



Part of the West Orange Healthcare Family

Policy & Procedure

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POLICY: Code of Conduct	REVIEWED:	
APPROVAL:	DATE:	REVISED:

POLICY: All individuals working within the healthcare environment must treat others with respect, courtesy and dignity and conduct themselves in a professional and cooperative manner. This policy is intended to address the conduct of Medical staff members and promote a Code of Conduct. In dealing with conduct that does not meet standards, the protection of patients, employees, practitioners and others in the organization and the orderly operation of the facilities are paramount concerns.

PURPOSE: To outline behavioral expectations for licensed independent practitioners and licensed dependent practitioners within the Health Central organization.

OBJECTIVE: To demonstrate our commitment to quality and to foster a safe environment that supports teamwork and respect for others.

It is the intent of Health Central that all individuals within its facilities will treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner. This policy addresses conduct that does not meet the above standard.

Although this policy and the interventional steps outlined herein apply to inappropriate behavior exhibited by a Practitioner, the initial step encouraged is for the individuals affected by the disruptive behavior to attempt to resolve the issue(s) through direct communication and interaction. The interventions outlined in this policy should be used in the event such direct communication and interaction is not appropriate, not practicable, will not alleviate the issue(s), or individuals involved do not feel comfortable with such direct intervention.

Practitioners who engage in disruptive conduct will be managed in accordance with the policies and procedures specified herein.

Conduct that suggests Practitioner impairment shall be addressed pursuant to the Medical Staff Licensed Independent Practitioner Health Policy.

DEFINITIONS:



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Appropriate Behavior – Any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff. Appropriate behavior is not subject to discipline under this policy. Examples of appropriate behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety;
- Encouraging clear communication;
- Expressions of concern about a patient's care and safety communicated in a reasonable manner;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- Professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others.

Disruptive Behavior – Any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others. Disruptive behavior by medical staff members is prohibited. Disruptive Behavior includes, but is not limited to:

- Physically threatening language directed at anyone in the organization including physicians, nurses, other practitioners, any hospital employee, administrator or member of the Board of Trustees.
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts or other objects;
- Threats of violence or retribution;
- Sexual Harassment;
- Other forms of harassment including, but it not limited to, persistent inappropriate behavior and repeated threats of litigation;
- Intentionally false complaints about other Practitioners; and
- Refusal to respond to and address the disruptive conduct of individuals employed or sponsored by the Practitioner.



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Harassment – Health Central expects all employees, practitioners and others affiliated with Health Central to accomplish their work in a respectful, business-like manner with concern for the privacy and well being of their co-workers. Harassment of employees and practitioners is not permitted; this includes conduct toward others based on their race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person’s work performance or which creates an offensive, intimidating or otherwise hostile work environment.

Inappropriate Behavior – Conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Inappropriate behavior by medical staff is unacceptable. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as “disruptive behavior.” Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Personal sarcasm or cynicism;
- Deliberate lack of cooperation without good cause;
- Deliberate refusal to return phone calls, pages or other messages concerning patient care or safety;
- Intentionally condescending language; and
- Intentionally degrading or demeaning comments regarding patients and their families, nurses, physicians, hospital personnel and/or the hospital.

Medical Staff Member – Physicians and others granted membership on the Medical Staff and, for purposes of this code, includes individuals with temporary clinical privileges.

Medical Executive Committee “MEC” – The Medical Executive Committee of Health Central as described in the Health Central Medical Staff Bylaws, Article V, Section 2, (a).



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Practitioner – Practitioners are members of the Health Central Medical Staff and Allied Health Staff.

Practitioner Performance Improvement Committee (PPIC) - The Practitioner Performance Improvement Committee (PPIC) of Health Central as described in the Health Central Medical Staff Bylaws, Article V, Section 5, (a).

Sexual Harassment – Unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment. Depending on the specific circumstances, persons accused of sexual harassment may also be subject to civil lawsuits and criminal prosecution.

