Section: Human Resources / Medical Staff
Policy Name: Professional Behavior Policy
Scope: System
Number: HR.01.07.01, MS.08.01.01
Date: July 20, 2011

Purpose:
To support the Allegiance Health mission to "lead our community to better health and wellbeing at every stage of life." Allegiance Health and its physicians require the ongoing cultivation and maintenance of an environment exuding respect, dignity, and courtesy to all. Each staff member or affiliate has a personal responsibility to conduct themselves in a professional, cooperative, and courteous manner as outlined in this Professional Behavior policy to support a high performance culture for the benefit of all those we serve.

Scope:
All staff, physicians, residents, allied health professionals (AHP), contractors, students, and volunteers.

Policy Statement:
The objective of this policy is to ensure excellence in care by promoting a safe, cooperative, and professional healthcare environment and to foster a culture that promotes behavior which:

- Provides a healthy environment for patient care and the operation of the organization and its physicians
- Positively influences the customers perception of the organization
- Positively influences the ability of others to do their jobs
- Creates a healthy work environment for physicians, students, staff, residents, AHPs, volunteers, and contractors
- Promotes customer and community confidence in Allegiance Health and its physicians

Professional Behaviors Steering Committee: The Professional Behavior Steering Committee will be a multidisciplinary team whose charge is to create an environment that fosters positive healthcare team interactions and to promote excellence in patient care. The committee will include medical staff, leadership, AHP, human resources, general staff, and quality management. The Medical Executive Committee (MEC) will appoint the members on the committee. The committee will include the following:

- Chair: Chief of Staff
- Medical Staff, Vice-Chief of Staff
- Medical Staff
- Medical Staff Quality
- Medical Director of Quality and Safety
- Allied Health Professional
- Leadership
- Human Resources
- Physician Quality
- General Staff
- General Staff
- Medical Practice Management
- Physician Coaches

Professional Behaviors Steering Committee Term Limits: Each member can serve on the steering committee for up to three three-year terms. For continuity, some initial terms will be abbreviated to allow for staggering committee members. Please note that the abbreviated terms will not count towards the three-term limit. For medical staff elected positions (i.e. Chief of Staff and Vice-Chief of Staff) their term on the committee will reflect their term in the medical staff positions. In the event (e.g. end of term or resignation) a medical staff or AHP vacancy occurs the steering committee will recommend replacement(s) to the MEC for approval. In the event of other vacancies (i.e. leadership, human resources, general staff and quality management) occur the Patient Safety Committee will recommend a replacement to the MEC with approval by the MEC.

Reporting Structure:
The MEC has oversight responsibilities of the Professional Behavior Steering Committee. This committee will report monthly (or as often as it meets) to the MEC and quarterly to the Patient Safety Committee. The Chair of the Committee, Chief of Staff, will provide this report. The report will include (but not limited to):

- Highlights and/or trends from the committee dashboard and/or ongoing data monitoring, with appropriate recommendations
- Findings of general behavior oversight, with appropriate recommendations

Professional Behavior Coaches: As an additional component to the steering committee, Allegiance Health and the Allegiance Medical Staff will develop a core group of peer coaches who will provide feedback and assist in developing action plans to resolve or direct staff to resources that will assist in resolving unprofessional behavior.

FPPE: Focused Professional Practice Evaluation is the intense review of clinical quality and/or practice behavior to evaluate competency and/or address significant performance concerns.

Confidentiality: All activities of the committee are behavior and peer review activities designed to monitor and improve collaboration, teamwork, professional respect and communication, with the goal of fostering a high performance patient safety culture. Information shared through the committee is considered privileged and confidential in accordance with medical staff and hospital bylaws, state and federal laws and regulations pertaining to professional peer review of confidentiality and non discoverability and Hospital confidentiality policies. A sign in sheet will be provided at each meeting requesting committee members attest to maintaining confidentiality by signing the sheet.

Under the Medical Staff Documents, all committees formed by the Board, Medical Staff or Clinical Service which are involved in professional review activity are protected by all applicable provisions of state and federal law, enacted or amended, relating to the confidentiality of peer and professional review functions and activities (Allegiance Health Medical Staff Bylaws; Organization and Functions Manual, Peer Review 3.1.5).

