

 Desert Regional Medical Center <small>Tenet California</small>	DEPARTMENT/MANUAL: MEDICAL STAFF SERVICES POLICY & PROCEDURE		
	ORIGINAL DATE: 05/09	REVISED DATE: 12/09, 5/10	PAGE NUMBER: Page 1 of 4
	SUBJECT: Medical Staff Code of Conduct		PREPARED BY: Medical Staff Services
POLICY NUMBER: 8710.13			

PURPOSE:

As a condition of membership and privileges, a medical staff member shall continuously meet the requirements for professional conduct established by the Medical Staff By-Laws. No other codes or policy restricting or defining conduct apply to the medical staff and its members.

POLICY:

Unacceptable behavior disrupts the function of healthcare team and compromises patient management care and safety. Sometimes the behavior may call for a formal investigation, or even corrective actions and processes to be set in motion.

DEFINITIONS

1. "Practitioner" shall refer to any members of the Medical Staff, Allied Health Staff or Resident of an associated training program.
2. "Acceptable Behavior" means conduct that is professional toward patients, peers, hospital staff, visitors and others affiliated with the Hospital.

Examples of acceptable behavior include but are not limited to:

- a. advocacy on medical matters
 - b. making recommendations intended to improve care through proper venue
 - c. exercising rights granted under the medical staff bylaws, rules and regulations and policies
 - d. fulfilling duties of medical staff membership or leadership
 - e. engaging in legitimate business activities that may or may not compete with the hospital
3. "Unacceptable Behavior" is behavior manifested through personal interaction with practitioners, Hospital personnel, patients, family members, or others, which tends to interfere with or inhibits, the ability of others to provide high quality patient care; is inconsistent with a safe working environment; falls below the professional or ethical standards of our Medical Staff; contributes to a hostile work environment; or subjects others to physical, verbal or emotional abuse.
 4. "Discrimination" is conduct directed against any individual that deprives that individual of full and equal accommodations, advantages, facilities, privileges, or services, based on that individual's race, religion, gender, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, or sexual orientation. Discrimination in the workplace is forbidden by law.
 5. "Sexual harassment" is unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassment or physical harassment. Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal 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; or (2) this conduct creates an offensive, intimidating or hostile work environment substantially interfering with an employees ability to carry out the "job description " in an efficient and professional manner. Sexual harassment in the workplace is forbidden by law.

PROCEDURE FOR HOSPITAL STAFF RESPONSE TO UNACCEPTABLE BEHAVIOR

All allegations regarding a practitioner submitted in accordance with this policy and procedure are part of the Medical Staff's process that is established to maintain and improve the quality of care at the Hospital. Any practitioner or Hospital employee who believes that he/she is being subjected to unacceptable or discriminatory behavior or sexual harassment within the meaning of this policy by a medical staff member is authorized to report as follows:

1. Practitioners or Hospital employees shall report in writing to the Chief of Staff, Department Chair, Medical Staff Services Director or any other officer of the Medical Staff.
2. Individuals must submit their complaint in writing, providing as much factual detail as possible regarding the circumstance, including the individual(s) involved, any witnesses, the time and place of the incident and any other pertinent information.
3. The complainant shall be advised that no retaliation, harassment or intimidation is permitted and that any further unacceptable behavior including but not limited to "Retaliation" should be reported immediately to Medical Staff Services.

If it appears that immediate action may be required to protect a patient or other person, the Chief of Staff or designee, the Chief Executive Officer (or designee), or the Department Chair (or designee) will be verbally notified immediately. When imminent danger to health or safety or any individual is confirmed, the Chief of Staff, Medical Executive Committee, or Department Chair may initiate a summary suspension, as defined in the Medical Staff Bylaws. A report of unacceptable conduct shall be submitted as soon thereafter as practicable to Medical Staff Services.

PROCESSING OCCURRENCE REPORTS RELATED TO PHYSICIAN BEHAVIOR

1. Medical Staff Services will acknowledge receipt of complaints in writing.
2. All allegations of unacceptable behavior will be forwarded through proper channels.
3. Allegations of unacceptable behavior shall not be kept in the credential files due to their status as peer review documents.
4. Complaints or allegations must be in writing and will be transmitted to the Department Chair and/or Chief of staff or to the medical staff officer designated by either the Chief of Staff or Medical Executive Committee. Complaints are shared with the subject member, who will be given the opportunity to respond to the officer or, if referred to the Committee handling the complaint. The Department Chair, in consultation with the Chief of Staff shall determine if the complaint or report is obviously specious and warrants no further action.
5. If the Department Chair in consultation with the Chief of Staff determines that no action is warranted, that decision may be reported to the next Medical Executive Committee.
6. Allegations of retaliation accompanying those of unacceptable behavior lend urgency to the primary complainant and should be reviewed as soon as reasonably possible. Unacceptable conduct process should be completed within 30 days.
7. The Chief of Staff or applicable Department Chair (or designee) shall direct the review to determine if the issue can be informally resolved or if the issue requires investigation by an ad hoc fact finding committee. The subject of the allegation will be notified that an allegation was filed. **Note: This is not a formal investigation as defined under California Business and Professions Code Section 805.**

8. If the issue requires an investigation, the Chief of Staff will appoint an ad-hoc to review the issue or charge the Administrative Affairs Committee or Professionalism Ad Hoc or the Physician Well Being Committee to investigate the issue.
 - i. Issues that usually require an investigation may include allegations of fitness for duty, competence, performance (medical, psychological, substance), sexual harassment or unacceptable behavior (as defined above), or for any other issue that might require intervention.
 - ii. If the alleged behavior involves victimization of a hospital employee, a member of Administration and/or Human Resources will also be appointed.
 - iii. Allegation - If the reported allegation pertains to a Chair or an associate of the chair, it shall be handled by the Chief of Staff.
 - iv. This committee will ideally complete any examination of the issue within four weeks of formation. This will be accomplished through interviews with the complainant and with any individual (s) deemed necessary. When employees of the Hospital are interviewed, the employee will be given the option of having his/her supervisor or a representative from Human Resources present. The subject shall also be informed of the investigation process and further be informed that retaliation for making such allegations will not be tolerated.
 - v. At the conclusion of the investigation of the ad hoc committee a recommendation will then be given to the Chief of Staff.
9. Medical Staff Services will determine if the issue involves a Physician, an Allied Health Practitioner, or a Resident, if not previously determined. Issues involving Allied Health Practitioners may be referred to the Interdisciplinary Practice Committee; issues involving Residents may be referred to the Graduate Medical Education Committee and/or the sponsoring teaching program.
10. During the initial review, the practitioner who is accused of unacceptable behavior, including but not limited to retaliation, shall be advised of the nature of the complaint and asked to respond. This may include notifying the practitioner in writing who is the subject of the allegation, the allegation and requiring a written response or and/or a special ad hoc committee meeting with the practitioner.
11. Should such a committee meeting take place, the chair or other designee who calls the meeting shall prepare a memo to the file that documents the meeting and discussion, which shall constitute the minutes of such Medical Staff meeting.
12. The subject practitioner shall be advised that the Hospital and the Medical Staff will not tolerate any retaliation against individuals who originate or cooperate in the review of the alleged unacceptable behavior, and that any retaliation will be an independent cause for discipline.
13. The results of the initial review shall be reported to the Chief of Staff (or other designee), who may determine that further review is necessary to evaluate the alleged unacceptable conduct. If the Chief of Staff or designee concludes from the initial review and its findings that the practitioner engaged in unacceptable conduct, the practitioner shall be notified of those conclusions. The Medical Staff may then invoke corrective action or other alternatives in accordance with the Medical Staff Bylaws.
14. Depending upon the nature of the behavior and whether the practitioner has had prior allegations of unacceptable behavior, the current documented unacceptable conduct along with any prior allegations of unacceptable conduct may be reported to the Medical Executive Committee for possible corrective action.

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15. Repeated instances of unacceptable behaviors will be considered cumulatively and actions taken accordingly. Any corrective action shall be commensurate with the nature and severity of the unacceptable behaviors. Allegations of egregious acts, such as assault or other criminal acts may trigger an immediate summary suspension pending investigation and the hospital allegation of abuse in the workplace policy will be followed.
17. Corrective or disciplinary action may be taken against the practitioner by the Medical Executive Committee in accordance with the Medical Staff Bylaws. The Medical Executive Committee's remedial actions may include, but are not limited to: recommending or requiring a written private or public apology, referral to the Administrative Affairs Committee or Physician Well Being Committee, mandatory clinical diagnostic evaluation by a professional of the MEC's choice, counseling or treatment to modify behavior, and/or suspension or termination of the individual's Medical Staff or Allied Health Practitioner Staff membership and clinical privileges, or removal of Resident Physician privileges.
18. If the issue involves a resident physician, the report will be sent to the applicable resident training program director via the Chief of Staff or Graduate Medical Education Chair (or designee). The director will be instructed to address the issue and then respond in writing as to what action was taken. This report will then be returned to Medical Staff Services for completion of the database process. If the issue involving a resident is resolved informally, the report will be forwarded to the Graduate Medical Education Committee and the Medical Executive Committee.
19. Any recommendations that include corrective actions will be considered during the next Medical Executive Committee and will follow the Medical Staff Bylaws.

When imminent danger to health or safety of any individual is confirmed, the Chief of Staff may initiate a summary suspension, as defined in the Medical Staff Bylaws. If the recommendations include a consultative intervention, the practitioner will meet with the Physician Well Being Committee and a Monitoring Agreement will be completed. The Physician Well Being Committee functions as an advocate for the practitioner and has no authority to take disciplinary action. The practitioner, in turn, will cooperate with the Physician Well Being Committee and shall be subject to requirements deemed appropriate by the situation and needs of the individual practitioner.
20. A practitioner who is the subject of alleged unacceptable conduct may at any time voluntarily seek the assistance of the Administrative Affairs Committee or the Physician Well Being Committee to help address his/her unacceptable conduct. Either committee will then inform the Chief of Staff or designee that a practitioner has voluntarily sought assistance. An offer of assistance may be made either voluntarily or in conjunction with a referral for corrective or summary intervention.
21. If the practitioner is referred to the Administrative Affairs Committee, Professionalism Ad Hoc or the Physician Well Being Committee, said committee may assist the practitioner in obtaining education or behavior counseling or other treatment to modify future behavior.
22. If the recommendations do not include corrective actions, the Chief of Staff will inform the subject of the allegation and his Department Chair that an allegation was filed, that an ad hoc committee was assigned to examine the matter, and that the matter could not be substantiated. A letter documenting this conclusion will be sent to the practitioner.
23. If it is determined that the complainant filed an unsubstantiated complaint with intentional or reckless disregard of the facts or for the sole purpose of retaliating against a member of the medical staff, the conduct of the complainant will be addressed accordingly.

Approval

MEC: 09.01.09 12/01/09
GB: 09.17.09 12/17/09