



MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05

POLICY:

All members of the Good Samaritan Health System Medical Staff will exhibit behaviors that promote a culture of **safety and quality** for patients and other staff, insure the **orderly operation** of the staff and hospital, and preserve the **community's confidence** in the hospital to provide quality patient care.

PURPOSE:

To outline behavioral expectations for licensed independent practitioners and licensed dependent practitioners working within The Good Samaritan Health System.

OBJECTIVE:

1. Define appropriate, disruptive, and inappropriate behaviors.
2. Distinguish between advocacy for positive or innovative change, which is acceptable, and disruptive or inappropriate behavior, which is not.
3. Create and implement a process for managing disruptive and inappropriate behaviors.

DEFINITIONS:

1. "Appropriate behavior" means any reasonable conduct to advocate for patients, improve patient care, participate in the operations, leadership or activities of the organized medical staff or engage in professional practice.
2. "Disruptive behavior" means any abusive conduct, sexual or other forms of harassment, or any verbal or physical behavior that harms or intimidates others to the extent that safety or quality within the healthcare environment is compromised.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 2 of 7	

3. "Harassment" means any conduct towards others based on race, religion, gender, gender identity, sexual orientation, nationality, or ethnicity, which interferes with a person's work performance or creates an offensive, intimidating, or hostile work environment.
4. "Inappropriate behavior" means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment.
5. "Sexual harassment" means 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 decisions; unwelcome conduct of a sexual nature that harms or intimidates others to the extent that safety or quality within the healthcare environment is compromised.

EXAMPLES:

To aid in the education of the Medical Staff and in the enforcement of this Policy, examples of specific types of behavior may include but are not limited to:

1. Appropriate Behavior
 - a. Criticism communicated in a reasonable manner and offered in good faith with the aim of improving patient care and safety.
 - b. Expressions of concern about a patient's care and safety.
 - c. Expressions of dissatisfaction with policies through appropriate grievance channels.
2. Inappropriate Behavior
 - a. Inappropriate comments written in the medical record.
 - b. Blatant failure to respond to patient care needs or staff requests.
 - c. Degrading or demeaning comments regarding patients, families, Medical Staff Members, Hospital personnel, or the Hospital.
 - d. Use of profanity or disrespectful language.
 - e. Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety.
 - f. Refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws and the Rules and Regulations.
 - g. Inappropriate access, use, disclosure, or release of confidential patient information.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 3 of 7	

3. Disruptive Behavior

- a. Threatening or abusive language directed at patients, medical staff, or hospital personnel.
- b. Physical contact that is threatening or intimidating.
- c. Throwing instruments, charts or other objects.

PRINCIPLES:

1. Issues of conduct involving members of the Medical Staff will be addressed in accordance with this Policy, in addition to the Medical Staff Bylaws, the Medical Staff Rules and Regulations, the terms of any applicable contracts and all other applicable law. Issues of conduct involving GSHS employed Medical Staff may also be addressed in accordance with the Hospital's Human Resources Policies.
2. This Policy outlines collegial steps (i.e. counseling, warnings, and meetings with the practitioner) that can be taken to address complaints about inappropriate behavior. 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 Medical Staff Bylaws.
3. When a medical staff member demonstrates a pattern of persistent repeated inappropriate behavior an appropriate rehabilitation plan will be developed with the advice and counsel of the Medical Executive Committee.
4. If a single incident of disruptive behavior or a continuation of conduct is so egregious or constitutes an imminent danger to the health or safety of an individual or individuals, the offending medical staff member will be suspended and subject to due process as outlined in the Medical Staff Bylaws.
5. The Medical Staff leadership and Hospital Administration shall provide orientation and education to make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 4 of 7	

REPORTING:

1. Complaints about a member of the Medical Staff alleging inappropriate or disruptive behavior must be in writing, signed by the complainant, and directed to the President of the Medical Staff or, if the President of the Medical Staff is the subject of the complaint, to the Vice President of Medical Staff. Upon receipt of the complaint, the President of the Medical Staff will notify the Vice President of Medical Affairs.
2. Documentation of each incident of inappropriate or disruptive behavior is critical because it is ordinarily not one incident alone that leads to disciplinary action but rather a pattern of inappropriate conduct.
3. Documentation of a complaint should include:
 - a. The date and time of the incident;
 - b. The date and time of the complaint;
 - c. A factual description of the behavior;
 - d. The name of any patient or patient's family member who may have been involved in the incident;
 - e. The circumstances which precipitated the incident;
 - f. The names of any other witnesses to the incident;
 - g. Consequences of the behavior related to patient care, personnel, morale, or hospital operations;
 - h. Any actions taken to intervene in or remedy the incident;
 - i. The name and signature of the individual reporting the matter.

