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<b>FACILITY: HSHS St. Francis Hospital</b>	<b>MANUAL(S): Medical Staff Policy Manual</b>
<b>TITLE: Medical Staff Code of Conduct</b>	<b>ORIGINATING DEPARTMENT: Administration</b>
<b>SUPERCEDES: MS-10-04, Dated May 2010</b>	<b>POLICY DATED: April 2016</b>

**I. POLICY:**

HSHS St. Francis Hospital will ensure all individuals working at the Hospital treat others with respect courtesy and dignity and conduct themselves in a professional and cooperative manner.

**II. PURPOSE:**

To address incidents of inappropriate conduct for the protection of patients, employees, practitioners and others in the hospital.

Examples of “inappropriate conduct” include, but are not limited to the following:

- Threatening or abusive language directed at nurses, hospital personnel, or other physicians (e.g., belittling, berating, and/or threatening another individual);
- Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel, or the hospital;
- Profanity or similarly offensive language while in the hospital and/or while speaking with nurses or other hospital personnel;
- Inappropriate physical contact;
- Public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital; and/or
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual.

In the event of any apparent or actual conflict between this policy and the bylaws, rules regulations, or other policies of the Hospital or medical staff, the provisions of this policy shall control.

**III. DEFINITIONS:**

**IV. GUIDELINES/PROCEDURES:**

- A. Hospital staff who observe, or are subjected to, inappropriate conduct by a practitioner will notify their supervisor about the incident. Any practitioner who observes such behavior will notify the Chief Executive Officer directly. Notification will be in writing or alternatively, the CEO will make a written notice of the interview. The supervisor will forward a report to the Chief Executive Officer who will notify the President of the Medical Staff.

The documentation will include:

1. The date(s) and time(s) of the questionable behavior;
2. A factual description of the questionable behavior;
3. The name of any patient, patient's family member or other hospital staff involved in or witnessing the incident;
4. The circumstances which precipitated the incident;
5. Consequences, if any, of the inappropriate conduct as it relates to patient care, personnel, or hospital operations; and
6. Any action taken to intervene in, or remedy, the incident.

B. The President of the Medical Staff and/or Chief Executive Officer (or their respective designees) will meet with the practitioner for the following purpose:

1. Inform practitioner of the nature of the incident;
2. Allow response by the practitioner;
3. Inform further incidents will not be tolerated.

C. The practitioner will be advised that a summary of the meeting will be prepared and a copy provided to him or her. The practitioner may prepare a written response to the summary. The summary and any response that is received will be filed in the practitioner's confidential credentials file.

D. In the event another similar incident occurs, the matter and documentation will be referred to the Medical Staff Executive Committee for action. The Medical Staff Executive Committee may request a meeting with the practitioner and if the incident is a recurring problem, they may decide action including but not limited to the following:

1. Formal censure of the practitioner.
2. Suspension of privileges appropriate to the incident.
3. Suspension of all hospital privileges.
4. Referral as an impaired physician to the Impaired Physician Committee in accordance with the Medical Staff Bylaws.
5. Recommendation to the hospital board that clinical privileges be revoked.

E. All documentation relating to any Code of Conduct issue will be filed in the practitioner's confidential credentials file.

V. REFERENCES:

The Joint Commission