

Policy Manual: Administration/Operational  
Manual Section: Medical Staff - Policies  
Policy Number: MSS-100-104  
Effective Date: October 26, 2015  
Supersedes: January 2009  
Reviewed Date: October 26, 2015

I. TITLE: MEDICAL STAFF CODE OF CONDUCT – MEDICAL STAFF SERVICES

II. PURPOSE:

To define the medical staff code of conduct for all Medical Staff members (hereinafter referred to as “practitioners”) practicing in Mountain States Health Alliance (MSHA) facilities in regards to the treatment of others with respect, courtesy and dignity and conducting themselves in a professional and cooperative manner.

III. SCOPE:

Medical Staff

IV. FACILITIES/ENTITIES:

Tennessee: FWCH, IPMC, JCCH, JCMC, SSH, UCMH, WPH, Niswonger Children’s Hospital, Kingsport Day Surgery, IPMC Transitional Care, Princeton Transitional Care, Unicoi County Nursing Home

Virginia: DCH, JMH, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation, Green Oak Behavioral Health (Geriatric Behavioral Health Inpatient Program – DCH), Norton Community Physicians Services (NCPS), Community Home Care (CHC), Abingdon Physician Partners (APP)

BRMMC owned and managed practices

ISHN

V. DEFINITIONS:

A. Inappropriate Conduct: To aid in both the education of Medical Staff members and the enforcement of this policy, examples of “inappropriate conduct” include, but are not limited to:

1. Threatening or abusive language directed at patients, family members, nurses, MSHA personnel, other practitioners or another human being (e.g., belittling, berating, and/or threatening another individual)
2. Degrading or demeaning comments regarding patients, families, nurses, practitioners or any team member
3. Profanity or similarly offensive language while in a MSHA facility and/or while speaking with MSHA personnel
4. Inappropriate physical contact with another individual that is threatening or intimidating
5. Public inappropriate comments about the quality of care being provided by other practitioners, nursing personnel, or MSHA
6. Inappropriate medical record entries concerning the quality of care being provided by MSHA or any other individual
7. "Sexual harassment," which 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.
  - a. Examples include, but are not limited to the following:
    - i. Verbal: innuendoes, epithets, derogatory slurs, inappropriate jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
    - ii. Visual/nonverbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/ or obscene gestures;
    - iii. Physical: unwanted physical contact; including touching interference with an individual's normal work movement, and/or assault; and
    - iv. Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

## VI. POLICY:

A. It is MSHA's policy that a particular form of inappropriate conduct-sexual harassment of team members, patients, other members of the Medical Staff and others-has no place and will not be tolerated in the MSHA system.

1. The federal Equal Employment Opportunity Commission has declared that sexual harassment constitutes illegal discrimination under the Title VII of the Civil Rights Act of 1964, for which the employer may be held responsible even if the harassment is committed by a person who is not an employee of MSHA.

B. In dealing with all incidents of inappropriate conduct, the protection of patients, team members, practitioners and others in the MSHA facilities and the orderly operation of MSHA are paramount concerns.

1. Complying with the federal law and providing an environment free from sexual harassment are also critical.

C. This policy outlines collegial and educational efforts that can be used by the Medical Staff leaders to address inappropriate conduct.

1. The goal of these efforts is to arrive at voluntary, responsive actions by the medical staff member to resolve the concerns that have been raised and thus avoid the necessity of proceeding through the disciplinary process.

D. This policy also addresses sexual harassment of team members, patients, other members of the Medical Staff, and others which will not be tolerated.

1. In dealing with incidents of inappropriate conduct, the protection of patients, team members, practitioners, and others in MSHA and the orderly operation of the Medical Staff and MSHA are paramount concerns.

2. Complying with the law provides an environment free from sexual harassment which is also critical

E. Issues of employee conduct will be dealt with in accordance with Mountain States' Human Resources policies.

1. Issues of conduct by members of the Medical Staff will be addressed in accordance with this policy.

F. Every effort will be made to coordinate the actions contemplated in this policy with the provisions of the Medical Staff Bylaws and Credentialing Policy and all related Medical Staff documents.

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

G. MSHA, and particularly Administration, has an obligation to protect team members from abuse or mistreatment in the workplace.

1. Thus, any practitioner engaged in or exhibiting a pattern of such behavior may be barred from any contact or interaction with employees or other personnel, even if that requires exclusion from the premises for a term, as referenced in this policy.

2. The Chief Executive Officer (CEO) or Chief Medical Officer (CMO) shall only take any such action after consulting the President of the Medical Staff and chairman of the appropriate medical staff department.

H. This policy outlines collegial steps that can be taken to address complaints about inappropriate conduct by practitioners.

1. However, a single incident of inappropriate conduct or multiple incidences of inappropriate conduct may be so unacceptable that immediate disciplinary action is required.

2. Therefore, nothing in this policy precludes the immediate referral of a matter being addressed through this policy to the Medical Executive Committee (MEC) or the elimination of any particular step in this policy.

I. In order to effectuate the objectives of this policy, the practitioner's counsel shall not attend any of the meetings described in this policy.

J. The Medical Staff leadership and the Chief Executive Officer or Chief Medical Officer shall institute orientation and education deemed necessary to make team members, members of the Medical staff, and other personnel in MSHA aware of the policy as attested to in the credentialing process, prohibiting sexual harassment and requiring respectful, dignified conduct.

