



<b>Title:</b>	Medical Staff Office - Code of Conduct for Medical Staff and Practitioners				
<b>Version:</b>	1	<b>Approved:</b>	Committee - Board of Trustees, Committee - Med Exec	<b>Date:</b>	09/04/2013

## 1.0 Purpose:

This policy is to ensure that **Midland Memorial Hospital** is a safe and constructive workplace for everyone who is striving to provide the highest-quality patient care and to provide a method for reviewing and reporting events of physician behavior that are unexpected or in violation of the medical staff bylaws, regulations, and policies.

1.1 It is the expectation of the [Midland Memorial Hospital] board of trustees that all members of the medical staff act in a professional and cooperative manner at the hospital, treating all patients and persons involved in their care with courtesy, dignity, and respect. These expectations are defined by the code of conduct.

1.2 Each member of the medical staff (individually, “physician”) granted privileges at the hospital shall be required to acknowledge and agree to be bound by the code of conduct at the time of appointment/reappointment to promote and focus awareness of the essential elements of this policy.

1.3 This policy sets forth procedures for reviewing and addressing behavioral incidents when a member of the medical staff conducts himself or herself in a manner that is inconsistent with this code of conduct.

## 2.0 Definitions

Disruptive or inappropriate behavior can be defined as an aberrant style of personal interaction between members of the healthcare team, patients, and/or their family members that interferes with the delivery of excellent patient care. The behavior could take the form of language, personal habits, or physical confrontation. The following is a list of examples and is not intended to be all-inclusive of disruptive or inappropriate behavior:

- Using threatening, intimidating, or abusive language or gestures directed at patients, families, members of the healthcare team, or the hospital
- Making berating, degrading, derogatory, or demeaning comments regarding patients, families, members of the healthcare team, or the hospital
- Using profanity or similarly offensive language while speaking with anyone in the hospital
- Engaging in inappropriate or offensive conversations while providing patient care
- Engaging in nonconstructive criticism, addressed to a recipient in such a way as to intimidate, humiliate, berate, undermine confidence, belittle, or imply stupidity or incompetence
- Making physical contact with another individual that is perceived to be threatening or intimidating
- Making derogatory comments about the quality of care being provided at the hospital or by another member of the healthcare team

- Making medical record entries that criticize the quality of care being provided by the hospital or any other member of the healthcare team or that are not relevant to the delivery of care to the patient
- Refusing to abide by medical staff requirements as delineated in the medical staff bylaws, regulations, or policies
- Retaliating against or intimidating any employee or other individual for reporting behavior believed to be in violation of this code or in conjunction with completing any report regarding physician behavior

### **3.0 Harassment**

An effective healthcare environment is one that is free from harassment of any kind, including sexual harassment.

Harassing behaviors include:

- Verbal conduct, such as epithets, derogatory remarks, jokes or slurs, unwelcome sexual remarks, invitations, or comments, that is related to gender/sexual orientation, religion, mental or physical disability, medical condition, marital status, or any protected basis such as race, age, color, or national origin
- Visual conduct, such as displays of derogatory or otherwise offensive posters, cards, calendars, photographs, cartoons, graffiti, drawings, mail or electronic mail, or gestures, that is related to gender/sexual orientation, religion, mental or physical disability, medical condition, marital status, or any protected basis such as race, age, color, or national origin
- Physical conduct, such as assault, unwelcome touching, blocking normal movement, or interfering with work, that is related to gender/sexual orientation, religion, mental or physical disability, medical condition, marital status, or any protected basis such as race, age, color, or national origin

### **4.0 Objective**

4.1 The objective of this code of conduct is to promote quality patient care by creating a safe, cooperative, and professional healthcare environment and to prevent or eliminate to the greatest extent possible conduct that:

- Disrupts the care of patients
- Adversely affects the operation of the hospital
- Adversely affects the ability of others to do their jobs
- Intimidates or demeans any person's ability or role in the hospital
- Creates a hostile work environment for hospital employees or medical staff members
- Adversely affects the community's confidence in the hospital and the medical staff

4.2 Examples of both desirable and undesirable behavior are provided in the following subsection. This is a list of examples and is not intended to be all-inclusive.

4.2.1 Desirable behaviors include those in which a physician:

- Responds in a timely manner to patient needs
- Supports teamwork among caregivers

- Shows respect to peers, employees, volunteers, caregivers, physicians, hospital staff members, patients, and families
- Discusses problems in a constructive manner
- Demonstrates patience in stressful situations
- Complies with policies and procedures

4.2.2 Undesirable behaviors include those in which a physician:

- Is slow to respond or does not respond at all to patient needs
- Engages in inappropriate nonclinical conversations while providing patient care
- Exhibits extreme frustration and anger
- Belittles or demeans others
- Neglects to communicate effectively
- Makes negative comments to patients about their treatment in the hospital
- Uses threatening language, gestures, profanity, or threats of retaliation
- Displays passive-aggressive behavior
- Fails to comply with bylaws, policies, and procedures

## **5.0 Procedures**

5.1 General guidelines/principles

5.1.1 Issues of employee conduct toward a medical staff member will be dealt with in accordance with the hospital's human resources policies. Issues of conduct by members of the medical staff (physicians) will be addressed in accordance with this policy.

5.1.2 Every effort will be made to coordinate the actions described in this policy with the provisions of the medical staff bylaws and regulations. In the event of any apparent or actual conflict between this policy and the medical staff bylaws and regulations, the medical staff bylaws and regulations shall prevail.

5.1.3 The medical staff policy, "Behavioral Event Review Process," 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.

5.1.4 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 policies prohibiting sexual harassment and requiring respectful dignified conduct. The medical staff leadership and hospital administration shall

institute procedures to facilitate prompt reporting of conduct that may violate this policy and prompt action as appropriate under the circumstances.

