

## DAVIS REGIONAL MEDICAL CENTER

<b>TITLE/DESCRIPTION</b> <b>Medical Staff Code of Conduct</b> <b>LD.03.01.01</b>				<b>FILING #:</b>
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### Policy

It is the policy of Davis Regional Medical Center (DRMC) that every practitioner who is granted the privilege to perform patient care services at DRMC must continually demonstrate a willingness and capacity to work with and relate to other Medical Staff Appointees, Allied Health Professionals, DRMC administration and employees, patients, and visitors in a cooperative and professional manner and treat all individuals with courtesy, respect and dignity.

### Purpose

It is well documented that disruptive conduct can interfere with the cooperation and free exchange of information that is necessary for the health care team to provide safe and effective patient care; undermine staff morale; make it difficult to recruit and retain qualified practitioners and staff; harm the hospital's reputation and expose the hospital and practitioner to legal liability. In order to maintain the trust, confidence and respect of the community and enable DRMC to fulfill its obligation to provide a safe and professional work environment, it is necessary that all practitioners abide by high standards of conduct and that DRMC take reasonable actions to correct inappropriate conduct. This policy is intended to make practitioners aware of the expected standards of conduct and the procedures that will be followed to correct inappropriate conduct.

### Definitions

It is impossible to specifically enumerate all the different forms of disruptive or inappropriate conduct that would be deemed to fall below DRMC's Code of Conduct. However, for purposes of this policy, "disruptive conduct" shall generally refer to behavior which violates rules of civil behavior and professional etiquette; violates legal standards of conduct or professional ethics; disrupts the efficient and orderly operation of DRMC or interferes with patient care.

Subject to the context and unique facts and circumstances of each case, the following are some examples of disruptive conduct:

1. Repeated use of vile, loud, intemperate, offensive or abusive language;
2. Repeatedly acting in a rude, insolent, demeaning or disrespectful manner;
3. Verbal or physical threats, intimidation or coercion;
4. Actual physical abuse or unwanted touching;
5. Sexual or other forms of harassment, including unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which has the purpose or effect of interfering with the individual's work performance or creating an intimidating, hostile or offensive work environment;
6. Intentional disruption of DRMC, Medical Staff, department or committee meetings or activities;
7. Breach of confidentiality;
8. Illegally discriminating against persons;
9. Deliberate destruction or damage to property;
10. Lack of cooperation or unavailability to other practitioners for exchange of pertinent patient care information or resolution of patient care issues;
11. Inappropriate entries in patient medical records which have the primary purpose or effect of attacking, belittling other providers, imputing stupidity or incompetence of other providers, or impugning the quality of care of other providers, and;
12. Repeated, willful failure to abide by DRMC, Medical Staff, department or committee bylaws, policies and procedures or directives, including refusal to comply with required duties or assignments.

Merely expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of appropriate policies or procedures or unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place, manner and with the aim of improving the environment of care rather than personally attacking any individual. Except as otherwise required by their legal or ethical duties, practitioners are requested to first express their concerns or constructive criticism through appropriate Medical Staff, administrative or governing board channels and seek an internal resolution prior to publicly expressing their concerns.

## **Procedure**

1. Within any team setting, there will be times when interactions among members of the team can become temperamental, particularly in stressful environments or emotional circumstances. Without in any way condoning or minimizing the unacceptability of disruptive conduct, it is usually preferable that team members and colleagues first try to informally resolve their differences and repair any frayed relationships through direct one-on-one communications and cooperation, perhaps with the facilitation of another team member. Hopefully, it is not necessary to escalate the matter to the next level of this procedure, unless informal resolution is unsuccessful and reasonable reconciliation efforts have first been attempted.
2. If the informal one-on-one reconciliation efforts described above are not successful, or if the severity of the circumstances would make informal resolution seem unlikely or inappropriate, any person who experiences or observes disruptive conduct by a practitioner shall submit a timely written or verbal report to the Chief of Staff, Department Chief or CEO in order to make DRMC aware of the disruptive conduct and therefore enable appropriate corrective action to be taken.
3. Whenever possible, reports of the disruptive conduct should include:
  1. The name of the practitioner and the reporter;
  2. The date, time and location of the questionable behavior;
  3. The name of any patient who may have been affected by or involved in the conduct;
  4. The name of any other person who may have been affected by or involved in the conduct;
  5. Any circumstances which may have precipitated the conduct;
  6. A factual, objective, detailed description of the conduct;
  7. Any negative impact upon DRMC operations or patient care that may have been caused by the conduct;
  8. If known, any action taken to remedy the conduct or its consequences, including the date, time, location and name of the persons taking such remedial action; and
  9. The name of any other witnesses who can corroborate the report.
4. It is understood that, particularly if the conduct has been directed toward an employee, the report may be made through the employee's supervisor, other DRMC management staff or the Human Resources department, rather than directly by the affected employee.

## **Outcomes**

The report shall be submitted to the Chief of Staff or CEO. The Chief of Staff in consultation with the CEO or his/her designee shall review the report with the individual who prepared it and/or any witnesses to the incident to further evaluate the details of the incident. Documentation of all investigations must be made separate from the variance report.

If the Chief of Staff and CEO determine that inappropriate conduct occurred, the Chief of Staff and CEO may elect to take one or more of the following actions or develop an appropriate action based on the unique circumstances of the event:

1. Notify the practitioner that a complaint has been received and invite that practitioner to attend a meeting with appropriate staff to obtain more information about the complaint if he/she desires;
2. Send the practitioner a letter of guidance about the incident;
3. Send the practitioner a letter of warning or reprimand, particularly if there is evidence that a pattern may be developing;
4. Have one or more members of the Medical Executive Committee meet with the individual to counsel or educate him/her about the concerns and the need to modify the behavior in question. The education may include referral to sources of support or counseling, as appropriate.

These steps are intended to be collegial. They are intended to help the individual to understand the identified conduct is inappropriate and unacceptable.

The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the Chief of Staff, Medical Executive Committee or CEO 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, whether the specific identity is disclosed or not, will be grounds for immediate disciplinary action.

If the Chief of Staff, Medical Executive Committee, and CEO prepares any documentation to be placed in the medical staff file of the individual who is the subject of a complaint, the individual shall be notified and be given an opportunity to respond in writing. Any responses, along with the original complaint shall be kept in the practitioner's confidential file.

If additional complaints are received concerning a practitioner, the Medical Executive Committee may continue to utilize the collegial and educational steps noted in this policy as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns.

If the Chief of Staff, Medical Executive Committee and/or CEO feel that the collegial process is not effectively addressing the complaint, they may, at any point in this process, initiate a formal disciplinary review and action in accordance with this policy.

The actions may include, but are not limited to:

1. Mandatory participation in an appropriate course such as behavior modification or sensitivity and diversity training;
2. Establishment of a set of conditions that must be met to retain privileges;
3. Suspension from the Medical Staff;
4. Termination of Medical Staff appointment.

Whenever a matter is referred to the Medical Executive Committee for its review and action, the Medical Executive Committee shall be fully apprised of the previous warnings issued to the individual and the actions that were taken to address the concerns. The Medical Executive Committee may, at any point in the investigation, refer the matter to the Board of Trustees without a recommendation. Any further action, including any hearing or appeal, shall then be conducted under the direction of the Board of Trustees.