

Title:	Code of Conduct		
Department:	Medical Staff Services		
Approver(s):	Medical Executive Committee		
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SECTION 1 – POLICY

1.1 Policy Statement

It is the policy of Hendrick Medical Center that all individuals are to be treated courteously, respectfully and with dignity. Medical Staff members have a responsibility for the welfare, well-being, and betterment of their patients, along with a responsibility to maintain their own professional and personal well-being.

1. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Medical Staff Members and Allied Health Professionals 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 that can 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 process in the Medical Staff Hearing Plan.
3. 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 workplace harassment are also critical. While taking complaints seriously, it is also the intent of this Policy to protect against the consequences of unfounded or unfair allegations.
4. All efforts undertaken pursuant to this Policy will be part of the Hospital’s performance improvement and professional and peer review activities.

When a Medical Staff member is found to have fallen short of these expectations, the Medical Staff supports intervention strategies focused on restoring trust; however, disciplinary measures will be undertaken when necessary to ensure safety.

1.2 Definitions

Examples of inappropriate and disruptive behavior include but are not limited to the following definitions directed at Medical Staff members, patients, patients' families, other health care providers, hospital employees, students, visitors, vendors, volunteers, or others on Hospital premises who engage in business with or at the Hospital.

Inappropriate Behavior means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated, inappropriate behavior can become a form of harassment and thereby become disruptive and subject to treatment as disruptive behavior:

1. Belittling or berating statements, non-constructive criticism;
2. Name calling, degrading or demeaning comments;
3. Use of profanity, threatening, abusive, vulgar, or disrespectful language;
4. Derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
5. Inappropriate medical records entries impugning the quality of care provided by the Hospital, other Medical Staff members or any other individuals;
6. Blatant failure to respond to patient care needs or staff requests;
7. Personal sarcasm or cynicism;
8. Refusal to return phone calls, pages, or other messages concerning patient care; and/or
9. Condescending language, degrading or demeaning comments regarding patients, patients' families, other Medical Staff members or Allied Health Professionals, or hospital employees.

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 or patient safety could be compromised:

1. Physically threatening language directed at anyone on the hospital campus;
2. Physical contact with another individual that is threatening or intimidating;
3. Throwing objects, such as instruments, equipment, or supplies;
4. Threats of violence or retribution;
5. Workplace harassment defined in Administrative policy;
6. Repetitive inappropriate comments or disruptions in meetings;
7. Imposing onerous requirements on hospital employees;
8. Refusal to abide by the Medical Staff Bylaws and policies or an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff, Allied Health Professionals, and Hospital staff; and/or
9. Other forms of harassment including but not limited to persistent inappropriate behavior and repeated threats of litigation.

Harassment means conduct toward others based on but not limited to their race, religion, color, national origin, physician or mental disability, marital status, sex, age, or sexual orientation which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

Sexual harassment means unwelcome sexual advances, requests for sexual favors, or unwelcome conduct of a sexual nature 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.

1.3 Purpose

This code is a statement of guidelines for professional behavior of the Medical Staff in all dealings with Medical Staff members, patients, patients' families, other health care providers, hospital employees, students, visitors, vendors, volunteers, or others on Hospital premises who engage in business with or at the Hospital.

SECTION TWO – COMMITTEE

2.1 Code of Conduct Committee

The Code of Conduct Committee ("Committee") reviews complaints against Medical Staff members related to conduct.

2.2 Composition

The Code of Conduct Committee is an ad hoc, not a standing committee, of the Medical Staff. The Code of Conduct Committee consists of the Chief Medical Officer, the current Chief of Staff, the current Vice Chief of Staff and a fourth Member who is a member of the Medical Staff chosen by the first three members. The fourth member may be a member of the Honorary Staff. Refer to Section 3 for duties of the Committee.

2.3 Meetings

The Code of Conduct Committee is chaired by the current Chief of Staff and meets as necessary. If minutes or notes are maintained from meetings, the documentation will include who was present, the date of the meeting, and the Committee's decision. The Committee reports to the MEC through the Chief of Staff.

SECTION THREE – PROCEDURE

3.1 General Guidelines/Principles

3.1.1 Issues of conduct by or involving employed Medical Staff Members may be addressed in accordance with Human Resources policies and/or pursuant to the contract. Issues of conduct by or involving non-employed Medical Staff Members will be addressed in accordance with this policy.

- A. Issues of conduct may be addressed initially by a meeting with the Chief of Staff and/or Chief Medical Officer.

