1. **PURPOSE:** To establish a code of conduct for all VA Eastern Kansas Health Care System (VAEKHCS) employees when performing duties and services on behalf of the Health Care System. The purpose of this policy is to identify acceptable, disruptive, and inappropriate behavior, identify the process to manage disruptive and inappropriate behaviors, as well as appropriate conduct related to patient interactions to identify means of workplace violence prevention.

2. **DEFINITIONS:**

   a.) **Patient:** Any individual who receives active treatment/care or therapy through either inpatient or outpatient services at the VA Eastern Kansas Health Care System (EKHCS) to include clinical services, at the Community-Based Outpatient Clinics (CBOC).

   b.) **Employee:** All staff members of the EKHCS, including volunteers.

   c.) **Sexual Assault** is any type of sexual contact or attempted sexual contact that occurs without the explicit consent of the recipient of the unwanted sexual activity. Assaults may involve psychological coercion, physical force, or victims who cannot consent due to mental illness or other factors. Falling under this definition of sexual assault are sexual activities such as: forced sexual intercourse, sodomy, oral penetration or penetration using an object, molestation, fondling, and attempted rape. Victims of sexual assault can be male or female. This does not include cases involving only indecent exposure, exhibitionism, or employee sexual harassment.

   d.) **Sexual Assault Incident** is any confirmed or substantiated sexual assault.

   e.) **Public Safety Incidents** are defined as:

      1) Criminal and purposeful unsafe acts.
      2) Disruptive or violent behavior(s) that undermine a culture of safety.
      3) Any kind of event involving alleged or suspected abuse of a patient or other individual in a VHA facility.
      4) Acts related to alcohol or substance abuse by an individual in a VHA Facility. These acts pertain to sexual assaults, sexual assault incidents, and/or public safety incidents and the concurrent use of alcohol and/or substances.

   f.) **Disruptive Behavior** is behavior by an individual that is intimidating, threatening, dangerous, or that has, or could jeopardize the health and safety of patients, Department of Veterans Affairs (VA) employees, or individuals at the Facilities. Disruptive behavior is behavior that interferes with the delivery of safe medical care to patients at the Facilities, or behavior that impedes the operations of the Facilities. Disruptive behavior does not depend upon the disruptive individual’s stated intentionality or justification for the individual’s behavior, the presence of psychological or physical impairment, whether the individual has decision-making capacity, or whether the individual later expresses remorse or an apology.
g.) Employee Threat Assessment Team (ETAT): a Facility-level, interdisciplinary team whose primary charge is using evidence-based and data-driven practices for addressing the risk of violence posed by employee-generated behavior(s), that are disruptive or that undermine a culture of safety. This term will be used locally interchanged with ‘Accident Review Board (ARB)’, as the ARB reviews and makes recommendations related to the prevention of workplace violence and employee-generated disruptive behavior.

3. **POLICY:** VAEKHCS has adopted the VA’s philosophy to enforce “zero tolerance” for intimidating and disruptive behaviors that prevent optimum patient care, disrupts operations, interferes with the ability of others to carry out their responsibilities, creates a hostile work environment for staff, and/or fosters a negative public image for the VA and our Facilities.

   Physical and disruptive violence impacts all aspects of work-related goals, from our mission to our operations and productivity. Physical violence and the threat of physical violence erode our ability to be successful and provide exceptional care and service to our nation’s Veterans.

   Within the workplace it is necessary for each individual to be responsible by taking a proactive approach to addressing workplace conflict through alternative means such as open communication, active listening/discussion, alternative dispute resolution, and medication. While there is no excuse for disruptive behavior or physical violence, all of us can be a part of the solution in preventing violence from occurring.

   The VAEKHCS Code of Conduct is in recognition of the ethical responsibility a health care organization has to the patients and community it serves. VAEKHCS is committed to promoting healthy working relationships that respect and honor the dignity within everyone. It is the responsibility of every employee and volunteer to put forth honest effort in the performance of their duties and to comply with federal law, regulations, and VA-wide policies, and to act in a manner that is consistent with the intent of this statement of organizational ethics and its supporting policies.

   Our behavior is, and will be, guided by a dedication to the principle that all patients, employees, volunteers, and visitors deserve to be treated with dignity, respect, and courtesy.

   VAEKHCS desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. All employees are expected to conduct themselves in a matter consistent with the Mission, Vision, and Core Values.

   The Employee Code of Conduct (See Attachment A) will be included in New Employee Orientation (NEO) and will be reviewed and signed annually by all staff.

4. **PROCEDURES:**

   a.) VAEKHCS employees are expected to refrain from disruptive, abusive, or otherwise inappropriate conduct toward patients, visitors, and other staff. Raised voice, profanity, name-calling, throwing things, abusive treatment of patients or employees, sexual harassment, disruption of meetings, repeated violations of policies or rules, or behavior that disparages or undermines confidence, credibility, integrity, or dignity of the organization or peers are unacceptable behaviors. Unacceptable disruptive conduct and inappropriate behavior can also include such behavior as:

   1) Attacks (verbal or physical) leveled at others which are personal, irrelevant, or go beyond the bounds of fair professional comment.
2) Impertinent and inappropriate comments written or illustrations drawn in patient medical records, or other official documents, impugning the quality of care, or attacking particular practitioners, employees, or VAEKHCS policy.

3) Non-constructive criticism, addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or to impute stupidity or incompetence.

4) Refusal to accept staff assignments, or to participate in committee or departmental affairs on anything but his or her own terms or to do so in a disruptive manner.

5) Imposing idiosyncratic requirements on Facility staff which have little impact on improved patient care but serve only to burden employees with "special" techniques and procedures.

b.) Reporting and Documenting Disruptive Behavior: Disruptive, abusive, or otherwise inappropriate conduct toward patients, visitors, and other staff will not be tolerated. Employees’ work environments are to be free from physical attacks, threats and harassing behaviors. Any employee who observes behavior by another employee that is abusive, inappropriate, disrupts the smooth operation of the Facilities or jeopardizes patient care shall immediately report the incident verbally to the immediate Supervisor, with a follow-up written report within the shift of the incident, if possible. If the immediate Supervisor is unavailable, report to the Service Line Manager or other Management Official on duty. No reprisals are taken against anyone who reports or experiences disruptive behavior in the workplace. Appropriate notification should be made to the VA Police should the behavior cause concern for police intervention or involvement.

c.) Documentation of Disruptive Conduct: Documenting disruptive conduct immediately is critical. The documentation shall include:

1) The date and time of the questionable behavior;
2) Whether the behavior was in the presence of a patient/employee or affected or involved a patient/employee in any way, and if so, the name of the patient/employee;
3) The circumstances which precipitated the situation;
4) A description of the questionable behavior, limited to factual, objective language as much as possible;
5) The consequences, if any, of the disruptive behavior as it relates to patient care or personnel or hospital operations;
6) The names of witnesses, if any; and
7) Any action taken including date, time, place, action, and name(s) of those intervening.
8) The report of contact shall be submitted to the Supervisor or Service Line Manager, who will confer with Human Resources regarding appropriate action after fact-finding has been conducted. (Bargaining unit employees will be notified of their right to union representation in accordance with appropriate union contract requirements.)

d.) Response to incidents and/or violence/potential violence by an EMPLOYEE:

1) In circumstances of employee potential for violence, intimidation, threatening or otherwise disruptive behavior:
   a) In circumstances where necessary, notify VA Police immediately. Dial 4-911 and/or select appropriate panic alarm function.
   b) The Supervisor should be notified immediately. The Supervisor will notify the Service Line Manager, and in turn the Chief of Staff, ADPCS, Assistant Director, Associate Director, and/or Director will be notified in a timely manner.
c) The Supervisor may consult Human Resources as desired.

2) If a fellow employee has filed a restraining order, that employee has the responsibility to present a copy of the restraining order to the VA Police to assist them in the event they are called to respond to a domestic situation.

3) When a sexual assault incident, public safety incident or violence occurs involving an employee:
   a) Report the incident to one’s Supervisor immediately.
   b) The Supervisor will notify the VA Police, the Service Line Manager, Executive Leader over the employee, Chief of Staff or Associate Director as appropriate.
   c) Incident information will be recorded in the ASISTS database by the supervisor to record and track the incidents.

4) Any sexual assaults will be handled in accordance with the appropriate clinical standards of care and employees will be referred to Occupational Health or their own provider, Employee Assistance Program (EAP), or other appropriate treatment.

5) For precautionary measures, Eastern Kansas Management and VA Police will assess information on a case-by-case basis in order to determine the need to notify other individuals on an “as-needed” basis.

**NOTE:** For incidents by and/or involving patients, please see also HSPM M116-03: Violence in the Workplace

e.) Reporting Public Safety or Sexual Assault Incidents:

1) All employees are required to report instances or allegations of sexual assault, sexual assault incidents, patient abuse, and any other public safety incidents to Supervisors and/or VA Police, as appropriate.
   a) All employees are required to report sexual assaults and public safety incidents to supervisory/management officials.
   b) Supervisory/management officials are required to notify law enforcement officials and Executive Leadership.
   c) Executive Leadership must notify the Veterans Integrated Service Network (VISN) and VA.
   d) All allegations of sexual assaults must be reported within two (2) hours.

2) All VA employees with knowledge of or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems must immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General as directed by title 38 CFR 1.201.

3) All employees and Agency representatives must comply with state law regarding the reporting of abuse and neglect in accordance with VHA Directive 2012-022, Reporting Cases of Abuse and Neglect, dated September 4, 2012.

f.) Employee-Patient Relationships: All employees are encouraged to establish relationships with patients that promote the trusting environment necessary to provide patient care. It is, however, not acceptable to participate in any relationship with a patient that steps beyond the traditional
customer/employee relationship. Types of inappropriate relationships include sexual
relationships, business or financial relationships, or emotional relationships that go beyond the
acceptable bounds of a therapeutic relationship.

- An employee may not borrow from, lend to, or accept money from any patient.
- An employee may not procure intoxicants or drugs for, attempt to sell or buy intoxicants,
drugs, or other property from or for a patient.
- An employee may not gain access to patient medical records for any use that is not
professional and therapeutic in nature.
- An employee may not accept any gift (other than a nominal gift as defined in the Ethics in
  Government Act) from a patient.
- An employee may not touch a patient in a sexual or inappropriate manner.
- An employee may not abuse patients, staff members, or other beneficiaries, whether or not
  provoked.

1) When a patient has a pre-existing relationship with an employee, the employee is required
to notify his/her supervisor if he/she will be providing direct patient care.

2) The employee will not be assigned to directly care for that patient and efforts will be made to
minimize direct patient care contact between this patient and employee during the
employee’s duty hours. Scheduled breaks, lunch periods and off-duty status do not apply.

3) The employee in some instances may be moved so that the patient is not housed on the
same ward where the employee works.

g.) Workplace Bullying:

1) Bullying in the workplace has been described as “psychological violence”. Bullying, whether
via the latest technologies or by more traditional means is unacceptable.

2) Bullying is usually seen as acts or verbal comments that could ‘mentally’ hurt or isolate a
person in the workplace. Sometimes, bullying can involve negative physical contact as well.
Bullying usually involves repeated incidents or a pattern of behavior that is intended to
intimidate, offend, degrade, or humiliate a particular person or group of people. Bullying can
be similar and cross over into harassment.

3) If an employee is being bullied by another employee or observes an employee being bullied,
they are to report it immediately to their Supervisor. The Supervisor will report it through
their appropriate chain of command to address as appropriate.

5. RESPONSIBILITIES:

a.) All VAEKHCS Staff are responsible for:

1) Upholding the mission, vision, and values of VHA and the Federal Government;
2) Upholding applicable professional ethics;
3) Conducting all personal and professional activities with honesty, integrity, respect, fairness,
   and good faith in a manner that will reflect well on the profession, the Department of Veterans
   Affairs, and the United States Government;
4) Enhancing the dignity, image, and perception of the organization;
5) Complying with all laws, with particular attention to healthcare and human resources
   management;
6) Maintaining competence and proficiency in healthcare management by implementing a
personal program of assessment and continuing professional education;

7) Refraining from participating in any activity that demeans the credibility, integrity, or dignity of
the organization or peers;

8) Reporting any existing relationship with a patient of the employee’s work area.

