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| St. Joseph’s / Candler Health System |  **Medical Staff Policy****Title: Code of Conduct** **Professional Behavior****Section: Medical Staff Services** | **Policy Number:****MS 002****0****Key Function:****MS, LD****Effective Date:****7/9/01****00/00/0000****Page 1 of 8** |

**Policy Statement**

It shall be the policy of St. Joseph’s/Candler Health System, Inc. (SJ/C) and the St. Joseph’s/Candler Medical Staff to maintain the highest level of professional and ethical standards in the conduct of business. To that end, each board requires that all physicians and other independent practitioners conduct themselves in a professional, cooperative manner in the hospital.

All individuals working in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

**Related Policies:**

**Administrative Policy # 1129-A – Code of Conduct**

**Administrative Policy # 1158-A – Corporate Compliance Program Policy**

**Purpose:**

To promote optimum patient care by promoting a safe, cooperative and professional healthcare environment; preventing, to the extent possible, conduct that disrupts operations, interferes with the ability of others to carry out their responsibilities; creates a hostile work environment for hospital staff 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; or fosters a negative public image for the Hospital and/or the Medical Staffs.

To protect patients, coworkers, physicians, other heath care providers and others at the hospital and to promote the orderly operation of the Hospitals.

To arrive at voluntary, responsive actions by the practitioner to resolve the concerns raised and thus avoid the necessity of proceeding through the disciplinary process in the Joint Credentials Manual.

To clarify the expectations of all physicians or healthcare providers having Medical Staff membership and/or privileges at SJC during any and all interactions with persons at Hospital.

To define collegial steps to be taken in an attempt to resolve complaints of inappropriate conduct exhibited by practitioners (physicians, medical associates and medical assistants).

To state that issues of employee conduct will be dealt with in accordance with the Hospital’s Human Resources Policies and issues of conduct by members of the Medical Staff or their employees approved to work in the Hospitals will be dealt with in accordance with this policy and related Medical Staff Bylaws, Rules and Regulations and Joint Credentials Manual and.

**Entities to whom this Policy Applies**

St. Joseph’s/Candler Health System, Inc. (SJC), physicians, medical associates and medical assistants approved to work in the Hospitals.

**Definition of Terms**

For purposes of this policy, examples of “Inappropriate, Unprofessional Conduct” include, but are not limited to:

* Threatening or abusive language directed at hospital co-workers, other physicians, medical associates, medical assistants, patients or patient’s family members (collectively referred to as “Individuals”) (e.g., belittling, berating, and/or threatening another individual);
* Degrading or demeaning comments regarding Individuals or the hospital;
* Profanity or similarly offensive language while in the hospital and or while speaking with Individuals;
* Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence;
* Inappropriate physical contact with another individual that is threatening or intimidating;
* Public derogatory comments about the quality of care being provided by other physicians, medical associates, medical assistants, hospital co-workers, or the hospital;
* Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual;
* Falsification of medical or other hospital records;
* Unauthorized possession, use, copying or reading of hospital records or disclosure of information contained in such records to unauthorized persons;
* Refusal to accept medical staff assignments, or to participate in committee or department affairs on anything but his/her own terms or to do so in a disruptive manner; and/or
* Refusal to abide by Medical Staff requirements delineated in the Medical Staff Bylaws, Joint Credentials Manual, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff.
* “Sexual harassment” which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to, the following:

**Verbal:** innuendos, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats and/or suggestive or insulting sounds;

**Visual/Non-Verbal**: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;

**Physical**: unwanted physical contact, including touching, interference with an individual’s normal work movement, and/or assault;

**Other**: making of threatening retaliation as a result of an individual’s negative response to harassing conduct.

**Practitioner** – Physician, medical associate or advanced practice provider (including physician’s assistant, advanced practice registered nurse, certified registered nurse anesthetist, and certified nurse midwives), as defined in the SJ/C Joint Credentialing Manual

**Quantros** – an electronic event reporting and management system.

**Procedure**

**I. HOW A COMPLAINT SHALL BE INITIATED:**

1.When a Practitioner’s conduct disrupts the operation of the Hospital, it affects the ability of others to get their job done, creates a “hostile work environment” for hospital co-workers or other Practitioners, or begins to interfere with the Practitioner’s own ability to practice competently, the Hospital and or the Medical Staff has a duty to intervene.

2. Nurses, administrators and other hospital co-workers who observe, or are subjected to, or receive reports of inappropriate conduct/unprofessional behavior by a Practitioner shall notify their supervisor about the incident who shall notify the Vice President of Medical Affairs (VPMA) who then forwards to President of the Medical Staff(s), appropriate Department Chairperson and the President & CEO of the hospital. If their supervisor’s behavior is at issue, they shall notify the VPMA directly. Any Practitioner, as defined above, who observes such behavior shall notify the VPMA directly. The VPMA, the supervisor or the Individual who reported the incident shall document the incident in writing and place in Quantros.

