FACILITY: St. Joseph's Hospital	**MANUAL(S): Medical Staff**
TITLE: Disruptive Behavior/Medical Staff/Allied Health Affiliates	**ORIGINATING DEPARTMENT: Medical Staff**
SUPERCEDES: Medical Staff/Allied Health Professionals Code of Conduct/Managing Disruptive Behavior **Original: 04/08** **Reviewed: 02/12** **Revised: 05/17**	**POLICY NUMBER: N/A**

I. POLICY

St. Joseph's Hospital requires that all individuals be treated courteously, respectfully, and with dignity. To that end, we require all practitioners to conduct themselves in a professional and cooperative manner and to adhere to St. Joseph's Hospital's Code of Conduct.

II. PURPOSE

A. To provide optimum patient care and effective operation of the Hospital by promoting a safe, cooperative, and professional environment.

B. To prevent or eliminate conduct which disrupts the operation of the Hospital, affects the ability of others to do their jobs, creates a "hostile work environment" for Hospital colleagues, volunteers or other Medical staff appointees or Allied Health Professionals (AHPs), or interferes with an individual's ability to practice competently.

C. To provide, when possible, an informal and collegial mechanism to resolve such issues prior to any formal and potentially reportable medical staff disciplinary action.

III. DEFINITIONS

A. Unacceptable disruptive conduct/sexual harassment includes, but is not limited to:

1. Attacks (verbal or physical) or insults leveled at other appointees to the Medical Staff or Allied Health Professionals, hospital colleagues, volunteers, visitors, or patients, which are personal, irrelevant, or go beyond the bounds of fair, professional conduct.
2. Profanity or similarly offensive language while in the Hospital and/or while speaking with hospital colleagues, volunteers, visitors, or patients;
3. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the hospital, or attacking particular Medical Staff appointees, allied health practitioners, colleagues, volunteers, patients, or visitors.
4. Non-constructive criticism (e.g. tirades in the operating room) addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
5. Refusal to accept medical staff assignments, or to participate in committee or departmental affairs or to do so in a disruptive manner.
6. Refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Policies, and Rules and Regulations (including, but not limited to, emergency call issues,

response times, medical record keeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital personnel); and/or

7. Unwelcome sexual advances or deliberate and repeated unwelcome verbal or physical conduct of a sexual nature or any action in violation of Hospital policy prohibiting sexual harassment.

IV. SPECIAL INSTRUCTIONS

A. Colleagues and volunteers who engage in disruptive behavior will be dealt with in accordance with the Hospital's Human Resources Policies.

B. Medical staff or Allied Health Professionals who engage in disruptive behavior will be dealt with in accordance with this policy, hereto referred to as "practitioner".

V. GUIDELINES/PROCEDURES

A. This Policy outlines collegial steps (i.e. counseling, warnings, and meetings with a practitioner) that can be taken to address concerns about inappropriate conduct by practitioners. However a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the Medical Executive Committee or the elimination of any particular step in the Policy.

B. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the Practitioner Health Committee (PHC), the practitioner's counsel shall not attend any of the meetings described in this Policy.

C. Medical Staff leadership and Hospital Administration shall provide education to all practitioners and Hospital colleagues regarding appropriate professional behavior. Medical Staff leadership and Hospital Administration shall also make colleagues, practitioners, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and action as appropriate.

D. Reporting of Inappropriate Conduct

1. Documentation of disruptive behavior is critical since it is ordinarily not one event that justifies formal disciplinary action, but rather a pattern of behavior. Hospital colleagues who observe or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident. Any practitioner who observes such behavior by another practitioner shall notify any member of the PHC (or its designee) or Hospital leadership directly.
2. The individual who reports an incident shall document it in the Event/Complaint Management System. If he or she does not wish to do so, the supervisor may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.
3. The documentation should include:
    a. Date and time of the observed disruptive behavior(s).
    b. The name(s) of the affected or involved individual(s) - patients, family members, colleagues, practitioners, etc.
    c. The circumstances which precipitated the situation(s).
    d. Description of the disruptive behavior(s), limited to factual, objective language.

e. Consequences, if any, of the disruptive behavior(s) as it relates to patient care or Hospital operations.
f. Record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening.
g. The names of other witnesses to the incident
h. The name of the individual reporting the matter.

4. The confidential report will be forwarded to the supervisor and PHC, or the authorized designee, Director, Medical Staff Services or Chief Physician Executive (CPE) via the Event/Complaint Management System.
5. The supervisor/PHC member, or designee shall follow up with the individual who made the report by informing him/her that the matter is being reviewed, thanking him/her for reporting the matter, and instructing him/her to report any further incidents or inappropriate conduct. The individual shall also be informed that, due to legal confidentiality requirements, no further information can be provided regarding the review of the matter.

