



Manual	GOVERNANCE POLICY		POLICY
Section 3.0	Ensuring Program Quality and Effectiveness		
Title	Professional Staff Code of Conduct		
Issuing Body/ Prepared By	Medical Advisory Committee		
Approved by	Board, MAC		Number: GOV 3.52
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Revised Date	R: January 2008		
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POLICY

The mission of Bluewater Health is to provide excellent patient and family centered care. Pursuit of such excellence requires that we do the right thing in all our affairs. We recognize that this “Code of Conduct” cannot cover every situation in the daily conduct of our activities. We also recognize that this Code of Conduct cannot substitute for our common sense, individual judgment and personal integrity for which we are all accountable. This Code does set a common standard for our actions, behaviors, attitudes and expectations. It is our duty to adhere, without exception to the principles set forth so that our day-to-day conduct is in harmony with the mission and character of Bluewater Health (See Appendix B).

The professional staff shall support the Standards of Performance Excellence at Bluewater Health to enhance and promote and atmosphere of mutual trust, teamwork, and pride.

Whereas the Bylaws of Bluewater Health state:

- 16.01 Each member of the Professional Staff has an individual responsibility to the Hospital to:
 - (vii) practice at the highest professional and ethical standards within the limits of the Privileges provided;
 - (xv) work and cooperate with others in a manner consistent with the Hospital’s mission vision, and values;
 - (xxvi) demonstrate the ability to communicate, work and cooperate with all members of the Professional Staff and Hospital staff in a collegial and professional manner.

Henceforth, our Professional Staff Code of Conduct is as follows;

Our Code of Conduct

At Bluewater Health we will provide excellent patient and family centered care, show respect and dignity toward all members of our community, honour our patient's right to privacy, comply with all applicable laws and Hospital policies, avoid conflict of interest, and conduct all business and professional practices with honesty and integrity.

- We are committed to treat both patients and their families with the utmost respect.
- We will receive and provide comments or concerns about our conduct in an open and professional manner.
- Professional staff members will respect the customs and practices of their patients within the professional staff member's level of comfort pertaining to the safe practice of their skills and as long as these customs and practices comply with Canadian Human Rights legislation and other Provincial and Federal laws.
- In addition to treating our patients with respect we must also always show respect and dignity toward our co-workers and all hospital personnel.
- Bluewater Health is committed to maintaining the privacy of our patients, hospital personnel, and other proprietary information. We do not use, disclose or discuss patient specific information with others unless it is necessary to serve the patient or otherwise authorized by law.
- Bluewater Health is committed to protecting all aspects of its information system. All staff shall sign and abide by Bluewater Health's Responsible use policy including the protection of confidential passwords.
- We acknowledge that in all that we do and in all that we say, we can either polish or tarnish the reputation of Bluewater Health. We seek to promote the reputation of our organization. We will not knowingly disclose or fabricate false or misleading statements to any patient, staff member or person doing business with Bluewater Health. Our community counts on the integrity of our actions.
- Professional staff members will not solicit patients or patient's family members participation in supporting the professional staff member's point of view regarding a concern or grievance they may have with colleagues, the hospital administration, the Board of Directors or Government policy.
- Professional staff members will model professional behaviours (for examples see appendix A) and not exhibit inappropriate, unprofessional, dishonest or otherwise disruptive behavior while at Bluewater Health.

- It is Bluewater Health’s policy to prohibit its employees or other staff members from engaging in any activity, practice, or acts which conflicts with or appears to conflict with the interests of Bluewater Health or its patients.
Professional staff members will disclose to the appropriate person or authority any direct or indirect financial or personal interests that pose potential or actual conflict of interest and act in a manner consistent with the CPSO Policy on Conflict of Interest (See Appendix D).
- Professional staff members will refrain from harassment, including sexual harassment. Harassment means engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known as unwelcome. Sexual harassment is harassment of a sexual nature.
- Bluewater Health professional staff members shall address any concerns or grievances they have with Bluewater Health administration, Board of Directors, other colleagues or Bluewater Health employee in a direct and professional manner directly with the individual(s) involved in an effort to resolve the matter. The optimal way to address inappropriate conduct is a face-to-face meeting between the parties involved when they are comfortable doing so. The person who was aggrieved is expected to address the issue with the other party in a timely manner and in a private place using the Code of Conduct as a reference. Mutually and satisfactory resolution should be encouraged and every reasonable attempt should be made to defuse the situation without further intervention. Failing those efforts all parties are encouraged to respectfully and openly engage in the “Code of Conduct Management Process”.
- It is Bluewater Health’s policy not to discriminate on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed (religion), sex, age, sexual orientation, record of offences, marital status, family status or disability in providing services to the patient or the public, nor in relation to employment practices. Furthermore Bluewater Health prohibits harassment or discrimination of its employees in any form by anyone associating with the Hospital.
- Bluewater Health does not tolerate anyone using or being under the influence of illegal drugs or alcohol while on hospital property.
- Bluewater Health does not tolerate any inappropriate use of the Hospital Internet or Intra net as defined in hospital policy.
- Professional staff members will base their professional decisions on the best possible care of our patients not on personal or financial interests.

