

**TITLE: NON-CLINICAL BEHAVIORAL REVIEW OF MEDICAL AND ALLIED
HEALTH STAFF (Disruptive Behavior)**

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PURPOSE:

It is well documented that disruptive or inappropriate conduct can interfere with the cooperation and free exchange of information which is necessary for the healthcare team to provide safe and effective patient care. Furthermore; such behavior can: undermine staff morale; make it difficult to recruit and retain qualified practitioners and staff; harm the hospital's reputation; and expose the hospital and practitioner to legal liability. In order to maintain the trust, confidence and respect of the community, and enable FWMC to fulfill its legal obligation to provide a safe and professional work environment, it is necessary that all practitioners abide by high standards of conduct, and that FWMC take reasonable actions to correct inappropriate conduct. This policy is intended to make practitioners aware of the *Standards of Conduct* expected of them, and the procedures that will be followed to correct inappropriate conduct. This policy reaffirms in writing the *Standards of Conduct* which have been in place for many years. If a member of the FWMC Medical Staff fails to conduct him/herself in the required manner, the matter will be addressed in accordance with the following policy:

DEFINITIONS:

“Chief Medical Officer” - provides leadership, direction and planning for a wide variety of medical and related activities for FWMC. The CMO provides leadership oversight in all aspects of medical affairs with particular emphasis on clinical care and efficiency throughout continuum.

“Chief of Staff” - shall mean the individual who is elected in accordance with the Medical Staff Bylaws to serve as the leader of the Medical Staff, regardless of title given such position under the Medical Staff Bylaws.

“Disruptive Behavior” - It is impossible to specifically enumerate all the different forms of disruptive or inappropriate conduct that would be deemed to fall below FWMC's standards of conduct. However, for purposes of this policy, *“disruptive conduct”* shall generally mean behavior which violates accepted rules of civil behavior and professional etiquette, violates the FWMC's Medical Staff Code of Conduct, disrupts the efficient and orderly operation of FWMC, or interferes with patient care. The AMA, in Medical Ethics Opinion E-9.045, indicates that *“personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior.”* This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team. Subject to the context and unique facts and circumstances of each case, the following are some examples of disruptive conduct:

- Verbal or physical attacks directed at team members, patients, guests or medical staff that are personal, irrelevant, or beyond the bounds of fair professional conduct
- Impertinent and inappropriate comments made in patient medical records or other official documents including those impugning the quality of care or attacking other team members, or hospital policies
- Criticism that is conveyed in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence

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- Repeated use of vile, loud, intemperate, offensive or abusive language
- Repeatedly acting in a rude, insolent, demeaning or disrespectful manner
- Verbal or physical threats, intimidation or coercion
- Actual physical abuse, or unwanted touching
- Deliberate destruction or damage to property
- Discrimination against or refusal to provide patient care services based upon unlawful criteria
- Lack of cooperation or unavailability to others for exchange of pertinent patient care information or resolution of patient care issues
- Criminal conviction of an offense which impacts the practitioner's qualifications for continued appointment at FWMC, including his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character
- Sexual or other forms of harassment, including unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature which has the purpose or effect of substantially interfering with the individual's work performance or creating an intimidating, hostile or offensive work environment
- Inappropriate displays of anger or resentment (examples include, but are not limited to: verbal outbursts, condescending language or voice intonation, abusive language; impatience with questions, blaming or shaming others for possible adverse outcomes; unnecessary sarcasm or cynicism; threats of violence, retribution or litigation and passive behaviors)
- Inappropriate words or actions directed towards another person (examples include, but are not limited to: sexual comments or innuendos; sexual harassment (verbal and/or physical and/or visual harassment); seductive, aggressive, or assaulting behavior including throwing, flinging, or banging equipment or other materials; racial, ethnic, or socioeconomic slurs; lack of regard for personal comfort and dignity of others including bullying; public derogatory comments or inappropriate medical record entries about the quality of care provided by the hospital or another practitioner; or other inappropriate medical record entries)
- Inappropriate responses to patient needs or staff requests (examples include, but are not limited to: pattern of late or unsuitable replies to pages or calls; unprofessional demeanor or conduct including the use of profanity; an uncooperative, defiant approach to problems; or rigid, inflexible responses to requests for assistance or cooperation)
- Any behavior which is a violation of State and Federal laws and regulations, hospital or medical staff policy, rules and regulations.

Disruptive behavior does not include constructive criticism (feedback) offered in good faith with the aim of improving patient care.

SCOPE:

This policy applies to all credentialed members of Fort Washington Medical Center's (FWMC) Medical Staff, including physicians, podiatrists, dentists, psychologists, and Allied Health Professionals (e.g., advanced practice registered nurse practitioners and physician assistants). This policy should not be used in isolation, but to supplement the Medical Center's overall Risk

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Management Plan, the Rules and Regulations of the Medical Staff (including peer review policies and procedures) and other relevant Governance Documents.

POLICY:

It is the policy of Fort Washington Medical Center that every practitioner who is granted the privilege to perform patient care services at FWMC must continuously demonstrate a willingness and capability to work with and relate to other Medical Staff Appointees, Allied Health Professionals, administration and employees, visitors, patients, families, and the community in a cooperative and professional manner. FWMC Medical Staff are committed to treating all individuals with courtesy, respect, and dignity, in order to promote the provision of high quality care.

Disruptive conduct occurring in non-hospital settings will be considered relevant for action under this policy, insofar as it impacts upon the practitioner's qualifications for continued appointment at FWMC, including her/his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character.

Given that FWMC follows the *Just Culture* model, it will be used to help evaluate the behavior in question and to guide any response or action plan. This model is based on two inputs: #1 - Good system design (responsibility of hospital and medical staff leadership) and, #2 - Good behavioral choices (responsibility of those who work within the system, including physicians) and three behaviors: #1 - *Human error* – inadvertently doing other than what should have been done; a slip, lapse, mistake; #2 - *At-risk behavior* – a behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified; and, #3 - *Reckless behavior* – a behavioral choice to consciously disregard a substantial and unjustifiable risk.

PROCEDURE:

The following are guidelines for handling disruptive or inappropriate conduct of medical staff members. It is recognized that some conduct may be so egregious that action may need to be taken in a more prompt fashion and therefore, the following guidelines may not be followed. However, under "normal" circumstances the following steps should be taken when disruptive or inappropriate behavior occurs:

1. A report of the behavior will be documented via the Unexpected Event Report (Written or electronic) and will include:
 - (a) Name of involved practitioner and person(s) involved
 - (b) Date, time and location of the behavior
 - (c) Factual, objective and detailed description of the behavior
 - (d) Witnesses to the behavior
 - (e) Whether the behavior had any impact on patient care, patient relations or hospital operations
2. The report will immediately (within 24 hours) be submitted to the Risk Manager.
3. The report will be entered into the Unexpected Event Log.

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4. A copy of the report will be hand-delivered to the Chief Medical Officer (CMO) or designee.
5. The CMO or designee will determine the appropriate follow-up action, which may include:
 - Further investigation of the incident.
 - A determination that the complaint is without merit or frivolous, in which case it should be discarded and not placed in the affected member's file.
 - Referral of the report to the appropriate Department Chief. In event of such referral, the Department Chief will promptly notify the affected member of the complaint and obtain the member's response. If it is determined that the disruptive conduct occurred, the Department Chief will counsel the affected member. The counseling will emphasize: (a) the inappropriateness of the conduct, and (b) the possible consequences, including formal corrective action, if the disruptive conduct is repeated. The practitioner should provide his assurance that s/he will conform his/her behavior to the expected Medical Staff Code of Conduct, s/he will not retaliate against any reporter or witness, and s/he will offer an apology to person(s) who have been negatively affected by the disruptive conduct (as necessary) The Department Chief will submit a written report of his/her counseling to the CMO. The counseling will be placed in the member's credentialing file.
 - If, in the judgment of the CMO, the incident is serious or repetitive, the CMO, President of Medical Staff, Medical Executive Committee Chair, Department Chair and/or other hospital designee will counsel the affected member. Counseling will emphasize that the conduct is a violation of this policy and that additional incidents could lead to more formal action. A written report of the counseling will be maintained in the member's credentialing file.
 - If, in the judgment of any two of the following: CMO, President of Medical Staff, Medical Executive Committee Chair and Department Chair, the incident is sufficiently serious or demonstrates a pattern of disruptive behavior, they may recommend that corrective action be taken or refer the matter to the Board of Directors. Corrective action may include imposition of conditions for maintaining privileges; restriction, limitation, suspension, revocation of privileges; or denial of reappointment. Notice of such recommendation shall be provided in the manner set forth in the Credentialing Policy and the affected member will be entitled to a hearing and appeal as set forth in the Credentialing and Fair Hearing Policy.
6. At each step in the process, the practitioner will have the opportunity to write his/her own response to the concern(s) being raised. This document will be placed in the physician's file.
7. At each step in the process, the Department Chair (and other officers) should consider whether the onset or continuation of disruptive conduct might be caused by a medical, psychological, or substance abuse problem. If so, it may be appropriate for the

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practitioner to be referred for a “fitness for duty” evaluation, recommended follow-up, and possible monitoring agreement, with the goal of restoring the practitioner to safe and healthy practice.

8. Upon initial appointment and at every subsequent appointment, practitioners shall be asked to sign a certification that they have read and comply with the *Medical Staff Clinical Practices Expectations* and this policy.

ATTACHMENTS:

Acknowledgement of Receipt

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ACKNOWLEDGEMENT OF RECEIPT

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I acknowledge that I have received and read the following policy and agree to be bound by the terms thereof:

- Disruptive Behavior and Code of Conduct Policy

Signature: _____ Date: _____

Printed Name: _____ Specialty: _____