PURPOSE:

Medical Staff Bylaws refer to behavior as professional and desirable, or as unacceptable and disruptive. In this document, it is our purpose to define behavior that may call for formal investigation or even corrective action.

POLICY:

Inappropriate behavior disrupts the function of healthcare team, compromises patient management care and safety. Sometimes the behavior may call for a formal investigation, or even corrective actions and processes to be set in motion. In extreme cases, certain aberrant or disruptive behavior may present an immediate danger to another person – patient or staff -- and require that patient care privileges be summarily suspended in accordance with the Medical Staff Bylaws.

If immediate patient endangerment is perceived, the Chief of Staff shall be promptly notified, with an occurrence report to be submitted as soon thereafter as practicable.

DEFINITIONS

1. “Practitioner” shall refer to any members of the Medical Staff, Allied Health Staff or Resident of an associated training program.

2. “Acceptable Behavior” means conduct that is professional toward patients, peers, hospital staff, visitors and others affiliated with the Hospital.

   Examples of acceptable behavior include but are not limited to:

   a. Interacting with others with courtesy, respect and civility;
   b. Dealing in a cooperative manner with other persons;
   c. Airing concerns, complaints and disagreements in a constructive non-demeaning manner and through available Medical Staff or Administrative channels; and
   d. Cooperating with and adhering to the rules of the Medical Staff.

3. “Disruptive Behavior” is behavior manifested through personal interaction with practitioners, Hospital personnel, patients, family members, or others, which tends to interferes with or inhibits, the ability of others to provide high quality patient care; is inconsistent with a safe working environment; falls below the professional or ethical standards of our Medical Staff, contributes to a hostile work environment; or subjects others to physical, verbal or emotional abuse.

4. “Discrimination” is conduct directed against any individual (e.g., against another Medical Staff member, Allied Health Practitioner (AHP), Hospital employee, or patient) that deprives that individual of full and equal accommodations, advantages, facilities, privileges, or services, based on that individual’s race, religion, gender, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, or sexual orientation. Discrimination in the workplace is forbidden by law.
5. “Sexual harassment” is unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassment or physical harassment. Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal or physical conduct of a sexual nature when (1) 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 (2) this conduct creates an offensive, intimidating or hostile work environment substantially interfering with an employee’s ability to carry out the “job description” in an efficient and professional manner. Sexual harassment in the workplace is forbidden by law.

Examples of disruptive or inappropriate behavior

1. Verbal Abuse – intimidating comments, degrading or mocking or demeaning jokes, and the use of profanity in the presence of staff, visitors, or patients.

2. Complaining – about another healthcare professional’s performance in front of other staff, visitors or patients for the purpose of harassing that health professional.

3. Hanging up the telephone (subject to interpretation) on staff or family; yelling; throwing objects or using other immature coping skills toward staff, visitors, or patients.

4. Hitting or pushing or defaming other people – defined by the civil courts as assault, battery, or defamation.

5. Retaliation – Anyone who cooperates with a confidential review or is specifically protected during and after the entire investigation process and its appeals process, if any.

   Any person who has filed a formal complaint against the practitioner alleging a breach of professional conduct is specifically protected from retaliation or threats regarding employment status, safety, or privacy.

6. Non-availability – This behavior risks patient safety. It compromises patient management by refusing to give orders, speak with health-professionals, give assistance in the care of a patient, or answer necessary pages. Refusing to interact with or talk to medical or allied health professionals, nursing or administrative staff in a proven pattern of non-availability is considered “disruptive” behavior.

7. Misuse of Medical Record Entries – The medical record cannot be a platform for criticizing hospital staff, policies or equipment. There are other appropriate venues for improving hospital operations and patient care that are available without incurring additional, substantial and unnecessary liability.

8. Bypassing Administrative/Supervisory Appropriate Channels – This behavior is the verbal equivalent of the policy above. Here, there is persistent, inappropriate verbal contacting of hospital employees or other persons to discuss conduct or performance matters, or to make critical comments or recommendations where another and more appropriate confidential channel has already been designated by medical staff bylaws, rules or regulations.

9. Unlawful Disclosure – Unauthorized use and/or disclosure of confidential or personal information related to any patient, employee, practitioner, or situation, is forbidden by law.

10. Demeaning behavior – This behavior includes but is not limited to making belittling, sarcastic, or hostile comments, unwelcome sexual flirtations, advances or propositions, repeated showing of photos, drawings, or internet representations of inappropriate situations or other content offensive to a co-worker.
11. Discriminatory behavior – This is language or behavior that devalues another person’s race, religion, economic or social circumstances, ethnic origin, gender, or sexual orientation.

**PROCEDURE FOR HOSPITAL STAFF RESPONSE TO DISRUPTIVE OR DISCRIMINATORY BEHAVIOR OR SEXUAL HARASSMENT**

If it appears that immediate action may be required to protect a patient or other person, the Chief of Staff or designee, the Chief Executive Officer (or designee), or the Department Chair (or designee) will be verbally notified immediately. When imminent danger to health or safety or any individual is confirmed, the Chief of Staff, Medical Executive Committee, or Department Chair may initiate a summary suspension, as defined in the Medical Staff Bylaws. A report of disruptive conduct shall be submitted as soon thereafter as practicable.

All reports regarding a practitioner submitted in accordance with this policy and procedure are part of the Medical Staff’s process that is established to maintain and improve the quality of care at the Hospital. Any Hospital employee who believes that he/she is being subjected to disruptive or discriminatory behavior or sexual harassment within the meaning of this policy by a medical staff member is authorized to report as follows:

1. Hospital employees, medical staff members or allied health practitioners may report in writing (preferred), through the Hospital Occurrence Reporting System, verbally or directly to Hospital Administration, Chief of Staff, Department Chair, Medical Staff Services, the Chief of Staff or any other officer of the Medical Staff.

2. Individuals are strongly encouraged to submit their complaint in writing, providing as much detail as possible regarding the circumstance, including the individual(s) involved, any witnesses, the time and place of the disruptive behavior and any other pertinent information.

3. If the complaint is not received in writing the person receiving the complaint shall document as much of the foregoing detail as possible.

4. The complainant shall be advised that no retaliation, harassment or intimidation is permitted and that any further disruptive behavior including but not limited to “Retaliation” should be reported immediately.

**PROCEDURE FOR PROCESSING OCCURRENCE REPORTS RELATED TO PHYSICIAN BEHAVIOR**

1. All reports of disruptive behavior, discrimination or sexual harassment will be forwarded to Medical Staff Services. In the event that the complainant feels that he/she will not be fairly evaluated, it may also be given to the Executive Committee.

2. Reports of disruptive behavior shall not be kept in the credential files, due to their status as peer review documents.

3. Reports of disruptive behavior shall be entered into the Medical Staff database for tracking and trending purposes as part of the ongoing quality improvement process. Abstracted information shall be made available to the Medical Staff for consideration as part of the Ongoing Professional Practice Evaluation (OPPE); and when the Medical Staff evaluates the individual’s application for initial appointment (or if the applicant was a former member at the time of his/her reappointment or reinstatement; or at the time of provisional review). If and when the Medical Staff receives additional allegations of disruptive behavior by the same practitioner that report shall also be included in the review.

4. The Medical Staff OPPE/Peer Review policy will be followed.
5. Medical Staff Services will acknowledge receipt of complaints in writing.

6. Allegations of retaliation accompanying those of disruptive behavior lend urgency to the primary complaint and should be reviewed as soon as reasonably possible.

7. Where feasible, an initial review of all related or previous allegations of disruptive conduct should be completed within 30 days.

8. The Chief of Staff or applicable Department Chair (or designee) shall direct the review to determine if the issue requires investigation by an ad hoc fact finding committee, or if the issue can be informally resolved. The subject of the report will be notified that a report was filed. **Note: This is not a formal investigation as defined under California Business and Professions Code Section 805.**

9. If the issue requires an investigation, the Chief of Staff will appoint an ad-hoc, fact-finding committee to review the issue; or charge the Administrative Affairs Committee or the Physician Well Being Committee to investigate the issue. Notification stating that such a committee was formed will be made during the next meeting of the Medical Executive Committee.

   i. Issues that usually require an investigation may include allegations of fitness for duty, competence, performance (medical, psychological, substance), sexual harassment or disruptive behavior (as defined above), or for any other issue that might require intervention.

   ii. If the alleged behavior involves victimization of a hospital employee, a member of Administration or Human Resources or both will also be appointed.

   iii. Allegation - If the reported allegation pertains to a Chair or an associate of the chair, it shall be handled by the Chief of Staff.

   iv. This committee will ideally complete any examination of the issue within four weeks of formation. This will be accomplished through interviews with the complainant and with any individual(s) deemed necessary. When employees of the Hospital are interviewed, the employee will be given the option of having his/her supervisor or a representative from Human Resources present. The subject shall also be informed of the investigation process and further be informed that retaliation for making such allegations will not be tolerated.

   v. At the conclusion of the investigation of the ad hoc committee a recommendation will then be given to the Chief of Staff.

10. Medical Staff Services will determine if the issue involves a Physician, an Allied Health Practitioner, or a Resident, if not previously determined. Issues involving Allied Health Practitioners may be referred to the Interdisciplinary Practice Committee; issues involving Residents may be referred to the Graduate Medical Education Committee and/or the sponsoring teaching program.

