Objective: The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative, and professional health care environment free of harassment, intimidation or exploitation.

Section 1 – Code of Behavior

The purpose of this Code of Conduct is to serve as a guide for health care professionals associated with PHSW. It describes a climate of respect, courtesy and compassion. Its affirmation will maintain the confidence and trust of the community in our skills, judgment and professionalism.

We will always endeavor to:
- Respect the dignity of each individual
- Do what is in our patients’ best interest
- Maintain confidentiality of information
- Communicate with patients, family and coworkers in a courteous manner
- Encourage and assist patients and family to be active partners in the decision-making process
- Listen to and respect the opinion of our nursing and other professional colleagues
- Promote a spirit of teamwork
- Maintain our composure and professionalism
- Respond expeditiously and with courtesy when called up on
- Refrain from making discriminatory judgments based upon financial, ethnic or religious factors

Section 2 - Definitions of Disruptive Behavior

The practitioner whose conduct and behavior disrupts the operation of the hospital, affects the ability of others to do their jobs, creates a hostile work environment for hospital employees, medical staff members or interferes with an individual’s ability to practice competently is disruptive. Such behavior is unacceptable and can take many forms including:

1. Any verbal or physical aggression directed at other medical staff, employees or patients;
2. Impertinent, profane or inappropriate comments or illustrations made in patient medical records, or other official documents, impugning the quality of care in the hospital or attacking particular physicians, nurses, or hospital policies;
3. Non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or to imply stupidity, or incompetence;
4. Use of profanity or offensive sexual, racial ethnic remarks or jokes in the presence of employees, patients or families;
5. Performance of medical staff duties with hostility, contempt or intentional avoidance;
6. Imposing inappropriate and burdensome requirements on the nursing staff or employees;
7. The bringing of firearms or weapons into medical center premises;
8. Viewing, distributing or downloading any sexually explicit materials or inappropriate or offensive materials;
9. Sexual harassment, including sexual advances of a verbal or physical nature;
10. Throwing of instruments or equipment.
Section 3 – Reporting Disruptive Behavior

1. Declaring an Incident:
   a. An employee shall document the incident on an Occurrence Report and submit the report to his/her supervisor.
   b. A physician/practitioner shall submit a report to the medical staff office.
   c. A hospital patient or visitor wishing to report an incident shall be directed to Patient Relations.

2. Reporting an incident should include:
   a. The date and time of the incident;
   b. If the behavior affected or involved a patient in any way, and the name of the patient;
   c. The circumstances which precipitated the incident;
   d. A description of the behavior expressed in factual, objective language as much as possible;
   e. The consequences, if any, of the incident as it relates to patient care or hospital operations; and
   f. Record of any action taken to address the incident including date, time, place, action, and names(s) of those intervening.

Section 4 – Initial Action & Follow-up

1. Once received, a report will be investigated by the Department Supervisor, Patient Relations or Department Chair and shall promptly be discussed with the physician/practitioner. Emphasis will be placed on resolving the matter between the physician/practitioner and the individual who submitted the occurrence report. Unfounded reports may be dismissed.

2. Any retaliation against the person reporting a concern will be grounds for immediate referral to the Executive Committee.

3. If the matter was not resolved at this stage, the report shall be submitted to the President of the Medical Staff or the Chief Medical Officer. The initial approach should be collegial and designed to be helpful to the practitioner. The first step for resolution of the incident will include:
   a. Review and comment on the incident by the Medical Staff President and or Chief Medical Officer or Vice President of Quality & Medical Affairs
   b. Review and comment on the incident by the Department Chair
   c. Written acknowledgement of review and comment on the incident by the Practitioner involved will be the final step before filing in the Practitioner’s file

Emphasize that if the behavior continues, more formal action will be taken to stop it. Informal meetings/discussions shall be documented.

4. If it appears to the Chief Medical Officer, (or designee) and/or the President of the Medical Staff that a pattern of disruptive behavior is developing, one or more shall discuss the matter formally with the practitioner with full documentation of the discussion and corrective action plan. Other medical staff leaders, including the Physicians Committee, may be requested to participate if their presence is thought to be beneficial to resolution of the issue. Any documentation for a practitioner’s file will be shared with the practitioner and he/she will be given an opportunity to respond in writing. Any such response will be kept in the practitioner’s file along with the original concern.

Section 5 – Referral to the Executive Committee/Governing Body

1. If such behavior continues the Executive Committee will take additional steps to address the concerns which may include:
   a. Require the practitioner to meet with the full Executive Committee
   b. Issue a letter of warning or reprimand
c. Impose an individualized code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner’s adherence to it
d. Suspend the practitioner’s clinical privileges for less than 30 days

The imposition of any of these actions is not reportable to the national practitioner data bank, and does not entitle the practitioner to a hearing or appeal.

2. A single similar related additional incident shall result in initiation of formal disciplinary action pursuant to the hospital or Medical Staff Bylaws on Appointment, Reappointment and Clinical Privileges. Suspension may be appropriate pending this process. The Medical Staff Executive Committee shall be fully apprised of the previous warnings issued to the physician so it is able to take whatever action is necessary to terminate the unacceptable conduct.

