



System Department

Supersedes:

Section: Medical Staff

Subject: Code of Conduct

Number: MS43

[Attachment A-Expectations of Physicians](#)
[Attachment B- DHHS Mandatory Reporting Requirements](#)

Attachments:

Date Effective: 3/24/03

5/24/05, 5/21/07, 2/13/09, 7/19/10, 4/15/13,

Date Reviewed: 3/19/15, 4/17/17, 5/2019

CODE OF CONDUCT

POLICY

This policy applies to members of the Medical/Dental Staff (henceforth referred to as Medical Staff). It is the policy of this hospital that all individuals within its facility be treated courteously, respectfully, and with dignity. To that end, the hospital requires all individuals, including employees, medical staff, allied health professionals, and other practitioners to conduct themselves in a professional and cooperative manner in all Nebraska Medicine facilities (henceforth referred to as Hospital).

If an employee's conduct is disruptive, the matter shall be addressed in accordance with hospital employment policies. If the conduct of a Medical Staff member or allied health practitioner is disruptive, the matter shall be addressed in accordance with this policy. Any medical staff, allied health professional, employee, patient or visitor may report potentially disruptive conduct.

Medical Students, Residents and House Officers shall be addressed in accordance with this policy. The Training Director, Chairman or Dean, as applicable, will receive notification from the Medical Staff President of the conduct and action taken. Any cost associated with recommendation for action will be the responsibility of the training program and/or department.

OBJECTIVE

The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional health care environment and to prevent or eliminate, to the extent possible, conduct that disrupts the operation of the Hospital, affects the ability of others to do their jobs, creates a "hostile work environment" for Hospital employees or other Medical Staff members, or interferes with an individual's ability to practice competently.

STANDARDS OF BEHAVIOR

Expectations of Practitioners Granted Privileges at Nebraska Medicine

This describes the expectations that physicians have of each other as members of our medical staff based on the ACGME/Joint Commission physician General Competencies framework. The expectations described below reflect current medical staff bylaws, policies and procedures and organizational policies. This document is designed to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision.

Medical staff leaders will work to improve Individual and aggregate medical staff performance through providing appropriate measurement of these expectations that provides positive and constructive feedback so each physician has the opportunity to grow and develop in his or her capabilities to provide outstanding patient care and valuable contributions to our hospital.

Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:

1. Achieve patient outcomes that consistently meet or exceed generally accepted medical staff standards.
2. Demonstrate caring and respectful behaviors when interacting with patients, their families and caregivers.
3. Assure that each patient is evaluated by a physician as often as necessary and document findings in the medical record at that time.
4. Gather essential and accurate information about their patients and make clinical decisions based on patient information and preferences and available scientific evidence.
5. Use sound clinical judgment to develop and carry out patient management plans.
6. Counsel and educate patients, their families and caregivers.
7. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
8. Address end-of-life issues in the patient care plan when appropriate to a patient's condition, including advance directives and patient and family support, and honor patient desires.
9. Supervise residents, students and allied health professionals to assure patients receive the highest quality of care.

Medical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others as evidenced by the following:

1. Maintain ongoing medical education and board certification as appropriate for each specialty.
2. Use evidence-based guidelines when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment.

Practice Based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. Review your individual and specialty data for all dimensions of performance and utilize this data to for self-improvement to continuously improve patient care.
2. Respond in the spirit of continuous improvement when contacted regarding concerns about patient care.
3. Use hospital information technology to manage information, access on-line medical information; and support their own education.
4. Facilitate the learning of students, trainees and other health care professionals.

Interpersonal and Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as evidenced by the following:

1. Communicate effectively with other physicians and caregivers, patients and their families through appropriate oral and written methods to ensure accurate transfer of information according to hospital policies.
2. Work effectively with others as a member or leader of a health care team or other professional group.
3. Maintain medical records consistent with the medical staff bylaws, rules, regulations and policies.
4. Maintain high patient satisfaction with physician care.

Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society as evidenced by the following:

1. Act in a professional, respectful manner at all times and adhere to the Medical Staff Code of Conduct.
2. Respond promptly to requests for patient care needs.
3. Address disagreements in a constructive, respectful manner away from patients or other non-involved caregivers.

4. Respect patient rights by discussing unanticipated adverse outcomes with patients and/or appropriate family members.
5. Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
6. Utilize sensitivity and responsiveness to culture, age, gender, and disabilities for patients and staff.
7. Make positive contributions to the medical staff by participating actively in medical staff functions and serving when requested and by responding in a timely manner when provided information on medical staff matters requesting medical staff member input.

Systems Based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare as evidenced By the following:

1. Ensure timely and continuous care of patients by clear identification of covering physicians and by availability through appropriate and timely electronic communication systems.
2. Provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources.
3. Cooperate with guidelines for appropriate hospital admission, level of care transfer, and timely discharge to outpatient management when medically appropriate.
4. Comply with hospital efforts and policies to maintain a patient safety culture, reduce medical errors, meet national patient safety goals and improve quality.

