

**MERCYONE DES MOINES
MEDICAL CENTER**

**MEDICAL STAFF
CODE OF CONDUCT POLICY**

Adopted by the Medical Executive Committee on 10/31/2017

Approved by the Board on 12/12/2017

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**MERCYONE DES MOINES MEDICAL CENTER
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 MercyOne Des Moines Medical Center. For 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 Medical Center’s Human Resources policies. If the matter involves an employed practitioner, Medical Center leaders, in consultation with appropriate Medical Staff Leaders and legal counsel, will determine which policies apply.
- (3) The Medical Center’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) Collegiality, collaboration, and effective communication 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) In dealing with incidents of inappropriate conduct, the following are paramount concerns:
 - (a) the protection of patients, employees, practitioners, and others and the orderly operation of the Medical Staff and Medical Center;
 - (b) maintaining a culture of safety;
 - (c) complying with the law and providing an environment free from harassment, sexual or otherwise; and
 - (d) assisting 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 and Medical Center leaders 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 and the Medical Executive Committee.
- (3) All collegial efforts and progressive steps are part of the Medical Center'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 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 (unless otherwise determined by Medical Staff or Medical Center leaders) legal counsel. Meetings will not be recorded.
- (6) Medical Staff and Medical Center leaders will educate practitioners regarding appropriate professional behavior, make employees and other personnel aware of this Policy, and encourage the prompt reporting of concerns about inappropriate conduct.
- (7) 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.

D. Definitions

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

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 includes but is not limited to the following:

- (a) refusing or failing to answer questions, return phone calls or pages;
- (b) using condescending language
- (c) using profanity or similarly offensive language while in the Medical Center or while speaking with patients, families, nurses, other practitioners, or other Medical Center personnel;
- (d) retaliating against any individual who may report a quality or behavior concern;
- (e) engaging in inappropriate physical contact with another individual that is threatening or intimidating;
- (f) making derogatory comments about the quality of care being provided by the Medical Center, another practitioner, or any other individual outside of appropriate Medical Staff, Medical Center or administrative channels;
- (g) making inappropriate medical record entries, including entries that impugn the quality of care being provided by the Medical Center, other practitioners, or any other individual;
- (h) imposing idiosyncratic requirements on Medical Center staff that have no impact on improved patient care;
- (i) inappropriate access, use, disclosure, or release of confidential patient information;
- (j) 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;
- (k) refusing to abide by Medical Staff requirements as 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;
- (l) an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and Medical Center employees); or

- (m) 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, or suggestive or insulting sounds;
 - (ii) Visual/Non-Verbal: derogatory posters, cartoons, emails, or drawings; suggestive objects or pictures; leering; or obscene gestures;
 - (iii) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, or assault; and
 - (iv) Other: making or threatening retaliation as a result of an individual's complaint regarding harassing conduct.

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 Medical Center 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 Office or the Human Resources Office. A copy of the Professional Conduct Reporting Form is included as Appendix B.

B. Follow-up to Reports of Concerns about Conduct

- (1) The Chief Medical Officer or designee 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 the Leadership Council may need further information;
 - (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 or designee may interview witnesses or others who were involved in the incident, as necessary, in order to fully understand the circumstances.
- (3) Based on the information that has been received, the Chief Medical Officer, in consultation with the President of the Medical Staff, may recommend that:
 - (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.
- (4) If there is documentation of an action taken, it will be maintained in an appropriate file.

4. LEADERSHIP COUNCIL PROCEDURE

A. Initial Review

The Leadership Council will review the summary and all supporting documentation. If necessary, the Leadership Council may meet with the individual who submitted the report and any witnesses to the incident. The Leadership Council may also consult with or include the appropriate department chairperson or may appoint an ad hoc committee to review the incident and report back to it.

B. Obtaining Input from the Practitioner

- (1) If the Leadership Council determines that further review or action is required, it will notify the practitioner. Thereafter, the Leadership Council will invite the practitioner to participate in the review process and provide his or her perspective.
- (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 Medical Center.

- (3) The practitioner may be requested to review and sign the “Confidentiality and Non-Retaliation Agreement” that is attached as Appendix D.
- (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.
- (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

Based on all of the information received, the Leadership Council may:

- (1) determine that no further review or action is required;
- (2) send the practitioner a letter of guidance or letter of counsel about the conduct;
- (3) 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;
- (4) identify other sources of support for the practitioner;
- (5) require the practitioner to meet with the Leadership Council, the Medical Executive Committee, or another group of Medical Staff and Medical Center leaders to discuss the concerns about the practitioner’s conduct;
- (6) send a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
- (7) require that the practitioner complete a behavior modification course acceptable to the Leadership Council, at the practitioner’s expense;
- (8) develop a personal code of conduct; or
- (9) refer the matter to the Medical Executive Committee.

The Leadership Council will also inform the relevant department chairperson of its determination and intervention.

Consistent with the Credentials Policy, none of the above actions would entitle the practitioner to a hearing or appeal, nor are any reports required to be made to the

Iowa Board of Medicine, the Iowa Board of Nursing or the National Practitioner Data Bank. Appendix E provides additional guidance regarding these and other options for conduct and their related implementation issues.

D. Practitioner’s Refusal to Meet with Leadership Council

If the practitioner fails or refuses to meet 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 Credentials Policy.

E. Letters Placed in Practitioner’s Confidential Credentials 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 credentials file. The practitioner will be given an opportunity to respond in writing, and any response will also be kept in the practitioner’s confidential credentials 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 the recommendation of the Medical Executive Committee would entitle the applicant to request a hearing pursuant to the Credentials Policy, the Medical Executive Committee will forward its recommendation to the President of MMC-DM for further action consistent with the Credentials Policy.

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 credentials file. This letter will also set forth any additional actions or conditions imposed on the practitioner's continued practice in the Medical Center.

B. Referral to 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, or
- (2) there are confirmed reports of retaliation or further incidents of sexual harassment, after the practitioner agreed there would be no further improper conduct.

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

Adopted by the Medical Executive Committee on 10/31/2017

Approved by the Board on 12/12/2017

APPENDIX A

JOINT COMMISSION SENTINEL EVENT ALERT

Issue 40: Behaviors that undermine a culture of safety | Joint Commission



Sentinel Event Alert

July 09, 2008

Issue 40, July 9, 2008

Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors,(1,2,3) contribute to poor patient satisfaction and to preventable adverse outcomes,(1,4,5) increase the cost of care,(4,5) and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. (1,6) Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions.(2) Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients.(7, 8, 11) All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

Intimidating and disruptive behaviors in health care organizations are not rare.(1,2,7,8,9) A survey on intimidation conducted by the Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator.(2,10) While most formal research centers on intimidating and disruptive behaviors among physicians and nurses, there is evidence that these behaviors occur among other health care professionals, such as pharmacists, therapists, and support staff, as well as among administrators. (1,2) Several surveys have found that most care providers have experienced or witnessed intimidating or disruptive behaviors.(1,2,8,12,13) These behaviors are not limited to one gender and occur during interactions within and across disciplines.(1,2,7) Nor are such behaviors confined to the small number of individuals who habitually exhibit them.(2) It is likely that these individuals are not involved in the large majority of episodes of intimidating or disruptive behaviors. It is important that organizations recognize that it is the behaviors that threaten patient safety, irrespective of who engages in them.

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals carry out their duties in a manner consistent with this idealism and maintain high levels of professionalism. The presence of intimidating and disruptive behaviors in an organization, however, erodes professional behavior and creates an unhealthy or even hostile work environment – one that is readily recognized by patients and their families. Health care organizations that ignore these behaviors also expose themselves to litigation from both employees and patients. Studies link patient complaints about unprofessional, disruptive behaviors and malpractice risk.(13,14,15) "Any behavior which impairs the health care team's ability to function well creates risk," says Gerald Hickson, M.D., associate dean for Clinical Affairs and director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center. "If health care organizations encourage patients and families to speak up, their observations and complaints, if recorded and fed back to organizational leadership, can serve as part of a surveillance system to identify behaviors by members of the health care team that create unnecessary risk."

Root causes and contributing factors

There is a history of tolerance and indifference to intimidating and disruptive behaviors in health care.(10) Organizations that fail to address unprofessional behavior through formal systems are indirectly promoting it. (9,11) Intimidating and disruptive behavior stems from both individual and systemic factors.(4) The inherent stresses of dealing with high stakes, high emotion situations can contribute to occasional intimidating or disruptive behavior, particularly in the presence of factors such as fatigue. Individual care providers who exhibit characteristics such as self-centeredness, immaturity, or defensiveness can be more prone to unprofessional behavior.(8,11) They can lack interpersonal, coping or conflict management skills.

Systemic factors stem from the unique health care cultural environment, which is marked by pressures that include increased productivity demands, cost containment requirements, embedded hierarchies, and fear of or stress from litigation. These pressures can be further exacerbated by changes to or differences in the authority, autonomy, empowerment, and roles or values of professionals on the health care team, (5,7,16) as well as by the continual flux of daily changes in shifts, rotations, and interdepartmental support staff. This dynamic creates challenges for inter-professional communication and for the development of trust among team members.

Disruptive behaviors often go unreported, and therefore unaddressed, for a number of reasons. Fear of retaliation and the stigma associated with "blowing the whistle" on a colleague, as well as a general reluctance to confront an intimidator all contribute to underreporting of intimidating and/or disruptive behavior.(2,9,12,16) Additionally, staff within institutions often perceive that powerful, revenue-generating physicians are "let off the hook" for inappropriate behavior due to the perceived consequences of confronting them.(8,10,12,17) The American College of Physician Executives (ACPE) conducted a physician behavior survey and found that 38.9 percent of the respondents agreed that "physicians in my organization who generate high amounts of revenue are treated more leniently when it comes to behavior problems than those who bring in less revenue."(17)

Existing Joint Commission requirements

Effective January 1, 2009 for all accreditation programs, The Joint Commission has a new Leadership standard (LD.03.01.01)* that addresses disruptive and inappropriate behaviors in two of its elements of performance:

[http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm?print=yes\[9/20/2010 11:54:55 AM\]](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm?print=yes[9/20/2010 11:54:55 AM])

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EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

In addition, standards in the Medical Staff chapter have been organized to follow six core competencies (see the introduction to MS.4) to be addressed in the credentialing process, including interpersonal skills and professionalism.

Other Joint Commission suggested actions

1. Educate all team members – both physicians and non-physician staff – on appropriate professional behavior defined by the organization's code of conduct. The code and education should emphasize respect. Include training in basic business etiquette (particularly phone skills) and people skills.(10, 18,19)
2. Hold all team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably among all staff regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment.(2,4,9,10,11)
3. Develop and implement policies and procedures/processes appropriate for the organization that address:
 - "Zero tolerance" for intimidating and/or disruptive behaviors, especially the most egregious instances of disruptive behavior such as assault and other criminal acts. Incorporate the zero tolerance policy into medical staff bylaws and employment agreements as well as administrative policies.
 - Medical staff policies regarding intimidating and/or disruptive behaviors of physicians within a health care organization should be complementary and supportive of the policies that are present in the organization for non-physician staff.
 - Reducing fear of intimidation or retribution and protecting those who report or cooperate in the investigation of intimidating, disruptive and other unprofessional behavior.(10,18) Non-retaliation clauses should be included in all policy statements that address disruptive behaviors.
 - Responding to patients and/or their families who are involved in or witness intimidating and/or disruptive behaviors. The response should include hearing and empathizing with their concerns, thanking them for sharing those concerns, and apologizing.(11)
 - How and when to begin disciplinary actions (such as suspension, termination, loss of clinical privileges, reports to professional licensure bodies).
4. Develop an organizational process for addressing intimidating and disruptive behaviors (LD.3.10 EP 5) that solicits and integrates substantial input from an inter-professional team including representation of medical and nursing staff, administrators and other employees.(4,10,18)
5. Provide skills-based training and coaching for all leaders and managers in relationship-building and collaborative practice, including skills for giving feedback on unprofessional behavior, and conflict resolution.(4,7,10,11,17,20) Cultural assessment tools can also be used to measure whether or not attitudes change over time.
6. Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients.(10,17,18)
7. Develop and implement a reporting/surveillance system (possibly anonymous) for detecting unprofessional behavior. Include ombuds services(20) and patient advocates,(2,11) both of which provide important feedback from patients and families who may experience intimidating or disruptive behavior from health professionals. Monitor system effectiveness through regular surveys, focus groups, peer and team member evaluations, or other methods.(10) Have multiple and specific strategies to learn whether intimidating or disruptive behaviors exist or recur, such as through direct inquiries at routine intervals with staff, supervisors, and peers.
8. Support surveillance with tiered, non-confrontational interventional strategies, starting with informal "cup of coffee" conversations directly addressing the problem and moving toward detailed action plans and progressive discipline, if patterns persist. (4,5,10,11) These interventions should initially be non-adversarial in nature, with the focus on building trust, placing accountability on and rehabilitating the offending individual, and protecting patient safety.(4,5) Make use of mediators and conflict coaches when professional dispute resolution skills are needed.(4,7,14)
9. Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff, (11) with adequate resources to support individuals whose behavior is caused or influenced by physical or mental health pathologies.
10. Encourage inter-professional dialogues across a variety of forums as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication.(1,2,4,10)
11. Document all attempts to address intimidating and disruptive behaviors.(18)

References

- 1 Rosenstern, AH and O'Daniel, M: Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. *American Journal of Nursing*, 2005, 105,1,54-64
- 2 Institute for Safe Medication Practices: Survey on workplace intimidation. 2003. Available online: <https://ismp.org/Survey/surveyresults/Survey0311.asp> (accessed April 14, 2008)
- 3 Morrissey J: Encyclopedia of errors; Growing database of medication errors allows hospitals to compare their track records with facilities nationwide in a nonpunitive setting. *Modern Healthcare*, March 24, 2003, 33(12):40,42
- 4 Gerardi, D: Effective strategies for addressing "disruptive" behavior: Moving from avoidance to engagement. Medical Group

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Management Association Webcast, 2007; and, Gerardi, D: Creating Cultures of Engagement: Effective Strategies for Addressing Conflict and "Disruptive" Behavior. Arizona Hospital Association Annual Patient Safety Forum, 2008

5 Ransom, SB and Neff, KE, et al: Enhancing physician performance. American College of Physician Executives, Tampa, Fla., 2000, chapter 4, p.45-72

6 Rosenstein, A, et al: Disruptive physician behavior contributes to nursing shortage: Study links bad behavior by doctors to nurses leaving the profession. *Physician Executive*, November/December 2002, 28(6):8-11. Available online: http://findarticles.com/p/articles/mi_m0843/is_6_28/ai_94590407 (accessed April 14, 2008)

7 Gerardi, D: The Emerging Culture of Health Care: Improving End-of-Life Care through Collaboration and Conflict Engagement Among Health Care Professionals. *Ohio State Journal on Dispute Resolution*, 2007, 23(1):105-142

8 Weber, DO: Poll results: Doctors' disruptive behavior disturbs physician leaders. *Physician Executive*, September/October 2004, 30(5):6-14

9 Leape, LL and Fromson, JA: Problem doctors: Is there a system-level solution? *Annals of Internal Medicine*, 2006, 144:107-155

10 Porto, G and Lauve, R: Disruptive clinical behavior: A persistent threat to patient safety. *Patient Safety and Quality Healthcare*, July/August 2006. Available online: <http://www.psqh.com/julaug06/disruptive.html> (accessed April 14, 2008)

11 Hickson, GB: A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, November 2007, 82(11):1040-1048

12 Rosenstein, AH: Nurse-physician relationships: Impact on nurse satisfaction and retention. *American Journal of Nursing*, 2002, 102(6):26-34

13 Hickson GB, et al: Patient complaints and malpractice risk. *Journal of the American Medical Association*, 2002, 287:2951-7

14 Hickson GB, et al; Patient complaints and malpractice risk in a regional healthcare center. *Southern Medical Journal*, August 2007, 100(8):791-6

15 Stelfox HT, Ghandi TK, Orav J, Gustafson ML: The relation of patient satisfaction with complaints against physicians, risk management episodes, and malpractice lawsuits. *American Journal of Medicine*, 2005, 118(10):1126-33

16 Gerardi, D: The culture of health care: How professional and organizational cultures impact conflict management. *Georgia Law Review*, 2005, 21(4):857-890

17 Keogh, T and Martin, W: Managing unmanageable physicians. *Physician Executive*, September/October 2004, 18-22

18 ECRI Institute: Disruptive practitioner behavior report, June 2006. Available for purchase online: http://www.ecri.org/Press/Pages/Free_Report_Behavior.aspx (accessed April 14, 2008)

19 Kahn, MW: Etiquette-based medicine. *New England Journal of Medicine*, May 8, 2008, 358; 19:1988-1989

20 Marshall, P and Robson, R: Preventing and managing conflict: Vital pieces in the patient safety puzzle. *Healthcare Quarterly*, October 2005, 8:39-44

* The 2009 standards have been renumbered as part of the Standards Improvement Initiative. During development, this standard was number LD.3.10.

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APPENDIX B

PROFESSIONAL CONDUCT REPORTING FORM

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 Office (Attn: Amy Dillon).

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 Medical Center 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, Medical Center 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:

MEDICAL STAFF LEADERSHIP FOLLOW-UP

Name:

Position:

Date:

- No further action or review is required.
- Meeting to be held with involved practitioner.
- Further review or action by the Leadership Council.

Comments:

APPENDIX C

LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS CONCERN ABOUT CONDUCT*

Dear _____:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Medical Center.

Your concern will be reviewed in accordance with the Medical Staff Code of Conduct Policy and we may need to contact you for additional information. Because your report may involve confidential matters under Iowa law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

As part of our culture of safety and quality care, retaliation against any individual who reports a concern is not tolerated. Therefore, if you believe that you have been subjected to any retaliation as a result of raising your concern, please report that immediately to me or the Chief Physician Officer.

Once again, thank you for bringing your concern to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at _____.

Sincerely,

* **As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a concern regarding conduct.**

APPENDIX D

CONFIDENTIALITY AND NON-RETALIATION AGREEMENT

Concerns have been raised about my professional conduct at the Medical Center. As part of the review process, the Leadership Council would like me to be fully aware of the concerns, as well as have the ability to provide my perspective and any response that I believe may be necessary or appropriate.

However, the Leadership Council also wants to take appropriate steps to maintain the confidentiality of the information, as well as to facilitate a professional, non-threatening environment for all who work and practice at the Medical Center. Accordingly, I agree to the following:

1. If requested by the Leadership Council, I will maintain all the information that I review in a **confidential** manner. Specifically, I will not disclose or discuss this information except to the Leadership Council or my legal counsel. I will not discuss this information with any other individual(s) without first obtaining the express written permission of the Medical Center.
2. I understand that this information is being provided to me as part of the Medical Staff's Code of Conduct Policy. In addition to discussing these matters with the Leadership Council, I understand that I may also prepare a written response and that this response will be maintained in my confidential credentials file.
3. I understand that the Medical Center and Medical Staff have a responsibility to provide a safe, non-threatening workplace for members of the Medical Staff and the Allied Health Staff and for Medical Center employees. Therefore, **I will not discuss this matter with any individual who may have expressed concerns about me or provided information in this matter. I will not engage in any retaliatory conduct with respect to these individuals.** This means that I will not approach, confront, ostracize, discriminate against, or otherwise mistreat any such individual who may have provided information that led to the concern being raised about me.
4. I understand that any retaliation by me would be a very serious matter and will not be tolerated. Any such conduct by me will be grounds for immediate referral to the Medical Executive Committee for its review and for action pursuant to the Credentials Policy.

By signing this Agreement, I understand that I am **not waiving** any of the rights or privileges afforded to me under the Medical Staff Bylaws or Credentials Policy.

I also understand that I am permitted to raise any question or concern that I may have regarding the care being provided by a nurse or other Medical Center employee, another member of the Medical Staff or Allied Health Staff, or the Medical Center itself. **However, I understand that I must use the established and confidential Medical Staff and administrative channels in order to register any such concerns.** These mechanisms are part of the Medical Center's ongoing performance improvement and peer review activities, and permit the appropriate Medical Staff or Medical Center leadership to fully review the matter and take action to address the issue, as may be necessary.

