



ARROWHEAD REGIONAL MEDICAL CENTER
Medical Staff Policies and Procedures

Attachment D

POLICY NO. 22 Issue 1
Page 1 of 8

SECTION: MEDICAL STAFF MANUAL

SUBJECT: PROFESSIONAL CONDUCT

APPROVED BY: _____
President, Medical Staff

PURPOSE AND GOALS

The purpose of this Policy is to provide a framework for the Medical Staff and Administration to collaboratively address concerns related to professional behavior and rule violations. Our goal is to foster a culture of safety at Arrowhead Regional Medical Center ("Hospital") by providing timely collegial feedback and/or collegial counseling to our Practitioners regarding expected standard of professionalism and, when necessary, taking progressive corrective action to assure quality and patient safety.

POLICY

- I. Medical and Advanced Practice Professional Staff members are expected to be leaders in maintaining professional conduct standards.
- II. Accepted conduct standards for healthcare professionals are described in various documents, including the American Medical Association Code of Medical Ethics, the American Osteopathic Association Code of Ethics, other medical/dental/podiatric professional association conduct standards, the Medical Staff Bylaws and Rules and Regulations, the Values of Arrowhead Regional Medical Center (ARMC) as of April 23, 2020, the Hospital's Code of Ethics as of April 23, 2020, and this Policy. The descriptions used in this Policy to describe unprofessional conduct are used as examples rather than as an all-inclusive list of unprofessional behavior.
- III. Nothing in this Policy is intended to prevent legally-protected advocacy or legally protected "whistle blowing" conduct by Practitioners, or to interfere with the ability of Practitioners to communicate complaints relating to Hospital employees, services, equipment, policies, and patient care deficiencies, provided the communications are made through proper channels.
- IV. In maintaining professional conduct standards, Practitioners will:
 - A. Facilitate effective patient care by consistent, active, and cooperative participation as members of the Hospital healthcare team;
 - B. Recognize the individual and distinct responsibilities of all other members of the Hospital healthcare team, and their right to independently advocate on behalf of the patient;
 - C. Maintain respect for the dignity and sensitivities of patients and families as well as colleagues, Hospital employees, and other participating healthcare professionals; and
 - D. Reflect positively upon the reputation of the healthcare profession, the Medical Staff, and Hospital in their language, action, attitude, and behavior.
- V. Examples of Practitioner Professional Conduct

Professional conduct, as characterized in this policy, includes but is not limited to:

- A. Consistent availability, cooperative, and timely responsiveness to requests from other Practitioners, nurses, and other members of the healthcare team relating to patient care and/or other professional responsibilities.
- B. Communication of alternate coverage arrangements to assure continuity, and quality of care for the Practitioner's patient.
- C. Exhibiting language, action, attitude, and behavior which consistently conveys to patients, families, colleagues, and all other members of the healthcare team a sense of compassion and respect for human dignity.
- D. Understanding and acceptance of individual cultural and ethnic differences.
- E. Refraining from language or behavior which a reasonable adult would consider to be indecent, profane, abusive, or threatening.
- F. Maintaining appropriate, accurate, timely, and legible medical record entries which enable all participating professionals to understand and effectively participate in a cohesive plan of management to assure continuity, quality, and efficiency of care and effective post-discharge planning and follow-up.
- G. Respecting the right of patients, families, or other designated surrogates, to participate in an informed manner in decisions pertaining to patient care.
- H. Treating patients and all persons functioning in any capacity within the Hospital with courtesy, respect, and human dignity.

VI. Examples of Practitioner Unprofessional Conduct

Unprofessional Conduct as characterized in this policy includes but is not limited to:

- A. Rule Violations, as described in the Definitions section below.
- B. Demeaning, abusive, intimidating, or threatening comments made to staff, patients, and/or colleagues.
- C. Pushing, shoving, and/or other physical assault.
- D. Use of profanity directed toward an individual.
- E. Racial, ethnic, or gender slurs.
- F. Threats of violence or retribution.
- G. Physically intimidating actions.
- H. Criticizing or demeaning other Practitioners, Hospital Administration, or Hospital staff in front of patients, families, visitors, or other healthcare representatives.
- I. Making derogatory comments about another Practitioner's treatment in front of patients, families, visitors, or other Practitioners outside of formal quality improvement or peer review meetings.
- J. Writing demeaning, derogatory, and/or accusatory notes in the medical record.
- K. Repetitive disruption of meetings.
- L. Falsification of medical records, timekeeping records, or other Hospital documents.
- M. Working while impaired.
- N. Working while under the influence of alcohol, illegal drugs, or excessive prescription or over-the-counter medicines.
- O. Possession of dangerous and unauthorized materials such as explosives or firearms in the workplace.
- P. Harassment, - i.e. a course of conduct directed at a specific person or persons that seriously alarms, upsets, or annoys the person or persons, and that serves no legitimate purpose. Concerns about the conduct or performance of other Hospital personnel can and should be raised and addressed in accordance with the Medical Staff Bylaws and applicable Hospital policies and procedures, and not through harassing behavior.

- Q. Sexual Harassment – i.e. unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassments (such as epithets, derogatory comments, or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when:
1. Submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment
 2. This conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment
 3. This conduct indicates that employment and/or employment benefits are conditioned upon acquiescence to sexual activities.

PROCEDURES

- I. Procedure for Reporting and Review of a Professional Concern
 - A. Behavioral concerns regarding a Practitioner should be reported to the Medical Staff by entering the event into the Hospital's electronic Event Reporting System, see Administrative (ADM) Policy 110.19, Unusual Occurrences - Reporting of.
 1. If possible, the report should be entered by the person observing the event.
 2. If the person observing the event is unable or unwilling to utilize the Event Reporting System, the event should be reported to the Chief Medical Officer (CMO) or his/her designee.
 3. All Practitioner Unprofessional Conduct reports shall be recorded and labeled as "Confidential Evidence Code 1157 Protected Document", and will be used exclusively within the Medical Staff's formal committee process.
 - B. All concerns of unprofessional conduct must be reported as soon as reasonably possible. Delays in the reporting or assessment of unprofessional conduct concerns represent a threat to our culture of safety.
 - C. The report should contain the following information:
 1. Identity of the complaining party or person subjected to unprofessional conduct;
 2. Date and time of the alleged event;
 3. Medical record number of any patient(s) involved with the alleged event;
 4. A detailed description of the alleged event observed, and the names of all persons involved, including possible witnesses;
 5. A description of consequences, if any, of the alleged unprofessional conduct in relation to patient care, staff relations, or Hospital operations;
 6. A description of actions taken to remedy the situation, including the date, time, and place of actions taken and the names of those intervening.
 - D. Concerns regarding the performance or professionalism of Practitioners, Hospital Administration, or Hospital staff should not be entered into the patient's medical record.
 - E. All reported professionalism concerns, regardless of how the information is obtained, shall be reported to the Director of Medical Staff Services.

1. The Director of Medical Staff Services, or designee, shall report the concerns to the Chief of Staff (COS) and CMO.
 2. The Director of Medical Staff Services shall assure that all reported professionalism concerns are entered in the MD-Stat database as protected peer review information, and followed up according to this Policy.
- F. The COS and CMO shall discuss the event and determine what, if any, additional information is required.
- G. The CMO, or designee, shall obtain necessary additional information regarding reported events.
1. Additional information may be obtained by review of medical records, unit visits, interviews, or through the review of other related documents.
 2. This review should occur as soon as reasonably possible after the event has been reported.
- H. Following review of relevant information by the COS and CMO, information regarding the event shall be shared with the appropriate Department Chairman. In the review of reported professionalism concerns, the COS, CMO, and appropriate Department Chairman shall act as a sub-committee of the Professional Standards Committee (PSC), see Section II below.
- I. Following discussion, the COS, Department Chairman, and CMO shall determine what actions to initiate. Actions may include:
1. Determining the event is not substantiated and no action is required;
 2. Discussing the event with the involved Practitioner, witnesses, or staff to obtain additional information;
 3. Providing Collegial Feedback and/or Collegial Counseling to the involved Practitioner regarding the reported event;
 4. Referring the Practitioner to the Physician Well Being Committee;
 5. Referring the event to the PSC for evaluation;
 6. Referring the event immediately to the Medical Executive Committee (MEC) for potential disciplinary action in accordance with the Bylaws.
- J. All records regarding a reported concern, including associated documentation, meeting records, and actions taken, will be maintained by the Director of Medical Staff Services in the MD-Stat database as protected peer review information to be used exclusively with the Medical Staff's formal committee process.