3. Inappropriate conduct/unprofessional behavior shall be addressed by the Board of Trustees (BOT) when referred by the Medical Executive Committee (MEC), Medical Staff Advisory Committee (MSAC) or upon initiation of the VPMA and President & CEO, President of Medical Staff, or President and CEO.

4. The documentation placed in Quantros relating to the disruptive conduct must be done in good faith and shall include:

* The date and time of the incident;
* A factual, objective description of the questionable behavior;
* The name of any patient or patient’s family member who was involved in the incident, including any who witnessed the incident;
* The circumstances which 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; and
* Any action taken to intervene in, or remedy, the incident.

**II. REVIEW OF THE COMPLAINT:**

1. The VPMA shall immediately notify the President(s) of the Medical Staff and/or the appropriate Department Chairperson of the Complaint. The VPMA and the President(s) of the Medical Staff and/or Department Chairperson 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.
2. All interviews of the reporting individual and/or witnesses must be conducted with at least two interviewers and one of the two must be a member of Medical Staff leadership (President, Vice President, Department chairperson, Joint Credentials Co-chairpersons) and documented for the record. Phone conferencing is acceptable but should be documented.
3. The Practitioner shall be advised of the reported incident by the VPMA and shall be requested to provide his/her response concerning the incident (in writing). They shall be further advised that the nature of the incident as reported, if true, constitutes conduct inconsistent with the standards of the Medical Staff and Hospital. The Practitioner will have an opportunity to respond in person if desired. The identity of the individual making the Complaint will not be disclosed unless the VPMA and the President of the Medical Staff agree in advance that it is appropriate to do so. In this case, the Practitioner shall be advised that any retaliation against the person reporting the incident, assisting in the investigation, and/or cooperating in an investigation will be grounds for immediate precautionary suspension of privileges. The VPMA and/or Medical Staff leadership shall follow up with the Practitioner as indicated as part of the investigation.
4. Once a report is investigated by the VPMA with the President(s) of the Medical Staff and/or Department Chairperson, the President of the Medical Staff may dismiss unfounded reports. The individual initiating such report will be apprised of the dismissal.
5. When the investigation is completed and not dismissed as unfounded, a report will be made to the appropriate Medical Staff leadership and/or Committee for action under Section III of this policy.

**III. APPLICATION OF DISCIPLINARY ACTIONS:**

1. 1. Following the investigation, when appropriate, disciplinary action is applied in progressive fashion in the sequence outlined below. After each step, the Practitioner’s subsequent performance will be observed for a specific time. If insufficient improvement occurs, the next step of disciplinary action to the situation will be used. Special circumstances of major misconduct or violation of rules may require immediate Precautionary or Summary Suspension, rather than the progressive discipline described in this policy. Precautionary or Summary suspension will not entitle the practitioner to due process as defined in the Medical Staff Bylaws and Joint Credentials Manual. In the event the practitioner’s privileges are revoked or terminated based solely upon unprofessional conduct, the practitioner will be afforded a “Fair Hearing” as defined in Medical Staff Bylaws and Joint Credentialing Manual.
2. 2. Initial Meeting Upon Confirmation of First Incident of Inappropriate Conduct/Unprofessional Behavior
* After a confirmation that a single incident of inappropriate conduct/unprofessional behavior has occurred following the procedure set out in the immediately preceding section, the President of the Medical Staff (or designee), and/or Department Chairperson along with the VPMA shall meet with the Practitioner to discuss their findings. This initial meeting shall be collegial, with the goal of being helpful to the Practitioner in understanding that certain conduct is inappropriate, unacceptable and must cease.
* This meeting can be used to educate the Practitioner about administrative channels that are available for registering complaints or concerns about quality of services if the Practitioner’s explanation suggest that such concerns led to the behavior at issue. Other sources of support or counseling can also be identified for the Practitioner as appropriate. A copy of the “Code of Conduct” policy shall be provided to the practitioner.
* The Practitioner shall be advised that a summary of the meeting will be prepared and a copy provided to him or her. The Practitioner may prepare a written response to the summary, both of which shall be kept in the Practitioner’s QA file.
* The behavior will be monitored for a specified time and if no other incidents are reported, no further action is indicated.

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3. If another confirmed report of inappropriate conduct/unprofessional behavior (Reference II: Review of Complaint) involving the Practitioner is received, a second meeting shall be held. At that meeting there will be at least three people (e.g., the VPMA, the President of the Medical Staff, the Chair of the Joint Credentials Committee, the Department Chairperson) present to meet with the Practitioner. (Medical Staff leaders may phone conference; this should be documented.) At this meeting, the Practitioner shall be informed of the nature of the incident and be advised that such conduct is unacceptable. The Practitioner shall be advised that a future complaint about inappropriate Conduct/unprofessional behavior, may lead to further disciplinary action such as: referral to the Medical Staff Advisory Committee via the Medical Executive Committee, suspension, reduction of privileges or revocation of privileges. A letter shall be sent to the Practitioner confirming the substance of the meeting, a copy of which shall be kept in the Practitioner’s QA file.

