

I. PURPOSE.

To encourage a fair and just culture – which in turn facilitates the highest standards of safety and quality – the Legacy Health Medical Staffs have adopted this Conduct Policy as part of each Medical Staff’s Bylaws, which shall be the primary means for review and disciplining providers for inappropriate or disruptive behavior.

A high standard of professional behavior, ethics, and integrity are expected of each individual member of each Legacy Health Medical Staff, including Allied Health Professionals (together, “Providers”). This Policy is a statement of the ideals and guidelines for professional behavior of the Medical Staffs in dealing with patients, their families, other health professionals, employees, students, vendors, government agencies, and others, aiming for the highest levels of patient care, trust integrity, and honesty.

II. POLICY STATEMENT.

Providers have a responsibility for the welfare, well-being and betterment of their patients, along with a responsibility to maintain their own professional and personal well-being. Each Provider is expected to treat all fellow medical staff members, allied health professionals, hospital staff, medical residents, students, and patients with courtesy and respect and regard for their dignity.

When a Provider is found to have fallen short of these expectations, the Medical Staff supports tiered, non-confrontational intervention strategies focused on restoring trust, placing accountability on, and rehabilitating the offending Provider. However, safeguarding of patient care and safety is paramount, and the Medical Staff will enforce this Policy with disciplinary measures whenever needed.

The evaluation, monitoring, and regulation of professional behavior are essential elements of the Professional Practice Evaluation and this document is a supplement to the Medical Staff Policy Regarding Peer Review, Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE).

This Policy applies to behavior directed toward any individual who is associated with a Legacy hospital, including employees, colleagues, patients, families, visitors, vendors, and other associates. The policy may also apply to behavior which occurs outside of Legacy Health physical boundaries.

III. DEFINITIONS.

1. Appropriate Behavior includes any reasonable conduct to advocate for patients to recommend improvements in patient care, to participate in the operations, leadership, or activities of the organized Medical Staffs, or to engage in professional practice including practice that may be in competition with a Legacy hospital. Appropriate behavior is not subject to discipline under this Policy or under the Bylaws.
2. 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 classification as “disruptive behavior.”
3. 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.
4. Harassment means verbal, written or physical conduct that denigrates or shows hostility or aversion towards an individual based on race, color, national origin, religion, age, disability, gender, gender identity, sexual orientation, veteran’s status or any other basis covered by local, state or federal law,

and that: (a) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (b) has the purpose or effect of unreasonably interfering with an individual's work performance; or (c) otherwise adversely affects an individual's employment opportunities.

5. Sexual Harassment means unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with the person's work performance.
6. Providers means (a) Licensed Independent Providers granted membership on the Medical Staff, and for purposes of this Policy, includes individuals with temporary privileges; and (b) Allied Health Professionals (AHPs), as defined in the Legacy Health Medical Staffs AHP Polices.

IV. STANDARDS OF BEHAVIOR.

1. Inappropriate Behavior. 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:
 - Yelling
 - 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
 - Lack of cooperation without good cause
 - Refusal to return phone calls, pages, or other messages concerning patient care
 - Condescending language; degrading or demeaning comments regarding patients or their families; nurses, physicians, hospital personnel and/or the hospital
 - Inappropriate comments or behaviors in meetings
 - Bullying behavior, including:
 - Nonverbal innuendo (raising eyebrows, making faces, glaring)
 - Verbal affront (snide remarks, abrupt response)
 - Undermining (Turning away or not being available)
 - Withholding information (practice or patient)
 - Sabotage (purposely setting up a negative situation)
 - Infighting (bickering)
 - Scapegoating (blaming someone)
 - Gossiping (speaking about others, but not directly to them)
 - Disrespecting privacy (purposely overhearing private conversations)
 - Broken confidences (sharing without permission, using information against someone)
 - Exclusion (excluding someone from conversations)
 - Intimidating or threatening
2. Disruptive Behavior. Examples of Disruptive Behavior include but are not limited to, the following:
 - Physically threatening language directed at anyone in the hospital
 - Physical contact with an individual that is threatening or intimidating
 - Throwing instruments, charts, or other items
 - Threats of violence or retribution
 - Sexual harassment
 - Other forms of harassment including but not limited to repeated inappropriate behavior or threats of litigation
 - Repetitive inappropriate comments or disruptions in meetings

