

St. Joseph’s/Candler Advocate Health Network, LLC	St. Joseph’s/Candler Advocate Health Network Title: Code of Conduct	Policy Number: 2000-AHN Effective Date: Page 1 of 5
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Policy Statement

It shall be the policy of St. Joseph’s/Candler Advocate Health Network, LLC to maintain the highest level of professional and ethical standards in the conduct of its business.

Purpose:

All Providers are expected to display the highest level of professional behavior, decorum, compassion and ethics. In accordance with this expectation, the Company Code of Conduct is designed to clarify common expectations and facilitate unity among Providers. The guidelines set forth in this Code of Conduct govern interactions with the Company Patients, their families, Providers, government agencies and their representatives and the public at large.

Entities to whom this Policy Applies

St. Joseph’s/Candler Advocate Health Network (the “**Company**”) and all M.D.s, D.O.s, D.D.S.s, D.M.D.s, and all D.P.M.s participating in the Company.

Definitions:

“**Adverse Action**” means any reduction, restriction, suspension, revocation, or denial of a Provider’s status as a participating physician or practitioner with the Company and corresponding termination of the Participation Agreement as it applies to Provider in accordance with the Termination of Participating Providers Policy (2003-AHN).

“**Board**” means the Company Board of Managers.

The “**Chair**” means the Chair of the Company Board.

“**Company**” means St. Joseph’s/Candler Advocate Health Network, LLC

“**Company Patient(s)**” means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with the Company to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

“**Executive Director**” means the Company Executive Director as defined by the Executive Director Job Description.

“Medical Director” means the Company Medical Director as defined by the Medical Director Job Description.

“Network Participants” means the Providers and all hospitals, skilled nursing facilities, assisted living facilities, inpatient rehab facilities, ambulatory surgery centers and other health care facilities that have entered into a Participation Agreement with the Company to provide services to the Company’s Patients.

The **“President”** means the President of the Company Board.

“Participation Agreement” means a written agreement with the Company to provide covered services to Company Patients.

“Provider” means a physician or allied health professional who has been credentialed and approved by the Board as a participant of the Company and has not had his or her Participation Agreement or any joinder agreement relation to participation in the Company terminated.

“Summary Suspension” means emergency or urgent Adverse Action taken against a Provider before a hearing is held.

Procedure:

I. All Providers will abide by the principles of medical ethics (primacy of patient welfare, patient autonomy, and respect for human dignity and rights), and the policies and procedures of the Company.

II. All Providers will interact and communicate with Company Patients, all other Network Participants and their employees and agents in a courteous, respectful and dignified manner.

III. All Providers have the primary responsibility for effective communication.

IV. All Providers must:

- A. Seek out assistance in conflict resolution when managing disagreements with others.
- B. Address dissatisfaction with policies, administrative or supervisory actions through the proper leadership channels at the Company.
- C. Communicate quality and patient safety concerns to Company leadership as appropriate.
- D. Regard Company Patients and their families with respect and consideration.

V. Providers will not engage in disruptive behaviors, including but not limited to the following:

- A. Sexual harassment and sexual innuendos;
- B. Use of abusive language, including the use of foul language, screaming or name calling;
- C. Making direct or indirect threats of violence, retribution, litigation or financial harm;
- D. Making racial or ethnic slurs;
- E. Intimidation;
- F. Criticizing or embarrassing Company staff in the presence of others;
- G. Slander;
- H. Inappropriate physical expressions of anger;
- I. Treating Company Patients, coworkers or others in a discriminatory way, including but not limited to discrimination based on race, color, national origin, ancestry, religion, gender, marital status, sexual orientation, or age;
- J. Providing patient care while impaired by alcohol, drugs or illness; and
- K. Dishonesty

VI. Optimal health care depends on the harmonious interaction, communication and combined efforts of a multidisciplinary team that includes but is not limited to: physicians, dentists, affiliated health care providers, students, residents, social workers, patients, families and others. As Providers strive to provide the highest level of care to Company Patients, they will engage in the following behaviors:

- A. Respond promptly and professionally when called upon for consultative and clinical services from Network Participants;
- B. Respond to patient and staff requests for information promptly and appropriately;
- C. Respect the confidentiality and privacy of Company Patients in accordance with applicable law;
- D. Seek and obtain appropriate consultations;
- E. Arrange for appropriate coverage in accordance with Company policies;
- F. Prepare and maintain medical records in accordance with the Provider's Participation Agreement;

G. When terminating or transferring care of a Company Patient, provide a prompt handoff that has pertinent and appropriate medical information to ensure continuation of care, medication reconciliation, and adequate follow-up; and

H. Be collaborative with and respectful of all multidisciplinary team members and individuals involved in the care of Company Patients.

VII. Providers are strongly urged to contribute meaningfully to the Company community by:

A. Serving on Company committees when requested and available;

B. Notifying the Medical Director of any Provider who may be impaired, disruptive or who repeatedly violates the Code of Conduct;

C. Following and obeying the law at all times;

D. Holding in strictest confidence all information pertaining to peer review, and quality review improvement activities concerning Providers and Network Participants;

E. Protecting the confidentiality of log-in IDs and passwords that access any Company health care data as well as protecting patient identifiable information or other confidential Company information from loss or theft; and

F. Reporting to the Medical Director all variances from quality and safety initiatives.

G. **Add HIPAA compliance language**

VIII. The medical record is a vital legal document that records all aspects of a patient's health care. This document should include but not be limited to all information regarding patient histories and physicals, diagnostic evaluations, treatment plans and outcomes. All entries in the medical record must be dated. Additionally they should accurately reflect the professional recommendations and actions taken by all health care providers. Medical record entries should reflect the same level of respect that is expected of interpersonal and verbal communications previously set forth in this Code of Conduct. It is inappropriate to include in the medical record descriptions of interpersonal conflicts, judgmental statements of others or unprofessional attitudes.

IX. All Providers are expected to adhere to the principles and guidelines outlined in this Code of Conduct. As participants in the Company, all Providers will receive a copy of the Code of Conduct with the understanding that they will review the Code of Conduct and consent to its terms and conditions.

X. Administration of the Code of Conduct is the responsibility of the Medical Director.

XI. Providers who do not abide by the Code of Conduct are subject to disciplinary and/or corrective actions, and if warranted, termination. The President, the Chair, the Medical Director

and the Executive Director each have the authority to recommend Adverse Action against, or a Summary Suspension of, a Provider for violation of this Code of Conduct. If Adverse Action is recommended, the procedures set forth in the Termination of Participating Providers Policy (the Company-XX) would then take effect. If the circumstances so warrant, the President, the Chair, the Medical Director or the Executive Director may initiate a Summary Suspension of a Provider by directing the Medical Director to take such action whenever the President, the Chair, the Medical Director or the Executive Director determines in his or her judgment that such action is necessary to protect the Company Patients from imminent danger to their health, welfare, or safety. In such event, the procedure set forth in the Termination of Participating Providers Policy (2003-AHN) would then take effect.

RELATED DOCUMENTS:

- Performance Improvement Policy (2002-AHN)**
- Credentialing Policy (2001-AHN)**
- Termination of Participating Providers (2003-AHN)**

DISTRIBUTION:

Approved:

Signature

- Original Implementation Date:
- Effective System Date:
- Next Review Date:
- Originating Department/Committee:
- Reviewed:
- Revised:
- Rescinded:
- Former Policy Number(s):
- Legal Reference:
- Cross Reference: