

NASSAU HEALTH CARE CORPORATION
EAST MEADOW, NEW YORK 11554

SECTION: LEADERSHIP

POLICY/PROCEDURE

<u>TITLE:</u> Code of Corporate Behavior
<u>Approved:</u> Quality and Policy Advisory Council (QPAC)
<u>Cross References:</u> HR-170 – Disciplinary Action HR-010 – Equal Opportunity, Anti-Discrimination, & Sexual Harassment Policy MS-028 – Code of Behavior EC-290 – Work Place Violence CSEA Collective Bargaining Agreement

1.0 POLICY

1.1 It is the policy of Nassau Health Care Corporation (NHCC) to create and maintain a culture of safety and quality throughout the organization. All employees are expected to demonstrate an ability to interact in a professional and respectful manner with co-workers, managers, patients, visitors, and others. This policy will provide guidelines regarding appropriate behaviors and behaviors that adversely affect the ability of others to competently perform their duties.

1.2 DEFINITIONS

1.2.1 **Appropriate behavior** is suitable or fitting for the workplace and is exemplified by mutual consideration and common courtesy. It upholds NHCC’s principles, values, and standards in a way that contributes to the welfare of our community, and respects the rights of all who are affected by our operations.

1.2.2 **Behaviors that Undermine the Culture of Safety and Quality** includes personal conduct, whether verbal or physical, that affects or potentially may have a negative effect on patients, coworkers and anyone else on our premises. It is conduct that is unwarranted and is reasonably considered demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment. Disruptive behaviors, such as interaction among hospital personnel, patients, family members or others that interferes or may interfere with hospital operations, patient care, or with one's ability to work with other members of the health care team is also considered undermining. However, constructive criticism, education, direction or performance assessment/evaluation that is offered in good faith with the aim of improving patient care or staff development should not be construed as behavior that undermines the culture of safety and quality.

1.3 **EXAMPLES OF APPROPRIATE BEHAVIORS AND BEHAVIORS THAT UNDERMINE THE CULTURE OF SAFETY AND QUALITY**

1.3.1 **Appropriate behaviors** include, but are not limited to, the following:

- 1.3.1.1 Working together in a professional manner;
- 1.3.1.2 Remaining open minded and actively listening to others' point of view;
- 1.3.1.3 Attending to problems in a proactive manner that may not disrupt the work environment;
- 1.3.1.4 Engaging in collaborative problem solving with others;
- 1.3.1.5 Displaying common courtesy toward each other;
- 1.3.1.6 Verbalizing disagreements with discretion in an appropriate setting;
- 1.3.1.7 Addressing issues with each other in a direct, prompt, yet sensitive manner;
- 1.3.1.8 Addressing dissatisfaction with policies through appropriate grievance channels;
- 1.3.1.9 Providing positive feedback, as well as constructive criticism in an appropriate setting;
- 1.3.1.10 Responding to questions and clarifying information in a prompt and timely manner;
- 1.3.1.11 Recognizing and acknowledging the individual expertise of all team members;
- 1.3.1.12 Respecting cultural differences that do not violate State or Federal law;
- 1.3.1.13 Addressing each other in a respectful manner, both in person and on the telephone; and
- 1.3.1.14 Utilizing e-mail in a professional manner.

1.3.2 **Behaviors that Undermine the Culture of Safety** include, but are not limited to, the following:

- 1.3.2.1 Throwing objects or otherwise acting with violence toward staff members, or visitors or patients;
- 1.3.2.2 Profane/angry language or yelling;
- 1.3.2.3 Disrespectful language, unnecessary sarcasm;
- 1.3.2.4 Tardiness or failure in responding to pages or requests for help or clarification;
- 1.3.2.5 Lack of response to other health care professionals' concerns regarding safety or quality of care;
- 1.3.2.6 Physical behavior or any form of harassment including due to race, religion, sex, national origin, marital status, sexual orientation, veteran status, disability;
- 1.3.2.7 Retaliation against anyone who has reported or helped a NHCC investigation;
- 1.3.2.8 Deliberate destruction of NHCC property;
- 1.3.2.9 Failure to cooperate on assigned responsibilities or unwillingness to work collaboratively with others;

