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Owner: *Signe Deeny: Medical Staff Coordinator*

Policy Area: *Medical Staff (MS)*

References: *General Medical Staff*

Code of Conduct

Values Context:

Practicing within the context of our core values of Dignity, Excellence, Service and Justice ensures the provision of respect for each person, accountability, commitment to quality, opportunities to serve each other and a sense of community among all persons.

Introduction:

Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the organization.

The practice of medicine is a highly complex and interactive discipline. It is frequently demanding and stressful. The high expectation, responsibility and accountability to which physicians are exposed can have a deleterious affect on morale and mood. This can result in physician behavior from otherwise very competent individuals that is disruptive to quality patient care and harmonious working environments for members of the health care team.

Of particular concern is the physician who has behavioral personality traits that manifest in such a way as to potentially compromise the quality of care provided to patients. These physicians may or may not have identified substance abuse or psychiatric disorders. Regardless of the cause it is the maladaptive behavior that must be addressed and corrected.

Medical staffs must be prepared to assist physicians to work together cooperatively and effectively with others to achieve quality care. Where it can, the medical staff should serve as the advocate for the individual physician. At other times, however, it may be necessary to take limiting, though supportive, action in the interest of patient safety.

For purposes of this Policy, "member" and "medical staff member" shall also include individuals of all medical staff statuses, those with temporary clinical privileges, and allied health professionals.

Purpose:

In furtherance of fostering a culture of safety, this policy defines acceptable, unprofessional, and inappropriate behaviors involving medical staff members and delineates the response to be followed in all cases involving unprofessional behaviors.

Policy:

It is the policy of the Queen of the Valley Medical Center (QVMC) Medical Staff that unprofessional or inappropriate behavior by members of the medical staff is not acceptable and will be addressed in a timely manner.

This policy is not intended to replace or reproduce the peer review/quality assessment process as provided in the QVMC Medical Staff Bylaws. There may be instances where issues of conduct overlap with peer review questions. In such cases, the matter may be handled by either or both processes.

Unprofessional behavior by members of the medical staff, or refusal of members to cooperate with the procedures described in this Policy, may result in corrective action, which shall be carried out according to the medical staff bylaws.

Definitions:

- A. Acceptable behavior is conduct that exemplifies the core values of QVMC: dignity; service; excellence and justice.

Dignity: Respecting each person as an inherently valuable member of the human community and as a unique expression of life.

Service: Bringing together people who recognize that every interaction is a unique opportunity to serve one another, the community and society.

Excellence: Fostering personal and professional development, accountability, innovation, teamwork and commitment to quality.

Justice: Advocating for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

- B. Unprofessional behavior will be divided into three broad categories:

1. Unprofessional Systems Conduct: Relates to a member's lack of compliance with the Bylaws, rules and regulations, and policies developed by the medical staff. Examples of unprofessional systems conduct include, but are not limited to the following examples:
 - a. Lack of timely, professional, and appropriate response to pages and telephone calls regarding patient care.
 - b. Lack of adequate on-call coverage for inpatient management.
 - c. Lack of timeliness of initial physician assessment of patients presenting to the hospital for admission.
 - d. Lack of timeliness and content of history and physical examination.
 - e. Lack of timeliness and content of consultative report.
 - f. Lack of timeliness and content of procedure report.
 - g. Lack of timeliness and content of preoperative assessment.
 - h. Lack of timeliness of arrival for surgical and invasive procedures.
 - i. Lack of legibility of medical record entries.
 - j. Lack of timeliness of daily visits and progress notes.

- k. Lack of timing, dating, and signing of medical record entries, including physician orders.
 - l. Inappropriate alteration of medical record entries.
 - m. Lack of timeliness of completion of medical records.
 - n. Lack of participation in discharge planning and response to Utilization Management Staff.
 - o. Lack of participation in Medical Staff committee activities.
 - p. Lack of participation in proctoring.
 - q. Lack of obtaining informed consent and appropriate recording of same.
 - r. Making clinically irrelevant, derogatory or inappropriate medical record entries.
 - s. Issues of ethical behavior.
 - t. Accessing patient records for which there is no established doctor/patient relationship or no request of the patient or family member with legal authority, and not documenting the same.
2. Interpersonal Conduct: Interpersonal conduct relates to behavior involving interaction between the member and others. Unprofessional interpersonal conduct occurs whenever a member demeans the dignity of another person or interferes with the orderly operation of the hospital. Examples of this type of unprofessional behavior include, but are not limited to the following:
- a. Communication with staff, patients and families which is misleading or substantially inadequate.
 - b. Treating staff and patients without courtesy, respect, and dignity.
 - c. The use of racial or ethnic slurs.
 - d. Threats of violence or retribution.
 - e. Use of abusive language.
 - f. Intimidating actions.
 - g. Criticizing other members or staff in front of patients, families and other staff members.
 - h. Use of foul language, shouting and rudeness.
 - i. Non-communicative behavior and avoidance.
 - j. Communication with patients or staff in a manner that may be perceived as sexually inappropriate.

