



# POLICY & PROCEDURE

<b>Title: CODE OF CONDUCT</b>	
<b>Effective Date:</b> September 2012	<b>Owner:</b> Mary Benson-Albers
<b>Last Review Date:</b> January 2013	<b>Approved by:</b> Shona Elliott

## A. BACKGROUND

The mission and values of Hôtel-Dieu Grace Hospital (hereafter HDGH) set standards of respect for the individual. Members of the HDGH family have expressed a will to reaffirm these values and behaviours explicitly through our actions and conduct.

## B. POLICY

### **CODE OF CONDUCT: OUR COVENANT**

**We commit to treating patients and staff in a dignified manner that conveys respect for the abilities of each other and a willingness to work as a team of equally valued partners. We promote an atmosphere of collegiality, cooperation and professionalism. We demonstrate empathy, compassion and respect in our interactions with others and are always polite and courteous. We consistently adhere to all the rules and regulations of our hospital.**

**We wish to be held accountable for our commitment and we expect the same dedication from all members of our hospital community.**

HDGH is committed to providing a work environment that supports a team approach to patient care, promotes professional collaboration and growth, and assures respectful interaction among and between team members.

HDGH is also committed to providing a harassment free environment in accordance with the provisions of the Ontario *Occupational Health and Safety Act*. A harassment free environment can only be achieved in an atmosphere that demands respect for each employee. HDGH will not tolerate any type of workplace harassment, which is defined as follows:

Workplace Harassment means engaging in a course of vexatious comment or conduct against an employee in a workplace that is known or ought reasonably to be known to be unwelcome.

Workplace Harassment constitutes a breach of this Code. HDGH promotes a culture that champions the identification, reporting, and management of problems arising from Workplace Harassment or other violations of this Code, and recognizes that successful remediation is both possible and desirable. Where such behaviour interferes with the delivery of quality care to patients, hospital and professional staff, volunteers, students, medical learners, and contract workers are expected to ensure their conduct meets the expressed standards for their regulatory body.

Although measures will be put in place to assist parties in conflict resolution, where appropriate, disciplinary action will be taken, up to and including termination of employment, revocation of physician's privileges or termination of volunteer/student/contract agreements.

### **C. SCOPE**

This Code applies to all persons (employees, physicians, volunteers, students, and contractors) engaged at HDGH and applies to all behaviours, interpersonal communications, and written and oral workplace interactions including electronic communication and telephone.

#### **Examples of Appropriate Conduct**

- Be courteous and respectful of all with whom we come into contact in the course of our work;
- Be sensitive and respectful of differing belief systems;
- Be honest and forthright;
- Greet each other as we pass each other in the course of our workday;
- Acknowledge the individual expertise and contribution of all team members;
- Control our emotions at work;
- Whenever possible, offer to help a co-worker and thank those who offer assistance;
- Ask questions to better understand each other and our patients;
- Remain open minded and openly listen to other opinions;
- Respond to inquiries in a prompt and timely manner;
- Take time to give positive feedback and constructive criticism in an appropriate setting and in a way that supports the individual's confidence.

If circumstances prevent you from behaving consistently with this Code or if you observe others behaving poorly, it is up to you to seek help and report inappropriate conduct.

#### **Code Violations**

HDGH recognizes that providing life-saving care and supporting others to provide such care, to the most vulnerable in society, can be stressful and over-whelming. As people, it happens that these stresses can sometimes result in displays of less than professional behaviour. Those that display behaviour in breach of this Code must be held accountable.

Intentional or repetitive displays of unprofessional and/or disruptive conduct in breach of this Code will be dealt with via corrective action through the use of progressive discipline, considering all of the circumstances.

Where a complaint made pursuant to this Code, if true, would constitute Workplace Harassment, HDGH will conduct an investigation in accordance with the procedure set out herein. Where a complaint, on its face, does not constitute Workplace Harassment but does suggest that inappropriate behaviour has occurred in violation of this Code, the complaint may be investigated at HDGH's discretion.

Any investigation undertaken will be conducted either internally or, at HDGH's discretion, by a third party. In circumstances where it appears that a complaint may be more appropriately dealt with pursuant to another HDGH Policy or Program, HDGH reserves the right to proceed with an investigation under that Policy or Program. Where it appears there is not a breach of an HDGH Policy or Program, the matter will be dealt with in the same manner as other employee relations issues.

Contraventions of the Code are considered to be a serious matter. Contraventions of the Code may result in mandatory training, changes in reporting obligations, other remedial action or discipline up to and including termination of employment, privileges or other relationship with HDGH. While discipline is to be progressive, serious transgressions may warrant immediate termination of employment or privileges. The informal dispute resolution mechanisms provided in this Code do not preclude HDGH from taking disciplinary action against a staff member, physician, student or volunteer where the situation warrants such action.

HDGH will do its best to preserve and protect the confidentiality in each case. However, HDGH may disclose information to certain individuals, including the respondent or witnesses, as necessary in order to investigate and/or resolve the matter, where required by law, or as otherwise set out in this Code.

In no circumstance will any person who in good faith reports an incident of a breach of this Code, or who assists in its investigation, be subject to any form of retribution, retaliation or reprisal. Any person who makes or participates in such retribution or retaliation, directly or indirectly, will be subject to disciplinary action. A person who believes s/he has been or is being subjected to retribution or retaliation should immediately notify the Director of Human Resources. Individuals making false, frivolous, vexatious and/or malicious accusations of a breach of this Code will be subject to disciplinary action, up to and including termination of employment or privileges.

### **Examples of Behavior that Violate this Code**

A violation of this Code may be demonstrated by a single act (e.g. serious verbal assault), but is more often comprised of a pattern of behaviour. The gravity of disruptive behaviour depends on the nature of the behaviour, the context in which it arises, and the consequences flowing from it. *Source: CPSO Guidebook for Managing Disruptive Physician Behaviour, Page 5*

Behaviours that could constitute a breach of this Code include, but are not limited to:

- Shaming others for negative outcomes
- Demeaning comments or intimidation
- Gratuitous negative comments about a co-worker's work performance or profession

- Jokes or comments about another person
- Failure to work collaboratively with others
- Disrespectful non-verbal conduct such as eye rolling to a colleague or patient or family member
- Insubordination
- Spreading gossip or rumours
- Rudeness, impatience
- An inappropriate argument with a patient, patient's family member or co-worker
- Passing severe judgment or censuring a co-worker in front of others
- Repeated or unjustified complaints about a co-worker
- Profane, disrespectful, insulting, demeaning or abusive language
- Hollering, screaming, or raising one's voice
- Retaliation against a person who has reported a violation of any HDGH Policy
- Repeated failure to respond to calls by staff and/or requests for information by HDGH
- Persistent lateness in responding to calls for assistance when on-call or acting as Most Responsible Physician (MRP) for patient care (as per professional staff rules and regulations).
- Persistent lateness at commencing scheduled procedures or meetings
- Creating rigid or inflexible barriers to requests for assistance/cooperation
- Inappropriate or disrespectful notes entered in the patient's clinical record, or written to a colleague *Source: CPSO Guidebook for Managing Disruptive Physician Behaviour, Page 7*

The above examples are not exhaustive, as there are other forms of disruptive behaviours that are contrary to the Code.

#### **D. PROCEDURE:**

**Where this Procedure indicates that action is to be taken by a certain representative of HDGH, that representative may delegate responsibility for that action as he/she deems appropriate.**

#### **Attempting an Informal Resolution**

Our corporate philosophy is that we resolve all matters as close to the point of origin as possible, including the expectation that a person with a concern will make an effort to resolve the matter directly with the individual alleged to have engaged in the behaviour (the "respondent"), where appropriate.

Before or after a formal Complaint is filed, but prior to making a determination of whether a breach of this Code has occurred, an informal resolution may be attempted, if deemed appropriate by HDGH and with the consent of both the individual complaining and the respondent. This may involve mediation through a mediator selected by HDGH, or a meeting between all affected parties.

#### **Initiating a Complaint**

***HDGH reserves the right to decline to investigate or deal with a Complaint under this Code if it is filed more than 30 days after the most recent incident complained of.***

1. If the individual is not comfortable speaking with the respondent directly or a previous discussion has failed to correct the behaviour, the complainant should bring the matter to his/her Supervisor/Chief (Supervisor to include Manager) as close to the time of the incident as possible. In circumstances where the respondent is the Supervisor/Chief, the complainant may make his/her concerns known to the next-level Supervisor/Chief, the Safe Workplace Advocate (the “SWA”), another member of management or one of the Human Resources group of managers. Human Resources/Medical Affairs may also become involved by any party at any stage of this process.

