

**MEDICAL CENTER OF LOUISIANA  
Interim LSU Hospital  
Department of Medical Staff Affairs  
and Graduate Medical Education (GME)**

Policy Number: MS 0006

Policy Title: Medical Staff Code of Conduct

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Approvals:

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Administrative Director, Medical Staff & GME

Review/Revision Dates: 4/29/10

Medical Executive Committee Approval: 4/29/2010

Board of Supervisors Approval:



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## MEDICAL STAFF CODE OF CONDUCT POLICY

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### I. INTRODUCTION

The Medical Staff, (to include Faculty, Licensed Independent Practitioners and Residents, for this policy) at the Interim LSU Hospital (ILH) are committed to supporting a culture that values integrity, honesty, and fair dealing with each, and to promote a caring environment for patients, their families, physicians, nurses, other health care workers and employees.

The Medical Staff endeavors to create and promote an environment that is professional, collegial and exemplifies outstanding teaching, research and patient care.

Towards these goals, the Medical Staff strives to maintain a workplace that is free from harassment. This includes behavior that could be perceived as inappropriate, harassing, or that does not endeavor to meet the highest standards of professionalism.

### II. PURPOSE

The purposes of this Code of Conduct are to:

- clarify the expectations of all health care providers during interactions with any individual at the ILH;
- encourage the prompt identification and resolution of alleged inappropriate conduct;
- encourage identification of concerns about the well-being of a health care provider whose conduct is in question.

Disruptive conduct and inappropriate workplace behavior may be grounds for suspension or termination of a contract, or cancellation, suspension, restriction or non-renewal of privileges.

The process set forth in the ILH (MCLNO) Medical Staff Bylaws and Rules and Regulations will be followed for matters which have an impact upon an individual's privileges, employment or a house officer's academic standing.

### III. POLICY STATEMENT

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is

to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the process in the Medical Staff Bylaws, Rules and Regulations.

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

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, Practitioners, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

#### IV. DEFINITIONS

**"Appropriate behavior"** includes any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized Medical Staff, or to engage in professional practice including practice that may be in competition with the hospital.

**"Inappropriate behavior"** means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."

**"Disruptive behavior"** means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.

**"Harassment"** means conduct toward others based on their race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

**"Sexual harassment"** means unwelcome sexual advances, requests for sexual activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidating or otherwise hostile work environment.

**"Medical staff member"** means physicians and others granted membership on the Medical staff and for purposes of this Code, includes individuals with temporary clinical privileges and residents.

## V. TYPES OF CONDUCT

### A. APPROPRIATE BEHAVIOR

Medical staff members cannot be subject to discipline for appropriate behavior. Examples of appropriate behavior include, but are not limited to, the following:

- Criticism communicated in a reasonable manner and offered in good faith with aim of improving patient care safety;
- Encouraging clear communication;
- Expressions of concern about a patient's care and safety;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes;
- Professional comments to any profession, managerial supervisory, or administrative staff, or members of the Board of Directors about patient care or safety provided by others;
- Active participation in medical staff and hospital meetings
- Membership on other medical staffs; and
- seeking legal advice or the initiation of legal action for cause.

### B. INAPPROPRIATE BEHAVIOR

Inappropriate behavior by medical staff members is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior". Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Personal sarcasm or cynicism;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- Inappropriate comments or behavior in meetings
- Intentionally condescending language; and
- Intentionally degrading or demeaning comments regarding patients and their families, nurses, physicians, hospital personnel and /or the hospital.

## B. DISRUPTIVE BEHAVIOR

Disruptive behavior by medical staff members is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone in the hospital including, physicians, nurses, other medical staff members, patients, their families, any hospital employee, administrator, or member of the Board of Directors;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts, or other things;
- Threats of violence or retribution;
- Sexual harassment;
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation; and
- Repetitive inappropriate comments or disruptions in meetings.