PROCEDURES:

1. At the discretion of the President of the Medical Staff (or the Vice President of Medical Staff if the President of the Medical Staff is the subject of the complaint) the duties here assigned may be delegated to another elected member of the Medical Executive Committee ("designee").
2. The complainant will be provided a written acknowledgement of the complaint by the Medical Staff President or designee.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 5 of 7	

3. The medical staff member subject of the complaint shall be provided a copy of the Code of Conduct Policy and a copy of the signed written complaint in a timely fashion not to exceed 7 (seven) days from receipt of the complaint. The medical staff member will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of this Code of Conduct. The medical staff member will be notified that they have an opportunity to respond in writing to the complaint not to exceed 30 days.
4. As a subcommittee of the Quality Assurance and Improvement (QA&I) Committee, an ad hoc committee consisting of the President or Vice President of the Medical Staff or designee, the Vice President of Medical Affairs, and the medical staff member's Chairperson of the Department (or Vice Chairperson if the Chairperson is the subject of the complaint) shall make such investigation as appropriate in the circumstances including interviewing the complainant, any witnesses, and the subject of the complaint.
5. The ad hoc committee will make a determination of the authenticity and severity of the complaint. The ad hoc committee shall dismiss any unfounded or unsubstantiated complaints and will notify both the complainant and the subject of the complaint of the decision reached.
6. If the ad hoc committee determines the complaint is well founded the offending medical staff member will be informed of the decision and one or more of the following steps shall be taken:
 - a. The Chairperson of the offending medical staff member's assigned department (or President of the Medical Staff if a Chairperson is the subject of the complaint) will discuss the matter with the provider individually and emphasize that the behavior is inappropriate and must cease.
 - b. The offending medical staff member may be asked to apologize in writing to the complainant.
 - c. A letter of guidance about the incident may be sent to the offending medical staff member.
 - d. The offending medical staff member may be educated about administrative channels that are available for registering complaints or concerns about quality of care or services.
 - e. A letter of warning or reprimand may be sent to the offending medical staff member.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 6 of 7	

- f. The ad hoc committee may meet as a group with the offending medical staff member to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.
 - g. The offending medical staff member may be referred to the Medical Staff and Allied Health Professional Health Committee (Article 12.4-10).
- 7. Further isolated incidents that do not constitute persistent, repeated inappropriate behavior would be handled by providing the offending medical staff member with notification of each incident and a reminder that the individual comply with this Code of Conduct.
- 8. If the ad hoc committee determines that the offending medical staff member has demonstrated persistent repeated inappropriate or disruptive behavior the matter will be referred to the Medical Executive Committee for review and action in accordance with the Medical Staff Bylaws, Article VI. The Medical Executive Committee will take one or more of the following actions in accordance with Medical Staff Bylaws, Article 6.4.B:
 - a. Require the offending medical staff member to meet with the full Medical Executive Committee.
 - b. Issue a letter of warning or reprimand
 - c. Impose a “personal” code of conduct on the provider and make continued appointment and clinical privileges contingent on the practitioner’s adherence to it.
 - d. Suspend the practitioner’s clinical privileges for less than 15 days.
 - e. Initiate formal action against the offending medical staff member as outlined in the Medical Staff Bylaws.
- 9. If no corrective action is taken pursuant to the medical staff bylaws, a confidential memorandum summarizing the disposition of the complaint, along with copies of any written warnings, letters of apology, and written responses from the offending medical staff member shall be retained in the medical staff member’s credentials file for two years and then must be expunged if no related actions is taken or pending. Informal rehabilitation, a written apology, issuance of a warning, or referral to the Medical Staff and Allied Health Professional Committee (or equivalent committee) will not constitute corrective action.

MEDICAL AFFAIRS POLICY & PROCEDURE MANUAL

Policy Title: Medical Staff Code of Conduct	Policy Number: MA-05
Page 7 of 7	

10. To the extent that the behavior of the offending medical staff member and/or the actions or recommendations of the Medical Executive Committee implicate the provisions of Section 6.5 of the Medical Staff Bylaws, the medical staff member shall have those procedural rights described in such Section, including the right to be represented by legal counsel.

Approved at MEC:

Original: 10/21/2014

Revision: 03/15/2016

WELLSPAN GOOD SAMARITAN HOSPITAL

Lebanon, PA 17042

COMPLAINT REPORTING FORM

1) Date/Time of Incident:

2) Date/Time of Complaint:

3) Brief Description of Behavior:

4) Name of Patient's Family Member:

5) Circumstances Precipitating the Incident: _____

6) Names of Witnesses: _____

7) Consequences of Behavior to Patient or Personnel: _____

8) Any Immediate Intervention or Remedy?: Yes No

9) Name/Signature of Reporting Individual: