

MEDICAL CENTER HOSPITAL

MEDICAL STAFF CODE OF CONDUCT POLICY

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CODE OF CONDUCT POLICY

1. POLICY STATEMENT

A. Scope of Policy

- (1) This Code of Conduct Policy (the “Policy”) applies to all practitioners who provide patient care services at the Medical Center Hospital (the “Hospital”). For the purposes of this Policy, “practitioner” means a member of the Medical Staff or a member of the Allied Health Staff.
- (2) Issues of employee conduct will be addressed in accordance with the Hospital’s Human Resources policies. If the matter involves an employed practitioner, the Chief Executive Officer, in consultation with appropriate Medical Staff Leaders and legal counsel, will determine which policies apply.
- (3) The Hospital’s Human Resources Office may participate in the various processes set forth in this Policy including, but not limited to, receiving and following up on reported concerns and meeting with any individual who may have reported a concern.

B. Expectations for Professional Conduct

- (1) At the Hospital, we are committed to conducting ourselves in an ethical, professional, respectful way. We understand that collegiality, collaboration, effective communication and teamwork are essential for the provision of safe and competent patient care and the creation of a culture of safety. As such, all practitioners are expected to treat others with respect, courtesy, and dignity, and to conduct themselves in a professional and cooperative manner.
- (2) We are also committed to treating each patient as a unique individual and will strive to see and treat the person not just the illness which afflicts him or her. We understand the importance of working with our patients and we will strive to honor their values, facilitate their informed healthcare decision-making and maintain their confidentiality.
- (3) Additionally, we are committed to providing safe, competent, appropriate care to our patients that is, to the extent possible, supported by reliable evidence.
- (4) Most practitioners meet or exceed expectations for professionalism. However, it is necessary to address incidents of inappropriate, unprofessional conduct to:

- (a) protect patients, employees, practitioners, and others and to facilitate the orderly operation of the Medical Staff and the Hospital;
- (b) maintain a culture of safety;
- (c) comply with the law and provide an environment free from harassment, sexual or otherwise; and
- (d) assist practitioners to resolve conduct issues in a constructive, educational, and successful manner.

C. Policy Objectives and Guidelines

- (1) This Policy outlines collegial efforts and progressive steps (e.g., meetings, counseling, warnings, and behavior modification education) which can be used by Medical Staff Leaders and Hospital Administration to address concerns about inappropriate conduct by practitioners, including behavior that undermines a culture of safety. The goal of these efforts is to arrive at voluntary, responsive actions by the practitioner to resolve the concerns that have been raised in a constructive manner.
- (2) These efforts are encouraged, but are not mandatory, and will be within the discretion of the Leadership Council.
- (3) All collegial efforts and progressive steps are part of the Hospital's confidential performance improvement and professional practice evaluation activities.
- (4) While collegial efforts are encouraged, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be of such concern that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter to the Medical Executive Committee or the elimination of any particular step in this Policy.
- (5) In order to promote the objectives of this Policy, discussions and meetings with a practitioner whose conduct is at issue will not involve legal counsel (unless otherwise determined by Medical Staff Leaders or the Chief Executive Officer). Meetings will not be recorded.
- (6) Medical Staff Leaders and Hospital Administration will educate practitioners regarding appropriate professional behavior and encourage the prompt reporting of concerns about inappropriate conduct.

- (7) By way of example, practitioners are expected to:
- (a) support and adhere to Medical Staff and Hospital policies and promote cooperation, teamwork and mutual respect among all members of the Healthcare team;
 - (b) communicate with others in a clear and respectful manner;
 - (c) use conflict resolution skills in managing disagreements;
 - (d) address concerns about clinical judgments with Medical Staff Leaders or appropriate Hospital employees directly and privately;
 - (e) address dissatisfaction with policies through appropriate grievance channels;
 - (f) accept appropriate feedback and demonstrate a change in behavior;
 - (g) complete medical records in a timely manner;
 - (h) respond to clinical obligations in a timely manner; and
 - (i) comply with all applicable laws and regulations.
- (8) When a function in this Policy is to be carried out by a person or a committee, the person, or the committee through its chairperson, may delegate performance of the function to one or more qualified individuals.
- (9) When a function in this Policy is to be carried out by a person and that person is the subject of a reported concern, the responsibility for fulfilling the function will automatically be delegated to another Medical Staff Leader or member of Hospital Administration.
- (10) As a general rule, any actions taken pursuant to this Policy will be documented and the documentation will be maintained in the individual's confidential file. However, Medical Staff Leaders and Hospital Administration may use their discretion to decide not to document a matter that they determine is a relatively low-level incident that has been effectively addressed and resolved.

