

	Policy Area: Medical Staff
Name of Policy: Code of Conduct- Professional	Replaces Policy Dated: February 21, 2018
Pages: 3	Effective Date: December 16, 2020

I. PURPOSE

Texas Health Harris Methodist Hospital Southlake (THSL) is committed to developing a culture in which every member of the healthcare team feels safe in voicing opinions and concerns and in which the fear commonly associated with reporting errors or disagreeing with those in positions of authority is eliminated. Essential features of a culture of safety – teamwork and an open and free discussion of safety concerns – lessen the likelihood of intimidation. In a culture of safety, all staff members openly discuss safety concerns without fear of retribution or censorship.

II. POLICY

It is the policy of THSL that all hospital personnel and medical staff members conduct themselves in a professional and cooperative manner and not engage in behaviors that could undermine the culture of safety.

III. DEFINITIONS

A. Desirable Behaviors

1. Timely response to patient needs
2. Supports teamwork among caregivers
3. Shows respect to peers, employees, volunteers, caregivers, physician, hospital staff, patients and families
4. Discusses problems in a constructive manner
5. Demonstrates patience in stressful situations
6. Complies with policies and procedures

B. Inappropriate Behavior

1. Behaviors that undermine the culture of safety include conduct, which intimidates others to the extent that quality and safety could be compromised. These behaviors may be verbal or non-verbal, may involve the use of rude language, may be threatening or may involve physical contact.
2. Behaviors that undermine the culture of safety include, but are not limited to:
 - a. Slow or no response to patients needs
 - b. Engaging in inappropriate non-clinical conversations during patient care
 - c. Exhibiting extreme frustration and anger
 - d. Belittling or demeaning others
 - e. Failing to communicate effectively
 - f. Making negative comments to patients about their treatment in the hospital
 - g. Using threatening language, gestures, profanity or threats of retaliation
 - h. Display of passive aggressive behavior
 - i. Non-compliance with Bylaws, policies and procedures
 - j. Failing to treat everyone with respect

Name of Policy: Code of Conduct- Professional	Policy Area: Medical Staff
---	----------------------------

- k. Threatening, abusive language directed toward others; degrading or demeaning comments regarding patients, families, medical staff members or hospital personnel
- l. Profanity or similarly offensive language
- m. Sexual comments or innuendos
- n. Inappropriate physical contact, sexual or otherwise
- o. Racial or ethnic jokes or comments
- p. Outbursts of anger
- q. Throwing of objects
- r. Criticizing other caregivers in front of patients or other staff
- s. Comments that undermine a patient's trust in other caregivers or the hospital
- t. Failure to adequately address safety concerns or patient care needs expressed by another caregiver
- u. Intimidating behavior that has the effect of suppressing input by other members of the healthcare team
- v. Inappropriate medical record entries critical of the medical staff or hospital personnel concerning the quality of care being provided in the hospital
- w. Retaliation against any member of the healthcare team who has reported any violation of this policy or who has participated in the investigation of such an incident, regardless of the veracity of the report

C. Intimidation

- 1. Intimidation is a common characteristic of behaviors that undermines the culture of safety and often associated with differences in the perceived "power" of an individual position within the organization.
- 2. Intimidation behavior includes, but is not limited to, overt actions such as verbal or physical abuse; passive actions such as refusal to do certain tasks or answer questions. A fear of challenging the intimidator may result in individuals being passive or quiet even in unsafe situations.

IV. PROCEDURE

A. Reporting

- 1. Any medical staff member, employee, patient or visitor may report any conduct that undermines the culture of safety. Reports may be made to a supervisor or manager, the Chief Nursing Officer (CNO), the Chief of Staff (COS) or other officer of the of the Medical Staff, Quality, Patient Safety and Infection Prevention Committee chair or Credentialing Committee chair, Hospital President or their respective designee.
- 2. The identity of an individual reporting the incident shall generally not be disclosed unless the Chief of Staff deems it appropriate to do so.
- 3. To the extent required by law, THSL shall report inappropriate or unlawful harassment, sexual or otherwise, to the appropriate local, state or federal authority.

B. Documentation

Name of Policy: Code of Conduct- Professional	Policy Area: Medical Staff
---	----------------------------

Documentation of inappropriate behavior shall include:

1. Date, time and location of the incident;
2. Name of individual engaging in improper conduct;
3. Whether the behavior affected or involved a patient in any way and, if so, the name of the patient, family member, or others who may have been involved in or witnessed the incident;
4. An objective factual description of the behavior
5. Any action taken to intervene in, or remedy, the incident; and
6. Name and signature of the individual reporting the inappropriate conduct; to whom the report was made; and date and time of report.

C. Administrative Steps – Employees

Upon receipt of a report of inappropriate behavior the following shall occur:

1. The incident shall be investigated and, if warranted, appropriate corrective action taken.
2. A determination of what corrective action shall be taken. Any corrective action requiring the employee to refrain from reporting to work for a period of time may be without pay.

D. Administrative Steps – Medical Staff

Upon receipt of a report of inappropriate behavior by a member of the Medical Staff, the Chief of Staff, acting for an on behalf of the Medical Executive Committee or other medical committee of his choice, shall review the report and determine whether an investigation into the behavior shall be opened. Any investigation and determination of corrective action, if any, shall be governed by the Medical Staff Bylaws.