



Medical Staff Code of Conduct

I. Policy Statement

1. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, Medical Staff members and Allied Health Professionals (“AHPs”) (hereinafter collectively referred to as “Practitioners”), practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
2. This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Medical Staff Credentials Manual or the AHP Manual.
3. This Policy also addresses sexual and other forms of unlawful harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated, as well as inappropriate conduct that does not yet rise to the level of unlawful harassment, discrimination or retaliation.
4. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staff and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual and other forms of harassment are also critical.
5. All efforts undertaken pursuant to this Policy will be part of the Hospital’s performance improvement and professional and peer review activities.

II. Examples of Behaviors that Undermine a Culture of Safety

To aid in both the education of Practitioners and the enforcement of this Policy, the following, when directed toward patients, employees or other practitioners, are behaviors that undermine a culture of safety¹:

¹ For the purpose of this Policy, behavior that undermines a culture of safety will be referred to as inappropriate conduct.

- threatening or abusive language directed at patients, nurses, Hospital personnel, or other Practitioners (e.g., belittling, berating, and/or threatening another individual) and non-constructive criticism that intimidates, undermines confidence, or implies incompetence;
- 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 with another individual that is threatening or intimidating;
- derogatory comments about the quality of care being provided by the Hospital, another Practitioner, or any other individual or otherwise critical of the Hospital, another Practitioner, or any other individual that are made outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries concerning the quality of care being provided by the Hospital or any other individual or are otherwise critical of the Hospital, other Practitioners or personnel;
- imposing onerous requirements on the nursing staff or other Hospital employees;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Medical Staff Credentials Manual, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs); and/or
- “sexual harassment,” which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it. Examples include, but are not limited to, the following:
 - (a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - (b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;

- (c) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - (d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.
- "harassment" also includes unwelcome and offensive conduct related to an individual's race, color, religion, gender (including pregnancy), age, disability, national origin, citizenship, or other protected characteristic. As above, these forms of unlawful harassment may be verbal, non-verbal/visual, physical, or other in nature.

III. General Guidelines/Principles

1. Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by Practitioner will be addressed in accordance with this Policy. If the matter involves an employed Practitioner, hospital management, in consultation with appropriate medical staff leaders and legal counsel, will determine which, if any, applicable policies will be applied.
2. Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Medical Staff Credentials Manual or the AHP Manual, as relevant. In the event of any apparent or actual conflict between this Policy and the Medical Staff Credentials Manual or AHP Manual, the provisions of this Policy will control.
3. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings that can be taken to address concerns about inappropriate conduct by Practitioners. However, consistent with the Hospital's harassment policy, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Staff Executive Committee to be reviewed in accordance with the Medical Staff Credentials Manual, or the elimination of any particular step in the Policy.
4. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the Professional Conduct Committee ("PCC") (or its designee), the Practitioner's counsel shall not attend any of the meetings described in this Policy.
5. The Medical Staff leadership and Hospital Administration will make employees, Practitioners, and other personnel in the Hospital aware of this Policy and will institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

6. Pursuant to this Policy, the PCC is requesting the HR Department to conduct the initial assessment of any complaints or concerns received from employees pertaining to inappropriate conduct by a Practitioner. Therefore, any such assessment would be part of the Hospital's professional and peer review activities and would be protected under the Georgia peer review statutes and the Health Care Quality Improvement Act.

IV. Reporting of Inappropriate Conduct

1. Nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by a Practitioner will be encouraged to notify their supervisor about the incident or, if their supervisor's behavior is at issue, to notify the Human Resources Department ("HR Department"). Any Practitioner who observes such behavior by another Practitioner will be encouraged to notify any member of the PCC (or its designee) directly.
2. The individual who reports an incident will be requested to document it in writing. If he or she does not wish to do so, the supervisor or HR Department may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.
3. The documentation should include:
 - (a) the date and time of the incident;
 - (b) a factual description of the questionable behavior;
 - (c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
 - (d) the circumstances which precipitated the incident;
 - (e) the names of other witnesses to the incident;
 - (f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;
 - (g) any action taken to intervene in, or remedy, the incident; and
 - (h) the name and signature of the individual reporting the matter.
4. The supervisor will promptly forward any documentation to the HR Department.

V. Initial Procedure

1. When a Hospital employee makes a complaint about inappropriate or unlawful conduct by a Practitioner, the HR Department will review the complaint in accordance with its procedures and the Hospital's policies against harassment/discrimination (No. 30110-106-03) and workplace violence (No. 30110-130-04). The HR Department will notify the PCC about the complaint and its review and may also request assistance from the Chief of Staff or his/her designee.
2. The PCC will review the complaint and, to the extent appropriate, discuss the complaint with representatives of the HR Department. In addition, to the extent appropriate, the PCC may meet with the complaining individual or any witnesses to the incident.
3. If the PCC determines that an incident of inappropriate conduct has likely occurred, the PCC has several options available to it, including, but not limited to, the following:
 - notify the Practitioner that a report has been received and invite the Practitioner to meet with one or more members of the PCC to discuss it;
 - send the Practitioner a letter of guidance about the incident;
 - educate the Practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the Practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the Practitioner, as appropriate;
 - send the Practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - have a PCC member(s), or the PCC as a group, meet with the Practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.
4. The identity of an individual making the report of inappropriate conduct will generally not be disclosed to the Practitioner during these efforts, unless the PCC members agree in advance that it is appropriate to do so. In any case, the Practitioner will be advised that any retaliation in any form against the person making the report, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Staff Executive Committee pursuant to the Medical Staff Credentials Manual or AHP Manual.

5. If the PCC prepares any documentation regarding its efforts to address concerns with the Practitioner, the Practitioner will be apprised of that documentation and given an opportunity to respond in writing. Any such response will then be kept in the Practitioner's confidential file along with the original concern and the PCC's documentation.
6. If additional reports are received concerning a Practitioner, the PCC may continue to utilize the collegial and educational steps noted in this Section as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns.
7. The PCC will follow up with the individual who made the report to inform the individual that the matter has been reviewed and thank the individual for reporting the matter. The PCC will also encourage the individual to report any further incidents of inappropriate conduct.

VI. Referral to the Staff Executive Committee

1. At any point, the PCC may refer the matter to the Staff Executive Committee for review and action. The Staff Executive Committee will be fully apprised of the actions taken by the PCC or others to address the concerns. When it makes such a referral, the PCC may also suggest a recommended course of action.
2. The Staff Executive Committee may take additional steps to address the concerns including, but not limited to, the following:
 - require the Practitioner to meet with the Staff Executive Committee or a designated subgroup;
 - require the Practitioner to meet with specified individuals (including, but not limited to, any combination of current or past Medical Staff or Hospital leaders, the Board Chair or other Board members, or outside consultant(s));
 - issue of a letter of warning or reprimand;
 - require the Practitioner to complete a behavior modification program;
 - impose a "personal" code of conduct on the Practitioner and make continued appointment and clinical privileges contingent on the Practitioner's adherence to it; and/or
 - suspend the Practitioner's clinical privileges for less than 30 days.

The imposition of any of these actions does not entitle the Practitioner to a hearing or appeal as set forth in the Medical Staff Credentials Manual or the AHP Manual.

3. At any point, the Staff Executive Committee may also make a recommendation regarding the Practitioner's continued appointment and clinical privileges that does entitle the Practitioner to a hearing as outlined in the Medical Staff Credentials Manual or the AHP Manual, or may refer the matter to the Board without a recommendation.

VII. Concerns About Sexual or Other Unlawful Harassment

Because of the unique legal implications surrounding sexual or other forms of unlawful harassment, a single confirmed incident requires the following actions:

1. A meeting will be held with the Practitioner to discuss the incident. If the Practitioner agrees to stop the conduct thought specifically to constitute sexual or other harassment, the meeting will be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the Practitioner's file. This letter will also set forth those additional actions, if any, which result from the meeting.
2. If the Practitioner refuses to stop the conduct immediately, this refusal will result in the matter being referred to the Staff Executive Committee for review pursuant to the Medical Staff Credentials Manual or AHP Manual.
3. Any reports of retaliation or any further reports of sexual or other form of unlawful harassment, after the Practitioner has agreed to stop the improper conduct, will result in further review by the PCC (or its designee(s)). If the review results in a finding that further improper conduct took place, the matter will be referred to the Staff Executive Committee for an investigation in accordance with the Medical Staff Credentials Manual.



ATTESTATION

Medical Staff Code of Conduct

I understand and agree that the Medical Staff Code of Conduct Policy addresses professional conduct required of members of the Medical Staff of Saint Joseph's Hospital of Atlanta, Inc. ("Hospital").

I also understand and agree that all Medical Staff members practicing in the Hospital must treat others with respect, courtesy and dignity and conduct themselves in a professional and cooperative manner.

I further understand and agree that inappropriate conduct, sexual harassment and other forms of harassment will not be tolerated by the Hospital.

By my signature below, I (i) acknowledge that I have received a copy of the Medical Staff Code of Conduct Policy, and (ii) agree to comply with this Policy.

Physician/Allied Health Professional Signature

Date

Physician/ Allied Health Professional Name Printed