



Saint Clare's Hospital

MINISTRY HEALTH CARE

MEDICAL STAFF CODE OF CONDUCT POLICY

I. PURPOSE

1. The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional healthcare environment, and to prevent or eliminate (to the extent possible) conduct that:
 - interferes with an individual's ability to practice competently;
 - affects the ability of others to do their jobs;
 - disrupts the operations of the hospital;
 - creates a "hostile work environment" for hospital employees or other medical staff members; or
 - adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

II. POLICY STATEMENT

1. It is the policy of this hospital to treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the Board requires that all individuals, employees, physicians and other independent practitioners conduct themselves in a professional and cooperative manner in the hospital. Inappropriate or disruptive conduct will not be tolerated.
2. All Medical Staff members practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
3. This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address inappropriate conduct. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Bylaws.
4. This Policy also addresses sexual or other unlawful harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated.

5. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual or other unlawful harassment are also critical.

III. EXAMPLES OF INAPPROPRIATE CONDUCT

To aid in both the education of Medical Staff members and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to:

- threatening or abusive language directed at patients, nurses, Hospital personnel, or other physicians (e.g., belittling, berating, and/or threatening another individual);
- degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;
- profanity or similarly offensive language while in the Hospital and/or while speaking with physicians, nurses or other Hospital personnel;
- inappropriate physical contact with another individual that is unwanted, threatening or intimidating;
- derogatory comments about the quality of care being provided by another Medical Staff member, the Hospital, or any other individual or otherwise critical of the Hospital, another Medical Staff member, or any other individual that are made outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries concerning the quality of care being provided by another Medical Staff member, the Hospital or any other individual or are otherwise critical of the Hospital, other Medical Staff members or personnel;
- unauthorized access to or disclosure of confidential information (whether patient information or peer or quality review information) or misuse of electronic medical record;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws and the 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 and Hospital Staffs); and/or

- "sexual or other unlawful harassment," which is defined as any verbal and/or physical conduct of a sexual nature or relating to a protected classification (such as race, religion, age, national origin or disability) 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:
 - (a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - (b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
 - (c) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - (d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct or as a result of an individual's complaint of or opposition to harassing conduct.

IV. GENERAL GUIDELINES/PRINCIPLES

1. Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by members of the Medical Staff (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy.
2. Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Bylaws. In the event of any apparent or actual conflict between this Policy and the Bylaws, the provisions of this Policy shall control.
3. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Medical Executive Committee (MEC) or the elimination of any particular step in the Policy.
4. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the Medical Management Team (MMT), the practitioner's counsel shall not attend any of the meetings described in this Policy.

5. The Medical Staff leadership and Hospital Administration shall provide orientation and education to make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

V. REPORTING OF INAPPROPRIATE CONDUCT

1. Documentation of each incident of inappropriate conduct is critical because it is ordinarily not one incident alone that leads to disciplinary action, but rather a pattern of inappropriate conduct.
2. Nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify any member of the MMT, the Chief Operating Officer, the Chief Medical Officer, the Vice President of Patient Care Service or the Human Resources Manager. Any practitioner who observes such behavior by another practitioner shall notify any member of the MMT directly.
3. The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or individual receiving the report may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so. This documentation shall be considered performed at the direction of the MMT as it is the first step in the MMT's process of evaluating and reviewing the conduct to help improve the quality of health care.
4. The documentation should include:
 - (a) the date and time of the incident;
 - (b) a factual description of the questionable behavior;
 - (c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
 - (d) the circumstances which precipitated the incident;
 - (e) the names of other witnesses to the incident;
 - (f) consequences, if any, of the behavior as it relates to patient care, personnel, morale or Hospital operations;

- (g) any action taken to intervene in or remedy the incident including the date, time, place, action and the name(s) of those intervening;
 - (h) the name and signature of the individual reporting the matter.
5. The supervisor or person receiving the information from the involved individual(s), after completing any additional investigation that may be necessary, shall forward a report to the Chief Medical Officer or the Chief Operating Officer. This documentation is created in connection with the MMT's role to help improve the quality of care as part of its investigative process and is considered a confidential peer review document subject to Wisconsin Statute Sec. 146.38. DO NOT MAKE COPIES.