## VI. GENERAL GUIDELINES/PRINCIPLES

1. Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by members of the Medical Staff or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy. If the matter involves an employed practitioner, hospital management in consultation with appropriate medical staff leaders and legal counsel will determine which of any applicable policies will be applied.
2. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address concerns about inappropriate conduct by practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Executive Committee or the elimination of any particular step in the Policy.
3. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the *Medical Staff Executive Committee (or its designee)*; the practitioner's counsel shall not attend any of the meetings described in this Policy.
4. The Medical Staff leadership and Hospital Administration shall provide education to all Medical Staff members and Allied Health Professionals regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

## VII. PROCEDURES

Every individual should feel free to file a complaint in good faith about unprofessional behavior without fear of reprisal or retaliation. Medical Staff members have an obligation to address and/or report incidents of inappropriate and disruptive behavior. Complaints about a member of the Medical Staff regarding allegedly inappropriate or

disruptive behavior should be reported within 5 business days and be in writing, signed and directed to Medical Staff Services and Risk Management.

The complaint should include to the extent feasible:

1. name of practitioner, the date(s), time(s), and location of the inappropriate or disruptive behavior;
2. a factual description of the inappropriate or disruptive behavior;
3. the circumstances which precipitated the incident;
4. the name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
5. the names of other witnesses to the incident;
6. the consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care or safety, or hospital personnel or operations; and
7. any action taken to intervene in, or remedy, the incident, including the names of those intervening.

### **VIII. INITIAL PROCEDURE**

1. The Medical Director of the Medical Staff Office or designee will screen all complaints to determine the authenticity and severity of the complaint. If the complaint is clearly not valid, it may be summarily dismissed. If it is determined that the complaint may have substantial validity, the Medical Director of the Medical Staff Office (or designee) will speak with the complainant and the subject of the complaint.
2. Medical Staff members who are the subject of a complaint shall be provided with a summary of the complaint and a copy of this Policy in a timely fashion, in no case more than 30 days from receipt of the complaint. The subject shall be offered an opportunity to provide a written response to the complaint; any such response will be kept along with the original complaint in all relevant files.
3. The Medical Staff member will be notified that any attempt to confront, intimidate or otherwise retaliate against the complainant is a violation of this Code of Conduct and may result in corrective action against the Medical Staff member.
4. The complainant will also be provided a written acknowledgement of the complaint and an explanation of how complaints are handled. If the complaint is determined to have no substance or validity, the complainant will be counseled regarding appropriate use of the incident reporting system.
5. After discussion with the Medical Staff member, the Medical Director of the Medical Staff Office (or designee) will document the disposition of each complaint and a record shall be kept in the appropriate files.
6. The Hospital Center Head and the appropriate Medical School Department Chair will be kept informed regarding complaints directed toward their department members.

## **IX. DISPOSITION OF UNFOUNDED COMPLAINTS**

If the information obtained in the investigation fails to demonstrate that the incident complained of took place, or if the reported behavior did not, in fact, deviate from expectations of professionalism, The Medical Director of the Medical Staff Office (*or designee*) may find that there is no basis for the concern. In this event, the complaint will be retained in the Practitioner's file in accordance with this policy, with a clear indication that it was unfounded together with the information that substantiates this.

## **X. SUBSTANTIATED COMPLAINTS**

If it is determined that inappropriate conduct took place, a staged approach to behavior management shall be considered in light of the prevalence, severity, persistence and consequences of the incident or behavior.

1. The Director of the Medical Staff Office (or Designee) will meet with the Practitioner. Either may request the presence of a third party for this meeting.
2. At the meeting the following information will be provided to the Practitioner:
  - a. the details of the incident about which the report was received; and
  - b. an explanation of how this behavior deviated from expectations.
3. The Practitioner will be provided with the opportunity to respond to the information, either orally, during the meeting, or within 14 days in writing.
4. In discussion with the Practitioner the Medical Director of the Medical Staff Office (or designee) will determine whether further investigation as to the cause of the behavior is warranted. Such an investigation will certainly be warranted where the Practitioner feels that the behavior is outside of his or her own control. The Practitioner could be referred for an independent evaluation.

## **XI. BEHAVIOR MANAGEMENT**

Unless behavior complained of poses an immediate threat to patient care or the safety of others, or unless the outcome of a prior complaint has indicated otherwise, the Medical Director of the Medical Staff Office (or designee) will consider the findings of the review and make the following recommendations:

- expectations in relation to behavior in the future;
- remediative measures, if any. (An effort will be made to reach agreement with the practitioner about the steps required towards changing his or her behavior; in keeping with a staged approach to management, the course of action could include such components as stress management training, psychotherapy, monitoring, teamwork training, an apology, monitoring etc.) The agreement as to what measures will be undertaken may take the form of a written contract between the practitioner and the institution;
- disciplinary action, as may be appropriate;
- the consequences of any repeated inappropriate behavior; and
- further follow up, as required.

The Director of the Medical Staff Office (*or designee*) will provide the Practitioner with a written summary of the meeting and a copy of the written summary will be retained in the Practitioner's file.

The Medical Director of the Medical Staff Office will provide a report to the MEC.

## **XII. EGREGIOUS/REPEATED UNPROFESSIONAL BEHAVIOR**

If the behavior complained of poses an immediate threat to patient care or the safety of others, or if the outcome of a prior complaint has indicated as much, the matter will not be dealt with by the Medical Director of the Medical Staff Office. Rather, (the appropriate higher level of authority: the President of the MEC, a committee appointed by the President of the MEC and/or the MEC) will consider the findings of the review and make the determination as to outcome, which could include suspension of privileges or dismissal from the Medical Staff.

If the Practitioner feels that the process or determination is flawed, then the Practitioner is entitled to request a formal appeal as outlined in the Medical Staff Bylaws, Rules and Regulations.

A Practitioner who fails to act in accordance with this policy may be subject to disciplinary action, up to and including suspension/termination of privileges.

## **XIII. CONFIDENTIALITY**

The complaints investigation procedure is intended to be a confidential procedure. All parties to the process are expected to respect and maintain the confidentiality of the process and not to divulge the details of the investigation to anyone. Where there is any risk to other Practitioners, employees and patients, disclosure will be made to the extent necessary to offer adequate protection.

## **XIV. BEHAVIOR DIRECTED TOWARD A MEDICAL STAFF MEMBER**

Inappropriate or disruptive behavior which is directed against the organized medical staff or directed against a medical staff member by a hospital employee, administrator, board member, contractor, or other member of the hospital community shall be reported by the medical staff member to the hospital pursuant to hospital policy or code of conduct, or directly to the hospital governing board, the state or federal government, or relevant Accrediting body, as appropriate.

## **XV. AWARENESS OF CODE OF CONDUCT**

The Medical Staff shall, in cooperation with the hospital, promote continuing awareness of this Code of Conduct among the Medical Staff and the hospital community, by:

1. Sponsoring or supporting educational programs on disruptive behavior to be offered to Medical Staff members and hospital employees.
2. Disseminating this Code of Conduct to all current Medical Staff members upon its adoption and to all new applicants for membership to the Medical Staff.
3. Educating the members and the hospital staff regarding the procedures the Medical Staff and hospital have put into place for effective communication to hospital administration of any Medical Staff member's concerns, complaints, and suggestions regarding hospital personnel, equipment and systems.

## XVI. SEXUAL HARASSMENT CONCERNS

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

1. A meeting shall be held with the member of the Medical Staff to discuss the incident. If the member of the Medical Staff agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's file. This letter shall also set forth those additional actions, if any, which result from the meeting.
2. If the member of the Medical Staff refuses to stop the conduct immediately, this refusal shall result in the matter being referred to the Medical Executive Committee for review pursuant to the Medical Staff Bylaws, Rules and Regulations.
3. Any reports of retaliation or any further reports of sexual harassment, after the member of the Medical Staff has agreed to stop the improper conduct, shall result in an immediate investigation. If the investigation results in a finding that further improper conduct took place, the President of the MEC will appoint a committee with a formal investigation or other steps in accordance with the Medical Staff Bylaws, Rules and Regulations. Such referral shall not preclude other action under applicable hospital human resources policies. Should the Medical Executive Committee make a recommendation that entitles the individual to request a hearing under the Medical Staff Bylaws, the individual shall be provided with copies of all relevant reports so that he or she can prepare for the hearing subject to agreement of the practitioner and counsel, if any, not to retaliate in any way.

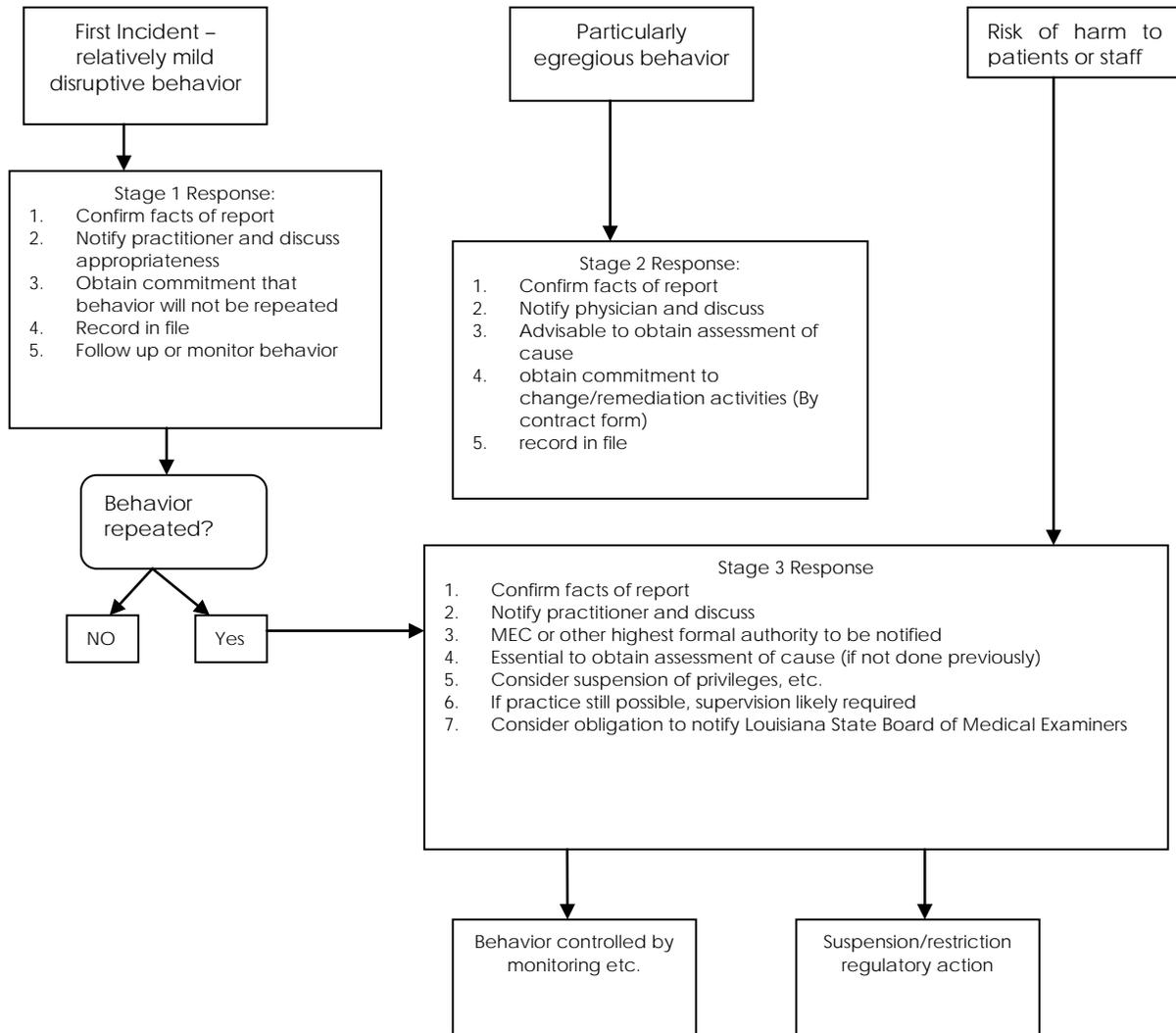
Recommended by the Executive Committee this 29<sup>th</sup> day of April, 2010

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President of the Medical Staff

Approved by the Board this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Please sign the Code of Conduct Signature Page  
and keep this document for reference**

## Behavior Management Flow Chart



Please sign the Code of Conduct Signature Page  
and **keep this document** for reference