

Maimonides Medical Center Code of Mutual Respect

Maimonides Medical Center recognizes the importance of professional behavior and desires to expand upon the principles outlined in the Maimonides Medical Center By-Laws and Corporate Compliance Program Code of Conduct and consistent with professional society codes of ethics. Following the endorsement of a Medical Staff Code of Mutual Respect in 2004 (which is incorporated into this document), the Medical Center now expects all members of the MMC Community to comply with the following code (“Code”):

I. PREAMBLE

The Medical Center recognizes the considerable interdependence amongst health care providers in the rapidly changing health care environment. It acknowledges that the ability to deliver high-quality health care and success in competing in the marketplace depend in large part upon the ability of all health care providers to communicate well, collaborate effectively, and work as a team to optimize and monitor outcomes.

The Medical Center further acknowledges that there are many participants in the process of effective health care, including patients, their families, physicians, nurses, allied health professionals, hospital staff, students, vendors and consultants, volunteers, and others, collectively herein referred to as the “MMC Community.” Further the Medical Center understands that working harmoniously is a necessary aspect of modern health care. The Medical Center affirms that everyone, both recipients and providers of care, must be treated in a dignified, respectful manner at all times in order for their mutual goal of high-quality health care to be accomplished. “MMC Community” includes the employees, vendors, and consultants of MMC Holding of Brooklyn, Inc. and its subsidiary corporations (“MMC Holding”). “Medical Center” shall be deemed to include MMC Holding wherever appropriate.

The Medical Center affirms that it is the MMC Community’s mutual responsibility to work together in an ongoing, positive, dynamic process that requires frequent, continual communication and feedback. The Medical Center agrees to devote the necessary time and resources toward achieving these goals and maintaining a positive, collaborative relationship amongst its members and with other providers and recipients of care.

II. PRINCIPLES

In order to accomplish these goals, the MMC Community agrees to the following principles and guidelines and to work collaboratively to promote them in the organization and in the community.

1. Professionalism

The MMC Community recognizes its commitment to the highest levels of professionalism with regards to the delivery of care. Therefore, the MMC Community encourages cooperation and communication amongst all health care providers and recipients of care, and displaying regard for each other’s dignity. The MMC Community recognizes that acting professionally entails treating others with courtesy and respect, and refraining from the use of abusive language, threats

of violence, retribution, or litigation, and actions that are reasonably felt by others to represent intimidation. The MMC Community also recognizes that it is unproductive to make inappropriate remarks concerning the quality of care being provided in public or in front of others not involved in the patient's care and agrees to address concerns about clinical judgments with associates directly in an appropriate setting and to avoid inappropriate entries in medical records. Additionally, favoritism and sidestepping of rules should be avoided.

2. Respectful Treatment

All members of the MMC Community including but not limited to health care provider team shall be treated in a respectful, dignified manner at all times. Language, nonverbal behavior and gestures, attitudes, etc. shall reflect this respect and dignity of the individual and affirm his/her value to the process of effective, efficient health care.

3. Language

All members of the MMC Community are expected not to use language that is profane, vulgar, sexually suggestive or explicit, intimidating, degrading, or racially/ethnically/religiously slurring in any professional setting related to the hospital and the care of its patients.

4. Behavior

The MMC Community is expected to refrain from any behavior that is deemed to be intimidating including but not limited to using foul language or shouting, physical throwing of objects, or making inappropriate comments regarding physicians, hospital staff, other providers, other employees patients, or families.

5. Confidentiality

The MMC Community is expected to maintain complete confidentiality of patient care information at all times, in a manner consistent with HIPAA and generally accepted principles of medical confidentiality. The MMC Community further recognizes that physicians, students, hospital staff and employees have the right to have certain personal and performance problems and concerns about competence dealt with in a confidential manner in a private setting. The MMC Community agrees to maintain this confidentiality and to seek proper, professional, objective arenas in which to deal with these issues.

6. Feedback

The MMC Community is expected to give all parties prompt, direct, constructive feedback when concerns or disagreements arise. The MMC Community recognizes the necessity of describing such behavior in objective, behavioral terms and that such feedback should be given directly to the person(s) involved through appropriate channels, in a confidential, private setting.

7. Communication

The MMC Community encourages frequent, respectful, and clear communication amongst all its members, especially those involved with the direct care of patients. Specifically, the Medical Center Professional and Ancillary Staffs expect their members to respond to pages in a timely and suitable manner, and to respond to patient and staff requests appropriately. Patients and their families are encouraged to speak to professional and ancillary staff members so that they feel engaged in their or their family members' care.

III. MECHANISMS FOR PREVENTING DEVIATIONS FROM THE CODE OF MUTUAL RESPECT

The MMC Community recognizes that frustration in a high-tension environment can predispose to deviations from the “Code.” The MMC Community therefore urges all departments and areas of the hospital to develop mechanisms (eg. staff meetings, glitch book) that allow MMC Community members to have such frustrations addressed in an appropriate and timely fashion.