E. Initial Procedure

1. Reports of events of disruptive practitioner behavior are directed to the CPE and to the Division Director, Medical Staff Services. The Director, Medical Staff Services or CPE shall receive the report, and investigate whether there have been any prior issues of potential breach of this Policy within the prior 12 months. The sequences of actions to review reports of disruptive behavior are guided by the attached *Medical Staff Code of Conduct* algorithm
2. If it is determined that an incident of disruptive behavior has likely occurred, there are several options available to the PHC, including, but not limited to, the following:
    a. Notify the practitioner that a report has been received and invite the practitioner to meet with one or more members of the PHC, or designee, to discuss it. The individual will have the option of responding to the issue in writing at the time of the event discussion;
    b. Send the practitioner a letter of guidance about the incident;
    c. Educate the practitioner about administrative channels that are available for registering concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;
    d. Send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
    e. Have a PHC member(s) or the PHC as a group, meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.
3. The sequences of actions to address reports of disruptive behavior are guided by the attached *General Sequence of Corrective Action* algorithm, with involvement of the Practitioner Health Committee (PHC) as a standard process to support improvement in the practitioner's behavior.
4. General Sequence of Corrective actions:
    a. First event of a minor nature (no patient awareness, no adverse consequences)
        i. Conversation with Hospital manager as appropriate to understand the situation.
        ii. If the individual has no prior pattern of such behavior, event is noted in the Hospital's event/complaint management system, with appropriate follow-up.
        iii. Medical Staff issue report is documented; practitioner is made aware; report is maintained in quality database, but not noted in individual's confidential file.

b. First event of a moderate nature (patient awareness, no or limited immediate consequences)
    i. Event report received in the Medical Staff Office and/or Quality Resources department, and confidentially investigated for any precedent over the prior 12 months.
    ii. Practitioner is informed of the report and request is made for a response/feedback by the practitioner.
    iii. Collegial conversation occurs with a member of the PHC, or a member of Hospital management who was proximally aware of the event.
    iv. Practitioner is advised on methods to better respond to a similar situation in the future, resources available for assistance, and the benefits of handling the event in a more effective manner.
    v. Brief documentation of the event follow-up is captured, and forwarded to the Quality Resources department for confidential record-keeping along with the initial issue report.
c. First event of a serious nature (patient/family involved, probable immediate consequences)
    i. Event report received in the Medical Staff Office and/or Quality Resources department, and confidentially investigated for any precedent within prior 12 months.
    ii. Practitioner is informed of the report and request is made for a response/feedback by the practitioner.
    iii. Member of the PHC identified to meet with the practitioner in regard to the issue.
    iv. Letter #1given to the practitioner, notifying them that the behavior/situation was not acceptable, and will not be tolerated. A further event has the potential to impact the practitioner's privileges.
    v. Practitioner has the opportunity to make any comments/notations on the letter, which will be retained in the confidential practitioner profile.
d. Second event of any nature
    i. Event report received in the Medical Staff Office and/or Quality Resources department, and confidentially investigated for any precedent within prior 12 months.
    ii. Practitioner is informed of the report and request is made for a response/feedback by the practitioner.
    iii. Member of the PHC identified to meet with the practitioner in regard to the issue.
    iv. If Letter #1 not yet given to the practitioner, provide at the time of the PHC discussion. Describe that the behavior/situation is not acceptable, and will not be tolerated. A further event has the potential to impact the practitioner's privileges.
    v. Practitioner has the opportunity to make any comments/notations on the letter, which will be retained in the confidential practitioner profile.
    vi. PHC will generally initiate monitoring at this stage, and will determine the projected duration of monitoring (usually 12 months). Practitioner will be notified of the initiation of monitoring, and the projected duration of monitoring.
e. Third or subsequent event, or serious event such that consideration of privileges is considered warranted for patient care/safety
    i. Event report is received in Medical Staff Office and/or Quality Resources department, and confidentially investigated for any precedent within prior 12 months.
    ii. Chair of PHC informed of event, and any pertinent input from witnesses, and prior pattern/circumstances.
    iii. Medical Staff Issue report is documented.

iv. If immediate patient care/safety issue is identified, PHC Chair will inform the Medical Executive Committee (MEC).
v. If decision is to notify practitioner of privilege impact, then Letter #2 will be prepared, and a member of PHC and a member of the MEC will meet with the practitioner to discuss the significance of the issue, behaviors and actions that need to be changed, and the consequences to the practitioner if actions are not consistent with expectations. Zero tolerance for future occurrences will be shared for a period of not less than one year.
vi. The practitioner will have the opportunity to note comments on the letter, and return within a reasonable timeframe for permanent retention in the practitioner's confidential profile.
vii. If the decision is to not provide Letter #2 to the practitioner, the decision will be documented, and retained in a confidential quality file. The PHC Chair, or authorized designee will meet with the practitioner, and clearly explain the concerns related to the event, expectations of the practitioner in the future, and consequences if expectations are not met. The conversation will be documented and retained in the practitioner's confidential file.
viii. PHC will ensure that practitioner monitoring is established, if not already in place for the practitioner at this point, for duration of at least one year.

5. Continued disruptive behavior shall result in initiation of formal disciplinary action pursuant to the hospital's Medical Staff Bylaws and credentialing policies.

F. Referral to Medical Executive Committee

1. If a single event is viewed to be serious/egregious in nature, or a pattern of disruptive behavior may have immediate impact to patient safety or quality of care, the matter may be referred to the Medical Executive Committee for review and action.
    a. The Medical Executive Committee may take additional steps to address the concerns including, but not limited to, the following:
        i. Require the practitioner to meet with the full Medical Executive Committee or a designated subgroup.
        ii. Require the practitioner to meet with specified individuals (including any combination of current or past Medical Staff leaders, outside consultant(s) the Board Chairperson or other Board members if Medical Staff leaders, Hospital management and legal counsel determine that Board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for voluntary steps to improve).
        iii. Issue of a letter of warning or reprimand
        iv. Require the physician to complete a behavior modification course
        v. Impose a "personal" code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner's adherence to it, and/or
        vi. Suspend the practitioner's clinical privileges for 30 days or less.
    b. The imposition of any of these actions does not entitle the practitioner to a hearing or appeal.
    c. The Medical Executive Committee may also direct that a matter be handled pursuant to the Practitioner Health Policy.
    d. At any point, the Medical Executive Committee may also make a recommendation regarding the practitioner's continued appointment and clinical privileges that does entitle

the practitioner to a hearing as outlined in the Medical Staff Bylaws, Policies, and Rules and Regulations, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.

G. Sexual Harassment Concerns

1. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:
    a. A meeting shall be held with the practitioner to discuss the incident. If the practitioner agrees to stop the conduct thought specifically to constitute sexual harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the practitioner's file. This letter shall also set forth those additional actions, if any which result from the meeting.
    b. If the practitioner refuses to stop the conduct immediately, this refusal shall result in the matter being referred immediately to the Medical Executive Committee for review pursuant to the Medical Staff Bylaws, Policies and Rules and Regulations.
    c. Any reports of retaliation of any further reports of sexual harassment, after the practitioner has agreed to stop the improper conduct, shall result in an immediate investigation by the PHC (or its designee (s)). If the investigation results in a finding that further improper conduct took place, the PHC shall refer the matter to the Medical Executive Committee for a formal investigation or other steps in accordance with the Medical Staff Bylaws, Policies and Rules and Regulations. Such referral shall not preclude other action under applicable Hospital human resources policies. Should the Medical Executive Committee make a recommendation that entitles the individual to request a hearing, the individual shall be provided with copies of all relevant reports so that he or she can prepare for the hearing subject to agreement of the practitioner and counsel, if any, not to retaliate in any way.

Letter #1

[DATE]

[PRACTITIONER NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]

Dear [PRACTITIONER NAME],

Recently your conduct/behavior was reviewed as a result of not meeting the standards as set forth in the Medical Staff Bylaws and Code of Conduct/Managing Disruptive Behavior Policy. Please be aware that if this behavior continues to deviate from expectations, in accordance with the provisions of the Medical Staff Code of Conduct/Managing Disruptive Behavior policy, appropriate action will be taken for future occurrences including professional peer review action and/or suspension/termination of your Medical Staff appointment and privileges.

It is our hope and expectation that you will conform to acceptable standards and comply with the policies referenced in this letter.

If you have any questions, please feel free to call us at any time.

Sincerely,

[NAME]
Chair, Practitioner Health Committee
HSHS St. Joseph's Hospital

cc: [DEPARTMENT CHAIR]

Letter #2

[DATE]

[PRACTITIONER NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]

Dear [PRACTITIONER NAME],

Recently your conduct/behavior was reviewed as a result of not meeting the standards as set forth in the Medical Staff Bylaws and Code of Conduct/Managing Disruptive Behavior policy. In accordance with the provisions of this policy, the Committee recommended that you be placed on behavioral monitoring for a one year period.

The Practitioner Health Committee will review your pattern of behavior at least once per quarter and will consider any patient, Hospital staff and/or other complaints, as well as any recommendations made by the Chairman of the [DEPARTMENT NAME]. If the Committee determines that actions are indicated, their recommendations will be forwarded to the Medical Executive Committee for review and appropriate action. If the Medical Executive Committee finds that your pattern of behavior is inconsistent with the professional conduct expectations outlined in the Medical Staff Code of Conduct, you may be subject to a professional peer review action, which could include suspension/termination of your Medical Staff appointment and privileges.

It is our hope and expectation that you will conform to acceptable standards and comply with the policies referenced in this letter.

If you have any questions concerning your monitoring status, please feel free to call us at any time.

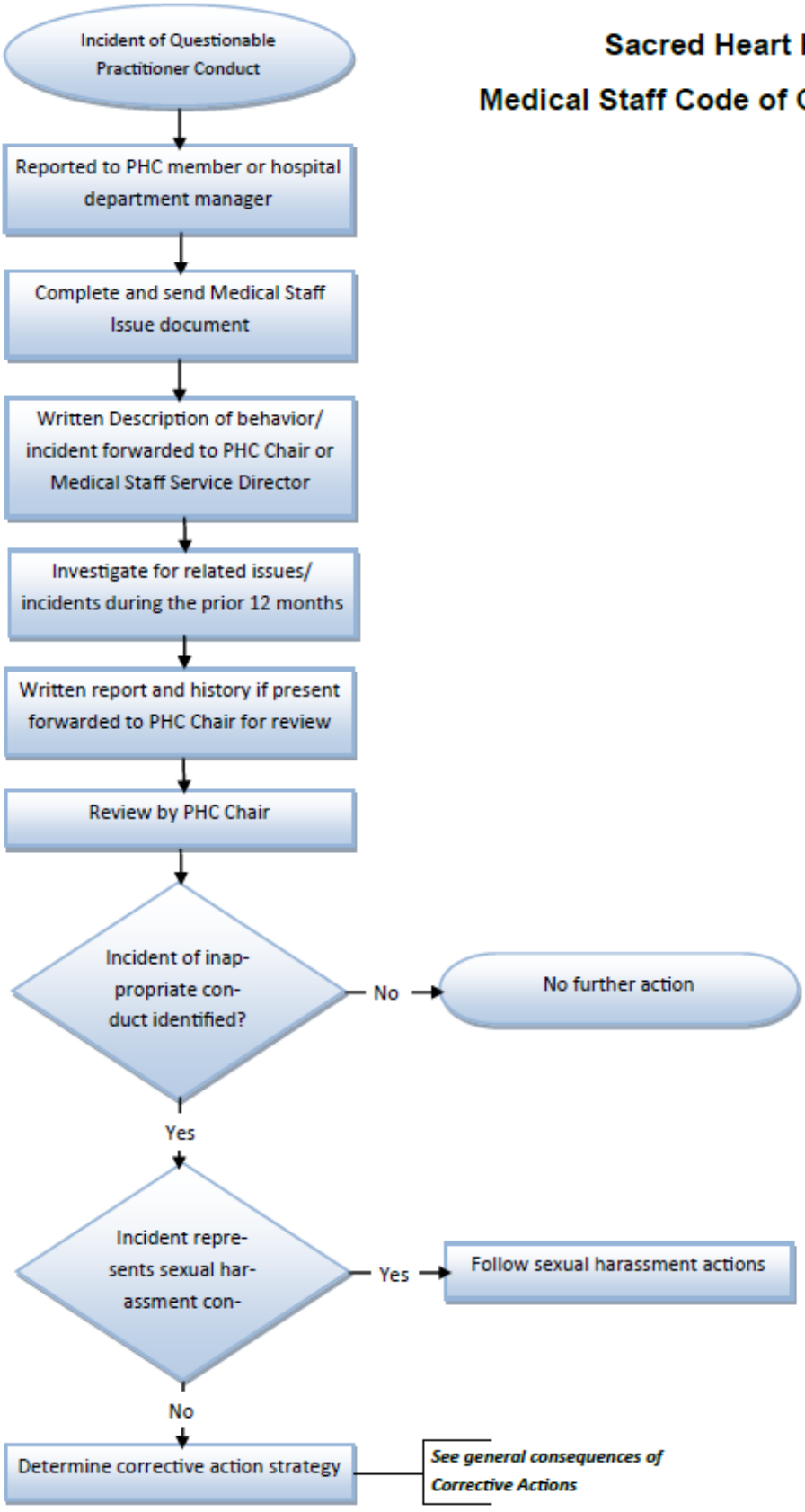
Sincerely,

[NAME]
Chair, Practitioner Health Committee
HSHS St. Joseph's Hospital

cc: [DEPARTMENT CHAIR]

Sacred Heart Hospital

Medical Staff Code of Conduct Process



Code of Conduct Process

General Sequence of Corrective Action