Behavior or behaviors that undermine a culture of safety by Practitioners and AHPs will be addressed by the Board of Directors in accordance with this policy.

DEFINITIONS: Terms used in this Policy shall have the same meaning as set forth in the Medical Staff Bylaws unless a different definition is provided in this Policy.

Practitioner. For purposes of this Policy, the term “Practitioner” shall include Physicians and Allied Health Professionals who have Privileges to practice at the Hospital.

Policy. For purposes of this Policy, the term “Policy” shall refer to this Code of Conduct and Process for Dealing with Behavior or Behaviors that Undermine the Culture of Safety Policy.

PURPOSE: Intimidating and behavior or behaviors that undermine a culture of safety can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of care and cause qualified staff to seek new positions in more professional environments. To assure quality and promote a culture of safety, health care organizations must address the problem behaviors that threaten the performance of the healthcare team.

The purpose of this Policy is to assure optimum patient care by promoting a safe, cooperative and professional healthcare environment and to prevent or eliminate, to the extent possible, conduct that: disrupts Hospital operations; affects the ability of individuals to do their jobs or practice competently; or creates a “hostile work environment”.

To that end, the Medical Staff adopts this Policy in dealing with Practitioners who exhibit behavior or behaviors that undermine a culture of safety at the Hospital and to provide a procedure for action whenever there are grounds to suspect that a Practitioner has engaged in disruptive conduct.

POLICY: All Practitioners appointed to the Medical Staff and/or granted Privileges agree, as a condition of their appointment and/or Privilege grant, to abide by the Medical Staff Bylaws and all other standards, policies and rules of the Medical Staff and the Hospital. All Practitioners are further required to work cooperatively with other Practitioners and Hospital employees and to participate in the discharge of Medical Staff responsibilities. Safety and quality patient care is dependent upon teamwork, communication and a collaborative work environment. It is the policy of the Hospital that all individuals within its facility be treated with courtesy, respect, and dignity. To that end, the Hospital Board of Directors requires that all individuals, employees, Medical Staff Appointees, and/or other Practitioners with Privileges conduct themselves in a professional and cooperative manner in the Hospital.
If an employee fails to conduct himself or herself appropriately, the matter shall be addressed in accordance with Human Resources policies.

If a Practitioner who is a Medical Staff Appointee or holds Clinical Privileges (“Practitioner”) or an Allied Health Professional (“AHP”) fails to conduct himself or herself appropriately, the matter shall be addressed in accordance with the following policy. It is the intention of the Hospital that this policy be enforced in a firm, fair, and equitable manner.

Nothing in this Policy should be construed as obligating the Hospital or Medical Staff leadership to follow this Policy prior to implementing formal corrective action on the basis of a single incident. Rather, this Policy is intended to address those situations in which the Medical Executive Committee ("MEC") or the Board (through the President as its administrative agent), in their respective sole discretion, believe that confrontation in lieu of initiation of formal corrective action proceedings may be sufficient.

Each person is expected to treat all other individuals in a respectful civil manner. The key “pillars of character” which are expected of the members of the Medical Staff and Allied Health Professionals are, trustworthiness, respect, responsibility, fairness, caring, and citizenship.

Values and Expected Behaviors of the Medical Staff and Allied Health Professionals are:

1. **Honesty and Integrity**: We will always be honest with ourselves, patients, suppliers, and clients, and we will continuously demonstrate integrity in our profession and our business, we will do what we say we will do, and we will not do what we say we will not.

2. **Ethics**: We will do what we know is right and not do what we know is wrong.

3. **Excellence**: We will strive for quality care, quality staff, quality patients, and quality of life.

4. **Professionalism**: We will perform our roles and responsibilities with the highest level of professionalism.

5. **Customer Service**: We will treat patients (and those who refer them to us) right. We will meet their needs and always be friendly and courteous.

6. **Productivity**: We will strive to do more with the same or fewer resources.

7. **Efficiency**: We will do things right.

8. **Effectiveness**: We will do the right things.

9. **Safety**: We want no harm to come to our patients or ourselves.

10. **Adherence**: We will follow the rules and obey the laws, even the unwritten ones.

11. **Accountability**: We will accept responsibility for our actions.

**WHAT MEDICAL STAFF MEMBER OR ALLIED HEALTH PROFESSIONAL WILL DO:**

1. Use appropriate channels to express dissatisfaction or grievances with any practice staff or physician, always in private.

2. Display respect for the dignity of others.

3. Respond to on-call responsibility by dedicating time for that purpose and fulfilling those responsibilities with a willing attitude. Call coverage is critical reflection on the medical staff in the community.

4. Be candid about our opinions and participate fully in policy discussions.

5. Follow the policies set by the medical staff and hospital even if we personally prefer not to do so.
6. Give clear instructions when necessary for the care of patients and families.
7. Provide professional guidance as necessary to assure quality care.
8. Cooperate with and participate in quality improvement activities.
9. Adhere to Medical Staff ByLaws, rules and regulations, policies and procedures, and the Hospital policies and procedures.

