

Major Hospital A Major Health Partner	Disruptive Medical and Non-Physician Practitioner Member Policy MS-9
Does this policy meet a regulatory requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formulated by: Administration Approved by: Medical Executive Staff, Board of Directors Effective Date: 06/29/2010

**PURPOSE:** It is the policy of Major Hospital to treat all individuals within its facilities with courtesy, respect and dignity. To that end, the Board requires all individuals, employees, physicians and non-physician practitioners to conduct themselves in a professional and cooperative manner in the Hospital and its facilities.

If an employee fails to conduct himself or herself in this manner, the matter shall be addressed in accordance with Human Resources policies. Members of the medical and non-physician practitioner staffs who engage in disruptive conduct or other inappropriate behavior may, as dictated by the circumstances, be subject to corrective action under the Medical Staff Bylaws as well as procedures under this policy. It is the intention of this Hospital that this policy be enforced in a firm, fair, and equitable manner.

The Board will deal with disruptive behavior by physicians and non-physician practitioner through its Chairperson (or designee), Hospital CEO/ President, and / or medical staff officers.

**GUIDELINE STATEMENTS:**

1. **Objective.** 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:
  - 1.1. disrupts the operation of the Hospital and/or its facilities;
  - 1.2. affects the ability of others to do their jobs;
  - 1.3. creates a “hostile work environment” for Hospital employees or other medical non-physician practitioner members;
  - 1.4. interferes with an individual’s ability to practice competently; or,
  - 1.5. adversely affects or impacts the community’s confidence in the Hospital’s ability to provide quality patient care.
2. **Guidelines.** Egregious incidents that may include, but are not limited to, assault, felony convictions, fraudulent acts, stealing, damaging Hospital property or inappropriate physical behavior, may result in immediate termination of employment or medical /non-physician practitioner staff membership. A single egregious incident or a series of repeated incidents shall result in initiation of this policy.

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- 2.1. Summary suspension or temporary removal from the premises may be appropriate pending this process.
- 2.2. If corrective action under the Medical Staff Bylaws is commenced, physicians covered by the Medical Staff Bylaws will have access to the “fair hearing” process; or he/she may waive the “fair hearing” process. In appropriate circumstances, the Board of Directors reserves the right to act independently of the Medical Staff Bylaws. In such event, the physician may not be afforded a review as defined in the Medical Staff Bylaws. Rather, a direct appeal to the Board or a committee of the Board will be permitted.
- 2.3. Discipline for non-physician practitioners is covered under Article 4 of the Corrective Action and Fair Hearing Manual of the Medical Staff Bylaws.
- 2.4. Unacceptable disruptive conduct may include, but is not limited to behavior such as the following:
  - 2.4.1. Attacks – verbal or physical – leveled at other appointees to the medical staff/non-physician practitioner, Hospital personnel, patients’ or patients’ families that are personal, irrelevant, destructive or beyond the bounds of fair professional conduct.
  - 2.4.2. Impertinent and inappropriate comments (or illustrations) made 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. **Documentation / Reporting.** Any practitioner, employee, patient or visitor may report conduct he or she considers disruptive. The individual reporting such conduct need not be a party to the conduct but may be an observer of such conduct.
  - 3.1. Documentation of each episode of disruptive conduct is critical. Such documentation shall include the following:
    - 3.1.1. The date and time of questionable behavior.
    - 3.1.2. A statement of whether the behavior affected or involved a patient in any way, and, if so, information identifying the patient.
    - 3.1.3. The circumstances that precipitated the situation.
    - 3.1.4. A factual and objective description of the questionable behavior.
    - 3.1.5. The consequences, if any, of the disruptive behavior as it relates to patient care or Hospital operations.

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- 3.1.6. A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening.
- 3.2. The report shall be submitted to the President/CEO and then forwarded to the Medical Executive Committee and the Board Chairperson.
- 4. Investigation.** Once received, a report will be investigated by the Chief of Staff or designee with the President/CEO. The Chief of Staff and the President/CEO may dismiss reports that are not founded. The individual initiating such report will be appraised.
- 4.1. A single confirmed report will be addressed as follows:
- 4.1.1. A copy of the policy will be provided to the involved practitioner.
- 4.1.2. It shall be made clear to the involved practitioner 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 further disciplinary action.
- 4.1.3. A single confirmed incident may give rise to immediate suspension or termination of all or a portion of the practitioner's privileges. In such cases, the practitioner will be advised of the termination or immediate suspension of his/her privileges by the Chief of Staff in conjunction with the President/CEO.
- 4.1.4. If the single confirmed incident does not give rise to immediate suspension or termination of the practitioner's privileges, then the Chief of Staff or designee and the President/CEO shall initiate a discussion with the involved practitioner and indicate through oral and written language that the conduct is inappropriate and must cease.
- 4.2. If it appears to the President/CEO and/or the Chief of Staff that a pattern of disruptive behavior is developing, the Chief of Staff or designee, the President/CEO and a Board member shall discuss the matter with the practitioner as outlined below:
- 4.2.1. A copy of the policy will be provided to the involved practitioner.
- 4.2.2. It shall be made clear to the involved practitioner 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 further disciplinary action.
- 4.2.3. Emphasize that if such repeated behavior continues, more formal action will be taken to stop it.

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- 4.2.4. All meetings shall be documented in writing through at least a follow-up letter to the involved practitioner. The letter will document the content of the discussion and any specific actions the involved practitioner has agreed to perform. A copy of this letter will be maintained as a permanent part of the record.
- 4.2.5. The involved practitioner may submit a rebuttal to the charge. Such rebuttal will be maintained as a permanent part of the record
- 4.2.6. If such behavior continues, the President/CEO and the Board Chairperson or designee shall meet with and advise the practitioner that such conduct is intolerable and must stop. This will constitute the practitioner's final warning. The President/CEO, Board Chairperson or designee will inform the practitioner that a single recurrence of the offending behavior shall result in loss of medical staff membership and privileges. The practitioner will be sent a letter that reiterates this final warning and becomes part of the permanent record.
- 4.2.7. If, after this final meeting, the offending behavior recurs, the individual's medical/non-physician practitioner membership and privileges / specified services may be summarily suspended consistent with the summary suspension terms of the Medical Staff Bylaws.

## 5. Reviewing & Revising

Reviewed	Revised
03/04/13	05/23/16
03/31/15	11/22/19

**\*UPDATE WEBSITE WITH REVISIONS\***

## 6. References:

- 6.1. HFAP Standard 2018v2: 03.01.19: Suspension of Privileges & 03.01.20: Fair Hearing Process
- 6.2. Medical Staff Bylaws – Corrective Action and Fair Hearing Manual Section 4