



STONEY HEALTH SERVICE POLICY AND PROCEDURES

CODE OF CONDUCT

Effective : Mar. 10, 2011

CODE: PP + TITLE

Review : Oct.1,2018

Sheet : 1 of 8

Revision : Oct.1,2021

Approval: ED

**Applies
To:**

- Leadership & Operations
- Programs & Services
- Client, Family & Community

Related Polices & Procedures : SHS Workplace Health & Safety Policy, SHS Professional Development Policy , SHS Ethical Decision-Making Policy, Stoney Tribal Authority Staff Regulations

- 1. STANDARD:** All Stoney Health Services personnel, contractors and students, shall maintain the highest standards of ethical conduct in the course of their care, service, and program delivery to the Stoney community.
- 2. RATIONALE:** The aim of this policy is to ensure an atmosphere of respect, dignity and collaboration in all SHS activities. If a client, family member, visitor member of the medical, allied, nursing or other staff believes he/she has been the subject of misconduct, abuse, or harassment, he/she may lodge a complaint, in accordance with the Stoney Tribal Authority (STA) Staff Regulations, and expect resolution of the complaint in an organized, fair, unbiased and timely manner.
- 3. POLICY:** All Stoney Health services, programs, and activities shall be conducted with /for clients, families, and visitors of the Stoney community in an atmosphere of professionalism, respect, and team work ; and, in accordance with the Stoney Tribal Administration Staff Regulations. Professional misconduct, harassment and disruptive, disrespectful, aggressive and /or violent behaviour as well as any other behaviour unbecoming of a representative of SHS is unacceptable and will not be tolerated. Compliance with the provisions contained in this Code of Conduct shall be a condition of obtaining and retaining credentials and privileges at Stoney Health Services.
- 4. PROCEDURE(S) :** The procedures contained in this policy are:
 - A. Maintaining Acceptable Conduct , p.1
 - B. Reporting Inappropriate Conduct or Misconduct ,p.2
 - C. Filing a Complaint,p.2
 - D. Treatment of Formal Complaints Concerning SHS Personnel,p.3
 - E. Remedies,p.5
 - F. Confidentiality & Retention of Records,p.5

A. MAINTAINING ACCEPTABLE CONDUCT: All Stoney Health Services personnel, contractors and students shall conduct themselves in a manner that reflects excellence and pride in themselves, their employer, and the Stoney community ; and, that is supportive of Stoney Health Services vision, mission, philosophy, values in accordance with Stoney Tribal Administration (STA) Staff Regulations. This also includes:

- i. Treating clients, family, visitors, volunteers, students, fellow employees, physicians, nursing staff and allied health professionals, with consideration, respect, courtesy, and dignity;



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- ii. Protecting the rights, privileges and beliefs of the clientele and staff, who have the right to be safe and free from aggressive and/or disruptive behaviour
- iii. Maintaining a sense of objectivity, understanding, and fairness in their professional performance and in their personal relations
- iv. Refraining from engaging in any behaviour that may prevent the health care team from providing quality care, and/or otherwise create a hostile or intimidating work environment. This prohibited conduct includes, but is not limited to: offensive or derogatory comments, racial or ethnic slurs, sexual comments or innuendos, violence or threats of violence, use of foul language, acting in a rude, intimidating or otherwise unprofessional manner, criticizing individuals in inappropriate forums, engaging in retaliatory conduct and engaging in any form of discrimination or harassment related to race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability and marital status etc.

B. REPORTING INAPPROPRIATE CONDUCT OR MISCONDUCT : All Stoney Health Services personnel, contractors and students who have knowledge that another staff member has committed a violation of the Code of Conduct or other Stoney Health Services policies, or has committed an act that raises a substantial question regarding that individual's honesty, trustworthiness or fitness as a staff member, or that substantially affects SHS service/program/activities, shall advise his or her Supervisor, as soon as possible. Futhermore:

- i. In no case, shall the reporting of inappropriate conduct or misconduct under this Code of Conduct result in retaliation or retribution of any kind against the individual who reports such inappropriate conduct or misconduct, or who cooperates with an investigation or otherwise participates in the procedures set forth in this Code.
- ii. Any person filing a complaint or who is requested to provide information, shall cooperate with the investigation process.

C. FILING A COMPLAINT:

- i. Client's families and community members, are encouraged to speak directly to their care provider if they have complaints of unacceptable behavior in the interest of settling the issues informally and as part of the care planning process. However, if this is not possible or not resolved satisfactorily, client's families and community members may lodge a formal (verbal or written) complaint with the Program/Service Manager/Supervisor or the Executive Director.