D. Definitions

The definitions set forth in the Credentials Policy apply to this Policy.

2. CONDUCT THAT IS INAPPROPRIATE, UNPROFESSIONAL, AND MAY UNDERMINE A CULTURE OF SAFETY

To aid in both the education of practitioners and the enforcement of this Policy, conduct that is inappropriate, unprofessional, and may undermine a culture of safety is defined as a single serious event or pattern of conduct involving, but is not limited to, any of the following:

- (a) threatening or abusive language directed at patients, nurses, other Hospital employees, or other practitioners (e.g., belittling, berating, or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);
- (b) degrading or demeaning comments regarding patients, families, nurses, practitioners, Hospital employees, or the Hospital;
- (c) using profanity or similarly offensive language while in the Hospital and/or while speaking with patients, families, nurses, other practitioners, or other Hospital employees;
- (d) retaliating against any individual who may report a quality or behavior concern;
- (e) inappropriate physical contact with another individual that is threatening or intimidating;
- (f) intimidating or menacing other individuals, physically or otherwise, including behaviors such as slamming doors or throwing papers;
- (g) inappropriate medical record entries, including entries that impugn the quality of care being provided by other practitioners, the Hospital or Hospital employees;
- (h) inappropriately accessing, using, disclosing, or releasing of confidential patient information;
- (i) recording (audio or video) a conversation or interaction that is not consented to by others present, including patients, other members of the care team, or other practitioners;
- (j) refusing to abide by requirements delineated in the Medical Staff Bylaws, Credentials Policy, Rules and Regulations, or other Medical Staff policies (including, but not limited to, emergency call issues, response times, medical recordkeeping, other patient care responsibilities); or
- (k) engaging in any verbal 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:

- (i) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - (ii) Visual/Non-Verbal: derogatory posters, cartoons, e-mails, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
 - (iii) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - (iv) Other: making or threatening retaliation as a result of an individual's complaint regarding harassing conduct.
- (1) "Harassment" includes unwelcome and offensive conduct related to an individual's race, color, religion, gender (including pregnancy), age, disability, national origin, citizenship, or other protected characteristic. As above, these forms of unlawful harassment may be verbal, non-visual/verbal, physical, or other in nature.

See Appendix A for the Joint Commission's Sentinel Event Alert on behaviors that undermine a culture of safety.

3. REPORTING CONCERNS ABOUT CONDUCT

A. Reports of Concerns about Conduct

Any Hospital employee or practitioner who observes, or is subjected to, inappropriate conduct by a practitioner is encouraged to report the incident in a timely manner. The concern can be reported by submitting a completed Professional Conduct Reporting Form, or similar document, to the Medical Staff Services Office or the Human Resources Office. A copy of the Professional Conduct Reporting Form is included as Appendix B. Any report received by the Human Resources Office that pertains to a practitioner will be referred, in a timely fashion, to the Medical Staff Services Office. This referral is not intended to limit the ability of the Human Resource Office from taking appropriate action with respect to an employed practitioner.

B. Follow-up to Reports of Concerns about Conduct

- (1) The Chief Medical Officer or the Chief of Staff will follow up with the individual who made the initial report and will:
 - (a) inform the individual that the matter will be reviewed in accordance with this Policy and that further information may be needed;

- (b) inform the individual that retaliation will not be tolerated and that any retaliation and other incidents of inappropriate conduct should be reported immediately; and
- (c) advise the individual that due to confidentiality requirements, details regarding the outcome of the review cannot be provided.

A letter that can be used for this purpose is attached as Appendix C. As an alternative to sending a letter, the content of the letter may be used as talking points to discuss with the individual who reported the concern.

