

Title: Medical Staff Code of Conduct Policy	Effective Date: 6/3/2014
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Policy

It is the policy of this hospital to treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the Board requires that all members of the Medical Staff conduct themselves in a professional and cooperative manner in the hospital. The hospital intends to enforce this policy in a firm, fair, and equitable manner.

Objective

The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate (to the extent possible) conduct that:

- disrupts the operation of the hospital
- affects the ability of others to do their jobs
- creates a hostile work environment for hospital employees or other medical staff members
- interferes with an individual's ability to practice competently
- adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care

Our Values

This values statement for Carroll Hospital Center expresses the standard of conduct, which exemplifies the hospital's SPIRIT values:

Service..... exceed customer expectations
Performance..... deliver efficient, high quality service and achieve excellence
..... in all we do
Innovation..... take the initiative to make it better
Respect..... honor the dignity and worth of all
Integrity uphold the highest standards of ethics and honesty
Teamwork..... work together, win together

Guidelines

Incidents of disruptive conduct or inappropriate behavior shall result in an investigation, efforts to improve poor performance and possible corrective action with Administrative Resolution or formal Corrective Action by the MEC as defined in the Medical Staff Bylaws. Summary suspension may be appropriate pending these processes.

The AMA, in Medical Ethics Opinion E-9.045, indicates that “personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one’s ability to work with other members of the health care team). However, criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior.”

Definitions

Misconduct may include, but is not limited to, behavior such as the following:

- Repeated use of vile, intemperate, offensive or abusive language
- Repeated acting in a rude, insolent, demeaning or disrespectful behavior
- Verbal and physical threats, intimidation or coercion
- Actual physical abuse or unwanted touching
- Illegal discrimination against persons, or refusal to provide patient care services based upon unlawful criteria
- Attacks—verbal or physical—leveled at other members of the medical staff, hospital associates, patients, or patients’ families that are personal, inappropriate, rude or go beyond the bounds of fair professional conduct
- Criticism leveled at the recipient in such a way that it intimidates, undermines confidence, belittles, or implies stupidity or incompetence
- Deliberate destruction or damage to property
- Inappropriate verbal statements or entries in the patient medical record, which have the primary purpose or effect of attacking or belittling other providers, imputing stupidity or incompetence of other providers or impugning the quality of care of other providers. Appropriate and necessary critiques or constructive criticisms should be documented in a professional manner focused only on the clinical requirements of patient care.
- Violations of CHC’s Code of Conduct as applicable to Members of the Medical Staff of Carroll Hospital Center or its affiliates. Enforcement and discipline as it pertains to violations of the Code of Conduct with respect to members of the Medical Staff who are not employees of Carroll Hospital Center or its affiliates will be handled under the specific provisions of the Medical Staff Code of Conduct Policy and/or the Medical Staff Bylaws and not under the Hospital Code of Conduct Policy
- Abandonment of a patient
- Falsification of records

Sexual harassment is defined as: “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to or rejection of this conduct explicitly affects an individual’s employment, unreasonably interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment.” Specific behaviors which will not be tolerated include but are not limited to the following:

- Inappropriate and/or unwelcome physical contact;
- Physical advances such as kissing, pinching, patting or fondling;
- Offensive body action such as leering, standing uncomfortably close to someone, or making sexually explicit gestures;
- Offensive comments about one’s anatomy, attire or appearance;

- Stereotypical, derogatory, demeaning, or otherwise offensive jokes or remarks;
- Unwelcome attention such as persistent and/or unwelcome flirtation;
- Verbal advances such as expression of sexual interest or sexual inquiries;
- Sexually explicit or obscene messages;
- Use of crude and/or offensive language;
- Displays of pictures, posters and/or cartoons which may be considered offensive;
- Gestures or comments indicating favorable treatment in exchange for sexual or romantic favors;
- Gestures or comments indicating unfavorable treatment and/or punishment for refusal of sexual or romantic favors.

Who May Report

- Any physician, allied health professional, hospital associate, patient or visitor may report alleged misconduct or sexual harassment.

How to Report

- Individuals may submit a report to the Department Chief, president of the medical staff, chief medical officer (CMO), chief executive officer (CEO) or a member of hospital administration, who will then forward the report to the CEO or his/her designee (“Administrator”) with a copy to the Department Chief.
- Allegations involving hospital associates should be provided to the Vice President of Human Resources who will be kept informed of the Administrator’s investigation.
- Allegations involving a Department Chief shall be copied to the CMO, CEO or President of the Medical Staff for their investigation.

Documentation

- Documentation of each incident of alleged misconduct or sexual harassment is critical because it is ordinarily not one incident alone that leads to disciplinary action, but rather a pattern of misconduct or sexual harassment. Such documentation shall include the following:
 - The date and time of the questionable behavior
 - A statement of whether the behavior affected or involved a patient in any way, and, if so, information identifying the patient
 - The circumstances that precipitated the situation
 - A factual and objective description of the questionable behavior
 - The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
 - A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening

Procedure

A. *Investigation*

Upon receipt by the Administrator of information regarding alleged misconduct or sexual harassment by a member of the medical staff, the Administrator will conduct and

document an investigation to determine whether or not there is probable cause that misconduct or sexual harassment by a member of the medical staff occurred.

