



POLICIES AND PROCEDURES MANUAL

Hospital Department

Section: Medical Staff

Subject: **Medical Staff Professional Conduct Policy**

Number: MED 01.005

Attachments:

Date Effective: 02/16/10

Date Reviewed:

Purpose

To ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment and to prevent or eliminate, to the extent possible, 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, credentialed practitioners or other medical staff members;
4. Interferes with an individual's ability to practice safely or competently; or
5. Adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

Definitions

Consistent with the objective above, unacceptable, disruptive conduct may include, but is not limited to, behavior such as the following:

1. Attacks, verbal or physical, leveled at other appointees to the medical staff or credentialed practitioners, hospital personnel, patients or patients' families that are personal, irrelevant, or beyond the bounds of appropriate, professional conduct;
2. Impertinent and inappropriate comments or illustrations made in patient medical records or other official documents that denigrate or malign the quality of care in the hospital or attack particular physicians, nurses or hospital policies;
3. Criticism leveled at the recipient or the hospital in such a way that it intimidates, undermines confidence, belittles or implies stupidity or incompetence;
4. Behavior in committee, department or other medical staff or hospital affairs that is rude, disrespectful, threatening or otherwise unprofessional or inappropriate.

Policy

It is the policy of Bellevue Medical Center to treat all individuals within its facilities with courtesy, respect and dignity. To that end, the board requires that all individuals, including employees, physicians, and other practitioners, conduct themselves in a professional and cooperative manner in the hospital. The hospital intends to enforce this policy in a firm, fair and equitable manner.

The board of managers will hold hospital management accountable for effectively addressing disruptive behavior by employees. Human resource policies address matters involving employees who fail to conduct themselves appropriately.

The board of managers will hold the medical staff accountable for effectively addressing disruptive behavior by physicians and other credentialed practitioners with privileges consistent with this policy.

Individual incidents of severe disruptive behavior or persistent patterns of disruptive behavior not addressed by the medical staff or hospital management in an effective and timely fashion shall be definitively addressed by the board of managers.

The board will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of disruptive behavior. No other policy or procedure shall be applicable to disruptive behavior except as designated by the board.

Procedure

This policy will be implemented in a manner that carries out the following activities:

1. Set and communicate clear expectations of behavior, including wide dissemination of this policy;
2. Measure performance of individuals compared to these expectations;
3. Provide timely and periodic feedback of performance to individuals;
4. Manage poor performance when patterns of disruptive behavior persist;
5. Take corrective action to terminate or limit a practitioner's medical staff membership and/or privileges following a single egregious incident or when the problem cannot otherwise be resolved in a timely manner.

Any physician, allied health practitioner, employee, patient, or visitor may report conduct they deem disruptive. Individuals may submit a report to the manager of Medical Staff Services, who will then forward the report to the President of the Medical Staff and/or Chief Medical Officer.

Once it is received, the President of the Medical Staff, in consultation with the Chief Medical Officer will investigate the report. The President of the Medical Staff and/or Chief Medical Officer may dismiss any unfounded report. A confirmed report will be addressed as follows:

1. It shall be made clear to the offending individual that attempts to confront intimidate or otherwise retaliate against the individual(s) who reported the behavior in question will not be tolerated and may be grounds for further disciplinary action.
2. A single confirmed incident warrants a discussion with the offending individual. The President of the Medical Staff, or designee, shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The President of the Medical Staff, or designee, will provide the offender with a copy of this policy and inform the individual that the board of managers requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and the hospital.
3. Further incidents that do not cluster into a pattern of persistent disruptive behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy.
4. If the President of the Medical Staff and/or the Chief Medical Officer determines the individual is demonstrating persistent disruptive behavior, the President of the Medical Staff and the Chief Medical Officer will discuss the matter with the individual as outlined below:
 - a. As with the single confirmed incident, the President of the Medical Staff and the Chief Medical Officer will provide the offending individual with a copy of this policy and inform the individual that the Medical Executive Committee (MEC) and the board of managers require compliance with this policy. Failure to agree to abide by the terms of this policy may be grounds for summary suspension.
 - b. The President of the Medical Staff and the Chief Medical Officer will inform the offending individual that if the disruptive behavior recurs, the MEC and/or board will take more formal action to stop it. The MEC and Chief Executive Officer will also receive notification about the recurrence of the behavior.
 - c. Because documentation of each incident of disruptive conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the President of the Medical Staff or Chief Medical Officer shall document all meetings regarding professional conduct in writing through at least a follow-up letter to the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform. The letter shall include all of the following:
 - The date and time of the questionable behavior
 - A statement of whether the behavior affected or involved a patient in any way, and if so, information identifying the patient
 - The circumstances that precipitated the situation
 - A factual and objective description of the questionable behavior
 - The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
 - A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening and follow up action steps agreed to by the individual involved and the individual(s) performing the intervention.
 - d. Medical Staff Services will keep a copy of this letter in the practitioner's quality file. The involved practitioner may submit a rebuttal to the charge. The rebuttal will be placed in the practitioner's quality file and will become a permanent part of the record.
 - e. If the offending behavior continues, the President of the Medical Staff, Chief Medical Officer and/or the Chief Executive Officer will hold a series of meetings, not to exceed two (2), with the offending individual until the behavior stops. The intervention involved in each meeting will progressively increase in severity until the

behavior in question ceases.

5. If, in spite of these interventions, the behavior in question continues, the Chief Executive Officer, board chair, or designee shall meet with and advise the offending individual that such conduct is intolerable and must stop. The Chief Executive Officer, board chair, or designee will inform the individual that a single recurrence of the offending behavior shall result in loss of medical staff membership and privileges. The meeting is not a discussion, but rather constitutes the practitioner's final warning. The offender will also receive a follow-up letter that reiterates the final warning.
6. If, after this final meeting, the offending behavior recurs, the individual's medical staff membership and privileges shall be placed on precautionary suspension consistent with the precautionary suspension terms of the medical staff bylaws and policies and procedures. The MEC and board will then take action to revoke the individual's membership and privileges. The individual will be ineligible to reapply to the medical staff for a period of at least three years.
7. If a single incident of disruptive behavior or repeated incidents of disruptive behavior are determined to place care or safety of a patient, or the reputation of the hospital at risk, the offending individual may be placed on precautionary suspension, and the medical staff policies for addressing precautionary suspension will be followed.

Staff Accountability

- Medical Executive Committee
- Board of Managers

Department Approval

Signed: George Greene

Title: President

Department: Medical Staff

Administrative Approval

Signed: Marlin Stahl, MD

Title: Chief Medical Officer