



MEDICAL STAFF POLICY/PROCEDURE DISRUPTIVE BEHAVIOR (MS 133)

PURPOSE:

The purpose of this Medical Staff policy is to ensure optimal patient care by promoting a safe, cooperative, and professional health care environment, and to prevent or eliminate, to the extent possible, conduct that:

- Creates a "hostile work environment" for hospital employees or other medical staff members
- Affects the ability of others to do their jobs
- Disrupts the operation of the hospital
- Adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care

POLICY:

It is the policy of St. Agnes Medical Center (hereinafter called the "Hospital") that all individuals within its facilities be treated with courtesy, respect, and dignity.

If an employee fails to conduct him or herself appropriately, the matter shall be addressed in accordance with human resources policies.

Inappropriate or disruptive behavior which is directed against the organized Medical Staff will be reported to the Chief Medical Officer (CMO).

All physicians, employees, licensed independent practitioners and individuals, are expected to conduct themselves in a professional and cooperative manner in the Hospital.

If a physician or other licensed independent practitioner fails to conduct him or herself appropriately, the matter shall be addressed in accordance with the Medical Staff Bylaws and this policy. In dealing with incidents of inappropriate conduct that are determined to have merit, the protection of patients, employees, physicians, and other licensed independent practitioners in the Hospital and the orderly operation of the Hospital are paramount concerns. This policy shall be enforced in a firm, fair, and equitable manner.

- A. This policy emphasizes the need for all Medical Staff and Hospital employees to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner.

- B. Disruptive Behavior: Disruptive behavior may include but is not limited to the examples below. It is considered unacceptable no matter to whom it is directed i.e. hospital staff, patients, visitors, other physicians etc.
1. Verbal Abuse: Verbal harassment which includes shouting, rude or demeaning behavior, negative personal comments, threats, foul language, loud angry tones, false allegations of unprofessional behavior or other false accusations against other physicians or individuals
 2. Physical Harassment: Aggressive physical characteristics, threatening position or posture, pushing or other physical contact, destruction or damage to property throwing instruments.
 3. Sexual Harassment: "Sexual harassment" is unwelcome verbal, physical, or visual conduct of a sexual nature. Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, 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 substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct, which indicates that employment, and/or employment benefits are conditioned upon acquiescence in sexual activities.
 4. Discrimination and Harassment: Discrimination or harassment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition, age, sexual orientation, or marital status is prohibited by Federal and/or State law, as well as by the Medical Staff and Hospital. This includes verbal remarks, which could be construed as insulting or demeaning to members of an individual group as well as overt acts of discrimination towards others.
 5. Any other behavior which may reasonably appear to lead to a compromise in quality of care, either by directly or indirectly disrupting the ability of other professionals in the delivery of care.
 6. Inappropriate medical record entries concerning the quality of care being provided by an individual or the hospital.
- C. Conduct that may constitute sexual harassment shall be addressed pursuant to the Hospital's Sexual Harassment Policy. Instances of suspected drug or alcohol impairment shall be addressed according to the Medical Staff Drug and Alcohol Policy and Testing for Reasonable Suspicion.
- D. This policy outlines collegial steps that can be taken in an attempt to resolve complaints about inappropriate conduct exhibited by practitioners. However, there may be a single incident of inappropriate 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 this policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular steps in this policy dealing with a complaint about inappropriate conduct. Intimidating and/or disruptive behaviors, especially the most egregious instances of disruptive behavior such as assault and other criminal acts will not be tolerated.

MS-133 Disruptive Behavior

1. A single egregious incident or repeated incidents may initiate investigatory action according to the Medical Staff Bylaws. Summary suspension may be appropriate pending this process, providing the requirements for summary suspension as set forth in the Medical Staff Bylaws are satisfied.
- E. Nurses and other hospital employees who observe, or are subjected to inappropriate conduct by a practitioner shall notify their supervisor about the incident according to hospital policy. Any physician or licensed independent practitioner who observes such behavior shall notify the Chief Medical Officer or President of the Medical Staff directly. Notification by way of occurrence report in the Hospital reporting system is acceptable. Upon learning of the occurrence of an incident of inappropriate conduct, the supervisor/Chief Medical Officer shall request that the individual who reported the incident document it in writing through the hospital reporting system. In the alternative, the supervisor/Chief Medical Officer shall document the incident as reported.

PROCEDURE:

The steps outlined below are intended to effectively manage incidents of physician disruptive behavior within parameters established by the Medical Executive Committee with an appreciation of the need for timely intervention and the competing priorities of physician practice and medical staff leadership

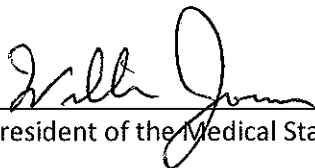
- A A dedicated group of physician coaches appointed by the President of the Medical Staff shall be authorized to investigate complaints and address behavior issues with the involved physician in a timely manner.
- B Physician coaches may include: President, past President, President-elect or designee determined by the President.
- C Department chairs will be notified and invited to attend meetings with the practitioner. The Department chair will be informed of any action taken.
- D Recommendations for corrective action will be presented to the Medical Executive Committee.
- E The approach during the initial meeting with the physician should be helpful and collegial. The approach should be designed to promote understanding that certain conduct is inappropriate and unacceptable. This meeting may also be used to educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services.
- F. The practitioner shall be advised that a summary of the meeting will be prepared and a copy provided to him or her. The practitioner may prepare a written response to the summary. The summary and any response that is received shall be kept in the confidential portion of the physician's credentials file.
- G If the President of the Medical Staff or designee determines persistent, repeated inappropriate behavior, the practitioner will meet with physician coach(s) to determine action which may include but is not limited to: formal investigation or summary suspension.
- H In order to effect the objectives of this policy, and except as required by the Medical Staff

Bylaws, or otherwise determined by the Chief Medical Officer and the President of the Medical Staff, counsel shall not attend any of the meetings described above.

ABUSE OF PROCESS:

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by Medical Staff members against complainants will give rise to corrective action pursuant to the Medical Staff Bylaws.

APPROVED:




President of the Medical Staff

6/17/2021
Date



Chief Medical Officer

6/17/2021
Date



Board of Trustees

6/22/21
Date

Revised Date	Medical Executive Committee	Board of Directors
		June 12, 2012
November 8, 2013	January 12, 2014	January 31, 2014
June 8, 2017	July 11, 2017	July 28, 2017
May 11, 2021	May 11, 2021	May 21, 2021