- Appointment and reappointment to the Professional Staff of Bluewater Health is contingent on acceptable behaviour and appropriate code of conduct.

DISRUPTIVE BEHAVIOUR

While there is no universal definition of disruptive behaviour, it generally refers to a style of interpersonal interaction. Disruptive/disrespectful behaviour can be considered abusive and can lead to organizational dysfunction and substandard patient care.

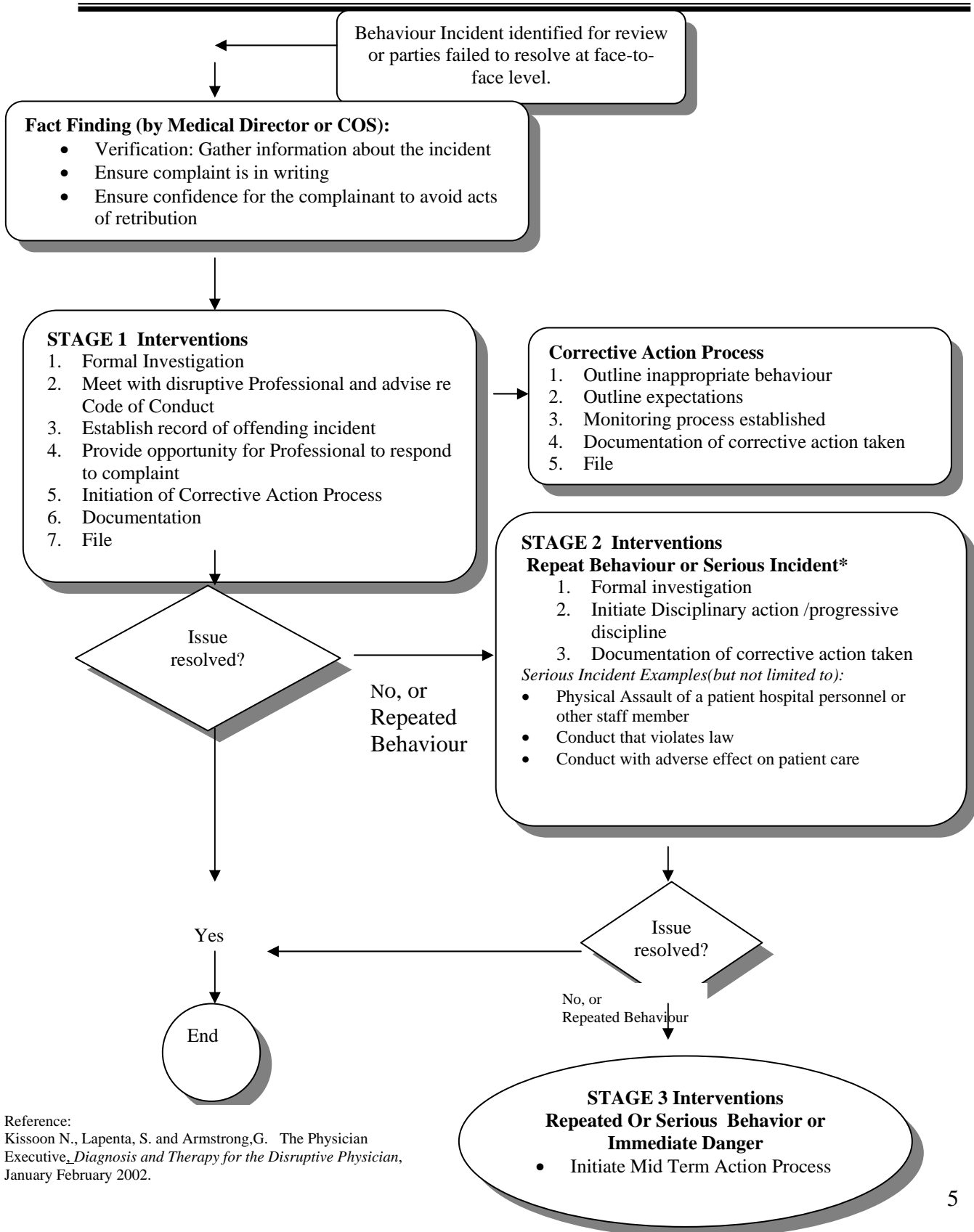
Disruptive behaviour can include but is not limited to:

