 CHRISTUS SANTA ROSA Health Care	PRIMARY FUNCTION: MEDICAL STAFF	POLICY#:
	EFFECTIVE DATE: 1/09	PAGE 1 OF 5
LAST REVIEW DATE: 5/04/09		REVISION DATE:
SUBJECT: PROFESSIONAL CODE OF CONDUCT POLICY		


PROFESSIONAL CODE OF CONDUCT POLICY

I. Policy Statement


- A.** All practitioners will conduct themselves in a professional and amicable manner within CHRISTUS Santa Rosa Hospital facilities to ensure optimum patient, associate, medical staff, and visitor relations. A workplace where all are treated with dignity, respect, and hospitality is in harmony with CHRISTUS Santa Rosa Core Values and Mission.
- B.** This policy outlines collegial, educational, and, if necessary, disciplinary interventions that will be used by Medical Staff leaders, the facility Administrator, the President/CEO and/or the Board to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual person with alleged impropriety to resolve all concerns and thus avoid the necessity of proceeding through the disciplinary process outlined in the Medical Staff Membership, Credentialing, Privileging, and Due Process Manual. However, there may be a single incident of inappropriate conduct, or a continuation of conduct, that is unacceptable to the extent to make such collegial steps inappropriate. Therefore, nothing in this Policy precludes an immediate referral to the facility MEC, or the elimination of any particular step in the Policy when dealing with a complaint about inappropriate conduct. (See section IV pertaining to emergency corrective action in the Membership, Credentialing, Privileging, and Due Process Manual).
- C.** In dealing with all incidents of inappropriate conduct, the protection of patients, team members, physicians, and others in the System and the orderly operation of the Medical Staff and System are paramount concerns.
- D.** The Medical Staff leadership and System Administration shall provide education to make team members, members of the Medical Staff, and other personnel aware of this Policy. The Medical Staff leadership shall institute procedures to facilitate prompt reporting of conduct which may violate this Policy and ensure prompt action as appropriate under the circumstances.

II. Expectations

- A.** All Medical Staff members practicing in the CHRISTUS Santa Rosa Hospital must treat others with respect, and conduct themselves in a courteous, cooperative, reasonable, and professional manner. By way of example, practitioners should:
 - 1. Comply consistently with practice standards of professionalism
 - 2. Communicate with others on the healthcare team clearly and directly, displaying respect for their dignity
 - 3. Support policies promoting cooperation and efficient teamwork
 - 4. Use conflict resolution and mediation skills to manage disagreements
 - 5. Address concerns about clinical judgments with team members directly and privately
 - 6. Address dissatisfaction with practice policies through appropriate grievance channels
 - 7. Routinely offer and accept constructive feedback

 CHRISTUS SANTA ROSA Health Care	PRIMARY FUNCTION: MEDICAL STAFF	POLICY#:
	EFFECTIVE DATE: 1/09	PAGE 2 OF 5
LAST REVIEW DATE: 5/04/09		REVISION DATE:
SUBJECT: PROFESSIONAL CODE OF CONDUCT POLICY		

- B.** Inappropriate conduct may include, but is not limited to, behavior such as:
1. Non-constructive criticism addressed to any person in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence;
 2. Profanity or similarly offensive language while in the System and/or while speaking with nurses or other personnel;
 3. Derogatory comments about the quality of care being provided by the System, another Medical Staff member, or any other individual otherwise critical of the System, another Medical Staff Member, or any other individual that are made outside of appropriate Medical Staff and/or administrative channels.
- C.** Disruptive conduct may include, but is not limited to, behavior such as:
1. Verbal or physical attacks or threats directed at any person in a facility;
 2. Slanderous comments or depictions within medical records or other CSRHC documents directed at patients, physicians, associates or the Hospital.
 3. Inappropriate physician actions as throwing equipment or outbursts of inappropriate anger.
 4. Retaliatory action (physician or other staff) toward any individual who may have been the source of complaint against a physician.
 5. Inappropriate physical contact with another individual that is threatening or intimidating;
 6. Refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other Members of the Medical and System staff);
 7. Activity which may be considered sexual harassment. Sexual harassment is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. This includes any verbal or physical conduct of a sexual nature where there is an attempt to make submission to such conduct a term or condition of an individual's employment or professional relationships. Examples include, but are not limited to, the following:
 - a. Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - b. Visual/Non-Verbal: derogatory posters, cartoons, or drawings, suggestive objects or pictures, leering; and/or obscene gestures;
 - c. Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - d. Making or threatening retaliation as a result of an individual's negative response to harassing conduct.


 CHRISTUS SANTA ROSA Health Care	PRIMARY FUNCTION: MEDICAL STAFF	POLICY#:
	EFFECTIVE DATE: 1/09	PAGE 3 OF 5
LAST REVIEW DATE: 5/04/09		REVISION DATE:
SUBJECT: PROFESSIONAL CODE OF CONDUCT POLICY		

III. Procedure When a Concern is Raised

- A. Any physician, associate, patient or visitor may report alleged unprofessional conduct.
- B. Documentation of unprofessional conduct is essential to the process. Whether it be a single incident or a pattern or trend disciplinary action may be necessary. Documentation shall include:
 1. Date and time of questionable behavior
 2. Names of all witnesses;
 3. Name of those involved or who may have witnessed the behavior ;
 4. Circumstances surrounding the incident;
 5. Description of behavior limited to factual, objective language as possible;
 6. Consequences, if any, of the behavior as related to patient care or hospital operation; and
 7. Action taken to remedy the situation including date, time, place, action and name(s) of those intervening.
 8. The name and signature of the individual reporting the complaint of unprofessional conduct.

