

# Patient code of conduct



This report looks at patient codes of conduct from a content, communication and consequences perspective with the aim of helping health system leaders create a safe work environment.

Heart of Safety  
**Coalition**

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Inspiring transformation for care team safety and wellbeing

# Introduction

Workplace violence (WPV) in healthcare settings has escalated to untenable levels in recent years.<sup>1</sup> According to a Press Ganey report released in April 2024, there has been 5% year-over-year increase in violence against nursing personnel — rising to an average of 1.89 incidents per hour.<sup>2</sup> And in a 2022 American College of Emergency Physicians survey of 2,712 emergency physicians, 24% reported multiple physical assaults weekly, and 85% reported increased violence over the previous five years.<sup>3</sup>

The situation has become so problematic that in 2022 The Joint Commission issued new and revised standards for WPV prevention to help protect healthcare team members.<sup>4</sup> In addition, health systems in various states have lobbied to pass legislation that criminalizes assault against healthcare team members,<sup>5</sup> and the American Hospital Association has called for federal legislation to prevent WPV.<sup>6</sup>

One foundation of reducing WPV is setting and communicating clear expectations for patients, visitors and employees about appropriate and acceptable behavior. This includes outlining fair consequences for behavioral violations and acting consistently to enforce standards. As WPV escalates, and as organizations' definitions expand to include incidents of verbal assault, racism and other inappropriate conduct, clear patient codes of conduct are a critical part of setting shared expectations and communicating consequences.

Hospitals and health systems across the country have been updating their patient codes of conduct to reflect evolving understandings of “violent” behaviors. In late 2022, Mass General Brigham was the first health system to proactively publish and promote its updated patient code of conduct to all patients, stating that it would turn away patients exhibiting violent or offensive behavior.<sup>7</sup> In 2023, the Massachusetts Hospital Association members issued a United Code of Conduct Principles to help create consistency across the state. Connecticut Hospital Association quickly followed suit.<sup>8</sup>

Reducing WPV in healthcare settings is more likely when patients, visitors and team members share an understanding of what appropriate conduct looks like — and what the consequences are when standards are not met.

While patient codes of conduct are not new, we wanted to capture a broad view of how they are evolving, how they are perceived by health system leaders, and how, if at all, they affect team member safety and wellbeing. From fall 2023 through spring of 2024, the Heart of Safety Coalition fielded a survey asking healthcare professionals responsible for or familiar with their organization's patient code of conduct to share details about the contents, distribution, consequences and impact of their policies.

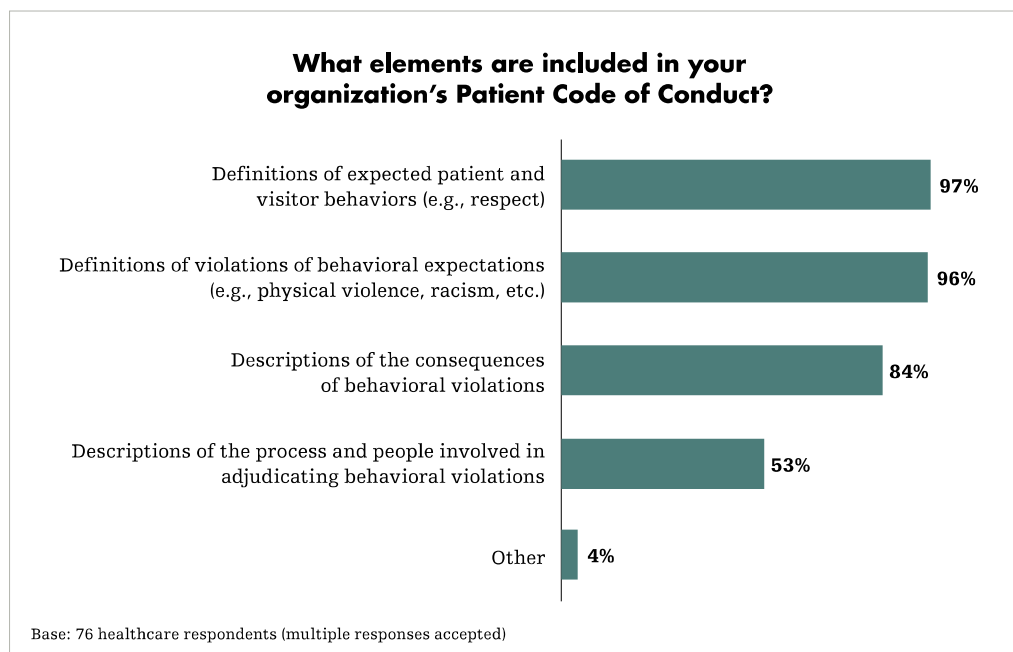
This report is based on 76 respondents from across the U.S. (See “About the survey” section at the end of this report for more details.) Our hope is that this report will help empower healthcare leaders to create, communicate and enforce patient codes of conduct that foster safe working and healing environments for team members, patients and visitors.

## Survey results

### What’s included in patient codes of conduct?

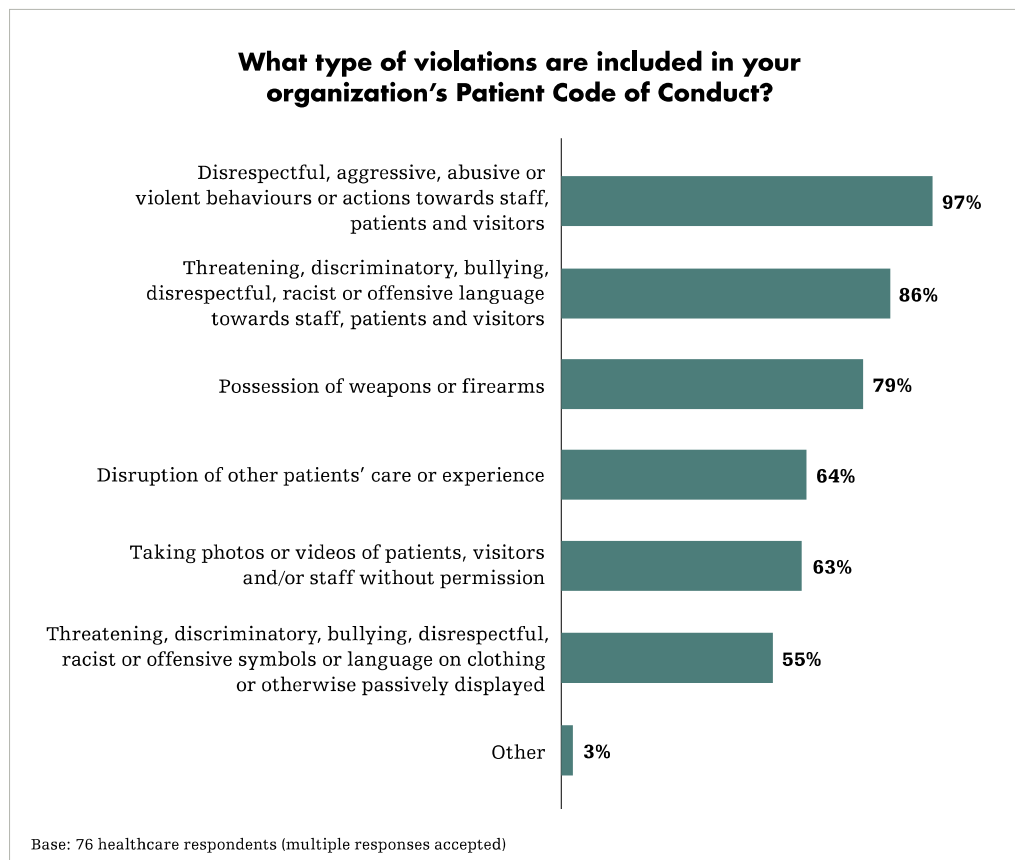
We asked respondents what information is in their patient code of conduct (see Figure 1). Almost all include descriptions of desired behaviors as well as behaviors that are considered violations. Most spell out the consequences of behavioral violations. Slightly more than half describe the people and processes involved in adjudication of behavioral violations. Laying out consequences — as well as processes to ensure fairness — can help patients and visitors understand the importance of complying with the code of conduct while also making it clear that they will not be subject to consequences without due process.