2. The Supervisor/Chief will discuss with the complainant whether the incident falls within the terms of this Code, and whether it is appropriate for the complainant to speak with the respondent directly. If both the Supervisor/Chief and the complainant feel it is appropriate to do so, the complainant will speak directly to the respondent, with support from the Supervisor/Chief if requested, to advise him/her that the behaviour is inappropriate and clearly ask him/her to stop.

3. In circumstances where it appears that there has not been a violation of this Code, the incident will be reviewed to determine whether it may constitute a violation of any other HDGH Policy, or whether it should be dealt with in the same manner as other employee relations issues. If it is deemed that the allegation, if true, would constitute a violation of the *Prevention of Workplace Violence or Human Rights Policy*, the matter will be referred to the SWA, the Director of Occupational Health and Safety, and/or the Director of Human Resources.

All individuals should refer to and be familiar with such policies to understand any specific procedural requirements. Where it appears that the complaint does not constitute a violation of any HDGH Policy, the Supervisor/Chief (or designate) has discretion not to proceed with the complaint.

4. If the complainant or the Supervisor/Chief do not feel it would be appropriate for the complainant to speak directly to the respondent for any reason, or if the complaint involves a Repeat Offence\*, or if speaking with the respondent does not resolve the issue, the Supervisor/Chief (or designate) will discuss the particulars of the complaint with the complainant, and complete Step 1 of *Receipt of Complaint or Allegation by Management Checklist* and as needed, the Statement of Complaint or Allegation.

\*Repeat Offences are defined as any behaviour prohibited by this Code, which occurs after the respondent involved has already been spoken to, sanctioned or warned as a result of a breach by him/her of this Code.

5. Once Step 1 of the *Receipt of Complaint or Allegation by Management Checklist* has been completed, the Supervisor/Chief, in consultation with the SWA will complete Step 2 of the *Receipt of Complaint or Allegation by Management Checklist* and then determine if the alleged incident meets the definition of violence (as defined in the *Prevention of Workplace Violence Policy*), or discrimination or harassment (as defined in the *Human Rights Policy*). If it is determined that the alleged incident meets one of the aforementioned definitions, the form is forwarded to the SWA and/or the Director of Occupational Health and Safety and the procedure of the applicable policy followed. The

SWA may involve the Director of Human Resources and/or the Director of Occupational Health and Safety to assist in this determination.

6. In circumstances where it appears that there has been a potential violation of this Code, in consultation with the SWA, the matter is referred to Human Resources where the need for further investigation will be determined, as set out below. After further review, if it is clear, based on the nature of the complaint, that there has been no violation of this Code, the Supervisor/Chief in consultation with the SWA will work to resolve the issue at the departmental level. Human Resources/Medical Affairs/Occupational Health and Safety may also become involved by any party at any stage of this process.

### **Rights of the Respondent**

Where HDGH proceeds with an investigation of a Complaint pursuant to this Code, the Respondent has the right, at the appropriate stage:

- To be informed that a complaint or allegation has been filed
- To be given the opportunity to respond to the complaint or allegation in writing or otherwise
- To be represented and/or accompanied by a person of his/her choice during interviews related to the complaint or allegation
- To receive fair treatment during the course of the investigation
- To be kept informed throughout the process

### **Investigations**

Once the matter has been referred to Human Resources, a review of the written complaint and accompanying materials will be conducted to determine what level of investigation is required. If the issue involves a physician, the Chief of Staff will be advised of the situation and provided with the Complaint. The Chief of Staff, in conjunction with the Vice President of Operations, Chief Human Resources Executive and the appropriate Vice President, will assist in recommending a course of action.

As part of the investigation, the complainant, respondent and witnesses considered important to the investigation, if any, will be interviewed. At any stage of the process, the Complainant or Respondent may request representation which may take the form of a union representative, human resources representative, or legal representative.

Incident investigations are conducted to establish the cause or causes of an incident, and to use that information to assist in determining how to deal appropriately with the incident and prevent similar incidents from occurring.