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- ii. SHS personnel feeling that they have been the subject of unacceptable behavior, they are encouraged to try and settle this between themselves informally, with or without the support of other team members. If the complainant believes, after he or she has utilized the resolution procedures herein, that the matter has been resolved to his/her satisfaction, the matter should be closed and no further action should be taken.

However, if this informal resolution fails, SHS personnel may lodge a complaint in accordance with the STA Staff Regulations. The complaint shall be reported verbally to the immediate Manager/Supervisor and/or to the Executive Director (or designate) as necessary, and then formally document the incident using the SHS Incident Reporting Form. The Manager/Supervisor should help the complainant complete the complaint form as necessary, and provide assistance throughout the process. **In the event that an SHS employee feels the need for additional support to address an issue with his/her manager/supervisor, he/she may ask for assistance from an internally-appointed 'ombudsman as per the approval of the OHS.**

Documentation should include: date, time, and location of the incident as well as the name of the person(s) involved, a description of the event/ behaviors and related consequences (i.e. injuries, damage to equipment, etc.), the names of any witnesses as well as a statement whether the complainant attempted to resolve the matter by informal process and whether the Manager/Supervisor was consulted prior to filing the formal complaint.

D. TREATMENT OF FORMAL COMPLAINTS CONCERNING SHS PERSONNEL: Upon receipt of the completed complaint from the Executive Director or his/her designate or the STA Human Resources Department (if the situation is referred to them), the ED shall:

- i. Provide a copy of the complaint to the respondent within 10 days of receipt. Note: At this time, the Respondent will be informed that he/she must, within 5 working days of receipt of the complaint, file a written response with the Executive Director or his/her designate.
- ii. Forward copies of all pertinent documents to STA Human Resources for filing or in the event that further investigation is deemed appropriate or necessary.
- iii. Undertake an investigation to determine whether there is evidence sufficient to reject or support a finding of unacceptable conduct. This shall include an initial review of the complaint and the response. The investigation may also include: interviewing the involved respondent(s), complainant(s), witness (es) or other(s) persons who may supply pertinent information.



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NB: In conducting the investigations and prior to making recommendations, the Executive Director or his/her designate may also request further documentation, either from the complainant, the respondent, or any third party, who may have relevant information about the complaint, including those persons named by the complainant. He/she may also consult with Human Resources, or a Professional body on such matters, regarding applicable and appropriate policies and procedures, statutes, regulation. Note: In the event of *physical/sexual abuse or sexual harassment*, the need to protect vulnerable parties and the potential ramifications for SHS and its' personnel **dictates a referral an outside mediator as per the STA Regulations.**

- iv. State the findings in writing and provide these to the Executive Director or his/her designate or to STA Human Resources Department (as the case may be), the complainant, and the respondent, as necessary.
- v. If **sufficient evidence** is found to support a finding of unacceptable conduct, the specific evidence supporting this decision should be clearly stated as should related recommendations to address the situation. If there is **insufficient evidence** to support a finding of unacceptable conduct, but it is determined that mediation, conflict resolution, or counseling might assist the parties to resolve their differences, a referral may be recommended. The recommendations may also address the potential or opportunity that a similar for situation could arise in the future as well as systemic precautionary measures to reduce the risk of further inadvertent occurrence.
- vi. Carry out a mediation meeting, with or without the presence of appropriate witnesses (i.e. HR representative, legal counsel etc., between the complainant and respondent to reach a mutually satisfactory resolution of the complaint, and/or assist the parties to negotiate a mutually satisfactory resolution of the complaint. Note: If the parties are able to *resolve the complaint* either through mediation or negotiation, the Executive Director or his/her designate or the STA Human Resource Department (if the situation is referred to them), the ED shall advise the other body in writing.
- vii. Final Decision: Upon receipt of the report from the STA Human Resources Department or the Executive Director (as the case may be), a final decision shall be rendered writing as soon as it is reasonably possible (include a period not to exceed 30 days). Copies of the decision should be sent to the complainant, the respondent and to the Manager/Supervisor to take appropriate actions.



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If *neither mediation nor negotiation resolves the complaint*, Human Resources Department should make written findings of fact, conclusions, and recommendations and forward them to the Executive Director.

- viii. Document the investigation process, the related recommendations and follows-ups in the confidential file of the SHS staff member.

E. REMEDIES : Remedial actions may include, but are not be limited to :

- i. Systemic Measures: In the event that the issues is one requiring some adjustments in the systems within which SHS personnel work (i.e. communication methods etc.) , a plan should be developed to address these.
- ii. Disciplinary proceedings, if required, may be conducted under existing policies and procedures of Stoney Health Services, and the medical professional board/jurisdiction
- iii. Remedial action plans, where needed, may include a Plan of Correction (POC) . This should identify the disruptive behaviour and related performance expectations/standards of conduct, a method and specific timetable for monitoring performance and improvement as well as access to counselling and/or training, which may be required. This latter will be provided by at the medical staff member's expense in the case of physicians.

