



System-wide Medical Staff Policy Template:

Medical Staff Professionalism Policy

Reference #: SYS-MS-PGCBSC-001.V4

Physician Governance Committee Template Approval Date: December 2021

PGC Bylaws Subcommittee Approval Date: November 2021

Origination Date: April 2008

Next Review Date: November 2024

	Approval Date*:
Abbott Northwestern Hospital:	1/19/2022
Buffalo Hospital:	1/20/2022
Cambridge Medical Center:	1/20/2022
Faribault Medical Center	2/3/2022
Mercy Hospital:	1/17/2022
New Ulm Medical Center:	1/11/2022
Owatonna Hospital:	1/13/2022
Regina Hospital:	1/14/2022
River Falls Area Hospital:	1/10/2022
St. Francis Regional Medical Center:	3/2/2022
United Hospital:	1/17/2022

*Policy is not effective at a site until it has been approved by the Medical Executive Committee and the governing body, according to the process described in the Medical Staff Bylaws

References to Vice President of Medical Affairs (VPMA) means the chief medical officer at the site (e.g., Director of Medical Affairs, Medical Director, etc.).

System-Wide Policy Ownership Group: PGC Bylaws Subcommittee

System Policy Information Resource: Allina Health Accreditation Committee

Stakeholder Groups
All Allina Health hospital Medical Staffs, Medical Executive Committees, Bylaws Committees
Allina Health Quality, Safety, Accreditation and Risk Council
PGC Bylaws Subcommittee

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
All Allina Health patient care sites, facilities and business units, including all hospitals listed above	Medical Staff	All members of either the Medical Staff or the Advanced Practice Provider Staff (collectively, "Members") and all other physicians and practitioners with Clinical Privileges in the hospital (collectively, "Practitioners")

POLICY STATEMENT:

Allina Health and its Medical Executive Committees are committed to providing safe, high-quality care in pursuit of Allina Health's mission to serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

Safety is a core Allina Health value. Allina Health's ability to provide reliable, safe, high quality patient care requires a safe, cooperative, and professional healthcare environment. Fundamental to a strong and effective safety culture are professionalism, effective communication, collegiality, and collaboration. Allina Health and its Medical Executive Committees have set forth in the Medical Staff Bylaws and credentialing policies and in this policy their expectations of professionalism for all Members and Practitioners.

All Members and Practitioners are expected at all times, while on Allina Health premises or while providing care or services or engaging in administrative or leadership duties, to:

1. Conduct themselves in a professional and cooperative manner
2. Treat all patients and persons involved in their care with respect, courtesy and dignity
3. Demonstrate sensitivity to and respect for the diversity of patients and staff with whom they interact
4. Adhere to the ethical principles of their profession
5. Comply with the Medical Staff Bylaws and with Allina Health policies and protocols, and exercise and uphold established patient safety practices
6. Be accountable for their own behavior
7. Maintain composure in stressful situations
8. Conduct themselves at all times in a manner that:
 - a. Enables the delivery of safe, high-quality patient care at Allina Health
 - b. Respects each person's dignity, ability and role in the Allina Health system
 - c. Promotes a safe work environment for all others working or practicing in Allina Health facilities
 - d. Maintains the community's confidence in Allina Health, its hospitals and clinics, and its medical staff
 - e. Facilitates efficient hospital and clinical operations

Members and Practitioners are also expected to promptly report errors, mistakes, and accidents they observe, as well as actions, events and behavior that they believe or suspect is unsafe, unethical, illegal, or in violation of law or policy at Allina Health.

Allina Health and its Medical Executive Committees will tolerate no retaliation against anyone who reports concerns. Even when concerns are reported in an unprofessional manner, they will be reviewed and evaluated, but unprofessional conduct will also be responded to and addressed. It is not retaliation to address and respond to unprofessional conduct according to this policy, even if the conduct is exhibited in the course of raising or reporting concerns.

Allina Health and its Medical Executive committees are committed to providing a work environment that is free from harassment based on race, color, creed, religion, national origin, sex, sexual orientation, gender identity, disability, age, marital or family status, covered veteran status, or status with regard to public assistance and other characteristics protected under federal, state or local law.

Prepared at the direction, request and in furtherance of the purposes of a review organization and should not be shared outside of Allina Health or its Affiliates. Protected under Wis. Stat. 146.38 and Minn. Stat. 145.61 et seq.

All Members and Practitioners must acknowledge and expressly agree to comply with this Medical Staff Professionalism policy as a condition of their appointment, reappointment, and to any grant of clinical privileges.

DEFINITIONS:

Unprofessional Behavior: An aberrant style of personal interaction that interferes with the delivery of excellent patient care. Unprofessional behavior can take many forms, including, among other things, language, actions, omissions, physical or verbal aggression, non-responsiveness, or passive-aggression. Examples of unprofessional behavior are listed in Appendix A {HYPERLINK}.

Retaliation: Any behavior directed toward an individual that, whether intentional or not, may reasonably be perceived by the individual as a reprisal for that individual's reporting of or participation in any review or investigation of an error, mistake, accident, or other action, event or behavior they believe or suspect is unsafe, unethical, illegal, or in violation of law or policy at Allina Health.

Harassment: Offensive behaviors that target one or more other individuals based on their race, color, creed, religion, national origin, sex, sexual orientation, gender identity, disability, age, marital or familial status, covered veteran status, status with regard to public assistance or other status protected by applicable law. Sexual harassment is further defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when the conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile or offensive working environment. Conduct may be deemed harassment whether or not it was intended to be offensive or harassing.

Maltreatment and Abuse: Any of the following acts or omissions as defined in statute: egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, mental injury, and maltreatment in a facility.

Leader: For purposes of this Policy and accompanying Procedure, "Leader" includes the hospital or business unit President, any Medical Staff officer, department or committee chair or vice chair, the Vice President of Medical Affairs, any medical director, and any hospital or business unit manager, director, or vice president.

A. Delegation of Functions:

When a function is designated by this policy to be carried out by a person in a particular office or position or by a committee, the person, or the committee through its chair, may delegate performance of the function to one or more qualified designees or may enlist other qualified designees to assist in carrying out the functions.

B. Responsibility of Medical Staff and Hospital Administrative Leadership

Medical Staff and Hospital administrative leadership are jointly responsible for ensuring that all reports and complaints of substantiated unprofessional behavior receive a prompt and appropriate response. The Chief of Staff and the Hospital President will ensure that employees, members of the Medical Staff and Advanced Practice Provider Staff, and other personnel in the hospital are informed of this policy, and they are responsible to ensure that procedures are instituted to facilitate prompt reporting of unprofessional behavior and prompt action as appropriate under the circumstances.

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C. Members and Practitioners Who Are Allina Health Employees

Members and Practitioners who are Allina Health employees are subject both to this policy and to applicable Allina Health Human Resources policies. Reports of unprofessional behavior by employee Members and Practitioners may be forwarded to appropriate Human Resources staff or the Member's or Practitioner's direct or indirect managers for response according to applicable Human Resources policies. The response may be coordinated between the medical staff and management, consistent with this policy and with applicable Human Resources policies.

D. Involving Group Practice Leaders of non-Employee Members and Practitioners

At the discretion of the Chief of Staff or the Hospital President or either of their designees, information about reports of unprofessional behavior by non-employee Members and Practitioners may be shared with appropriate leaders of the Member's or Practitioner's group practice or employer, and medical staff and hospital leadership may coordinate the response with those group practice leaders or employer, if it is determined that information sharing and coordination of response would further the purpose of resolving the professionalism concerns.

E. Relationship of this Policy to Bylaws and Other Medical Staff Policies

This policy must be construed and applied to be consistent with the medical staff bylaws. This policy must also be construed and applied in accord with other applicable policies and documents of the medical staff or the hospital, including policies on practitioner health.

F. Collegial Intervention

The steps described in this policy are collegial interventions as described and defined in the Medical Staff Bylaws and are not investigations or disciplinary proceedings. Investigations and disciplinary proceedings must be conducted according to the procedures described in the Medical Staff Bylaws.

G. Meetings

Neither the Member or Practitioner nor the medical staff or the hospital is entitled to have legal counsel present at any meeting called under this policy. This provision does not affect any right the Member or Practitioner or medical staff may have under the medical staff bylaws to be represented by counsel. No audio or visual recordings may be made of the discussions at any meeting called under this policy.

H. Confidentiality

All reports, whether verbal or written, of unprofessional behavior made under this policy, and all actions taken in response to a report, are to be treated confidentially, except that information may be shared as necessary to appropriately evaluate and act upon reports and as described in the next paragraph, below. To the extent it is necessary to seek direct resolution or substantiate a complaint under this policy, the identity of any person making a report under this policy may be disclosed to the Member or Practitioner whose conduct is at issue. The Hospital President and Chief of Staff – after consulting with the other – are authorized to withhold the identity of a person making a report under this policy if they agree it is appropriate in a particular case.

I. Conflicts of Interest

To the extent a medical staff leader involved in implementing this policy has an actual or perceived conflict of interest with respect to a Member or Practitioner whose conduct is at issue (e.g., they are economic competitors, former or current partners, etc.), the medical staff bylaws or other policies or procedures should be consulted and followed to address the actual or perceived conflict. Any inquiry or responsive action under this policy shall be conducted or taken in a manner to avoid actual or perceived conflicts of interest.

J. Procedures

Refer to the accompanying Procedure for information about reporting, evaluating and responding to reports of unprofessional behavior.

FORMS:

[Professionalism report form](#)

[Professionalism Procedure](#)

REFERENCES:

Related Regulation and Laws: MN Stat 626.5572 subd.15

Alternate Search Terms: N/A

Related Policies:

Name of Policy	Content ID	Business Unit where Originated
N/A		

Policies Replacing:

Name of Policy	Content ID	Business Unit where Originated
N/A		

APPENDIX A

The following are examples of actions that are considered to be unprofessional behavior by Medical Staff and Practice Provider Staff. This list is not exhaustive.

- Refusal to follow, or reckless or negligent non-compliance with, medical staff and hospital policies, protocols or established patient safety practices.
- Failure to take reasonable measures, while on-call or otherwise expected to be available, to ensure they can and do timely respond to calls or requests for information or calls for assistance, or to ensure back-up arrangements are in place if they become unavailable.
- Refusal to collaborate or cooperate with others, such as when they refuse to listen to the perspectives, suggestions, or professional opinions of others who are involved in the care of patients.
- Engaging in inappropriate or offensive conversations or actions while providing patient care.
- Offending others by the use of profanity or similarly offensive language in the hospital.
- Making berating, degrading, derogatory, or demeaning comments to or about patients, visitors, staff, or the hospital.
- Engaging in non-constructive criticism, such as addressing a person in a manner that intimidates, humiliates, berates, undermines confidence, belittles, or expresses or implies stupidity or incompetence.
- Making medical record entries that criticize care provided by others or that otherwise are not relevant to the delivery of care to the patient.
- Using threatening, intimidating, or abusive language or gestures directed at patients, visitors, staff, or others in the hospital.
- Making physical contact with another individual that is or is perceived to be threatening, intimidating, or abusive.
- Engaging in any kind of violent or physically aggressive behavior.
- Engaging in harassment, maltreatment or abuse.