The MMC Community encourages all of its members to work together in a collaborative fashion such that unfavorable interactions can be either avoided, or addressed by the parties involved in a professional, productive manner.

It is the intent of these guidelines to help focus reasonable efforts to fix the systems issues that lead to frustration. However a few points must be understood by involved parties:

- A. Problem system issues do not excuse bad behavior; just help understand it.
 - B. There must be acknowledgement that certain circumstances/conditions may not be under hospital control, but where they are, a process will be in place to keep the issue visible and those responsible for correcting it responsive.
 - C. Systems issues may be handled differently due to the specifics of a particular incident.
 - D. In all cases, attempts will be made to look at the root cause and contributing circumstances to help understand to what extent involved parties have a role to play.
- General expectations:
- A. An alleged system failure will only be investigated if it has been formally reported to the appropriate Administrator.
 - B. Once a system issue has been established and formally reported, the appropriate manager will investigate it.
 - C. Repeat occurrences that have not been effectively addressed (i.e. become a predominant cause for frustration) will have follow-up by senior level staff including the appropriate Vice-President and/or the Chief Operating Officer.

IV. MECHANISMS FOR ADDRESSING DEVIATIONS FROM THE CODE OF MUTUAL RESPECT

The Code is only intended to provide mechanisms to deal with disrespectful behavior as outlined generally in Section II. Measures to address other forms of inappropriate behavior including but not limited to sexual harassment, racial discrimination, and workplace violence are already described in the Medical Center’s Human Resources Policies, Corporate Compliance Code of Conduct, Medical Staff By-Laws and other relevant policies. It is understood that the mechanisms set forth below may not be the exclusive remedy for certain behaviors.

Behavior inconsistent with the Code should be reported via the Respect Hotline (718-283-6677) or via e-mail to respect@maimonidesmed.org to ensure consistency of response. All reporters of disrespectful behavior are protected from retaliation. (For Medical Center staff this is specified in COMP-10 – Protection Against Retaliation). When a report is made, an investigation will be initiated according to the following protocol:

A. Physicians

The Medical Staff Subcommittee on Respect (SOR) will monitor physician compliance with this Code. Three Directors preside over the SOR. One Director is a physician appointed by the President of the Medical Staff. Another Director is a full time physician appointed by the President of the Medical Center. The first two Directors jointly appoint the third Director. Both the President of the Medical Staff and President of the Medical Center have the authority to remove their respective Director appointees. Together the three Directors, in consultation with the VP for Professional Affairs and his/her staff, appoint up to 25 members of the SOR. The composition of the SOR is representative of the Clinical Departments and both the full time and voluntary staff.

When a report is made, one of the SOR Directors assigns a member of the SOR to investigate the report. This assignment should be made within two business days of the receipt of the report. The results of the initial investigation are discussed with the Directors and if the complaint is validated, action will be taken according to the following scheme:

1. First time occurrence
 - a. A collegial discussion takes place between a SOR Director and/or the investigating SOR member and the physician to explore the situation and discuss ways to prevent further disrespectful behavior.
2. Second occurrence
 - b. A meeting is held with the physician, his/her Chairman or designee, and at least one of the SOR Directors.
 - c. The discussion emphasizes that if such behavior continues, more formal action will be taken to stop it.
 - d. A follow-up letter to the physician is placed in the physician's departmental file which states the problem and that the physician is required to behave professionally and cooperatively.
 - e. The involved physician may submit a rebuttal to the letter also maintained in his/her departmental file
3. Third occurrence
 - f. A meeting is held with the physician, his/her Chairman, Medical Staff President, Medical Director, and at least one of the SOR Directors.
 - g. This meeting is not a discussion but rather constitutes the physician's final warning.
 - h. A follow-up letter reiterates the warning and is placed in the physician's departmental file.
 - i. The involved physician may submit a rebuttal to the letter also maintained in his/her departmental file.
4. Fourth occurrence
 - a. A meeting is held with the physician, his/her Chairman, Medical Staff President, Medical Director, and at least one of the SOR Directors. The group confers and may recommend a suspension of up to but not exceeding 4 weeks to be considered by the Credentials Committee, EMC and Board of Trustees. The physician would thereafter be entitled to the hearing and appeal processes under Articles IV and V of

the Medical Staff Bylaws should there be a recommendation made for an adverse action against the physician's privileges.

5. Fifth occurrence

- a. A meeting is held with the physician, his/her Chairman, Medical Staff President, Medical Director, and at least one of the SOR Directors. The group confers and may recommend termination of privileges to be considered by the Credentials Committee, EMC and Board of Trustees. The physician would thereafter be entitled to the hearing and appeal processes identified under Articles IV and V of the Medical Staff Bylaws should there be a recommendation made for an adverse action against the physician's privileges.

6. General guidelines for dealing with disrespectful behavior

- a. Once disrespectful behavior has been confirmed, all meetings with physicians should include the following:
 - i. Goal of the meeting e.g., to make sure the physician understands what he/she did and the consequences.
 - ii. Definition of the problem e.g., the nurse said you yelled.
 - iii. Getting the physician to acknowledge the problem e.g., at a minimum, "I understand my behavior was seen by others as disrespectful."
 - iv. Next steps e.g., Consequences if behavior continues, apology.
- b. Mediated conversations should be used as needed to help all parties understand their potential roles in any given situation. This is particularly important for first time occurrences.
- c. Throughout the process resources (i.e. counseling) are offered to assist the physician to help him/her deal with his/her disrespectful behavior.
- d. In cases where a physician's behavior is particularly egregious, some of the steps outlined above can be bypassed at the discretion of the Medical Staff President in concert with the Department Chairman.
- e. In all cases feedback is given to the person who reported the incident so that he/she knows that the report has been addressed and of the Medical Staff's commitment to address the disrespectful behavior.
- f. Reporters are encouraged to report disrespectful behavior as soon as possible.
- g. If the physician reported for alleged deviations from the Code of Mutual Respect is a resident in a Maimonides or Maimonides affiliated residency program, the residency program director would be included in any actions taken under the Code.
This includes investigation regardless of outcome.

B. Employees

The reported incident will be given to the Director overseeing the department where the employee who allegedly violated the Code works. An investigation will be performed which ideally will include all involved parties in the alleged incident. In all cases, the investigation will attempt to determine whether or not the employee violated the Code and whether any other member of the MMC Community did so. In addition, any systems issues that may have been a catalyst for disrespectful behavior should also be identified and reported to the appropriate

department. (see III). The results of the investigation will be discussed with the employee's Director and if the complaint is validated, action will be taken according to the protocol outlined in the progressive discipline policy found in HR12 – Disciplinary Action (or Disciplinary Action #06-10 for MMC Holding). The employee may grieve any action taken as a result of this investigation as outlined in HR11 – Grievance Procedure (or Dispute Resolution (Grievance) #06-09 for MMC Holding). In the case of unionized employees, any disciplinary action and grievance process will be according to the applicable Collective Bargaining Agreement.

C. Volunteers

The reported incident will be given to the Vice-President in charge of patient relations. An investigation will be performed to include all involved parties in the alleged incident. In all cases, the investigation will attempt to determine whether or not the volunteer violated the Code and whether any other member of the MMC Community did so. In addition, any systems issues that may have been a catalyst for disrespectful behavior should also be identified and reported to the appropriate department. (see III). The results of the investigation will be discussed with the volunteer's supervisor and the Director of Volunteer Services and if the complaint is validated, the volunteer will be informed that his/her services are no longer needed.

D. Students

The reported incident will be given to the Maimonides supervisor overseeing the student who allegedly violated the Code. An investigation will be performed to include all involved parties in the alleged incident. In all cases, the investigation will attempt to determine whether or not the student violated the Code and whether any other member of the MMC Community did so. In addition, any systems issues that may have been a catalyst for disrespectful behavior should also be identified and reported to the appropriate department. (see III). The results of the investigation will be discussed with the student's supervisor and if the complaint is validated, action will be taken consistent with the terms of the Affiliation Agreement with the school and discussions with the school representatives, which action may include but not be limited to removal of the student from Maimonides' premises.

E. Vendors, Consultants, and others

The reported incident will be given to the Medical Center supervisor who has arranged for the vendor/consultant to work at the Medical Center. An investigation will be performed to include all involved parties in the alleged incident. In all cases, the investigation will attempt to determine whether or not the vendor/consultant violated the Code and whether any other member of the MMC Community did so. In addition, any systems issues that may have been a catalyst for disrespectful behavior should also be identified and reported to the appropriate department. (see III). The results of the investigation will be discussed with the Medical Center supervisor and if the complaint is validated, the vendor/consultant and/or his/her employer will be notified that he/she is no longer welcome at Maimonides Medical Center. The Legal Department will be advised so any contract issues can be addressed.

V. Institutional Commitment to Respect

1. The commitment to respect will be supported through the following mechanisms

- a. Skills training –All members of the MMC Community will have access to training in interpersonal communication skills and problem solving on a continuing basis.

b. Mediated conversations – In the course of investigation of alleged Code violations, mediated conversations between the involved parties are encouraged to help them better understand how the unfavorable interaction occurred and how it might be prevented in the future.

c. Measurement – Periodic surveys of members of the MMC Community will be conducted to continuously evaluate the effectiveness of and compliance with this Code.

2. Expectations for performance

a. Physician credentialing and re-credentialing will encompass compliance with this Code under the core competency of Professionalism.

b. Medical Center employees, as part of their yearly performance appraisal will be evaluated for compliance with this Code.

c. Volunteers, as part of their yearly performance appraisal will be evaluated for compliance with this Code.

d. Student evaluations will include comments concerning their compliance with this Code.

Endorsed by the Executive Medical Council (EMC) – September, 25, 2008

Adopted by the Board of Trustees – November 10, 2008

Revised EMC – July 23, 2009