**Figure 1: Patient Codes of Conduct usually include expected behaviors, violations and consequences**



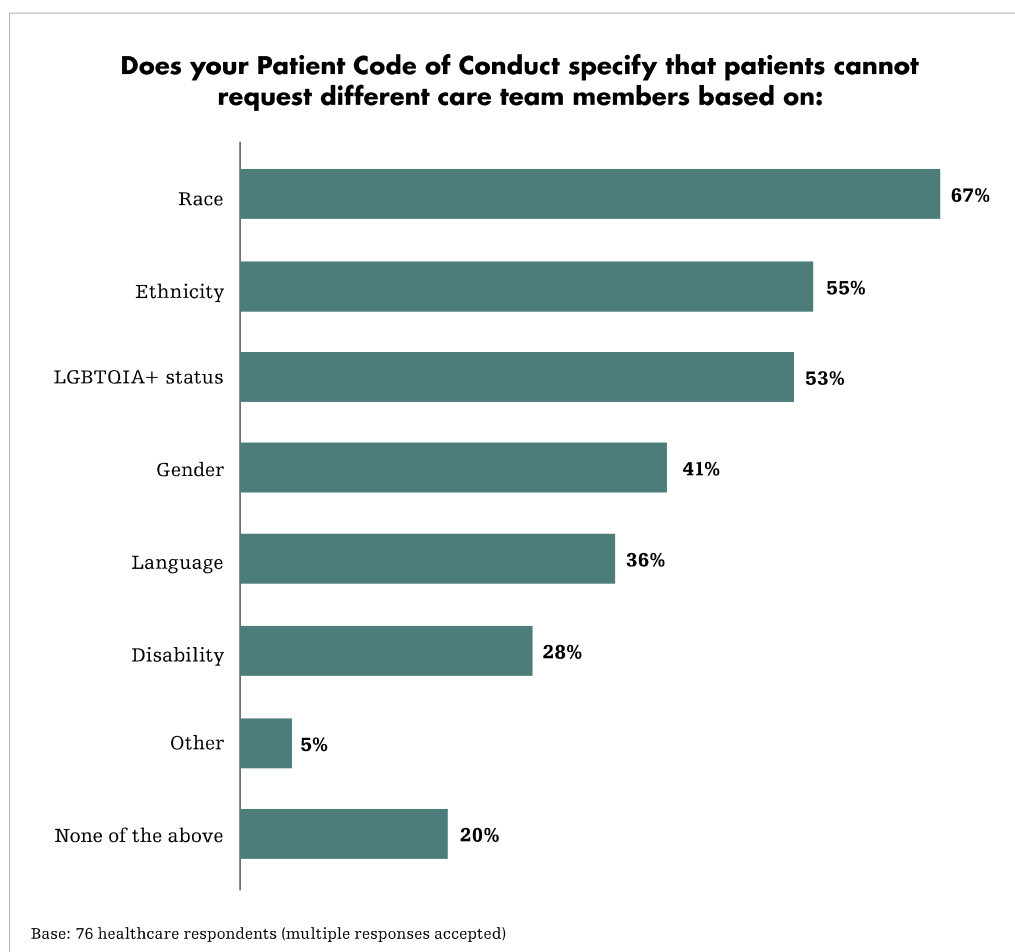
When asked about the types of violations outlined in their patient codes of conduct, most respondents indicated that both abusive behaviors and threatening or disrespectful language are considered violations (see Figure 2). Almost 80% also said that possession of weapons or firearms in care settings is forbidden. Disruptions to fellow patients' care and passive display of disrespectful or racist language or symbols (such as on clothing or tattoos) are less commonly forbidden.

**Figure 2: Patient Codes of Conduct focus on verbal and behavioral violence, as well as weapons restrictions**



Four out of five respondents indicated their patient codes of conduct specify patients cannot request different care team members based on some element of protected class, most commonly race, ethnicity or LGBTQIA+ status (see Figure 3). In open ended comments, some respondents indicated that this type of request is best handled in a separate policy. Some also pointed out that a preference for a provider of a certain gender or race may not be based on discrimination but based on relatability or a reflection of trauma, as in survivors of sexual abuse.

**Figure 3: Care team members are most commonly protected against discrimination based on race, ethnicity and sexual orientation**



Respondents also shared other key considerations for their patient codes of conduct. In open-ended comments, almost a quarter indicated that a patient code of conduct should outline both rights and responsibilities, providing a balance between what patients can expect from team members as well as what is expected of them. Thirteen percent called out that the same policies must apply equally to patients and visitors. And almost 10% each indicated that codes should be flexible enough to recognize patients' unique circumstances, and that they should include patients' rights to privacy in the care setting. Others suggested broader requirements, including financial responsibility and being on time for appointments.