1. The Medical Staff leadership and Chief Executive Officer or Chief Medical Officer shall encourage prompt reporting of conduct that may violate this policy and assure that appropriate action is taken on all complaints that are made.

## VII. PROCEDURE:

### A. Reporting of Inappropriate Behavior or Conduct

1. Nurses and other team members who observe or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident and complete a "Physician Related Occurrence" found on the Intranet.

a. Any practitioner who observes such behavior by another practitioner shall notify the Chief Medical Officer or President of the Medical Staff directly.

b. Upon learning of the occurrence of an incident of inappropriate conduct, the supervisor or Chief Medical Officer shall request that the individual who reported the incident document it in writing.

c. In the alternative, the supervisor or Chief Medical Officer may document the incident as reported.

d. The complaint will be sent by the computer system to the Medical Staff Peer Review Coordinator for that facility and the Chief Medical Officer.

2. The documentation shall include:

- a. The date and time of the incident
- b. A factual description of the questionable behavior
- c. The name of any witness
- d. The name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident
- e. The circumstances which precipitated the incident
- f. Consequences, if any, of the behavior as it relates to patient care, personnel or MSHA operations
- g. Any action taken to intervene in or remedy the incident
- h. The name and signature of the individual reporting the matter

#### B. Investigative and Procedural Steps

1. If the behavior is so egregious that immediate intervention is required, the CMO or the Chief of Staff (if CMO is not available) will be notified immediately and take appropriate action as deemed necessary.
2. The Chief Medical Officer may contact the individual who prepared the report or any witnesses to ascertain the details of the incident.
3. If it is determined an incident of significant inappropriate behavior is likely to have occurred, the Chief Medical Officer and/or Chief of Staff, chairman of the appropriate department (or their respective designees) shall meet with the practitioner in person or by phone contact.
  - a. This initial discussion shall be collegial, with the goal of being helpful to the practitioner in understanding that certain conduct is inappropriate and unacceptable.
  - b. 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 concerning the incident.
  - c. The practitioner shall also be advised that, if the incident occurred as reported, his or her conduct was inconsistent with standards of MSHA.
  - d. The identity of the individual preparing the report of inappropriate conduct will not be disclosed at this time, unless the Chief Medical Officer and the President

of the Medical Staff or the chairman of the medical staff department agree that it is appropriate to do so.

e. In any case, the practitioner shall be advised that any retaliation against the person reporting the incident, whether the specific identify is disclosed or not, will be grounds for immediate exclusion from all MSHA facilities.

f. If the practitioner's explanation of the event provides sufficient indication that there appears to be no merit to the report, appropriate documentation of such finding will be filed.

4. This initial discussion can also be used to educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the practitioner's explanation suggests that such concerns led to the behavior.

a. Other sources of support or counseling can also be identified for the practitioner, as appropriate.

5. The practitioner shall be advised that a summary of the discussion will be prepared and a copy provided to him or her if requested by the provider.

a. The practitioner may prepare a written response to the summary, send to the CMO, and both shall be kept in the Quality File.

6. A second significant incident of inappropriate conduct shall then result in a report of all incidents and interventions being sent to the MEC or Medical Staff Quality Review Committee (MSQRC) for review and action.

a. Exclusion from MSHA's facilities may be appropriate pending this process.

7. The MEC shall be fully apprised of the previous warnings issued to the practitioner and the actions that were taken to address the concerns.

a. The MEC may, at any point in the investigation, refer the matter to the MSHA Board without a recommendation.

b. Any further action, including any hearing or appeal, shall then be conducted under the direction of the MSHA Board.

8. The MEC may take additional steps to address the concerns including but not limited to the following:

a. Require the practitioner to meet with the Chief of Staff

b. Require the practitioner to meet with the full MEC

c. Issue a letter of warning or reprimand

- d. Require the practitioner to obtain a psychiatric evaluation by a Physician chosen by the MEC
- e. Require the practitioner to complete a behavior modification course
- f. Impose a “personal” code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner’s adherence to it.
- g. Issue a precautionary suspension of the practitioner’s clinical privileges in accordance with the medical staff bylaws

C. Imposition of any of these actions do not entitle the practitioner to a hearing or appeal

1. At any point the MEC may also make a recommendation regarding the practitioner’s continued appointment and clinical privileges that does entitle the practitioner to a hearing as outlined in the Credentials Policy.

#### D. Sexual Harassment Concerns

1. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

a. A meeting shall be held with the practitioner, the CMO and the Chairman of the appropriate Medical Staff Department and Chief of Staff to discuss the incident.

i. If the practitioner agrees to stop the conduct considered specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the practitioner’s Quality file.

ii. This letter shall also set forth those additional actions, if any, which result from the meeting.

b. If the practitioner refuses to stop the inappropriate conduct immediately, this refusal shall result in the issuing of a precautionary suspension and the matter being referred to the MEC for review.

c. Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the inappropriate conduct, shall result in an immediate precautionary suspension and investigation by the CMO, Chief of Staff, Department Chair and/or CEO.

i. If the investigation results in findings that further inappropriate conduct took place, a formal investigation shall be conducted.

ii. Should this investigation result in an action that entitles the individual to request a hearing under the Credentials Policy, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

VIII. REFERENCES:

A. Harty Springer: Medical Staff Code of Conduct Policy.

LINKS:

Expectations for All MSHA Medical Staff Members

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Executive Vice President/Chief Medical Officer, MSHA    Date