WHAT MEDICAL STAFF MEMBER OR ALLIED HEALTH PROFESSIONAL WON’T DO (Defines Disruptive Behavior), but not limited to:

1. Engage in unwelcome or inappropriate physical contact. Sexual, ethnic, or other types of harassment or misconduct, whether written, verbal or physical in nature.
2. Make negative assumptions of motives of colleagues.
3. Show disrespect or discourtesy.
4. Make degrading or sarcastic remarks.
5. Manipulate staff members or other providers.
6. Discuss my dissatisfaction and criticisms of the group, our staff, our Hospital, our referral sources, or our competition with non-management staff or outsiders.
7. Use verbal or written (including email) foul language, racial and ethnic slurs, sexual comments or innuendos or other abusive language.
8. Display anger inappropriately, including throwing instruments, charts, or other objects.
9. Humiliate, intimidate, or degrade another individual.
10. Make inappropriate entries in the medical record related to conduct of another member of the healthcare team, or impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the Hospital, or attacking particular Practitioners, Hospital employees or policies or practices.
11. Refuse to accept, participate and/or cooperate in Medical Staff affairs on anything but his or her own terms or to do so in a disruptive manner.
12. Make verbal attacks/non-constructive criticism which are personal, irrelevant or unprofessional or which are addressed to its recipient in such a way as to intimidate, undermine confidence, humiliate, belittle, or imply stupidity or incompetence.
13. Act in a manner which could adversely affect the healthcare team or impede its ability to deliver quality patient care.
14. Retaliate against anyone who has reported in good faith and/or who has participated in the investigation of an alleged violation of this Code.
15. Perform repeated or deliberate violation of Medical Staff Bylaws, rules or policies or Hospital rules or policies.
16. Use unprofessional, pejorative, or abusive behavior toward patients, members of their families, Hospital visitors, nurses, colleagues, and other employees including, but not limited to, refusing to listen to patients’ or their families’ legitimate questions and requests.
17. Impose idiosyncratic requirements upon colleagues, Hospital staff or other Practitioners that do not serve to better patient care but only to burden those to whom the request is directed.

Additional behavior or behaviors that undermine a culture of safety: is defined as a personality disorders or impairments that affect the Practitioner's ability to provide healthcare services in the Hospital.
Education

Education for the Medical Staff and other healthcare professionals shall be provided regarding the Policy to include, without limitation: behavioral expectations, how to identify and resolve conflict, types of behavior or behaviors that undermine a culture of safety, and the process for addressing behavior or behaviors that undermine a culture of safety.

PROCEDURE

Reports of Behavior or Behaviors that Undermine a Culture of Safety

Any Practitioner, Hospital employee, patient, or visitor may report disruptive conduct. Documentation of disruptive conduct is critical because it is ordinarily not one incident that leads to corrective action, but rather a pattern of inappropriate behavior. Accordingly, the report should include the following information, to the extent available:

A. The date and time of the perceived disruptive behavior.
B. A statement of whether the behavior affected or involved a patient or another healthcare provider in any way, and, if so, the name of the patient and/or healthcare provider(s) involved.
C. The circumstances that precipitated the situation.
D. A description of the disruptive behavior, limited to factual, objective language.
E. The consequences, if any, of the disruptive behavior as it related to patient care or Hospital operations.
F. A record of any action taken to remedy the situation at the time the disruptive behavior occurred, including the date, time, place, action taken, and name(s) of those intervening.

The report shall be in writing and shall be submitted to the Service Chief of the Department in which the accused Practitioner has Privileges, or to the Chief Executive Officer who will then forward it to the Chief of Staff and Chief Medical Officer. Reports should be made as promptly as possible, but not more than thirty (30) days from the date of the incident unless otherwise prevented by extenuating circumstances.

If the complaint is from a Hospital staff member, notification will be to the staff member’s immediate supervisor for review and determination if the matter can be resolved at an administrative level prior to initiation of this Policy.

No individual who reports behavior or behaviors that undermine a culture of safety or who otherwise participates in the procedure set forth herein shall be retaliated against for such report or participation.

Investigation of Reports of Disruptive Behavior

Once received, the report will be investigated by the Service Chief, in consultation with the Chief of Staff, Chief Medical Officer, or their designees. If the subject of the investigation is the Service Chief or the Chief of Staff, or the Chief Medical Officer, the investigation will be conducted by the other Medical Staff leaders who are not a subject of the investigation.
The person(s) investigating the report shall review the report and collect information necessary to classify the incident using the following:

A. **Not significant**: This classification will include all incidents in which the claim is false, results from a misinterpretation of events, or for which there is insufficient evidence. The report of investigation shall be placed in a sealed file by the person investigating the incident and retained in the Chief Medical Officer’s office for eventual destruction consistent with the Hospital's record retention policy.

