facilities can be prosecuted for conduct that leads to the submission of fraudulent claims to the Federal government or the State of Michigan.

To encourage individuals to come forward and report misconduct involving false claims, both the Federal government and the State of Michigan have enacted "qui tam" or whistleblower protections. The Federal False Claims Act allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the United States government. In addition, the "Michigan Whistleblower Protection Act" and

the “Michigan Health Facility Whistleblower Protection Act” protect a person who makes a report of a violation. Under the Health Facility Whistleblower Protection Act, an individual employed or under contract with a health facility and seeking to take action under the Act, must give the facility sixty days written notice of any issues that may pose as an unsafe practice and the individual must not have a reasonable expectation that the facility had taken or would take timely action to address the issue. Persons reporting violations under either of these acts are assured that such reports will be treated confidentially and no adverse action will be taken against any person other than the alleged violator.

In addition, Federal Agencies have authority under the Program Fraud Civil Remedies Act to investigate allegations that a company or person has committed a fraud upon the Government. An employee with knowledge of a fraud against the United States Government can file a report with the appropriate agency to trigger such an investigation.

GENERAL INFORMATION

CUSTOMER SERVICE/ SERVICE BEHAVIORS

Otsego Memorial Hospital is committed to providing excellent customer service and has identified specific service behaviors that it expects of all employees throughout the Organization. The 5 Service Behaviors are:

- Make a Great First Impression
- Anticipate Customer Needs & Keep Customers Informed
- Be a Team Player
- Assume Ownership
- Provide Privacy & Confidentiality

SERVICE BEHAVIOR – MAKE A GREAT FIRST IMPRESSION

The specific expectations for Make a Great First Impression are as follows:

- Phone Calls – Put a smile in your voice. Also when answering the phone, identify yourself by name and department. Ask, “May I help you?”
- Face to Face – Smile, extend a respectful greeting, introduce yourself, wear your name badge where it can be read. Present a professional appearance in your dress and actions. If someone looks lost, ask if you can help.

SERVICE BEHAVIOR-ANTICIPATE CUSTOMER NEEDS/KEEP CUSTOMERS INFORMED

The specific behaviors expected of employees in order to anticipate customer needs and keep customers informed are as follows:

- Keep people informed and give timeframes.
- Explain procedures and encourage questions.
- Find someone to help and provide follow-up.
- Anticipate and do before you are asked.
- Identify and respond to individual needs.

SERVICE BEHAVIOR – BE A TEAM PLAYER

Employees are expected to support a great working environment and they can do so if they:

- Cooperate – Offer assistance; be courteous, respectful and supportive.
- Communicate – Share information; be positive.
- Collaborate – Work together to problem-solve; be open to new ideas.

SERVICE BEHAVIOR – ASSUME OWNERSHIP

The specific behaviors expected of employees in order to assume ownership include:

- Take responsibility – for your own actions.
- Take pride – in who you are and what you represent.
- Take action – if something needs to be done, do it or find someone who can.
- Take initiative – to become more informed about the business of your hospital.
- Give 100% - leave things better than you find them.

SERVICE BEHAVIOR – PROVIDE PRIVACY AND CONFIDENTIALITY

The specific behaviors expected of employees in order to provide privacy and confidentiality include:

- Respect and protect the dignity of the patient.
- Discuss patient/staff issues in private areas only.
- Share information only with those that need to know.

TELEPHONE COURTESY/VOICE MAIL ETIQUETTE

Good telephone habits build a good reputation for the Hospital and improve communications. In addition to the First Impressions expectations for the telephone outlined above, employees will be expected to do the following:

1. Answer promptly, within three rings if possible.
2. Give accurate and careful answers.
3. Be as brief as possible.
4. Speak distinctly...vital information is often communicated by telephone.
5. Answer calls tactfully.
6. Hang up carefully.

Employees with voice mail capability are expected to utilize this service responsibly. This includes answering the phone whenever possible, checking frequently for messages, acting on messages promptly and updating voice mail system greetings as appropriate. The voice mail system should reflect your work schedule. A general greeting is acceptable only if your work schedule is consistently between the hours of 8:00 a.m. and 4:30 p.m. Whether you use a current or general greeting, you must change your greeting when you will be absent for an extended period of time. For more information about voice mail etiquette, please refer to the Administration section of the Hospital Wide Policy and Procedure Manual which is located in the online Hospital Information folder.

DRESS CODE

The personal appearance of employees is of vital importance to Otsego Memorial Hospital. OMH takes pride in its professional image, just as it takes pride in the services it provides to its customers. The customers of OMH expect a Hospital employee to present a professional appearance and to be above reproach in cleanliness and neatness.

