

<b>APPLICABILITY</b>	
<input checked="" type="checkbox"/> Ambulatory Health Center	<input checked="" type="checkbox"/> Office-Based Surgery
<input checked="" type="checkbox"/> <b>REQUIRES WRITTEN DOCUMENTATION FOR AHC</b>	
<input checked="" type="checkbox"/> <b>REQUIRES WRITTEN DOCUMENTATION FOR OBS</b>	
* See <a href="#">Applicability Grid</a> for applicable services.	

## Code of Conduct Policy

<b>[Logo]</b>	<b>TITLE</b> Code of Conduct Policy		<b>IDENTIFICATION NUMBER</b> [Number]
<b>ORGANIZATION(S)</b> [Organization name]	<b>LEVEL</b> <input type="checkbox"/> System <input type="checkbox"/> Organization <input type="checkbox"/> Division <input type="checkbox"/> Department	<b>CATEGORY</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Management <input type="checkbox"/> Regulatory	<b>POSTING DATE</b> [MM/DD/YYYY] <b>EFFECTIVE DATE</b> [MM/DD/YYYY]
<b>REVIEW CYCLE</b> <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <b>LAST REVIEW DATE:</b> [MM/DD/YYYY]		<b>REPLACES</b> <b>TITLE:</b> Code of Conduct Policy <b>EFFECTIVE DATE(S):</b> [MM/DD/YYYY]	

**POLICY STATEMENT**

All individuals will conduct themselves in a manner consistent with acceptable behavior. There is zero tolerance of behaviors that undermine a culture of safety, and all allegations are investigated and appropriate actions taken.

**PURPOSE**

To set expectations for behavior that fosters a culture of safety to create a work environment that encourages respectful, constructive relationships among health care professionals, patients, and staff.

**SCOPE**

Applies to all staff.

**DEFINITIONS**

**Acceptable behavior** – Behavior that enables others to perform their duties and fulfill their responsibilities effectively and that results in respectful and constructive communication. Examples include but are not limited to the following:

- Communicating in a calm, respectful, and professional manner
- Addressing disagreements using facts presented in a calm, professional manner, without personal attacks
- Responding to requests and concerns in a timely and appropriate manner
- Interacting with others in a manner that respects the individual’s culture and beliefs
- Meeting expectations included in the conditions of employment
- Working within the established chain of command, both departmentally and organizationwide
- Adhering to the established dress code and grooming standards
- Willingness to perform duties requested by the department or organization

**Behaviors that undermine a culture of safety** – Conduct by staff working in the organization that intimidates others to the extent that quality and safety could be compromised. These behaviors, as determined by the organization, may be verbal or nonverbal, may involve the use of rude language, may be threatening, or may involve physical contact.

**RESPONSIBILITIES**

**APPLICABILITY**

Ambulatory Health Center     Office-Based Surgery

**REQUIRES WRITTEN DOCUMENTATION FOR AHC**

**REQUIRES WRITTEN DOCUMENTATION FOR OBS**

\* See [Applicability Grid](#) for applicable services.

The staff supervisor is responsible for determining the appropriate level of immediate corrective action.

The Human Resources (HR) department is responsible for the following:

- Approving decisions regarding suspension or termination
- Providing education and training on this policy

The staff supervisor and HR department are responsible for the following:

- Investigating allegations of disruptive and/or inappropriate behavior
- Determining an appropriate plan of action

Organization leadership is responsible for the following:

- Protecting those who report behavior that undermines a culture of safety from retaliatory action
- Overseeing this policy, including analyzing trends in behavior that undermines a culture of safety and identifying opportunities for improvement

All employees are responsible for the following:

- Reporting behavior that undermines a culture of safety to an immediate supervisor
- Understanding and applying this code of conduct

**PROCEDURES**

1. Inform staff members and licensed independent practitioners about this policy as part of their initial onboarding, orientation, and training.
2. Provide information on this policy to outside agencies or organizations that provide contract staff, students, or others who provide care, treatment, and services on behalf of the organization.
3. Share information about this policy with any individuals providing care, treatment, and services on behalf of the organization at the time the policy takes effect, when it is updated, and annually thereafter.\*
4. Report any events of behavior that undermines a culture of safety to the immediate supervisor using the standardized Incident Report.
5. Include in the Incident Report the following details:
  - Name of the person reporting the event
  - Witnessed behavior and/or comments
  - Date and time of the event
  - Facts associated with the event
  - Names of person(s) involved in the event
  - Names of person(s) who witnessed the event
  - Consequences of the event
  - Immediate actions taken to remedy the situation
6. Investigate the event as soon as possible by interviewing the individual demonstrating the behavior, the individual affected by the behavior, and any witnesses to the behavior. This is done by the supervisor as soon as possible, no later than seven days after the report is filed.
7. Determine the appropriate level of corrective action to be taken, if any.
8. Determine whether the individual's behavior is disruptive to normal business and/or is hazardous to patients, visitors, or others. If so, do the following:
  - Immediately suspend the individual.
  - Remove the individual from organization property.

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9. Document the corrective actions taken in the Corrective Action Report.
10. Provide counseling to the involved parties on completion of the investigation.
11. Develop and document a plan for monitoring progress to change behavior.
12. Engage in established progressive disciplinary actions if the individual’s behavior fails to improve.

**REFERENCES**

Joint Commission Standard LD.03.01.01, EP 4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

The Joint Commission. Behaviors that undermine a culture of safety. *Joint Commission Sentinel Event Alert 40*. 2008 Jul 9. Updated 2016 Sep.

The Joint Commission. Preventing violence in the health care setting. *Joint Commission Sentinel Event Alert 45*. 2010 Jun 3. Updated 2019 Feb.

The Joint Commission. The essential role of leadership in developing a safety culture. *Joint Commission Sentinel Event Alert 57*. 2017 Mar 1.

The Joint Commission. Physical and verbal violence against health care workers. *Joint Commission Sentinel Event Alert 59*. 2018 Apr 17.

**ATTACHMENTS**

- Corrective Action Report
- Incident Report
- Sexual Harassment Policy
- Workplace Violence Policy

**APPROVAL**

<b>NAME AND CREDENTIALS</b> [Name and Credentials]	<b>NAME AND CREDENTIALS</b> [Name and Credentials]
<b>TITLE</b> [Title]	<b>TITLE</b> [Title]
<b>SIGNATURE</b>	<b>DATE</b> [MM/DD/YYYY]
<b>SIGNATURE</b>	<b>DATE</b> [MM/DD/YYYY]

\* Text shaded yellow is content that goes above and beyond Joint Commission standards and, therefore, is not specifically required. However, the information is included to assist in developing best-practice policies and procedures.