

Title: Professional Conduct	
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<p>Discrete Operating Unit/Facility: Hospitals Banner Baywood Medical Center Banner Behavioral Health 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 Cardon Children’s Medical Center East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center</p>	<p>Banner Corporate</p> <p>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</p> <p>Banner Home Care and Hospice (BHCH)</p> <p>Banner Pharmacy Services</p> <p>Insurance Banner Health Network Banner Plan Administration University Physicians Health Plans</p> <p>Post-Acute Services (PAC)</p> <p>Research</p>

I. Purpose/Population:

A. Purpose:

1. To set forth the Medical Staff's expectations relating to conduct by members of the Medical Staff and Allied Health Professionals (AHPs) in order to ensure quality patient care by promoting a safe, cooperative, and professional healthcare environment.
2. To provide a process for the reporting, investigating, review and resolution of Inappropriate Conduct.

B. Population: Medical Staff

II. Definitions:

A. "Conduct Committee" means the Medical Staff Committee responsible for addressing Inappropriate Conduct. These responsibilities may be conducted by the Medical Executive Committee, the Peer Review Committee or any other committee, ad hoc committee, or department designated by the Medical Staff.

B. "Inappropriate Conduct" means conduct that has potential to directly or indirectly adversely affect patient care or impact the Banner environment. Examples of Inappropriate Conduct include, but are not limited to:

1. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct;
2. Sexual Harassment or sexually inappropriate conduct toward a patient, visitor or other;
3. Conduct that may violate federal or state civil rights laws, including unwelcome and abusive or offensive conduct, whether verbal, physical or visual, based on a person's race, color, national origin, sex, religion, physical/mental disability, age or veteran status.
4. Comments that are disrespectful, abusive, offensive, or beyond the bound of professional conduct, including comments that belittle others;
5. Impertinent or otherwise inappropriate comments (or illustrations) that impugn the quality of care in the hospital or attack particular physicians, AHPs, hospital personnel or the hospital;
6. Shaming or inappropriately blaming others;
7. Using rude, foul, offensive or abusive language;
8. Displaying offensive, threatening or intimidating behavior;
9. Failing to listen to nursing reports or hanging up before report is completed;
10. Documenting inappropriate comments in the medical record;
11. Failing to comply with ethical standards or the Banner Code of Conduct;
12. Violating Medical Staff, AHP or Hospital rules or policies; or
13. Failing to comply with expectations established by the Medical Staff or a Medical Staff committee regarding conduct and professionalism.

C. "Health Committee" means the Medical Staff committee that is responsible for addressing concerns and providing assistance, and that has authority to make recommendations, with respect to a practitioner's physical and mental ability to fulfill the responsibilities of Medical Staff membership/AHP status. These responsibilities may be conducted by the Medical Executive Committee, the Peer Review Committee or any other committee or ad hoc committee designated by the Medical Staff.

D. "Sexual Harassment" means unwelcome sexual advances, requests for sexual favors, or other physical, verbal or visual conduct of a sexual nature that:

1. Is required as a term or condition of employment or is the basis for an employment action; or
2. Explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment, including but not limited to:
 - a. sexual propositions,
 - b. suggestive comments or printed material,
 - c. sexually oriented jokes or teasing, or
 - d. unwelcome physical contact, such as
 - i. patting,
 - ii. hugging,
 - iii. pinching or
 - iv. intentionally brushing against another.

III. Policy:

- A. Members of the Medical Staff and AHPs will conduct themselves in a professional and cooperative manner and refrain from Inappropriate Conduct. They will treat all individuals within the hospital, including patients, visitors, Medical Staff members, AHPs, and hospital personnel, with courtesy, respect and dignity. Members of the Medical Staff and AHPs will be fair, objective and professional at all times.
- B. Members of the Medical Staff and AHPs will not distinguish among patients, staff, and others based on race, ethnicity, religion, gender, gender identity or expression, sexual orientation, national origin, age, disability, veteran status or other characteristic protected by law.
- C. Inappropriate Conduct will not be tolerated. The Medical Staff will take prompt and appropriate action to address complaints of Inappropriate Conduct.
- D. Retaliation is not tolerated. The Medical Staff will not permit retaliation against anyone who makes a good faith complaint, assists in the investigation or cooperates in an investigation involving Inappropriate Conduct. Medical Staff members or AHPs engaging in retaliation are subject to corrective action including suspension and termination of medical staff membership/AHP status and privileges.
- E. Inappropriate Conduct that raises compliance concerns will be reported to Compliance.
- F. Investigation:
 1. Human Resources, working with the Banner Affirmative Action Department, will investigate concerns of Sexual Harassment and conduct that may violate federal or state civil rights laws. Human Resources may be asked by the Medical Staff to conduct or participate in a portion or all of the investigation of allegations of Inappropriate Conduct. Human Resources will provide the documented findings of its investigation to the Committee Chairman. Human Resource investigations conducted upon the direction of the Medical Staff are peer review protected, with the exception of investigations of Sexual Harassment or conduct that may violate federal or state law.
 2. The Conduct Committee shall investigate all allegations of Inappropriate Conduct.

3. Inappropriate Conduct suggesting concerns regarding a practitioner's physical and mental ability to fulfill the responsibilities of Medical Staff membership/AHP status should be referred by the Conduct Committee or Medical Staff leadership to the Health Committee.
4. The affected practitioner will be provided with all information that Banner deems reasonably necessary to allow him/her to respond to the complaint, but will not be advised by the identity of the person who reported the allegations unless necessary for the affected practitioner to respond. The affected practitioner will be reminded that retaliation will not be tolerated.

G. Action:

1. Medical Staff members or AHPs engaging in Inappropriate Conduct may be subject to corrective action, which may include termination of medical staff membership/AHP status and privileges.
2. The Conduct Committee and the Health Committee shall take action as warranted. Nothing herein shall limit the taking of appropriate corrective action, including but not limited to summary suspension.
3. Hospital personnel may also informally address reports of Inappropriate Conduct.

IV. Procedure/Interventions:

A. Reporting:

1. Any member of the Medical Staff or any AHP who has witnessed or learned of Inappropriate Conduct by a member of the Medical Staff or AHP shall complete an incident report or otherwise report the conduct in writing (i.e., incident report or memo) or verbally to the Medical Staff Services Office (MSS). MSS will generate an incident report regarding the conduct if not created by the member of the Medical Staff or AHP. Alternatively, the member of the Medical Staff or AHP may report the alleged Inappropriate Conduct to the ComplyLine. Compliance will refer the complaint to the Medical Staff.
2. Human Resource personnel who become aware of allegations of Inappropriate Conduct by a member of the Medical Staff or AHP shall promptly report the conduct and provide copies of the complaint to the Medical Staff Services Office.

B. Investigation:

1. The Chief of Staff or Department Chair will investigate the allegations or refer the allegations to the Health Committee or the Conduct Committee.
2. Allegations of Inappropriate Conduct will be investigated following the peer review process as defined in the Bylaws or Medical Staff Policy. Medical Staff Leadership will determine if the allegations should be referred to the Health Committee or the Conduct Committee. A pattern of Inappropriate Conduct will be referred to the Conduct Committee.
3. Allegations raising concerns about a practitioner's physical or mental ability to fulfill the responsibilities of Medical Staff membership/AHP status will be reviewed by the Health Committee. If the Health Committee determines that there are no health concerns or that health concerns that are identified do not affect the practitioner's physical or mental ability to fulfill his or her responsibilities, the allegations will be referred back to the Conduct Committee.
4. The allegations will be investigated by the identified committee or Chief of Staff as noted above. Human Resources may be notified and may be directed by the Medical Staff to conduct a portion or all of the investigation of Inappropriate Conduct and will conduct the investigation of allegations of Sexual Harassment or conduct that may violate federal or

state law. Human Resources will provide the documented findings of its investigation to the Committee Chairman.

5. Human Resources will be notified where the complaint involves a Banner Medical Group (BMG) or a Banner—University Medical Group (B—UMG) practitioner and will notify BMG or B—UMG.
6. The affected practitioner will be provided with all information that Banner deems reasonably necessary to allow him/her to respond to the complaint, and will be advised that relations will not be tolerated.

C. Corrective Action:

1. The Conduct Committee and the Health Committee shall take action as warranted.
2. Where the Medical Staff takes a reviewable corrective action with respect to a practitioner's privileges, the practitioner shall be afforded the due process rights in accordance with the Medical Staff Bylaws or AHP policies unless such rights have been limited by a Stipulation.

V. Procedural Documentation:

- A. N/A

VI. Additional Information:

- A. N/A

VII. References:

- A. N/A

VIII. Other Related Policies/Procedures:

- A. Code of Conduct
- B. [Complaints of Sexual Harassment or other Prohibited Conduct by Medical Staff Members \(#748\)](#)

IX. Keywords and Keyword Phrases:

- A. Inappropriate Conduct
- B. Inappropriate Behavior
- C. Unprofessional Conduct
- D. Sexual Harassment,
- E. Prohibited Conduct

X. Appendix:

- A. N/A