



## **PROFESSIONAL CONDUCT EXPECTATIONS FOR MEDICAL STAFF AND ALLIED HEALTH PRACTITIONERS**

It is the policy of Banner Hospital(s) that all individuals within its facilities be treated with courtesy, respect, and dignity. To that end, the Medical Executive Committee and the Board requires that all Medical Staff members and Allied Health Professionals (AHP) conduct themselves in a professional and cooperative manner in the hospital.

### **POLICY**

To ensure quality care by promoting a safe, cooperative and professional healthcare environment and to prevent or eliminate conduct which disrupts the operation of the Hospitals, affects the ability of others to do their jobs or practice competently, or creates a hostile work environment for Hospital employees, patients, volunteers, Medical Staff members, Allied Health Professionals or other individuals.

#### **Definition of Disruptive Conduct**

Unacceptable conduct which is disruptive can include, but is not limited to:

- a. Rude, vulgar or abusive/physical conduct toward, or in the presence of, patients, nurses, other hospital employees, other practitioners or visitors.
- b. Inappropriate comments (or illustrations) attacking or impugning the quality of care in the Hospital(s), other practitioners, Hospital employees, or Hospital and Medical Staff policies, that are written in patient medical records.
- c. Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
- d. Disrupting Hospital Department, Medical Staff Committees, peer review or administrative functions or operations.
- e. Disrupting someone's ability to perform their assigned functions.
- f. Refusal to participate in an investigation process.
- g. Engaging in discrimination or unwelcome harassment of any Hospital employee, patients, other practitioners, or visitors at the Hospital(s) on the basis of the individual's race, color, national origin, sex, age, religion, disability or sexual orientation is prohibited. Unwelcome harassment is defined as verbal or physical contact by any individual that denigrates or shows hostility or aversion toward the other. As part of this prohibition on harassment, no Medical Staff member or AHP may sexually harass any Hospital employee, patient, visitor, Medical Staff member, AHP, or other individual performing services at or for the Hospital(s). A Report of sexual harassment will be addressed in accordance with the Banner System Sexual Harassment Policy and Procedure.

Banner's sexual harassment policy includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

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- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment, or
  - Submission to such conduct is made either explicitly a term or condition of an individual's employment, or
  - Submission or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual.
- h. Retaliation: Demonstrating hostility toward, alienating or otherwise taking unfriendly action against an individual for complaining about or reporting the unacceptable conduct described previously or providing evidence in support of a complaint.

**PROCEDURE**

**Documentation of Conduct**

Documentation of disruptive conduct is critical because it is ordinarily not one incident that leads to disciplinary action, but rather a pattern of inappropriate conduct. A Professional Conduct Occurrence Report is to be completed whenever possible to include:

- names of all parties involved;
- the date and time of the questionable conduct;
- involvement of a patient in any way, and, if so, the name of the patient;
- the circumstances that precipitated the situation;
- a description of the questionable conduct that is limited to factual, objective language;
- a description of any interventions, results or outcomes that took place after the conduct.

**Investigating the Conduct**

If an employee believes the conduct of a member of the Medical Staff or Allied Health Professional is inappropriate, he or she shall, if comfortable, address this conduct directly with that individual. The employee should convey their feelings in a constructive and direct manner and appropriately request a change in the individual's conduct.

If efforts to address the conduct with the individual does not lead to an acceptable change, or if the employee does not feel comfortable addressing the individual directly, the employee should document the situation clearly and notify their Department Director. A Professional Conduct Occurrence Report is available to assist in documenting the conduct and is to be completed by the employee and forwarded to the Department Director within five (5) working days of the disruptive conduct. The Department Director shall conduct an initial investigation within five (5) working days of receipt of the Report of the disruptive conduct and, when possible, address and resolve the matter with the Medical Staff member or AHP. The Department Director will complete the reverse side of the Professional Conduct Occurrence Report documenting the discussion with the Medical Staff member or AHP and that the issue was resolved. The Department Director will forward the Report to the Medical Staff Services Department to be filed in the individual's peer review file.

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If the Department Director is unable to successfully resolve the matter with the Medical Staff member or AHP or thinks the matter needs to be addressed elsewhere in the organization, the Director will then report the occurrence to the CEO or his/her designee for information. The completed report will be forwarded to the Medical Staff Services Department.

Upon receipt of a Report regarding disruptive conduct by a Medical Staff member or AHP, the Chief of Service/designee and the Chief Medical Officer/designee, shall review the matter and decide if further investigation is warranted. Others involved in the investigation may include Committee chairpersons and Hospital personnel. The Chief Executive Officer will be informed of the report. A report which is not found to be credible or of merit can be dismissed and the Chief of Service/designee shall submit a report of the investigation and conclusion to the Chief of Staff. The individual initiating such report relating to disruptive conduct may be apprised in general terms of the outcome, consistent with confidentiality requirements.

A credible, meritorious report, after reasonable investigation, will warrant a discussion with the Medical Staff member or AHP to give the individual the opportunity to respond to the allegations in the Report and to provide any other information he/she may wish to submit. The Chief of Service/designee and/or the Chief Medical Officer/designee may conduct the meeting with the Medical Staff member or the AHP.

The discussion shall be collegial in nature, and based upon the meeting, the individual will be apprised of what constitutes appropriate conduct, and that future disruptive conduct may result in a range of disciplinary actions, up to and including termination of Medical Staff membership and privileges or termination of Allied Health membership and scope of practice. It should be stressed to the individual that such conduct is unacceptable and must cease. The individual will be sent a letter summarizing the discussion and outlining any agreements reached.

If it appears that the initial intervention was unsuccessful, and a pattern of disruptive conduct is developing, the Chief of Staff/designee, the Chief Executive Officer or his/her designee and/or the Chief Medical Officer or his/her designee shall meet with the individual, advise the individual that such conduct is intolerable and must stop. This is not a discussion, but rather constitutes the individual's final warning. If such repeated conduct continues, more formal action will be taken to stop it. The Medical Executive Committee will be notified. A follow up letter shall be sent to the individual reiterating the warning and informing the individual that he or she is required to behave professionally and cooperatively within the Hospital.

There is no requirement of progressive discipline and any one incident may be grounds for referral to the Medical Executive Committee for corrective action. Summary suspension may be appropriate during the investigation.

At any time, the matter may be referred to the Professional Health Committee for review.

All meetings with the individual shall be documented, including any rebuttal, and such records shall be kept in the individual's peer review file in the Medical Staff Services Department.

All matters addressed in accordance with this policy shall be considered peer review and/or quality assurance activities and all forms and documentation prepared in accordance with this policy shall be confidential pursuant to Arizona law, including Arizona Revised Statutes Sections 36-2401 et seq. and/or 36-445 et. seq. All such matters shall be handled in a matter designed to ensure the confidentiality of the source and the involved Medical Staff member or AHP to the greatest extent possible.

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REVIEWED/APPROVED: Boswell Medical Executive Committee - 12/2/2003  
Webb Medical Executive Committee - 12/1/2003

REVIEWED/APPROVED: Boswell Operating Board - 12/16/03  
Webb Operating Board - 12/17/03

REVIEWED/APPROVED: Banner Boswell Medical Executive Committee – 11/08