II. Professional Standards Committee (PSC)

- A. The PSC is a Medical Staff Peer Review Committee, chaired by the COS, and reporting to the MEC. The Committee meets as often as necessary at the call of the Chairman.
- B. The PSC will assess issues related to unprofessional conduct, as described in Section VI of this Policy. Concerns related to unprofessional conduct will not be routinely referred to the Peer Review Committee.
- C. Membership
1. Voting members include the COS, the Chief of Staff-Elect, the Department Chairman(men) of the involved Practitioner(s), the Peer Review Committee Chairman, and the Patient Safety Officer.
 2. The CMO will be a non-voting PSC member.
 3. Additional ad hoc non-voting members may be appointed by the Chairman on an as needed basis to provide additional information to the Committee.

- D. The Director of Medical Staff Services will staff the PSC meetings, and maintain all records.
- E. Practitioner professionalism concerns are referred to the PSC when:
 - 1. A referral request is made by the COS, a Department Chairman, or the CMO;
OR
 - 2. Professionalism concerns continue to be reported after Collegial Feedback and/or Collegial Counseling have been provided to a Practitioner
- F. At each meeting, the PSC will review currently pending Practitioner professionalism concerns along with a summary or log of past professionalism concerns reported to the Medical Staff, a trending report, and a report of how concerns have been addressed.
- G. The PSC members realize that it may not be possible to obtain agreement by all those involved regarding exactly what occurred during a specific event. The PSC members will use their best effort to obtain the facts through convergent validity, document review, and interviews.
- H. Practitioners whose conduct is under review will be permitted to review information presented to the PSC, and to address the PSC regarding identified concerns.

III. Possible Recommendations and Actions of the PSC

- A. Determining no action is required. Case is closed.
- B. Determining that additional information or interviews are necessary.
- C. Providing Collegial Feedback and/or Collegial Counseling.
- D. Referring the Practitioner to the Physician Well-Being Committee.
- E. Recommending the Practitioner obtain a Fitness for Duty assessment or other physical and/or psychological assessment. This recommendation would be sent to the MEC and requires MEC approval.
- F. Recommending the initiation of a Performance Improvement Plan (PIP). This recommendation would be sent to the MEC and requires MEC approval. If the PIP involves a restriction of a Practitioner's clinical privileges or Medical Staff Membership, the Practitioner shall receive notice and fair procedure rights provided in Article VIII of the Medical Staff Bylaws.
 - 1. A PIP will clearly articulate the Practitioner's performance expectations
 - 2. A PIP may include suggestions for Practitioner education, training, and/or professional counseling related to topics such as ethics, communication, professional boundaries, culture of safety, medical record documentation, Rule Violations, and professional conduct
 - 3. Once a PIP is initiated, the PSC will follow the Practitioner's compliance with the MEC approved plan, and submit regular reports to the MEC regarding the Practitioner's progress with the plan
- G. Recommending that the MEC immediately initiate Corrective Action through a formal Investigation, a restriction of privileges, or other disciplinary action as described in the Medical Staff Bylaws. The PSC does not have the authority to impose any restriction on a Practitioner's privileges.

IV. Confidentiality

- A. Despite attempts to maintain confidentiality, the review of an event may result in the identification of the individual(s) who reported the event or were involved in the event review process.
 - 1. If this occurs, efforts shall be made to ensure those individuals, whether they are Hospital employees or other Practitioners, are treated respectfully.
 - 2. Neither the Practitioner being reviewed, nor anyone acting on his/her behalf, may in any way, subject the reporting individual(s), or others providing information regarding the event, to retaliatory treatment, threats, or harassment related to the report/review process.
 - 3. Neither the Practitioner being reviewed, nor anyone acting on his/her behalf, may attempt to contact the reporting individual(s) or others providing information regarding the review process; except in the context of such mediation or dispute resolution process as may be initiated by the COS, or designee, or the PSC.
 - B. Retaliation or harassing type behaviors should be immediately reported to the COS or CMO. Any such activity may be the basis of corrective action by the Medical Staff.
- V. Practitioner Concerns Regarding Possible Unprofessional Behavior of Hospital Staff
- A. If a Practitioner has a concern regarding possible unprofessional behavior by a Hospital Staff member, the concern should either be entered into the Hospital's electronic Event Reporting System by the Practitioner or reported directly to the Staff member's manager for evaluation and follow-up.
 - B. The Hospital Staff member's manager shall inform and involve Human Resources and Risk Management, as appropriate.

REFERENCES:

- American Medical Association Code of Medical Ethics
- American Osteopathic Association Code of Ethics
- Medical Staff Bylaws
- Medical Staff Rules and Regulations
- Values of Arrowhead Regional Medical Center (ARMC)
- ARMC Code of Ethics
- Administrative (ADM) Policy 110.01, Customer Service – Provision of
- ADM Policy 110.19, Unusual Occurrences - Reporting of
- ADM Policy 200.13, Sexual Harassment – Prohibition of
- ADM Policy 200.14, Substance Abuse/Reasonable Suspicion – Drug and Alcohol Testing
- ADM Policy 200.17, Violence or Threats in the Workplace
- ADM Policy 200.22, Standards for Employee Conduct
- ADM Policy 1000.03, Compliance Reporting Process – Anonymous Reporting

DEFINITIONS:

- Collegial Feedback and Collegial Counseling:** providing information to a Practitioner regarding how his/her behavior(s) was/were perceived by others, and

providing information to the Practitioner regarding ways to improve his/her professional conduct and/or communication.

Harassment: a course of conduct directed at a specific person or persons that seriously alarms, upsets, or annoys the person or persons, and that serves no legitimate purpose.

Practitioner: Medical Staff and Advanced Practice Professionals (APPs) holding privileges at the Hospital.

Practitioner Professionalism or Professionalism: the shared behavioral standards and ethical values Practitioners promise to uphold in their work. Professionalism standards also describe what Hospital staff, the public, and individual patients can and should expect from our Practitioners. At the heart of these ongoing declarations is a three-part promise to maintain and advance:

1. An ethical value system grounded in the conviction that the medical profession exists to serve patients' and the public's interests, and not merely the self-interests of Practitioners;
2. The knowledge and technical skills necessary for good medical practice;
3. The interpersonal skills necessary to work collaboratively with Hospital staff, colleagues, and patients to facilitate the use of Practitioners' specialized knowledge and skills.

Rule Violation: failure to comply with applicable Hospital policies approved by the Medical Executive Committee, or with applicable Medical Staff policy, practice guidelines/protocols, Bylaws, and/or Rules and Regulations.

Sexual Harassment: unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassment (such as epithets, derogatory comments, or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when:

1. Submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment.
2. This conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment.
3. This conduct indicates that employment and/or employment benefits are conditioned upon acquiescence to sexual activities.

Unprofessional Conduct: (may also be referred to as disruptive behavior) Verbal or physical conduct that violates the professional conduct standards established in this Policy, or otherwise interferes with or could reasonably be expected to interfere with the provision of quality patient care, including conduct which:

1. Interferes with, obstructs, or disrupts the normal functioning of the Hospital and/or Medical Staff;
2. Constitutes harassment as defined in Section VI;
3. Violates policy approved by the Medical Executive Committee, or violates Medical Staff Bylaws, Rules and Regulations, or Policy; or;
4. Otherwise diminishes the Practitioner's ability to work collaboratively with other members of the healthcare team.

ATTACHMENTS: NA

APPROVAL DATE:

<u>N/A</u>	<u>Policy, Procedure and Standards Committee</u>
<u>08/21/2019</u>	<u>Credentials Committee</u> Applicable Administrator, Hospital or Medical Committee
<u>04/23/2020</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES: Medical Staff Policy 6, Disruptive Members of the Medical Staff and Advanced Practice Professional
Medical Staff Policy 7, Code of Conduct, Medical Staff and Advanced Practice Professional

EFFECTIVE: 04/23/2020 **REVISED:** NA

REVIEWED: NA