In developing strategies for resolution, HDGH will be sensitive to and considerate of any perceived power imbalance.

All staff, physicians, volunteers, students and contract workers are required to co-operate fully with reasonable requests for information made by Human Resources or designate. Failure or refusal to co-operate with an investigation, or providing false, misleading or incomplete statements or assertions in the course of an investigation, may result in disciplinary action appropriate to the circumstance, up to and including termination of employment (staff) or revocation of privileges (physicians).

On completion of the investigation, Human Resources and/or Medical Affairs will complete and submit a summary of his/her findings to the Director of Human Resources and as appropriate to the Vice President of Operations and Chief Human Resources Executive and/or the Chief of Staff.

HDGH, in its absolute discretion may choose to share the report or any part thereof as it deems appropriate. This may include but is not limited to the complainant, the respondent, the involved Union, the Chief of Staff and/or the manager/Chief of the complainant and/or respondent. Anyone who receives a copy of the report must maintain the confidentiality of it so that it is not disclosed to others, except that it may be disclosed: to their representative, as required to implement the outcome of the investigation, as set out in existing agreements, as required by law or pursuant to HDGH's by-laws.

### **Dealing with Respondents During an Investigation**

If the respondent is an employee or a physician, at the discretion of HDGH, pending the outcome of the investigation:

- HDGH may place the respondent on a leave of absence/temporary suspension of privileges, with or without pay, or the complainant or the respondent may be relocated, reassigned, transferred or rescheduled to avoid or limit contact between the complainant and the respondent.
- If the matter is urgent and involves quality of the patient's care, the Chief of Staff or CEO may intervene immediately.
- Restrictions may be placed on a person's ability to attend at HDGH premises as determined by HDGH, including de-activation of the staff or physician's prox card.
- Any other measures may be instituted as deemed appropriate by HDGH.

In taking such action, any requirements contained in an applicable collective agreement or HDGH's By-laws will be adhered to.

### **Where there has been a Breach of This Code**

Human Resource may recommend resolution in any of the following ways:

- Mediation\*
- Education, including but not limited to Crucial Conversations and Anger Management
- Remedial Action
- Disciplinary action up to and including termination, as outlined below
- HDGH will also consider obligations to report to a regulatory body (such as the College of Nurses, the College of Physicians and Surgeons of Ontario, the College of Respiratory Therapists of Ontario, etc...).
- Other (as deemed appropriate by the Director of Human Resources and the Director of Occupational Health, Chief of Staff, or CEO)

\*Mediation will normally involve a face-to-face meeting between the respective parties, but in some circumstances could be handled through a form of "shuttle-diplomacy" which would not require a personal meeting of the parties. The mediator shall be appointed by

HDGH, who may be internal or external to HDGH. Mediation will only occur in cases deemed appropriate by Human Resources and/or Medical Affairs, and with the consent of all involved parties. The fact that a complaint has been successfully mediated does not preclude HDGH from taking disciplinary action against a staff member, physician, volunteer or student where the situation warrants such action.

**Corrective Action / Discipline will:**

- In the majority of cases, be progressive – a process intended to raise awareness of the disruptive conduct and the need to change based on an *escalation of consequences* for failure to comply. It is the intent of progressive discipline processes to avoid future HDGH or regulatory involvement by correcting disruptive behaviour early and permanently. In serious cases, HDGH reserves the right to terminate its relationship with an individual even on a first occurrence.
- In the case of an incident involving the behaviour of a physician, be imposed considering the application of and recommendations contained in the Guidebook for Disruptive Physician Behaviour endorsed by the College of Physicians and Surgeons of Ontario and the Ontario Hospital Association ([www.cpso.on.ca](http://www.cpso.on.ca)).
- Allow for an array of supportive measures to complement formal corrective action / discipline at any point in the continuum – such measures may include but are not limited to the following: counselling, Employee Assistance Programs (EAP) [monitored and/or mandated], learning plans, mentors and monitors, medical referrals or granting/requiring a leave of absence.
- In appropriate cases, assess for potential mental illness, addiction and/or personal life stressors that may be triggering or contributing to disruptive behaviour. In such cases, in addition to formal consequences, additional expertise and resources may be sought, offered or required, including a medical report confirming fitness to perform duties and responsibilities.
- Be discussed *personally, privately, confidentially* and *compassionately* between the individual and the person dealing with the concern.
- Be communicated and imposed as soon as possible following confirmation of an incident of disruptive conduct.