Unacceptable Behaviors

Unacceptable behavior is conduct that adversely affects the hospital's ability to accomplish the objectives as stated above and includes, but is not necessarily limited to the following actions toward colleagues, hospital personnel, patients, or visitors:

1. Hostile, angry or aggressive confrontational voice or body language.
2. Attacks, including verbal that go beyond the bounds of professional conduct.
3. Inappropriate expressions of anger such as destruction of property or throwing items.
4. Abusive language or criticism directed at the recipient in such a way as to ridicule, humiliate, intimidate, undermine confidence, or belittle.
5. Criticism of staff member in front of patient or patient's family.
6. Writing of inappropriate, critical, or litigious comments/notes in the medical record.
7. Insensitive, inappropriate or disparaging comments or conduct on the basis of race, religion, color, national origin, ancestry, age, physical disability, mental disability, marital status, sex, gender, or sexual orientation.
8. Retaliation against any person who addresses or reports unacceptable behavior.
9. Failure to maintain medical records consistent with medical staff bylaws, rules, regulations. and policies
10. Unreliably identifying covering physician(s) to ensure continuous and timely care of patients or lack of response to electronic communication systems
11. Lack of cooperation with hospital efforts to systematically enhance disease prevention
12. Noncompliance with adherence to available specialty-appropriate evidence-based guidelines in selecting approaches to diagnosis and treatment of patients
13. Sexual harassment, which includes unwelcome or unwanted sexual advances, requests or demands for favors, and other types of conduct of a harassing or sexual nature.
14. Sexual misconduct, which includes sexual contact of another person without consent. Sexual misconduct also includes violations of the provider-patient relationship where the provider engages, solicits, or induces a patient to engage in verbal or physical sexual contact or a romantic relationship.

DOCUMENTATION

It is recommended that written documentation of an incident report include:

1. The date, time and location of incident.
2. If the conduct affected or involved a patient in any way, the medical record number of the patient.
3. The circumstances that precipitated the incident.
4. A factual description of the questionable conduct.
5. The consequences, if any, of the disruptive conduct as it relates to patient care, personnel or

operations of the hospital.

6. Any action taken to try to remedy the situation including the names of all those involved in the incident.
7. The name and signature of the person filing the complaint so that the individual may be interviewed by the Chief Medical Officer and/or the Medical Staff President. The complainant's name will be kept confidential until such time as judicial review or legal action is undertaken.

SUBMISSION OF REPORT

The report should be submitted directly to the Manager of Medical Staff Services who will submit reports to both the Chief Medical Officer and the Medical Staff President or his or her designee. Management personnel receiving such reports should make sure that all necessary documentation is included prior to submitting the report. These reports must be submitted within one week of receipt from the complaint.

ACKNOWLEDGMENT OF REPORT

The Chief Medical Officer or the Medical Staff Services Manager will acknowledge to the practitioner or employee submitting the report that the report has been received and that it will be addressed by the Medical Staff. Reports submitted by the public (patients or visitors) will be immediately handled by the Risk Management Department or Administration in accordance with hospital policy. If the report involves a physician, a copy will be forwarded to the Medical Staff President. Reports of complaints and follow-up involving a physician will be kept in their trending file in Medical Staff Services.

ACTION TAKEN UPON RECEIPT OF REPORT

All conversations and meetings relative to the report(s) shall be documented.

The Chief Medical Officer will complete the initial evaluation and may dismiss reports determined to be unfounded or not meeting the definition of disruptive conduct. All reports not dismissed shall be evaluated by the Medical Staff President. The Medical Staff President shall make a judgment as to whether the report is one of a minor nature and an isolated incident that does not need be addressed (such as a single instance of a physician expressing annoyance for being awakened in the middle of the night). If additional complaints of disruptive conduct are submitted, the complaint that was initially dismissed will be included to establish that a pattern of disruptive conduct does appear to exist. Reports considered valid will be addressed as follows:

1. For a single incident that the Medical Staff President has confirmed as one that warrants discussion but not summary suspension, the Medical Staff President shall initiate a fact-finding discussion. If disruptive conduct is confirmed, the Medical Staff President will emphasize that such conduct is inappropriate and must cease. The Medical Staff member who is subject of the complaint and who is a first time offender will be reminded, by the Medical Staff President, of the Medical Staff's strict policy against disruptive conduct. The practitioner will be informed that the hospital and medical staff will not tolerate any retaliation against or intimidation of any individual who has registered a complaint pursuant to this Policy or who has cooperated in connection with the investigation. The practitioner will be counseled as to the proper way to register complaints or concerns about quality or service issues. The practitioner who is the subject of the complaint will also be informed that any additional violation of the policy will be considered an independent cause of discipline, regardless of the merits of the underlying discrimination or harassment charge that produced the original complaint.
2. If the Medical Staff President determines that a pattern of disruptive conduct has developed the Medical Staff President or his/her designee will discuss the matter with the practitioner as outlined below and will initiate a prompt and objective appraisal of facts:
 - a. The offending practitioner will be notified that if such behavior continues, more formal action will be taken to stop it.
 - b. A follow-up letter to the practitioner shall state the problem and indicate that the practitioner is required to behave professionally and cooperatively within the Hospital.
 - c. The involved practitioner may submit a rebuttal to the charge. Such rebuttal will be maintained in the practitioner's trending file.
 - d. The Hospital CEO or his/her designee will be notified by the Medical Staff President regarding the conduct of the practitioner and planned actions regarding the practitioner's behavior.
 - e. The Medical Staff President may request the practitioner obtain a health or mental health evaluation with a physician acceptable to the Medical Staff President. This may be reported to the Medical Staff

Advisory Committee and/or the Medical Executive Committee as appropriate.

