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# SARH MEDICAL STAFF CODE OF CONDUCT

## Expectations of Practitioners Granted Privileges at San Antonio Regional Hospital/Code of Conduct

Outlined below are the expectations that practitioners have of each other as members of our medical staff. These expectations reflect current medical staff bylaws, policies and procedures and organizational policies to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision. While these expectations will provide a guide for the medical staff in selecting measures of practitioner competency, not every expectation will be directly measured.

### 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. Provide effective patient care that consistently meets or exceeds medical staff or appropriate external standards of care as defined by comparative outcome data, medical literature and results of peer review activities;
2. Plan and provide appropriate patient management based on accurate patient information, patient preferences, current indications and available scientific evidence using sound clinical judgment;
3. Assure that each patient is evaluated by a practitioner, and findings documented in the medical record, as defined in the medical staff bylaws, rules and regulations;
4. Demonstrated caring and respectful behaviors when interacting with patients and their families; (**see Code of Conduct below**)
5. Provide for patient comfort by managing acute and chronic pain according to medically appropriate standards;
6. Counsel and educate patients and their families;
7. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention;
8. If applicable, 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. Use evidence-based guidelines when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment;
2. Maintain ongoing medical education and board certification as appropriate for each specialty;
3. Demonstrate appropriate technical skills and medical knowledge.

### Interpersonal and Communication Skills

1. Practitioners are expected to demonstrate interpersonal and communications 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: (**see Code of Conduct below**)
2. Communicate effectively with practitioners, other caregivers, patients and families to ensure accurate transfer of information through appropriate oral and written methods according to hospital policies;
3. Request inpatient consultations by providing adequate communication with the consultant including a clear reason for consultation and direct practitioner-to-practitioner contact for urgent or emergent requests;
4. Maintain medical records consistent with the medical staff bylaws, rules/regulations and policies;
5. Work effectively with others as a member of the health care team;

6. Maintain patient satisfaction with practitioner care.

### **Professionalism**

1. 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: (see **Code of Conduct below**)
2. Act in a professional, respectful manner at all times and adhere to the Medical Staff Code of Conduct;
3. Respond promptly to requests for patient care needs;
4. Address disagreements in a constructive, respectful manner away from patients or non-involved caregivers;
5. Participate in emergency call as defined in the bylaws, rules and regulations;
6. Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and discussion of unanticipated adverse outcomes;
7. Utilize sensitivity and responsiveness to culture, age, gender, and disabilities for patients and staff;
8. Make positive contributions to the medical staff by participating actively in medical staff functions, serving when requested and by responding in a timely manner when input is requested.

### **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. Comply with hospital efforts and policies to maintain a patient safety culture, reduce medical errors, and meet national patient safety goals;
2. Follow nationally recognized recommendations regarding infection control procedures and precautions when participating in patient care;
3. Ensure timely and continuous care of patients by clear identification of covering practitioners and by availability through appropriate and timely electronic communications systems;
4. Provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources;
5. Cooperate with guidelines for appropriate hospital admission, level of care transfer, and timely discharge to outpatient management when medically appropriate.

### **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. Regularly review their individual and specialty data for all general competencies and use the data for self-improvement of patient care;
2. Respond in a constructive manner when contacted regarding concerns about patient care;
3. Use hospital information technology to manage information and access on-line medical information;
4. Facilitate the learning of students, trainees and other health care professionals.
5. Abide by mandates of the medical staff related to CPOE and electronic documentation

## **MEDICAL STAFF CODE OF CONDUCT**

### **I. DEFINITIONS:**

“**Appropriate behavior**” means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice including practice that may be in competition with the hospital (in a manner consistent with

governing documents concerning conflicts of interest). Appropriate behavior is not subject to discipline under these bylaws.

**“Disruptive behavior”** means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised or is illegal, or creates a hostile work environment.

**“Harassment”** means conduct toward others based on their race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, 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 or which constitutes illegal discrimination.

**“Inappropriate behavior”** means 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, and subject to treatment as “disruptive behavior.”

**“Sexual harassment”** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person’s work performance or which creates an offensive intimidating or otherwise hostile work environment.