"Code of content should be patient and family-centered and trauma-informed."

"The code of conduct should not be so rigid that it is off-putting to patients. Some specialty areas need to take into consideration that patients request for a specific provider based on race or gender is because of relatability and not racism or sexism. Staff needs to be educated on how to overcome these barriers, provide education, and build confidence in their providers."

"The code should be firm on unacceptable behavior like violence or threats but also emphasize collaboration for optimal patient care."

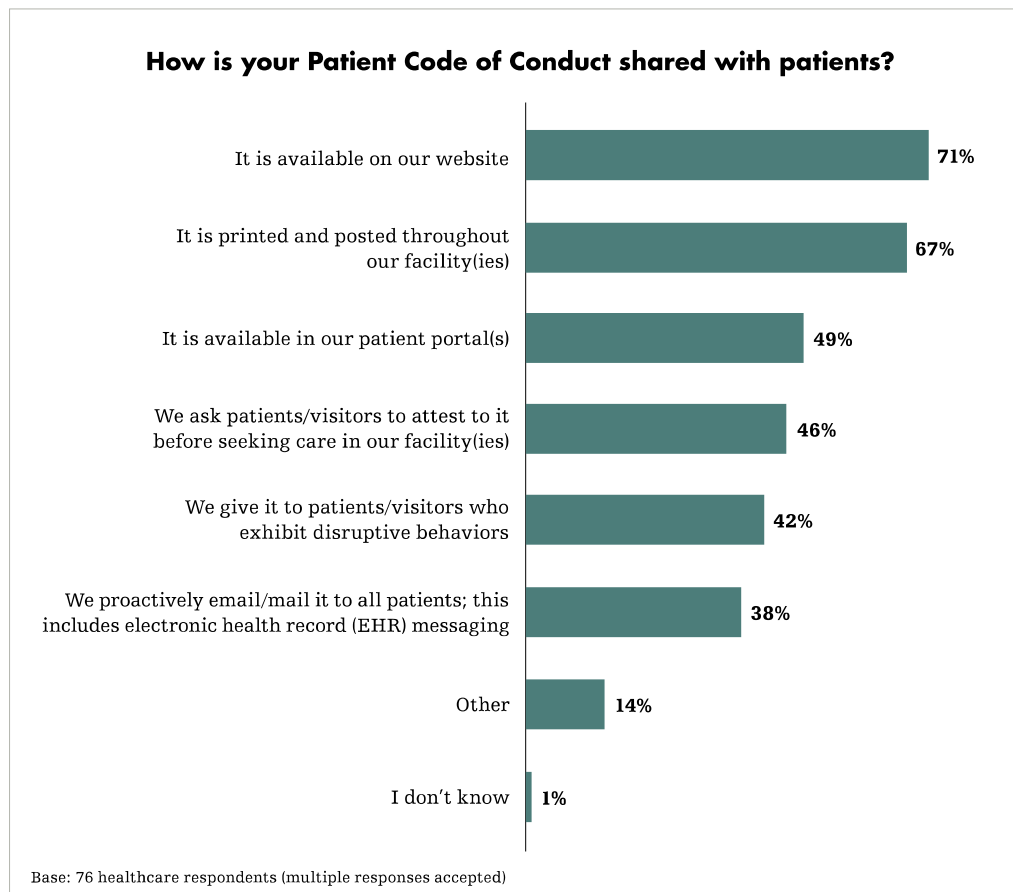
"Patients are responsible for following their treatment plan, for giving accurate healthcare information so that they can be treated appropriately. Notify your healthcare team if there is anything you do not understand. Act in a considerate and cooperative manner, keep scheduled appointments, and pay your bills or make arrangements to."

"You should bake in flexibility. 'This behavior **may** lead to, or **could** lead to, XYZ.' We have had firmer language in past organizations and ran into liability of enforcement. Having the optionality is key as there are nuanced situations. On the back end we have a policy of escalation to the corporate team to administer judgment, but we do allow decisions to be made at the building if there is a threat of immediate harm."