PROCEDURE:

- I. Reporting the Occurrence – Employees of the hospital or practitioners who observe or are subjected to inappropriate or disruptive behavior by a Practitioner, shall immediately notify their supervisor or a hospital administrator about the incident. Any Practitioner who observes such behavior shall notify the Chief of the Medical Staff, Section Chief or Chief Quality Officer directly. Upon learning of the incident, the supervisor/hospital CEO/Chief of Staff/Section Chief/ Chief Quality Officer shall request the individual reporting the incident to document it in writing by completing a Health Central Peer Review form. The importance of confidentiality will be emphasized to the complainant at this time.
- II. Documentation of the Occurrence – The Peer Review form documenting an incident of apparent inappropriate or disruptive behavior shall include at a minimum the following:
 - A. the date and time of the occurrence and the date of the Peer Review form;
 - B. factual description of occurrence;
 - C. the name of any patient or patient's family member who was involved in



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- D. the circumstances which precipitated the incident;
 - E. the names of other witnesses to the incident as well as the names of anyone else the complainant told about the incident;
 - F. consequences, if any, of the occurrence as it relates to patient care, personnel or hospital operations;
 - G. action taken at the time of the occurrence to intervene in, or remedy, the incident;
 - H. name and signature of the complainant.

- III. Investigation – The Peer Review form will be hand delivered to the Quality Management/ Performance Improvement Office, who shall conduct an initial review and assemble all information. The information will be sealed in a confidential envelope and delivered to the Section Chief or designee for review and disposition. Subsequent actions will be taken pursuant to the Medical Staff Practitioner Performance Improvement Policy and the Medical Staff Bylaws including Article VIII entitled Hearing and Appeals Procedures

- IV. Review with the Practitioner – All matters will be reviewed and processed in accordance with the Practitioner Performance Improvement policy and the Medical Staff Bylaws.

- V. Exclusion of Practitioner from the Hospital Facilities – In rare situations it may be appropriate to exclude the Practitioner from the Hospital’s facilities pending the formal investigation process pursuant to the Medical Staff Bylaws. In such case actions will be taken in accordance with the Medical Staff Bylaws (Article VII- Part D Section 1(a.))

- VI. Responsibility for Sponsored and/or Employed Individuals – Individuals sponsored or employed by Practitioners (including Practitioner’s office staff and allied health professionals sponsored and/or employed by a Practitioner) often times have occasion to interact with patients, hospital personnel and other Practitioners. Because of these interactions, Practitioners shall be required to take appropriate action to ensure that those individuals who are sponsored or employed by the Practitioner conduct themselves in the same manner that is required of Practitioners under this policy. A Practitioner’s failure or refusal to



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take appropriate action shall be considered disruptive conduct itself and subject to the procedures outlined in this policy. All Practitioners who are members of a group shall each be responsible for the individuals employed and/or sponsored by the group.

- VII. Confidentiality and Protection from Discovery – To the extent permitted by law, all of the activities conducted within this procedure will be treated as confidential in an effort to obtain the greatest protection from discovery allowed by law. All documents related to these proceedings should be prepared by the Quality management/ Performance Improvement Office and /or the Medical Staff Office, marked “Confidential-Peer Review Document” and maintained in confidential files.
- VIII. Retention of Records – Records of investigations and violations of this policy are maintained in the confidential quality section of the Practitioner’s credentials file and are examined by those authorized in these procedures during the course of an investigation/review, and by the Credentials Committee during the normal course of evaluation for reapplication for privileges.
- IX. The Credentials Committee reviews the Practitioner’s confidential quality file at the time of reappointment. If during this review, the Committee detects a pattern of behavior that it believes may be inappropriate, the Committee may request a personal interview with the Practitioner or request a review of the Practitioner’s behavior by the MEC prior to acting on the reapplication. The Credentials Committee does not recommend disciplinary action.
- X. Time is of the essence in evaluating violations of this policy. A good faith effort will be made to handle each episode expeditiously.