3. If such behavior continues, the Medical Staff Advisory Committee or Medical Executive Committee and the Hospital CEO or his/her designee, will meet with the practitioner. The practitioner will be advised that such conduct is intolerable and must cease. At this time a health evaluation may be required by a physician acceptable to the Medical Executive Committee. A report from the assessing physician will be required with evaluation results and treatment plan, if applicable. Recommendations may also be made to the practitioner with respect to his behavior, e.g., anger management, interval evaluation by Service Chief. This meeting constitutes the practitioner's final warning. If the health evaluation results in a medical diagnosis explaining the problem and successful treatment, and if the Medical Executive Committee agree, the practitioner may be returned to step 1 in the process with an emphasis of the need for acceptable behavior. The meeting shall be followed with a certified letter reiterating the warning and/or decision by the Medical Staff Advisory Committee or Medical Executive Committee; a copy of the letter will be filed in the practitioner's trending file.
4. Further substantiated reports of disruptive conduct after the individual has agreed to stop the offensive conduct, or the practitioner's refusal to agree to stop the disruptive conduct shall lead to immediate action against the practitioner's privileges, summary suspension or restriction in accordance with the Medical Staff Bylaws. A medical diagnosis does not ensure exemption from this step of the process.

EXTERNAL REPORTING REQUIREMENTS

Reports of disciplinary action will be made to the appropriate licensing board in accordance with State Law (See Attachment B) and to the National Practitioner Data Bank.

Staff Accountability:

Medical Staff Services (4/2019)

Bylaws Committee (4/2019)

Medical Executive Committee (4/2019)

Board of Directors (5/2/2019)

Department Approval

Signed | s |: Steven B. Black, MD.
Title: Chairman, Bylaws Committee
Department:

Administrative Approval

Signed | s |: Mark E. Rupp, MD
Title: Medical Staff President

Expectations of Physicians Granted Privileges at Nebraska Medicine

Attachment A

This document describes the expectations that physicians have of each other as members of our medical staff based on the ACGME/Joint Commission physician General Competencies framework. The expectations described below reflect current medical staff bylaws, policies and procedures and organizational policies. This document is designed to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision.

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Summary of Mandatory Reporting Requirements

- Reports must be submitted in writing within 30 days of occurrence/action
- Reporting partners, except for self-reporting are immune from criminal or civil liability
- Must have first hand knowledge

WHAT TO REPORT

WHO MUST REPORT

1. Practice without License	All Professionals
2. Gross Incompetence 3. Pattern of Negligent Conduct 4. Unprofessional Conduct 5. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability 6. Violations of Other Regulatory Provisions of the Profession	All Professionals Report Others of the SAME Profession*
7. Gross Incompetence 8. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability	All Professionals Report Others of a DIFFERENT Profession*
9. Loss of or Voluntary Limitation of Privileges 10. Resignation from Staff 11. Loss of Employment 12. Licensure Denial 13. Loss of Membership in Professional Organization 14. Adverse Action pertaining to Professional Liability Coverage 15. Licensure Discipline/Settlement/Voluntary Surrender/Limitation in any State or Jurisdiction 16. Conviction of Felony or Misdemeanor in any State or Jurisdiction	All Professionals—Self-Reporting
Due to Alleged Incompetence, Negligence, Unethical or Unprofessional Conduct, or Physical, Mental, or Chemical Impairment. ***	
17. Payment made due to Adverse Judgment, Settlement, or Award 18. Adverse Action affecting Privileges or Membership***See above	Health Facilities, Peer Review Organizations, and Professional Associations
19. Violation of Regulatory Provisions Governing a given Profession** 20. Payments made due to Adverse Judgment, Settlement, or Award 21. Adverse Action affecting Coverage	Insurers
22. Convictions of Felony or Misdemeanor involving Use, Sale, Distribution, Administration, or Dispensing Controlled Substances, Alcohol or Chemical Impairment, or Substance Abuse. 23. Judgments from Claims of Professional Liability	Clerk of County or District Court

*Exceptions to reporting are: 1) If you are a spouse of the practitioner; 2) If you are providing treatment which means information is protected by a practitioner-patient relationship (unless a danger to the public); 3) When a chemically impaired professional enters the Licensee Assistance Program 4) When serving as a committee member or witness for a peer review activity; 5) Convictions that were dismissed by diversion, pardoned, set aside; or expunged.

**Unless knowledge is based on confidential medical records.

(Revised 3/2007)

Send Written Report To:
DHHS Division of Public Health
Investigations Unit
 1033 O Street, Suite 500
Lincoln NE 68508