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FACILITY: St. Mary's Hospital, Decatur, IL	MANUAL(S): Medical Staff
TITLE: Medical Staff Code of Conduct	ORIGINATING DEPARTMENT: Medical Staff
SUPERCEDES:	POLICY NUMBER:

I. POLICY: Medical Staff Code of Conduct

II. PURPOSE:

This policy emphasizes the need for all individuals working at St. Mary's Hospital, Decatur, Illinois to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. This policy is intended to address conduct which does not meet that standard. In dealing with incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the hospital and the orderly operation of the hospital are paramount concerns.

For purposes of this policy, examples of "inappropriate conduct" include, but are not limited to the following:

- Threatening or abusive language directed at nurses, hospital personnel, or other physicians (e.g., belittling, berating, and/or threatening another individual);
- 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;
- Public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital; and/or
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual.

Employees who engage in inappropriate conduct will be dealt with in accordance with the Hospital's Employee Handbook. Members of the medical staff ("practitioners") who engage in inappropriate conduct will be dealt with in accordance with this policy.

In the event of any apparent or actual conflict between this policy and the bylaws, rules regulations, or other policies of the Hospital or medical staff, the provisions of this policy shall control.

This policy outlines collegial steps (e.g., several warnings and meetings with a practitioner) that can be taken in an attempt to resolve complaints about inappropriate conduct exhibited by practitioners. However, there may be a single incident of inappropriate conduct, or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in this policy precludes immediate referral to the Executive Committee or the elimination of any particular step in the policy in dealing with a complaint about inappropriate conduct.

III. DEFINITIONS:

IV. GUIDELINES/PROCEDURES

- A. 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, they shall notify the Chief Executive Officer (or designee). Any physician who observes such behavior shall notify the Chief Executive Officer directly. Upon learning of the occurrence of an incident of inappropriate conduct, the

supervisor/Chief Executive Officer shall request that the individual who reported the incident document it in writing. In the alternative, the supervisor/Chief Executive Officer shall document the incident as reported.

- B. The documentation shall include:
1. the date(s) and time(s) of the questionable behavior;
 2. a factual description of the questionable behavior;
 3. the name of any patient or patient's family member who was involved in the incident, including any patient or family member who witnessed the incident;
 4. the circumstances which precipitated the incident;
 5. the names of other witnesses to the incident;
 6. consequences, if any, of the inappropriate conduct as it relates to patient care, personnel, or hospital operations; and
 7. any action taken to intervene in, or remedy, the incident.
- C. The supervisor shall forward a documented report to the Chief Executive Officer, who shall immediately notify the Chief Medical Officer. The Chief Executive Officer and the Chief Medical Officer 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. After a determination that an incident of inappropriate conduct has occurred, the Chief Medical Officer and/or Chief Executive Officer shall proceed as set forth in Paragraph 4.
- D. The Chief Medical Officer and/or Chief Executive Officer (or their respective designees) shall meet with the practitioner. This initial meeting shall be collegial. It is designed to be helpful to the practitioner in understanding that certain conduct is inappropriate and unacceptable. During the meeting, the practitioner shall be advised of the nature of the incident that was reported and shall be requested to provide his/her response and/or perspective concerning the incident. The practitioner shall also be advised that, if the incident occurred as reported, his or her conduct was inappropriate and inconsistent with standards of the Hospital. The identity of the individual preparing the report of inappropriate conduct will not be disclosed at this time, unless the Chief Executive Officer and the Chief Medical Officer agree in advance that it is appropriate to do so. In this case, the practitioner shall be advised that any retaliation against the person reporting the incident will be grounds for immediate exclusion from all Hospital facilities.
- E. This initial meeting also can be used to educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services. Other sources of support or counseling also can be identified for the practitioner, as appropriate.
- F. The practitioner shall be advised that a summary of the meeting will be prepared and a copy provided to him or her. The practitioner may prepare a written response to the summary. The summary and any response that is received shall be kept in the confidential portion of the physician's credentials file.
- G. If another report of inappropriate conduct involving the practitioner is received, a second meeting shall be held. It is advisable that at least three people (e.g., the Chief Medical Officer, the Chief of Medical Staff, and/or the Chief Executive Officer) be present to meet with the practitioner. At this meeting, the practitioner shall be informed of the nature of the incident and be advised that such conduct is unacceptable. The practitioner shall be advised that if there is a future complaint about inappropriate conduct, the matter will be referred to the Board Chair of Medical Staff Executive Committee for more formal action. A letter shall be sent to the practitioner confirming the substance of the meeting, a copy of which shall be kept in the confidential portion of the physician's credentials file (along with any response that the practitioner may submit).
- H. In the event there is a third reported incident of inappropriate conduct, the Board Chair, the Chief Executive Officer, and the Chief Medical officer (a designee may be asked to attend this meeting for any of the above individuals) shall meet with the practitioner. The purpose of this meeting is to give the practitioner a final warning that the inappropriate conduct will not be tolerated.
- I. Following this meeting, a letter shall be sent to the practitioner. The letter shall describe the inappropriate conduct, outline the steps that have been taken in the past to correct that conduct, and detail the kind of behavior that is acceptable and unacceptable. The letter should also confirm the consequences of an additional incident of

inappropriate conduct, including, but not limited to, exclusion from all Hospital facilities for a period of time and a request that a formal investigation be commenced.

- J. The letter described in Paragraph 9 will define the conditions of continued practice at the Hospital. The practitioner shall be required to sign it. If the practitioner refuses to sign the letter, the Chief Executive Officer and/or Chief Medical Officer shall request that a formal investigation be commenced.
- K. A single additional incident shall then result in initiation of formal action. Exclusion from the Hospital's facilities may be appropriate pending this process. The Medical Staff Executive Committee shall be fully apprised of the previous warnings issued to the physician and the actions taken to address the concerns.
- L. The Medical Staff Executive Committee may, at any point in the investigation, refer the matter to the Board without a recommendation. Any further action, including any hearing or appeal, shall then be conducted under the direction of the Board.
- M. As referenced in Paragraphs 9 and 11, when, despite prior warning, the practitioner continues to engage in inappropriate conduct, the practitioner may be excluded from the Hospital's facilities pending the formal investigation process and any related hearing and appeal that may result. Such exclusion is not a suspension of clinical privileges, even though the effect is the same. Rather, the action is taken to protect patients, employees, physicians, and others on the Hospital's premises from inappropriate conduct and to emphasize to the practitioner the most serious nature of the problem created by such conduct. Before any such exclusion, the practitioner shall be notified of the event or events precipitating the exclusion and shall be given an opportunity to respond in writing and to demonstrate that acceptable standards of conduct have not been violated. However, to ensure that there is no inappropriate delay in addressing the concerns, the practitioner must submit any response within three (3) days of being notified.
- N. In order to effectuate the objectives of this policy, and except as otherwise may be determined by the Chief Executive Officer and the Chief Medical Officer, counsel shall not attend any of the meetings described above.

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