VI. INITIAL PROCEDURE

1. The MMT 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. Once the initial investigation is complete, a classification will be assigned to the report based on the findings of the investigations using the following guidelines:
- Level 1 – An unsubstantiated claim on which no further action is necessary. The individual initiating such a report shall be advised that it has been determined to be unsubstantiated;
 - Level 2 – A substantiated claim of a minor nature (i.e.: problem with communication between the individuals involved which can be resolved through simple behavior modification and better communication techniques, etc.);
 - Level 3 – A claim that can neither be substantiated nor determined to be unsubstantiated but, if true, would warrant consultation with the practitioner involved for behavior modification;
 - Level 4 – A substantiated claim which warrants further investigation by the MMT and consultation with the practitioner involved for behavior modification (i.e.: disruptive behavior which directly affects patient care including, but not limited to, throwing of instruments, abusive or degrading comments which impair staff's ability to perform their responsibilities, etc.); or
 - Level 5 – A substantiated claim of an egregious incident (i.e.: physical or sexual harassment, assault, a felony conviction, a fraudulent act, stealing, damaging hospital property, or inappropriate physical behavior, etc.) which will require the investigation of the Chief of Staff and MEC and/or further action

under the Medical Staff Bylaws as may be recommended by the Chief of Staff in consultation with the MEC.

2. If the MMT determines that an incident of inappropriate conduct has likely occurred, the MMT has several options available to it, including, but not limited to, the following:
 - notify the practitioner that a complaint has been received and invite the practitioner to meet with one or more members of the MMT to discuss it;
 - send the practitioner a letter of guidance about the incident;
 - educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;
 - send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - have a MMT member(s), or the MMT as a group, meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question. During such meetings it will be emphasized that such conduct is inappropriate and must cease. All meetings shall be documented.
 - These MMT efforts are intended to be collegial, with the goal of being helpful to the practitioner in understanding that certain conduct is inappropriate and unacceptable.
3. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the MMT members agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, including attempts to confront or intimidate the individual, whether the specific identity is disclosed or not, will be grounds for immediate referral to the MEC pursuant to the Bylaws and/or summary suspension.
4. If the MMT prepares any documentation for a practitioner's file regarding its efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's

confidential quality file along with the original concern and the MMT's documentation.

5. If additional complaints are received concerning a practitioner, the MMT may continue to utilize the collegial and educational steps noted in this Section as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns. If it appears that a pattern of disruptive behavior is developing or if a Level 5 incident is found to be substantiated, the MMT shall refer the case to the MEC.
 - In any event, however, if a Level 5 incident is found to be substantiated and of sufficient severity, the CMO, the COO or their designees may initiate a corrective action process including, but not limited to, immediate precautionary suspension of practitioner's hospital privileges in accordance with the Medical Staff Bylaws.

VII. Referral to the Executive Committee

1. At any point, the MMT may refer the matter to the MEC for review and action. The MEC shall be fully apprised of the actions taken by the MMT or others to address the concerns. When it makes such a referral, the MMT may also suggest a recommended course of action.
2. The MEC may take additional steps to address the concerns including, but not limited to, the following:
 - require the practitioner to meet with the Board Chair;
 - require the practitioner to meet with the full MEC;
 - issue of a letter of warning or reprimand;
 - require the practitioner to obtain a medical or psychiatric evaluation by a physician chosen by the MEC;
 - require the physician to complete a behavior modification course;
 - impose a "personal" code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner's adherence to it; and/or
 - suspend the practitioner's clinical privileges for less than 15 days.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal. All meetings shall be documented. At this point, all communication must emphasize that such conduct is inappropriate, must

cease and if such behavior continues, more formal action will be taken to stop it.

3. At any point, the MEC may also make a recommendation regarding the practitioner's continued appointment and clinical privileges that does entitle the practitioner to a hearing as outlined in the Bylaws, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.

VIII. Sexual or Other Unlawful Harassment Concerns

Because of the unique legal implications surrounding sexual or other unlawful harassment, a single confirmed incident requires the following actions:

1. A meeting shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct thought specifically to constitute unlawful harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's quality file. This letter shall also set forth those additional actions, if any, which result from the meeting.
2. If the practitioner refuses to stop the conduct immediately, this refusal shall result in the matter being referred to the MEC for review pursuant to the Medical Staff Bylaws.
3. Any reports of retaliation or any further reports of sexual or other unlawful harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the MMT. If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the Bylaws shall be conducted. Should this investigation result in an action that entitles the individual to request a hearing under the Bylaws, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

Recommended by the Executive Committee this _____ day of _____,
20____.

Chief of Staff

Approved by the Board this _____ day of _____, 20____.

Chair, Board of Directors