Once the appropriate resolution has been determined, Human Resources and the Supervisor/Chief will meet with the complainant to:

- Inform him/her whether or not the investigation resulted in a finding of a breach of this Code
- Where there has been a breach of this Code, inform him/her that appropriate action has been taken with the respondent
- Encourage him/her to report any further incidents and/or retaliatory behavior
- Offer supportive measures (i.e. EAP or facilitated discussion to repair relationship)

**Appeals**

**Bargaining Unit Employees:**

In circumstances where the respondent is dissatisfied with the resolution and/or the corrective action identified, he/she may file a grievance pursuant to the applicable collective agreement.



#### Non-Union Employees:

For non-represented employees who are dissatisfied with the resolution and/or corrective action identified, an opportunity to meet with the Supervisor/Chief/designate and the Vice President of Operations and Chief Human Resources Executive and/or the CEO will be provided in order to clarify the direction taken and Administration's expectations regarding future interpersonal relations.

#### Physicians:

In the case of a physician who disputes the resolution and recommended corrective action, an opportunity to meet with the Supervisor/Chief/designate, CEO and Chief of Staff will be provided in order to clarify the direction taken and HDGH's expectations regarding future interpersonal relations. If the resolution and recommended corrective action is a suspension or revocation of privileges, or otherwise amounts to a substantial alteration of privileges, then the process for midterm action as set out in the HDGH bylaws shall be followed with the resolution and recommended corrective action presented to the Medical Advisory Committee for recommendation to and decision by the Board of Directors.

#### **Conclusion of the Investigation Process**

The SWA will undertake a formal debriefing at the conclusion of every investigation. If the debriefing process produces recommendations for revision(s) to this Code, it is the responsibility of the SWA to ensure that the necessary revisions are drafted and presented to the Vice President of Operations and Chief Human Resources Executive for approval and, if approved, adopted into this Code.

#### **Records Retention**

All Statement of Complaint or Allegation forms, together with a copy of any resolution, investigation notes, reports and any other documentation regarding the matter in question, will be kept by the SWA. These records will be kept indefinitely at the sole discretion of HDGH in accordance with applicable legislation and the common law (records will be kept for at least as long as the complainant and/or respondent involved in the Complaint is employed by HDGH or has privileges at HDGH).

The SWA will be responsible for the maintenance of all investigation files and will provide a report annually to Senior Management regarding complaint activity.

The SWA will be responsible for reporting monthly to the Director of Human Resources.

An employee's personnel file will contain a copy of any record of disciplinary action and/or mandatory remedial action with respect to a Statement of Complaint or Allegation (this record will include a copy of the Statement of Complaint or Allegation, the findings/recommendations, and the letter of disciplinary action and/or mandatory remedial action given to the employee). Said record will be maintained in the employee's personnel file in accordance with the applicable Collective Agreement.

A physician's file will contain a copy of any record of disciplinary action/revocation of privileges/mandatory remedial action with respect to a Statement of Complaint or Allegation (this record will include a copy of the Statement of Complaint or Allegation, the findings/recommendations, and the letter of mid-term action/revocation of  
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privileges/mandatory remedial action given to the physician). Said record will be maintained in the physician's file in accordance with HDGH's by-laws.

After a Statement of Complaint or Allegation has been fully dealt with, either a complainant or a respondent to the Statement of Complaint or Allegation may review the records of that complaint that are maintained by the SWA, subject to such redactions or other limitations as the SWA, in consultation with the Vice President of Operations and Chief Human Resources Executive or Chief of Staff as appropriate, feels is appropriate depending on the circumstances, including but not limited to considerations of confidentiality.

### **Related Policies – Appendices**

1. Workplace Violence Prevention Policy (part of our comprehensive Workplace Violence Prevention Program)
2. Human Rights Policy
3. Intimate Partner / Domestic Violence Policy and Guidelines
4. Personal Appearance Policy
5. Electronic Email Acceptable Use
6. Acceptable Internet Use

### **References**

1. *Guidebook for Managing Disruptive Physician Behaviour*. College of Physicians and Surgeons of Ontario/Ontario Hospital Association. April 2008.

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