

		Policy Title:	Code of Conduct (HIPAA Compliant)
Effective Date:	December 1, 2008	Policy Number:	229
Date Reviewed:	March 31, 2014	Department	Administration
Supersedes Date:		Submitted by: Greg Purtell & Ellen Talbott	

Policy:

I. Purpose:

To identify a process and structure that is created by hospital leaders to manage disruptive and inappropriate behavior, whether overt or passive, in order to allow a culture of quality and safety to flourish.

II. Policy:

It is the policy of McLaren Bay Region (MBR) to create and maintain a culture of safety as demonstrated through respect, courtesy, professionalism, and dignity utilizing a team approach among all levels of staff. MBR maintains a zero tolerance of any intimidating and/or disruptive behavior (as described in this policy), especially the most egregious instance, such as assault and other criminal acts by any employee, volunteer, board member, physician or anyone doing business with the Medical Center. Physicians will be governed by the Practitioner Code of Conduct Policy. (Refer to Medical Staff Policy #1)

Disruptive behavior is described as a style of interaction with physicians, medical center personnel, patients, family members, or others that interferes with patient care. It is behavior that may cause distress among other staff and affect overall morale within the work environment, undermining productivity and possibly leading to high staff turnover or even resulting in ineffective or substandard care.

This includes behavior that interferes with the ability of others to effectively carry out their duties or that undermines the patient’s confidence in the hospital or another member of the healthcare team.

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

Disruptive Behavior:

- threatening or abusive language (e.g., belittling, berating, and/or threatening another individual);
- degrading or demeaning comments; condescending language or intonation; impatience with questions and refusal to answer questions or phone calls;
- threatening body language—lunging, making a fist;
- profanity or similarly offensive language while on Medical Center property;
- inappropriate physical contact with another individual that is unwelcome, threatening or intimidating;

- derogatory comments about the quality of care being provided or otherwise being critical of the Medical Center;
- inappropriate medical record entries concerning the quality of care being provided;
- unwillingness to work cooperatively and harmoniously;
- throwing instruments, charts or other objects;
- failure to adequately address safety concerns or patient care needs expressed by another caregiver;
- retaliation against any member of the healthcare team who has reported an instance of violation of the code of conduct or who has participated in the investigation of such an incident, regardless of the perceived veracity of the report;
- refusal to abide by the Medical Center's Rules & Regulations, including Bay Pride and STARS, and/or 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:
 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; and
 4. Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

Acceptable Behavior:

- use of non-threatening or non-abusive language while on Medical Center property;
- showing respect;
- acknowledgement of quality of care being provided;
- appropriate documentation of medical record entries concerning the quality of care being provided by the Medical Center or any other individual;
- abiding by the Medical Center's Rules & Regulations and a willingness to work cooperatively and harmoniously.

III. Procedure:

A. Education

1. Provide new hires with information and training at New Employee Orientation.
2. Provide annual Code of Conduct training.
3. Provide annual sexual harassment training.

B. Incident Reporting

1. Individuals who report an incident shall be requested to document it in writing on the Code of Conduct Reporting Form.
2. All Code of Conduct Reporting Forms will be submitted to Risk Management and shall be forwarded to the appropriate department.
3. Individuals may also report an incident by calling the confidential improvement reporting line at extension 43781. (Refer to Administration Policy #26)
4. Incidents reported verbally will be documented by the individual who received or accepted the complaint using the Code of Conduct Reporting Form.
5. Incidents reported anonymously will be investigated to the extent possible.

C. Complaint Resolution

1. Disruptive behavior, as defined in the policy, is prohibited by MBR.
2. Following a confidential and thorough investigation, any confirmed charge of disruptive behavior in the work place will be considered as a violation of the Medical Center's Rules and Regulations and will subject the individual to disciplinary action, up to and including discharge as defined in the Employee Handbook.
3. Retaliatory action against anyone who reports disruptive behavior will not be tolerated.
4. If deemed necessary, the Employee Assistance Program (EAP) will be utilized to assist in correcting intimidating and/or disruptive behavior.

Exception Provisions:

If any provision of these policies conflict with an express provision(s) of an applicable collective bargaining agreement or letter of understanding, the latter shall supersede this policy to the extent necessary to comply with contractual obligations.

Approvals:

<u>Name</u>	<u>Title</u>	<u>Date</u>
Gregory S. Purtell	Vice President, Human Resources	3/31/14
Alice Gerard	President	3/31/14
Ellen Talbott	Vice President Patient Care Services/CNO	3/31/14

