

Disruptive Practitioner Policy

COMMUNITY HOSPITALS AND WELLNESS CENTERS

A Medical Staff Document

**COMMUNITY HOSPITALS AND WELLNESS CENTERS
DISRUPTIVE PRACTITIONER POLICY**

INTRODUCTION

This Policy is being implemented to assist the Medical Staff in dealing with Practitioners who have engaged in disruptive behavior at the Hospital and to provide a procedure for action whenever there are grounds to suspect that a Practitioner has engaged in disruptive conduct in the Hospital. All Practitioners appointed to the Medical Staff agree, as a condition of their appointment, to abide by the Medical Staff Bylaws, Manuals, and all other lawful standards, policies and rules of the Hospital. All Appointees are further required to work cooperatively with other Practitioners and Hospital employees and to participate in the discharge of Medical Staff responsibilities. To that end, the Hospital requires all individuals associated with the Hospital, including employees of the Hospital, Appointees, and other individuals with Privileges who provide services at the Hospital, to conduct themselves in a professional and cooperative manner in the Hospital.

Nothing in this Policy should be construed as precluding the Hospital from taking formal corrective action on the basis of a single incident at any time throughout the process set forth in this Policy. Rather, this Policy is intended to address those situations in which the Medical Executive Committee or the Board, in its sole discretion, believes that confrontation in lieu of initiation of formal corrective action proceedings may be sufficient.

Terms used in this Policy shall have the same meaning as that set forth in the Medical Staff Bylaws unless a different definition is provided in this Policy.

COMPOSITION - DISRUPTIVE PRACTITIONER COMMITTEE

The committee shall be an ad hoc committee convened by the Chief of Staff with approval of the Medical Executive Committee to consider the disruptive behavior of a Practitioner. In the event that the Chief of Staff is the Practitioner who is the subject of the report, the Chief of Staff shall not participate in the committee's proceedings. The committee will be composed of the Chief of Staff, the Chief Executive Officer, and others by invitation of the Chief of Staff or Chief Executive Officer.

DUTIES OF COMMITTEE

In addition to its duties as set forth in the Medical Staff Bylaws, the Disruptive Practitioner Committee shall convene whenever the Medical Executive Committee, the Chief Executive Officer, or the Chief of Staff refers a concern to the committee regarding suspected disruptive behavior. The issue will generally only be referred to the committee if the issue is unable to be resolved on a one-on-one basis by the Chief Executive Officer or the Chief of Staff.

With respect to reappointments of Practitioners to the Medical Staff, the committee shall submit reports to the Credentials Committee that include:

1. The status of any reports of disruptive incidents that affect the Practitioner's relations with others providing services in the Hospital and the safety of others, including patients.
2. Whether the Practitioner has been referred to the Medical Executive Committee for corrective action.

If the committee believes corrective action is warranted, the committee shall make such recommendation to the Medical Executive Committee consistent with this Policy and the Medical Staff Bylaws.

A Practitioner advocate will be offered to all Practitioners during the process, to lend support to the involved Practitioner.

CONFIDENTIALITY AND IMMUNITY

All letters, reports, minutes, or other writings or communications submitted to or generated by the committee shall be treated as confidential peer review documents to the full extent permitted by law.

The identity of individuals providing information to the committee, whether in writing or verbally, shall be maintained as confidential peer review information to the full extent permitted by law.

Confidentiality as to the identity of the Practitioner involved shall be maintained in all reports by means of a numerical code. Access to the numerical code shall be provided only to those individuals who are required to have such information.

It is the intent of the Hospital and the Medical Staff that the members of the committee and all individuals providing information to the committee shall be deemed to be engaged in a peer review activity and are entitled to immunity to the full extent permitted by law.

DEFINITION OF DISRUPTIVE BEHAVIOR

Disruptive behavior includes, but is not limited to, the following:

1. Impertinent or inappropriate comments to patients or entries in medical records or other official documents that impugn the quality of care delivered by Medical Staff Appointees, Allied Health Professionals, nurses, or other healthcare workers or otherwise go beyond the bounds of fair professional conduct.
2. Sexual, ethnic, or other types of harassment or misconduct, whether written, verbal or physical in nature.
3. Criticism presented in such a way as to intimidate, humiliate, belittle, or impute stupidity or incompetence of others.
4. Refusal to participate and cooperate in Medical Staff affairs or to do so in a disruptive manner.
5. Repeated or deliberate violation of Medical Staff Bylaws, manuals, rules or policies.
6. Unprofessional, pejorative, or abusive behavior toward patients, members of their families, Hospital visitors, nurses, colleagues, and other employees, including but not limited to refusing to listen to patient's or their family's legitimate questions and requests.
7. Imposing idiosyncratic requirements on Allied Health Professionals, nurses, or other healthcare workers or Hospital staff that do not serve to better patient care, but serve only to burden the Hospital staff with "special" techniques and procedures.
8. Severe personality disorder or impairments that affect the Practitioner's ability to provide healthcare services in the Hospital, including substance abuse.

REPORTS OF DISRUPTIVE BEHAVIOR

When a Practitioner fails to meet his/her obligation of Medical Staff appointment or engages in disruptive behavior, the following procedure described in this Policy shall be followed.

