

<b>Subject:</b> Standards of Professional Conduct (formerly "Code of Conduct Policies")	<b>Number:</b> RH-MS-HR-08
<b>Review Responsibility:</b> Medical Staff Bylaws Committee, Medical Executive Committee, Board of Directors	<b>Origination Date:</b> 2-22-2012  <b>Effective Date:</b> 10-24-18

**I. PURPOSE**

A. To ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment and to prevent or eliminate conduct which disrupts the operation of the Hospital, adversely affects the ability of others to do their jobs, creates a hostile work environment for Hospital employees or other Medical Staff members, or interferes with an individual's ability to practice competently;

B. To provide a method to address complaints of sexual harassment by Regions Hospital Medical Staff or Allied Health Professional Staff; and

C. To provide a safe workplace for all and to inform the Medical Staff of the Hospital's position involving drug and alcohol use, and the unlawful possession of controlled substances while at work.

**II. DEFINITIONS**

The **Medical Review Officer (MRO)** is a licensed physician engaged by the Hospital to review alcohol and drug testing results. At the time this policy was last approved, the Medical Review Officer services are provided by Minnesota Occupational Health (MOH) [see Employee Health & Wellness for contact information].

**III. POLICY**

See Appropriate Communication, Interpersonal Relationships, and Professional Conduct; Sexual Harassment by Medical Staff or Allied Health Professional; and Drug and Alcohol Testing for Medical Staff Member or Allied Health Professional, attached to this Policy.

**IV. COMPLIANCE N/A**

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**V. ATTACHMENTS**

Standards of Professional Conduct:

- A. Appropriate Communication, Interpersonal Relationships, and Professional Conduct
- B. Sexual Harassment by Medical Staff or Allied Health Professional
- C. Policy Regarding the Drug and Alcohol Testing for Medical Staff Member or Allied Health Professional

**VI. OTHER RESOURCES N/A**

**VII. APPROVAL(S)**

This is a Governing Document of the Medical Staff and Board and must be approved and amended according to Article 7 of the Medical Staff Bylaws.

## STANDARDS OF PROFESSIONAL CONDUCT

### A. Appropriate Communication, Interpersonal Relationships, and Professional Conduct

**Applicability.** This Policy applies to all members of the Regions Hospital Medical Staff and all Practitioners for whom the Medical Staff makes recommendations to the Board regarding clinical privileges.

**Purpose.** The purpose of this Policy is to ensure the highest quality of patient care by promoting a safe, cooperative, and professional healthcare environment and prohibiting conduct that disrupts the operation of the Hospital, adversely affects the ability of others to do their jobs, creates a hostile work environment for Hospital employees and Medical Staff members, or negatively affects any individual's ability to practice competently.

**Constructive criticism.** Constructive criticism is an essential part of the Hospital's and Medical Staff's peer review and quality improvement activities. Nothing in this Policy should be construed as prohibiting good faith, constructive criticism of the Hospital, its Medical Staff or individual members, or any aspect of Hospital operations through appropriate channels and in an appropriate manner. In general, criticism and critique should take place in a non-public setting (such as a peer review activity), given directly to the Practitioner involved, and be given in a constructive manner that increases the likelihood of the criticism being heard and responded to.

Furthermore, nothing in the Policy should be construed as prohibiting any of the following activities:

- Bringing concerns about safety, quality, and efficiency directly to an accountable person such as the Chief of Staff, Section or Division Head, or any hospital administrator (such as the VPMA or CEO).
- Participating in peer review or quality improvement activities.
- Making a complaint to any law enforcement or regulatory agency.
- Testifying truthfully in a legal or administrative proceeding.
- Advocating for patients in good faith.

**Relationship to Medical Staff Governing Documents.** Among the six areas of general competencies for practitioners developed by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) and adopted as an accrediting standard by the Joint Commission are "interpersonal and communication skills" and "professionalism." These competencies are incorporated into the Medical Staff's Bylaws Credentialing Policy and are considered in making decisions about appointment and reappointment to the Medical Staff and recommendations for granting clinical privileges.

While good interpersonal skills, communication skills, and professionalism can be assessed and described in affirmative terms, this Policy is intended primarily to identify conduct that suggests poor interpersonal and communications skills and a lack of professionalism that may be considered in

credentialing decisions and that may be subject to investigation and possible corrective action under the Medical staff's Investigations and Corrective Action Policy.

**Policy supplements employer's policy.** This Policy supplements but does not supplant any policy or procedure a Practitioner's employer may have on the same subject. Thus, the Practitioner must comply with the policies of both the Practitioner's employer and of the Medical Staff, and is subject to corrective action from either or both entities.

**Non-exclusive list of unacceptable conduct.** The following categories and examples of poor interpersonal and communications skills and unprofessional conduct are intended to illustrate, not define, conduct that the Medical Staff considers to be unprofessional; they are not intended to be an exhaustive list of unprofessional behaviors.

### 1. Verbal Abuse

Verbal abuse is conduct involving the use of words (a) with the intent to cause harm to another person, or (b) that can be reasonably expected to have the effect of harming another person regardless of the speaker's subjective intention, or both. Synonyms of "abuse" include but are not limited to non-constructive criticism; ridicule; insults; humiliation; sarcasm; harassment; intimidation; suggestions of stupidity or incompetence; and comments that are manipulative, controlling, embarrassing and disrespectful.

Determining whether a particular communication is verbal abuse includes consideration of the context (including the tone and level of voice, setting, and the audience) as well as the content of the communication.

Verbal abuse is unprofessional regardless of the target of the abuse.

Verbal abuse is unprofessional and unacceptable because of the likelihood that it may cause the target of the abuse and others who witness it, to become ineffective in performing their responsibilities, thereby damaging the morale and cohesion of the entire health care team and threatening the quality of care provided to patients.

For example, a target of or a witness to an angry, insulting, or humiliating comment may become afraid or unwilling to question or to communicate concerns to the abusive Practitioner. A target of or witness to verbal abuse may hesitate to notify others when a concern with the Practitioner's conduct for fear of being targeted for further abuse, potentially resulting in missed opportunities for improvement, uncorrected mistakes, and less than optimal patient care. Further, a target of or witness to verbal abuse – especially if it is not promptly acknowledged and corrected – may conclude that such conduct is acceptable and may themselves engage in abusive conduct in the future.

Verbal abuse is never acceptable and, if confirmed, is subject to corrective action. The type of corrective action that may be appropriate will vary based on the facts of the situation, including

nature and seriousness of the abuse, whether it is an isolated episode or part of a pattern of conduct, and whether the abuser acknowledges the harm threatened by the conduct.

## **2. Physical Abuse**

Physical abuse is physical conduct that has the intent or effect of causing another person to feel threatened or unsafe. Physical abuse may include damage or threatened damage to property if the purpose or effect of the conduct is to make someone feel threatened or unsafe. Physical abuse may be inseparable from verbal abuse in some situations. Physical abuse is unacceptable for the same reasons verbal abuse is unacceptable.

Examples of physical abuse include slapping, hitting, or punching another person; outbursts of rage or violent physical behavior; and slamming or throwing instruments or other objects while others are present or nearby.

## **3. Non-communication**

Failing to communicate important information – whether intentionally or because of poor communication skills – falls below the acceptable standard of conduct and can be unprofessional conduct to the extent that it threatens patient safety and the provision of quality medical care. Non-communication may also divert patient care resources by requiring follow-up clarification that would not be necessary if communication had initially been open and clear.

Non-communication often appears in the context of an interpersonal conflict but has implications to others not involved in the underlying conflict.

Examples of unacceptable non-communication include but are not limited to

- Incomplete, contradictory, or ambiguous written or oral communications.
- Refusal or failure to provide information or otherwise cooperate in the peer review process.
- Failure to provide information necessary to process the Hospital's or a patient's administrative paperwork in a timely manner.
- Inadequate documentation in the medical record.
- Failure to return or untimely returning telephone calls from the Hospital staff.

## **4. Inappropriate communications in medical record**

It is unprofessional to make an entry in a patient's medical record that criticizes another practitioner, the Hospital or its staff, or the patient. Such entries undermine the purpose of the medical record which is to be an objective account of a patient's examination, medical history, and treatment. Inappropriate or impertinent entries jeopardize patient care by bringing into question the accuracy of the record and undermine trust between patient and providers and between providers. Legitimate

criticism or questioning of another practitioner's care or the Hospital in general should be made through appropriate mechanisms.

## 5. Failure to comply with policies

Failure to comply with Hospital Policies and procedures or Medical Staff Governing or Operational Documents is unprofessional conduct that may be subject to disciplinary action. Failure or refusal to comply with policies may place the Medical Staff or the Hospital in jeopardy with respect to licensing or accreditation requirements, compliance with other laws, or meeting other obligations.

