

INTRODUCTION AND PURPOSE

Each practitioner and allied health professional at a USPI facility and in their practice is committed to acting in accordance with the highest standards of ethics in business, complying with law and operating in an environment that promotes a culture of safety for patients, practitioners, allied health professionals, employees and others. This Code of Conduct defines the conduct that is expected of all practitioners and allied health professionals and helps to ensure that they and the facility remain in full compliance with all applicable laws and standards of propriety.

LEGAL OBLIGATIONS AND BILLING

All practitioners and allied health professionals will conduct their actions in compliance with applicable laws, regulations, Medical Staff Bylaws/Rules and Regulations and facility policies. In particular, no one will solicit or receive, or offer to pay or pay, anything of value in return for referring or recommending the referral of an individual for medical services or unnecessary procedures. This includes, among other matters, arrangements with surgical device manufactures and other vendors that encourage the overutilization of surgical hardware or certain types of procedures. Furthermore, no one will provide inducements for patients to access services payable by government health care programs, including providing free transportation to such patients or waiving their copayments or other financial responsibilities.

All practitioners, allied health professionals and the facility are committed to billing accurately for services. It is imperative that billing statements to patients and payors accurately reflect the services actually provided, who performed the services and the precise charge for those services, as well as other relevant data relating to the patient. Practitioners and allied health professionals will provide complete and accurate documentation to the best of their abilities in order to submit claims for payment and reimbursement according to applicable laws and regulations. No practitioner or allied health professional will knowingly submit a claim they know to be false, fraudulent or fictitious or request reimbursement for services that are not medically necessary.

BUSINESS CONDUCT AND APPROPRIATE TREATMENT

Each practitioner, allied health professional and the facility is committed to ensuring the safety of their patients, practitioners, allied health professionals and others. Each individual should always conduct themselves in a manner that promotes safety and, if at the facility, immediately notify the Administrator/CEO of any activity that endangers a patient, practitioner, allied health professional or other individual. Practitioners and allied health professionals will promptly report any accidents or "near misses" involving injury to a patient, visitor or employee at the facility. Individuals will also report all accidents involving medical waste or hazardous materials at the facility and take immediate action to help prevent harm.

Practitioners, allied health professionals and the facility intend to provide a work environment that is pleasant, healthful and free from discrimination, harassment, intimidation and other disruptive or inappropriate behavior. Appropriate conduct expected of each individual includes, but is not limited to, complying with law, this Code of Conduct and the policies and procedures of the facility and their practices, treating others with respect and dignity and addressing concerns with others privately and in an appropriate manner. Appropriate conduct fosters a culture of safety and the delivery of quality patient care.

Disruptive or inappropriate conduct, including discrimination, harassment or intimidation, contributes to poor patient satisfaction and potential adverse outcomes, increases the cost of delivering care and creates an unproductive work environment. Disruptive and inappropriate conduct includes any manner of interaction with others that interferes with patient care or has a negative effect on workplace morale. Such conduct includes, but is not limited to, overt actions such as verbal outbursts and physical threats and passive behaviors such as refusing to perform assigned tasks or answer questions or using condescending language. Prohibited conduct also includes harassment, intimidation or discrimination based on age, race, gender, color, religion, national origin, disability, marital status, sexual orientation, status with respect to public assistance and other characteristics protected under state, federal or local law (each, an "illicit reason"). Without limiting the foregoing, all personnel decisions at the facility, such as initial hire, training, promotion, compensation, benefits, transfers, layoffs, returns from layoff, education, tuition assistance, social and recreation programs, service to the facility's patients and visitors and dealings with vendors will be administered without regard to any illicit reason.

Sexual harassment, one type of prohibited harassment, is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when (a) submission to such conduct is made a term or condition, either explicitly or implicitly, of an individual's employment, (b) submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment and (c) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual harassment is prohibited at the facility and in each practitioner's and allied health professional's practice.

Disruptive and Inappropriate Behavior Policy	Subject	
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Section A: Purpose 2
 Section B: Policy 2
 Section C: Procedure..... 3
 Section D: Responsibilities 5
 Section E: Revision History 5

Section A: Purpose

Leaders encourage teamwork and create structures, processes and programs that allow a positive culture of safety to flourish. Disruptive and inappropriate behavior adversely affects workplace morale, causes staff turnover and contributes to poor patient satisfaction and potential adverse outcomes. This policy establishes guidelines for managing disruptive behavior by individuals at Memorial Hermann Surgery Center Southwest (the "facility"), including any behavior by employees, members of the medical staff, vendors, allied health professionals, Governing Body members and members of Medical Executive Committee.

Section B: Policy

It is the facility's policy that all individuals be treated with courtesy, respect and dignity and that patient care is delivered in a safe, comfortable and welcoming environment. Unprofessional, intimidating or disruptive conduct interferes with the ability of others to effectively carry out their duties and undermines patient confidence in the facility. Education in this policy will be completed at initial orientation and reviewed annually by employees, members of the medical staff, vendors, allied health professionals, Governing Board members and members of the Medical Executive Committee.

Disruptive and inappropriate behavior will not be tolerated at the facility. Disruptive and inappropriate behavior is any manner of interaction with employees, members of the medical staff, vendors, patients, visitors or other individuals at the facility that interferes with patient care or has a negative effect on workplace morale and includes, but is not limited to:

1. Physical or verbal attacks;
2. Use of language that is profane, vulgar, sexually suggestive or explicit, degrading or racially/ethnically/religiously slurring;
3. Behavior that intimates, harasses or discriminates based on age, race, gender, color, religion, national origin, disability, marital status, sexual orientation, status with respect to public assistance and other characteristics protected under state, federal or local law reason;
4. Throwing instruments, charts or other objects;
5. Outbursts of anger, and
6. Any retaliation against individuals that in good faith report a suspected violation of this policy or another compliance concern.

Section C: Procedure

Guidelines for Management of Disruptive and Inappropriate Behavior:

1. Disruptive and inappropriate behaviors must be reported. Any employee, member of the medical staff or allied health professional who observes disruptive or inappropriate behavior shall immediately report the incident verbally to the direct supervisor for the person allegedly exhibiting the disruptive behavior if the person is a facility employee, or the facility Administrator/CEO if the person exhibiting the disruptive behavior is a member of the medical staff, vendor or allied health professional.
2. Reports of disruptive and inappropriate behaviors must be documented by the person reporting the incident and the supervisor or Administrator/CEO to whom the behavior has been reported. Patterns of disruptive and inappropriate behavior should be noted in the report. The written report of the incident should be completed as soon as possible after the behavior has been reported (and in no event more than 72 hours) and should include the following information:
 - the date, time and location of the alleged behavior;
 - the medical record number of any patient involved or affected by the disruptive and inappropriate behavior, including whether the behavior was in the presence of a patient;
 - the circumstances surrounding or precipitating the situation;
 - a factual, objective description of the questionable behavior; to the extent possible;
 - the consequences, if any, of the disruptive behavior as it relates to patient care or facility employees/operations; and
 - the names of any witnesses and any action taken to intervene or remedy the situation, including date, time, location, action and name(s) of those persons intervening.
3. Reports will be kept confidential, except where limited disclosures is necessary to (a) investigate the report and (b) provide the reported individual an opportunity to respond to the alleged behavior. The reported individual may submit a written rebuttal.
4. Reports of disruptive behavior will be investigated as soon as possible after receipt of the written report. Following investigation, a review of the investigation findings will be completed by the Medical Director, Administrator/CEO, supervisors and other facility leaders as appropriate.
5. Following investigation and review, any reports that are determined not to have involved disruptive or inappropriate behavior will be dismissed. The individual initiating the report and the individual reported will be informed that the report of disruptive behavior has been received, reviewed and **dismissed and the reasons for such dismissal.**

6. Any reports that are confirmed will prompt a discussion between the offending party and his or her supervisor (for employees), the Administrator/CEO (for vendors), the Medical Director, Medical Executive Committee and/or Administrator/CEO (for members of the medical staff and allied health professionals). The discussion will emphasize that such conduct is inappropriate and must cease. The initial approach will be designed to be helpful to the offending party and the facility. The individual filing the report will be made aware that the matter has been addressed (although specific details will not be reviewed) in order to provide closure to the incident. The individual will be encouraged to report any subsequent disruptive behavior.
7. If the investigation demonstrates that a pattern of disruptive behavior is developing, the investigating party will discuss the matter with the offending party and document that the discussion (a) emphasized that if such repeated behavior continues, more formal action will be taken to stop it and (b) noted that a follow-up letter will be sent to the offending party stating the problem and that the individual is required to behave professionally and cooperatively within the facility.
8. Any reports that are confirmed and deemed to require additional action beyond the measures stated above, including any single egregious incident or for repeated non-egregious incidents, will be addressed as follows:
 - The confirmed report of disruptive behavior by a member of the medical staff and allied health professional will be submitted to the facility's Medical Executive Committee for corrective action as described in the facility's Professional Medical Staff Bylaws, Article _____, "Corrective Action."
 - The confirmed report of disruptive behavior by a facility employee or vendor will be submitted to the Administrator/CEO or an employee's supervisor for corrective action at the Administrator/CEO's or supervisor's discretion, and may include the following actions, among others: verbal counseling or warning, written warning, leave of absence without pay and immediate termination.
9. All reports of disruptive behavior, follow-up letters, investigation notes, findings (including reports that are determined not to have involved disruptive behavior that were dismissed), written rebuttals to charges, corrective measures taken and other documentation and correspondence related to any alleged disruptive behavior is considered confidential and will be maintained in medical staff members' and allied health professionals' confidential peer review files and facility employees' personnel file.

Section D: Responsibilities

1. The Governing Body and the Medical Executive Committee will be responsible for reviewing and approving this policy.
2. The facility's Administrator/CEO, Medical Director, supervisors, Governing Body and Medical Executive Committee, as applicable, will be responsible for monitoring compliance with this policy and ensuring that all individuals at the facility understand and follow both.
3. All employees, members of the medical staff, vendors, allied health professionals, Governing Body members and members of the Medical Executive Committee at the facility have the responsibility to follow this policy.

Section E: Revision History

Revision Date	Revision Number	Change	Revised Sections

I acknowledge receipt of USPI's Code of Conduct and Disruptive and Inappropriate Behavior Policy. By signing I acknowledge my reading and understanding of both documents.

SIGNATURE

DATE

Printed Name

RETURN THIS FORM