

Title: Medical Staff - Professional Conduct	
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Discrete Operating Unit/Facility: Hospitals Banner Baywood Medical Center Banner Behavioral Health Hospital Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner--University Medical Center Phoenix Banner--University Medical Center South Banner--University Medical Center Tucson East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional Medical Center Torrington Community Hospital Washakie Medical Center Wyoming Medical Center	Banner Corporate Human Resources Medical Staff Services Ambulatory Services Banner Behavioral Health Outpatient Services Banner Imaging Services Banner MD Anderson Cancer Center Banner Medical Group Banner Surgery Centers Banner Urgent Care Services Banner—University Medical Group Occupational Health/Employee Services Rural Health Clinics Banner Home Care and Hospice (BHCH) Banner Pharmacy Services Insurance Banner Health Network Banner Plan Administration University Physicians Health Plans Post-Acute Services (PAC) Research

I. Purpose and Population:

- A. **Purpose:** To set forth the Medical Staffs' expectations relating to professional conduct by Medical Staff Practitioners and to provide a process for the review and resolution of complaints of Prohibited Conduct to promote a safe, cooperative, and professional healthcare environment.
- B. **Population:** All Medical Staff Practitioners.

II. Definitions:

- A. **Affected Individual:** Any individual who witnesses, is subjected to, or reports Prohibited Conduct.
- B. **Affected Practitioner:** A Medical Staff Practitioner alleged to have engaged in Prohibited Conduct.
- C. **Complainant:** The individual who makes a report of alleged Prohibited Conduct.
- D. **Conduct Committee:** A committee designated by the Medical Staff to address allegations of Prohibited Conduct. This may include, but is not limited to, the Medical Executive Committee, the Peer Review Committee, or any other committee or department designated by the Medical Staff for this purpose (excluding a Wellness Committee).
- E. **Employee:** An individual employed by Banner Health, Banner Medical Group, Banner Medical Group Colorado, Banner—University Medical Group, Banner Ambulatory Provider Group, or Banner Ambulatory Provider Group Colorado who is: (1) working at a Banner Health facility; and (2) not a Medical Staff Practitioner.
- F. **Medical Staff:** The organized Medical Staff of an individual Banner Health facility.
- G. **Medical Staff Leader:** The leadership of the Medical Staff, as defined by the applicable facility Medical Staff Bylaws, such as the Chief of Staff.
- H. **Medical Staff Services (MSS):** The Medical Staff Services Director and their designee(s).
- I. **Medical Staff Practitioner:** Physicians, advanced practice professionals, affiliate staff members, and allied health practitioners who are subject to review by the applicable Medical Staff(s). This definition is for purposes of this policy only, and nothing herein should be construed to grant or imply Medical Staff membership to individuals subject to this policy. Medical Staff Practitioners fit into two sub-categories:
 - 1. **Banner-Employed Medical Staff Practitioner:** Medical Staff Practitioners who are employed by Banner Health, Banner Medical Group, Banner Medical Group Colorado, Banner—University Medical Group (including University of Arizona employees who practice clinically through Banner—University Medical Group), Banner Ambulatory Provider Group, or Banner Ambulatory Provider Group Colorado.