## 5.2 Procedural guidelines for responding to a concern

5.2.1 Nurses and other hospital employees who observe or are subjected to inappropriate conduct by a physician shall notify their supervisors about the incident. Any physician who observes such behavior by another physician shall notify his/her section chief, department chair or any member of Medical Staff Quality Council (MSQC). After learning of the occurrence of an incident of inappropriate conduct, the supervisor/MSQC member shall request that the individual who reported the incident document it in writing. As an alternative, the supervisor/MSQC member may document the incident as reported.

5.2.2 The documentation should include:

- The date and time of the incident
- A factual description of the questionable behavior
- The names of any patients or patient's family members who may have been involved in the incident, including any patient or family member who may have witnessed the incident
- The circumstances that precipitated the incident
- The names of other witnesses to the incident
- Consequences, if any, of the behavior as it relates to patient care, personnel, or hospital operations
- Any action taken to intervene in or remedy the incident
- The name and signature of the individual reporting the complaint of inappropriate conduct

5.2.3 The supervisor/MSQC member shall forward the report to the section chief or department chair. The section chief or department chair shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.

5.2.4 If the section chief and/or department chair determines that an incident of inappropriate conduct has likely occurred, several options available to it, including, but not limited to, the following options:

### 5.2.4.1 Clear the file

No action needs to be taken. Those issues that are cleared would be defined as behavior that is inconsequential.

### 5.2.4.2 Monitor

The issue would be reviewed on a routine basis by the specified department. A threshold would be determined as to the frequency or severity of issues that would require further action. Those issues that are monitored would be significant issues that can be explained or are understandable under the circumstances, but could be indicative of an aberrant behavioral pattern.

#### 5.2.4.3 Educate

This option would involve behavior that would disrupt the quality patient care if not corrected. An educational session would require a representative from the department, section or designee committee to explain and educate the physician to prevent a repeat of the issue reported. The physician must document his or her account and actions in writing to the designated committee. The educational session will be documented by memo or the appropriate form by the designated committee member(s), with a copy going to the physician and the physician's peer file. Such documentation will contain a summary of the meeting, including any expectations of the medical staff discussed with the physician.

Education will be recommended based on one of the following levels, depending on the significance of the event/concern:

Level 1: For informational purposes to change (improve) patterns of behavior

Level 2: For interventional purposes to remediate unacceptable behavior that could predictably result in adverse outcomes

#### 5.2.4.4 Refer

The issues would be determined significant enough that the physician would require a face-to-face meeting with the MSQC. These issues could also have exceeded the threshold set in the monitor pathway. Issues that would be referred are those that patently interfere with the process of delivering good patient care.

A drug or alcohol screen may be required before, or at the time, the designated committee makes its recommendation or referral.

Non-physician issues: These issues would be referred to the appropriate medical staff and/or hospital committee or individual for consideration.

#### 5.2.4.5 Immediate review/action

Immediate review and/or action will be initiated on an urgent and emergent basis in the event that a clinician's egregious behavior appears to be risking the life or limb or the general well-being of a patient. Additionally, harassment of hospital personnel as defined in the medical staff regulations, or of anyone associated with hospital, will initiate an immediate review and/or action. These events will be promptly reported to the chief of staff (COS), chief of staff elect (COSE) of Midland Memorial Hospital.

5.2.5 These MSQC efforts are intended to be collegial, with the goal of helping the physician understand that certain conduct is inappropriate and unacceptable.

5.2.6 The MSQC efforts can be used to educate the physician about administrative channels that are available for registering complaints or concerns about quality or services, if the physician's conduct suggests that such concerns led to the behavior. Other sources of support or counseling can also be identified for the physician, as appropriate.

5.2.7 The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the physician during these efforts, unless the MSQC members agrees 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 medical staff bylaws, regulations, and policies.

5.2.8 If the MSQC prepares any documentation for a physician's file regarding its efforts to address concerns with the physician, the physician shall be apprised, in a written notification, of that documentation and the physician's opportunity to respond in writing. Any such response shall then be kept in the physician's confidential file along with the original concern and the MSQC documentation.

## 6.0 Performance monitoring

As an element of the medical staff's ongoing professional practice evaluation (OPPE) process, behavioral incidents involving physicians shall be tracked on an ongoing basis to identify any trends. In such cases the MSQC, COS or COSE shall designate the physician's section chief or his/her representative to track compliance after an incident. The section chief may use any appropriate tracking means including, but not limited to, resources from Quality Management, Medical Records or personal interviews to help assess the behavior of the physician. Results will be provided to the division chief and the credentials committee as one of the criteria to recommend reappointment of the physician. Also refer to [Physician Provider Reporting Guideline](#), [Medical Staff Office - Process for Handling Grievances Regarding Physicians](#), [Medical Staff Office - Process for Handling Incident Reports Regarding Physicians](#)

## 7.0 Confidentiality

7.1 All members of the medical staff and all hospital employees involved in the reporting and review of a behavioral incident are responsible for maintaining the confidentiality of information in connection with the incident. In addition, the involved physician must maintain the confidentiality of information relating to the incident. Except as otherwise provided by law, all communications to address the incident among department leadership, medical staff leadership, involved medical staff committees, and hospital executives are confidential and privileged.

7.2 The chief of staff and CEO should be notified of any breach of confidentiality by any person involved in reporting or reviewing a behavioral incident.

**References:** R. Dean White, DDS, MS, Texas Health Harris Methodist Hospital HEB in Dallas/Fort Worth.

Revision number	Date	Description of Document or Document Change
1	09/04/2013	MSQC approved 8/15/2013 MEC approved 9/3/2013

When printed, this document is effective for 48 hours from 11/7/2013

