CODE OF CONDUCT Deaconess Health System

PURPOSE

- To optimize communication and interpersonal relations.
- To improve the care that is given to our patients.
- To reinforce an atmosphere of mutual respect for all who work or practice within the Deaconess Health System.
- To establish a process for reporting and addressing problematic behavior.
- To minimize liability of the Medical Staff, Hospitals and their employees.
- To prevent conduct which:
 - a. Interferes with an individual's ability to practice safely
 - b. Creates a hostile or intimidating work environment
 - c. Disrupts the delivery of patient care

APPLICATION

This Code of Conduct applies to all Deaconess Health System employees (referred to as "staff"), members of the Medical Staff & Allied Health Staff (referred to as "physicians"), and Housestaff (referred to as "resident physicians").

STANDARDS OF BEHAVIOR

- Expected Behaviors:
 - a. Communication will take place in a timely fashion, involving the appropriate person(s), in an appropriate setting.
 - b. Communications, including spoken remarks, written documents, and emails, will be honest and direct and conducted in a professional, constructive, respectful and efficient manner.
 - c. Telephone communications will be respectful and professional. Initiators will prepare for their call by gathering all necessary information, organizing their questions or comments, and coordinating with others who need to reach the

same individual about other issues. Receivers will respond in a courteous and professional manner.

- d. Cooperation and availability are expected of physicians, resident physicians, and staff on call. When individuals are paged, they will respond promptly and appropriately.
- e. Be understanding that a variety of experience levels exists, and that tolerance for those who are learning is expected.

• Unacceptable Behaviors:

- a. Shouting or yelling.
- b. Use of profanity directed at another individual or healthcare professional.
- c. Slamming or throwing of objects in anger or disgust.
- d. Hostile, condemning, or demeaning communications.
- e. Offensive or derogatory comments.
- f. Sexual comments/innuendos.
- g. Racial, religious or ethnic slurs.
- h. Criticism of performance and/or competency delivered in an inappropriate locations (ie, not in private) and not aimed at performance improvement.
- i. Other behavior demonstrating disrespect, intimidation, or disruption to the delivery of quality patient care.
- j. Retaliation against any person who addresses or reports unacceptable behavior.
- k. Unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, or military status.
- l. Threats of violence.

MEETING FOR RESOLUTION

The optimal way to address inappropriate conduct is a face-to-face meeting between the parties involved using the following steps:

- The person who was aggrieved is expected to address the issue with the other party in a timely manner and private setting using this Code of Conduct as a reference.
- This meeting may be more productive after a "cooling off" period of a few hours or a few days so that the parties involved can gain perspective in the precipitating events and process breakdowns that may have been contributing factors.
- If facilitation of the discussion is needed, the department manager and appropriate physician leadership can serve as facilitators. If the incident involved a physician and occurred in a medical unit, the physician leadership will be a medical physician and if in a surgical unit, a surgeon peer.
- Sincere apologies should be encouraged and every reasonable attempt should be made to defuse the situation without further intervention.
- If clinical care/ hospital process deficiencies are discovered during this face-toface meeting, these concerns need to be addressed by the department's leadership for improvement.
- No documentation of incidents resolved by the parties is required.

WRITTEN REPORT FOR UNRESOLVED ISSUES

- If the issue is not resolved after a reasonable attempt by the affected parties, the situation may be reported using the Remote Data Entry (RDE) system (see attached form). The completed form will be electronically sent to the Deaconess Health System Risk Management office, where all concerns will be logged.
- Concerns will be reviewed by the Risk Management Office. For concerns
 regarding a physician or resident physicians, this review will also include two
 physicians (medical and surgical) appointed by the Medical Executive Council
 (MEC). Each review will include view points of all involved parties and possible
 clinical care/hospital process deficiencies that may have contributed to the
 situation.

ACTION FOR UNRESOLVED ISSUES

- If the complaint is found to have merit by the Risk Management Office and when applicable, the medical and surgical reviewing physicians, the following action should be taken:
 - a. For Deaconess Health System employees including physicians, their immediate supervisor and a representative from Human Resources will be sent a copy of the complaint and the review. They will develop a plan for appropriate counseling and intervention.
 - b. For non-employed physicians, a copy of the complaint and the review will be sent to their department chief or medical director who will develop a plan for appropriate counseling and intervention.
- For physician and non-physician employees of Deaconess Health System, any action reported in accordance with the Code of Conduct may be considered by Deaconess Health System to be a disciplinary action and will be treated in accordance with Deaconess Health System policies.
- For physicians, an "adverse action," as defined in the Medical Staff bylaws, will be taken only by the Medical Executive Council according to the procedures described in the bylaws and Fair Hearing Plan and is considered a peer review activity. Any necessary disciplinary action for resident physicians will be conducted pursuant to the Family Medicine Residency Manual.
- To protect privacy, written reports containing individual's names or departments will not be transmitted by email.
- A summary of action taken will be sent to the Risk Management Office and logged with the original complaint.
- Semi-annual review of data trends will be conducted through the Risk Management Office and reported to the MEC, the hospital management and the Quality Committee of the Board of Directors.

APPROVED BY: Medical Executive Council (MEC)

EFFECTIVE DATE: 2/11/2009