

MEDICAL STAFF POLICY AND PROCEDURE

TITLE: Medical Staff Conduct & Managing the Disruptive Physician	NO.	
APPROVAL(S): MEC 2/2009 BOT 4/2009		
ORIGIN DATE: 4/04	REVISION DATE(S): 11/08, 2/2009	NEXT REVIEW DATE: 4/2012

I. POLICY

This policy applies to members of the Medical Staff and to Allied Health Professionals. It is the policy of this hospital that all individuals within its facility be treated courteously, respectfully, and with dignity. To that end, the hospital requires all individuals, including employees, physicians, allied health professionals, and other practitioners to conduct themselves in a professional and cooperative manner.

If the conduct of a Medical Staff member or allied health professional is disruptive, the matter shall be addressed in accordance with this policy. Any physician, employee, patient or visitor may report potentially disruptive conduct. If an employee's conduct is disruptive, the matter shall be addressed in accordance with hospital employment policies.

II. PURPOSE

We highly value and respect each Medical Staff member's commitment to providing high quality, cost-effective health services to the communities we serve. The Sutter Medical Center values, mission, and vision guide our relationships within the hospital and our communities.

The purpose of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional health care environment. The prevention and elimination of conduct that disrupts operations at the Medical Center, affects the ability of others to do their jobs, creates a hostile work environment for employees or Medical Staff members or interferes with other's ability to work competently is a priority for the organization.

III. DEFINITION OF "DISRUPTIVE CONDUCT"

There is zero tolerance for disruptive conduct by a physician or allied health professional which is defined as conduct that adversely affects the hospital's ability to accomplish the objectives as stated above and includes, but is not necessarily limited to the following actions toward colleagues, hospital personnel, patients, or visitors:

1. **Disruptive Behavior:** Any incident in which the delivery of care or services is interrupted or impeded. This includes yelling, being hostile after reasonable request, profane or disrespectful language, name calling, sexual comments, racial or ethnic jokes and outbursts of anger. Subtle or overt intimidation that suppresses input from others, expressing anger or frustration when called or interrupted by a staff/patient request or demanding immediate and unreasonable action are also examples of disruptive behavior.
2. **Threatening Behavior:** Any verbal or non-verbal expression of an intention to inflict pain or injury or to cause annoyance or alarm. This includes throwing or kicking objects, threatening to harm people directly or indirectly and intimidating actions, including: blocking pathway, leering, stalking and criticizing other providers in front of patients/staff and "bullying" behavior.

TITLE: Medical Staff Conduct & Managing the Disruptive Physician

NO.

APPROVAL(S): MEC 2/2009 BOT 4/2009

ORIGIN DATE: 4/04 REVISION DATE(S): 11/08, 2/2009 NEXT REVIEW DATE: 4/2012

3. Hostile, angry or aggressive confrontational voice or body language undermines the confidence of any member of the healthcare team in effectively caring for patients.
4. Attacks (verbal or physical) that go beyond the bounds of fair professional conduct;
5. Inappropriate expressions of anger such as destruction of property or throwing items; Causes concern for anyone's physical safety.
6. Abusive language or criticism directed at the recipient in such a way as to ridicule, humiliate, intimidate, undermine confidence, or belittle. Profane or disrespectful language, name calling, sexual comments, racial or ethnic jokes.
7. Derogatory comments that go beyond differences of opinion that are made to patients or patients' families' about caregivers. (This is not to prohibit comments that deal constructively with the care given.) Criticizing other providers in front of patients.
8. Writing of malicious, arbitrary, or inappropriate comments/notes in the medical record; Retaliation against any provider who raises concerns about safety, conduct or cultural issues.
9. Also included as disruptive conduct are sexual harassment and discrimination:
 - a. Sexual harassment is defined as unwelcome advances, requests for sexual favors and any other verbal, visual, or physical conduct of a sexual nature when (a) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or (b) this conduct substantially interferes with the individual's employment or creates an intimidating, hostile or offensive work environment. Sexual harassment shall not be tolerated.
 - b. Discrimination on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, gender, or sexual orientation shall not be tolerated.

IV. PROCEDURE

A. Documentation

It is recommended that documentation include:

1. the date and time of the incident;
2. if the conduct affected or involved a patient in any way, the name and medical record number of the patient;
3. the circumstances that precipitated the incident;
4. a factual description of the questionable conduct;

TITLE: Medical Staff Conduct & Managing the Disruptive Physician

NO.

APPROVAL(S): MEC 2/2009 BOT 4/2009

ORIGIN DATE: 4/04 REVISION DATE(S): 11/08, 2/2009 NEXT REVIEW DATE: 4/2012

5. the consequences, if any, of the disruptive conduct as it relates to patient care or operations of the hospital;
6. any action taken to try to remedy the situation including the names of all those involved in the incident; and
7. the name and signature of the person filing the complaint so that that individual may be interviewed by the Chief of Staff. The complainant's name will be kept confidential until such time as judicial review or legal action is undertaken.

B. Submission Of Report

The report should be submitted directly to the Chief of Staff in care of the Director of the Medical Staff Services Department. Reports submitted by employees should be submitted through their immediate supervisors or the Human Resources Director. Management personnel receiving such reports should make sure that all necessary documentation is included prior to submitting the report to the Chief of Staff. It is required that these reports be submitted to the Chief of Staff via the Director of Medical Staff Services within one week of receipt. When the Medical Staff receives a report involving an employee from a source other than the Human Resources Department, the Director of Medical Staff Services will notify the Human Resources Director within one week.

C. Acknowledgment Of Report

The Medical Staff Services Director will acknowledge to the practitioner or employee submitting the report that the report has been received and that it will be addressed by the Medical Staff. Reports submitted by the public (patients or visitors) will be immediately handled by the Risk Management Department or Administration in accordance with the Complaint Process Policy. If the report involves a physician, a copy will be forwarded to the Chief of Staff.

D. Action Taken Upon Receipt Of Report

1. All conversations and meetings relative to the report(s) shall be documented.
2. The Chief of Staff may dismiss reports determined to be unfounded or not meeting the definition of disruptive conduct. The Chief of Staff shall make a judgment as to whether the report is one of a minor nature and an isolated incident that does not need to be addressed (such as a single instance of a physician expressing annoyance for being awakened in the middle of the night).
3. For a single event of disruptive conduct, the Medical Staff member who is the subject of the complaint will be verbally reminded of the Medical Staff's strict policy against disruptive conduct and informed that the hospital and medical staff will not tolerate any retaliation against or intimidation of any individual who has registered a complaint or who has cooperated in connection with the investigation. The person who is the subject of the complaint will also be informed that any violation of the policy will be considered an independent cause of discipline, regardless of the merits of the underlying charge.

TITLE: Medical Staff Conduct & Managing the Disruptive Physician

NO.

APPROVAL(S): MEC 2/2009 BOT 4/2009

ORIGIN DATE: 4/04 REVISION DATE(S): 11/08, 2/2009 NEXT REVIEW DATE: 4/2012

Documentation of the initial incident will be maintained in a record other than the practitioner's credentials file unless additional complaints are received. Documentation of further complaints, as well as memos and letters sent and received will be retained and stored in the practitioner's credentials file.

4. If additional complaints of disruptive conduct are submitted, the complaint that was initially dismissed will be reviewed to establish that a pattern of disruptive conduct does appear to exist. Reports considered valid will be addressed as follows:
 - a. For a single incident that the Chief of Staff has confirmed as one that warrants discussion but not summary suspension, the Chief of Staff or designee shall initiate a fact-finding discussion. If disruptive conduct is confirmed, the Chief of Staff, or designee, will emphasize that such conduct is inappropriate and must cease.
 - b. If it appears to the Chief of Staff or Hospital Administrator that a pattern of disruptive conduct is developing, the Chief of Staff or Hospital Administrator (or designee) will discuss the matter with the practitioner as outlined below and will initiate a prompt and objective appraisal of facts:
 - The Medical Executive Committee, Medical Staff Health/Well Being Committee, Hospital Administrator, and Risk Manager may be notified by the Chief of Staff, as appropriate. The offending practitioner will be notified that if such behavior continues, more formal action will be taken to stop it.
 - A follow-up letter to the practitioner shall state the problem and indicate that the practitioner is required to behave professionally and cooperatively within the Hospital.
 - The involved practitioner may submit a rebuttal to the charge. Such rebuttal will be maintained as a permanent part of the record and will be filed in the practitioner's credentials file.
 - Only allegations that have been analyzed with action taken will be included in the credentials file. All other documentation shall be kept in a separate file for two years.
5. If such behavior continues, two or three individuals, designated by the Chief of Staff, will meet with the practitioner. Individuals other than the Chief of Staff who may be designated include the following: a member of the MEC, the Chairperson or a member of the Medical Staff Health/Well Being Committee, the Hospital Administrator or designee, or a member of the Board.
6. The practitioner will be advised that such conduct is intolerable and must stop. This meeting is not a discussion, but rather constitutes the practitioner's final warning. It shall be followed with a letter reiterating the warning. A copy of the letter will be

TITLE: Medical Staff Conduct & Managing the Disruptive Physician

NO.

APPROVAL(S): MEC 2/2009 BOT 4/2009

ORIGIN DATE: 4/04 **REVISION DATE(S):** 11/08, 2/2009 **NEXT REVIEW DATE:** 4/2012

filed in the practitioner's credentials file.

7. Any further substantiated reports of disruptive conduct after the individual has agreed to stop the offensive conduct, or the practitioner's refusal to agree to stop the disruptive conduct, shall result in suspension (summary suspension if deemed warranted) or termination of membership and/or privileges with applicable hearing rights (defined for Medical Staff members in the Medical Staff Bylaws and for Allied Health Professionals in the Administrative Policy entitled, "Allied Health Professionals Policy"). If the Chief of Staff determines that the conduct is egregious and warrants immediate action against the practitioner's privileges, summary suspension or restriction may be imposed in accordance with the Medical Staff Bylaws and Administrative Policy.

E. Reporting Requirements

Reports of disciplinary action or investigation will be made to the appropriate licensing board in accordance with State law.

VI. AUTHORS:

Amy Shaw, M.D., M. Fred Brewer, M.D., Robert R. Wright, M.D.

VII. REVIEWED BY:

Robert R. Wright, M.D., William D. Carroll, M.D., Robert P. Heckey, M.D.,
Robin Hagenstad, RN, MSN – CNO, Sylvia Duarte, CPMSM – Medical Staff Services Director

VIII. REFERENCES:

A Survey of the Impact of Disruptive Behaviors and Communication Defects on Patient Safety, The Joint Commission Journal on Quality and Patient Safety, August 2008

The Joint Commission Sentinel Event Alert: *Behaviors that Undermine Culture of Safety*. Issue 40, July 9, 2008