- (2) The Chief Medical Officer and the Chief of Staff may interview witnesses or other individuals who were involved in the incident, as necessary, in order to fully understand the circumstances.
- (3) The Chief Medical Officer and the Chief of Staff will report their findings to the department chairperson.
- (4) Based on the information that has been received, the Chief of Staff and the department chairperson, in consultation with the Chief Medical Officer, may recommend any of the following:
 - (a) no further review or action is required;
 - (b) a face-to-face collegial intervention should be held with the involved practitioner; or
 - (c) further review or action is required by the Leadership Council.
- (5) If there is documentation of an action taken, it will be maintained in the confidential quality file.

4. LEADERSHIP COUNCIL PROCEDURE

A. Initial Review

Members of the Leadership Council will review the summary and all supporting documentation and may meet with the individual who submitted the report and any witnesses to the incident. Members of the Leadership Council may also consult with or include the appropriate department chairperson.

B. Obtaining Input from the Practitioner

- (1) If the Leadership Council determines that further review or action is required, it will notify the practitioner and will invite the practitioner to

participate in the review process and provide his or her perspective. A letter that can be used for this purpose is attached as Appendix D.

- (2) The Leadership Council will take appropriate steps to maintain the confidentiality of the information, as well as to ensure a professional, non-threatening environment for all who work and practice at the Hospital.
- (3) The practitioner may be requested to review and sign the “Confidentiality and Non-Retaliation Agreement” that is attached as Appendix E.
- (4) The practitioner will be reminded that any retaliation against the person reporting a concern would violate this Policy and lead to more formal review by the Medical Executive Committee, as appropriate.
- (5) The practitioner may be requested to provide a written explanation of what occurred. The practitioner may also be invited to meet with the Leadership Council to discuss the circumstances further.

C. Leadership Council’s Determination or Recommendation

- (1) Based on all of the information received, the Leadership Council may:
 - (a) determine that no further review or action is required;
 - (b) send the practitioner a letter of guidance or letter of counsel about the conduct (a sample letter that can be used for this purpose is attached as Appendix F);
 - (c) engage in face-to-face collegial intervention, education, and coaching efforts with the practitioner, including, when appropriate, education about administrative channels that are available for registering concerns about quality or services;
 - (d) require that the practitioner attend a mandatory meeting with the Leadership Council, the Medical Executive Committee or another group of Medical Staff leaders to discuss the concerns about the practitioner’s conduct;
 - (e) send a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing (a sample letter that can be used for this purpose is attached as Appendix F);
 - (f)) require that the practitioner complete a behavior modification course, acceptable to the Leadership Council, at the practitioner’s expense;

- (g) develop a personal code of conduct (a sample letter that can be used for this purpose is attached as Appendix G); or
 - (h) refer the matter to the Medical Executive Committee.
- (2) The Leadership Council will inform the relevant department chairperson of all determinations and recommendations.
 - (3) Consistent with the Medical Staff Bylaws and the Credentials Policy, none of the above recommendations or actions would entitle the practitioner to a hearing or appeal, nor are any reports required to be made to the Texas Medical Board, the Texas Board of Nursing, or the National Practitioner Data Bank. Appendix H provides additional guidance regarding these and other options for conduct and their related implementation issues.

D. Practitioner’s Refusal to Attend Mandatory Meeting with Leadership Council

If the practitioner fails or refuses to attend a mandatory meeting with the Leadership Council or other specified individuals when requested to do so, the practitioner’s clinical privileges may be automatically relinquished until the meeting occurs, pursuant to the provisions in the Medical Staff Bylaws and the Credentials Policy.

E. Letters Placed in Practitioner’s Confidential Quality File

Copies of letters sent to the practitioner as part of the efforts to address the concerns about conduct will be placed in the practitioner’s confidential quality file. The practitioner will be given an opportunity to respond in writing, and any response will also be kept in the practitioner’s confidential quality file.

F. Additional Reports of Inappropriate Conduct

If additional reports of inappropriate conduct are received concerning a practitioner, the Leadership Council may continue to use the collegial and progressive steps outlined above as long as it believes that there is a reasonable likelihood that those efforts will resolve the concerns.

G. Determination to Address Concerns through Practitioner Health Policy

If the Leadership Council believes that there may be a legitimate, underlying health issue, that is causing the concerns that have been raised, it may address the issue pursuant to the Practitioner Health Policy.

5. REFERRAL TO THE MEDICAL EXECUTIVE COMMITTEE

A. Referral to the Medical Executive Committee

At any point, the Leadership Council may refer a matter to the Medical Executive Committee for review and action. The Medical Executive Committee will be fully apprised of the actions taken previously by the Leadership Council to address the concerns. When it makes such a referral, the Leadership Council may also suggest a recommended course of action. The practitioner will be notified if the Leadership Council decides to refer a matter to the Medical Executive Committee.

B. Medical Executive Committee Review

The Medical Executive Committee will review the matter and take appropriate action in accordance with the Credentials Policy.

C. Recommendation That Entitles Practitioner to a Hearing

If, at any time, the recommendation of the Medical Executive Committee would entitle the practitioner to request a hearing pursuant to the Credentials Policy, the Medical Executive Committee will forward its recommendation to the Chief Executive Officer for further action.

6. REVIEW OF REPORTS OF SEXUAL HARASSMENT. All reports of sexual harassment will be reviewed by the Leadership Council in the same manner as set forth above. However, because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

A. Personal Meeting and Letter of Admonition and Warning

Two or more members of the Leadership Council will personally meet with the practitioner to discuss the incident. If the practitioner acknowledges the seriousness of the matter and agrees that there will be no repeat of such conduct, the meeting will be followed with a letter of admonition and warning to be placed in the practitioner's confidential quality file. This letter will also set forth any additional actions or conditions imposed on the practitioner's continued practice in the Hospital.

B. Referral to the Medical Executive Committee

The matter will be immediately referred to the Medical Executive Committee if:

- (1) the practitioner refuses to acknowledge the concern, does not recognize the seriousness of it, or will not agree that there will be no repeat of such conduct;

- (2) there are confirmed reports of retaliation or further incidents of sexual harassment, after the practitioner agreed there would be no further improper conduct; or
- (3) two or more reports of sexual harassment are received pertaining to the practitioner.

The Medical Executive Committee will conduct its review in accordance with the Credentials Policy. Such referral will not preclude other action under applicable Hospital Human Resources policies.

Adopted by the Medical Executive Committee:

_____ (Date)

Approved by the Board:

_____ (Date)

APPENDIX B

PROFESSIONAL CONDUCT REPORTING FORM

**PRIVILEGED AND CONFIDENTIAL
PURSUANT TO TEXAS PEER REVIEW STATUTE**

For Employees, Medical Staff Members, and Allied Health Staff Members

Instructions: This form may be used to report an incident involving conduct that you are concerned is inappropriate, unprofessional or that otherwise jeopardizes our culture of safety. Attach additional sheets if necessary. Please provide the following information as **specifically** and as **objectively** as possible and submit the completed form to the Medical Staff Services Office or to Human Resources.

DATE, TIME, AND LOCATION OF INCIDENT			
Date of incident:	Time of incident:	a.m.	
		p.m.	
Location of incident:			
Range of dates if your concerns are not limited to one particular event: ____/____/20____ to ____/____/20____			
PRACTITIONER INFORMATION			
Name of practitioner about whose conduct is at issue: _____			
PATIENT INFORMATION			
Was a patient involved in the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medical Record # _____
Patient's Last Name: _	Patient's First Name: _		
DESCRIPTION OF INCIDENT			
Describe what happened as specifically and objectively as possible:			

OTHER INDIVIDUALS INVOLVED/WITNESSES

Name(s) of other practitioner(s) or Hospital employee(s) who witnessed this event:

Name(s) of any other person(s) who witnessed this event (e.g., visitors; family members):

EFFECT OF CONDUCT

How do you think this behavior affected patient care, Hospital operations, your work, or your team members' work?

RESPONSE TO CONDUCT

Yes **No**

Are you aware of any attempts that were made to address this behavior with the practitioner when it occurred?

If yes, please explain and indicate by whom:

CONTACT INFORMATION

Your name:

Department:

Phone #:

Date this form completed:

E-mail address: