

**Providence Sacred Heart Medical Center & Children's Hospital  
Providence Holy Family Hospital  
Medical Staff and Allied Health Professionals  
Code of Conduct**

**REFERENCE # 87100**

**ORIGINAL DATE:** 1/02  
**SUPERCEDES:** 1/02, 5/06, 3/07, 11/07, 1/09  
**REVIEWED:** 3/09; 3/12

Members of the Medical and Allied Health Professional Staffs (“practitioners”) are expected to conduct themselves in a manner than upholds the mission and core values of Providence Health & Services.

The Providence Mission: As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

Core Values:

- Respect
- Compassion
- Justice
- Excellence
- Stewardship

**Expectations**

Practitioners are expected to:

Quality Care and Technical Skills

- Provide appropriate patient care, including the selection of efficient and appropriate approaches to diagnosing and treating patients using available evidence-based guidelines.
- Provide for patient comfort, including prompt and effective management of acute and chronic pain according to accepted standards.
- Work to achieve patient outcomes that consistently meet or exceed generally accepted Providence Sacred Heart Medical Center/ Holy Family Hospital (PSHMC/PHFH) medical staff standards as defined by comparative data, medical literature and results of peer review activities.

Quality Services

- Ensure timely and continuous care of patients, 24 hour per day, seven days per week, including clear identification of person covering for the practitioner and by responding appropriately and timely when contacted with questions regarding patient care.
- Evaluate each patient as often as necessary but at least every twenty-four hours.
- Participate in emergency room call coverage as determined by the Medical Executive Committee (MEC).
- When requesting consultations on inpatients, communicate directly with the consultant and clearly state the reason for the consultation.
- When asked to consult on the care of an inpatient, complete the consultation in a timely manner or promptly notify the person requesting the consultation if unable to provide the consultation.
- Respond promptly to nursing requests for patient care.

- Participate in PSHMC/PHFH efforts to continually improve patient satisfaction.
- Communicate effectively with other physicians and caregivers, patients, their families and patient's surrogate decision makers.

#### Patient Safety/Patient Rights

- Participate in PSHMC/PHFH's efforts to reduce medical errors and support a culture of safety in the hospital.
- Follow nationally recognized recommendations regarding infection control procedures and precautions.
- Make entries in medical records consistent with the medical staff bylaws, rules and regulations including but not limited to legibility, use of appropriate abbreviations and timely completion of reports and notes.
- Respect patient rights including discussing unanticipated adverse outcomes with the patient and/or the patient's surrogate decision maker.
- Respect patients' privacy by not discussing a patient's care in public settings.
- Wear appropriate personal identification when seeing or attending patients.
- When appropriate, discuss end-of-life issues, including advance directives, with patients, their families and surrogate decision makers, if any, and honor patient decisions.

#### Resource Utilization

- Strive to provide quality, cost effective patient care consistent with other comparative hospitals and current professional standards.
- Follow guidelines for hospital admissions, level of care transfers, and discharges to outpatient management.
- Provide accurate and timely discharge orders and instructions in collaboration with other caregivers.

#### Peer and Health Care Team Relationships

- Demonstrate collaboration with the entire health care team based on mutual desire for the best possible care of the patient.
- Communicate both verbally and in writing in a clear, concise, non-judgmental and respectful manner.
- Not engage in behavior that is disruptive, sexually harassing, disrespectful, derogatory or inflammatory.
- Address disagreements in a constructive, respectful manner away from patients and others not involved in the disagreement.

#### Citizenship

- Review the practitioner's individual quality data provided by PSHMC/PHFH and utilize this data to continually improve patient care practices.
- In the spirit of continuous improvement, respond when contacted regarding concerns about patient care.
- Respond in a timely manner to issues on which medical staff input is requested.
- Make constructive contributions to the medical staff by participating actively in medical staff functions and serving on committees and workgroups when requested.
- Comply with policies and procedures of the medical staff and Hospital, in accordance with Department of Health, Joint Commission, and CMS Conditions of Participation regulations.
- Help identify issues affecting the physical and/or mental health of fellow practitioners and cooperate with programs providing assistance.

### **Providence Sacred Heart Medical Center/Holy Family Hospital's Commitments to the Medical Staff**

PSHMC/PHFH makes the following commitments to practitioners:

- We will continually strive for the highest quality of patient care.
- We will involve physicians in the strategic planning for patient clinical needs.
- We will conduct all peer review consistent with applicable requirements and the bylaws.

- We will provide opportunities for practitioners to share concerns regarding quality and safety with hospital administration and medical staff leaders.
- We will recruit and train high caliber healthcare workers.
- We will train hospital staff to communicate effectively and to work collaboratively.
- We will fairly evaluate behavior and quality concerns reported regarding practitioners or hospital employees.
- We will seek input from physicians in the development of patient care policies.

### **Conduct within the Hospital**

All members of the health care team, including practitioners, are expected to treat others with respect, courtesy and dignity and conduct themselves in a professional and cooperative manner. Safety and quality patient care depend on teamwork, communication, and collaboration. Disruptive behavior undermines safety, can foster medical errors and preventable adverse outcomes and will not be tolerated. The protection of patients, hospital employees, practitioners and visitors, and the orderly operation of the hospital are paramount.

Disruptive behavior may include, but is not limited to:

- Threatening, intimidating, or abusive language (e.g., belittling, berating, and/or threatening another individual);
- Degrading or demeaning comments including derogatory comments about the quality of care provided by other practitioners, hospital employees, or the hospital;
- Profanity or other offensive language;
- Jokes or derogatory comments related to race, ethnicity, gender, sexuality, or religion;
- Noncompliance, whether passive or active, with hospital and medical staff policies;
- Inappropriately accessing medical records;
- Accessing inappropriate Internet sites, or displaying derogatory or suggestive pictures or objects;
- Inappropriate entries in medical record, such as comments regarding the quality of care provided by other practitioners, hospital employees or the hospital; or
- Disregard of hospital policies on patient confidentiality or patient safety.

### **Process to Resolve Complaints Regarding Disruptive Behavior**

Providence Sacred Heart Medical Center/ Holy Family Hospital encourages evaluation and management of conflicts, disagreements, and other differences of opinion through appropriate administrative channels. PSHMC/PHFH also encourages practitioners to report disruptive behavior to hospital and medical staff leadership for resolution. There will be no reprisal for reporting concerns to The Joint Commission or Department of Health.

**First Steps.** If any member of the hospital team is subjected to or observes disruptive behavior, it is appropriate for the practitioner to ask (on their own behalf or on behalf of the person subjected to such behavior) that the behavior stop. The parties involved should speak calmly, privately, and resolve the incident in a positive and constructive manner on an informal basis as soon as possible. This collegial step should generally be taken first in an attempt to stop disruptive behavior. Some behavior may be so egregious, however, as to warrant an immediate referral to the chief medical officer, senior leadership team of the Hospital (Administrative Supervisor after hours), or Medical Staff leadership. Such referral may be made at any time.

**Disruptive Behavior by a Hospital Employee.** Disruptive behavior by a hospital employee not

resolved through collegial intervention as outlined above should be reported to the hospital employee's immediate supervisor, supervising Nurse Manager or Service Line Director. If the matter is not resolved at this level, the matter should be referred to the vice president who oversees the department in which the hospital employee works. If an urgent quality or safety issue occurs which cannot wait until the next business day, the Administrative Supervisor should be contacted. Disruptive behavior by hospital employees is dealt with in accordance with the hospital's employment policies.

**Disruptive Behavior by a Practitioner who is not a Hospital Employee.** A concern with disruptive behavior by a practitioner who is not a hospital employee not resolved through collegial intervention as outlined above, should be handled through the following process. If the concern is with the behavior of an Allied Health Professional Staff member, that individual's sponsoring physician will be expected to participate in the process.

1. The attached flow chart outlines the process to follow when hospital employees, patients or others report behavior concerns regarding a practitioner's behavior. Note that egregious breaches in conduct or patient safety must be forwarded immediately to the Chief Medical Officer or senior leadership to assure safety of patients, staff, and other hospital practitioners. (During non-business hours, the Administrative Supervisor should be contacted; s/he will then contact the on-call administrator.)
2. The person reporting the disruptive behavior must complete a report using Quantros, the on-line incident reporting module, including the name of the person reporting the matter. The name of the person making the report is generally not provided to the practitioner whose behavior is reported. Hospital employees will enter reports in Quantros on behalf of practitioners who are not employed by the hospital.
3. If previous steps have not resulted in cessation of the disruptive behavior the Chief Medical Officer and Department or Service Line Chair (or their respective designees) will meet with the practitioner. During the meeting, the practitioner shall be advised of the nature of the reported behavior and will be asked to respond. The goal of this meeting is to help the practitioner understand what conduct is inappropriate and unacceptable, and that such conduct is inconsistent with the policies of the hospital. The practitioner shall be advised that any retaliation against the person(s) reporting the matter is grounds for disciplinary action. At this meeting the practitioner may be advised of administrative channels available to him/her for registering complaints or concerns about quality or services. Other sources of support or counseling for the practitioner may be identified, as appropriate. The practitioner will be advised that a summary of the meeting will be prepared and a copy provided to him/her. The practitioner may prepare a written response to the summary. Both the summary and the practitioner's response, if any, will be kept in the confidential portion of the practitioner's credentials file.
4. The practitioner will be given a copy of this policy at this meeting.
5. In the event of further disruptive behavior by the practitioner, the practitioner may be asked to enter into a written agreement with the hospital in lieu of disciplinary action. At this step a meeting may be held between the practitioner and hospital and medical staff leaders, but is not required. The agreement shall describe the disruptive behavior and outline past steps taken to change the behavior. The agreement should also identify the consequences of further disruptive behavior by the practitioner, which may include a precautionary suspension and/or referral of the matter to the executive committee of the medical staff for handling in accordance with the medical staff bylaws. If the practitioner refuses to sign the agreement, the chief medical officer and/or the president of the medical staff may refer the matter to the executive committee of the medical staff for handling in accordance with the medical staff bylaws.

6. All actions taken pursuant to this policy are part of the hospital's peer review process, and are for the purpose of ensuring safe patient care.

*My signature confirms that I have reviewed and agree to follow this Code of Conduct. I commit to the Providence mission and values, as I interact with patients and the patient care team at PSHMC/PHFH.*

*I have received a copy of the Medical Staff Bylaws, Rules, and Regulations, and agree to abide by them.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Please print name:* \_\_\_\_\_

Originating Department: Medical Staff Office

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Distribution: All Departments

SEARCH WORDS: CODE OF CONDUCT, MEDICAL STAFF, ALLIED HEALTH PROFESSIONAL, SEXUAL  
HARRASSMENT, HARRASSMENT, BEHAVIOR

# PHC Code of Conduct Flowchart