V. **PROCEDURE.**

1. Delegation by Medical Staff President. At the discretion of the Medical Staff President (or President-Elect, if the President is the subject of the complaint), the duties here assigned to the President can be delegated to any member of the Medical Executive Committee upon designation by the President. Presidents and delegees will exercise due care to ensure that any such delegation is made to qualified committee members and conflicts of interest are managed.
2. Initiation of Complaints. Providers have an obligation to address and/or report incidents of inappropriate and/or disruptive behavior. Complaints about a Provider regarding allegedly Inappropriate or Disruptive Behavior are encouraged to be made in writing and signed, via Legacy's incident reporting system. Although signed complaints is helpful in enabling the Medical Staff to conduct a thorough and valid investigation, anonymous complaints will be accepted, investigated, and addressed to the degree possible.
3. Handling of Complaints.
 - 3.1 The President or their designee will screen all complaints received by the Medical Staff Office which may relate to Inappropriate or Disruptive Behavior by a Provider in order to determine the authenticity and severity of the complaint. If the complaint is clearly not valid, it may be summarily dismissed and will be marked as such.
 - 3.2 If it is determined that the complaint may have validity, the President or their designee will speak with the complainant and the subject of the complaint.
 - a. Providers who are the subject of a complaint, other than those summarily dismissed as outlined above, will be provided a summary of the complaint (which may be verbal or written), and a copy of this Policy in a timely fashion. The subject shall be offered an opportunity to provide a written response to the complaint and any such response will be kept along with the original complaint in the relevant files.
 - b. The Provider who is the subject of the complaint will be notified that attempts to confront, intimidate, or otherwise retaliate against the complainant is a violation of this Policy and may result in corrective action against the Provider.
 - c. The complainant will be provided with an acknowledgement of the complaint and an explanation of how complaints are handled by the Medical Staff. If the complaint is found to be invalid, the complainant will be counseled on appropriate use of the incident reporting system.
 - 3.3 All reviews of complaints shall include a review of the record of past complaints against the Provider.
 - 3.4 The President or their designee will document the disposition each complaint (as outlined below) and a record shall be retained in the Medical Staff files.
 - 3.5 Department Chairs will be kept informed regarding complaints directed toward their Providers. This should occur at the time of final disposition for routine complaints but can occur earlier in the process when indicated by the seriousness or repetitive nature of the incident.
 - 3.6 In the event that a complaint involves a Legacy employee, Legacy Human Resources may be engaged by the President or their designee to assist in the Medical Staff's process, for example, in order to conduct interviews of Legacy employees.
4. Consequences.

- 4.1 If this is a first incident of inappropriate behavior, the President or their designee will discuss the matter with the offending Provider, emphasizing that the behavior is inappropriate and must cease. The offending Provider may be asked to apologize to the complainant. The approach during this initial intervention should be collegial and helpful.
- 4.2 Further isolated incidents of Inappropriate Behavior that do not constitute repeated Inappropriate Behavior will be handled by providing the offending Provider with notification of each incident and a reminder of the expectation that the individual comply with this Policy.
- 4.3 In the event that the reviewer of a complaint determines that a Provider may have:
 - a. Engaged in repeated Inappropriate Behavior,
 - b. Engaged in behavior constituting Harassment, or
 - c. Engaged in Disruptive Behavior on the first offense,the case will be referred to the Medical Executive Committee.
- 4.4 If it is determined by the MEC that any of the above three behaviors have occurred, a letter of admonition will be sent to the offending Provider, and, as appropriate, a rehabilitation action plan developed by the MEC. The Medical Staff Office will maintain a list of resources for the development of such plans.
- 4.5 If, following the admonition and intervention, the Provider engages in further Inappropriate or Disruptive Behavior, or Harassment, the President or their designee will meet with and advise the Provider that the behavior must immediately cease. This “final warning” shall be sent to the offending Provider in writing.
- 4.6 If, following the “final warning,” the Provider engages in further Inappropriate or Disruptive Behavior, or Harassment, corrective action will be initiated pursuant to the Medical Staff Bylaws of which this Policy is a part.
- 4.7 If a single incident of Disruptive Behavior or Harassment, or repeated incidents of Inappropriate or Disruptive Behavior or Harassment is found by an MEC to be sufficiently egregious, corrective action may be initiated by the MEC at that time pursuant to the Medical Staff Bylaws.
- 4.8 For purposes of a Provider’s standing with the Medical Staff (e.g. for purposes of holding elected office and/or communication of their affiliation with a requesting entity), a Provider is not in “good standing” if they are currently subject to a “final warning.”

VI. BEHAVIOR DIRECTED AGAINST A PROVIDER.

Inappropriate or disruptive behavior which is directed against the organized medical staff or directed against a Provider by a hospital employee, administrator, board member, contractor, or other member of the hospital community may be reported by the Provider to Legacy through Legacy’s incident reporting system.

APPROVALS:

Legacy Emanuel Medical Executive Committee Approved March 1, 2021
Legacy Good Samaritan Medical Executive Committee Approved March 3, 2021
Legacy Meridian Park Medical Executive Committee Approved March 4, 2021
Legacy Mount Hood Medical Executive Committee Approved April 12, 2021
Legacy Salmon Creek Medical Executive Committee Approved March 1, 2021
Legacy Silverton Medical Executive Committee Approved May 2, 2021

Legacy Board Approved July 22, 2021