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# Ascension

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 Affinity Medical Group  
 Calumet Medical Center  
 Mercy Medical Center  
 St. Elizabeth Hospital

## Medical Staff Code of Conduct

### Summary:

The physicians and staff of each Affinity Health System facility are dedicated professionals focused on providing quality, safe care for their patients. The intent of this policy is to ensure that all individuals are treated with courtesy, respect and dignity. This policy focuses on the expected conduct that physicians and hospital staff display towards each other and the process that will be used to handle cases of inappropriate conduct. A culture of safety and quality exists when all who work in the hospital are focused on excellent performance. Safety and quality thrive in a work environment that supports teamwork and respect for other people, regardless of their position in the organization. Disruptive behavior that intimidates staff, and affects morale or staff turnover can also harm care.

### DEFINITIONS

"Appropriate behavior" means any reasonable conduct that leads to advocating for patients, to recommending improvements in patient care, to participating in the operations, leadership or activities of the organized medical staff, or to engaging in professional practice including practice that may be in competition with the hospital. Appropriate behavior is not subject to discipline under the AHS Medical Staff Bylaws.

"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 of care or patient safety could be compromised. Note, however, a physician's behavior that is unusual, unorthodox, or different is not sufficient to justify disciplinary action. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians and others in the hospitals, are of paramount concern.

"Harassment" means conduct towards others based on race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, 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.

"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".

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; 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.

"Medical staff member" means physicians and others granted membership on the Medical Staff per the AHS Medical Staff Bylaws and for purposes of this Code, includes individuals with locum tenens clinical privileges.

## **TYPES OF CONDUCT**

### **APPROPRIATE BEHAVIOR**

Medical staff members cannot be subject to discipline for appropriate behavior. Examples of appropriate behavior include, but are not limited to, the following:

- I. Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
- II. Encouraging clear communication;
- III. Expressions of concern about a patient's care or safety;
- IV. Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- V. Use of cooperative approach to problem resolution;
- VI. Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- VII. Professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others;
- VIII. Active participation in medical staff and hospital meetings (i.e. comments made during or resulting from such meetings can not be used as the basis for a complaint under this Code of Conduct, referral to the Practitioner and Allied Health Professional Health and Wellness Intervener Committee, economic sanctions, or the filing of an action before a state or federal agency);
- IX. Membership on other medical staffs; and
- X. Seeking legal advice or the initiation of legal action for cause.

### **INAPPROPRIATE BEHAVIOR**

Inappropriate behavior by medical staff members is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior". Examples of inappropriate behavior include, but are not limited to, the following:

- I. Use of profanity or disrespectful language;

- II. Personal sarcasm or cynicism;
- III. Non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply incompetence;
- IV. Blaming or shaming others for possible adverse outcomes, criticizing other caregivers in front of patients, or public derogatory comments about quality of care being provided by others;
- V. Blatant failure to respond to patient care needs or staff requests;
- VI. Deliberate lack of cooperation without good cause;
- VII. Refusal to accept medical staff assignments or to participate in medical staff affairs on anything but his/her own term, or do so in a disruptive manner; and
- VIII. Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;

### **DISRUPTIVE BEHAVIOR**

Disruptive behavior by medical staff members is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

- I. Attacks, verbal or abusive, leveled at other medical staff members, allied health professionals, hospital personnel, patients, volunteers, or visitors that are personal, irrelevant, or go beyond the bounds of fair professional comment. Examples might include raised voice or yelling or shouting in a hostile manner, name calling, throwing instruments, charts or other things, abusive treatment of patients or staff, slapping or unwanted touching, sexual comments or innuendo, off-color jokes, or racial, ethnic or socioeconomic slurs;
- II. Threats of violence or retribution;
- III. Persistent hostility toward a staff person or employee;
- IV. Patient abuse or neglect or misappropriation of patient property;
- V. Physical contact with another individual that is unwelcome, offensive, threatening, intimidating, seductive, aggressive, or assaulting in nature; and
- VI. Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

### **INTERVENTIONS**

Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending medical/allied health staff member, and protecting patient care and safety. The medical staff supports tiered, non-confrontational intervention strategies, sharing with informal discussion of the matter with the appropriate department chair or Medical Staff President. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or corrective action pursuant to the AHS Medical Staff Bylaws, if the behavior is or becomes disruptive. The use of summary suspension should be considered only when the physician's disruptive behavior presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If there is reason to believe inappropriate or disruptive behavior is due to illness or impairment, the matter may be evaluated and managed

confidentially according to the established procedures of the Practitioner and Allied Health Professional Health and Wellness Intervener Committee.

## **PROCEDURE**

Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a series of similar incidents. Physicians, allied health professionals, and other hospital employees who observe behavior by a physician which disrupts the smooth operation of the hospitals or jeopardizes patient care, shall document or report the incident (see Disruptive Behavior Reporting Form). That report shall include:

- I. the date and time of the questionable behavior;
- II. the name of the patient, if the behavior affected or involved a patient or his/her family, or the name of the employee or colleague;
- III. the circumstances that precipitated the situation;
- IV. a description of the questionable behavior limited to factual and objective language as much as possible;
- V. names of other witnesses to the incident;
- VI. the consequences, if any, of the inappropriate conduct as it relates to patient care of hospital operations; and
- VII. a record of any action taken to remedy the situation, including date, time, place, action, and name(s) of those intervening.

Any physician, allied health professional, hospital employee, patient, volunteer, board member, or visitor may report potentially disruptive behavior by a physician. When the complainant feels that he/she has been subjected to unprofessional conduct by a physician, the following steps may be taken.