Professional Behavior:
Professional behavior is that which fosters an environment of teamwork, collaboration, professional respect and communication. These values represent and support the Standards of Service Excellence, mission and values of the organization, and contribute to a high-performance culture (see Allegiancehealth.org web site for Standards of Service Excellence).

Professional Behavior (Green) is identified as:

- Give clear instruction for patient care.
- Professionally and respectfully discuss concerns in a private setting.
- Cooperate and participate in quality improvement activities.
- Adhere to all polices and procedures, identify and report quality concerns.
- Maintain and ensure compliance with all federal, state and local laws, regulations or bulletins.

Unprofessional Behavior

Unprofessional behavior is that which does not represent the Standards of Service Excellence or the mission and values of the organization and its medical staff. Unprofessional behavior may include clearly egregious behaviors (red level) which demand immediate action by medical staff leadership and/or human resources. Less obvious (yellow level) behaviors, are destructive to the healthcare team, impede our ability to "lead our community to better health and wellbeing", and require attention by medical staff leadership and/or human resources. Examples of yellow and red level behaviors include but are not limited to the following:

Unprofessional Behavior (Yellow)

- Demeaning behavior to any patient care team member, patient or family
- Inappropriate displays of anger or berating individuals
- Profane, disrespectful, and unprofessional characterizations about the organization, physicians, leadership, staff persons, patients, or family members that undermine confidence, belittle, bully, or imply incompetence
- Criticizing any member of the patient care team in front of patients, families, or other members of the patient care
- Serious conduct which may have a negative impact on the reputation of Allegiance Health and/or its physicians and staff
- Failure to adhere to policies and procedures, privacy rules and standards
- Failure to maintain compliance with federal, state and local laws, regulations or bulletins
- Inappropriate comments in patient records
- Harassing comments, innuendo, or physical contact

  Prohibited forms of harassment include jokes, verbal abuse, epithets, degrading comments, display of objects and pictures, and other offensive conduct relating to an individual's race, religion, color, sex, national origin, ancestry, handicap, medical condition, disability, marital status or age, all as defined and protected by applicable law.
- Sexual Harassing comments, innuendo, or unwelcome physical contact

  Sexual harassment may include a range of behaviors and may involve individuals of the same or different gender. Examples of prohibited behaviors may include, but are not limited to: unwanted sexual advances or sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

Disruptive Behavior (Red)

- Aggressive, violent, or inappropriate physical contact
- Unethical, illegal, or dishonest behavior
- Direct refusal to follow supervisory instruction considered insubordination
- Falsification of records
- Sleeping on the job during regularly scheduled shifts (Medical Staff excluded)
- Willful misuse or theft of property
- Negligent or deliberate action which may jeopardize the safety of or result in injury to another person
- Serious conduct which may have a negative impact on the reputation of Allegiance Health or its physicians
- Deliberate or willful disregard of policies, procedures, and/or privacy rules and standards
- Deliberate or willful non-compliance with federal, state or local laws, regulations or bulletins
- Retaliatory behavior towards an individual that has brought forth concerns about unprofessional behavior

Reporting Process

In order to foster a culture of healthy, professional communication, practitioners/staff/customers are encouraged to report unprofessional behavior. All reports must be made in good faith, and must contain accurate and detailed information (including description of the event, date/time/location, names of others present, and the name of the reporter). Incomplete or anonymous reports may not provide enough detail to support a full investigation. The confidentiality of the reporter will be protected to every extent possible. Retribution against the reporter will be considered a disruptive (red) behavior.

- Patient complaints of unprofessional behavior will be routed into the reporting system through Patient Support Services.
- Practitioner and staff reports of unprofessional behavior will be made through the online MIDAS reporting tool located on IDA.

Investigation Process and Consequences

Physician, resident and AHP Unprofessional Behavior

Reports of unprofessional physician, resident and AHP behavior will be auto-routed from the reporting system to the Medical Staff Office for peer review. The physician peer reviewer will work with hospital leadership to investigate and substantiate the reported complaint. Information regarding previously substantiated unprofessional behavior will be gathered as part of the investigation. The type of violation (i.e. yellow or red) will be identified as part of the investigation.

