

<b>POLICY TITLE:</b> Professional Behavior	<b>ADMINISTRATIVE POLICY AND PROCEDURE MANUAL</b>
<b>POLICY #:</b> 100.76	<b>CATEGORY:</b> Administrative
<b>System Approval Date:</b> 2/7/17	<b>Effective Date:</b> 11/10
<b>Site Implementation Date:</b> 2/7/17	<b>Last Reviewed/Approved:</b> 01/15/15
<b>Prepared by:</b> Samuel Packer, MD	<b>Superseded Policy(s)/#/Notations:</b> N/A

**GENERAL STATEMENT of PURPOSE**

The purpose of this policy is to create and maintain a collaborative professional environment that supports teamwork and results in the highest quality patient care and patient safety.

**POLICY**

All Staff are expected to maintain the highest level of professional behavior. The hallmarks of professional behavior include, but are not limited to:

- Honesty and integrity;
- Treating individuals with courtesy, respect, and dignity;
- Working in a collaborative and cooperative manner with all other Staff; and
- Complying with all Health System policies and procedures, and all requirements of their facility’s Medical Staff Bylaws, Rules & Regulations.

Professional behavior includes advocating for the interests of individual patients and improvements in patient care through appropriate processes and in a respectful and collaborative manner.

Unprofessional behavior is prohibited by this policy, and includes, but is not limited to spoken, written, virtual, cyber-bullying, and physical conduct and expressions that are threatening, berating, vulgar, degrading, demeaning, or intended to show contempt or disdain for another. Such conduct is prohibited if it is directed at or relates to patients, families, or other Staff, whether or not they are present or observe the behavior. Examples of such conduct and expressions include, among other actions:

- Profanity;

- Refusal to speak or respond to others;
- Inappropriate physical contact;
- Sexual, religious, racial, or other unlawful harassment;
- Throwing objects and/or destruction of property.

This policy also prohibits retaliation against any person who makes a complaint about a Staff member's professional behavior.

This policy does not supplant, but rather supplements, the Code of Ethical Conduct and Health System Policies such as, but not limited to those set forth in the Medical Bylaws and Rules & Regulations, and the Administration and Human Resources Policy & Procedure manuals.

## **SCOPE**

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Hofstra Northwell School of Medicine conducting research on behalf of the School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

## **DEFINITIONS**

**Staff:** All persons performing services for the Health System and/or Health System facilities, including but not limited to employees, contractors, voluntary and salaried medical staff, and allied health professionals, volunteers, graduate staff and students, and all other persons employed by or enjoying clinical privileges with, or otherwise affiliated with, the Health System and its member facilities.

## **PROCEDURE/GUIDELINES**

Any person who observes a violation of this policy may report the violation to the facility's Human Resources Office, to the Office of Corporate Compliance, the Nurse Executive or Associate Executive Director of Nursing. The Corporate Compliance Helpline number: (800-894-3226) which is available 24 hours per day, and the website: ([northwell.ethicspoint.com](http://northwell.ethicspoint.com)). Alternatively, individuals have the option of contacting the Corporate Compliance office directly via telephone: 516- 465-8097, or FAX 516- 465-8996 during regular business hours or in person at 200 Community Drive, Great Neck, N.Y.

1. When the alleged violation concerns conduct by a member of the medical staff, reports should be made to the Senior Leadership in the appropriate clinical department and notification made to the Medical Director of said facility.

2. Any of the above-mentioned offices or persons who receive such a report shall, as may be appropriate in the circumstances, consult with others and/or the Office of Legal Affairs to determine the appropriate procedures and individuals responsible for investigating the alleged violation.
3. If not already done so by the person observing the violation, any complaint alleging sexual, religious, racial or other unlawful harassment by a Staff Member shall be promptly reported to Human Resources by any other person or office receiving such complaint.
4. Reports shall be kept confidential except as may be necessary to conduct an appropriate investigation and as may be required by law.

All reports of violations of this policy shall be promptly investigated. If, following the investigation, the report is found to have merit, remedial, disciplinary and/or corrective action may be taken as appropriate in the circumstances and in accordance with applicable Human Resources and other policies, and/or Medical Staff Bylaws. Remedial action may include, among other steps, collegial intervention such as coaching, counseling, a letter of guidance, and/or a requirement that the Staff member obtain therapeutic treatment.

## **REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES**

American Medical Association Staff Code of Conduct.

Impaired Physicians/Physician Assistants Policy, # 100.69

Northwell Health System Code of Ethical Conduct

Corporate Compliance Program, #800.00

Non-Intimidation and Non-Retaliation Policy #800.01

April 2008. The College of Physicians and Surgeons of Ontario and Ontario Hospital Association: "*Managing Disruptive Physician Behavior*," Appendix G, p.43. Retrieved December 8, 2008 from <http://www.cpsso.on.ca>

The Joint Commission 2009 Hospital Accreditation Standards LD.03.01.01, EP4 and 5 Revised in 2012.

**Also see the following Human Resources Policies and Procedures: Discipline and Standards of Conduct: 5-3 Conduct in the Workplace/Progressive Discipline; Legal Regulations and Rules 6-6 Non- Discrimination and Non-Harassment; and, Workplace Environment: 13-9 Aggression, Hostility, and Violence in the Workplace: 13-11 Social Media Acceptable Use**

## **CLINICAL REFERENCES**

The Joint Commission: Disruptive Behavior Sentinel Event Alert; Behaviors that undermine a culture of safety; [http://jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_40.html](http://jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.html)

The Joint Commission Perspectives; January 2012; Volume 32; Number 1. Leadership Standard Clarified to Address Behaviors that Undermine a Safety Culture. Hickson, G.B., Pritchert J.W., Webb, L.E., Gabbe, S.G.; A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors. Acad. Med. 2007; 82:1040-1048.

Kanter, S., Toward a Philosophy of Dealing with Unprofessional Conduct. Acad. Med. 2010;85: 927-928

Rosenstein, A.H., O'Daniel M., A Survey of the Impact of Disruptive Behaviors and Communication Defects On Patient Safety. Joint Commission on Quality and Patient Safety. 2008; 34:464-471

Swiggert, W.H. Dewey, C.M., Hickson, G.B., Reid Finlayson, A.J., Spickard, W.A.; A Plan for Identification, Treatment, and Remediation of Disruptive Behaviors in Physicians, Front Health Serv. Manage. 2009; 25:3-10

**ATTACHMENTS**

N/A

**FORMS**

N/A

<b><u>APPROVAL:</u></b>	
System Administrative P&P Committee	1/26/17
System PICG/Clinical Operations Committee	❖2/7/17

Standardized Versioning History:

\*=Administrative Policy Committee Approval; \*\* =PICG/Clinical Operations Committee Approval

11/9/10\*; 11/18/10\*\*

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❖ Expedited Approval Granted by:

Morris Rabinowicz, MD, Co-Chair, - System PICG/Clinical Operations Committee