

MEDICAL STAFF/ALLIED HEALTH **PROFESSIONAL CODE**

The goal of the Medical Staff is to provide the highest quality of care to our patients. We believe that this is accomplished by promoting a safe, cooperative, and professional health care environment where all individuals are treated with respect, courtesy, and dignity. The facility and its medical staff do not permit, allow or condone behavior that:

- disrupts the effective operation and delivery of its health care services;
- creates a hostile environment for patients or their family members;
- creates a hostile environment for Associates, Medical Staff Members, affiliated staff members and clinical students (for purposes of this policy only, hereinafter referred to as "Care Team Members" unless otherwise indicated).
- adversely affects the ability of others to get their jobs done.

In an effort to accomplish this, the medical staff has articulated the generally accepted criteria, which govern the practice of medicine at our facility. Each member of the medical staff is expected to adhere to these principles as a member of a community of health care professionals engaged in the delivery of high quality medical care. These criteria are:

1. Abide by the Bylaws, Rules and Regulations and other policies & procedures, including the Standards of Conduct and all-applicable accreditation and regulatory requirements.
2. Participate in departmental meetings and serve as members of committees and hearing panels as requested.
3. Participate in the on-call ER schedule as determined by department rules, if applicable.
4. Maintain medical records consistent with medical staff bylaws and rules and regulations including:
 - a. Completing an H&P (within 24 hours of patient admission or prior to surgery, as applicable) in accordance with the facility's medical staff governance documents;
 - b. Completing a dictated or written procedure or operative note immediately after the procedure and/or surgery;
 - c. Providing a daily progress note on the chart of inpatients that updates the patient's condition and plan of care and addresses their need for continued stay in an acute care facility unless the Medical Staff Rules and Regulations provides an exception;
 - d. Assuring that all entries in the medical record are legible or entered electronically where required per medical staff governance documents;
 - e. Obtaining informed consent by explaining the procedure/treatment, risks, benefits, alternatives, and risks of no procedure/treatment.
5. Provide regular, thoughtful communications with patients and their families regarding the patient's condition, opportunities and options. Communication should be timely, accurate, unbiased and complete to allow active, informed participation in the decision making process by patients and their families.
6. Maintain acceptable standards of quality care utilizing, when appropriate, approved Care Tracks, if applicable.

7. Participate in the Peer Review process by responding fully and promptly to Peer Review inquiries regarding quality of care and behavioral issues.
8. Follow generally accepted medical practice in the ordering of medications and blood products.
9. Communicate timely and effectively with other members of the health care team including nurses, therapists, other physicians, and anyone involved in the safety and welfare of patients. This includes:
 - a. Responding promptly to pages
 - b. Keeping other members of the team informed of the plan of care.
 - c. Communicating directly with consulting physicians regarding the specific reason for requesting consultation and the level of urgency of the consultation.
10. Practitioners shall refrain from conduct that may be reasonably considered offensive to others or disruptive to the workplace or patient care. Examples of "inappropriate conduct" include, but are not limited to:
 - a. threatening or abusive language directed at patients or their families or Care Team Members (e.g. belittling, berating, and/or threatening another individual).
 - b. degrading or demeaning comments regarding patients, families, or Care Team members;
 - c. use of profanity or similarly offensive language while at the facility and/or while speaking with or referring to other Care Team Members;
 - d. inappropriate physical contact with another individual that may be interpreted as threatening or intimidating;
 - e. public derogatory comments or similar entries in the medical records about the quality of care being provided at the facility or about any Care Team Member. (Internal forums are more appropriate to address related concerns.)
 - f. Sexual harassment which is defined as any unwelcome advance, request for sexual favors, or other verbal, written or physical conduct of a sexual nature that interferes with work performance or that creates an intimidating, offensive or hostile work environment.
11. Practitioners serving in leadership roles and/or on Medical Staff Committees shall disclose actual or potential conflicts of interest relating to an issue in which the Practitioner's advice, consultation or vote is solicited, offered or is expected as part of the Practitioner's role or membership on a Committee. A conflict of interest is a situation, which may divide a Practitioner's objectivity, loyalty or obligation to other medical staff members or the Hospital. In the event of an actual or potential conflict of interest, the Practitioner should disclose such conflict and allow the remaining Committee members to determine if such conflict requires the recusal of the Practitioner and if such determination is made, the Practitioner shall excuse him/herself from the discussion and vote, and if appropriate, leave the room during the discussion.
12. Electronic medical information will be protected in the following manner:
 - a. Passwords should not be shared.
 - b. All employees of credentialed Medical Staff who are given proxy access to patients' personal health information (PHI) of that Medical Staff member shall adhere to the

privacy and confidentiality standards of the facility, including the "minimal necessary" information standard.

- c. Each Medical Staff member shall be responsible for the actions of his or her employees to whom he has proxied access
- d. Violations of facility's policies regarding PHI shall be handled according to the Facility Medical Staff Governance Documents (for instance, Bylaws, Policies, Rules & Regulations).

Signature: _____

_____ Date

Printed Name