Date

[Include the following signature line only if a Medical Staff Leader(s) personally reviews the content of this agreement with the practitioner]

Approved by:

Appropriate Medical Staff Leader

Date

APPENDIX E

**OPTIONS FOR CONDUCT AND
IMPLEMENTATION ISSUES CHECKLIST**

OPTION	IMPLEMENTATION ISSUES
<p align="center"><i>Meeting with Leadership Council, Medical Executive Committee, or Designated Group</i></p>	<p><i>Who Should Attend Meeting with Practitioner?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership Council <input type="checkbox"/> Medical Executive Committee <input type="checkbox"/> Other designated group (may include Board Chair or other Board members), including: _____ <p><i>May Practitioner Bring Representative (Not Legal Counsel) to the Meeting?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is pre-meeting to plan intervention necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when: _____</p> <p><i>Scheduling Meeting with Practitioner</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of meeting: _____ <input type="checkbox"/> Time of meeting: _____ <input type="checkbox"/> Location of meeting: _____ <p><i>Notice of Meeting</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Notice of meeting sent <input type="checkbox"/> Letter to practitioner states that meeting is part of the peer review process, therefore <ul style="list-style-type: none"> <input type="checkbox"/> No attorneys allowed <input type="checkbox"/> No audio or video recording <input type="checkbox"/> Should notice state that failure to appear will result in automatic relinquishment of clinical privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Method of Delivery</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> In person/hand-delivered (preferred) <input type="checkbox"/> Certified mail, return receipt requested <input type="checkbox"/> Other: _____ <p><i>Documentation</i></p> <p>If not already provided, will documentation of reports regarding concern be shared before meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has practitioner signed an agreement not to retaliate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Follow-Up</i></p> <p>Monitor for additional incidents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Through reported concerns process <input type="checkbox"/> Through more focused process (e.g., interviews with Medical Center personnel or Medical Staff Leaders at designated intervals): _____

OPTION	IMPLEMENTATION ISSUES
<p><i>Letters of Warning or Reprimand</i></p>	<p><i>Content of Letter of Warning or Reprimand</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file <input type="checkbox"/> Copy included in practitioner's credentials file <p><i>Review/Signature</i></p> <p>Letter review and approved by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> President of the Medical Staff <input type="checkbox"/> Chief Physician Officer <input type="checkbox"/> Leadership Council <input type="checkbox"/> MEC <input type="checkbox"/> Individuals: _____ <p>Who signs/sends the letter?</p> <ul style="list-style-type: none"> <input type="checkbox"/> President of the Medical Staff <input type="checkbox"/> Chief Physician Officer <input type="checkbox"/> President of MMC-DM <input type="checkbox"/> Other: _____ <p><i>Method of Delivery</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> In person/hand-delivered <input type="checkbox"/> Certified mail, return receipt requested <input type="checkbox"/> Other: _____ <p><i>Follow-Up</i></p> <p>Monitor for additional incidents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Through standard reported concerns process <input type="checkbox"/> Through more focused process (e.g., interviews with Medical Center personnel or Medical Staff Leaders at regular intervals): _____

OPTION	IMPLEMENTATION ISSUES
<p align="center"><i>Behavior Modification Course</i></p>	<p><i>Scope of Requirement</i></p> <p><input type="checkbox"/> Acceptable programs include:</p> <p>_____</p> <p>_____</p> <p>Leadership Council or MEC approval required before practitioner enrolls:</p> <p><input type="checkbox"/> Program approved: _____</p> <p><input type="checkbox"/> Date of approval: _____</p> <p>Time Frame</p> <p><input type="checkbox"/> Practitioner must enroll by: _____ Date</p> <p><input type="checkbox"/> Program must be completed by: _____ Date</p> <p><i>Practitioner's Responsibilities</i></p> <p><input type="checkbox"/> Sign release allowing Leadership Council or MEC to provide information to the behavior modification course (if necessary) and course to provide report to Leadership Council or MEC</p> <p>_____</p> <p>_____</p> <p>Practitioner must submit</p> <p><input type="checkbox"/> Documentation of successful completion signed by course director</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p><i>Follow-Up</i></p> <p>Monitor for additional incidents</p> <p><input type="checkbox"/> Through standard reported concerns process</p> <p><input type="checkbox"/> Through more focused review (e.g., interviews with Medical Center personnel or Medical Staff Leaders at regular intervals): _____</p>

OPTION	IMPLEMENTATION ISSUES
<p>Personal Code of Conduct</p> <p>(Conditional Continued Appointment/ Conditional Reappointment)</p>	<p>Content of Personal Code of Conduct</p> <ul style="list-style-type: none"> <input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file. <input type="checkbox"/> Copy of personal code of conduct included in practitioner's credentials file. <input type="checkbox"/> Is practitioner required to agree in writing to abide by the personal code of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, written agreement to abide by personal code of conduct received on: _____ Date</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does the personal code of conduct describe consequences of a confirmed violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Consequence of first violation (e.g., final warning): _____</p> <p>Consequence of second violation (e.g., short-term suspension): _____</p> <p>Consequence of third violation (e.g., recommendation for disciplinary action): _____</p> <p>Review/Signature Letter outlining the personal code of conduct reviewed and approved by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> President of the Medical Staff <input type="checkbox"/> Chief Physician Officer <input type="checkbox"/> Leadership Council <input type="checkbox"/> MEC <input type="checkbox"/> Other Individuals: _____ <p>Letter outlining the personal code of conduct signed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> President of the Medical Staff <input type="checkbox"/> Chief Physician Officer <input type="checkbox"/> President of MMC-DM <input type="checkbox"/> Other: _____ <p>Method of Delivery</p> <ul style="list-style-type: none"> <input type="checkbox"/> In person/hand-delivered <input type="checkbox"/> Certified mail, return receipt requested <input type="checkbox"/> Other: _____ <p>Follow-Up Monitor for additional incidents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Through standard reported concerns process <input type="checkbox"/> Through more focused process (e.g., interviews with Medical Center personnel or Medical Staff Leaders at regular intervals): _____

OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;">Short-Term Suspension That Does Not Trigger a Hearing or Reporting (e.g., suspension of clinical privileges for 30 days or less)</p> <p style="text-align: center;">(for use by Medical Executive Committee only)</p>	<p>Date/Duration of Suspension</p> <p><input type="checkbox"/> Suspension begins on: _____ Date</p> <p><input type="checkbox"/> Suspension ends on: _____ Date</p> <p>Patient Care Arrangements</p> <p><input type="checkbox"/> If suspension begins immediately, what arrangements are made for patients currently admitted? _____</p> <p><input type="checkbox"/> What arrangements are made for on-call responsibilities? _____</p> <p>Contents of Notice of Suspension</p> <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of notice included in practitioner's credentials file.</p> <p>Review/Signature</p> <p>Notice of suspension reviewed and approved by:</p> <p><input type="checkbox"/> President of the Medical Staff</p> <p><input type="checkbox"/> Chief Physician Officer</p> <p><input type="checkbox"/> Medical Executive Committee</p> <p><input type="checkbox"/> Other Individuals: _____</p> <p>Notice of suspension signed by:</p> <p><input type="checkbox"/> President of the Medical Staff</p> <p><input type="checkbox"/> Chief Physician Officer</p> <p><input type="checkbox"/> President of MMC-DM</p> <p><input type="checkbox"/> Other: _____</p> <p>Method of Delivery</p> <p><input type="checkbox"/> In person/hand-delivered</p> <p><input type="checkbox"/> Certified mail, return receipt requested</p> <p><input type="checkbox"/> Other: _____</p> <p>Follow-Up</p> <p>Monitor for additional incidents</p> <p><input type="checkbox"/> Through standard reported concerns process</p> <p><input type="checkbox"/> Through more focused review (e.g., interviews with Medical Center personnel or Medical Staff Leaders at regular intervals): _____</p>

<i>OPTION</i>	<i>IMPLEMENTATION ISSUES</i>
<p data-bbox="240 289 350 323"><i>“Other”</i></p> <p data-bbox="142 365 285 399"><i>Examples:</i></p> <ul data-bbox="149 407 435 806" style="list-style-type: none"><li data-bbox="149 407 363 436">• <i>Chaperone;</i><li data-bbox="149 445 292 474">• <i>CME;</i><li data-bbox="149 483 435 621">• <i>Grand rounds on teamwork or creating culture of safety;</i><li data-bbox="149 630 435 806">• <i>Letter of apology (review and approved of letter is imperative before it is sent).</i>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>