- B. In order to effectuate the objectives of this policy, and except as otherwise may be determined, neither the Hospital's legal counsel nor the Medical Staff Member's and/or Allied Health Professional's legal counsel may attend any of the meetings described in this policy.

3.1.2 The Medical Staff leadership and Hospital Administration will make employees, Members of the Medical Staff and Allied Health Professionals Staff, and other personnel in the Hospital aware of this Policy, and will institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

3.2 Reporting of Alleged Inappropriate Conduct

3.2.1 It is preferred that complaints against Medical Staff Members be in writing. Reports should include:

- A. The date and time 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; and,
- G. Any action taken to intervene in, or remedy, the incident.

3.2.2 Reports may be submitted to a member of the Human Resources department, to a member of the Committee, or to a member of the Hospital's Executive Leadership team. Reports may also be submitted through the event management system, or through the compliance hotline at 877- 445-7987 or 325-670-7676. When a report is received regarding a Medical Staff Member or Allied Health Professional, the report will be forwarded to the Committee. The Committee will then proceed in accordance with this policy.

3.2.3 A letter should be generated to the complainant acknowledging receipt of the complaint and that the complaint will be handled according to policy.

3.5 Committee Reviews of Complaints

3.5.1 The Committee may meet with the individual who prepared the complaint and/or any

witnesses to the incident to ascertain the details of the incident.

- 3.5.2 Complaints that are deemed to be insignificant and which require no action by the Committee will be maintained in the Medical Staff Office, for the Committee, with the Committee meeting minutes, not in the Affected Member's file. The Committee has the discretion to notify the Affected Member that a complaint was received and that no action was taken.
- 3.5.3 If the Committee determines that an incident of inappropriate conduct has likely occurred, the Committee has several options including but not limited to the following:
 - A. Notify the Affected Member that a complaint has been received and issue a request to the Affected Member to meet with one or more members of the Committee to discuss;
 - B. Send the Affected Member a letter of guidance about the incident;
 - C. Provide education for the Affected Member about administrative channels that are available for registering complaints or concerns about quality or services, if the Affected Member's conduct suggests that such concerns led to the behavior. Identify other sources of support for the Affected Member, as appropriate;
 - D. Send the Affected Member a letter of warning or reprimand, including if there have been prior incidents and/or a pattern that may be developing; and/or
 - E. Have a Committee member(s), or the Committee as a group, meet with the Affected Member for counseling and education about the concerns and the necessity to modify the behavior in question.
- 3.5.4 Unless otherwise required by law, in general, the identity of an individual reporting a complaint of inappropriate conduct will be kept confidential. However, at the discretion of the Committee, the identity of an individual reporting a complaint of inappropriate conduct may be disclosed to the Affected Member during these efforts. If such disclosure is made, the Affected Member will be advised that any retaliation against the individual reporting or making a complaint will be grounds for immediate referral to the MEC.
- 3.5.5 Documentation to address a complaint is at the discretion of the Committee. If the Committee prepares any documentation for an Affected Member's confidential file regarding efforts to address a complaint, the Affected Member will be apprised of such documentation and given an opportunity to respond in writing. Any such response will be kept in the Affected Member's confidential file along with the original complaint and the Committee's documentation.
- 3.5.6 If additional complaints are received concerning an Affected Member, the Committee may continue to utilize the collegial and educational steps noted herein as long as the Committee believes there is still a reasonable likelihood that such efforts will resolve the complaints.

3.5.7 At any point, the Committee may refer the matter to the MEC for review and action. The MEC will be fully apprised of the actions taken by the Committee or others to address the complaint. When a referral is made, the Committee may also recommend a course of action to the MEC. The MEC may take additional steps to address the complaint including but not limited to the following:

- A. Require the Affected Member to meet with the MEC;
- B. Issue a letter of warning or reprimand;
- C. Require the Affected Member to complete a behavior modification course;
- D. Suspend the Affected Member's clinical privileges for ten (10) days or less; and or
- E. Refer the matter to the Physician Health & Rehabilitation Committee.

The imposition of any of the actions listed above does not entitle the Affected Member to a hearing or appeal.

At any point the MEC may also make a recommendation regarding the Affected Member's continued membership and clinical privileges that does entitle the Affected Member to a hearing as outlined in the Medical Staff Bylaws or may refer the matter to the Hospital Board of Trustees without a recommendation. If the matter is referred to the Hospital Board of Trustees, any further action including any hearing or appeal will be conducted under the direction of the Board of Trustees.