POLICY STATEMENT:

All individuals at Holy Cross Germantown Hospital (the “Hospital”) shall be treated with respect and dignity. All members of the Medical Staff should conduct themselves in a professional manner.

1. Collaboration, communication and collegiality are essential for the provision of safe and competent patient care. All Medical Staff members practicing in the Hospital must treat others with respect, courtesy and dignity and conduct themselves in a professional manner.

2. This policy also addresses sexual harassment of employees, patients, members of the Medical Staff, volunteers, visitors, and others, while acting as a member of the Medical Staff.

3. The protection of patients, employees, physicians, volunteers, visitors, and others in the hospital is a primary concern in dealing with all incidents of inappropriate conduct. Complying with existing law and providing an environment in which the highest ethical and professional standards are maintained is essential.

4. If an impairment issue is suspected, the issue should be referred to the Physician Health Committee as outlined in the Rules and Regulations of the Medical Staff.

Unacceptable conduct may include, but is not limited to:

1. Threatening or abusive language directed at patients, Hospital personnel, members of the Medical Staff and others;
2. Degrading or demeaning comments regarding patients, families, Hospital personnel, members of the Medical Staff or the Hospital;
3. Offensive language and profanity;
4. Inappropriate physical contact that is threatening, intimidating, and/or unwanted;
5. Refusal to abide by the Medical Staff Bylaws and Rules and Regulations;
6. Sexual harassment, which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive. (See Rules and Regulations of the Medical Staff).

REPORTING AND SUBSEQUENT ACTION:

All reported incidents will initiate an investigation by the Medical Staff. Subsequent action may include: counseling; reprimand or warning; referral for evaluation or assistance; and/or corrective action, dismissal of a report found to be without merit. Any disciplinary/corrective action taken will be consistent with the procedures outlined in Article IX Corrective Action of the Bylaws of the Medical Staff.

1. Any practitioner, employee, or affected individual may report potentially disruptive conduct.

2. Nurses and other hospital employees who observe or are subjected to inappropriate conduct by a member of the Medical Staff should notify their supervisor or others as directed by Hospital policy.
3. Any Medical Staff member who observes inappropriate conduct shall notify the President of the Medical Staff.

4. The individual reporting the incident will be requested to document the incident in writing. If the individual is unwilling to document it, the President of the Medical Staff may document it after attempting to find out why the individual does not wish to do so. Documentation should include the date and time of the incident, a description of the questionable behavior, the circumstances which precipitated the incident, names of other witnesses (if any), any action taken to intervene or remedy the incident, and the name and signature of the individual reporting the matter.

INVESTIGATION AND RESPONSE:

The report will be investigated by the President of the Medical Staff or his/her designee who may meet with the individual who reported the incident and any witnesses to ascertain the details. Unfounded reports may be dismissed. The President of the Medical Staff may also refer the issue to the appropriate departmental supervisory committee. The practitioner who is the subject of the report will be provided with an opportunity to review and respond to any allegations. For those matters not subject to the Medical Staff Bylaws’ provisions on Corrective Action, the President of the Medical Staff, in consultation with the department Chair, supervisory committee and/or Chief Medical Officer may investigate the matter as he/she/they view appropriate (e.g. with or without formal meetings) so long as the investigation is conducted in a manner intended in good faith to produce a fair and accurate assessment. All information will be maintained as confidential.

Referral to the Medical Executive Committee may occur at any point during the process for review and action. The Medical Executive Committee will be fully apprised of any actions taken previously. When making a referral to the Medical Executive Committee, the President of the Medical Staff, or his/her designee, may recommend a course of action.

The Medical Executive Committee may take additional steps to address the issue, including requiring the practitioner to meet with the full Medical Executive Committee, issuing a letter of warning or reprimand, requiring the practitioner to obtain a psychiatric or other health evaluation, or requiring the practitioner to complete a behavior modification course. These actions do not entitle the practitioner to a hearing or appeal.

At any point, the Medical 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 Bylaws of the Medical Staff.

Approved by Bylaws Committee

Date

Medical Executive Committee

Date