## 6. Other unprofessional conduct

Behavior that adversely affects or could be reasonably expected to adversely affect patient care or safety, or the operations or reputation of the Hospital or its personnel is unprofessional. Examples of such unprofessional conduct include but are not limited to:

- Unethical or dishonest behavior.
- Non-compliance with coding and billing documentation rules and policies.
- Negative commentary or criticism of the Hospital or another Practitioner where such criticism can be heard by others (for example, in an elevator or in a hospital corridor).
- Disregard of generally recognized authority and lines of professional interaction and communication within the Hospital.
- Not working collaboratively with others.

## B. Sexual Harassment by Practitioners

**Purpose.** The purpose of this policy is to prohibit sexual harassment and provide a method to address complaints of sexual harassment by a Practitioner.

This policy defines "sexual harassment" and outlines the procedures that will be followed if any individual is observed or been the subject of sexual harassment by a Practitioner.

This policy applies to all Practitioners.

This policy supplements but does not replace the Hospital's Sexual Harassment Policy (RH-HR-HR-60-01-02) that is applicable to all employees of Regions Hospital.

### Definitions.

**Practitioner** means a Physician or any other person who is appointed to the medical staff or has been granted clinical privileges at Regions Hospital through the medical staff process.

**Sexual harassment** means unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact, or other verbal or physical conduct of a sexual nature when one of the following occurs:

- Submission to such conduct or communication is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct or communication by an individual is used as a basis of employment decisions affecting such individual; or
- Conduct that has the purpose or effect of interfering with an individual's employment or work performance, or creates an intimidating, hostile, or offensive working environment.

Some examples of unacceptable conduct that may constitute sexual harassment include (but are not limited to):

- Unwelcome sexual flirtations
- Advances or propositions
- Verbal abuse of a sexual nature
- Unnecessary touching of an individual
- Graphic or verbal commentaries about an individual's body
- Display in the work environment of sexually suggestive objects or pictures
- Sexually explicit or offensive jokes
- Any form of electronic communication of a sexual nature that is unwelcome
- Physical assault
- Stories of a sexual nature
- Discussions of a sexual nature
- Office banter of a sexual nature
- Gestures of a sexual nature

### **Policy.**

The policy of the medical staff is to prohibit sexual harassment by any Practitioner, to promptly investigate any allegations of sexual harassment by a Practitioner, and to take appropriate action against any Practitioner who has committed sexual harassment.

### **Procedure.**

Any person who (a) believes he or she has been sexually harassed by a Practitioner or (b) has observed or been told of sexual harassment of another person by a Practitioner is encouraged to report the conduct to either of the following, or both:

(a) To the person's leader pursuant to Regions Hospital Sexual Harassment Policy. If such a report is made, Regions Hospital will investigate and take appropriate action pursuant to the Hospital's Sexual Harassment Policy.

(b) The Hospital's Chief Executive Officer (CEO), Vice President for Medical Affairs (VPMA), Chief of Staff (COS), or any Division Head as conduct that violates standards of conduct of the medical staff and hospital policies. A report made under this paragraph (b) will be handled under the medical staff's Investigations and Corrective Action Policy as any other allegation of a violation of medical staff and hospital policies.

## **C. Drug and Alcohol Testing for Medical Staff Member or Allied Health Professional**

**Purpose.** The purpose of this Policy is to outline procedures for drug and alcohol testing of Medical Staff members and Allied Health Professionals who are reasonably suspected to be under the influence of drugs or alcohol while at the Hospital.

**Applicability.** This policy applies to all Regions Hospital Medical Staff members and Allied Health Professional Staff members ("Practitioners"). A Practitioner who is an employee of Regions Hospital is also subject to the Hospital's drug and alcohol drug testing policy which is substantially similar to this policy.

Nothing in this policy precludes the Medical Staff from taking appropriate action (for example, summarily suspending a Practitioner's clinical privileges) when a Practitioner's conduct warrants such action regardless of whether alcohol or other drugs are involved.

### **Policy.**

**Grounds for testing.** The Medical Staff has the right, in certain circumstances and under the conditions stated in this policy, to require a Practitioner to submit to drug or alcohol testing as a condition of retaining Medical Staff membership or clinical privileges. Tests will be conducted in accord with the Regions Hospital Alcohol and Drug-Free Workplace and Testing Policy for Regions Hospital Employees (Policy RH-HR-HR-60-10-24) which provides that tests will be conducted by a laboratory licensed by the State of Minnesota and certified by the National Institute on Drug Abuse. No test will be conducted by a testing laboratory owned or operated by Regions Hospital. Test results will be reported to the Chair of the Credentials Committee after having been reviewed by a Medical Review Officer (MRO), a licensed physician engaged by the Hospital to review alcohol and drug testing results. At the time this policy was last approved, the Medical Review Officer services are provided by Minnesota Occupational Health (MOH) [see Employee Health & Wellness for contact information].

Testing may be requested or required (a) whenever the Medical Staff Has a Reasonable Suspicion that a Practitioner is under the influence of alcohol and/or illegal drugs or has otherwise violated this policy, and (b) at random during the time of a Practitioner's chemical dependency evaluation and for a period of up to two years after the Practitioner completes a chemical dependency treatment program.

## **III. PROCEDURES**

**Notify EHW or security if impairment is suspected.** If a Practitioner or employee of the Hospital suspects a Practitioner is under the influence of alcohol or drugs, the person must notify the Hospital's Employee Health & Wellness (EHW) department during normal business hours at 4-3301. Security should be notified at all other times at 651-254-3979. EHW or Security, as appropriate, will notify trained resource personnel to assess the situation who will then report their



assessment to a Medical Staff Leader (Chief of Staff, Vice President for Medical Affairs, Medical Director of Credentialing, or their designees) as to whether an alcohol or drug test should be performed.

If a Medical Staff Leader, based upon the recommendation of the resource personnel, determines that there is reasonable suspicion that the Practitioner is under the influence of alcohol or drugs, the Medical Staff Leader may direct the suspected Practitioner to submit to testing under this policy.

**Right to refuse test; consequences.** Prior to undergoing testing, the suspected Practitioner will be asked to sign an “Acknowledgment and Consent Form” consenting to the test. A Practitioner may refuse to consent to testing; however, refusing to consent to a test may subject the Practitioner to disciplinary action, up to and including termination of membership on the Medical Staff and revocation of privileges.

**Medical Review Officer oversight of testing; cooperation with MRO required.** If the suspected Practitioner consents to be tested, the Hospital’s Medical Review Officer will be notified of the need for testing and will send a representative to collect the appropriate testing sample and conduct the testing.

The MRO may contact the Practitioner to discuss and inquire about the test results before reporting the results to Medical Staff Leadership. A Practitioner must promptly respond to the MRO’s inquiry. Failure to respond to the MRO in a timely manner will mean that the test results will be released to the Medical Staff without the employee’s input or explanation. A Practitioner has a right to request and receive from the Medical Staff a copy of the test result report on any drug or alcohol test.

**Initial positive test; confirmatory test.** If the initial test is positive, a second test (“Confirmatory Test”) will be performed to confirm the first test result. No adverse action will be taken against a Practitioner until the Medical Staff receives the result of the confirmatory test. If the confirmatory test is positive, the employee will be notified in writing of the test result within three working days of the Medical Staff’s receipt of the report. The Practitioner will be given an opportunity to submit additional explanatory information to the MRO within three working days and request a retest of the original sample at the Practitioner’s own expense.

**Practitioner-requested retest.** The Practitioner-requested retest may be performed by the original laboratory or another qualified laboratory of the Practitioner’s choosing. The Practitioner must provide the MRO written notice of the Practitioner’s intent to obtain a retest and which laboratory will conduct the retest within five working days after receiving notice of the confirmatory test result. Within three working days of the request, the MRO will notify the original testing laboratory of the Practitioner’s request to have the laboratory conduct the retest or to transfer the original sample to another laboratory.

**If confirmatory test is negative.** If the confirmatory test result is negative, the Practitioner will be notified in writing of the test result within three working days of the Hospital’s receipt of the report.

**Investigatory suspension pending test results.** If the Medical Staff has reason to believe than a Practitioner is in violation of this policy and the continued presence of the Practitioner in the

workplace will reasonably put at risk the health and safety of patients, the Practitioner, other employees, visitors, or the public, the Hospital's Chief Executive Officer, Vice-President for Medical Affairs, or Chief of Staff may impose an Investigatory Suspension of the Practitioner's privileges pending the outcome of the initial and confirmatory test. Such a suspension will be treated as an Investigatory Suspension under section 6 of the Medical Staff's Investigations and Corrective Action Policy. If the initial or confirmatory test result is negative, the Practitioner's privileges will be promptly reinstated unless there is an independent reason to continue the suspension.

If the result of the confirmatory test is positive, the Practitioner's privileges will remain suspended the Practitioner will be referred to the Credentialing Committee for possible investigation and corrective action under the Medical Staff's Investigations and Corrective Action Policy.