

CAROLINAS MEDICAL CENTERS-CHARLOTTE

MEDICAL STAFF AND ALLIED HEALTH PROFESSIONAL CODE OF CONDUCT POLICY

I. Policy Statement

- A. Carolinas HealthCare System is committed to providing comprehensive high quality healthcare to its patients. This Code of Conduct Policy sets the expectation that all members of the Medical Staff and all Allied Health Professionals (AHPs) practicing in any of the CMC-Charlotte Hospitals must treat others with respect, courtesy, and dignity and conduct themselves in a professional manner which focuses foremost on patient care.
- B. The quality of patient care and safety are dependent on healthcare provider conduct in the hospital environment:
 - i) Appropriate and professional conduct of Medical Staff members and AHPs advocates for and contributes to an environment which fosters communication and collaboration and leads to high quality patient care.
 - ii) Inappropriate and unprofessional conduct may disrupt the healthcare environment, adversely affect patient care, interfere with the ability of others to optimally perform, and lead to patient/physician/staff dissatisfaction.
 - iii) Disruptive behavior in the healthcare environment is inappropriate conduct which compromises patient care and patient safety.
- C. This Policy outlines the collegial and educational efforts to be used by Medical Staff leaders in order to address conduct that does not meet the professional conduct standards outlined in this Policy. The goal of these efforts is to encourage and arrive at voluntary, responsive actions by the practitioner to resolve the concerns that have been raised regarding that practitioner, and thus avoid the necessity of proceeding through the disciplinary process of the Medical Staff Bylaws.

II. Professional Conduct Standards

Members of the Medical Staff and AHPs are expected to adhere to the following professional conduct standards:

- A. Provide quality medical care with compassion and respect for human dignity and rights.
- B. Provide constructive criticism communicated in a reasonable manner and offered in good faith with the goal of improving patient care, service and safety.

- C. Be honest and forthright in all professional interactions.
- D. Embrace teamwork by creating a culture of collaboration and communication in providing patient care.
- E. Promote a professional atmosphere that will be admired by physicians, AHPs, staff, and visitors.
- F. Show respect and consideration to all persons of the healthcare team regardless of position, station, or relationship.
- G. Abide by the provisions of the Medical Staff Bylaws, Credentials Policy, Rules and Regulations, procedures and protocols of the CMC-Charlotte Hospitals and the Medical Staffs.
- H. Avoid sexual harassment and discrimination or harassment of an individual on the basis of race, gender, national origin, religion, age, or disability.
- I. Avoid use of profane or threatening language in the healthcare environment.
- J. Avoid disruptive behavior which materially interferes with patient care and/or patient safety.

III. Collegial Efforts Relating to Professional Conduct Standards

In the event that an incident involving a member of the Medical Staff or an AHP is alleged by any patient, visitor, Hospital staff, AHP, Medical Staff member or any other person that, if true, would reflect conduct that would not conform to the professional conduct standards outlined in this Policy, the following protocol shall be followed:

- A. A report of the incident shall be forwarded to the applicable Chief of the Department and if appropriate to the President of the Medical Staff. The Chief or President of the Medical Staff may request copies of any available documentation regarding the incident, the investigation of the incident, or any summaries of either.
- B. The Chief of the Department or his/her designee shall make sufficient inquiry to satisfy himself or herself that the complaint has merit and is credible and that the incident reflects conduct on the part of the practitioner that does not conform to the professional conduct standards outlined in this Policy. The Chief may, in his or her discretion, consult with the applicable President or Officers of the Medical Staff, Medical Directors, Department Chiefs of other C-CMC Facilities, and /or Chief Medical Officer of the Hospital as part of this inquiry.

- C. Once satisfied, the Chief shall, if appropriate, engage in collegial efforts to address the practitioner's inappropriate conduct. It is anticipated that these collegial efforts will include a discussion of the incident and the related inappropriate conduct with the practitioner, and these collegial efforts may also include (but are not limited to) any of the following:
- (i) counseling,
 - (ii) monitoring,
 - (iii) additional training or education,
 - (iv) referral to the Physician Health Committee,
 - (v) writing a letter of guidance about the incident,
 - (vi) writing a letter of reprimand, or
 - (vii) inviting medical staff officer(s) to meet with the practitioner.
- D. The goals of these collegial efforts are: to counsel and educate the individual; to assure that the individual demonstrates insight and appropriate contrition regarding the conduct issue; and to achieve voluntary appropriate sustainable corrective behavior changes.
- E. Documentation of the complaint and the collegial efforts shall be included in the Medical Staff member's or AHP's confidential file. If documentation is included in an individual's confidential file, the individual will have an opportunity to review such documentation and respond in writing. The response shall be maintained in the confidential file along with the original documentation
- F. Notwithstanding the aforementioned collegial efforts, if there is evidence of a pattern of inappropriate conduct demonstrated by the most recent incident or if the incident of inappropriate conduct is felt to be so egregious that engaging in collegial efforts is either not advisable or not indicated, the President of the Medical Staff, pursuant to the applicable provisions in the Medical Staff Bylaws, may refer the matter to the CMCC Credentials Committee (for Medical Staff members) or to the Department Chief (for AHPs) to determine whether further investigation is required.
- F. Retaliation by Medical Staff members or AHPs against complainants under any circumstances is considered to be inappropriate conduct that will be evaluated pursuant to this Policy and, if appropriate, under the Medical Staff Bylaws.
- G. Individuals who falsely submit a complaint may be subject, as applicable to the individual, corrective action under the medical staff bylaws, rules, regulations or hospital employment or other policies.
- H. Inappropriate or disruptive behavior by a hospital employee or other member of the hospital community toward a member of the medical staff or AHP may disrupt the healthcare environment, interfere with the ability of others to optimally perform, lead to physician or AHP dissatisfaction and may compromise patient care and patient safety. Therefore, this occurrence may

be reported to the hospital administration, hospital human resources or medical staff leadership as appropriate.

IV. Educational Efforts Relating to Professional Conduct Standards

- A. The Medical Staff leadership and Hospital Administration shall provide orientation and education to the members of the Medical Staff, AHPs, and other Hospital personnel making all parties aware of this Policy requiring ethical, respectful, truthful, and dignified conduct.

Medical Executive Committees:

Carolinas Medical Center: 09/16/2009

Carolinas Medical Center – University: 09/15/2009

Carolinas Medical Center – Mercy: 09/14/2009

Carolinas Rehabilitation: 09/10/2009

Carolinas Medical Centers-Charlotte Medical Executive Committee: 10/22/2009