- Red-level violations: Substantiated red level behavior will be directed immediately to Chief of Staff (COS) or designee for action. Follow up will be provided to MEC and the Steering Committee to ensure consistency in practice.
- Yellow-level violations: Substantiated yellow behaviors will be reviewed by the Professional Behaviors Steering Committee to determine whether the confirmed occurrence is an isolated incident or representative of a pattern of unprofessional behavior. The Steering Committee will provide a recommendation to MEC for a Focused Professional Practice Evaluation (FPPE) with a defined consequence(s). See Table A.

Consequences will be applied within a reasonable time from the date the leadership became fully aware of the incident.

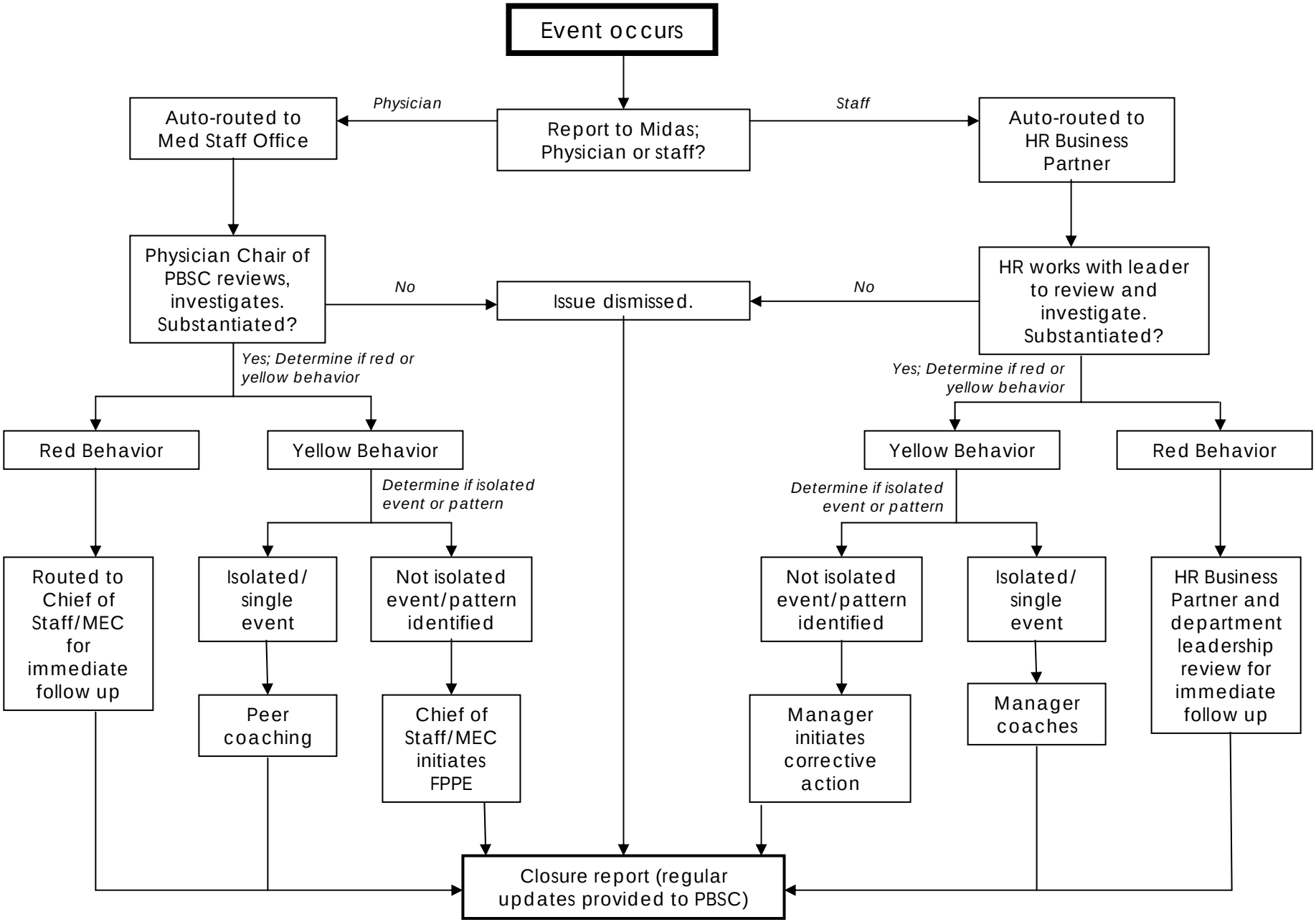
Staff, Volunteers, Contractors and Students Unprofessional Behavior
Reports of unprofessional staff, volunteer, contractor and student behavior will be auto-routed from the reporting system to Human Resources for review and assignment to the appropriate department leader. The department leader will work with Human Resources to investigate the reported complaint. Information regarding previously substantiated unprofessional behavior within the allowed time frame will be gathered as part of the investigation. The type of violation (i.e. yellow or red) will be identified as part of the investigation, and the department leader will determine whether the confirmed occurrence is an isolated incident or representative of a pattern of unprofessional behavior. The department leader will work with Human Resources to apply the appropriate consequence (see Table A and "Corrective Action Policy"). A summary of the incident and applicable consequence will be provided to the Steering Committee to ensure consistency in practice.
Consequences will be applied within a reasonable time from the date the leadership became fully aware of the incident.