B. *Determination of Probable Cause or Dismissal of Complaint*

At the completion of the investigation, the Administrator will make a determination as to whether probable cause exists that the misconduct or sexual harassment occurred. The Administrator may dismiss any unfounded report. The Administrator will notify the individual who initiated the report that the incident has been reviewed and acted upon, but is not permitted to discuss the final actions taken. The Administrator will inform the Department Chief (if the complaint is not against the chief), and, if the allegations involve a hospital Associate, the Vice President of Human Resources, throughout the investigation and decision making process.

C. *Written Determination – Summary of Prior Complaints*

If it is determined that probable cause exists that misconduct or sexual harassment has occurred, the Administrator will prepare a written determination to that effect, which will include a summary of the information on which the determination is based. Included in the report of the Probable Cause determination, the Administrator will separately summarize any prior complaints of misconduct or sexual harassment that have been made against the Medical Staff member, and the manner in which they were resolved. Copies of the written determination will be provided to the affected member, CEO, CMO, and Department Chief. The CMO will then proceed to resolve the matter, as circumstances warrant, through Counseling, Administrative Resolution, or referral for Corrective Action as per the Medical Staff Bylaws.

Counseling

- A single confirmed incident warrants at a minimum a discussion with the offending individual. At the request of the Administrator, and if deemed appropriate and not a conflict of interest by the Administrator, the Department Chief or designee shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The Department Chief or designee will provide the offender with a copy of this policy and inform the individual that the medical staff leadership and Board of Directors require compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and the hospital.

Administrative Resolution

- The CMO, in consultation with CEO, Chief, and President of the Medical Staff may (but is not required to) initiate an Administrative Resolution effort. Any Administrative Resolution of the matter must include a specification of the measures that will be taken to avoid any recurrence of the complained of conduct, including private counseling session (or sessions), education, letter of warning or reprimand or other measure that does not impact on the affected member's exercise of medical staff membership and clinical privileges. Any Administrative Resolution must be recorded in a written agreement signed by the CEO and the affected member. Acceptance by the affected member of the Administrative Resolution constitutes an agreement to abide by its terms and conditions. The terms of the Administrative Resolution will be reported to the President of the Medical Staff, Department Chief, CMO, and Chairman of the Board. A copy of the signed Administrative Resolution agreement will be placed in the affected

member's permanent file in Medical Affairs. If no Administrative Resolution is reached, then the CMO will proceed to the Referral for Corrective Action, as outlined below.

Referral for Corrective Action

- If the CMO, in consultation with the CEO, determines that circumstances warrant the initiation of Corrective Action, the CEO will forward a written request for the initiation of Corrective Action to the MEC, pursuant to the provisions of the Medical Staff Bylaws.

Avoidance of Conflict

- In the event that the CMO is not capable of conducting the investigation because he/she is the subject(s) of the misconduct or sexual harassment complaint, or because he/she has actual, potential or perceived conflict(s) of interest for any other reason, the CEO will fulfill the duties of the CMO.

General Provisions

A. ***Prohibition on Interfering with Investigation of Allegations of Misconduct or Sexual Harassment***

Any member of the Medical Staff or MEC who interferes with investigation of allegations of misconduct or sexual harassment or related retaliation will be subject to disciplinary and corrective action up to and including revocation of medical staff membership and clinical privileges at CHC. Any allegation of interference with investigation of allegations of misconduct or sexual harassment made against a member of the medical staff pursuant to this paragraph will be handled pursuant to the provisions of this Medical Staff Code of Conduct Policy and/or the Medical Staff Bylaws.

B. ***Prohibition on Retaliation for Reporting***

Retaliation against any individual who has made a report of misconduct or sexual harassment will not be tolerated.

C. ***Prohibition on Making False Reports***

All reports of misconduct or sexual harassment must be made in good faith and must be presented accurately and honestly. Any member who intentionally makes a false report or who intentionally makes false statements related to a report of misconduct or sexual harassment will be subject to disciplinary action up to and including revocation of medical staff membership and clinical privileges.

D. ***Confidentiality: Peer Review Privilege***

All matters involving the investigation and resolution of complaints of misconduct or sexual harassment by CHC members will, to the extent permitted by law, be kept confidential in accordance with all applicable legal and professional requirements.

E. ***Automatic or Summary Suspension***

Any incident of misconduct or sexual harassment that is determined to create the conditions for automatic or summary suspension of clinical privileges pursuant to the

provisions of the Medical Staff Bylaws may lead to such suspension. In the event that automatic or summary suspension is initiated, the suspension will thereafter proceed according to the provisions set forth in the Medical Staff Bylaws.

F. ***Legal Representation***

Legal advice may be sought independently by either party at any stage during the investigation or resolution of any complaint brought pursuant to this Policy but, since these are not adversarial proceedings, there is no right to representation by counsel in any such meetings, interviews, appearances or other interactions occurring during the course of such investigation and/or resolution. Members are entitled to legal representation in connection with any hearings or appeals as set forth in the Medical Staff Bylaws.

G. ***Dispute Resolution***

Any individual who has complaints or concerns regarding the procedures followed in resolving a misconduct or sexual harassment complaint may submit all concerns in writing to the CMO or CEO for final resolution. The substantive outcome of the procedures outlined in this Policy may not be challenged, either by the member or by any other person.

H. ***Bylaws Preemption***

This policy is not intended to alter, amend, change or waive any provisions to the Medical Staff Bylaws as they relate to Corrective Action.