Unprofessional interpersonal conduct occurs in varying degrees, which are classified here into two levels of severity. Level II behavior is the most severe violation of this policy. Any corrective action will be commensurate with the nature and severity of the unprofessional behavior. Repeated instances of unprofessional behavior will be considered cumulatively, and action shall be taken accordingly.

- **Level I:** Verbal abuse such as unwarranted yelling, swearing or cursing (recognizing that in emergency situations, calling out for instruments, drugs or help may actually be appropriate); threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons, or physical violence or abuse directed in anger at an inanimate object.
- **Level II:** Physical violence or other physical abuse which is directed at people.

3. Inappropriate behavior is the most egregious form of unprofessional behavior. It includes such

conduct as substance abuse while responsible for patient care, assault, rape, hate crimes and other criminal acts. There is a zero tolerance for inappropriate behavior.

- C. Harassment: Harassment is addressed independently from this policy, and in accordance with the QVMC policy against harassment (Human Resources Policy #545.0).

Procedure:

1. Reporting incidents regarding unprofessional, harassing, or sexually harassing behavior:

In the case in which an alleged inappropriate behavior is identified that is likely to have an adverse affect on the life, health or safety of any patient, prospective patient, or other person, or could substantially disrupt patient care, the matter shall immediately be handled according to the Chain of Command. In cases of suspected unprofessional behavior, an incident report shall be written describing the facts and events of the alleged behavior and sent to the appropriate peer review committee and/or Chief of Staff. If the individual alleging unprofessional behavior feels uncomfortable in providing a written report, an oral report may be taken. Individuals who witness and/or report such behavior shall keep in mind the strict confidentiality of such matters and shall not discuss any of it with others except within the framework of the Chain of Command.

2. Evaluating Incident Reports:

Incident reports thought to constitute unprofessional behavior shall be brought to the attention of the Chief of Staff, or designee, who will review and informally evaluate the event. When the allegation warrants further evaluation, the Chief of Staff, or designee shall interview the involved member. During this informal interview, the Chief of Staff, or designee may exercise discretion in how much information from the complaint is shared. Reports from patients or families will be evaluated in the same manner as incident reports.

3. Outcomes of Evaluation:

If the Chief of Staff or designee determine through review and informal evaluation that there is no factual basis or validity for the incident report and that there is no reasonable suspicion of improper conduct, no further action against the member will be taken. The incident report will then be closed. The Chief of Staff or designee may notify the staff physician of the complaint.

If the Chief of Staff or designee determine that there is a factual basis or validity for the incident report, there are four options available:

- A. The member agrees that the behavior was unprofessional and provides a satisfactory plan to ensure that it will not happen again. In addition, the Chief of Staff could issue a warning;
- B. The member agrees that the behavior was unprofessional and of serious enough nature to require corrective action for which the member accepts on a voluntary basis;
- C. The member agrees that the behavior was unprofessional and has a basis in a psychological or medical condition for which referral to the Wellness Committee is appropriate (refer to the Wellness Committee Policy);
- D. The member does not agree that the behavior is unprofessional. The incident will then be referred to the MSEC for further review. If this is done, the involved member will receive written information about the complaint and will have an opportunity to appear before the MSEC or a subcommittee of

the MSEC. The process and outcome of the MSEC's investigation will be in strict compliance with the Bylaws.

Unprofessional Behavior Against A Medical Staff Member:

Unprofessional behavior which is directed against a medical staff member by a hospital employee, board member, contractor, or other member of the hospital community shall be reported by the member to the hospital pursuant to hospital policy governing conduct.

Other Behavior:

Behavior by a medical staff member towards a hospital employee, board member, contractor or other member of the hospital community, which does not fall within the definition of unprofessional behavior above, but violates hospital policy governing conduct, shall be dealt with according to that hospital policy.

Abuse of Process:

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by members against complainants will give rise to corrective action pursuant to the medical staff bylaws. Individuals who submit a complaint or complaints which are determined to be false shall be subject to corrective action under the medical staff bylaws or hospital employment policies, whichever applies to the individual.

References:

Human Resources Policy 545.0, Policy Against Harassment

Medical Staff Policy, Chain of Command

Medical Staff Policy, Wellness Committee

Human Resources Policy 530.0, Conduct, Counseling, Discipline and Discharge

The Joint Commission, Sentinel Event Alert, Behaviors that Undermine a Culture of Safety, 07/09/08

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
Clinical Quality Committee (CQC) & Board of Trustees (BOT)	Naomi Margolis: Nursing Administration	03/2018
Medical Staff Executive Committee (MSEC)	Naomi Margolis: Nursing Administration	03/2018
Medical Staff Quality Council (MSQC)	Naomi Margolis: Nursing Administration	03/2018
Professional Standards Committee	Naomi Margolis: Nursing Administration	03/2018
Professional Standards Committee	Victoria Jackson: Medical Staff Manager	02/2018
Professional Standards Committee	Victoria Jackson: Medical Staff Manager	01/2018
	Victoria Jackson: Medical Staff Manager	01/2018