At all times during business hours, employees are expected to present a clean, neat and well-groomed appearance, to present themselves in a professional manner, and to avoid extremes in dress. Employees are expected to use good judgment in their appearance and grooming, keeping in mind the nature of their work, their own safety and that of coworkers, and their need to interact with the public, vendors or customers.

Violations of this Dress Code are to be reported to the appropriate Department Director* and the Director* will be expected to take appropriate corrective action.

For purposes of clarifying what does or does not constitute appropriate dress at OMH, the following are provided as minimum guidelines. Many employees are subject to additional department-specific dress code requirements including approved style and color of uniforms but the following guidelines will be considered minimum requirements:

- **Jewelry:** Earrings, bracelets and necklaces should be in keeping with business dress. Employees working near machinery should ensure that jewelry will not pose a risk to their safety or the safety of coworkers. For employees involved in direct patient care, wedding band/engagement ring (or similar small ring), small earrings and watch are acceptable.
- **Employee Identification Badges:** Identification badges must be worn in the lapel area at all times. Lanyards are acceptable when the identification card can be read when the employee is seated.
- **Nails:** Nails should be neatly trimmed and only fingernail polish that is in keeping with business dress should be worn. (Artificial nails are prohibited for employees engaging in hands-on patient care activities. Also, natural nails for these employees must not extend more than ¼ inch over the underside of the finger.)
- **Hair:** Hair must be neatly groomed and worn in a style and color that is in keeping with the business dress policy of moderation.
- **Facial Hair:** Beards, mustaches and sideburns must be neatly trimmed and groomed.
- **Makeup:** Moderate makeup is permitted.
- **Visible Tattoos:** Visible tattoos are discouraged. Tattoos that are threatening, that include vulgarities, or that are offensive to others on the basis of race, color, sex, age, creed, religion, height, weight, national origin, marital status, disability or other protected classification are prohibited.
- **Piercings:** Pierced parts of the body, other than ears, may not be used to display jewelry at the workplace. No more than 2 earrings may be worn on each ear.
- **Fragrance:** Employees should be aware of patients' and/or co-workers' dislike of, or allergy to, perfume, cologne or aftershave. Employees will be asked to refrain from the use of fragrance if it is irritating to patients or coworkers.
- **Undergarments:** Undergarments must be worn at all times. Undergarments must not be visible.

- **Shoes:** Shoes must be polished/clean. Clerical/administrative staff in non-clinical areas or managers performing non-clinical duties may wear open-toed shoes/sandals. All other staff must wear close-toed shoes (sold crocks and clogs are acceptable).
- **Skirts/pants:** Skirts and dresses should not be any shorter than 4 inches above the knee. Capri-style pants, crop pants, culottes etc. are allowed if they are in keeping with the business dress policy of moderation.

Unacceptable attire:

- *Jeans, denim, or denim-like clothing including “colored” jeans and chambray (except Maintenance Mechanics and Material Control Clerks). *The type of jeans that would be inappropriate are blue denim pants with patch pockets, double stitching or metal rivets or those that are frayed, acid washed etc. Tailored denim pants (including blue), non-double stitched pants with pockets on the seam, cuffs etc., denim skirts and denim jumpers are acceptable. Denim-colored scrubs are allowed. Denim is allowed at inservices if it is not the employee’s regularly scheduled day.
- Nylon jogging suits, wind pants, and/or other similar clothing
- Shorts/skorts
- Sweat suits or sweatshirts, including OMH or other “logoed” sweatshirts
- T-shirts (unless covered), including OMH or other “logoed” t-shirts
- Tank tops, halter tops, low cut blouses, or bare midriffs
- Strapless or spaghetti-strap sun dresses
- Ripped, stained or excessively wrinkled attire
- Sleeveless clothing (unless covered) in public areas excluding the courtyard
- Flip flops, platform shoes or overly worn shoes
- Athletic shoes in business office or administrative areas
- Camouflage clothing, skin tight or see-through clothing
- Clothing with graffiti

With advanced approval of the Human Resources Director, employees may be allowed to wear denim attire for the purposes of “special work situations” such as moving, cleaning, inventories etc. or to display a certain mode of dress that is inconsistent with this policy for a specific event (such as Halloween, Alpenfest or Relay for Life). In addition, an employee may request exception to a specific provision of this policy for a bona fide religious or medical reason and will make such request in writing with supporting documentation to the Department Director* and Human Resources Director.

