PURPOSE:

To provide a process for the investigation, review and resolution of complaints of Disruptive Conduct (as defined below).

SCOPE:

It is the policy of Sterling Regional MedCenter that all individuals, patients, families, peers, support staff, administration and others at Sterling Regional MedCenter be treated courteously, respectfully and with dignity. To that end, members of the Medical Staff and Allied Health Professionals will conduct themselves in a professional and cooperative manner.

Disruptive Conduct means conduct that undermines practice morale, heightens staff turnover, steals from productive activities, increases the risk of substandard practice, intimidates or threatens harm to others, or unnecessarily causes distress to others in the work environment. Examples of Disruptive Conduct include, but are not limited to:

a) Failing to comply with practice standards;
b) Failing to comply with hospital/Medical Staff rules established by the Medical Staff or a Medical Staff committee;
c) Failing to comply with hospital/Medical Staff expectations communicated in writing to a practitioner;
d) Inappropriately blaming others for negative outcomes;
e) Using foul, offensive or abusive language;
f) Displaying offensive behavior;
g) Threatening others;
h) Acting disrespectfully or discourteously;
i) Intimidating or abusing others; or
j) Jousting or making derogatory verbal comments, or written comments, to patients, families or other practitioners about peers or about the hospital.

If Disruptive Conduct is suspected to be due to a health issue, the Physician Health Policy will be followed.
POLICY:

Disruptive Conduct will not be tolerated. The Medical Staff will take action in accordance with this policy to address complaints of Disruptive Conduct by any member of the Medical Staff or any Allied Health Professional. Any actions taken by the Medical Staff in accordance with this policy with respect to any member of the Medical Staff or Allied Health Professional who also is an employee of Banner Health System (“BHS”) shall be in addition to any actions that may be taken by BHS in accordance with applicable Human Resources policies.

It is the intention of Sterling Regional MedCenter that this policy be enforced in a firm, fair and equitable manner.

Disruptive Conduct by members of the Medical Staff and Allied Health Professionals will be referred to the Medical Executive Committee. Incidents such as sexual harassment, assault, felony convictions, fraudulent acts, stealing, throwing equipment or inappropriate physical behavior will be investigated immediately by the Chief of Staff and/or the Medical Executive Committee and may result in immediate suspension of Medical Staff privileges or membership.

The Medical Staff will strive to maintain the confidentiality of complaints and complaint investigations to the extent appropriate under the circumstances and as permitted by law.

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.

Complaints of sexual harassment or other prohibited conduct also may be investigated in accordance with applicable BHS policies.

PROCEDURE:

1. Any practitioner, patient, patient family member, visitor or employee may report Disruptive Conduct.

2. The complaint may be documented by a member of the Administrative staff on the Physician and Allied Health Professional Behavior Review Sheet available in Administration, or reported directly to the Chief of Staff.

3. Documentation of the incident should include:
   a) The date and time of the questionable behavior;
   b) Whether the behavior affected or involved a patient, and, if so, the name of the patient;
   c) The circumstances that were associated with the incident;
   d) A description of the questionable behavior limited to factual, objective language;
   e) The immediate consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations;
   f) A record of any action taken at the time to remedy the situation including date, time, place, action and name(s) of those intervening; and
   g) A list of all known witnesses to the event(s).

4. The review sheet will be forwarded to the Chief of Staff who will investigate the complaint. If the complaint involves the Chief of Staff, it will be submitted to the Vice Chief of Staff for investigation. After investigation, complaints may be dismissed if they are unfounded.
5. The Chief of Staff will notify the Chief Executive Officer and the Medical Executive Committee of all complaints considered significant by the Chief of Staff.

6. The Medical Staff Services office will be notified of complaints for the purpose of keeping a log of complaints.

7. Those complaints that are considered accurate will be addressed as follows:
   a) A single confirmed incident warrants a discussion with the offending member of the Medical Staff or Allied Health Professional. The Chief of Staff or a designee shall initiate such a discussion and emphasize that such conduct is inappropriate and must cease. The initial approach should be collegial and designed to be helpful to the practitioner and the hospital. All meetings with the practitioner shall be documented.

   b) If it appears that a pattern of Disruptive Conduct is developing or if the complaint involves allegations of egregious behavior, the matter will be referred to the Medical Executive Committee for further action. The Medical Executive Committee will interview the affected practitioner and will provide the practitioner with an opportunity to respond.

   c) If the Medical Executive Committee finds credible evidence of a pattern of Disruptive Conduct or of egregious behavior, it shall take/recommend appropriate action, including, but not limited to:
      
      i. Requiring audience with the Medical Executive Committee;
      
      ii. Issuance of a letter of warning;
      
      iii. Requiring the practitioner to develop a plan of correction, with concrete objectives and consequences for a failure to comply with the plan of correction;
      
      iv. Requiring a medical and/or psychiatric assessment by an approved professional or qualified organization with follow-up as recommended.

   d) If a request for corrective action is made with respect to the affected practitioner, the procedure for corrective action in the Corrective Action Plan will be followed.

8. The review sheet and any related documentation will be filed in the practitioner’s quality/peer review file in the Medical Staff Services Office, and protected under applicable peer review statutes.

9. Nothing in this policy precludes immediate referral to the Medical Executive Committee, a request for corrective action, or the elimination of any particular step in dealing with Disruptive Conduct.

Attachments: Physician and Allied Health Professional Behavior Review Sheet
MEDICAL STAFF/ ALLIED HEALTH PROFESSIONAL
Behavior Review Sheet

Practitioner Name: ____________________________________________________________

Date of Occurrence: _____________________________ Time: _________________________

Referred by:  ☐ MD referral  ☐ Staff referral  ☐ Patient/family referral
              ☐ Occurrence report  ☐ Other ________________________________

Description of Issue:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Completed by: __________________________________________ Date: __________________

============================================================================= Category of Alleged Behavior Issue

☐ Verbal exchange (abusive)  ☐ Violation of physical space of another
☐ Verbal exchange (inappropriate)  ☐ Inappropriate behavior
☐ Miscommunication  ☐ Other: ________________________________

Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Completed by: __________________________________________ Date: _________________

Practitioner name: __________________________________________________________________

To be completed by Medical Staff Representative

Action:
- [ ] Trend in database
- [ ] Send FYI memo
- [ ] Send request for response memo
- [ ] Verbal discussion with practitioner
- [ ] Refer to Med Exec Committee: ___________
- [ ] Refer to committee chair: ________________
- [ ] Send request for response memo
- [ ] None
- [ ] Other: ________________________________

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Completed by: ______________________________   Date: ______________________

Severity Score:
- [ ] 0 – No issue verified
- [ ] 1 – Minor, isolated occurrence of inappropriate language or behavior
- [ ] 2 – Prolonged occurrence of inappropriate language or behavior
- [ ] 3 – Multiple occurrence of inappropriate behavior with several recipients
- [ ] 4 – Major event causing continued physical or mental distress to patient, family, staff, or colleague
- [ ] 5 – Violation of code of conduct, law, or hospital bylaws with regard to behavior

Completed by:________________________________________   Date: _____________________

Confidential pursuant to peer review statutes.