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I. PURPOSE

To encourage a Fair and Just Culture - which in turn facilitates the highest standards of safety and quality - the SHC Medical Staff has adopted this Code of Conduct as part of our Medical Staff bylaws, which shall be the primary means for review and disciplining members for inappropriate or disruptive behavior.

A high standard of professional behavior, ethics and integrity are expected of each individual member of the Medical Staff at Stanford Health Care (SHC). This Code is a statement of the ideals and guidelines for professional behavior of the Medical Staff in all dealings with patients, their families, other health professionals, employees, students, vendors, government agencies, and others, aiming for the highest levels of patient care, trust, integrity and honesty.

II. POLICY STATEMENT

Medical Staff members have a responsibility for the welfare, well-being, and betterment of their patients, along with a responsibility to maintain their own professional and personal well-being. Each Medical Staff member is expected to treat all fellow medical staff members, hospital staff, house staff, students, and patients with courtesy and respect and with regard for their dignity.

When a member is found to have fallen short of these expectations, the Medical Staff supports tiered, non-confrontational intervention strategies focused on restoring trust, placing accountability on, and rehabilitating the offending Medical Staff member. However, the safeguarding of patient care and safety is paramount, and the Medical Staff will enforce this policy with disciplinary measures whenever necessary.

The evaluation, monitoring and regulation of professional behavior are essential elements of Professional Practice Evaluation, and this document is a supplement to the Medical Staff Professional Practice Evaluation policy. Confidentiality and conflicts of interest are addressed in that policy (and in the Conflict of Interest for Medical Staff policy) and apply equally to this policy.

III. DEFINITIONS

1. "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

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engage in professional practice including practice that may be in competition with the hospital. Appropriate behavior is not subject to discipline under these bylaws.

2. “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.”
3. “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.
4. “Harassment” means conduct toward others based on but not limited to their race, religious creed, color, national origin, physical or mental disability, marital status, sex, age, sexual orientation, or veteran status; 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.
5. “Sexual harassment” means unwelcome sexual advances, requests for sexual favors, or verbal or physical 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.
6. “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.
7. This policy applies to behavior directed toward any individual who is associated with SHC, including employees, colleagues, patients, families, visitors, vendors and other associates. The policy may also apply to behavior which occurs outside of SHC physical boundaries, if it is directed toward any of the above persons.

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IV. STANDARDS OF BEHAVIOR

A) **Inappropriate Behavior**

Inappropriate behavior by Medical Staff members is strongly 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;
- Lack of cooperation without good cause;
- Refusal to return phone calls, pages, or other messages concerning patient care
- Condescending language; and degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.
- Inappropriate comments or behaviors in meetings

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, or 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; and,
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.
- Repetitive inappropriate comments or disruptions in meetings

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V. PROCEDURES

A. Delegation by Chief of Staff

At the discretion of the Chief of Staff (or Vice Chief if the Chief of Staff is the subject of the complaint), the duties here assigned to the Chief of Staff can be delegated to a designee (see Appendix A). Designees may be other elected representatives of the Medical Staff or individuals such as medical directors (e.g., Unit Based Medical Directors, Quality Medical Directors), who have been confirmed by the Medical Executive Committee.

B. Initiation of Complaints

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 are encouraged to be in writing, signed, and directed to the Chief of Staff or, if the Chief of Staff is the subject of the complaint, to the Vice Chief of Staff, and include to the extent feasible:

1. 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.

Persons making a complaint should be aware that a written and signed complaint is quite helpful in enabling the Medical Staff to conduct a thorough and valid investigation, although anonymous complaints will also be accepted, investigated and addressed to the degree possible.

C) Handling of Complaints

1. The Chief of Staff or designee will screen all complaints to determine the

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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 COS 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 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 by the Chief of Staff or designee. The subject shall be offered an opportunity to provide a written response to the complaint, and any such response will be kept along with the original complaint in all relevant files
3. The Medical Staff member will be notified that attempts 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 COS or designee will document the disposition of each complaint, as outlined below, and a record shall be kept in the Quality Department files as well as the COS office files.
6. Chiefs of Service will be kept informed regarding complaints directed toward their members. This should always occur at the time of final disposition (for routine complaints), but the Chief will also be informed earlier in the process when indicated by the seriousness or repetitive nature of the incident.

D) Consequences

1. If this is the first incident of inappropriate behavior, the COS or designee shall discuss the matter with the offending Medical Staff member, emphasizing that the behavior is inappropriate and must cease. The offending Medical Staff member may be asked to apologize to the complainant. The approach during this initial intervention should be collegial and helpful.
2. Further isolated incidents that do not constitute persistent, repeated

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inappropriate behavior will be handled by providing the offending Medical Staff member with notification of each incident, and a reminder of the expectation the individual comply with this Code of Behavior.