**“Medical staff member”** means physicians and others granted membership on the Medical Staff and for purposes of this Code, includes individuals with temporary clinical privileges.

## II. TYPES OF CONDUCT

### A. Appropriate Behavior:

Medical staff members cannot be subject to discipline for appropriate behavior. Examples of appropriate behaviors include, but are not limited to, the following:

- Criticism communicated in a reasonable manner in private setting and offered in good faith with the aim of improving patient care and safety;
- Encouraging clear communication with mutual dignity and respect;
- Expressions of concern about a patient’s care and safety in private setting but not in front of patients or family;
- Expressions of dissatisfaction with policies through appropriate grievance channels or other civil non-personal means of communication;
- Use of cooperative approach to problem resolution;
- Constructive criticism conveyed in a respectful and professional manner in private setting, without blame or shame for adverse outcomes;
- Professional comments to any professional, managerial, supervisory, or administrative staff, or members of the Board of Trustees about patient care or safety provided by others;
- Active participation in medical staff and hospital meetings;
- Membership on other medical staffs;
- Seeking legal advice or the initiation of legal action for cause;
- Adhering to medical staff bylaws and Rules and Regulations
- Participation in quality improvement activities
- Communication of clear instructions for patient care
- Recognizing the need for peer review, Quality Improvement, and other hospital committee functions and maintaining strict confidentiality of all Medical staff/hospital committee meetings;

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- Using the data gathered from these meetings to improve the practice of medicine, improve the overall care given to the patient, and assisting the hospital to attain excellence and reputation in the delivery of health care, and
  - Understanding that it is physician's responsibility to ensure that the physician as well as any of his/her office personnel that have access to the Hospital's *electronic medical record* information must keep all Protected Health Information confidential.

*~ In applying for appointment or reappointment to the Medical Staff of San Antonio Regional Hospital, the physician understands that the Medical Staff and Hospital together constitute an Organized Health Care Arrangement (OHCA) with respect to the use and disclosure of patient information under the Health Insurance Portability and Accountability Act (HIPAA), and agrees to maintain the confidentiality and security of patient information consistent with the Medical Staff Rules and Regulations, with Hospital and Medical Staff policies, with the Hospital's Notice of Privacy Practices, and with applicable law, including HIPAA.*

## **B. Inappropriate Behavior**

Inappropriate behavior by medical staff members is discouraged. Persistent inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior." Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Deliberate lack of cooperation without good cause;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- Intentional condescending language; and
- Intentional degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.

## **C. Disruptive Behavior**

Disruptive behavior by medical staff members is prohibited. Examples of disruptive behavior include, but are not limited to, the following:

- Physically threatening language directed at anyone in the hospital including physicians, nurses, other medical staff members, or any hospital employee, administrator or member of the Board of Trustees;
- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts or other things;
- Threats of violence or retribution;
- Sexual harassment;
- Unethical, illegal or dishonest behavior, and
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

## **D. Interventions**

Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending medical staff member, and protecting patient care and safety. The medical staff supports tiered, non-confrontational intervention strategies, starting with informal discussion of the matter with the appropriate division or department chairperson. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or corrective action pursuant to the medical staff bylaws, if the behavior is or becomes disruptive.

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The use of summary suspension should be considered only where the physician's disruptive behavior presents an imminent danger to the health of any individual. At any time rehabilitation may be recommended. If there is reason to believe inappropriate or disruptive behavior is due to illness or impairment, the matter may be evaluated and managed confidentially according to the established procedures of the medical staff's Physician Well Being Committee.

In the event of a serious, life-threatening medical event or a significant change in physical capacity, physician recognizes that he/she may not return to Hospital practice until he/she can provide documentation from his/her attending physician that he/she is able to adequately perform in his/her professional capacity without posing a threat to the safety of patients, their self or others. Physician shall make the above notification and acquire the above noted *release to return to hospital practice* for submission and approval of the Medical Executive Committee.

### **III. PROCEDURE**

Complaints about a member of the medical staff regarding allegedly inappropriate or disruptive behavior should be in writing, signed and directed to the Multi-Specialty Physician Excellence Committee (MPEC) Chair and/or the President of the medical staff. If either of these individuals are the subject of the complaint, the complaint will be directed to another MPEC Committee Member and/or the President Elect of the medical staff and/or the appropriate Department Chair. Initial complaints shall be made using the Hospital's risk identification reporting (RIR) system. The complaint information shall then be forwarded to the Medical Staff and shall be maintained in compliance with Evidence Code Section 1157. The report should include to the extent feasible:

1. the date(s), time(s) and location of the inappropriate or disruptive behavior;
2. a factual description of the inappropriate or disruptive behavior;
3. the circumstances which precipitated the incident;
4. the name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
5. the names of other witnesses to the incident;
6. the consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care or safety, or hospital personnel or operations; and
7. any action taken to intervene in, or remedy, the incident, including the names of those intervening.

At the discretion of the MPEC Chair, President of the medical staff (or President Elect if the President of the medical staff is the subject of the complaint), the duties here assigned to the President of the medical staff can, from time to time, be delegated to another elected member of the MEC ("designee").

The complainant will be provided a written notice of the complaint per the Medical Staff Validation Policy and Procedure. In all cases, the medical staff member subject of the complaint shall be provided a copy of this Expectations of Practitioners Granted Privileges/Code of Conduct Policy and a copy or summary of the complaint in a timely fashion, as determined by the organized medical staff Peer Review Policies, and MPEC Charter. The medical staff member will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of this Code of Conduct and may result in corrective action against the medical staff member.

If the MPEC Committee recommends to the MEC that, more formal investigation and/or action is warranted this shall be done in accordance with Medical Staff Peer Review Policies, Rules and Regulations and Bylaws.

### **IV. INAPPROPRIATE OR DISRUPTIVE BEHAVIOR AGAINST A MEDICAL STAFF MEMBER**

Inappropriate or disruptive behavior which is directed against the organized medical staff or directed against a medical staff member by a hospital employee, administrator, board member, contractor, or other member of the

hospital community shall be reported by the medical staff member to the hospital pursuant to hospital policy or code of conduct, or directly to the hospital governing board, the state or federal government, or relevant accrediting body, as appropriate.

#### **V. ALLEGATION BY EMPLOYEE AGAINST PHYSICIAN**

When an employee makes an allegation involving a physician, the hospital legally has a responsibility to investigate. The process is that Administration would also conduct an investigation as it relates to SACH employees, interviewing all involved - witnesses, etc. The findings would be shared with the Multi-Specialty Physician Excellence Committee (MPEC) and Medical Executive Committee (MEC) and the Medical Staff would then conduct an investigation into the allegation on the physician side and follow up through whatever medical staff protocol is appropriate in accordance with Medical Staff Bylaws, Rules and Regulations and Policies.

#### **VI. ABUSE OF PROCESS**

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by medical staff members against complainants will give rise to corrective action pursuant to the medical staff bylaws. Individuals who falsely submit a complaint shall be subject to corrective action under the medical staff bylaws or hospital employment policies, whichever applies to the individual.

#### **VII. PROMOTING AWARENESS OF CODE OF CONDUCT**

The medical staff shall, in cooperation with the hospital, promote continuing awareness of this Code of Conduct among the medical staff and the hospital community, by:

1. Sponsoring or supporting educational programs on disruptive behavior to be offered to medical staff members and hospital employees;
2. Disseminating this Code of Conduct to all current medical staff members upon its adoption and to all new applicants for membership to the medical staff.
3. Encouraging the Physician Well Being Committee to assist members of the medical staff exhibiting inappropriate or disruptive behavior to obtain education, behavior modification, or other treatment to prevent further infractions.
4. Informing the members and the hospital staff of the procedures the medical staff and hospital have put into place for effective communication to hospital administration of any medical staff member's concerns, complaints and suggestions regarding hospital personnel, equipment, and systems.

**By my signature below, I attest to recognizing, understanding, and accepting the Medical Staff Code of Conduct.**

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**Medical Staff Member Signature**

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**Date**

Approved by the Medical Executive Committee:  
November 2014

October 19, 2009; May 17, 2010, December 2013,

Approved by the Board of Trustees:

November 3, 2009; May 24, 2010, February 4, 2014; January 2015

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