B. **Significant (Minor)**: This classification will include single incidents that do not represent an immediate threat to patient, Hospital employee, or Practitioner safety. The accused Practitioner should be notified of this finding, in writing, but no formal action is required. The report of the investigation shall be submitted to the Medical Executive Committee for inclusion in the Practitioner's credentials file.

C. **Significant (Major)**: This classification will include the following categories of incidents: a) a single incident that represents an immediate threat to the safety of a patient, Hospital employee, or Practitioner; or b) the third in a series of Significant (Minor) incidents within a twenty-four (24) month period that indicates a pattern of disruptive behavior. The accused Practitioner and the Medical Executive Committee shall be notified in writing, and formal action shall be initiated under the corrective action provisions of the Medical Staff Bylaws if determined appropriate by the Medical Executive Committee or any other appropriate body, the Board of Directors, as provided in the Medical Staff Bylaws.

The Chief of Staff, Chief Medical Officer, and/or Service Chief shall rely upon the most recent report in conducting his/her investigation and classification of the event; provided, however, that consideration of reports of past incidents, if any, received during the Practitioner’s current appointment period may be considered for trending purposes.

If, at any time, the Chief of Staff, Chief Executive Officer, Chief Medical Officer, and/or the Service Chief reasonably believes that the behavior of a Practitioner accused of disruptive conduct may be related to health or impairment concerns, the Chief of Staff, Chief Medical Officer, and/or Service Chief may request the Practitioner to submit to a physical and/or mental examination consistent with the Medical Staff Practitioner Effectiveness Policy. Upon receipt of the report, the Chief of Staff, Chief Medical Officer, and/or Service Chief shall then determine whether the matter should be handled pursuant to this Policy or the Medical Staff Practitioner Effectiveness Policy. If the decision is to resolve the matter pursuant to the Medical Staff Practitioner Effectiveness Policy, the Medical Executive Committee shall be so notified.

**Follow Up With Practitioner with Behavior or Behaviors that Undermine a Culture of Safety**

A. If an incident is classified as Significant (Minor), a separate letter shall be sent for each such incident to the Practitioner by Special Notice informing him/her of the complaint, the investigation and the incident classification. The letter shall further advise the Practitioner that, pursuant to this Policy, such conduct is inappropriate and that a
requirement for continued appointment to the Medical Staff and/or the continued exercise of Privileges is that the Practitioner act professionally and in a cooperative manner in accordance with the Medical Staff Code of Conduct.

B. The Chief of Staff, Chief Medical Officer, Service Chief, and/or Hospital Chief Executive Officer, together with such other individuals, if any, that the Chief of Staff, Chief Medical Officer, and/or Chief Executive Officer deem(s) appropriate may, but shall not be required to, meet with the Practitioner to discuss the incident(s), investigation(s) and finding(s). In the event such meeting(s) occur(s), written documentation shall be maintained in the Practitioner’s quality file.

C. If an incident is classified as Significant (Major), the matter shall be referred directly to the Medical Executive Committee for the initiation of corrective action pursuant to the Medical Staff Bylaws.

**Internal Reporting Responsibilities**

The Credentials Committee and the Medical Executive Committee shall be advised, in writing, of any behavioral incidents resolved pursuant to this Policy or currently pending as part of the credentialing information needed to make recommendations regarding reappointment and/or the re-granting of Privileges, and for the purpose of evaluating, maintaining and/or monitoring the quality of health care services provided by the Medical Staff at the Hospital.

For purposes of this policy, the Medical Staff, through its committees, shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of health care services. Behavior or behaviors that undermine a culture of safety is a quality of care issue subject to report to, without limitation, the Medical Executive Committee.

In carrying out his or her duties under this Policy, whether as a committee member, Chief Medical Officer, Service Chief, Medical Staff officer or otherwise, each Medical Staff Appointee shall be acting in his or her capacity as a peer review committee member and designated agent of the Medical Executive Committee.

Additionally, such peer review committees and its designated agents may, from time to time and/or as specifically provided herein, appoint the Chief Executive Officer of the Hospital, or other administrative personnel, as their agent in carrying out such peer review duties.

**Confidentiality and Immunity**

All letters, reports, minutes, or other writings submitted or generated pursuant to this Policy shall be maintained in the applicable Practitioner’s quality file and treated as confidential peer review documents to the full extent permitted by law.

The identity of individuals providing information pursuant to this Policy, in writing or verbally, shall be maintained as confidential peer review information to the full extent permitted by law.

It is the intent of the Hospital and its Medical Staff that all individuals who participate in the process set forth in this Policy, including those who provide information, shall be deemed to be engaged in a peer review activity and entitled to immunity to the full extent permitted by law.
All individuals involved with the procedure set forth herein shall maintain the confidentiality of the information related thereto and shall not discuss the matter with anyone other than as needed to fulfill his or her obligations under this Policy.