3. If anyone determines the Medical Staff member has demonstrated persistent, repeated inappropriate behavior, constituting harassment (a form of disruptive behavior), or has engaged in disruptive behavior on the first offense, the case will be referred to the Chief of Staff (COS) and/or the Committee on Professionalism (COP). The subject will be notified of this decision and given an opportunity to provide a written response both prior to and subsequent to meeting with the COS or COP.
4. Chiefs of Service will be notified and invited to provide input whenever a referral is received by the COS or COP. Chiefs will also be kept informed of any further actions taken by the COS or COP, as described below.
5. If it is determined that the subject has engaged in disruptive behavior, a letter of admonition will be sent to the offending member, and, as appropriate, a rehabilitation action plan developed by the COS and/or COP, with the advice and counsel of the medical executive committee as indicated. The assistance of the Wellbeing Committee may be offered at any stage of this process.
6. If, in spite of this admonition and intervention, disruptive behavior recurs, the COS or designee shall meet with and advise the offending Medical Staff member such behavior must immediately cease or corrective action will be initiated. This “final warning” shall be sent to the offending Medical Staff member in writing.
7. If after the “final warning” the disruptive behavior recurs, corrective action (including possible suspension or termination of privileges) shall be initiated pursuant to the Medical Staff bylaws of which this Code of Behavior is a part, and the Medical Staff member shall have all of the due process rights set forth in the Medical Staff bylaws.
8. If a single incident of disruptive behavior or repeated incidents of disruptive behavior constitute an imminent danger to the health of an individual or individuals, the offending Medical Staff member may be summarily suspended as provided in the Medical Staff bylaws. The Medical Staff member shall have all of the due process rights set forth in the Medical Staff bylaws.

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9. A confidential file summarizing the disposition of the complaint, along with copies of any written warnings, letters of apology, and written responses from the offending Medical Staff member, shall be retained in the COS office for up to ten years.

VI. BEHAVIOR DIRECTED AGAINST 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 Behavior, or directly to the hospital governing board, the state or federal government, or relevant accrediting body, as appropriate.

VII. ABUSE OF PROCESS:

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by Medical Staff members against complainants will give rise to corrective action pursuant to the Medical Staff bylaws.

Individuals who falsely submit a complaint or otherwise abuse this process shall be subject to corrective action under the Medical Staff bylaws or hospital employment policies, whichever applies to the individual.

VIII. AWARENESS OF CODE OF CONDUCT:

The Medical Staff shall, in cooperation with the hospital, promote continuing awareness of this Code of Behavior 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 Behavior Policy to all current Medical Staff members upon its adoption and to all new applicants for membership to the Medical Staff.
3. encouraging the Wellbeing Committee to assist members of the Medical Staff exhibiting inappropriate or disruptive behavior to obtain education, behavior modification, or other treatment to prevent further infractions.

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4. 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.

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REFERENCES

Last Approved: October 2007, 12/15,1/19

IX. RELATED DOCUMENTS

Administrative Manual Policies and Procedures

X. DOCUMENT INFORMATION

- A. Author/Original Date:
This Policy was authored by the Director, Medical Staff Services in April, 2003.
- B. Gatekeeper of Original Document:
The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Credentials Department and in the Medical Staff Office.
- C. Distribution and Training Requirements:
The distribution and training requirements for this Policy will be handled through the Credentials Department.
- D. Review and Renewal Requirements:
This Policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History:
Revision – June, 2003; May 2007, 1/10, 12/15, 12/18
- F. Local Approvals:
Medical Executive Committee (2) – 6/03; 5/07, 1/10, 4/13, 12/15, 1/19
- G. Board Approvals:
5/03; 6/07
Hospital Board - Credentials, Policies and Procedures Committee, 2/10, 4/13, 12/15, 1/19

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 Director, Medical Staff Services, (650) 497-8920
 SHC and LPCH

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Complied from:

- The Disruptive Physician, Peter Moskowitz, M.D.
- American Academy of Physical Medicine & Rehabilitation Code of Behavior
- SHC/LPCH Policy on Code of Behavior and Principles of Compliance

APPENDIX A

Chief of Staff Designees

These individuals/committees are authorized to provide assistance to the Medical Staff organization in addressing issues of inappropriate and disruptive behavior by Medical Staff members. Each of these individuals is obligated to ensure that any formal complaints, written or verbal, which they receive regarding inappropriate or disruptive behavior of Medical Staff members, are passed on to the Chief of Staff (COS). Each is also authorized to advise the COS to refer a Medical Staff member to the Committee on Professionalism (COP) when they think it is indicated. In instances where the COS and a Designee do not agree regarding a referral, the Designee may directly refer to the COP.

- A. Voting members of the Medical Executive Committee
- B. Medical Director(s) of the Operating Rooms
- C. Medical Director(s) of the Intensive Care Units
- D. Medical Director(s) of the Emergency Department
- E. Unit Based Medical Directors
- F. Medical Directors for Quality
- G. Committee on Professionalism