

**Medical Staff**

**Code of Conduct**

**Lancaster General Hospital**

## Medical Staff Code of Conduct

**Purpose:** The purpose of the Medical Staff Code of Conduct is to promote a professional care environment within Lancaster General Hospital (LGH) that fosters a culture of teamwork and ensures that patients receive quality health care in a safe, professional environment.

Nothing in the Code of Conduct is intended to amend, alter, or replace the provisions of Article 8 of the LGH Medical Staff Bylaws.

**Preamble:** It is a widely acknowledged truth that the disruptive behavior of practitioners results in compromised patient care. Both the Joint Commission and the American Medical Association believe that medical executive committees, and in particular departmental chairs, should be accountable for addressing disruptive behavior in the medical staff. The Council on Ethical and Judicial Affairs of the American Medical Association in their Opinion on the conduct of individual physicians define disruptive behavior as any personal conduct, whether verbal or physical, that negatively affects or may negatively affect patient care. They go on to direct each medical staff to adopt bylaws or policies for intervening in situations where physician behavior is found to be disruptive. With adoption of a medical staff policy on disruptive behavior, along with education and on-going evaluation, we hope to create a culture of mutual respect and courtesy that enhances the environment in which we work for the benefit of our patients.

**Adoption:** The Medical Staff Code of Conduct was first endorsed, approved and adopted by the Executive Committee of the Medical Staff on January 7, 2008 and the Medical Staff of LGH on May 14, 2008. Revisions to the Code of Conduct were endorse, approved and adopted on May 17, 2018.

**Scope:** The Medical Staff Code of Conduct applies to all Members of the LGH Medical Staff, as well as Medical Affiliates. It will be an expectation that all medical staff members and affiliates sign the Statement of Applicant acknowledging at each appointment and reappointment that he/she has read and understands this Code and agrees to abide by it.

### **Definitions:**

“*Bylaws*” shall mean the then current LGH Medical Staff Bylaws.

“*Disruptive behavior*” shall mean any behavior, conduct, or style of interaction of a Member or Medical Affiliate that: (i) could reasonably be considered to substantially interfere with efficient hospital operations or compromise patient safety; (ii) adversely impacts relations with patients and their family, visitors and other customers of LGH; (iii) tends to result in distress among LGH personnel,

staff, patients, families and visitors; (iv) adversely impacts morale of hospital personnel and staff; (v) constitutes harassment or sexual harassment; or (vi) undermines productivity within LGH. It is recognized that disruptive behavior may result in increased turn-over of hospital personnel and possibly compromise patient care.

Examples of disruptive behavior include, but are not limited to:

- (a) (a) bullying, threatening or intimidating language or behavior, throwing, shouting, rudeness and inappropriate language;
- (b) (b) Hostile behavior, and other behaviors which undermine the concepts of teamwork.

“*Inappropriate behavior*” shall mean 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 behavior.

“*Medical Affiliate*” shall mean either an independent or dependent medical affiliate privileged by the LGH Medical Staff as defined in the Medical Staff Bylaws.

“*Member*” shall mean a member of the LGH Medical Staff as defined in the Medical Staff Bylaws.

“*Harassment or sexual harassment*” means conduct toward others based on their race, religion, sex, sexual identity or orientation, nationality or ethnicity, physical or mental disability, or marital 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.

### **Expectations:**

It is expected that Members and Medical Affiliates refrain from inappropriate and disruptive behavior and further consistently demonstrate the following behaviors:

1. Treat others with courtesy and respect.
2. Refrain from using abusive language including repetitive sarcasm.
3. Refrain from the use of ethnic, racial, religious, sexual or other slurs.
4. Refrain from the use of shouting, verbal intimidation and rudeness.
5. Refrain from actions that are reasonably felt by others to represent intimidation, including physically threatening language.

6. Refrain from criticizing individuals in front of others, or showing favoritism.
7. Refrain from using sexually explicit language or gestures, or otherwise making comments of a sexual nature.
8. Refrain from inappropriate physical contact or inappropriate touching.
9. Cooperate and communicate with other Members, Medical Affiliates, patients, family and staff in a way to protect their dignity.
10. Respond to pages in a timely and suitable manner.
11. Respond to the requests of patients, families, hospital staff and other personnel in a timely and courteous manner.
12. Demonstrate accurate, professional, and effective communication personally in the patient's electronic medical record.
13. Comply with all policies of LGH, including the Lancaster General Code of Conduct.
14. Comply with applicable codes of professional ethics.
15. Actively assist other Members or privileged providers of the Medical Staff of LGH in upholding the Medical Staff Code of Conduct.

### **Reporting:**

Reports of allegedly inappropriate or disruptive behavior may be made by any Member, Medical Affiliate, employee or staff person of LGH. Such reports should be made in accordance with the Code of Conduct as soon as possible after the incident occurred (ideally within 24 hours).

LGH employees should report the alleged behavior to the employee's supervisor who will then report the matter in accordance with this policy. In certain circumstances involving inappropriate behavior, the manager may wish to address the issue directly with the involved Member or Medical Affiliate. The manager is to report all inappropriate or disruptive behavior, whether resolved or not, to the Chair of the Clinical Department ("Chair") in which the involved Member or Medical Affiliate is credentialed or the President of the Medical Staff or, in the absence of the President of the Medical Staff, to the President-Elect.

Alleged violations reported by persons other than LGH employees should be reported to the Chair and, when appropriate, to the Chair of any other involved Clinical Departments or Divisions. If the alleged violation involves the Chair or the matter is not resolved by the Chair, then the report should be made to the President of the Medical Staff, or in the absence of the President of the Medical Staff, the President-Elect. Alleged violations should be reported in a confidential manner and every attempt is to be made to maintain the confidentiality of the matter.

**Investigation:**

Upon written notification of an allegedly inappropriate or disruptive behavior, the person receiving the notification will determine, based on the facts and circumstances of the matter, whether to commence an investigation of the matter. In certain instances, it will only be necessary for the individual receiving the notification to gather basic facts and discuss the matter informally with the involved Member or Medical Affiliate. A copy of the Medical Staff Conduct Event Form (Attachment A) shall be completed, reviewed and maintained by the Medical Staff Office for a period of 24 months. After 24 months, the Event Form may be destroyed if no further issues have arisen with regard to the Member or Medical Affiliate.

If it is determined that the facts surrounding the matter require a more detailed review, then the person receiving the notification will commence an investigation into the matter. The investigation may be conducted by the person receiving the report of the event, or his or her designee. The investigation will include interviews with the involved Member or Medical Affiliate, LGH employees or staff, the individual who reported the matter, and any pertinent witnesses. A written report of the findings of the investigation and a completed Conduct Event Form shall be provided to the involved Member or Medical Affiliate and the President/President-Elect. These reports should be kept in a confidential area of the Medical Staff Office and be available to the Chair of the Clinical Department for review for the purpose of recredentialing.

The involved Member or Medical Affiliate will be interviewed regarding the allegations and will have an opportunity to comment on the findings of any investigation and the final Conduct Event Form.

In certain circumstances, the behavior of a Member or Medical Affiliate may be so egregious or repetitive that the Chair determines that it is necessary to refer the matter to the President of the Medical Staff. If such a referral is made, the matter will then be handled in accordance with the applicable provisions of the Bylaws.

**Non-retaliation:**

It is the policy of LGH and the Medical Staff that any person reporting in good faith a violation of the Code of Conduct will not be subjected to retaliation of any kind. Any retaliatory behavior will be considered an additional violation of the Code of Conduct and shall be reported as a separate violation.

**Process Flow:**

Attachment B to this policy describes the investigatory process in diagram format.