## **REPORTING AND DOCUMENTATION**

- I. The complainant will be encouraged to document the complaint in writing prior to discussing the complaint with his/her immediate supervisor, or in the case of a physician, the appropriate Vice President Medical Affairs or Department Chair, or in the case of a patient or visitor, the appropriate department supervisor or Hospital President. This should normally be done within three (3) days of the incident.
- II. The appropriate leader receiving the complaint will, as soon as practical, investigate the complaint and if substantive, discuss it with the involved physician. The initial approach should be collegial and helpful to the physician and the hospital, with emphasis that such behavior is inappropriate, and if it continues, it will be reported to the Medical Executive Committee (MEC) for more formal action. The identity of the complainant shall not be revealed at this time, unless in the discretion of the leader, they deem it appropriate to do so and the individual involved has been advised that any retaliation against the complainant will not be tolerated. (Exceptions to identifying complainant: 1) when formal adverse action is being taken; 2) when the person who provided the information has given their written authorization to disclose their name). If, following investigation, the appropriate leader feels the complaint does not warrant further action, she/he will discuss this with the involved complainant.

## **PHYSICIAN RESPONSE**

- I. If the complainant is not satisfied with the action determined above, she/he has the option of discussing it further with the appropriate Vice President Medical Affairs.
- II. If the physician does not feel that she/he engaged in non-professional conduct, a panel will be convened at which each of the affected parties will separately present their view of the situation. The facts will be weighed, and a decision rendered by the panel consisting of two physicians selected by the Chair of the MEC, two employees selected by the Director of Human Resources, the Chair of the relevant clinical department, and the involved entity's department director. The Director of Human Resources will vote in case of a split decision. The Vice President Medical Affairs whose department director is involved will be invited to observe. Facts surrounding the situation will be presented by the department director and the Chair of the clinical department. The complainant and the physician will be notified in writing within five (5) days as to the decision of the panel.
- III. If a physician is dissatisfied with the decision of the panel, she/he is entitled to pursue the fair hearing processes as outlined in the AHS Medical Staff Bylaws.

## **ORGANIZATIONAL RESPONSE/CORRECTIVE ACTION**

- I. If the decision is rendered against the physician, or she/he admits responsibility, the physician will be given an oral warning, with a notation placed in his/her medical staff file.
- II. If a second decision or admission of responsibility is rendered against the same physician in a two-year period, the physician will be given a written reprimand with a report to the MEC and a copy placed in his/her medical staff file.
- III. If a third decision or admission of responsibility occurs against the same physician or AHP in a two-year period, the physician will be referred to the MEC for a possible suspension/reduction of his/her medical privileges. The length and severity of any sanction will be determined by the MEC. Each physician retains appellate rights as outlined in the Medical Staff Bylaws.
- IV. In extreme situations, direct referral to the MEC may be warranted depending upon the severity of the offense.
- V. Substantiated behavior-related events shall be considered during the biennial reappointment process.

## **ORGANIZATIONAL SUPPORT**

- I. If an individual, either employee or physician, believes it will be of assistance to them, the Hospital will, upon request, assist in obtaining appropriate counseling and/or skill development. This may be accomplished through the Practitioner and Allied Health Professional Health and Wellness Intervener Committee or any other resource deemed appropriate.

## **ABUSE OF PROCESS**

All actions under this policy will, to the extent practical, be maintained in a confidential manner. If at any time an employee or physician feels that she/he has been or is experiencing non-professional conduct, she/he will be encouraged to follow the provisions outlined above. The hospitals and medical staff will not tolerate any form of retaliation against individuals exercising

provisions of this policy in good faith (reference policy 00702, non-retaliation). Retaliation or attempted retaliation by medical staff members against complainants will give rise to corrective action pursuant to the AHS Medical Staff Bylaws. Individuals who falsely submit a complaint shall be subject to correction action under the AHS Medical Staff Bylaws or hospital employment policies, whichever applies to the individual.

### **PROMOTING AWARENESS OF CODE OF CONDUCT**

The medical staff shall, in cooperation with the hospital, promote continuing awareness of this Code of Conduct among the medical staff and hospital community by:

- I. Sponsoring or supporting educational programs on disruptive behavior to be offered to medical staff members and hospital employees.
- II. Disseminating this Code of Conduct to all current medical staff members upon its adoption and to all new applicants for membership to the medical staff.
- III. Encouraging the Practitioner and Allied Health Professional Health and Wellness Intervener Committee to assist members of the medical staff exhibiting inappropriate or disruptive behavior to obtain education, behavior modification, or other treatment to prevent further infractions.
- IV. Informing the members and the hospital staff of the procedures the medical staff and hospital have put in place for effective communication to hospital administration of any medical staff member's concerns, complaints and suggestions regarding hospital personnel, equipment, and systems.

### **REFERENCES:**

Cohen, Barney Esq and Elizabeth Snelson, Esq. "Model Medical Staff Code of Conduct." AMA revised March 11, 2009; <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/organized-medical-staff-section/helpful-resources/disruptive-behavior.shtml>

Dill Calloway, Sue RN, Esq. "New Joint Commission Disruptive Behavior Standard" Webinar. OHIC insurance Company, The Doctor's Company. February 17, 2009

The Joint Commission. "Sentinel Event Alert." Issue 40, July 9, 2008

Burroughs, Jon MD, MBA, CMSL. "Managing the Disruptive Physician". HcPro January 28, 2009

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### **Attachments:**

[Disruptive behavior reporting form](#)

### **Approval Signatures**

<b>Approver</b>	<b>Date</b>
Angella Gelhar: Medical Staff Coord	3/20/2015