OMH reserves the right to determine appropriate dress at all times and in all circumstances and may send employees home to change clothes should it be determined that their dress is not appropriate. Employees will not be compensated for this time away from work. Individuals violating these guidelines may also be subject to the Hospital’s progressive discipline process.

PERSONNEL RECORDS

Human Resources maintains a complete and confidential file of the employment of each employee. In accordance with Michigan law, information from these files is available to the employee and authorized personnel only. In addition, an employee may contact Human Resources to schedule a review of the individual's personnel file during normal working hours. An employee is entitled to review his or her individual file a maximum of 2 times per year.

It is necessary for the Hospital to have your correct name, address, telephone number, marital status and number of dependents on file at all times for personnel, payroll and benefits purposes. Please report any changes to the Human Resources Department.

EMPLOYEE IDENTIFICATION/SECURITY ACCESS CARDS

You will receive a picture identification card that will indicate your name and department. You are required to wear it at all times while on duty. The appropriate placement of the identification card is in the lapel area. Lanyards are acceptable when the identification card can be read when the employee is seated. Employees who fail to comply with these requirements will be subject to disciplinary action up to and including termination.

Part-time and full-time employees may use their identification cards to charge for purchases in Food Service, Gift Shop and Pharmacy with payment through payroll deduction.

The Hospital will provide you with a second identification card which should be in your possession at all time as it will allow you access to the Hospital during a disaster, road block etc. If you should lose either card, please notify the Human Resources Department. In addition, employees will be issued a security access card that will allow them access to the building and various points within the facility as needed based on their job responsibilities and the request of the appropriate Department Director*. A security card and/or key fob is intended for the exclusive use of the employee to whom it was assigned. Giving a security card and/or key fob to someone other than the employee to whom it was assigned (employed or non-employed) may result in disciplinary action.

Employees will be charged for replacement of lost identification or security access cards. Upon your termination, these cards are to be returned to the Hospital.

EMPLOYMENT OF RELATIVES

OMH has no prohibition against hiring relatives. However, one general restriction has been established to help assure fair treatment of all employees and to avoid the possibility of favoritism or conflict of interest. While we accept and consider applications from relatives, employees will not be hired into positions where they directly or indirectly supervise or are supervised by an immediate relative. Immediate relative for purposes of this policy is defined as an employee's spouse, mother, father, brother, sister, son or daughter, or person for whom the employee and/or spouse has/have been designated as

legal guardian. Supervision includes the entire supervisory chain, not just immediate supervision. In rare circumstances, out of business necessity, reporting relationship changes must be made that result in a situation where an individual is indirectly or directly supervised by an immediate relative. When this occurs, the Department Director and Administrative Representative will take steps to assure fair treatment of all employees and to avoid the possibility of claims of favoritism.

OUTSIDE EMPLOYMENT/CONFLICT OF INTEREST

Outside employment which interferes in any way with an employee's work schedule or the employee's ability to perform his/her job at Otsego Memorial Hospital will not be permitted. If Hospital management determines that an employee's outside work interferes with the employee's performance or the employee's ability to meet the requirements of the Hospital as they may be modified from time to time, the employee may be required to terminate the outside employment if he or she wishes to remain an employee of the Hospital.

Outside employment which in the judgment of Hospital management constitutes a conflict of interest is prohibited. A conflict can occur if the work performed on the outside is related to the employee's profession or activities for the Hospital, where knowledge obtained working at the Hospital would be useful to the outside employer, or where the employee or outside employer provides the same or similar services to any of those provided by the Hospital.

Situations which might be interpreted as conflict of interest must be evaluated by Management to determine if the situation will be permitted. Employees are required to disclose any outside employment to their Department Director*. The Department Director will then collaborate with the appropriate Administrative Representative to determine if the situation will be permitted. The Compliance Officer will be consulted as necessary. A written record will be placed in the employee's file indicating that the disclosure was made, what determination was made by management and the nature of any identified conflict.

SOLICITATION

In order to minimize distractions from our basic purpose of providing patient care and to protect employees, patients and visitors from the annoyance and pressure involved in being subjected to solicitation, OMH prohibits solicitation for any purpose during working time in work areas. This does not include break or meal times, or other times when employees are not required to be working. Employees are not permitted to distribute literature of any kind at any time in work areas.

Solicitation of any kind and distribution of literature on OMH property by any persons not employed by OMH is prohibited.

The only exceptions to this policy are Foundation fundraising activities, the United Way Campaign and other Hospital approved solicitations.

USE OF TELEPHONES/CELL PHONES

Hospital phones are for official business use only. Except in cases of emergency or unusual circumstances, personal telephone calls are not to be made or received during duty hours or on Hospital phones. Also, such personal calls should be brief.

Visitor/patient use of cell phones/electronic devices is permitted.

Employee use of cell phones/electronic devices for personal use is limited during work hours. Employees may use these devices for personal reasons only during lunch or break periods away from work areas.

Employee use of cell phones may be permitted for work purposes. Such use will be discussed and authorized by the supervisor in advance. The employee's supervisor may ask to view the application being used if there is question that it is work-related.

Use of cell phones/electronic devices to record or take still or video pictures of the facility, employees or patients requires advance consent.

For more information, please refer to the Cellular Phones/Electronic Communications Devices policy in the Hospital Wide Policy and Procedure Manual in the online Hospital Information folder.

PERSONAL ELECTRONIC DEVICES

Otsego Memorial Hospital places the highest level of importance on patient safety, employee safety and customer service. Personal electronic devices such as portable music players, radios, Blackberries and cell phones have the potential to negatively impact patient safety, employee safety and customer service. For this reason, the use of any personal electronic device by employees is not permitted during working time (unless required in order to complete job duties as determined by the Department Director*).

PARKING

In order to keep parking open for patients and visitors, employees are required to park in the designated employee parking areas. White lines designate employee parking spots and yellow lines designate patient and visitor parking. Human Resources will assign vehicle registration tags to employees. Employees must supply Human Resources with license plate numbers for all vehicles driven to work and update Human Resources with changes in a timely manner. Employees are required to display the vehicle registration tag in the upper inside corner of the passenger side of the windshield.

SMOKE-FREE ENVIRONMENT

It is the policy of Otsego Memorial Hospital to provide a smoke-free environment for the health of its employees, patients and visitors. Smoking is prohibited at all times within the Hospital and on any property owned or co-owned by the Hospital including

vehicles, off site-site clinics, professional offices, businesses and their respective campuses. Because chemicals emitted during smoking adhere to skin and clothing and may be transmitted to non-smokers, employee smoking is not permitted in personal vehicles parked on Hospital property.

This policy complies with the Michigan Department of Public Health Code, Michigan Clean Indoor Air Act of 1986 and Public Act 315 that protect and promote public health by reducing involuntary exposure to tobacco smoke in public places.

All employees are expected to promote and ensure compliance with the Smoke-Free Environment policy. If an employee observes a visitor smoking on Hospital property, he or she is expected to courteously explain the Smoke-Free Environment policy and request that smoking materials be extinguished.

The use of chewing tobacco on Hospital property is also prohibited.

Noncompliance with this policy by an employee is to be documented on a Variance Report, specifying the name of the individual whenever possible, and sent to Risk Management for follow-up action by the Department Director*. Employees who violate this policy will be subject to disciplinary action in accordance with existing employee disciplinary guidelines. For the full text of this policy, employees may consult the Policy and Procedure Manual which is located in the online Hospital Information folder.

CARE OF HOSPITAL PROPERTY

Hospital equipment and supplies are very expensive. Therefore, we urge you to be most careful in handling them. It is also important that you use economy in the amount of supplies necessary for your duties. In the event that equipment or supplies are damaged, you are requested to report the facts to your Supervisor and turn in the broken or damaged articles for replacement. Hospital property must not be removed from the premises without prior authorization.

KEYS

It is important that an immediate report be made to Maintenance concerning any lost keys. All Hospital keys are to be returned upon termination of employment.

EDUCATIONAL MEETINGS AND SEMINARS

From time to time, it will be necessary for Hospital staff to attend meetings, training sessions and seminars for educational purposes. Advance approval is required.

CLERGY

Clergy are required to check in at the Information Desk regarding the patient they

desire to see. After 8:00 p.m. or before 7:00 a.m., clergy will check in at the Emergency Department.

VISITORS

Patients' Guests/Hospital Guests

You are asked to remember that visitors are frequently upset and unfamiliar with regulations. You should make every effort to assist them in finding their way in the building and to explain courteously the various regulations whenever necessary.

Employee Personal Business

On-duty employees should not receive visitors except in case of emergency. Please ask your personal guests to wait for you in the lobby or outside until you go off duty.

Children at Work

In the interest of patient care, patient privacy and confidentiality, and efficiency of operations, it is expected that staff establish back-up plans for child care and utilize these arrangements or, if absolutely necessary, utilize PTO benefits rather than bring children to work.

LOITERING

Any stranger found loitering should be reported to the Immediate Supervisor. A complete report of the incident and action taken should be documented by the Immediate Supervisor.

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