

**SUBJECT:** MEDICAL STAFF CODE OF CONDUCT

**ORIGINATING DEPT:** Medical Staff

**DISTRIBUTION DEPTS:** All

**ACCREDITATION/REGULATORY STANDARDS:**

<p><b>Original Date:</b> 10/00  <b>Revision Dates:</b> 10/02, 2/03, 4/10, 12/20  <b>Reviewed Dates:</b> 4/06, 1/09, 1/12, 1/15, 11/17</p>
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<p><b>APPROVAL:</b>  Administration: _____  Chief of Staff: _____</p>
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**POLICY:**

1. All Medical Staff members practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
2. This policy outlines collegial and educational efforts to be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Fair Hearing Plan.
3. This policy is also intended to address sexual harassment of employees, patients, and other members of the medical staff, and others, which will not be tolerated.
4. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

**DEFINITION AND EXAMPLES:**

To aid in both the collegial education of Medical Staff members and in the enforcement of this Policy, behavior that undermines a culture of safety includes:

Inappropriate Behavior: means conduct that is unwarranted and is reasonably interpreted by a reasonably prudent person under similar circumstances to be demeaning or offensive. Persistent, repeated inappropriate behavior will be subject to treatment as disruptive behavior. Inappropriate behavior is discouraged. Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements.
- Name calling.
- Use of profanity or disrespectful language.
- Inappropriate comments written in the medical record.
- Blatant failure to respond to patient care needs or staff requests.
- Personal sarcasm or cynicism.
- Lack of cooperation without good cause.
- Refusal to return phone calls, pages, or other messages concerning patient care or safety.
- Condescending language; and
- Degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.

**Disruptive Behavior:** means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety likely would be compromised. Examples of disruptive behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone in the hospital including physicians, nurses, other medical staff members, or any hospital employee, administrator, or member of the Board of Directors.
- Physical contact with another individual that is threatening or intimidating.
- Throwing instruments, charts, or other things.
- Threats of violence or retribution.
- Sexual harassment; and,
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

**Harassment:** means conduct toward others based on their race, religion, gender, sexual orientation, nationality, or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates offensive, intimidating or otherwise hostile work environment.

**Sexual Harassment:** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment.

#### **GENERAL GUIDELINES/PRINCIPLES:**

1. Issues of conduct by members of the Medical Staff will be addressed in accordance with this policy.
2. Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Medical Staff Bylaws and their supporting documents. In the event of any apparent or actual conflict between this Policy and the Medical Staff Bylaws and their supporting documents, the provisions of this Policy shall control.
3. This policy outlines collegial steps (i.e., counseling, warnings, and meetings with a physician) that can be taken in an attempt to resolve complaints about inappropriate conduct exhibited by physicians. However, there may be a single incident of inappropriate conduct or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in this policy precludes an immediate referral to the Executive Committee or the elimination of any particular step in the Policy when dealing with a complaint about inappropriate conduct.
4. The Medical Staff leadership and Hospital Administration shall provide orientation and education to make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy prohibiting sexual harassment and requiring respectful, dignified conduct. The Medical Staff leadership and Hospital Administration shall institute procedures to facilitate prompt reporting of conduct which may violate the Policy and prompt action as appropriate under the circumstances.

#### **PROCEDURE WHEN A CONCERN IS RAISED:**

1. Nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by a physician shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, they shall notify any member of Administration. Any physician who observes such

behavior by another physician shall notify the Service Line Chair. Upon learning of the occurrence of an incident of inappropriate conduct, the supervisor/Administration/Service Line Chair member shall request that the individual who reported the incident document it in writing by completing a quality concern form. In the alternative, the supervisor/Administrative/Service Line Chair member may document the incident on a quality concern form as reported. The quality concern form can be found on RidgeNet, under Safety and Compliance, Quality Reporting.

The documentation should include:

- a. The date, time, and location of the incident.
  - b. A factual description of the questionable behavior.
  - c. The name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident.
  - d. The circumstances which precipitated the incident.
  - e. The names of other witnesses to the incident.
  - f. Consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations.
  - g. Any action taken to intervene in, or remedy, the incident.
  - h. The name and signature of the individual reporting the complaint of inappropriate conduct.
2. The quality concern will be reviewed by the Medical Staff Quality Committee/Chair and the Medical Staff Professional Practice Evaluation Policy and Professional Practice flow sheet will be followed. A Focused Professional Practice Evaluation (FPPE) may be initiated.
  3. The identity of an individual reporting a complaint of inappropriate conduct may not be disclosed to the physician during these efforts, unless agreed in advance that it is appropriate to do so. In any case, the physician shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate disciplinary action pursuant to the Fair Hearing Plan.
  4. If any documentation is prepared regarding efforts to address the concerns, the physician shall be apprised of that documentation and given an opportunity to respond in writing. *The document will be placed in the providers quality file in the Medical Staff Office.*
  5. If additional complaints are received concerning a physician; Hospital Administration and the Medical Staff may continue to utilize the collegial and educational steps noted in this Policy as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns. At any point in this process, however, the Service Line Chair or Hospital Administration may refer the matter to the Executive committee for review and action in accordance with the Fair Hearing Plan.
  6. If repeat offenses occur, or if the first offense is so blatant\* that it is felt medical staff involvement is necessary, the Service Chair and Chief of Staff will be notified, and a written summary will be given to the physician; a copy of the summary will be placed in physician's credential file and forwarded to the Executive Committee. For this and further offenses, the medical staff Fair Hearing Plan process may be utilized.

\*Offenses may be declared "blatant" by consensus of the Chief of Staff and hospital CEO.

7. Whenever these matters are referred, the Executive Committee shall be fully apprised of the

previous warnings issued to the physician and the actions that were taken to address the concerns. When it makes such a referral, the *Medical Staff Quality Committee* may also suggest a recommended course of action for the physician (e.g.: behavior modification course; development of conditions for continued practice for the individual; suspensions). The Executive Committee may, at any point in the investigation, refer the matter to the Board without a recommendation. Any further action, including any hearing or appeal, shall then be conducted under the direction of the Board.

### **SEXUAL HARASSMENT CONCERNS:**

1. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions. A meeting shall be held per the above guidelines, with the physician to discuss the incident. If the physician has agreed to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning, a copy of which will be placed in the physician's credential file. This letter shall also set forth those additional actions, if any, that result from the meeting.
2. If the physician refuses to agree to stop the conduct immediately, this refusal shall result in the matter being referred to Executive Committee to be formally investigated pursuant to the Fair Hearing Plan.
3. Any reports of retaliation or any further reports of sexual harassment, after the physician has agreed to stop the improper conduct, shall result in an immediate investigation by Hospital Administration and Executive Committee (or its designee(s)). If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the Fair Hearing Plan shall be conducted. Should this investigation result in an action that entitles the individual to request a hearing under the Fair Hearing Plan, the physician shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.
4. To effectuate the objectives of this Policy, and except as otherwise may be determined by the Executive Committee, the physician's counsel shall not attend any of the meetings described above.

### References

"Model Medical Staff Code of Conduct." AMA revised 2012.