- 1.3.2.10 Unsolicited and/or inappropriate physical contact, or threats of physical assault or actual physical assault and harassment;
- 1.3.2.11 Passive activities such as refusal to do certain tasks or to answer questions;
- 1.3.2.12 Rudeness or a refusal to respond to questions or requests;
- 1.3.2.13 Verbal comments or physical gestures directed at staff members which exceed the bounds of fair criticism or professional comment, including profane language or non-constructive criticism;
- 1.3.2.14 Verbal comments directed at staff members, or patients, which a reasonable person would find to be offensive or behavior that suppresses input by other members of the health care team;
- 1.3.2.15 Written comments or illustrations in patient medical records and/or online or other official documents impugning the quality of care being provided or impugning the character of staff members or hospital personnel;
- 1.3.2.16 Sexual innuendo or improprieties;
- 1.3.2.17 Negative or disparaging comments to patients, or patients' family members, about the moral character or professional capabilities of staff members;
- 1.3.2.18 Negative or disparaging comments to staff members, patients, or patients' family members regarding their ethnic or racial background;
- 1.3.2.19 Failure to adequately address safety concerns or patient care needs expressed by another member of the health care team; and
- 1.3.2.20 Retaliation against any member of the health care team who has reported a violation of any law, regulation, Medical Staff Bylaw, or Hospital Rule, Regulation or Policy or who is participating in an investigation of same.

2.0 PROCEDURES

- 2.1 Each member of NHCC is expected to uphold NHCC standards, to behave appropriately, and to report suspected inappropriate/disruptive behavior to his or her Supervisor or Department Chair or to Human Resources.

3.0 INVESTIGATORY PROCESS

- 3.1 Reported complaints - to the extent feasible, reported complaints of behaviors that are inappropriate or undermine the culture of safety and quality should include:
 - 3.1.1 The date(s), time(s), and location(s) of the behavior;
 - 3.1.2 A factual description of the behavior;
 - 3.1.3 The circumstances which precipitated the incident;
 - 3.1.4 The name of any staff member or patient who was involved in or witnessed the incident;

- 3.1.5 The consequences, if any, of the inappropriate or disruptive behavior as it related to patient care or safety, or NHCC personnel or operations; and
 - 3.1.6 Any action taken to intervene in, or remedy the incident, including the names of those involved.
- 3.2 Investigation – Upon receipt of a report of an alleged incident, Human Resources, in conjunction with the employee’s Department Chair and the Corporate EEO Officer, will determine if the behavior is appropriate. If not, reasonable judgment will be exercised as to whether the behavior is of a minor nature and an isolated incident or if the subject behavior requires corrective action.
- 3.2.1 All reports will be investigated by the Corporate Equal Employment Opportunity (EEO) Officer, or a designee. The investigatory process will adhere to New York State and Federal Law, and the Collective Bargaining Agreement.
 - 3.2.2 Refer to Section 10 of the CSEA Collective Bargaining Agreement for employee’s rights for investigations and/or disciplinary process.
- 3.3 Progressive process
- 3.3.1 If possible, subjects can be offered rehabilitation if supported by the facts and circumstances, with the focus on restoring respect and trust and placing accountability on and rehabilitating the offending staff member. There are situations where rehabilitation will not be an option.
 - 3.3.2 If the subject fails to correct the behavior and another substantiated complaint/incident occurs, the subject may be offered the opportunity to voluntarily participate in a program designed to rectify the disruptive/inappropriate behavior. This could take the form of an anger management course and/or participation in the Employee Assistance Program. The staff member may be recommended to see a counselor such as a social worker, psychologist or psychiatrist designated by the Corporate EEO Officer to assess, evaluate and attempt to correct the disruptive behavior. If the subject refuses to do so voluntarily, the Senior Vice President of Human Resources shall then determine if the severity of the subject behavior warrants a mandatory mental health evaluation.
 - 3.3.2.1 If the subject’s behavior is not appropriately modified by the earlier steps or is of such a severe nature that makes the earlier steps unreasonable, or the consequences of the subject’s behavior makes the earlier steps unreasonable, NHCC may initiate immediate disciplinary action against the employee, including termination.
 - 3.3.2.2 Any finding of unprofessional conduct will be reported to the New York State Department of Health or Department of Education in accordance with applicable law.

4.0 PROMISE OF NO RETALIATION

- 4.1 Policy as well as federal and state law provide that there will be no adverse action, retribution, or other reprisal taken against any individual for the good faith reporting of a suspected violation of this policy, even if the allegations ultimately prove to be without merit.

5.0 EDUCATION

- 5.1 NHCC will communicate this policy during our mandatory, new employee orientation and as part of our mandatory, annual, in-service.