Resources
Resources are available for all Allegiance Health staff, volunteers, students, physicians, residents and AHPs who need assistance or support in building skills for initiating respectful, constructive conversation. Resources include referrals to the Employee Assistance Program, and individualized coaching through Human Resources. For more information, contact Human Resources at 796-6400.

Approvals: Date: ***8-18-11***

Signature on file	Cheryl Lamborn, Vice President, Human Resources
Signature on file	Nitin Ambani, MD, Chair, Medical Executive Committee
Signature on file	Georgia Fojtasek, President and CEO
Signature on file	Larry Schultz, Board of Trustees

Attachment:
Table A: Consequence Structure
Unprofessional Behaviors Reporting Process

Table A: Consequence Structure			
	Violation Pattern	Medical Staff/Allied Health Professional, Residents*	Employees**
Yellow	One incident (isolated event)	Coaching conversation *Leader: Peer Coach or Designee* *Documentation: Dictation*	Coaching conversation *Leader: Director/Manager/Supervisor* *Documentation: Note to File*
	2 or more incidents within 1 year	Steering Committee recommends action to Medical Executive Committee (MEC). MEC initiates an FPPE which may include (but not limited to): ▪ Required apology ▪ Letter of guidance ▪ Peer coaching ▪ CME/training opportunity ▪ Prospective monitoring/review ▪ Improvement plan ▪ Referral to counseling/EAP *Leader: Medical Executive Committee* *Documentation: FPPE Plan will be retained in the quality file.*	Initial Written Warning, which might include: ▪ Referral to Employee Assistance Program (EAP) ▪ Apology ▪ Training opportunities *Leader: Director/Manager/Supervisor* *Documentation: Corrective Action*
	1 additional incident since last active corrective action or consequence (within 1 year)	Same as above	Second Written Warning, which might include: ▪ Referral to Employee Assistance Program (EAP) ▪ Apology ▪ Training opportunities *Leader: Director/Manager/Supervisor* *Documentation: Corrective Action*
	1 additional incident since last active corrective action or consequence (within 1 year)	Same as above	Final Written Warning, which might include: ▪ Suspension period ▪ Required staff action plan ▪ Mandated appointment(s) with Employee Assistance Program (EAP) ▪ Apology ▪ Training opportunities *Leader: Director/Manager/Supervisor* *Documentation: Corrective Action*
	1 additional incident since last active corrective action or consequence (within 3 years)	Steering Committee recommends action to Medical Executive Committee (MEC). MEC initiates an FPPE which may include (but not limited to): ▪ Formal assessment/treatment program ▪ Letter of admonition, censure, reprimand ▪ Co-admit/co-management ▪ Reduction or revocation of privileges *Leader: Medical Executive Committee* *Documentation: FPPE Plan will be retained in the quality file.*	Termination of employment *Leader: Director/Manager/Supervisor* *Approval: HRVP*
Red	Isolated event, or in conjunction with a pattern of yellow-level behavior	Review of incident by Steering Committee with FPPE recommendation to MEC, which may include (but not limited to): ▪ Formal assessment/treatment program ▪ Letter of admonition, censure, reprimand ▪ Co-admit/co-management ▪ Reduction or revocation of privileges *Leader: Medical Executive Committee* *Documentation: FPPE Plan will be retained in quality file.*	Review of incident by department leadership and Human Resources to determine appropriate consequence which might include: ▪ Final Written Warning ▪ Termination of employment *Leader: Director/Manager/Supervisor* *Approval: HRVP*

Unprofessional Behaviors Reporting Process