

**HILLCREST BAPTIST MEDICAL CENTER
PRACTITIONER CODE OF CONDUCT POLICY**

I. Policy Statement

1. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. As such, all Medical Staff members and Allied Health Practitioners practicing in this Medical Center must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
2. This Policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Policy on Appointment, Reappointment, and Clinical Privileges.
3. This Policy also addresses sexual harassment of employees, patients, other members of the Medical Staff, and others, which will not be tolerated.
4. In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Medical Center and the orderly operation of the Medical Staff and Medical Center are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.
5. All efforts undertaken pursuant to this Policy shall be part of the Medical Center's performance improvement and professional and peer review activities.
6. For the purpose of this Policy, Article I of the Bylaws shall be controlling.

II. Examples of Inappropriate Conduct

To aid in both the education of Medical Staff members and Allied Health Practitioners and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to:

- threatening or abusive language directed at patients, nurses, Medical Center personnel, Allied Health Practitioners, or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);

- degrading or demeaning comments regarding patients, families, nurses, physicians, Medical Center personnel, or the Medical Center;
- profanity or similarly offensive language while in the Medical Center and/or while speaking with nurses or other Medical Center personnel;
- inappropriate physical contact with another individual that is threatening or intimidating;
- derogatory comments about the quality of care being provided by the Medical Center, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by the Medical Center, Medical Staff members, or any other individual;
- imposing onerous requirements on the nursing staff or other Medical Center employees;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Policy on Appointment, Reappointment, and Clinical Privileges, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs); 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:
 - (a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds;
 - (b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings, suggestive objects or pictures, leering, and/or obscene gestures;
 - (c) Physical: unwanted physical contact, including touching, interference with an individual's normal work movement, and/or assault; and
 - (d) Other: making or threatening retaliation as a result of an individual's negative response to harassing conduct.

III. General Guidelines/Principles

1. Issues of employee conduct will be dealt with in accordance with the Medical Center's Human Resources Policies. Issues of conduct by members of the Medical Staff or Allied Health Practitioners (hereinafter referred to as "practitioners") will be dealt with in accordance with this Policy. If the matter involves an employed Allied Health Practitioner, Medical Center management, in consultation with appropriate medical staff leaders and legal counsel, will determine which of any applicable policies will be applied.
2. This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken in an attempt to resolve complaints about inappropriate conduct exhibited by practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Executive Committee or the elimination of any particular step in the Policy.
3. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the Chief Executive Officer and the President of the Medical Staff, the practitioner's counsel shall not attend any of the meetings described in this Policy.
4. The Medical Staff leadership and the Chief Executive Officer shall institute orientation and education programs to make employees, members of the Medical Staff, and other personnel in the Medical Center aware of this Policy prohibiting sexual harassment and requiring respectful, dignified conduct. The Medical Staff leadership and Chief Executive Officer shall institute adequate procedures to facilitate prompt reporting of conduct which may violate this Policy and assure that prompt action is taken on all complaints that are made.

IV. Reporting of Inappropriate Conduct

1. Nurses and other Medical Center employees who observe, or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify the Chief Executive Officer (or designee). Any practitioner who observes such behavior by another practitioner shall notify the Chief Executive Officer directly.
2. The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or Chief Executive Officer may document it, after attempting to ascertain the individual's reasons for declining, and encouraging the individual to do so.

3. The documentation shall include:
 - (a) the date and time of the incident;
 - (b) a factual description of the questionable behavior;
 - (c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
 - (d) the circumstances which precipitated the incident;
 - (e) the names of other witnesses to the incident;
 - (f) consequences, if any, of the behavior as it relates to patient care, personnel, or Medical Center operations;
 - (g) any action taken to intervene in, or remedy, the incident; and
 - (h) the name and signature of the individual reporting the matter.
4. The supervisor shall forward the report to the Chief Executive Officer, who shall immediately notify the President of the Medical Staff.

V. Initial Procedure

1. The Chief Executive Officer and the President of the Medical Staff shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident. They may also determine that there is no need for additional action.
2. If the Chief Executive Officer and the President of the Medical Staff determine that an incident of inappropriate conduct has likely occurred and that action may be necessary, they have several options available, including, but not limited to, the following:
 - notify the practitioner that a complaint has been received and invite the practitioner to meet with them to discuss it;
 - send the practitioner a letter of guidance about the incident;
 - educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the

practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;

- send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - have someone else meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.
3. The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the Chief Executive Officer and President of the Medical Staff agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Policy on Appointment, Reappointment, and Clinical Privileges.
 4. If the Chief Executive Officer and President of the Medical Staff prepare any documentation for a practitioner's file regarding their efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file, along with the original concern and the documentation prepared by the Chief Executive Officer and President of the Medical Staff.

If additional complaints are received concerning a practitioner, the Chief Executive Officer and President of the Medical Staff may continue to utilize the collegial and educational steps noted in this Section, as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns.

VI. Referral to the Executive Committee

1. At any point, the Chief Executive Officer and President of the Medical Staff may refer the matter to the Executive Committee for review and action. The Executive Committee shall be fully apprised of the actions taken by the Chief Executive Officer and President of the Medical Staff or others to address the concerns. When they make such a referral, the Chief Executive Officer and President of the Medical Staff may also suggest a recommended course of action.
2. The Executive Committee may take additional steps to address the concerns including, but not limited to, the following:
 - require the practitioner to meet with the Board Chair;

- require the practitioner to meet with the full Executive Committee;
- issue of a letter of warning or reprimand;
- require the physician to complete a behavior modification course;
- impose a "personal" code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner's adherence to it; and/or
- suspend the practitioner's clinical privileges for less than 30 days.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal.

3. At any point, the Executive Committee may also make a recommendation regarding the practitioner's continued appointment and clinical privileges that does entitle the practitioner to a hearing as outlined in the Policy on Appointment, Reappointment, and Clinical Privileges, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.

VII. Sexual Harassment Concerns

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

1. A meeting shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's credentials file. This letter shall also set forth those additional actions, if any, that result from the meeting.
2. If the practitioner refuses to agree to stop the conduct immediately, such refusal shall result in the matter being referred to the Executive Committee for review pursuant to the Policy on Appointment, Reappointment, and Clinical Privileges.
3. Any reports of retaliation or any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the Chief Executive Officer and the President of the Medical Staff (or their designees). If the investigation results in a finding that further improper conduct took place, a formal investigation in accordance with the Policy on Appointment, Reappointment and Clinical Privileges shall be conducted. Should this

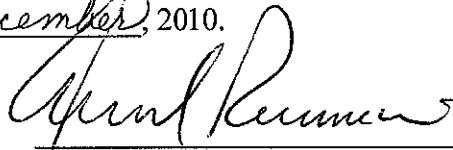
investigation result in an action that entitles the individual to request a hearing under the Policy on Appointment, Reappointment and Clinical Privileges, the individual shall be provided with copies of all relevant complaints so that he or she can prepare for the hearing.

Recommended by the Executive Committee this 7th day of October, 2010.



President of the Medical Staff

Approved by the Board this 17th day of December, 2010.



Chairperson, Board of Directors