9) Any employee who experiences or witnesses acts/behavior defined in this policy must
immediately contact their supervisor or VA Police.

b.) **Managers/Supervisors** Responsibilities:

1) Maintain and encourage work environments safe from violence, threats, or aggressive,
harassing behavior.

2) Assure that all staff is aware of the option of requesting assistance of the WVS through their
supervisor.

3) Report all instances of threats and/or violence to the VA Police.

4) Ensure that all injured patients or staff receives prompt medical treatment and that
appropriate documentation is completed.

c.) **VA Police** Responsibilities: Police response and investigations will follow usual protocols.

d.) **Employee Threat Assessment Team (ETAT)/Accident Review Board (ARB)** will review
incidents regarding disruptive behavior, public safety, sexual assaults, and or other employee-
generated behavior that undermines the culture of safety within the Facility. The ETAT/ARB
will conduct business in accordance with local Charter and ensure all confidential/protected
identifying information is redacted and the incidents and preventative measures are reviewed
to make recommendations to safeguard employees. ETAT/ARB reports to the Environment of
Care (EOC) Committee on a quarterly basis.

e.) **Health Care System Director** has the overall responsibility to uphold the mission, vision,
values and ethics of the organization. The Director has authority to discipline any employee
for refusing to comply with agency regulations.

6. REFERENCES:

   a. VA Handbook 5025, Legal, dated April 15, 2002
   b. EKHCS New Employee Handbook
   c. Federal Code of Ethics
   d. Professional Code of Ethics
   e. VHA Directive 2012-026: Sexual Assaults and Other Defined Public Safety Incidents in VHA
   Facilities
   g. VHA National Patient Safety Improvement Handbook, 1050.01
   h. VA Directive 0321, Serious Incident Reports
   i. VHA Directive 2012-022, Reporting Cases of Abuse and Neglect
7. **RESCISSION:**

HSPM 05-01, Employee Code of Conduct, dated January 30, 2013

4/14/2016

A. Rudy Klopfer, FACHE

A. RUDY KLOPFER, FACHE, VHA-CM
Director, Eastern Kansas Health Care System
Signed by: people
VA Eastern Kansas Health Care System

Employee Code of Conduct

The leadership and staff of the VA Eastern Kansas Health Care System (VAEKHCS) are committed to integrity in support of VHA’s mission, vision, and values. We honor this commitment by establishing and abiding by a Code of Conduct. In professional practice and personal spirit, we individually model behavior that reflects our values. We respect and obey the law. We are diligent and report any questionable conduct.

Each day we work to create and support a culture that reinforces doing the right thing.

The below Code of Conduct does not describe all policies and practices, nor is it intended to. It does, however, set clear, written expectations for behavior for everyone associated with the hospitals: employees, contractors, vendors, and suppliers.

The VAEKHCS provides quality clinical care through excellence in research, education, and the dedication of staff to the patients it serves. Our collaborative culture is respectful and benefits patients, employees and our communities.

It is our pledge that our conduct exemplifies our Mission, Vision, and Values.

**Our Mission**

Our Mission is to serve the healthcare needs of America's veterans. This is accomplished through a comprehensive, integrated healthcare delivery system that provides excellence in healthcare value, excellence in service as defined by its customers, and excellence in education and research. VAEKHCS is also an organization characterized by exceptional accountability, and by being an employer of choice.

**Our Vision**

Our Vision is to be a veteran’s healthcare system that supports innovation, empowerment, productivity, accountability and continuous improvement. Working together, we provide a continuum of high quality healthcare in a convenient, responsive, caring manner --- and at a reasonable cost.

**Our Values**

Our core Values provide the foundation for fostering organizational and service excellence. Our Values frame our interactions with our veterans and each other.

**Trust** means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, the services that we provide, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in healthcare.

**Respect** means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of and a sensitivity and concern for each person's individuality and importance.

**Excellence** means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

**Compassion** means demonstrating empathy and caring in all that we say and do. It means sharing in the
emotions and feelings of our co-workers, our patients and their families, and all others with whom we are involved.

Commitment means dedication and a promise to work hard to do all that we can to provide service to our co-workers and our patients that is in accordance with the highest principles and ethics governing the conduct of the healthcare professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

We Maintain a Safe and Respectful Work Environment

We Respect Others:

We value each person and treat each other with dignity. People flourish when they feel safe and respected in any environment-free from overt or implied harassment.

Each of us supports and respects one another by keeping the workplace free of discrimination based on race, creed, color, gender, age, national origin, disability, marital status, religion, sexual orientation, receipt of public assistance, or any other classification protected by law. Simply put, illegal discrimination has no place in our culture: It’s neither justified, nor acceptable.

We intend to employ staff, contractors, and vendors worthy of trust. We hold the right to disqualify someone from employment because of verified criminal history or exclusion from a federally funded healthcare program.

Our Workplace is Free of Disruptive Behavior:

It’s important to recognize that harmonious and respectful relationships among staff in the healthcare industry are essential ingredients of quality care. It is for this very reason that we have identified the abolition of disruptive workplace behaviors as a point of emphasis within our Code of Conduct.

Examples of disruptive behavior that will not be tolerated by staff, contractors, or vendors include but are not limited to:

- Threatening, profane, or abusive language directed at staff, patients, or visitors (e.g. belittling, berating, or intimidating another individual)
- Degrading or demeaning comments regarding patients, families, staff, or the hospital
- Inappropriate physical contact with another individual that is threatening or intimidating
- Public derogatory comments about the quality of care provided by other physicians and health care providers
- Inappropriate medical record entries concerning the quality of care being provided by the hospital, contractor, or vendor

Our Workplace is Free of Unsafe Personal Behavior:

As models for high standards of health and safety, we act in accordance with policies and meet expectations for safe and prudent behavior in the workplace.

We have zero tolerance for any inappropriate conduct that violates the code of conduct.

We have a zero tolerance policy for anyone using or being under the influence of illegal drugs or alcohol while fulfilling ANY duty on behalf of this healthcare system.

Our Workplace is Free from Religious or Political Affiliation:
Individuals are free to participate in political or religious activities and contribute their own resources while on their own time and acting as an individual. Employees may run for and hold non-partisan or political office. The Veteran's Healthcare Administration will never provide funds, property, or services to any candidate, religious or political organization or campaign.

**Business Integrity is Central to Our Relationship with Patients:**

We base our medical and business decisions on the best possible care for our patients, not our own personal financial interest. We refer patients for additional care to internal and external sources based on need. We are loyal to the VHA and hold our contractors and vendors at arms’ length. We disclose personal relationships or business dealings with any third party to make sure our decisions are made in the best interests of our staff and patients. Additionally, we will not tolerate deceit, intimidation, price discrimination, or other unfair practices with our business vendors.

Hospital staff, contractors, and vendors are prohibited from accepting any offer of cash or gifts in exchange for referrals or business favors and, further, avoid the appearance of improper influence in its business relationships through the continued circulation and staff review of The Fourteen Principles of Ethical Conduct and associated VHA regulations.

**In Summary**

By doing what is right, we show respect to each person-patient, peer, co-worker, student, and business partner. Together we shape an environment free of harassment, discrimination, and harmful or criminal behavior. We take this responsibility personally and expect it of others.

It is our obligation to report illegal or unethical conduct or suspected violations of this code. VAEKHCS takes all reports seriously and does not permit harassment or retaliation against those who act in good faith to report an incident or behavior that violates the Code of Conduct, VHA policy, or laws.

*By my signature I certify that I have reviewed and agree to VA Eastern Kansas Health Care System Code of Conduct.*

*I agree to comply fully with the standards, policies, procedures and other provisions of the Code of Conduct. I understand that compliance with the provisions contained in the Code of Conduct is a condition of employment.*

Employee Signature ____________________________ Date: ____________

Printed Name: ________________________________

A copy of this Code of Conduct will be maintained by the VAEKHCS Staff Member and Supervisor.