

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
MEDICAL STAFF**

**MEDICAL STAFF PROFESSIONAL CONDUCT POLICY**

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<b>Effective Date:</b>	<b>3/25/2010</b>	<b>Policy No:</b>	<b>MS003</b>
<b>Cross Referenced:</b>	<b>AD43</b>	<b>Origin:</b>	<b>Medical Staff</b>
<b>Reviewed Date:</b>	<b>1/6/2015</b>	<b>Authority:</b>	<b>MEC</b>
<b>Revised Date:</b>	<b>8/28/2013</b>	<b>Page:</b>	<b>1 of 3</b>

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**SCOPE**

All members of the Medical/Dental Staff at HRMC.

**PURPOSE**

The objective of this policy is to ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate, to the extent possible, inappropriate behavior 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;
- interferes with an individual's ability to practice competently; or
- adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

**DEFINITIONS**

Unacceptable, inappropriate conduct may include, but is not limited to, behavior such as the following:

- Attacks—verbal or physical—leveled at other appointees to the Medical Staff, hospital personnel, patients or patients' families that are personal, irrelevant, or beyond the bounds of appropriate, professional conduct;
- Impertinent and inappropriate comments or illustrations made in patient medical records or other official documents that impugn the quality of care in the hospital or attack particular physicians, nurses, or hospital policies;
- Behavior in committee, department, or other Medical Staff or hospital affairs that is rude, disrespectful, threatening, or otherwise unprofessional or inappropriate.

**POLICY**

It is the policy of the Medical Staff that all individuals within the hospital's facilities will be treated with courtesy, respect, and dignity. To that end, the Medical Staff requires that all members of the Medical Staff conduct themselves in a professional and cooperative manner in the hospital. The Medical Staff intends to enforce this policy in a firm, fair, and equitable manner.

The Medical Staff is accountable to the Board of Trustees for effectively addressing inappropriate behavior of practitioners consistent with this policy. As a result, individual incidents of severe inappropriate behavior or persistent patterns of inappropriate behavior not addressed by the Medical Staff in an effective and timely fashion shall be definitively addressed by the Governing Board.

The Medical Staff will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of inappropriate behavior. No other policy or procedure shall be applicable to inappropriate behavior except as designated by the Medical Staff and Governing Board.

Approved at the MEC meeting 1/6/2015

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**PROCEDURE**

This policy will be implemented in a manner that carries out the following activities:

- Set and communicate clear expectations of behavior, including wide dissemination of this policy;
- Measure performance of individuals compared to these expectations;
- Provide timely and periodic feedback of performance to individuals;
- Manage poor performance when patterns of inappropriate behavior persist;
- Take corrective action to terminate or limit a provider's Medical Staff membership or privileges following a single egregious incident or when the problem cannot otherwise be resolved in a timely manner.

Any physician, allied health practitioner, employee, patient, or visitor may report conduct that they deem inappropriate. Individuals may submit a report to their supervisor, who will then forward the document to the Medical Staff Office. All alleged incidents will be forwarded to the Quality Department for tracking purposes. The Quality Department will complete a Medical Staff Peer Review form, attach related documentation, and forward to the Chair of the Department.

Once it is received, the Chairman of the Department will investigate the report.

If confirmed, the incident will be addressed as follows:

1. It shall be made clear to the offending individual that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and grounds for further disciplinary action.
2. A single confirmed incident warrants a discussion with the offending individual. The Department Chairman will provide the offender with a copy of this policy and inform the individual that the Board of trustees requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and the hospital.
3. Further incidents that do not cluster into a pattern of persistent inappropriate behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy, i.e. as a rule violation.
4. If the Chief Medical Officer, the President of the Medical Staff, or Department Chair determines the individual is demonstrating persistent inappropriate behavior, the Chief Medical Officer/President of the Medical Staff or designee shall discuss the matter with the individual as outlined below:
  - The Chief Medical Officer/President of the Medical Staff or designee will provide the offending individual with a copy of this policy and inform the individual that the Medical Executive Committee (MEC) and Board of trustees require compliance with this policy. Failure to agree to abide by the terms of this policy shall be grounds for summary suspension.
  - The Chief Medical Officer/President of the Medical Staff or designee will inform the offending individual that if the inappropriate behavior recurs, the MEC and/or Board will take more formal action to stop it. The MEC and President of the hospital will also receive notification about the recurrence of the behavior.

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- Because documentation of each incident of inappropriate conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the Chief Medical Officer/President of the Medical Staff or designee shall document all meetings regarding professional conduct in writing through at least a follow-up letter to the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform. The letter shall include all of the following:
    - The date and time of the questionable behavior
    - A statement of whether the behavior affected or involved a patient in any way, and, if so, information identifying the patient
    - The circumstances that precipitated the situation
    - A factual and objective description of the questionable behavior
    - The consequences, if any, of the inappropriate behavior as it relates to patient care or hospital operations
    - A record of any action taken to remedy the situation, including the date, time, place, action, and name(s) of those intervening and follow up action steps agreed to by the individual involved and the individual(s) performing the intervention.
  - The Medical Staff Office will keep a copy of this letter in the practitioner's quality file.
  - The involved physician may submit a rebuttal to the charge. The rebuttal will become a permanent part of the record.
5. If the offending behavior continues, the Chief Medical Officer, President of the Medical Staff and/or the President of the hospital will hold a series of meetings with the offending individual until the behavior stops. The intervention involved in each meeting will progressively increase in severity until the behavior in question ceases.
  6. If, in spite of these interventions, the behavior in question continues, the President of the hospital, Board Chair, or designee shall meet with and advise the offending individual that such conduct is intolerable and must stop and inform the individual that a single recurrence of the offending behavior shall result in loss of Medical Staff membership and privileges. This meeting is not a discussion, but rather constitutes the physician's final warning. The offender will also receive a follow-up letter that reiterates the final warning.
  7. If, after this final meeting, the offending behavior recurs, the individual's Medical Staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the Medical Staff Bylaws. The MEC and Board will then take action to revoke the individual's membership and privileges. The individual will be ineligible to reapply to the Medical Staff for a period of at least one year.
  8. If a single incident of inappropriate behavior or repeated incidents of inappropriate behavior are determined to place patient care or the liability and reputation of the hospital at risk, the offending individual may be summarily suspended, and the Medical Staff and hospital policies for addressing summary suspension will be followed.