

X PBMC PBPA KNOX CTR QH KWL

**PEN BAY HEALTHCARE
POLICY & PROCEDURE MANUAL**

POLICY# 7182-003

TITLE: Code of Conduct **PAGE 1 of 2**

SECTION: Medical Staff Support Svcs	APPROVED BY:	DATE:
AUTHOR: Lucinda Hutchison	MSEC	04/03/12
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REFERENCES/RATIONALE: LD.03.01.01; EPs 4 & 5		

PURPOSE: To manage behavior of Medical Staff and Professional Services Staff that is disruptive or unacceptable, *including undermining a culture of safety.*

POLICY: It is the policy of Penobscot Bay Medical Center to treat all individuals within its facility with courtesy, respect and dignity. To that end, the Board requires that all Medical Staff and Professional Services Staff members conduct themselves in a professional and cooperative manner in the hospital.

DEFINITIONS:

1. Definitions –Disruptive and unacceptable behavior may include, but is not limited to behavior that:

- Disrupts hospital operations
- Creates a hostile work environment for hospital employees or other medical and professional services staff members
- Interferes with an individual’s ability to practice competently
- Adversely impacts the community’s confidence in the hospital’s ability to provide quality patient care
- Personal attacks, verbal or physical, leveled at any member of the hospital staff, medical and professional services staff, or patients and their families
- Inappropriate comments (or illustrations) made in patient medical records or other official documents that impugn the quality of care in the hospital or attack particular physicians, professional services staff, nurses, patients or hospital policies
- Non-constructive criticism leveled at the recipient in such a way that it intimidates, undermines confidence, belittles, or implies stupidity or incompetence.

2. Documentation of Disruptive or Unacceptable Behavior – Documentation of disruptive or unacceptable behavior is crucial, since it is often patterns of behavior that require disciplinary actions. All episodes must be documented through the occurrence reporting system with the Department of Quality, Risk & Safety, and must include:

- The date and time of the questionable behavior
- The names of other parties involved, including patients and their families when appropriate
- Information regarding the circumstances that may have precipitated the behavior, including the names of any other parties who witnessed the incident
- A specific, factual description of the behavior
- Any impact related to patient care or disruption in hospital operations
- Any actions taken to remedy the situation at the time of the occurrence.

3. Plan of Action

Occurrence reports by employees of disruptive or unacceptable behavior involving a physician or professional services staff member that are referred to the Department of Human Resources will be reviewed by that department in collaboration with either the appropriate Medical Staff Department Chair or the Chief Medical Officer. Occurrence reports of disruptive or unacceptable behavior involving a physician or professional services staff member may also be referred directly to a physician's Department Chair or the Chief Medical Officer. All incidents of disruptive or unacceptable behavior will be thoroughly and immediately reviewed either by the physician's Department Chair or the Chief Medical Officer, and appropriate documentation provided to the Department of Quality, Risk and Safety.

A substantiated, minor behavioral issue should be reviewed and resolved by the relevant Department Chair, including appropriate communication with the physician and a documented action plan to be returned to the Department of Quality, Risk and Safety and to the Medical Staff Office for the practitioner's peer review file. More serious issues, or patterns of complaints, should be referred to either the Chief Medical Officer or the Chair of the Peer Review Committee for review. The physician or professional services staff member will meet with the Chief Medical Officer or Peer Review Committee at their request, and an appropriate action plan and follow-up will be individualized based on that physician's or professional services staff member's behavior. A referral by either the Chief Medical Officer or the Chair of the Peer Review Committee to the Credentials Committee may be made in accordance with the Penobscot Bay Medical Center Medical Staff Bylaws as appropriate.