Evaluation Process:

1. Incidents related to physician’s conduct and behavior will be described as outlined in III.
2. Copies of the written report will be provided to the Physician Services Department and to the appropriate hospital supervising leader.
3. Physician Services will send a copy of the report to the Chief of Staff (or designee) and notify the physician of the incident report. The Chief of Staff designee may include the Chief of Staff Elect, Department Chair, Section Chief, Physician-In-Chief or VPMA/Chief Medical Officer.
4. The faculty Chief of Staff or designee shall review the incident and respond through utilization of one or more of the following options:
 - a. If the Chief of Staff or designee identifies an immediate patient safety or Associate safety issue, he or she will follow medical staff bylaws policy for emergency corrective action;
 - b. If the Chief of Staff finds no cause for emergency corrective action, he/she may follow one of the following options:
 - i. Review of the report with Administration leadership and determine if the incident is either (a) a non-event (failure to meet criteria for disruptive behavior) or (b) minimal or no significance. The determination of “non-event” will be reported to the Physician Services Department and a copy of determination attached to the Incident Report. A letter will also be forwarded to the physician indicating no further action.
 - ii. Determine that an incident significantly violated the Code of Conduct policy with the following options for investigation (a) refer incident report to Physician Resource Committee (PRC) or (b) refer to the facility MEC for the appointment of a facility-specific investigating committee.
 - iii. PRC referrals will result in an internal investigation involving the physician. The investigation process is under the purview of the PRC and

 CHRISTUS SANTA ROSA Health Care	PRIMARY FUNCTION: MEDICAL STAFF	POLICY#:
	EFFECTIVE DATE: 1/09	PAGE 4 OF 5
LAST REVIEW DATE: 5/04/09		REVISION DATE:
SUBJECT: PROFESSIONAL CODE OF CONDUCT POLICY		


may involve witnesses, administrative reports and the physician. The investigation should be completed within 30 days, and at the conclusion of the investigation, the PRC may recommend the following: (a) collegial intervention, (b) defined physician education program, (c) specific physician behavior modification course, (d) refer for correction actions through Peer Review. Physicians participating in a, b, and/or c of iii will be referred for corrective action should the behavior or conduct continue to be disruptive or unprofessional.

- iv. In the event the facility MEC approves a specific committee to investigate the issue, a report of its findings and recommendations will come to the facility MEC within 30 days.
- v. Recommendations from the PRC or the facility specific investigating committee that requests corrective action will be reported to the facility MEC for approval and/or other recommendations.
- vi. Recommendations of the facility MEC will be reported to the Medical Board for its approval or other recommendations.
- vii. Recommendation: the Medical Board recommendations will be presented to the CHRISTUS Board of Directors for approval or other recommendations.

Tracking and Trending

Outcomes of incident reports and courses of action will be documented as follows:

- 1. Copy of all initial incident reports will be kept in a separate file in Physician Services offices by the Chief Medical Officer. This will be a non-discoverable file utilized for trending purposes only.
 - 2. Reports from PRC shall be maintained in a separate undiscoverable file by the PRC utilized for trending purposes only.
 - 3. All cases referred or recommended for corrective action will be documented in the physician’s file under Professionalism and will be reported to the Credentialing Committee at the time of reappointment utilizing the existing policies of FPPE and OPPE.
- C. If the results of investigation warrant further action which may be adverse, as defined in these documents, the Practitioner will be entitled to a fair hearing as defined in the Medical Staff Membership/Credentialing/Privileging and Due Process Manual.
 - D. If the MEC prepares any documentation for a practitioner’s file regarding its efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner’s peer review file along with the original concern and the MEC documentation.
 - E. If additional complaints are received concerning a practitioner, the MEC or PRC may continue to utilize the collegial and educational steps noted in this Policy as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns. The MEC may suggest an additional course of action for the practitioner (e.g., behavior modification course; development of

 CHRISTUS SANTA ROSA Health Care	PRIMARY FUNCTION: MEDICAL STAFF	POLICY#:
	EFFECTIVE DATE: 1/09	PAGE 5 OF 5
LAST REVIEW DATE: 5/04/09		REVISION DATE:
SUBJECT: PROFESSIONAL CODE OF CONDUCT POLICY		

conditions for continued practice for the individual; suspensions).

- F. For investigations brought to the MEC, the MEC may, at any point in the investigation, refer the matter to the Medical Board and the Hospital Board, as appropriate, without a recommendation. The facility Administrator or the President/CEO, at his/her discretion, may also take the matter to the Hospital Board. Any further action, including any hearing or appeal, shall then be conducted under the direction of the Hospital Board.
- G. The Hospital Board may, after consideration of the recommendation of the facility MEC, or the facility Administrator, in their discretion independently find that the reported conduct constituted inappropriate conduct and initiate action on their own
- H. Prior to any formal action, limiting or restricting the practitioner's privileges, the practitioner shall be given formal notice of his or her right to request a hearing pursuant to the Membership, Credentialing, Privileging and Due Process Manual.

RESPONSIBLE POSITION

Chief Medical Officer

APPROVALS:

Don Beeler, CEO

Dr. James C. Martin, CMO