11. As part of the initial review, observers, complainants or others may be interviewed.

12. During the initial review, the practitioner who is accused of disruptive behavior, including but not limited to retaliation, shall be advised of the nature of the complaint and asked to respond. This may include notifying the practitioner who is the subject of the report a letter that describes the reported conduct and requires a written response or and/or a special ad hoc committee meeting with the practitioner.
13. Should such a committee meeting take place, the chair or other designee who calls the meeting shall prepare a memo to the file that documents the meeting and discussion and, which shall constitute the minutes of such Medical Staff meeting.

14. The subject practitioner shall be advised that the Hospital and the Medical Staff will not tolerate any retaliation against individuals who originate or cooperate in the review of the alleged disruptive behavior, and that any retaliation will be an independent cause for discipline.

15. The results of the initial review shall be reported to the Chief of Staff (or other designee), who may determine that further review is necessary to evaluate the alleged disruptive conduct. If the Chief of Staff or designee concludes from the initial review and its findings that the practitioner engaged in disruptive conduct, the practitioner shall be notified of those conclusions. The Medical Staff may then invoke corrective action or other alternatives in accordance with the Medical Staff Bylaws.

16. Depending upon the nature of the behavior, and whether the practitioner has had prior reports of disruptive behavior, the current documented disruptive conduct, along with any prior reports of disruptive conduct may be reported to the Medical Executive Committee for possible corrective action.

17. Corrective or disciplinary action may be taken against the practitioner by the Medical Executive Committee in accordance with the Medical Staff Bylaws. The Medical Executive Committee's remedial actions may include, but are not limited to: recommending or requiring a written private or public apology, referral to the Administrative Affairs Committee or Physician Well Being Committee, mandatory clinical diagnostic evaluation by a professional of the MEC's choice, counseling or treatment to modify behavior, and/or suspension or termination of the individual's Medical Staff or Allied Health Practitioner Staff membership and clinical privileges, or removal of Resident Physician privileges.

18. Repeated instances of disruptive behaviors will be considered cumulatively and actions taken accordingly. Any corrective action shall be commensurate with the nature and severity of the disruptive behaviors. Reports of egregious acts, such as assault or other criminal acts may trigger an immediate summary suspension pending investigation.

19. If the issue involves a resident physician, the report will be sent to the applicable resident training program director via the Chief of Staff or Graduate Medical Education Chair (or designee). The director will be instructed to address the issue and then respond in writing as to what action was taken. This report will then be returned to Medical Staff Services for completion of the database process. If the issue involving a resident is resolved informally, the report will be forwarded to the Graduate Medical Education Committee and the Medical Executive Committee.

20. Any recommendations that include corrective actions will be considered during the next Medical Executive Committee and will follow the Medical Staff Bylaws. When imminent danger to health or safety of any individual is confirmed, the Chief of Staff may initiate a summary suspension, as defined in the Medical Staff Bylaws. If the recommendations include a consultative intervention, the practitioner will meet with the Physician Well Being Committee and a Monitoring Agreement will be completed. The Physician Well Being Committee functions as an advocate for the practitioner and has no authority to take disciplinary action. The practitioner, in turn, will cooperate with the Physician Well Being Committee and shall be subject to requirements deemed appropriate by the situation and needs of the individual situation.

21. A practitioner who is the subject of alleged disruptive conduct may at any time voluntarily seek the assistance of the Administrative Affairs Committee or the Physician Well Being Committee to help address his/her disruptive conduct. Either committee will then inform the Chief of Staff or designee that a practitioner has voluntarily sought assistance. An offer of assistance may be made either voluntarily or in conjunction with a referral for corrective or summary intervention.
22. If the practitioner is referred to the Administrative Affairs Committee or the Physician Well Being Committee, said committee may assist the practitioner in obtaining education or behavior counseling or other treatment to modify future behavior.

23. If the recommendations do not include corrective actions, the Chief of Staff will inform the subject of the report and his Department Chair that a report was filed, that an ad hoc committee was assigned to examine the matter, and that the matter could not be substantiated. A letter documenting this conclusion will be sent.
AWARENESS OF POLICY
To promote awareness of this policy, all applicants for membership or clinical privileges will be given a copy of this policy when they receive their initial application package and when they receive their reappointment application package. They will be required to sign this policy and agree not to engage in disruptive behavior.

Applications for appointment or reappointment shall be considered incomplete without a signed statement that the policy above has been read and understood. The signed statement shall be kept in the Medical Staff Office.

This policy shall not preclude any action by the Hospital Administration or the DRMC Medical Staff, as may be required to prevent or promptly correct any disruptive behavior as defined in this policy (provided that the Medical Staff and Hospital Administration are at all times subject to the Medical Staff's Bylaws and Rules).

Approval

MEC: 09.01.09
GB: 09.17.09
I have received a copy of the policy and agree to abide by the Medical Staff Code of Conduct Policy for Desert Regional Medical Center.

__________________________________________  __________________________
Printed Name                                             Date

__________________________________________
Signature

Please submit this page with your application.