1. If any individual working in the Hospital reasonably believes that a Practitioner is engaging in disruptive behavior, the individual should advise the person to whom the individual would usually report (*e.g.*, a Hospital staff member reports to his/her supervisor, an Appointee to the Chief of Staff) unless the disruptive individual is the supervisor in which case the individual should notify the committee or the Chief Executive Officer by a written report. Documentation of disruptive conduct is critical since it may not be one incident that justifies corrective action, but rather a pattern of conduct.
2. The report should include the following information to the extent available:
 - a. The date and time of the perceived disruptive behavior.
 - b. The name of the patient or employee involved, if the behavior affected or involved a patient or employee in any way.
 - c. The circumstances that precipitated the situation.
 - d. A description of the disruptive behavior, limited to factual, objective language as much as possible.
 - e. The consequences, if any, of the disruptive behavior as it related to patient care or Hospital operations.
 - f. Any action taken to remedy the disruptive behavior at the time of its occurrence, including the date, time, place, action taken, and name(s) of those intervening.
3. All reports of disruptive behavior should be made in writing within twenty-four (24) hours of the incident. Reports should be sent in a confidential manner to the Chief Executive Officer and Chief of Staff. Reports not made within twenty-four (24) hours of the incident may still be properly accepted and acted upon by the committee; the earlier time frame is, however, encouraged for prompt action.
4. The Chief of Staff or the Chief Executive Officer may notify the involved party at the outset or during any investigation; however, this is not required, and the committee may proceed to investigate and/or meet with the Practitioner as provided in herein as deemed appropriate.

INVESTIGATION OF REPORTS OF DISRUPTIVE CONDUCT

The appointed committee Chair and/or his/her designee shall review the report and collect information necessary to classify the incident.

The following classifications shall be used:

1. Not significant: This classification will include all incidents in which the claim is false or results from a misinterpretation of events. The report of investigation shall be placed in a sealed file by the committee Chair and retained with the Practitioner's quality file.
2. Significant (Minor): This classification will include single incidents that do not represent an immediate threat to patient, employee, or Appointee safety. The Appointee should be notified of this finding, but no formal action is required. The report of the investigation shall be submitted to the Medical Executive Committee for inclusion in the Practitioner's quality file.
3. Significant (Major): This classification will include the following categories of incidents: (a) a single incident that represents an immediate threat to the safety of a patient, employee, or Appointee; or (b) the third in a series of Significant (Minor) incidents within a twelve (12) month period that indicates a pattern of disruptive behavior. The Practitioner in question shall be notified, as well as the Medical Executive Committee, and formal action shall be initiated under the corrective action provisions of the Medical Staff Bylaws if determined appropriate by the Medical Executive Committee or any other appropriate body as provided in the Bylaws.

If, at any time, the Chair or the committee reasonably believes that the behavior of the Practitioner may be related to health or impairment concerns, the Practitioner may be requested to submit to a physical and/or mental examination consistent with the Practitioner Effectiveness Policy. Upon receipt of the report, the committee shall then determine whether the matter should be handled pursuant to the Disruptive Practitioner Policy or the Practitioner Effectiveness Policy. If the decision is to resolve the matter pursuant to the Practitioner Effectiveness Policy, the committee shall notify the Medical Executive Committee.

MEETING WITH DISRUPTIVE PRACTITIONER

If an incident is classified as Significant (Minor), two (2) or more members of the committee shall meet with the Practitioner in a collegial manner that is designed to be helpful to the Practitioner. This informal discussion should emphasize that such conduct is inappropriate and that if such conduct continues, more formal action pursuant to the corrective action provisions of the Medical Staff Bylaws will be taken. This meeting should be documented in writing and included in the Practitioner's quality file. A follow-up letter shall also be delivered to the Practitioner by Special Notice reviewing the concerns discussed and reminding him/her that a requirement for continued appointment to the Medical Staff is that a Practitioner act professionally and in a cooperative manner.

If it appears that a pattern of disruptive conduct is developing, such that the third in a series of Significant (Minor) incidents has occurred, two (2) or more members of the committee shall meet informally with the Practitioner to discuss the Hospital's concerns. At that meeting, the Practitioner shall be advised that any additional inappropriate behavior shall be handled through the corrective action process provided in the Medical Staff Bylaws. This meeting constitutes a "final warning" to the Practitioner prior the initiation of formal corrective action pursuant to the Medical Staff Bylaws. A follow-up letter shall be delivered to the Practitioner by Special Notice reiterating the essential points of the meeting. A single additional incident following the meeting described above shall result in the initiation of formal corrective action pursuant to the Medical Staff Bylaws.

If a single incident classified as Significant (Major) occurs, such that there is an immediate threat of harm to a patient or others in the Hospital, the matter shall be referred directly to the Medical Executive Committee for the initiation of corrective action pursuant to the provision in the Medical Staff Bylaws.

DOCUMENTATION

The committee shall maintain minutes as provided for in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

This Disruptive Practitioner Policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other Medical Staff Bylaws, Manuals, or Medical Staff or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Executive Committee:

Signed Original on File in the Medical Staff Office

December 8, 2008

Approved by the Board:

Signed Original on File in the Medical Staff Office

December 18, 2008