Indiana University Health

Manual:	Medical Staff
Section:	Medical Staff
Policy #:	MS 122
Approval Date:	April 2018
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CODE OF CONDUCT

I. PURPOSE

A. This policy is established to address conduct which does not meet the standards established by the Medical Staff of IU Health Bloomington Hospital. In dealing with incidents of inappropriate conduct, the protection of patients, employees, physicians and others in the facility, in addition to the orderly operations of the hospital, are of paramount concern. Complying with the laws and providing an environment free from sexual harassment are also critical.

B. The IU Health Bloomington Hospital Medical Staff supports excellent patient care and strong morale. Behavior which is disruptive to this goal will not be tolerated.

C. This policy outlines collegial and educational efforts that can be used by the Service Chief, Chief Medical Officer or a Medical Staff Officer in the event the Chief of Staff is not available.

II. SCOPE

This policy applies to all physicians and licensed independent practitioners credentialed through the Medical Staff who provide patient care and services at IU Health Bloomington Hospital.

III. EXCEPTIONS

None

IV. DEFINITIONS

None

V. POLICY STATEMENTS

A. The goal of this policy 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 as outlined in the Bylaws, Rules and Regulations.

B. Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate medical staff leaders and hospital management.

C. To aid in both the education of Medical Staff members and the enforcement of this policy, examples of inappropriate conduct include, but are not limited to:
   1. Threatening or abusive language directed at patients, visitors, nurses, hospital personnel, or other physicians (example: belittling, berating, and/or threatening another individual);
   2. Degrading or demeaning comments to or regarding patients, visitors, nurses, physicians, hospital personnel, or the hospital;
   3. Profanity or similarly offensive language while in the hospital, and/or while speaking with other physicians, nurses, hospital personnel, patient(s) or visitor(s);
   4. Inappropriate physical contact with another individual that is threatening or intimidating;
   5. Public derogatory comments including, but not limited to, the quality of care being provided by the Hospital, another Medical Staff Member; or any other individual made outside of appropriate Medical Staff and or administrative channels;
   6. Inappropriate medical record entries including, but not limited to, the quality of care being provided by the Hospital or any other individual; or, entries which are critical of the Hospital or other Medical Staff members or personnel;
   7. Refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Rules and Regulations and Medical Staff policies including emergency call issues, response times, medical record keeping, other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively with other members of the Medical and Hospital staff.

D. Sexual Harassment 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:
   1. Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
   2. Visual/Non-Verbal: Derogatory posters, cartoons or drawings, suggestive objects or pictures; leering and or obscene gestures.
   3. Physical: unwanted physical contact; including touching, interference with an individual's normal work movement and/or assault.
   4. Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

E. This policy outlines collegial steps (example: counseling, warnings and meeting with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. However, a single incident of inappropriate conduct or patterns 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 Medical Staff Executive Committee or the elimination of any particular step in the Policy.

VI. PROCEDURES

A. REPORTING INAPPROPRIATE CONDUCT

1. Incidents should result in a written incident report in accordance to current practice. Hospital employees and medical staff who observe, or are subject to inappropriate conduct by a medical staff member should notify the IU Health Bloomington Medical Staff Office via the Complaint Recording Line at 812.353.2633; in addition to speaking with his/her supervisor. If the inappropriate conduct is by the employee's supervisor, who happens to be a Medical Staff member, the employee should notify the IU Health Bloomington Medical Staff Office and the facility Chief Medical Officer.
2. Incident reports will be further investigated by the service chief, and where appropriate the chief of staff/designee. Investigation will attempt to establish the facts of the situation, as well as the perceptions of involved parties, including medical staff, hospital staff, patients and their families.
3. The involved medical staff member is expected to submit in either written or verbal format his/her perception of the event, and to participate actively in any corrective action taken.
4. The service chief will determine whether the staff member's behavior was inappropriate, and if present, engage the physician in collegial manner to alter behavior. The service chief shall document the conversation and action plan, and submit this to the medical staff office for submission to the medical staff members file. A copy of this report will also be provided to the involved individual. These actions are not reportable to the NPDB.
5. Repeated disruptive events, a single egregious event, or those involving the service chief will lead to involvement of the chief of staff and/or the chief medical officer. Progressive disciplinary actions may include, but are not limited to:
    a. Internally determined corrective action plan,
    b. Appearance before the MEC to discuss the incident,
    c. Mandatory participation involvement in an external corrective action plan, with any incurred expenses remaining the responsibility of the disruptive staff member.
6. Repeated or egregious behavior may result in restriction of privileges, temporary suspension of privileges, limited reappointment, or termination from the medical staff. These activities will follow the rules of Peer Review, as discussed in the Bylaws. Any censure will be reported, if required, to the NPDB.
7. Records of incidents and action plans will be retained in the medical staff office, and will not be released to outside parties except as required by law. They will remain part of the providers credentialing file, and may be referenced at the time of reappointment.

B. INVESTIGATION

1. A request for an investigation must be submitted by a Medical Staff Officer, committee chair, clinical service chief, CEO or hospital board chair to the MEC and supported by reference to the specific activities or conduct of concern.
    a. If the MEC initiates the request, it shall make an appropriate record of its reasons.
    b. If the request for investigation is determined to be warranted, the MEC shall direct an investigation to be undertaken through the adoption of a formal resolution.
    c. Criteria as established in the Medical Staff Bylaws, Part II, Sections 1, 2, 3, 4, 5, 6, and 7 will be followed for an investigation, hearing, etc.

C. MEC ACTION

1. As soon as practicable after the conclusion of the investigation the MEC shall take action that may include, without limitation:
    a. Determining no corrective action is taken, and if the MEC determines there was not credible evidence for the complaint in the first instance, removing any adverse information from the member's file;
    b. Deferring action for a reasonable time when circumstances warrant; Issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude appropriate committee chairs/section chiefs from issuing informal written or oral warnings prior to an investigation. In the event such letters are issued, the affected practitioner may make a written response, which shall be placed in the practitioner's quality file;
    c. Recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring/proctoring; Recommending denial, restriction, modification, reduction, suspension, revocation, or probation of clinical privileges;
    d. Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care;
    e. Recommending suspension, revocation, or probation of medical staff membership
    f. Taking other actions deemed appropriate under the circumstances.

D. SUBSEQUENT ACTIONS

1. If the MEC recommends any termination or restriction of the practitioner's membership or privileges, that recommendation shall be transmitted in writing to the board. The recommendation of the MEC shall become final unless the member requests a hearing, in which case the final decision shall be determined as set forth in this Hearing and Appeal plan.

VII. CROSS REFERENCES

Medical Staff Bylaws Part II, Sections 1 – 7
Medical Staff Rules & Regulations Article 7
South Central Region HR 141 Just Culture

VIII. REFERENCES/CITATIONS

None

IX. FORMS/APPENDICES

None

X. RESPONSIBILITY

Medical Executive Committee

XI. APPROVAL BODY

Medical Executive Committee
Board of Directors

XII. APPROVAL SIGNATURES

_Brechin Newby, MD_____ 4/2018___
Brechin Newby, MD Date
Chief of Staff
Indiana University Health Bloomington

XIII. DATES

Approval Date:	April 2018
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