



## **MEDICAL STAFF CODE OF CONDUCT POLICY**

### **Purpose**

It is the policy of Aurora Health Care, Inc. ("Aurora"), to promote behaviors that foster a culture of safety and to ensure that all individuals within its facilities are treated with courtesy, respect and dignity. To that end, the Governing Body of Aurora requires employees, Licensed Independent Practitioners on the medical staff, and Advanced Practice Professionals (Physician Assistants, Advanced Practice Nurse Prescribers, Psychologists & Chiropractors) to conduct themselves in a professional and cooperative manner whenever in Aurora facilities. This Policy outlines the collegial and educational steps that will be followed to address disruptive or inappropriate behavior among members of the medical staff and Advanced Practice Professionals (collectively referred to as "Practitioners").

### **Definition: Definition Professional Conduct Expectations - Acceptable Behavior of Practitioners**

Aurora expects Practitioners to conduct themselves in a professional and cooperative manner. Professional Conduct Expectations include, but are not limited to:

- Behavior that evidences support for the philosophy of patient-centered care
- Conduct that promotes accountability, teamwork and respect
- Participation, as appropriate in Departmental & Medical Staff activities (attendance at Department, Section and Medical Staff Committee meetings, participation in peer review and mentoring of new Practitioners)
- Consistent efforts to address concerns regarding clinical judgment with associates directly and privately
- Expression of dissatisfaction with policies through appropriate grievance channels within the hospital structure and/or the medical staff organization
- Clear and direct communication with others, displaying respect for their dignity
- Professional and confidential communication regarding an employee's performance to the employee's immediate supervisor
- Support for policies that promote harmonious cooperation and teamwork
- Criticism offered in a constructive manner
- Acceptance of constructive criticism
- Use conflict resolution skills in managing disagreements (seek conflict resolution training if necessary)
- Consistent adherence to the policies of the medical staff and of Aurora

### **Disruptive or Inappropriate Behavior**

Aurora has comprehensive human resources policies and procedures that regulate employee behavior and provide for disciplinary action against employees who engage in disruptive or inappropriate behavior. This Policy is primarily intended to define Professional Conduct Expectations with regard to Practitioners and to eliminate

disruptive and inappropriate behavior on the part of such Practitioners. Disruptive or inappropriate behavior is any conduct inconsistent with the Professional Conduct Expectations set forth above. For some Practitioners, these behaviors may reflect underlying mental health (i.e. depression, anxiety) or substance abuse disorders. In such cases, appropriate evaluation and/or treatment will be confidentially facilitated.

**Definition: Disruptive or Inappropriate Behavior**

Disruptive behavior includes, but is not limited to, any conduct or behavior, or pattern of conduct or behavior, on the part of a Practitioner that, because of its severity and/or persistence:

- Disrupts operations
- Affects the ability of others to do their jobs
- Creates a hostile or intimidating work environment
- Interferes with an individual's ability to work competently

Inappropriate behavior includes, without limitation, the following:

- Any behavior that endangers patient, medical staff or employee safety
- Impertinent and inappropriate comments (or illustrations) made in a patient medical record or other official document that call into question the quality of care in Aurora facilities, or that attack a particular physician, caregiver or hospital policy
- Verbal or physical attacks or threats of physical attack
- Behavior or remarks which are inconsistent with the Aurora policy on Harassment
- Use of foul language (verbal or written), or abusive non-constructive criticism that intimidates, undermines confidence, belittles or implies stupidity or incompetence
- Willful damage to or theft of hospital property
- Willful disregard of policies of the Medical Staff and/or Aurora
- Unauthorized use, possession, or ingestion of mood altering substances on hospital property
- Threats, retaliations or reprisals against individuals who report disruptive behavior

**Reporting Disruptive or Inappropriate Behavior**

Documentation of disruptive or inappropriate behavior on the part of Practitioners is critical since it is often a pattern of inappropriate conduct, rather than a single incident, that indicates that the individual is violating Professional Conduct Expectations. Aurora maintains a "zero tolerance policy" in that it requests that every incident of disruptive or inappropriate behavior of the Practitioners be reported so that the proper course of action can be developed to address the behavior at the first instance. To that end, Aurora requests that any employee, medical staff member, APP, or any other person who has either witnessed or who has been the subject of disruptive or inappropriate Practitioner behavior report each incident to the site human resources representative, or if applicable, his or her immediate supervisor, as soon as possible. Reports of disruptive or inappropriate behavior on the part of Practitioners are also to be forwarded to the medical staff services department at the site at which the incident occurred.

Documentation of disruptive or inappropriate medical staff behavior shall include:

1. Date, time, and location of the incident;
2. Name of the Practitioner engaging in disruptive or inappropriate conduct;
3. Statement from the reporting individual of whether the behavior affected or involved a patient in any way, and, if so, the name of the patient or patient family member who may have been involved in the incident or may have witnessed the incident, and the names of any other witnesses to the incident;
4. Circumstances that precipitated the incident and a description of the disruptive or inappropriate behavior using factual and objective language; consequences of the behavior (if any) related to patient care, personnel, or hospital operations;
5. Any action taken to intervene in or address the disruptive or inappropriate behavior;
6. Name and signature of the individual reporting the incident, the date and time of the report, and the name of the individual to whom the report was referred and date and time of referral; and
7. Name of the human resources representative preparing the report and the date and time of the report. After documenting the incident, the human resources representative shall forward such documentation regarding any incident involving a Practitioner to the medical staff services department at the site at which the incident occurred.

### **Administrative Steps**

Upon receipt of a report of disruptive conduct, the following shall occur:

1. The specific response to the first reported incident shall be determined on a case-by-case basis after review of all the relevant facts by the Site Medical Staff President, or his or her designee, in consultation with the Service Chief and the Chief Medical Officer or Medical Director, for the site at which the incident occurred. Corrective action is intended to encourage individuals to make improvement in their work performance or work habits that are not the result of a flawed system or process. Corrective action may include counseling, coaching, implementation of a personal improvement plan, and/or formal or informal discipline. Corrective action will align with the type of behavior (human error, at-risk, reckless) the Practitioner has demonstrated.
2. The Site Medical Staff President or his or her designee has the authority to dismiss unfounded or trivial reports, and the person initiating such report will be notified as deemed appropriate. If the reports are considered accurate, the following options, though not limited to, can be taken:
  - a. Notify the Practitioner that an incident report has been received, provide a written summary of the incident report to that individual and invite him or her to provide information or explanation;
  - b. Send the Practitioner a letter of guidance about the incident (not requiring Metro MEC action);
  - c. Refer the matter for other formal or informal discipline requiring Metro MEC action including, without limitation, the issuance of a warning or letter of reprimand;

- d. Have the Site Medical Staff President, or his or her designee, and/or Service Chief and the Chief Medical Officer meet with the Practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question (not requiring Metro MEC action); and/or
- e. Continue to monitor for trends.

The intent of the above efforts are intended to be collegial if possible, with the goal of helping the Practitioner understand that certain conduct is inappropriate and unacceptable. A record of all incidents, Practitioner's response and corrective action will be retained in the Practitioner's credentials file. Practitioner's are expected to cooperate fully with the investigation of complaints of unprofessional conduct.

- 3. All meetings shall be documented and the documentation kept in the credentials file. Prior to placing an incident report or documentation of any meetings in the Practitioner's credentials file, the Practitioner shall be apprised of the incident report and given an opportunity to comment in writing. Any such response shall then be kept in the Practitioner's credentials file along with the original concern and other documentation.
- 4. The Practitioner shall be advised in writing that any retaliation against the person making an incident report shall not be tolerated, and that any and all retaliatory conduct shall be automatically referred for corrective action, together with a recommendation that administrative or summary suspension be considered.
- 5. After an initial meeting, follow up meetings may be held or may be made as deemed appropriate by the Site Medical Staff President, or his or her designee, or Chief Medical Officer.
- 6. If additional incident reports are received concerning a Practitioner, the Site Medical Staff President, or his or her designee, in consultation with the Chief Medical Officer or Medical Director, may continue to utilize the collegial steps noted in this Policy as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns. After the second incident of confirmed disruptive behavior, the Site Medical Staff President or his or her designee, or the Chief Medical Officer or Medical Director will refer the matter to the Metro Credentials Committee for discussion. However, irrespective of whether corrective action is initiated with respect to a reported incident, written records of such incident, the Practitioner's response and any collegial intervention or corrective action undertaken shall be maintained in the Practitioner's credentials file.
- 7. A single incident of disruptive or inappropriate behavior may be so unacceptable that it may warrant initiation of immediate corrective action, including the imposition of an administrative or a summary suspension. The Site Administrative President, or his or her designee, or Site Medical Staff Officer in consultation with the Chief Medical Officer or Medical Director, will determine if an incident is so egregious as to warrant initiation of such immediate corrective action.

## **Harassment Concerns**

Intimidation and harassment are forms of disruptive behavior, and are not permitted. Harassment is defined by Aurora policy as a broad range of physical or verbal behaviors that may include, but are not limited to, physical or mental abuse; racial, ethnic or religious insults or slurs; unwelcome sexual advances or touching; sexual comments, jokes, stories or innuendoes; requests for sexual favors used as condition of employment or affecting any personnel decision such as hiring, promotion, compensation or termination; display of sexually explicit or otherwise offensive posters, calendars or materials; making sexual gestures with hands or body movements; inappropriate staring, asking personal questions about another's sexual life; and/or repeatedly asking out another who has stated that he or she is not interested.

Because of the unique legal implications surrounding harassment, please refer to the Aurora Administrative Harassment Policy, No. 71 for guidance on the reporting and investigation of alleged incidents of harassment by medical staff members.

Approved: Metro Medical Executive Committee  
March 4, 2010

Approved: Quality & Credentials Committee of the Metro Board  
March 11, 2010

Approved: Metro Board  
March 22, 2010