PENROSE-ST. FRANCIS HEALTH SERVICE

INTERDISCIPLINARY PRACTICES

SUBJECT: **Penrose-St. Francis Health Service Code of Professional Conduct**

PREVIOUS DATE: New  **EFFECTIVE DATE:** 12/09

RECOMMENDED BY: Jeff Oram-Smith, CMO

ADMINISTRATION APPROVAL: Jeff Oram-Smith, CM, CMO Katherine D McCord, RN, CNO

**GUIDELINES FOR CARE**:

The purpose of this is to emphasize the necessity for all individuals working in Penrose St-Francis Health Services (PSF) to treat others with respect, courtesy, dignity and to conduct themselves in a professional and cooperative manner. Additionally, this policy protects individuals from behavior that does not meet these standards.

All members of the health care team including administrators, medical staff, nursing, clinical personnel, ancillary staff, volunteers and all hospital associates are expected to conduct themselves and their activities in a manner that supports the mission and values of the PSF hospital systems and enables the delivery of quality, efficient patient care.

**PRACTICES:**

Part I of this document is applicable to the entire PSF community of health care professional and associates.

Part II applies specifically to the members of the medical staff.

**Part I**

1. **PSF code of professional conduct expectations include the following:**
	1. Respond to patient and associate calls and requests appropriately
	2. Treat others with courtesy and respect
	3. Cooperate and communicate with other members of the health care team in a dignified, professional manner
	4. Respect patient’s autonomy, confidentiality, and welfare
	5. Address clinical concerns with colleagues in a direct and respectful manner
	6. Encourage clear communication
	7. Assist in the identification of colleagues who may be in need of assistance
	8. Address dissatisfaction with policies, practices, or behavior through appropriate medical staff and/or administrative channels
	9. Maintain professional education and skill
	10. Comply with accepted practice standards
	11. Seek and obtain appropriate consultation
	12. Arrange for satisfactory coverage when unavailable and communicate same to involved parties
	13. Complete patient records in a timely manner
	14. Disclose potential conflicts of interest
2. **Behaviors to be avoided include the following:**
	1. Engaging in physical or verbal harassment
	2. Indulging in disorderly conduct or abusive language, including profanity, and shouting,
	3. Fighting, threatening, intimidating, degrading, attempting bodily harm or injury, or interfering with other individuals
	4. Misconduct toward or abuse of others, including patients, visitors, associates and colleagues
	5. Blaming, shaming, or publicly criticizing others for unexpected or negative outcome
	6. Engaging in dishonest or fraudulent practices
	7. Sexual harassment
3. **Associate incidents will be handled though established human resource policies and procedures.**

**Part II**

**Disruptive Conduct Policy for Medical Staff**

Members of the PSF medical staff who engage in abusive/disruptive conduct will de dealt with in accordance with this policy, as enacted by PSF Medical Executive Committee, PSF Administration, and PSF Board of Directors. In addressing disruptive conduct, protection of patients, associates, physicians, volunteers, and visitors is the paramount concern.

If any deficiencies in hospitals operations, medical staff conduct, or perceived medical staff competency are noted by members of the medical staff, they are expected to report their concerns to Medical Staff Leadership, hospital administration and/or nursing administration. This policy does not recognize any circumstance that justifies or mitigates disruptive behavior as defined in this policy. This policy thus constitutes a Code of Professional Conduct for which every medical staff member is accountable. Violation of this policy by any medical staff member may cause him/her to be subject to disciplinary action to include relinquishment of medical staff membership.

This policy outlines collegial and professional review steps that can be taken in an attempt to resolve complaints regarding disruptive conduct exhibited by medical staff members. However, there may be a single incident (or combination of incidents) of disruptive conduct that is so unacceptable as to make these multiple opportunities inappropriate and to require immediate action. Therefore, nothing in this policy precludes immediate action as defined in Medical Staff rules and regulations, bylaws, or the elimination of any step in the policy in dealing with a complaint about disruptive conduct.

1. **Definition**
	1. Abusive/disruptive behavior is defined as behavior that:
		* Is perceived by others to represent or which constitutes acts of degradation, intimidation, or the threat of harm
		* Disrupts the orderly operations of the unit, department, or hospital
		* Creates a hostile work environment
		* Interferes with the individual’s own ability to function in a safe and competent manner
	2. Examples of disruptive behavior include, but are not limited to, the following:
		* Threats, attacks, or abuse, in what ever form, which are personal, or outside the bounds of professional conduct and personal civility
		* Impertinent or inappropriate verbal communication or written documentation in medical records or other official documents that, by fact of design, compromise the effectiveness or reputation of the hospital or other healthcare workers
		* Public and/or non-constructive criticism, addressed in a manner so as to intimidate, undermine confidence, demean, belittle, or imply stupidity or incompetence
		* Use of profanity or similarly offensive language, written or not, signs, or dramatics that are perceived to intimidate, degrade, embarrass or humiliate other persons or the hospitals
2. **Procedure**

Note: This policy is designed to facilitate a progressive remedial and disciplinary approach to the management of allegations of disruptive behavior. The implementation of this process may be modified subject to the judgment of responsible medical staff leaders and senior hospital administrators, depending upon the specific findings in each case.

* 1. Whenever possible, physicians, nurses, or other hospital associates who observe, or are subjected to, disruptive behavior by a member of the PSF medical staff are to speak to the person involved privately regarding the incident, away from patient area(s). This discussion should include:
		+ Appropriate and inappropriate professional conduct
		+ Opportunities for improved care and care decisions
		+ Plans for improved interactions
		+ Events preceding disruptive behavior

The manager of the affected area should also be notified of the incident occurrence. In the event that the manager is unavailable, the next senior administrator of the department or functional unit is to be notified. Any medical staff member or associate who observes such an incident may utilize the Resolution Line.

To access the Resolution Line, dial into our dictation system 776-6555 and press provider ID 9000. Then you will hear the prompt. The caller must press “98” for work type when prompted, the “2” to record the dictation.

* 1. If the interaction is abusive in nature, if possible, the manager of the area is to intervene immediately. The incident is to be documented in the form of an incident report completed either by the individual who reported the incident or the manager.

The documentation shall include:

* + - The date, time and location of the behavior in questions and names of involved persons
		- A factual description of the behavior in question
		- The name(s) of any patient or family member(s) involved in the incident or any other individual who was witness to the incident
		- The circumstances which precipitated the incident
		- The consequences, if any, of the disruptive behavior as it relates to patient care, personnel, or hospital operations
		- Details regarding any action taken to intervene in, or remedy, the incident and a factual description of any such action

The written report shall be forwarded to the CEO, CMO, and CNO.

The Manager will also meet with involved Medical Staff Member immediately or as soon after incident as possible.

The meeting shall be informational, collegial, and designed to accomplish the following:

* Advise the member of the nature of the reported incident
* Obtain the member’s perspective of the incident
* Emphasize that certain conduct is inappropriate and unacceptable
* Educate the member regarding established administrative channels for resolving complaints or concerns
* Advise the member that retaliation against any persons involved in the incident or reporting process will result in exclusion from hospital facilities
* Seek an apology on behalf of the hospital staff involved
* Discuss events related to disruptive behavior
	1. In the event immediate intervention by the unit manager is not possible, or if the meeting does not resolve the incident, the MSM will meet with the CMO accompanied by either the Chief of Staff or department chairman (or both if available). In-put from nursing will be requested and reviewed with the MSM. The purpose of the meeting is to accomplish (a. – g.) outlined above. If the complaint of abusive behavior is not resolved or if the behavior is recurrent, the MSM will be referred to the Professional Review Committee
	2. Professional Evaluation Committee:

The Professional Evaluation Committee shall be constituted as follows:

* + - CMO (chairperson)
		- CNO
		- Chief of Staff
		- Chief of Department of Medical Staff member being discussed
		- St. Francis Medical Center VP Nursing or Penrose Director of Patient Care

The Professional Evaluation Committee shall meet as needed to respond to report(s) and shall complete a written report of its findings to the CEO and Medical Executive Committee.

Any member of the Professional Evaluation Committee who is the subject of evaluation will be excused from serving and may be replaced at the discretion of the CMO. The chair of the Professional Evaluation Committee will notify the person writing the report to:

* + 1. Thank them for writing the report
		2. Inform them their issue is being addressed
	1. In the event abusive or disruptive behavior continues a meeting with the involved member of the medical staff will be held with the CMO, CEO, or designee

The purpose of this meeting is to:

* + 1. Review the history and/or severity of the incidents and report
		2. Secure understanding that abusive/disruptive conduct will not be tolerated
		3. Assess possible action:
			- Mandatory Education
			- Formal Assessment
			- Reassessment follow up required
			- Peer review
			- Exclusion from hospital facilities
		4. A Letter will be sent to the member and will address at least the following:
* A description of the disruptive conduct at issue
* An outline of the steps taken in the past to correct the conduct in questions
* The details regarding the unacceptable behavior
* An explanation of the conditions applicable to continued practice at the hospitals

**Note:** The member shall be required to sign this letter. Failure or refusal of the member involved to sign the letter will result in the letter becoming a part of the involved member’s credentials file and the commencement of a formal investigation pursuant to the Medical Staff Bylaws of PSF.

**Note:** A single additional incident of disruptive behavior after the signing of the notice letter, by the member involved, shall result in an adverse professional review recommendation pursuant to Medical Staff Bylaws. Exclusion from hospital facilities may be appropriate pending this process. The Medical Executive Committee shall be fully apprised of the history and actions taken to address the concerns.

**Note:** When a member continues to engage in disruptive behavior or if a single incident is, in the opinion of the CEO, CMO, CNO or Professional Evaluation Committee, sufficiently severe, the member may be excluded from the hospital’s facilities pending the formal investigative process and any related hearing and appeal than may result. Such exclusion is not a suspension of clinical privileges. Rather, the action is taken to protect patients, associates and others on the hospital premises from inappropriate behavior and to emphasize to member the serious nature of the hospital’s intolerance of such behavior. The involved member may submit a written response to the Medical Executive Committee about the exclusion action within three (3) working days of being notified.

* 1. In order to effectuate the objective of this policy, and except as may otherwise be provided, legal counsel shall not be permitted to attend any of the informal meetings described in the above paragraphs

REFERENCES:

2004 JCAHO Accreditation Standards: Provision of Care, Treatment, and Services; PC.2.20, PC.2.120, PC.2.130, PC.2.150, PC.3.10, PC.3.120, PC.3.130.

Medical Staff Bylaws, Rules and Regs of 1998, reviewed in entirety May 2000, ongoing revisions current on S. drive as of December 2004.

Porto, G, Lauve, R, Disruptive Clinicians Behavior: A Persistent Threat to Patient Safety, PSQH; July/Aug 2006.

KAHN, MW Etiquette Based medicine, NEJM, May 8, 2008, 358:19:1988-1989