



**TAHOE FOREST
HOSPITAL DISTRICT**

POLICY/PROCEDURE

NO. _____

SECTION MEDICAL STAFF SERVICES

TITLE: CODE OF CONDUCT

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

I. POLICY STATEMENT

1. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Medical Staff members and Allied Health Professionals 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 Bylaws.
3. This Policy also addresses sexual harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated.
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 harassment are also critical.
5. All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

II. EXAMPLES OF INAPPROPRIATE CONDUCT

To aid in both the education of Medical Staff members and Allied Health Professionals and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to:

1. threatening or abusive language directed at patients, nurses, Hospital personnel, Allied Health Professionals or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);
2. degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;

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DATE REVISED:

APPROVAL: Medical Executive Committee 1/10/07
Board of Directors 1/23/07

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3. profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
4. inappropriate physical contact with another individual that is threatening or intimidating;
5. derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
6. inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff members or any other individual;
7. imposing onerous requirements on the nursing staff or other Hospital employees;
8. refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, 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
9. "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

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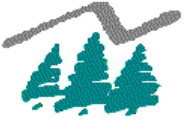
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(d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

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 members of the Medical Staff or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy.
2. Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Medical Staff Bylaws. In the event of any apparent or actual conflict between this Policy and the Medical Staff Bylaws, the provisions of this Policy shall control.
3. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. However, 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 Executive Committee 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 Review Committee*¹ ("PRC") (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 shall make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

¹ *The PRC be composed of the Vice Chief of Staff, Secretary Treasurer or Member at Large, and the appropriate department chairperson. The individuals on the Committee develop experience in dealing with difficult behavior and in consistently working through the Code of Conduct Policy. It*

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also builds an “institutional memory” of incidents of inappropriate conduct by a particular individual, as well as the attempts to address them. Use of a PRC also emphasizes the collegial nature of the initial interventions, rather than immediately referring issues to the Executive Committee.

IV. REPORTING OF INAPPROPRIATE CONDUCT

1. Nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify any member of the PRC. Any practitioner who observes such behavior by another practitioner shall notify any member of the PRC (or its designee) directly.
2. The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or PRC member may document it, after attempting to ascertain the individual’s reasons for declining and encouraging the individual to do so.
3. The documentation (through use of the QRR form) 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 report shall be forwarded to the Director of Quality and Regulations for the defined action below to occur.

V. INITIAL PROCEDURE

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1. A first time offense can be handled by the appropriate department chairperson unless he/she prefers to the PRC address the concern. The department chairperson will follow the procedure defined below.
2. The PRC shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.
3. If the PRC determines that an incident of inappropriate conduct has likely occurred, the PRC has several options available to it, including, but not limited to, the following:
 - a) notify the practitioner that a complaint has been received and invite the practitioner to meet with one or more members of the PRC to discuss it;
 - b) send the practitioner a letter of guidance about the incident;
 - c) 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;
 - d) send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - e) have a PRC member(s), or the PRC 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.
 - f) referral to the Well Being Committee.
4. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the PRC members agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Medical Staff Bylaws.
5. If the PRC prepares any documentation for a practitioner's file regarding its efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's

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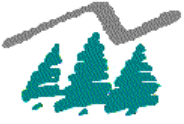
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confidential file along with the original concern and the PRC's documentation.

- 6. If additional complaints are received concerning a practitioner, the PRC 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.

VI. REFERRAL TO THE EXECUTIVE COMMITTEE

- 1. At any point, the PRC may refer the matter to the Executive Committee for review and action. The Executive Committee shall be fully apprised of the actions taken by the PRC or others to address the concerns. When it makes such a referral, the PRC may also suggest a recommended course of action.
- 2. The Executive Committee may take additional steps to address the concerns including, but not limited to, the following:
 - a) require the practitioner to meet with the full Executive Committee;
 - b) issue of a letter of warning or reprimand;
 - c) require the practitioner to obtain a psychiatric evaluation by a physician chosen by the Executive Committee;
 - d) require the physician to complete a behavior modification course;
 - e) 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
 - f) 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.

- 3. At any point, the Executive Committee may also make a recommendation regarding the practitioner's continued appointment and clinical privileges that does entitle the practitioner to hearing as outlined in the Medical Staff Bylaws, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.

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VII. SEXUAL HARASSMENT CONCERNS:

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

1. A meeting shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's quality file. This letter shall 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 shall result in the matter being referred to the Executive Committee for review pursuant to Articles VI and VII of the Medical Staff Bylaws.
3. Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the PRC (or its designee(s)). If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with Articles VI and VII of the Medical Staff Bylaws shall be conducted. Should this investigation result in an action that entitles the individual to request a hearing pursuant to Article VII of the Medical Staff Bylaws, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

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