F. CONFIDENTIALITY & RETENTION OF RECORDS:

- i. Confidentiality: All parties involved in the Conduct Review process shall respect the confidentiality of the information obtained, either in a complaint filed or through an investigation conducted hereunder, except where disclosure of information provided to them is required by an obligation imposed on Stoney Health Services by law or policy or by other provisions of STA Staff Regulations.
- ii. Retention of Records: Unless a matter becomes the subject of a formal disciplinary proceeding, none of the documents, reports, files or other information obtained during the course of an investigation relating to the complaint should be disclosed to any other person or entity not directly involved in the complaint, except as required by statute, enforcement agencies, Health Center policy or court order. All such files should be kept separate from the complainant's and respondent's files and retained in the Executive Director's office for future reference should additional similar complaints be made regarding the individual about whom the complaint was made or other individuals who are involved in similar situations with the same complainant.



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- iii. NB: If disciplinary action is undertaken as a result of a complaint, all records prepared in this process should be available as needed.

5. INDICATORS AND FORMULAE

Indicators /Measures	Calculation
Number of conduct-related complaints/grievances	Total conduct-related complaints/grievances

6. DEFINITIONS

- **Misconduct:** An act by a medical staff or allied health professional that violates or attempts to violate the Code provisions set forth herein or a violation of any other policy of Stoney Health Center defining misconduct.
- **Disruptive Behaviour:** Demonstrated by a medical staff, allied health professional, or nursing personnel, when inappropriate conduct, whether in words or action, interferes with, or has the potential to interfere with, quality of health care delivery. Disruptive language and behavior includes but is not limited to:
 - Inappropriate, profane, disrespectful, insulting, demeaning or abusive language
 - Shaming and/or demeaning comments
 - Intimidation / inappropriate arguments with clients, family members, staff or other care providers
 - Rudeness
 - Boundary violations with clients, family members, staff or other care providers
 - Gratuitous negative comments about another provider's care (orally or in chart notes)
 - Passing severe judgments or censuring colleagues in clients of patients, visitors or other staff
 - Outbursts of anger
 - Imposing one's opinion on others & related behaviors that others would describe as bullying
 - Insensitive comments about the clients medical condition, appearance, or situation,



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- Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance, or socio-economic or educational status, exhibitionistic behavior , sexual harassment or the appearance o
- Throwing or breaking things
- Refusal to comply with known and generally accepted practice standards or inhibiting other care providers from delivering quality care
- use of threat of unwarranted physical force with patients, family members, staff, or other care providers
- Repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on call or expected to be available
- Repeated and unjustified complaints about a colleague
- Not working collaboratively or cooperatively with others
- Creating rigid or inflexible barriers to requests for assistance or cooperation

- **Harassment:** Unwelcome verbal, visual, or physical conduct, persistent and unwarranted criticism, gesture, or contact of a nature that takes on the form of personal attacks; and, that can reasonably cause another individual to suffer either emotional or physical pain or anxiety. Harassment creates an intimidating, offensive, or hostile work environment that interferes with work performance and is likely to cause offense, humiliation, or intimidation to others.
- **Sexual Harassment:** Specifically includes making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to individuals who are subjected to or witness it.
- **Complainant** : A client, staff member (s) who verbally report or file a written complaint about the conduct of another staff member, whose conduct is alleged to be in violation of this Code of Conduct.
- **Respondent:** The individual about whom a complaint has been filed.

7. REFERENCES

- Policy on Appointment and Corrective Action of the By-Laws of the Medical Staff (2009). Retrieved June 01, 2010, from <http://www.unhealthcare.org/site/healthcareprofessionals/medbylaws>
- By-Laws, Code of Conduct, Statements and Guidelines (2007). Retrieved June 01, 2010, from http://www.cpsm.mb.ca/a_3_1bylaws.php



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- Guidebook for Managing Disruptive Physician Behavior (2008). College of Physicians and Surgeons of Ontario, Ontario Hospital Association, Retrieved June 01, 2010, from www.cpso.on.ca/.../policies/guidelines/office/dr disruptive%20Behavior%20Guidebook.pdf
- Code of Conduct (2008). University of Arizona College of Medicine, Retrieved June 01, 2010, from <http://uph.org/gme/Home/Policies/CodeofConduct/tabid/476/Default.aspx>

8. RESPONSIBILITIES

- **Executive Director:** Responsible for approval and dissemination of this policy.
- **Managers:** Responsible for review, monitoring and compliance with this policy.
- **All Stoney Health Services personnel, contractors and students:** Responsible for complying with this policy

9. REVISED BY:

Leadership Team

Date:

10. APPROVED BY:

A. Khan
Executive Director

Date: