

Mary Free Bed Rehabilitation Hospital – Code of Conduct

Mary Free Bed and the Medical Staff promote respect among all those involved in patient care as a means of promoting good patient care. The Code of Conduct defines appropriate behavior, inappropriate behavior, and disruptive behavior. It also defines harassment and sexual harassment as types of disruptive behavior.

Definitions

“Appropriate behavior” means any reasonable conduct to advocate for patients, to recommend improvements in patient care, and to participate appropriately in the activities of the Hospital.

“Inappropriate behavior” means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as “disruptive behavior.” Examples of inappropriate behavior include, but are not limited to, the following:

- Belittling or berating statements;
- Name calling;
- Use of profanity or disrespectful language;
- Inappropriate comments written in the medical record;
- Blatant failure to respond to patient care needs or staff requests;
- Personal sarcasm or cynicism;
- Deliberate lack of cooperation without good cause;
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety;
- Intentionally condescending language; and
- Intentionally degrading or demeaning comments regarding patients and their families; nurses, physicians, hospital personnel and/or the hospital.

“Disruptive behavior” means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised. Examples of disruptive behavior include, but are not limited to the following:

- Physically threatening language directed at anyone in the hospital including

physicians, nurses, other medical staff members, or any hospital employee, administrator or member of the Board of Directors;

- Physical contact with another individual that is threatening or intimidating;
- Throwing instruments, charts or other things;
- Threats of violence or retribution;
- Sexual harassment; and,
- Other forms of harassment including, but not limited to, persistent inappropriate behavior and repeated threats of litigation.

“Harassment” means conduct toward others based on their race, religion, gender, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person’s work performance or which creates an offensive, intimidating or otherwise hostile work environment.

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person’s work performance or which creates an offensive intimidating or otherwise hostile work environment.

Interventions

Interventions should initially be non-adversarial in nature, if possible, with the focus on restoring trust, placing accountability on and rehabilitating the offending person and protecting patient care and safety. The hospital supports tiered, non-confrontational intervention strategies, starting with informal discussion of the matter with the appropriate superior. Further interventions can include an apology directly addressing the problem, a letter of admonition, a final written warning, or disciplinary procedures pursuant to hospital policy, if the behavior is or becomes disruptive. If the behavior involves a health care professional and there is reason to believe the inappropriate or disruptive behavior is due to impairment, the situation will be managed consistent with the requirements of the State of Michigan Health Professional Recovery Program.

Procedure

* Complaints about a member of the hospital staff or hospital community regarding allegedly inappropriate or disruptive behavior should be in writing, signed and directed to Human Resources for review by the Vice President or the Manager of Human Resources.

* Complaints about a member of the medical staff regarding allegedly inappropriate or disruptive behavior should be in writing, signed and directed to the Medical Staff Office for review by the Medical Director or Chief of Staff.

* All complaints should include to the extent feasible:

1. The date(s), time(s) and location of the inappropriate or disruptive behavior;

2. A factual description of the inappropriate or disruptive behavior;
3. The circumstances which precipitated the incident;
4. The name and medical record number of any patient or patient's family member who was involved in or witnessed the incident;
5. The names of other witnesses to the incident;
6. The consequences, if any, of the inappropriate or disruptive behavior as it relates to patient care or safety, or hospital personnel or operations; and
7. Any action taken to intervene in, or remedy, the incident, including the names of those intervening.

* Complaints may be made on the form "Code of Conduct Violation Report."

Abuse of Process

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation against complainants will give rise to corrective action. Individuals who falsely submit a complaint shall be subject to corrective action under the medical staff bylaws or hospital employment policies, whichever applies to the individual.