2. **Non-Banner-Employed Medical Staff Practitioner:** Medical Staff Practitioners who are *not* employed by any of the entities listed in subsection 1, above.
- J. **Prohibited Conduct:** Conduct that is deemed unacceptable by Banner Health and subject to this Policy. Prohibited Conduct will generally fall into two sub-categories:
1. **Potentially Unlawful Conduct:** Conduct directed at a Medical Staff Practitioner, Employee, patient, visitor, or vendor that may violate federal and/or state civil rights laws, including:
 - a. **Discrimination:** Unfavorable treatment based on a person's race, color, national origin, sex, religion, disability, age, sexual orientation, gender identity, gender expression, veteran status, or any other category protected by federal, state or local law.
 - b. **Harassment:** Unwelcome and abusive or offensive conduct based on race, color, national origin, sex, religion, disability, age, sexual orientation, gender identity, gender expression, veteran status, or any other category protected by federal, state or local law when: (i) enduring the offensive conduct is a condition of continued employment; or (ii) the offensive conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.
 - c. **Sexual Harassment:** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (i) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (ii) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (iii) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
 - d. **Retaliation:** Inappropriate reprisals against an individual, such as, but not limited to, intimidating someone who reports quality concerns or refusing to work with someone who has made a complaint.
 2. **Unprofessional Conduct:** Prohibited Conduct that does not rise to the level of Potentially Unlawful Conduct, but nevertheless has the potential to have a direct or indirect adverse effect on patient care or the Banner professional environment, whether directed at a Medical Staff Practitioner, Employee, patient, visitor, or vendor. Examples of Unprofessional Conduct include, but are not limited to:
 - Comments that are disrespectful, abusive, and/or offensive, including comments that belittle others;
 - Behaviors that undermine a culture of safety or quality of care;
 - Shaming or inappropriately blaming others;
 - Using rude, foul, offensive, and/or abusive language;
 - Displaying offensive, threatening, and/or intimidating behavior;
 - Entering unprofessional comments in a medical record;
 - Failing to comply with Banner's ethical standards or the Banner Code of Conduct; and

- Failing to comply with any expectations established by a Conduct Committee.

K. **Wellness Committee:** A committee designated by the Medical Staff to address concerns related to a Medical Staff Practitioner's physical or mental status.

III. Policy:

- A. Medical Staff Practitioners are expected to always conduct themselves in a professional and cooperative manner and refrain from Prohibited Conduct. Medical Staff Practitioners will treat all individuals within Banner facilities (including Medical Staff Practitioners, Employees, patients, visitors, and vendors) with courtesy, respect, and dignity.
- B. Prohibited Conduct will not be tolerated. The applicable Medical Staff(s) will take prompt action to address complaints of Prohibited Conduct. Where appropriate, the Medical Staff leadership will collaborate with other Banner departments to review and respond to complaints of Prohibited Conduct.
- C. Sharing Information and Collaborating with Banner Departments
1. Banner Human Resources Department ("HR").
 - a. Informing
 1. HR will inform the applicable Medical Staff(s) of all complaints received by HR that allege Prohibited Conduct by Medical Staff Practitioners.
 2. The Medical Staff(s) will inform HR of all complaints of Prohibited Conduct received by the Medical Staff that involve:
 - a Banner Employee or Banner-Employed Medical Staff Practitioner; and/or
 - allegations of Potentially Unlawful Conduct.
 - b. Collaboration in the Review
 1. HR will collaborate with the Medical Staff in the review of all cases involving allegations of Potentially Unlawful Conduct.
 2. The Medical Staff is encouraged to collaborate with HR in the review of cases involving allegations of Unprofessional Conduct
 2. Compliance. Prohibited Conduct allegations that involve violations of Banner's Code of Conduct, policies or procedures, and/or any suspected violation of laws or regulations related to a Federal health care program, including, but not limited to, the False Claims Act, the Physician Self-Referral (Stark) Law, and the Anti-Kickback Statute must be reported to the Banner Ethics & Compliance Department. In addition, if Prohibited Conduct results in a Medical Staff Practitioner becoming suspended, debarred, or excluded from participating in a Federal health care program, it must be immediately disclosed to the Ethics & Compliance Department.

3. Risk Management. The Banner Risk Management department will participate in any review of alleged Prohibited Conduct directed at a patient, including situations where an Employee or other individual with a direct relationship with Banner is being treated as a patient.
- D. The identity of an individual making the report of Prohibited Conduct will generally not be disclosed to the Affected Practitioner during the review of a complaint, unless it is absolutely necessary to do so.
 - E. Medical Staff Practitioners found to have engaged in Prohibited Conduct may be subject to corrective action, including, but not limited to, monitoring, suspension, or termination of Medical Staff membership or clinical privileges and functions. The action to be taken will be determined in accordance with the Medical Staff Bylaws and other applicable Banner policies and procedures. Banner-Employed Medical Staff Practitioners found to have engaged in Prohibited Conduct may also be subject to additional corrective action, up to and including termination of employment, in accordance with applicable Banner policies.
 - F. Retaliation will not be tolerated. The Medical Staff prohibits Retaliation against anyone who makes a complaint of Prohibited Conduct and/or assists or cooperates in a review of Prohibited Conduct.
 - G. All efforts undertaken pursuant to this Policy will be part of the Facility's performance improvement, quality assurance/management, and peer review activities.
 - H. Concerns of a Medical Staff Practitioner's physical and/or mental impairment raised during a review of Prohibited Conduct will be handled according to the Medical Staff's applicable health policies.

IV. Procedure:

- A. Reporting Prohibited Conduct
 1. Any individual who has experienced, witnessed, or learned of Prohibited Conduct by or against a Medical Staff Practitioner is required to report such conduct. Reports can be made through an incident report in Banner's event reporting system (e.g., ComplyLine), MSS and/or the individual's leader. If such report is made by any means other than an incident report, MSS will generate an incident report.
 2. Allegations received by HR of Prohibited Conduct by a Medical Staff Practitioner will be reported to MSS, which will then generate an incident report as necessary.
 3. MSS will inform the applicable Chief of Staff, Department Chair, and HR department of the alleged Prohibited Conduct as set forth in this policy.
 4. The Medical Staff will coordinate with key stakeholders to decide the course of the review and whether the Affected Practitioner should be removed from the work environment during the review.
 5. Where appropriate, the Medical Staff may take action in accordance with Medical Staff Bylaws (e.g., suspension of privileges).

B. Review

1. A Medical Staff Leader or designee will notify the Affected Practitioner that a complaint has been received and will provide the Affected Practitioner with information regarding the nature of the complaint. A Medical Staff Leader or designee will advise the Affected Practitioner:
 - a. To cooperate with the Conduct Committee, HR, and any other participating Banner departments during the review of the complaint;
 - b. To refrain from contacting Affected Individuals about the complaint and to limit communication with Affected Individuals to work-related matters;
 - c. Not to discuss the allegations or complaint with any individual outside of the review process (other than with their attorney); and
 - d. That Retaliation will not be tolerated.
2. The Medical Staff may collaborate with HR or other departments. When this occurs, the chair of the Conduct Committee is encouraged to consider ways to avoid duplication of efforts, promote efficiency, and optimize the review process. This may include: (i) identifying primary contacts within the collaborating department, (ii) consolidating interviews, (iii) assessing whether the matter is affected by other applicable policies or contracts, and (iv) reminding participants of expectations relating to the confidential and privileged status of peer review documents.
3. The Conduct Committee's review will be conducted according to the processes outlined by the Medical Staff Bylaws and other applicable Medical Staff policies.

C. Corrective Action

1. Once the review has concluded, the Conduct Committee will assess the outcomes and take the appropriate corrective action when warranted, in accordance with Medical Staff Bylaws and other applicable Medical Staff policies. Banner-Employed Medical Staff Practitioners may be subject to additional corrective action, up to and including termination, in accordance with applicable Banner policies.
2. MSS will advise the Complainant that the progress, findings, and outcomes of the review are confidential and privileged. The Complainant will also be advised to report any further concerns relating to Prohibited Conduct to the Complainant's leader, MSS, and/or HR.

V. Procedural Documentation:

- A. Event Reporting System

VI. Additional Information:

- A. [Clinician Experience Project \(CEP\)](#)
- B. [Banner Health Resources](#) (includes a link to Cultivating Happiness in Medicine)
- C. [Banner Peer Support](#)

VII. References:

- A. [Joint Commission: Sentinel Event Alert #40](#)

VIII. Other Related Policies/Procedures:

- A. Medical Staff Bylaws
- B. Compliance: Reporting & Investigating Potential Compliance Issues
- C. Compliance: Federal and State Exclusion Review
- D. Corrective Action Policy
- E. Harassment and Sexual Harassment Policy
- F. Prohibition of Retaliation for Protected Activities

IX. Keywords and Keyword Phrases:

- A. Code of Conduct
- B. Discrimination
- C. Harassment
- D. Inappropriate Behavior
- E. Inappropriate Conduct
- F. Medical Staff
- G. Misconduct
- H. Physician
- I. Practitioner
- J. Prohibited Conduct
- K. Provider
- L. Retaliation
- M. Sexual Harassment
- N. Unprofessional Conduct