4. After the second meeting, the Chairman of the Department and the Joint Credentials Committee shall also be notified of any pattern of inappropriate conduct/unprofessional behavior or behavior which violates the policies and procedures of the Medical Staff and/or of the Hospital.

5. In the event that there is a third confirmed reported incident of Inappropriate Conduct (Reference II: Review of Complaint), the Practitioner shall be given a final written warning that the Inappropriate Conduct/Unprofessional Behavior will not be tolerated. A meeting will be held with the Practitioner and appropriate Medical Staff leaders as described in # 8. The written warning shall describe the Inappropriate Conduct, outline the steps that have been taken in the past to correct that conduct, and detail the kind of behavior that is acceptable and unacceptable. The letter should also confirm the consequences of an additional incident of Inappropriate Conduct, including, but not limited to, a precautionary suspension, as defined in the Joint Credentialing Manual and a request that a formal investigation be commenced pursuant to the Medical Staff Bylaws. The letter will define the conditions of continued practice at the Hospital. The practitioner is informed that a report will be made to the Joint Credentials Committee for review and the Committee may make recommendations to MEC for additional corrective action. The Practitioner shall be required to sign it. If the Practitioner refuses to sign the letter, the VPMA or the President of the Medical Staff shall request that a formal investigation be commenced pursuant to the Medical Staff Bylaws.

6. After the third confirmed incident, a report of the pattern of Inappropriate Behavior with previous actions taken is made to the Joint Credentials Committee. The Joint Credentials Committee may receive the report as information or may make additional recommendations for action.

7. Any future counseling sessions with the Practitioner held as a result of review and recommendation of the Joint Credentials Committee must include one or both of the Committee Co-Chairs.

8. Should the unprofessional behavior continue after the written warning (a single additional confirmed incident), the matter shall be referred to the Joint Credentials Committee for review and recommendation to MEC for action pursuant to the Medical Staff Bylaws and Joint Credentials Manual (referral to the Medical Advisory Committee or recommendation to the Board that privileges be reduced or revoked.) A precautionary suspension may be appropriate pending this process.

9. Questions or concerns regarding a Practitioner’s health or wellbeing may be referred to the Medical Staff Advisory Committee for further investigation and action as necessary.

10. If the Practitioner continues to engage in Inappropriate Conduct, the Practitioner may be placed on a precautionary suspension, as defined in the Joint Credentialing Manual, pending the formal investigation process pursuant to the Medical Staff Bylaws and any related hearing and appeal process that may result. Any action taken is to protect individuals and others on the Hospital’s premises from Inappropriate Conduct and to emphasize to the Practitioner the most serious nature of the problem created by such Inappropriate Conduct.

11. While this policy outlines several warnings and meetings with a Practitioner, the conduct at issue may be so egregious as to make these multiple opportunities inappropriate. A single egregious incident, such as, but not limited to, physical or sexual harassment, assault or battery, a felony conviction, a fraudulent act, stealing, damaging hospital property, sexual imposition on a patient or patient’s family , exclusion, suspension or disbarment from participation in Medicare, Medicaid or other government programs, or inappropriate physical behavior, may result in immediate termination of medical staff membership**,** consistent with the Medical Staff Bylaws and/or Joint Credentials Manual.

12. Because of the unique implications surrounding sexual harassment, a single confirmed incident requires the actions set forth beginning with paragraph# 10 of this policy.

13. In order to effectuate the objectives of this policy, and except as otherwise may be determined by the VPMA and the President of the Medical Staff, the Practitioner has no right to have counsel attend any of the meetings described above.

14. Every effort will be made to coordinate the actions in this policy with the provisions of the Medical Staff Bylaws, Joint Credentials Manual, and Rules and Regulations. In the event of any apparent or actual conflict between this policy and the Medical Staff documents listed, this policy shall prevail.

IV. CONFIDENTIALITY/PRIVILEGED PROCEEDINGS

Except as otherwise provided by law, all communications and proceedings related to or described herein between department leadership, medical staff leadership, involved medical staff committees, and hospital executives are considered confidential and privileged per Georgia medical and peer review statutes (see O.C.G.A. § 31-7-131, et seq. and O.C.G.A. § 31-7-140, et seq.). All members of the Medical Staff and all hospital employees involved in the reporting and review of 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.

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President, Medical Staff

St. Joseph’s Hospital

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President, Medical Staff

Candler Hospital

Original Implementation Date: 7/9/01

Effective System Date: 7/9/01

Next Review Date: 7/9/02

Originating Department/Committee: Medical Executive Committees of St. Joseph’s and Candler Hospitals

Reviewed: 9/10/07, JCC:10/1/2012; 11/05/2012; 11/05/18

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Rescinded:

Former Policy Number(s):

Revised:

Legal Reference:

Cross Reference:

Patient Care Policy # 1010 A -Co-Worker Grievance Procedure

Patient Care Policy # 1001 – A – Complaint and Grievance Management.

 Administrative Policy # 1129-A – Code of Conduct

Administrative Policy # 1158-A – Corporate Compliance Program Policy

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