



2024 PolicySourceTM
**Ambulatory Care and
Office-Based Surgery**

**PolicyTM
Source**

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Table of Contents

- There are no brand-new policies and procedures in this 2024 edition of *PolicySource*.
- Some items in the Table of Contents are indicated as “updated.” This means that these policies and procedures (P&Ps) have been updated since the previous edition of *PolicySource*. These changes reflect updates in Joint Commission standards and elements of performance for ambulatory care and office-based surgery accreditation. **Note:** A number of P&Ps have been updated due to changes in terminology. These are noted in orange in the Table of Contents and as “Terminology changes” in the chapter grids.
- Those items with a paperclip icon  are not P&Ps themselves but supplementary materials or attachments for a particular P&P. Not every P&P has such attachments, but that does not prohibit someone using *PolicySource* to create their own ancillary materials for any of their own P&Ps.

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

Code of Conduct Policy

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

APPLICABILITY

Ambulatory Health Center Office-Based Surgery

REQUIRES WRITTEN DOCUMENTATION FOR AHC

REQUIRES WRITTEN DOCUMENTATION FOR OBS

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

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

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

* Text shaded yellow is content that goes above and beyond Joint Commission standards and, therefore, is not specifically required.