- 1) Inappropriate anger – sudden and unpredictable outbursts, throwing objects
- 2) Rude or abusive conduct to staff, patients or patient family members, bullying
- 3) Verbal abuse – Yelling, intimidation
- 4) Sexual harassment of staff or patients
- 5) Late or unsuitable replies to pages or failure to respond to pages altogether
- 6) Refusal to accept assignments such as taking call as defined by the medical director or participating in departmental or committee affairs
- 7) Imposing idiosyncratic requirements on nursing or other staff which are not related to patient care
- 8) Impertinent and inappropriate comments written in the health record or other documents;
- 9) Threats (retribution, legal or physical) or actual assault
- 10) Negative comments to patients about other staff

Source: College of Physicians and Surgeons of Ontario, Members Dialogue, Disruptive doctors, July August 2004. Disruptive Physician Initiative, CPSO, November 2006.

In the event of a contravention to the Code of Conduct, Standards of Performance Excellence, or a display of Disruptive behaviour, the issue will be referred to the Medical Director for review and to take appropriate action, as outlined in the *Code of Conduct Management Process*.

Code of Conduct Management Process Overview (See also Appendix C)



Reference:
Kissoon N., Lapenta, S. and Armstrong, G. The Physician Executive, *Diagnosis and Therapy for the Disruptive Physician*, January February 2002.

Code of Conduct Management Process

It is anticipated that most concerns about conduct and behaviour can be addressed and resolved by the parties discussing the issues in an open and professional manner when they are comfortable doing so. When this approach does not resolve the issues, if the issues are repetitive, or the issues are of an egregious nature or immediate threat, the management process will be used.

Receipt of Complaint

1. Every individual should feel free to file a complaint about unprofessional behaviour without fear of reprisal or retaliation.
2. Anonymous complaints will be considered to the extent possible but may not result in any formal action.
3. Complaints may be made to the Medical Director, for the area in which the incident took place, in writing or orally. Where a complaint is received by someone else, it shall be referred to Medical Director for the area in which the incident took place for review.

Notifying the Professional Staff Member

4. At the earliest opportunity, normally after step 5.1, the Medical Director shall inform the professional staff member about the nature of the complaint and that the matter is being investigated.

Initial Review of Complaint

5. Upon receipt of a complaint, the following measures will be taken within 14 days:
 - 5.1 The Medical Director will meet with the complainant to review the complaint and all available details, including names of others who may have knowledge of the incident. At the earliest opportunity, the Medical Director shall inform the professional staff member about the nature of the complaint and that the matter is being investigated.
 - 5.2 The Medical Director will meet with all those who have knowledge of the event within 14 days of receipt of the complaint.
 - 5.3 The Medical Director will review medical records or other documentation where relevant.

Disposition of Unfounded Complaints

6. If the information obtained in the initial review of the complaint fails to demonstrate that the incident complained of took place, or if the reported behaviour did not, in fact, deviate from expectations of professionalism, the Medical Director will find that there is no basis for the concern. In this event, the complaint will be retained in the professional staff member's file in accordance with this policy, with a clear indication that it was unfounded together with the information that substantiates this. The complainant will be informed of this finding. The complainant may appeal this finding to the Chief of Professional Staff.

Substantiated Complaints

7. If it is determined during the initial review of the complaint that inappropriate conduct may have occurred, a staged approach to behaviour management shall be considered in light of the prevalence, severity, persistence and consequences of the incident or behaviour.
8. The Medical Director will meet with the professional staff member. Either the professional staff member or Medical Director may request the presence of a third party for this meeting.
 - 8.1 At the meeting the professional staff member will be provided with the details of the incident about which the report was received.
 - 8.2 The professional staff member will be provided with the opportunity to respond to the information, either orally during the meeting, or (within 14 days) in writing.
 - 8.3 In discussion with and following the response of the professional staff member, the Medical Director will determine whether further investigation is warranted.

Behaviour Management

9. Unless the unprofessional behaviour is repeated or serious (see definitions below), the Medical Director will consider the findings of the review and make the following recommendations for substantiated complaints:
 - Expectations in relation to behaviour in the future
 - Remediative measures, if any (an effort will be made to reach agreement with the professional staff member about the steps required towards changing his or her behaviour: in keeping with a staged approach to management, the course of action could include such components as stress management training, psychotherapy, monitoring, teamwork training, an apology, monitoring etc.). The agreement as to what measures will be undertaken may take the form of a written contract between the professional staff member and the institution. The professional staff member

- may be offered a referral to the Physician Health Program of the OMA, or other acceptable professional staff member Wellness Program.
- Disciplinary action, as may be appropriate
 - The consequences of any repeated inappropriate behaviour
 - Further follow up, as required
-
- The Medical Director will provide the professional staff member with a written summary of the findings of the review and remedial measures. A copy of the written summary will be retained in the professional staff member's file.

Serious/Repeated Unprofessional Behaviour

10. If the unprofessional behaviour is repeated or serious, the matter will not be dealt with by the Medical Director. Rather, the Medical Director will report the situation to the Chief of Professional Staff who will consider the findings of the review and make the determination as to outcome, which could include mid term action as described in the Bluewater Health Bylaws.
- “Repeated” behaviour means behaviour that has occurred more than once.
 - “Serious” behaviour means behaviour that poses a threat to patient care or to the safety of staff or others including threats or assaults, or conduct that violates the law.
11. A professional staff member who fails to act in accordance with this policy may be subject to disciplinary action, up to and including immediate mid-term action as described in the bylaws. This may also involve a report to the College of Physician and Surgeons of Ontario.

Confidentiality

12. The complaint investigation procedure is intended to be a confidential procedure. All parties to the process are expected to respect and maintain the confidentiality of the process and not to divulge the details of the investigation to anyone. Where there is any risk to other professional staff members, employees and patients, disclosure will be made to the extent necessary to offer adequate protection.

Documentation

13. The record of the investigation and its disposition will be retained in the professional staff member's file.

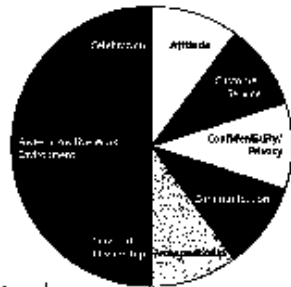
Appendix A: Model Behaviours of Professionalism (1)

1. Arrives on time and prepared for work.
2. Notifies appropriate people, if not able to come into work.
3. Appropriate (inoffensive) dress and cleanliness.
4. Follows up on patient care issues that are identified.
5. Detailed handover of patients, both giving and receiving.
6. Acts as a patient advocate.
7. Completes medical records honestly and punctually.
8. Treats patients/family/staff/paraprofessional personnel with respect
9. Protects staff/family/patient's interests/confidentiality.
10. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
11. Actively seeks and incorporates feedback.
12. Introduces him or herself as well as other members of the team, to the patient and family.
13. Effectively coordinates the health care team.
14. Accepts responsibility/accountability.
15. Recognizes the influence of marketing and advertising.
16. Open/responsive to input/feedback of other team members, patients, families and peers.
17. Use humour/language appropriately.
18. Discusses adverse events as well as death honestly, sensitively, patiently, and compassionately.
19. Participates in peer-review process.
20. Fairness in recruitment of professional staff

(1) Taken from the Acad Emerg Med, November 2002, Vol 9, No 11: Defining and Evaluating Professionalism: A Core Competency for Graduate Emergency Medicine Education

Appendix B
Bluewater Health Standards of Performance Excellence

Standards of Performance Excellence



Attitude

- choose to have a positive day! (refer to *FISH* video)
- smile
- acknowledge people's presence immediately
- express sincere appreciation for the work of others (eg. submit name of Star Performer, etc.)
- remain positive and use the 3C's ...
 - care
 - commitment
 - compassion
- put those I serve first
- maintain a sense of humour
- treat others as they would like to be treated (eg. respect individual differences)

Customer Service

- customers include... patients, patients' families and friends, coworkers, physicians, visitors, and outside organizations (eg. CCAC, UINS, OHA, etc.)
- exceed customer expectations
 - anticipate and respond to customer needs and requests
 - before leaving a patient's room, ask ... "Is there anything else I can do for you? I'll take the time."
- introduce myself and ask "How may I help?"
- greet others by their name
- welcome families

- provide explanations of procedures and policies to patients and families
- discuss personal information/business in private
- if someone appears lost take them to their destination ... don't point!
- use telephone etiquette by:
 - always answering the phone using my name and department and stating "How may I help you?"
 - advising the caller if the line is busy and providing options
- use elevator etiquette by:
 - always smiling and speaking to fellow passengers
 - holding the doors open for others
 - hold doors for customers
- avoid saying "I'm too busy" or "It's not my job"

Confidentiality/Privacy

- keep all patient information confidential
- ensure patients are informed about their rights to privacy and confidentiality and how Bluewater Health will protect their rights
- protect the patient's dignity and modesty by:
 - knocking before entering a room
 - closing curtains/doors during examinations/procedures and explaining why
 - providing the best available fitted gowns and robes
- discuss confidential information in private areas only
- share information on a need to know base
- protect the privacy of staff by:
 - respecting coworkers' wishes regarding the disclosure of personal information/confidences
 - following Bluewater Health's policies and procedures regarding the confidentiality of staff information

Communication

- take the time to be a good listener
- practice honest and open communication - no secrets, no excuses, no exceptions

- make eye contact
- speak in a professional, pleasant manner
- ensure that nonverbal messages reflect our values
- respond to customers in a timely fashion
- use terms that are easily understood in order to avoid confusion when speaking with customers
- have all my communication both oral and written be clear and reflect courtesy and care

Ambassadorship

- always speak positively about Bluewater Health
- do not discuss internal concerns with, or in front of patients, families, physicians, or the public
- promote and share Bluewater Health's achievements/successes through posters, presentations, and speaking engagements both internally and externally
- discourage gossip

Sense of Ownership

- take responsibility for my actions and their consequences
- return materials and equipment after I have used them
- look beyond my assigned tasks when I is appropriate for me to perform a service, do so!
- look for opportunities to learn new skills
- take action in helping others comply with hospital policies, for example:
 - confidentiality policy
 - no smoking policy
 - fragrance-reduced policy
- take responsibility to stay current with all hospital and departmental issues using available communication tools and resources

Appearance

- wear my hospital ID badge so that my name and photograph are easily readable and visible
- dress and present myself in a professional manner (refer to *Departmental Policies and Procedures*)

Foster a Positive Work Environment

- respect my hours of work (eg. be punctual)
- do my work to the best of my ability and strive to continuously improve the quality of my work
- support teamwork throughout the entire system of care
- help each other get jobs done; reciprocate good deeds
- participate by exchanging positive thoughts, opinions and information
- handle complaints and conflicts in a constructive and timely manner
- maintain a neat, organized and safe work environment

