



TITLE: Medical Staff Code of Conduct Policy	SEARCH WORD: conduct, behavior, physician, practitioner
DEPARTMENT: Medical Staff, Administration	
VP APPROVAL: Jason Smith, MD, CMO; MEC Review & Approval	DIRECTOR APPROVAL: Terri Sartain
EFFECTIVE DATE: 08/29/2007	REVIEWED DATE (no changes): 12/21/2021
LAST REVISED DATE: 11/10/2015	REVISION HISTORY: 08/12/2014, 11/10/2015, 5/8/2018

PURPOSE:

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner consistent with the mission and core values of St. Mary's Health Care System.

I. POLICY STATEMENT:

This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. 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 Credentials Policy.

This Policy also addresses sexual harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated.

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 harassment are also critical.

All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

II. EXAMPLES OF INAPPROPRIATE CONDUCT

To aid in both the education of Medical Staff members and Allied Health Professionals and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to: (Constructive criticism leading to system wide quality and performance improvement reported through appropriate Medical Staff and/or administrative channels is encouraged.)

- threatening or abusive language directed at patients, nurses, Hospital personnel, Allied Health Professionals or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);
- 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 nurses or other Hospital personnel;
- inappropriate physical contact with another individual that is threatening or intimidating;

- derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff members or any other individual;
- imposing onerous requirements on the nursing staff or other Hospital employees;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, and 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 harassment," which is defined as any verbal and/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:
 - (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.
- Behavior inconsistent with the standards set forth in the Trinity Health Code of Conduct Supplement for Medical Staff (supplement attached and in effect March 1, 2018; any updates made by Trinity Health must be approved by the MEC prior to becoming part of this policy).

III. 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 or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy.
2. 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 Executive Committee or the elimination of any particular step in the Policy.
3. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the *Professional Review Committee*¹ ("PRC") (or its designee), the practitioner's counsel shall not attend any of the meetings described in this Policy.
4. The Medical Staff leadership and Hospital Administration shall make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures

¹ The PRC shall be composed of the President of the Medical Staff, the Immediate Past President, the President-Elect, the Chief Medical Officer and the Chief Executive Officer of the Hospital or designee.

to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

IV. REPORTING OF INAPPROPRIATE CONDUCT

1. 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 PRC. Any practitioner who observes such behavior by another practitioner shall notify any member of the PRC (or its designee) directly.
2. 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 PRC member may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.
3. 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, or Hospital operations;
 - (g) any action taken to intervene in, or remedy, the incident; and
 - (h) the name and signature of the individual reporting the matter.
4. The supervisor/PRC member shall forward the report to the PRC.

V. INITIAL PROCEDURE

1. The PRC (or a designated PRC member) 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.
2. If the PRC determines that an incident of inappropriate conduct has likely occurred, the PRC has several options available to it in order to establish a resolution, 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 PRC 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;
 - have a PRC member(s), or the PRC 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.

3. If additional complaints are received concerning a practitioner, the PRC 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. Some additional options the PRC may utilize in order to establish a resolution include, but are not limited to, the following:
 - A follow-up meeting between the practitioner and one or more members of the PRC, resulting in a behavioral contract setting forth any disciplinary actions that may be taken if the disruptive behavior persists;
 - Send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - Referral to the Executive Committee as outlined in Section VI.
4. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the PRC 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, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Credentials Policy.
5. If the PRC 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 file along with the original concern and the PRC's documentation.

VI. Referral to the Executive Committee

1. At any point, the PRC may refer the matter to the Executive Committee for review and action. The Executive Committee shall be fully apprised of the actions taken by the PRC or others to address the concerns. When it makes such a referral, the PRC may also suggest a recommended course of action.
2. The Executive Committee 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 Executive Committee;
 - issue of a letter of warning or reprimand;
 - require the physician to complete a behavior modification course (example: The Pulse Program - <http://www.pulseprogram.com>);
 - 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 30 days.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal.

3. The Executive Committee may also direct that a matter be handled pursuant to the Practitioner Health Policy.

4. At any point, the Executive Committee 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 Credentials Policy, 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.

VII. Sexual Harassment Concerns

Because of the unique legal implications surrounding sexual 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 sexual 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 Executive Committee for review pursuant to the Credentials Policy.
3. Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the PRC (or its designee(s)). If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the Credentials Policy shall be conducted. Should this investigation result in an action that entitles the individual to request a hearing under the Credentials Policy, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

Approved by the Medical Executive Committee this 14 day of December, 2021.

E. Leland Perry, M.D.

President of the Medical Staff



Code of Conduct – Supplement for Medical Staff

As a member of the medical staff of a Trinity Health hospital, you serve as a trusted partner in the delivery of health care services to our patients and community. The Trinity Health Mission Statement calls us to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our Core Values, we are committed to the delivery of people-centered care that leads to better health care, improved health outcomes, and overall lower costs for our patients, residents, members and communities we serve.

Trinity Health has established a system-wide Integrity and Compliance Program to support all who work in our health care ministry in understanding and following the laws, regulations, professional standards, and ethical commitments that apply. The Trinity Health Code of Conduct describes behaviors and actions expected of all who work in Trinity Health – colleagues, physicians, suppliers, board members and others. This Supplement describes those areas of the Code of Conduct that have particular application to our relationship with you as a member of the hospital's medical staff. If you have any questions regarding this information, please contact Terri Sartain, Director of Medical Staff Services, (706) 389-3845, Bruce Middendorf, Chief Medical Officer, (706) 389-3944, or Elizabeth Sovereign, Director of Compliance and Risk Management, (706) 389-3945 at St. Mary's Health Care System. The complete Code of Conduct is available online at <http://www.trinity-health.org/documents/codeofconduct.pdf>.

The following standards are expected of all clinical professionals who work in Trinity Health, including members the medical staff:

Professionalism

- Deliver people-centered, quality health care services with compassion, dignity and respect for each individual.
- Deliver services without regard to race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, genetic information, payer source, ability to pay, or any other characteristic protected by law.
- Maintain a positive and courteous customer service orientation.
- Demonstrate the highest levels of ethical and professional conduct at all times and under all circumstances.
- Speak professionally and respectfully to those with whom you work and whom you serve.
- Respond to requests for information or assistance in a timely and supportive manner.
- Behave in a manner that enhances a spirit of cooperation, mutual respect, a supportive team environment and trust among all members of the team.

- Deliver services in accordance with all professional standards that apply to your position.
- Create and maintain complete, timely and accurate medical records consistent with medical staff bylaws.
- Protect the privacy and confidentiality of all personal health information - electronic, paper or verbal - you may receive.
- Maintain appropriate licenses, certifications and other credentials required of your position.
- Abstain from inappropriate physical contact or inappropriate behavior with others.
- Report any harassment, intimidation or violence of any kind.
- Maintain a safe work environment by performing your duties and responsibilities free from the influence of drugs or alcohol.
- Protect the confidentiality of all peer review information.

Commitment to Providing Quality Care that is Safe and Medically Appropriate

- Commit to safety: every patient, every time.
- Speak up when you see a quality or safety issue and discuss mistakes you see with others so we can learn how to prevent future mistakes.
- Adhere to clinical guidelines and protocols that reflect evidence-based medicine.
- Actively engage and support efforts to improve quality of care, including organization-approved technology advancements.
- Actively participate in initiatives to improve care coordination between and among caregivers, community support agencies and other providers.
- Actively participate in initiatives to improve the health of the community as a whole.

Advocating for Our Patient's Needs

- Provide comfort for our patients, including prompt and effective response to their needs.
- Communicate clinical information to patients and their designees in a clear and timely manner.
- Discuss available treatment options openly with patients, or their designees, and involve them in decisions regarding their care.
- Provide care to all patients who arrive at your facility in an emergency, as defined by law, regardless of their ability to pay or source of payment.
- Clearly explain the outcome of any treatment or procedure to patients, or their designees, especially when outcomes differ significantly from expected results.
- Respect patient advance directives.
- Address ethical conflicts that may arise in patient care, including end-of-life issues, by consulting your organization's medical ethics committee or Mission Officer.
- Provide care that is consistent with the *Ethical and Religious Directives for Catholic Health Care Services*.

Stewardship of Resources

- Properly use and protect all resources including materials and supplies, equipment, staff time and financial assets.
- Respect the environment and follow your organization's policies for the handling and disposal of hazardous materials and infectious waste.

Corporate Citizenship

- Act with honesty and integrity in all activities.
- Actively participate in training programs offered by your organization.
- Follow your organization's policies requiring the disclosure of outside activities or relationships that could represent a conflict of interest with your medical staff membership or role and any other responsibilities.
- Follow all requirements of Medicare, Medicaid, other federal and state health care programs, as well as those of commercial insurance companies and other third-party payers. These requirements generally involve:
 - Delivering high-quality, medically necessary and appropriate services.
 - Creating and maintaining complete and accurate medical records.
 - Submitting complete and accurate claims for services provided.
 - Protecting the privacy and security of health information we collect.
- Conduct all medical research activities consistent with the highest standards of ethics and integrity and in accordance with all federal and state laws and regulations, and your organization's Institutional Review Board policies.
- Immediately notify your Medical Staff Office if notified you have been excluded or debarred from participation in federal or state health care programs.

Where to Find Help

If you have a question or concern about possible violations of law, regulation or the Code of Conduct you are encouraged to seek answers by contacting one of the following resources:

- Your Chief Medical Officer or Medical Staff Office
- Another member of your organization's senior management team
- Your Ministry's Integrity & Compliance Officer
- The Trinity Health Integrity and Compliance Line at 1-866-477-4661 or you may file a written report online at www.mycompliancereport.com using access code "THO"

Thank You!

We appreciate your taking time to review this information and our commitment to carrying out our Mission with the highest standards of ethical behavior. Your dedication and support is critical to this important effort.