## How are patient codes of conduct distributed?

Almost three-quarters of respondents have their patient codes of conduct on their website, and slightly more than two-thirds print or post their codes throughout their facilities (see Figure 4). Almost half ask patients to attest to their code before seeking care, and 38% proactively email it to all patients.

**Figure 4: Patient Codes of Conduct are most commonly passively distributed**



In open-ended comments, more than one in four respondents suggested that the code of conduct should be given to every patient at the onset of services — either in pre-visit consultation, on arrival at the facility, or prior to arrival. Several respondents also suggested the code should be placed in multiple settings so there's no missing them.

"I think that it should be provided to patients who are prescheduled for a visit. Posted at entrances. Provided with content description at time of registration and included with any supporting resources, such as a visitor guide."

"I'm in favor of proactive communication and transforming the patient code of conduct into a statement reinforcing your organizational values. I prefer those communications to be relevant to the healthcare encounter vs. periodically mailed or posted on social media; connecting the timing of your distribution to the care encounter is important."

"Put up short versions of the code, using plain language and visual aids to improve understanding, in waiting areas, clinics, and patient rooms."

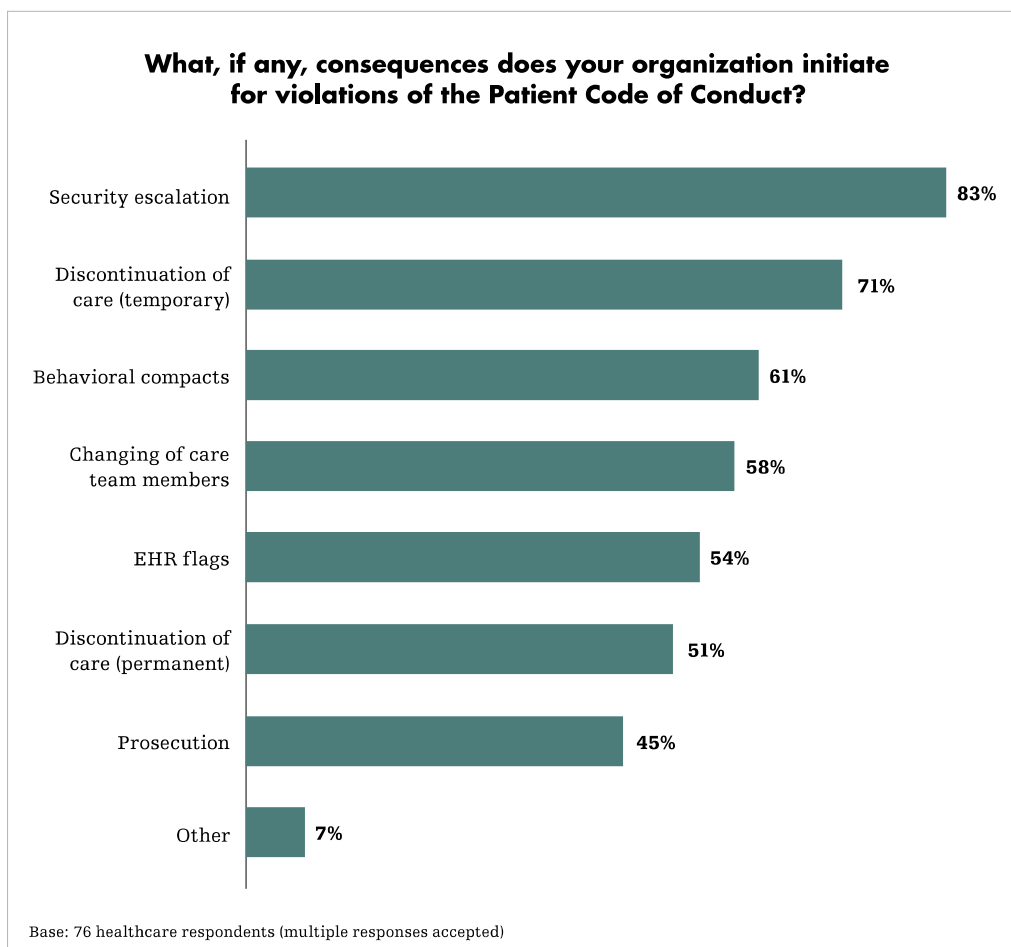
"Providing printed copies during admission of patients in multiple languages and formats according to patient preferences is one of the most effective ways of distribution."



