



Policy and Procedure

Policy #:

Status: New

Version #: 1

Effective Date:

Scope: Banner Estrella Medical Center

Title: Professional Conduct Policy for Medical Staff Members and Allied Health Professionals (AHPs)

I. Purpose:

The objective of this policy is 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:

- disrupts the operation of the hospital
- affects the ability of others to do their jobs
- creates a hostile work environment for hospital employees or other medical staff members
- interferes with an individual's ability to practice competently
- adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care

II. Policy:

It is the policy of this hospital to treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the board requires that all individuals, employees, physicians, and other independent practitioners conduct themselves in a professional and cooperative manner in the hospital.

Human resource policies address matters involving employees who fail to conduct themselves appropriately. The following policy addresses matters that involve physicians or allied health practitioners (AHPs) with privileges at the hospital who fail to conduct themselves appropriately. The hospital intends to enforce this policy in a firm, fair, and equitable manner.

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The medical director and Professional Review Council (PRC) will address disruptive behavior by physicians and other AHPs with privileges.

- a) Disruptive Conduct by Medical Staff members and Allied Health Professionals will not be tolerated. The PRC will take prompt and appropriate action to address complaints of disruptive conduct.
- b) The medical director will generally address individual instances of disruptive conduct. Individual instances of egregious behavior or repeated instances or patterns of disruptive conduct will be addressed by the PRC in consultation with the MEC.
- c) Medical Staff members and Allied Health Professionals engaging in disruptive conduct will be subject to corrective action, which may include summary suspension or termination of Medical Staff or Allied Health membership and privileges.
- d) The PRC will strive to maintain the confidentiality of complaints; ensuing investigations and outcomes to the extent appropriate under the circumstances and as permitted by law.
- e) Retaliation will not be tolerated. The Medical Staff will not permit retaliation against anyone who makes a complaint, assists in the investigation or cooperates in an investigation involving disruptive conduct. Medical Staff members or Allied Health Professionals engaging in retaliation will be subject to summary suspension.

III. Procedure:

A single egregious incident, such as physical or sexual harassment, assault, a felony conviction, a fraudulent act, stealing, damaging hospital property, or inappropriate physical behavior, may result in immediate termination of employment or medical staff membership. The PRC may, at its discretion, refer such issues to the medical executive committee (MEC) for further investigation and recommendation. Summary suspension may be appropriate pending this process.

In the event such action is based solely on disruptive conduct, the practitioner will not receive a “fair hearing” as defined in medical staff policies. However, the hospital will permit a single appeal to the PRC. If it is unclear whether the conduct was actually disruptive, the PRC may seek the expert opinion of an impartial individual experienced in such matters.

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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, hospital personnel, patients or patients’ families that are personal, irrelevant, abusive, offensive or beyond the bounds of fair professional conduct
2. Impertinent and inappropriate comments (or illustrations) made to patients, in patient medical records or other official documents that impugn the quality of care in the hospital or attack particular physicians, nurses, or hospital policies
3. Criticism leveled at the recipient in such a way that it intimidates, undermines confidence, belittles, or implies stupidity, incompetence or negligence
4. Refusal to accept medical staff assignments or refusal to participate in committee, departmental or hospital affairs in a professional, courteous, respectful and appropriate manner

Documentation of each incident of disruptive conduct is critical because it is ordinarily not one incident alone that leads to disciplinary action, but rather a pattern of inappropriate conduct. Such documentation shall be recorded on the Disruptive Conduct Form or include 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, hospital operations or morale

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- A record of any action taken to remedy the situation, including the date, time, place, action, and name(s) of those intervening

Any physician, AHP, employee, patient, or visitor may report potentially disruptive conduct. Individuals may submit a report to the medical director or a facility administrator, who will then forward the document to the PRC.

Once it is received, the medical director, in consultation with the PRC, will investigate the report. The medical director may dismiss any unfounded report and will notify the individual who initiated the report of his or her decision. A confirmed report will be addressed as follows:

1. It shall be made clear to the physician or AHP that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and grounds for summary suspension.
2. A single confirmed incident warrants a discussion with the identified individual. The medical director or designee shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The medical director or designee will provide the physician or AHP with a copy of this policy and inform the individual that the board of trustees requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and the hospital.
3. If the medical director or PRC notices a developing pattern of disruptive behavior or identifies such behavior, the medical director or designee shall discuss the matter with the individual as outlined below:

- As with the single confirmed incident; the medical director or designee will provide the identified individual with a copy of this policy and inform the physician or AHP that the board

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of trustees requires compliance with this policy. Failure to agree to abide by the terms of this policy shall be grounds for summary suspension.

- The medical director or designee will inform the identified individual that if the disruptive behavior recurs, the PRC will take more formal action to stop it. The MEC and CEO will also receive notification about the recurrence of the behavior.
 - The medical director or designee shall document all meetings in writing through a follow-up letter to the identified individual. The letter will document the content of the discussion and any specific actions the identified individual has agreed to perform. The medical director and PRC will keep a copy of this letter on file.
 - The involved physician or AHP may submit a rebuttal to the charge. The rebuttal will become a permanent part of the record.
 - If the disruptive behavior continues, the medical director and PRC and/or CEO will hold a series of meetings with the individual until the behavior stops. The intervention involved in each meeting will progressively increase in severity until the behavior in question ceases.
4. If, in spite of these interventions, the behavior in question continues, the medical director and PRC or designee (in consultation with the MEC and CEO) shall meet with and advise the identified individual that such conduct is intolerable and must stop. The medical director or designee will inform the physician or AHP that a single recurrence of the offending behavior shall result in loss of medical staff membership and privileges. This meeting is not a discussion, but rather constitutes the individual's final warning. The physician or AHP will also receive a follow-up letter that reiterates the final warning.
5. If, after this final meeting, the offending behavior recurs, the individual's medical staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the medical

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staff bylaws and policies and procedures. The MEC will then take action to revoke the individual's membership and privileges. The physician or AHP will be ineligible to reapply to the medical staff for a period of at least one-year.

6. The Professional Review Committee may refer concerns regarding a practitioner's physical and mental ability to fulfill the responsibilities of Medical Staff membership to the Professional Health Committee.
7. Where the Professional Review Committee finds credible evidence of Disruptive Conduct, it shall recommend and/or take appropriate action, including but not limited to:
 - requiring counseling;
 - issuance of a letter of warning;
 - requiring the practitioner to develop a written plan of correction; and/or
 - requiring a medical and/or psychiatric/psychological assessment by an approved professional or organization.
8. The Professional Review Committee shall report its recommendations and actions to the Medical Executive Committee.
9. If the Professional Review Committee recommends or takes reviewable corrective action pursuant to the Bylaws, the practitioner shall be afforded due process rights.



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IV. Documentation (Documents & Forms):

- a) Disruptive Conduct Form

V. Additional Information:

VI. References:

VII. Other Related Policy/Procedures:

Banner Estrella Medical Staff Bylaws

VIII. Cross Index As: