

UNION HOSPITAL Elkton, Maryland		Policy Number:	AG-420
		Effective Date:	03/2008
Hospital Policies and Procedures			
Disruptive Medical Staff Members			
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Reviewed By:	President of the Medical Staff Chief Executive Officer Board of Directors	Date:	03/2008
Approved By:	Medical Executive Committee	Date:	03/2008
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Departments Affected:	All		
Reviewed Dates:			
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Policy:

This policy is intended to correspond with the Hospital’s medical staff policy regarding the reporting and handling of disruptive practitioner conduct.

“Practitioner” is defined as any member of the Medical Staff or Allied Health Staff.

"Disruptive conduct" is any conduct, which disrupts the orderly operation of the Hospital, poses a threat to patient care or exposes the Hospital and/or Medical Staff to liability. Such disruptive conduct may include, but is not limited to, behavior such as:

1. Attacks, whether verbal or physical, leveled at other appointees to the medical staff, hospital personnel, patients or visitors, that are personal, irrelevant, or beyond the bounds of fair professional conduct.
2. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, or inappropriate written or verbal statements to patients and/or members of the community impugning the quality of care in the hospital or its employees, or attacking particular physicians, nurses, other employees, or hospital policies.
3. Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
4. Refusal to accept, or disruptive acceptance of, medical staff assignments or participation in committee or departmental affairs regarding anything but his or her own terms.
5. Sexual, racial or other harassment.

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Purpose:

The purpose of this policy is to provide a mechanism for timely reporting and addressing of disruptive conduct, and to promote quality patient care in a safe, cooperative, and professional health care environment. This hospital has implemented a zero tolerance policy for conduct that:

1. Disrupts the operation of the hospital;
2. Affects the ability of others to do their jobs;
3. Creates a “hostile work environment” for hospital employees or other medical staff members;
4. Interferes with an individual’s ability to practice competently; or
5. Adversely affects or impacts the community’s confidence in the hospital’s ability to provide quality patient care.

Procedure:

Physicians, nurses and other hospital employees who observe or are otherwise made aware of disruptive behavior by a practitioner must document the behavior. Whenever possible, the behavior shall be documented on the attached Disruptive Practitioner Behavior Report Form (the “Report”) (attached hereto as “Exhibit A”) or in electronically in the Occurrence Reporting System. Such documentation shall be provided to the appropriate Department Chair as soon as practicably possible. The documentation shall include:

- (a) the name of the practitioner(s) involved in the questionable behavior;
- (b) the date, time, and location of the questionable behavior;
- (c) a statement of whether the behavior affected or involved a patient in any way; and if so, the chart number of the patient;
- (d) the circumstances which precipitated the situation, if known;
- (e) a description of the questionable behavior limited to factual, objective language as much as possible;
- (f) the consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations;
- (g) a record of any action taken to remedy the situation including date, time, action, and name(s) of those intervening.

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The Department Chair shall provide a copy of the Report to the Vice President of Medical Affairs and the President of the Medical Staff. In performing all functions hereunder, the VPMA and President of the Medical Staff shall be deemed authorized agents of the Medical Executive Committee and shall enjoy all immunity and confidentiality protection afforded under state and federal law. In the event the Department Chair is the provider of interest, the report shall default to the Vice President of Medical Affairs and President of the Medical Staff.

Investigation:

1. Once received, a report will be investigated by the Department Chair and the President of the Medical Staff. As part of the investigation, the Department Chair will interview the employee or other person completing the report as soon as reasonably practical, in order to gather additional, more complete information. If the Department Chair is unable to complete the report within a reasonable time frame, the documentation of the investigation will indicate why the interview could not occur within two business days. The Department Chair will document the time, date and substance of this meeting, and such documentation will be made a part of the investigative file. If the disruptive behavior includes an employee, the reporting procedure as set by Human Resources will be initiated as well. (Please refer to the Human Resource Policy on Harassment.)
2. In general, investigations of disruptive conduct should be completed within five business days after the initial interview of the complaining party, whenever practical. Once an investigation is completed, the Department Chair will follow-up with the reporting employee or other individual to inform them (in general terms and without disclosing peer review information or other confidential or sensitive information), of the conclusions of the investigation, and that appropriate actions will be taken. The employee or person reporting should be encouraged to report any further disruptive behavior. In addition, the employee or other reporting individual shall be advised that retaliatory action will not be tolerated, and will be encouraged to report any action which appears to have been taken in retaliation for reporting of the disruptive conduct.
3. Reports which are determined to be credible, based on the facts and information gathered during the investigation, will be addressed through the procedure set out below and will become a part of the physician's quality credential file. If the report is determined to be credible, the practitioner who is the subject of the report shall be interviewed prior to conclusion of the investigation.
4. If at any time it appears to the Department Chair, President of the Medical Staff, the VPMA or any committee charged with implementation of this policy that a practitioner's behavior may result from impairment, the procedure set forth in the impaired practitioner policy shall be followed.

Corrective Action:

1. A single confirmed incident warrants a formal discussion with the offending practitioner. This meeting may be held in conjunction with the interview described in Paragraph 3

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above. The President of the Medical Staff and Department Chair **shall** request a meeting with the practitioner. The Department Chair shall create a record of the meeting, and shall document that the practitioner was informed that the conduct in question was inappropriate. The Department Chair will also, during that meeting, review the substance of this policy with the practitioner, and explain to the practitioner the possible results of continued disruptive conduct. A follow-up letter to the practitioner shall state that the practitioner is required to behave professionally and cooperatively. If the Department chair is unable to perform this duty, either due to involvement in the incident or other conflict, the VPMA shall act on his/her behalf.

2. If there is a second incident of disruptive behavior, the Department Chair and President of the Medical Staff shall follow the same process as described above. However, this second meeting with the practitioner will include the Vice President of Medical Affairs and shall constitute the practitioner's final warning. A letter shall be sent to the practitioner following the meeting informing the practitioner that if there is a third incident of disruptive behavior, the matter will be referred to the hospital's Medical Executive Committee for appropriate corrective action, which may include a referral to the Board of Directors for suspension from the medical staff, or termination of the practitioner's medical staff privileges. A letter shall be sent to the practitioner as well as the Medical Executive Committee, outlining the incidents and consequences of a third incident.
3. If there is a pattern of disruptive behavior (defined as three or more incidents of disruptive behavior), the matter will be referred to the Medical Executive Committee in accordance with Article 10 of Medical Staff Bylaws.
4. Nothing herein shall be deemed to prohibit more formal corrective action as a result of a single incident, or at any time during the investigative or corrective action process, should the President of the Medical Staff and/or the VPMA determine that the seriousness of the incident justifies such action.
5. If at any time during the process any participant has reason to believe that the practitioner's behavior may result from impairment, the procedures set forth in the Impaired Practitioner Policy should be followed.
6. Summary suspension may be appropriate pending the completion of this process, depending on the substance and seriousness of the reported offense. Any summary suspension pursuant to this policy must meet the requirements for summary suspension as outlined in the Medical Staff Bylaws.

Disciplinary Action Pursuant to the Medical Staff Bylaws:

1. The Department Chair and President of the Medical Staff shall be responsible for presenting the history of conduct to the Medical Executive Committee.
2. The Medical Executive Committee shall be fully apprized of any reports of disruptive conduct, and any meetings and warnings, so that it may pursue whatever action is necessary to terminate the unacceptable conduct.
3. The Medical Executive Committee shall be responsible for making a recommendation as to the action to the Board of Directors. When the Medical Executive Committee makes a recommendation, it shall be processed as provided in the corrective action section of the Medical Staff Bylaws.
4. Should the Medical Executive Committee forward the matter without a recommendation, any further action, including any hearing and appeal, shall then be initiated by the Board of Directors and shall be processed as provided in the corrective action section of the Medical Staff Bylaws.

Although this policy is intended to outline a suggested method of progressive counseling and discipline, nothing herein shall be deemed to require such progressive discipline in the event that the seriousness of the individual's behavior warrants immediate corrective action. A single egregious incident, including but not limited to physical or sexual harassment, a felony conviction, assault, a fraudulent act, stealing, or damaging hospital property may result in immediate corrective action.

Documentation and Document Retention:

1. All meetings with the practitioner and/or relating to the reported disruptive conduct shall be documented and maintained in the practitioner's quality credentials file.
2. After each meeting with the practitioner, a letter which summarizes the substance of the meeting shall be sent to the practitioner.
3. A copy of all original Reports shall be maintained in the practitioner's quality credentials file with all of the documents and notes on the matter. The practitioner may also submit a written response to be placed in the file if he/she so desires.

Review:

Annually

Section 1: General Information

Practitioner Involved: _____ Date of disruptive behavior: _____
Time of disruptive behavior: _____ am / pm
Location of incident: _____
Were any patients involved in the incident? Patient chart number: _____
Names and description (employee, visitor, vendor, etc) of Witnesses, if any: _____

Section 2: Description of Disruptive Behavior

Describe the behavior you witnessed: _____

Was patient care affected? If so, please describe what occurred _____

What actions, if any, did you or any other person take at the time of the incident: _____

Section 3: Verification of Report

Please sign below verifying that the contents of this report are true and accurate, to the best of your knowledge, and based on personal knowledge of the reported disruptive behavior. Once completed, this report should be delivered to the Hospital Chief Executive Officer.

Name of Person Reporting: _____ Signature: _____