## What are the consequences for failing to comply with patient codes of conduct?

When patients violate patient codes of conduct, the most common response is security escalation (83%), followed by temporary discontinuation of care (71%) (see Figure 5). Many organizations also create behavioral compacts, in which organizational representatives, patients and/or caregivers agree to what kinds of behaviors or language are acceptable in the care setting. Fifty-eight percent of respondents said they will also change care team members when patients are disruptive. And 54% put flags in patients' records to alert future team members to the potential for disruptive behavior. Only 45% of respondents said their organization moves to prosecution when behavior warrants.

**Figure 5: Security escalation and temporary discontinuation of care are the most common responses to violations**



Respondents stressed that enforcement needs to be consistent, but also that policies should be reviewed and evolve over time. This allows codes to reflect the changing environment and to ensure the policies are having the desired effect without bias or discrimination. Several respondents also indicated more need to escalate to the police or legal system when team members are subject to physical assault.

“It needs to be made clear in Codes of Conduct that physical violence against staff, volunteers, visitors, etc. will not be tolerated and \*WILL\* (not ‘may’) result in criminal prosecution, and then the facility MUST back that up where the rubber hits the road.”

“The Code is a framework for the management of conflict and conflict resolution. When dealing with disagreements or inappropriate behavior, employees can refer to it. Escalation is prevented through consistent enforcement.”

“Additional ideas could involve regularly verifying if the implemented code of conduct is achieving the desired outcomes. Moreover, establishing a transparent and fair procedure for dealing with violations of the code would be beneficial.”

“It’s crucial that we review and update the patient codes of conduct regularly to keep up with the evolving standards and norms. Also, making sure that patients or visitors can appeal decisions in a fair and transparent way.”

## How do respondents describe the impact of their patient code of conduct?

At the conclusion of our survey, we invited respondents to share stories or statistics about the impact of their patient code of conduct. Thirty respondents chose to share, and 90% of those said the impact was positive. The remaining 10% cautioned that it takes effort and attention to ensure that enforcement is fair for all patients and visitors. Here's what they said:

Patient codes of conduct are **good for efficiency.**

"There are few cases where visitors refuse to leave the premises after visiting hours, causing disturbance. In that case, it's important to emphasize the hospital's code of conduct which can help us resolve the situation calmly and reinforce the policies surrounding visitors."

"The patient code of conduct has led to more efficient handling of disagreements and concerns."

Patient codes of conduct are **good for staff.**

"Since the patient code of conduct was implemented effectively, staff retention rates have gone up by 5 to 10 percent. That indicates a better environment."

"Through it, our staff members have felt more supported and valued, which has led to an increase in their morale and job satisfaction."

"In my overview, the code of conduct also plays a vital role in maintaining employee morale because health professionals feel more empowered when they have clear guidance and support from the management."

"As a whole, I believe that the patient code of conduct has contributed to a better experience for both staff members and patients feeling more respected and involved."

Patient codes of conduct are **good for patients.**

“Few of our patients shared that they felt more confident to voice their concerns and expectations after reviewing our patient code of conduct, which resulted in a more cooperative approach to their care.”

“I have seen the patient code of conduct calm patients once they are handed it, and the relationship is better understood as to what the expectations are of them as patients in a care setting.”

“Patients report feeling more comfortable discussing sensitive health issues as these guidelines help to build trust.”

But patient codes of conduct **must be fair.**

“The patient code of contact is essential. However, it should not be weaponized and used inequitably as a tool to limit access to patient care for difficult patients.”

“What I have seen is that the process of implementing codes consistent and fairly are sometimes challenging.”

# Discussion

Based on our survey, healthcare leaders should include a patient code of conduct as part of their broader WPV prevention strategy.<sup>9</sup> These codes should be clear about what constitutes acceptable and unacceptable behavior, what happens when unacceptable behavior occurs and how enforcement mechanisms ensure fairness. They should be distributed through multiple avenues, with opportunities for discussion and attestation as needed. Codes should cover both patients and visitors and be balanced by commitments from the organization about patient and visitor rights and what they can expect from team members.

Where patient codes of conduct get most challenging is in the area of enforcement and fairness. Several of our respondents indicated that codes should include the flexibility to take patients' and visitors' unique circumstances into account. It's common for healthcare professionals to want to accommodate patients who are mentally or emotionally dysregulated by their condition, by substances, by sleep disturbance, or even by the distress of receiving difficult news.<sup>10</sup> Compassion for an individual's unique circumstances is foundational to patient-centered care. Unfortunately, it also leaves the door open to implicit and explicit biases that can perpetuate inequitable treatment and outcomes.<sup>11</sup> Leaders will need to balance flexibility with structures to prevent discrimination. These include creating diverse review and enforcement teams to provide proactive guidance and retrospective evaluation of how the code is deployed and whether and how inequities could arise. They also include incorporating implicit bias discussions and mitigation tactics in de-escalation and enforcement training.

Patient codes of conduct by themselves won't eliminate WPV. Some elements, such as rules against bringing weapons into healthcare facilities, may be breached accidentally — especially in the heat of emergencies. Supporting guidelines with structural enforcement mechanisms, such as weapons detection systems, may be required.<sup>12</sup> However, the foundation of clear expectation communication allows all stakeholders in healthcare encounters to hold themselves and one another accountable for creating and maintaining a healing and safe environment.

# About the survey

This survey includes responses from 76 healthcare leaders responsible for or familiar with their organizations' patient codes of conduct. Survey participants were invited via social media (LinkedIn, X, formerly Twitter) and direct email between September 2023 and February 2024. Respondents were broadly representative of the U.S. healthcare system (see tables below):

## Size

|   |     |
|---|-----|
| Large, multi-hospital system (75+ hospitals)                | 5%  |
| Large/mid-sized, multi-hospital system (50 to 74 hospitals) | 4%  |
| Mid-sized, multi-hospital system (25 to 49 hospitals)       | 8%  |
| Small, multi-hospital system (2 to 24 hospitals)            | 45% |
| Stand-alone hospital  | 13% |
| Multi-clinic system (no hospitals)                          | 16% |
| Single, stand-alone clinic                                  | 1%  |
| Other (please specify)                                      | 8%  |

## Location

|   |     |
|---|-----|
| U.S. West (CA, NV, OR, WA, ID, MT, WY, UT, CO)                      | 28% |
| U.S. Southwest (AZ, NM, TX, OK)                                     | 16% |
| U.S. Midwest (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH)       | 32% |
| U.S. Southeast (AR, LA, MS, KY, TN, AL, GA, FL, WV, DC, VA, NC, SC) | 30% |
| U.S. Northeast (DE, MD, PA, NJ, RI, CT, NY, MA, VT, NH, ME)         | 39% |
| Other (please specify — nationwide and international)               | 1%  |

### Research conducted by:

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## Endnotes

1. Lim MC, Jeffree MS, Saupin SS, Giloi N, Lukman KA. Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures. *Ann Med Surg (Lond)*. 2022 May 13;78:103727. doi: [10.1016/j.amsu.2022.103727](https://doi.org/10.1016/j.amsu.2022.103727). PMID: 35734684; PMCID: PMC9206999
2. Press Ganey. eBook: Safety in Healthcare 2024. <https://info.pressganey.com/e-books-research/safety-2024>
3. Rotenstein LS, Brown R, Sinsky C. et al. The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19. *J Gen Intern Med*. 2023 Jun;38(8):1920-1927. <https://doi.org/10.1007/s11606-023-08153-z>
4. Arnetz JE. The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Jt Comm J Qual Patient Saf*. 2022 Apr;48(4):241-245. doi: [10.1016/j.jcjq.2022.02.001](https://doi.org/10.1016/j.jcjq.2022.02.001). Epub 2022 Feb 5. PMID: 35193809; PMCID: PMC8816837.
5. Ninan RJ, Cohen IG, Adashi EY. State Approaches to Stopping Violence Against Health Care Workers. *JAMA*. 2024;331(10):825-826. doi: [10.1001/jama.2024.1140](https://doi.org/10.1001/jama.2024.1140)
6. Fact Sheet: Health Care Workplace Violence and Intimidation, and the Need for a Federal Legislative Response. American Hospital Association, American Hospital Association. <https://www.aha.org/fact-sheets/2022-06-07-fact-sheet-workplace-violence-and-intimidation-and-need-federal-legislative>
7. Muoio D. Mass General Brigham turning away offensive, violent patients under new 'Patient Code of Conduct'. Fierce Healthcare. Published November 8, 2022. <https://www.fiercehealthcare.com/providers/mass-general-brigham-turning-away-offensive-violent-patients-under-new-patient-code>
8. Carbajal E. Connecticut Hospital Association adopts patient code of conduct. Becker's Hospital Review. Published October 23, 2022. <https://www.beckershospitalreview.com/hospital-physician-relationships/connecticut-hospital-association-adopts-patient-code-of-conduct.html>
9. Issue Brief: Addressing and Preventing Workplace Violence in Leading Health Systems. The Health Management Academy. Published May 26, 2022. <https://academynet.com/knowledge-article/issue-brief-addressing-and-preventing-workplace-violence-leading-health-systems>
10. Arnetz JE, Hamblin L, Ager J, Luborsky M, Upfal MJ, Russell J, Essenmacher L. Underreporting of Workplace Violence: Comparison of Self-Report and Actual Documentation of Hospital Incidents. *Workplace Health Saf*. 2015 May;63(5):200-10. doi: [10.1177/2165079915574684](https://doi.org/10.1177/2165079915574684). Epub 2015 May 22. PMID: 26002854; PMCID: PMC5006066.
11. Haimovich AD, Taylor RA, Chang-Sing E, Brashear T, Cramer LD, Lopez K, Wong AH. Disparities Associated With Electronic Behavioral Alerts for Safety and Violence Concerns in the Emergency Department. *Annals of Emergency Medicine*, 2024 Feb;83(2):100-107. ISSN 0196-0644. <https://doi.org/10.1016/j.annemergmed.2023.04.004>.
12. Carbajal E. Hospitals pour millions into weapons detection — is it worth it? Becker's Hospital Review. Published April 4, 2024. <https://www.beckershospitalreview.com/workforce/hospitals-pour-millions-into-weapons-detection-is-it-worth-it.html>

# Appendix

This section of the report includes links to a sample of patient codes of conduct collected by internet search (accessed on June 5, 2024). They were selected for diversity in geography and content.

| Organization / link to code of conduct                        | Location                       |
|---|--------------------------------|
| <a href="#">AdventHealth</a>                                  | CO, FL, GA, IL, KY, NC, TX, WI |
| <a href="#">Allegany Health Network</a>                       | PA, NY                         |
| <a href="#">Baystate Health</a>                               | MA                             |
| <a href="#">Boston Medical Center</a>                         | MA                             |
| <a href="#">Cambridge Health Alliance</a>                     | MA                             |
| <a href="#">Crystal Run Healthcare</a>                        | NY                             |
| <a href="#">El Camino Health</a>                              | CA                             |
| <a href="#">Five Rivers Health Centers</a>                    | FL                             |
| <a href="#">Gifford Health Care</a>                           | VT                             |
| <a href="#">HealthPartners</a>                                | MN                             |
| <a href="#">Hopewell Health</a>                               | OH                             |
| <a href="#">Hospital Sisters Health System</a>                | IL                             |
| <a href="#">Houston Methodist</a>                             | TX                             |
| <a href="#">Jefferson Health</a>                              | PA                             |
| <a href="#">MedStar Health</a>                                | MD, VA, DC                     |
| <a href="#">Montage Health</a>                                | CA                             |
| <a href="#">Penn Medicine</a>                                 | PA                             |
| <a href="#">*SSM Health</a>                                   | IL, MT, OK                     |
| <a href="#">UMass Memorial Health System</a>                  | MA                             |
| <a href="#">University of Pittsburg Medical Center (UPMC)</a> | PA                             |
| <a href="#">The University of Toledo Medical Center</a>       | OH                             |
| <a href="#">UT Health Austin</a>                              | TX                             |
| <a href="#">Vanderbilt University Medical Center</a>          | TN                             |
| <a href="#">WellSpan</a>                                      | MD, PA                         |

\*This example shows how organizations can incorporate key patient code of conduct language about respect and non-violence into their patient bill of rights.



# About the **Heart of Safety Coalition**

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic and individual change. The Coalition works to advance the Heart of Safety Declaration of Principles, which intersects health justice, physical safety, and psychological and emotional wellbeing to accelerate transformation. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition. Learn more at [www.stryker.com/HeartofSafetyCoalition](http://www.stryker.com/HeartofSafetyCoalition).