Safety

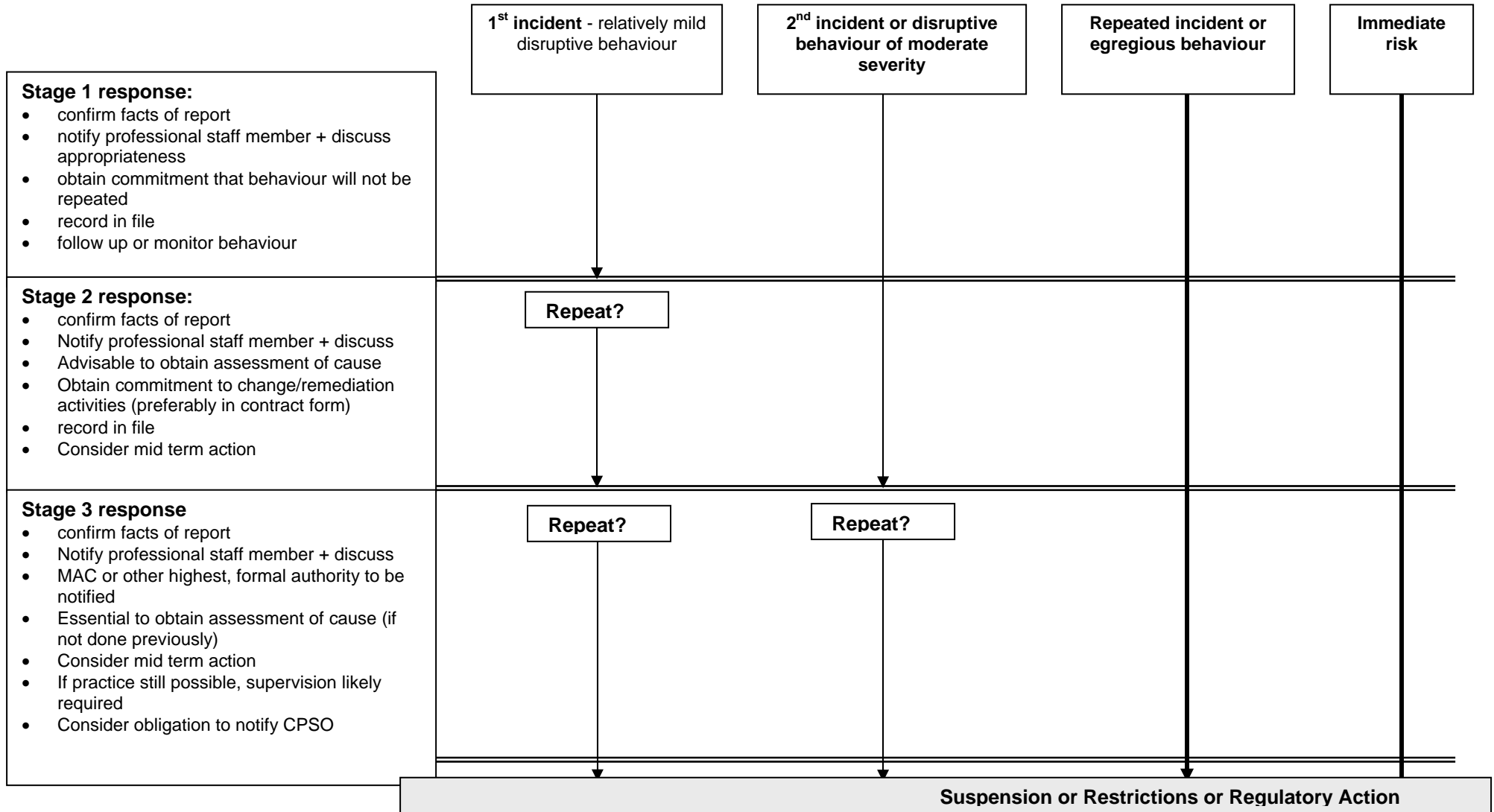
- report all accidents/incidents promptly
- correct or report any safety hazard I see (eg. spills)
- use personal protective equipment according to Bluewater Health policy
- pick up litter and dispose of it

Celebration

- honour and celebrate the achievements of colleagues, such as:
 - good attendance
 - STAR performance
 - educational courses
 - long term service
 - retirement
- actively celebrate the growth and success of Bluewater Health by commemorating milestones and supporting Bluewater Health Foundation
- support and/or encourage participation in community events, such as:
 - Big Bike Ride for Heart & Stroke Foundation
 - Dragon Boat Race
 - United Way



Appendix C Behaviour Management Flow Chart



APPENDIX D



Conflict of Interest

When is a physician considered to be in conflict of interest?

Regulations under the *Regulated Health Professions Act* (see below), both define and prohibit conflicts of interest. The principle behind these regulations is that the physician's obligation is to the best interests of his or her patient and that this interest must not be in conflict with financial or other interests of the physician. Patients should not have to be concerned when they are referred for a medical service or to purchase a medical device by a doctor about whether the doctor is receiving financial benefit from such a transaction.

Here are the pertinent regulations:

CONFLICT OF INTEREST

Part IV, sections 15, 16 and 17 of Ontario Regulation 114/94 made under the *Medicine Act, 1991*, describes the circumstances under which physicians may find themselves in a conflict of interest:

15. In this Part, "benefit" means any benefit, gift, advantage or emolument of any kind, whether direct or indirect, and includes,

(a) the receipt of any benefit from the services of any person or reimbursement of the cost of those services,

(b) the benefit or receipt of the payment or reduction of any amount of any debt or financial obligation,

(c) the receipt of any consultation fee or other fee for services rendered, except in accordance with a written contract for each service where,

(i) a copy of the contract is available and produced to the College on demand,

(ii) each contracted service is within the normal scope of the member's specialty, and

(iii) each service is supported by records adequate to satisfy the College that it was in Fact performed,

(d) the acceptance of any loan except in accordance with a written evidence of indebtedness,

(i) executed at the time of transfer of funds,

(ii) witnessed at the time of actual execution by an individual whose name is legibly recorded on the document,

(iii) available and produced to the College on demand, and

(iv) that provides for a fixed term of loan and fixes a set interest rate, both of which are reasonable

having a view to prevailing market rates at the time of the loan,

(e) the acceptance of a loan that is interest free or related in any way to a referral made by the member,

(f) the acceptance of credit unless the credit is unrelated in any way to a referral of patients to the creditor and the credit is extended pursuant to an agreement in writing,

(i) executed at the time of the transaction,

(ii) witnessed at the time of actual execution by an individual whose name is legibly recorded on the agreement,

(iii) available and produced to the College on demand, and

(iv) that provides for a fixed term of credit and fixes a set interest rate, both of which are reasonable having a view to prevailing market rates at the time of the transaction;

"medical goods or services" includes medical goods, appliances, materials, services and equipment, and drugs and laboratory services;

"member of his or her family" means any person connected with a member by blood relationship, marriage or adoption, and

(a) persons are connected by blood relationship if one is the child or other descendent of the other or one is the brother or sister of the other,

(b) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other, and

(c) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is connected by blood relationship (otherwise than as a brother or sister) to the other;

"supplier" means a person who

(a) sells or otherwise supplies medical goods or services, or

(b) is registered or licensed under any Act regulating a health profession.

16. It is a conflict of interest for a member where the member, or a member of his or her family, or a corporation wholly, substantially, or actually owned or controlled by the member or a member of his or her family,

(a) receives any benefit, directly or indirectly from,

(i) a supplier to whom the member refers his or her patients or their specimens, or

(ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member.

(b) rents premises to,

(i) a supplier to whom the member refers patients or their specimens, or

(ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member, except where,

(iii) the rent is normal for the area in which the premises are located, and

(iv) the amount of the rent is not related to the volume of business carried out in the premises by the tenant;

(c) rents premises from,

(i) a supplier to whom the member refers his or her patients or their specimens, or

(ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member, except where,

(iii) the rent is normal for the area in which the premises are located, and

(iv) the amount of the rent is not related to the referral of patients to the landlord, or

(d) sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit, except,

(i) a drug sold or supplied by a member to his or her patient that is necessary,

(A) for an immediate treatment of the patient,

(B) in an emergency, or

(C) where the services of a pharmacist are not reasonably readily available, or,

(ii) despite subclause (i), an allergy preparation prepared by a member for his or her patient that is sold or supplied by the member for a price that does not exceed the total of,

(A) the true cost of production of the preparation, and

(B) the fee for the professional component, for the member's review of the case, for the prescription of the material and for the general supervision of the member's laboratory in preparing the material.

17. (1) It is a conflict of interest for a member to order a diagnostic or therapeutic service to be performed by a facility in which the member or a member of his or her family has a proprietary interest unless,

(a) the fact of the proprietary interest is disclosed to the patient before a service is performed; or

(b) the facility is owned by a corporation the shares of which are publicly traded through a stock exchange and the corporation is not wholly, substantially or actually owned or controlled by the member, a member of his or her family, or a combination of them.

(2) A member who or whose family has a proprietary interest in a facility where diagnostic or therapeutic services are performed shall inform the College of the details of the interest.