Medical Staff
Disruptive Practitioner Policy
June, 2012

POLICY AND DEFINITIONS

It is the policy of the Hospital for all individuals working in the Hospital to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. In dealing with incidents of disruptive conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Hospital are paramount concerns.

Disruptive conduct or behavior is defined as that which adversely affects or impacts the Hospital operations or the ability of others to perform their jobs competently, or interferes or tends to interfere with the provision of safe, quality patient care at the Hospital. For the purposes of these Bylaws, examples of “disruptive conduct” include, but are not limited to:

- Rude or abusive behavior or comments to Hospital personnel, Advanced Practice Professionals (APPs), patients, or Practitioners.
- Negative comments to patients about other Practitioners, nurses, other Hospital personnel or Medical Staff members or about their care and treatment in the Hospital. Verbal attacks, which are of a personal, irrelevant or go beyond fair, professional conduct, and that are directed to Hospital personnel, Medical Staff, other Advanced Practice Professionals, contracted staff, or patients.
- Irrelevant or inappropriate comments, drawings, or illustrations made in a patient’s medical records or other Hospital business records, impugning the quality of care in the Hospital, or attacking particular Practitioners, Advanced Practice Professionals, nurses, other Hospital personnel, or Hospital policies.
- Criticism that is addressed to a recipient in such a manner as to intimidate, undermine confidence, belittle or imply stupidity or incompetence or some other type of public humiliation.
- Disruption of Hospital operations, Hospital or Medical Staff committee(s) or departmental affairs.
- Lying, cheating, knowingly making false accusations, altering, or falsifying any patient’s medical records or Hospital documents.
- Verbal or physical maltreatment of another individual, including physical or sexual assault.
- Harassment, including words, gestures and actions, verbal or physical, that interferes with a person’s ability to competently perform his or her job.
- Conduct or behavior that causes a hostile or offensive work environment: Behaviors that engender a hostile or offensive work environment may include, without limitation: offensive comments, jokes, innuendos, sexually-oriented statements, printed material, material distributed through electronic media or items posted on walls or bulletin boards. A hostile work environment may also be created by conduct or behavior that is directed at a specific person or persons that causes substantial emotional distress.
- Sexual harassment including conduct or behavior that includes unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, particularly if:
  - Submission to such conduct is made either explicitly or implicitly a term or condition of employment.
  - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual’s employment.
  - Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive work environment. Behaviors that engender a hostile or offensive work environment may include, without limitation, offensive comments, jokes, innuendos and other sexually oriented statements, printed material, material distributed through electronic media, or items posted on walls or bulletin boards.
Sexual harassment can also include making or threatening reprisal following a negative response to the verbal or physical sexual conduct or behavior, and any other such behavior or conduct as defined by state and federal law and regulations.

Conduct of a criminal nature, including but not limited to assault and battery, rape, or theft shall be handled through local law enforcement officials in accordance with Hospital policy, local and State laws.

An employee who engages in disruptive conduct shall be dealt with in accordance with the Hospital’s Human Resources policies. A member of the Medical Staff and other individuals with clinical privileges who engage in disruptive conduct shall be dealt with in accordance with this Policy. Disruptive conduct resulting from an impairment as defined within the relevant Policy should be dealt according to that Policy as appropriate for the conduct in question.

**ACTIONS IN RESPONSE TO DISRUPTIVE CONDUCT**

**COLLEGIAL STEPS**

This section of the Policy outlines initial collegial steps (i.e., warnings and meetings with a Practitioner or APP that may be taken in an attempt to resolve complaints about disruptive conduct exhibited by a Practitioner or APP. However, there may be a single incident of disruptive conduct, or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in these Bylaws precludes immediate referral to the CEO, the Medical Executive Committee or the Board, with the CEO, Medical Executive Committee or the Board implementing immediate actions, which may include but is not limited to summary suspension, the filing of criminal charges, or the elimination of any particular step outlined herein so as to take immediate action in dealing with a complaint regarding disruptive conduct.

**INCIDENT REPORTING**

Nurses, other Hospital employees, or other individuals who observe, or are subjected to, disruptive conduct by a Practitioner or APP shall notify their department director about the incident. If the department director is involved in the complaint, the complainant shall refer the issue to the ECO. If a complaint involves the Medical Staff President, the Medical Staff President-Elect shall address the issue. Any Practitioner or APP who observes such behavior shall notify the Medical Staff President or appropriate party as deemed necessary such as the President-Elect if a conflict of interest exists, appropriate parties will be involved in the investigation. No complaint will be accepted without a written statement from the complainant. If a reporting individual is unwilling or uncomfortable with reporting disruptive conduct using the procedure described in this Section, then the individual may file a report by contacting Hospital’s Ethics & Compliance Officer or the Ethics Line at 1-800-455-1996.

The documentation shall, when possible, shall be submitted in the form of the Practitioner Behavior Investigation Form which includes the following requirements:

- The date, time, and location of the questionable behavior;
- A factual description of the questionable behavior;
- The name of any patient or patient’s family members who were involved in the incident, including any patient or family member who witnessed the incident;
- The circumstances which precipitated the incident;
- The names of other witnesses to the incident;
- Consequences, if any, of the disruptive conduct as it relates to patient care, personnel, or Hospital operations;
- System issues identified, and,
- Any action taken to intervene in, or remedy, the incident.

Either the employee or supervisor shall forward a written report to the President of the Medical Staff who will determine whether further investigation is warranted. Such investigation may include a letter of inquiry to the Practitioner or APP, interview with the individual filing the report, or interview with identified witnesses.

Should the Medical Staff President deem that no action is necessary, all applicable documents will be entered into a confidential behavior database for recordkeeping/trending purposes.
CONSIDERATION OF EVENTS

If deemed appropriate, the President of the Medical Staff shall meet with the Practitioner or APP. This initial meeting should be collegial in order to advise the Practitioner or APP of the nature of the incident that was reported and to request his/her response and/or perspective concerning the incident. The Practitioner or APP shall be advised that, if the incident occurred as reported, his/her conduct was inappropriate and inconsistent with the Medical Staff Culture of Excellence (a copy of which will be provided). Although the identity of the individual submitting the report of disruptive conduct is not disclosed, the Practitioner or APP may recall the situation. Thus, any retaliation by the practitioner or APP against the person reporting the incident may be grounds for immediate exclusion from all Hospital facilities.

This initial meeting may also be used to educate the Practitioner or APP about administrative channels that are available for addressing concerns about quality, processes, or services. Other sources of support or counseling may also be identified for the Practitioner or APP, as appropriate. After this meeting, the Medical Staff President will forward a letter to the Practitioner or APP summarizing the items discussed. A copy of all relevant documents will be kept in the confidential portion of the Practitioner’s or APP’s credentials file.

If another report of disruptive conduct involving the Practitioner or APP is received, a second meeting shall be held with the Medical Staff President and other Medical Staff leaders as indicated. At this meeting, the Practitioner or APP shall be informed of the nature of the incident and be advised that such conduct is unacceptable. The Practitioner or APP shall be advised that the matter may be referred to the Medical Executive Committee or to the Board of Trustees (with regard to Practitioners) for more formal action. The Practitioner or APP will be informed of the conditions of continued practice at the Hospital. Such conditions may include a recommendation that the individual sign a Remediation Agreement specifying the expectation for exhibiting appropriate behavior and other expectations as deemed necessary.

Following this meeting, a letter shall be sent to the Practitioner or APP, describing the disruptive conduct, outline the steps that have been taken in the past to correct that conduct, and detailing the expected behavior. The letter should also confirm that the Practitioner or APP could be excluded from all Hospital facilities for a period of time, that a formal investigation could be commenced pursuant to the Bylaws, and any other remedies that could be taken to adequately protect the patients, hospital staff and others from continued disruptive conduct. Applicable documents will be filed in the confidential portion of the Practitioner or APP’s credentials file.

The Medical Staff President will inform the Medical Executive Committee of the previous warnings issued to the Practitioner or APP and the actions taken to address the concerns. The Medical Executive Committee may, at any point in the process, refer the matter to the Board without a recommendation. Any further action, including hearing or appeal, shall then be conducted under the direction of the Board.

When, despite prior warning, the Practitioner or APP continues to engage in disruptive conduct, the Practitioner or APP may be excluded from the Hospital’s facilities pending the formal investigation process pursuant to the Bylaws and any related hearing and appeal that may result. Such exclusion is not a suspension of clinical privileges but is action is taken to protect patients, employees, physicians, and others on the Hospital’s premises from disruptive conduct and to emphasize to the Practitioner or APP the most serious nature of the problem created by such conduct. Before any such exclusion, the Practitioner or APP shall be notified of the event or events precipitating the exclusion and shall be given an opportunity to respond in writing and to demonstrate that acceptable standards of conduct have not been violated. However, to ensure that there is no inappropriate delay in addressing the concerns, the Practitioner or APP must submit any response within three (3) days of being notified.