Section 6 – Sexual Harassment

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following action:

a. A meeting with the President of the Medical Staff or his/her designee and the CEO or his/her designee shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the practitioner’s file.

b. If the practitioner does not stop the conduct immediately, this shall result in the matter being referred to the Executive Committee for review.

c. Any reports of retaliation or any further report of sexual harassment, after the practitioner has been notified of the improper conduct, shall result in a immediate investigation. If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the formal disciplinary process shall be conducted.

Section 7 – File Documentation

1. At any step in this policy whereby documentation or letters are produced and filed in the physician/practitioner’s peer review file, the physician/practitioner will be so notified and allowed to comment.

2. All efforts undertaken pursuant to this policy shall be part of the hospital’s performance improvement and professional peer review activities.

ANNUAL REVIEW: 12/99, 3/2000, 4/01 Revised 9/2003,(4/07- includes content from MSP#020-Harassment; MSP#023-Firearms; and MSP#026-Internet Access which will be eliminated as separate credentialing policies) Bylaws Committee Review: 4/19/07 Executive Committee Review: 3/00, 10/2/07, 5/2/12 Board of Directors Review: 5/00, 10/17/07, 6/18/12
Outlined below are the expectations that physicians have of each other as members of our medical staff. These expectations reflect current medical staff bylaws, policies and procedures and organizational policies to bring together the most important issues found in those documents and key concepts reflecting our medical staff’s culture and vision. While these expectations will provide a guide for the medical staff in selecting measures of physician competency, not every expectation will be directly measured.

**Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:

1. Provide effective patient care that consistently meets or exceeds medical staff or appropriate external standards of care as defined by comparative outcome data, medical literature and results of peer review activities.
2. Plan and provide appropriate patient management based on accurate patient information, patient preferences, current indications and available scientific evidence using sound clinical judgment.
3. Demonstrate caring and respectful behaviors when interacting with patients and their families.
4. Provide for patient comfort by managing acute and chronic pain according to medically appropriate standards.
5. Counsel and educate patients and their families.
6. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
7. If applicable, supervise residents, students and allied health professionals to assure patients receive the highest quality of care.

**Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others as evidenced by the following:

1. Use evidence-based guidelines when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment.
2. Maintain ongoing medical education and board certification appropriate for each specialty as defined by the medical staff bylaws.
3. Demonstrate appropriate procedural and cognitive skills as required by the medical staff.

**Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as evidenced by the following:

1. Communicate effectively with physicians, other caregivers, patients and families to ensure accurate transfer of information through appropriate oral and written methods according to hospital policies. Request inpatient consultations by providing adequate communication with the consultant including a clear reason for consultation and direct physician-to-physician contact for all consultation requests.
2. Provide direct physician to physician contact when accepting provider is new to the care of the patient and is unaware of patient’s medical condition, such as
   a) Admission from the Emergency Department to a special service
   b) Transfer from one service/attending to a new specialty service or attending
   c) Transfer to/from a higher level of care when the provider changes (i.e., intensivist to hospitalist)
   d) Transfer between facilities
3. Maintain medical records consistent with the medical staff bylaws, rules, regulations and policies.
4. Work effectively with others as a member the health care team.
5. Maintain patient satisfaction with physician care.

**Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society as evidenced by the following:

1. Act in a professional, respectful manner at all times and adhere to the Medical Staff Code of Conduct.
2. Respond promptly to requests for patient care needs.
3. Address disagreements in a constructive, respectful manner away from patients or non-involved caregivers.
4. Participate in emergency call as defined in the bylaws, rules and regulations
5. Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and discussion of unanticipated adverse outcomes.
6. Utilize sensitivity and responsiveness to culture, age, gender, and disabilities for patients and staff.
7. Make positive contributions to the medical staff by participating actively in medical staff functions, serving when requested and by responding in a timely manner when input is requested.

**Systems Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare as evidenced by the following:

1. Comply with hospital efforts and policies to maintain a patient safety culture, reduce medical errors, and meet national patient safety goals.
2. Follow nationally recognized recommendations regarding infection control procedures and precautions when participating in patient care.
3. Ensure timely and continuous care of patients by clear identification of covering physicians and by availability through appropriate and timely electronic communication systems.
4. Provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources.
5. Cooperate with guidelines for appropriate hospital admission, level of care transfer, and timely discharge to outpatient management when medically appropriate.

**Practice Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. Regularly review your individual and specialty data for all general competencies and use the data for self improvement of patient care.
2. Respond in a constructive manner when contacted regarding concerns about patient care.
3. Use hospital information technology to manage information and access on-line medical information.
4. Facilitate the learning of students, trainees and other health care professionals.

MEC Approval: 7/7/10, 5/2/12
Board of Directors: 9/15/10, 6/18/12
I acknowledge that I have reviewed the PHSW Code of Conduct & Management of Disruptive Behavior and Behavior Expectations policies and agree to abide by the Code of Behavior guidelines. **I also understand that I will be notified and asked to comment on and address any incidents in which I may be perceived as being disruptive in the workplace.**

_________________________________________________
Signature

_____________________  ____________________
Date

Printed Name: ______________________________________

Please return this page to the Medical Staff Office with your appointment/reappointment documents.