

GETTYSBURG HOSPITAL
STANDARD POLICY/PROCEDURE

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Responsible Dept. Medical Affairs

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TITLE:

Regarding Disruptive Practitioner Conduct

I. POLICY

It is the policy of Gettysburg Hospital (“GH”) that every practitioner who is granted the privilege to perform patient care services at GH must continuously demonstrate a willingness and capability to work with and relate to other Medical Staff Appointees, Allied Health Professionals, GH administration and employees, visitors, and the community in a cooperative and professional manner, and treat all individuals in the hospital, including but not limited to all patients, employees, volunteers, Medical Staff Appointees and Allied Health Professionals, 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 GH, including his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character.

II. BACKGROUND

It is well documented that disruptive conduct can interfere with the cooperation and free exchange of information that is necessary for the health care team to provide safe and effective patient care; 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 GH 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 GH take reasonable actions to correct inappropriate conduct. In furtherance of its National Patient Safety Goals, JCAHO has proposed that organizations must develop a code of behavior and procedures to identify, report, and manage behaviors that cause disruption to patient safety. 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.

III. DEFINITIONS

It is impossible to specifically enumerate all the different forms of disruptive or inappropriate conduct that would be deemed to fall below GH'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 legal standards of conduct or professional ethics, disrupts the efficient and orderly operation of GH, 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:

1. Repeated use of vile, loud, intemperate, offensive or abusive language;
2. Repeatedly acting in a rude, insolent, demeaning or disrespectful manner;
3. Verbal or physical threats, intimidation or coercion;
4. Actual physical abuse, or unwanted touching;
5. Illegal discrimination against persons, or refusal to provide patient care services based upon unlawful criteria;
6. Lack of cooperation or unavailability to other practitioners for exchange of pertinent patient care information or resolution of patient care issues;
7. Deliberate destruction or damage to property;
8. Criminal conviction of an offense which impacts the practitioner's qualifications for continued appointment at GH, including his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character;
9. 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;
10. Intentional disruption of GH, Medical Staff, department or committee meetings or activities;
11. Breach of confidentiality;
12. Inappropriate entries in patient medical records which have the primary purpose or effect of attacking or belittling other providers, imputing stupidity or incompetence of other providers, or impugning the quality of care of other providers; and,
13. Repeated, willful failure to abide by GH, Medical Staff, department or committee bylaws, policies and procedures, or directives, including refusal to comply with required duties or assignments.

Merely expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of inappropriate policies or procedures or unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and manner, and with the aim of improving the environment of care rather than personally attacking any individual. Except as otherwise required by their legal or ethical duties, practitioners are requested to first express their concerns or constructive criticism through appropriate Medical Staff, administrative or governing board channels, and seek an internal resolution prior to publicly expressing their concerns or constructive criticism.

IV. PROCEDURE

1. Within any team setting, there will be times when interactions among members of the team can become testy, particularly in stressful environments or emotional circumstances. Without in any way condoning or minimizing the unacceptability of disruptive conduct, it is usually preferable that team members and colleagues will first try to informally resolve their differences and patch up any frayed relationships through direct one-on-one communications and cooperation, perhaps with the assistance or facilitation of another team member. Hopefully, it is not necessary to escalate the matter to the next level of this procedure, unless informal resolution is unsuccessful after reasonable one-on-one reconciliation efforts have first been attempted.

2. If the informal one-on-one reconciliation efforts described in #1 above are unsuccessful, or if the severity of the circumstances would make informal resolution seem unlikely or inappropriate, any person who experiences or observes disruptive conduct by a practitioner shall submit a timely written or verbal report to the relevant Department Chair, in order to make GH aware of the disruptive conduct and therefore enable GH to take appropriate corrective action. Reports may also be made to the President of the Medical Staff and/or the Vice President-Medical Affairs (or, whenever these officers are referred to in this policy, it shall include their assistants or designees), but such reports will be referred to the Department Chair for follow-up, unless such a referral is inappropriate under the circumstances (for example, where it is alleged that the Department Chair engaged in the disruptive conduct).

3. Whenever possible, reports of the disruptive conduct should include:

- a. the name of the practitioner and the reporter;
- b. the date, time and location of the conduct;
- c. the name of any patient who may have been affected by or involved in the conduct;
- d. the name of any other person who may have been affected by or involved in the conduct;
- e. any circumstances which precipitated the conduct;
- f. a factual, objective, detailed description of the conduct;
- g. any negative impact upon GH operations or patient care that may have been caused by the conduct;

- h. if known, any action taken to remedy the conduct or its consequences, including the date, time, location, and name of persons taking such remedial action; and,
- i. the name of any other witnesses who can corroborate the report.

4. It is understood that, particularly if the conduct has been directed toward a GH employee, the report may be made through the employee's supervisor, other GH management staff, or the Human Resources Department, rather than directly by the affected employee.

5. Upon receipt of such a report, the relevant Department Chair may consult and coordinate his response with the President of the Medical Staff and/or the Vice President-Medical Affairs, as he deems appropriate under the circumstances. The Department Chair (and other officers, if appropriate) should take reasonable efforts to investigate the facts and determine whether the report is credible, including speaking with the individual who prepared the report, the involved practitioner, and others as they deem appropriate.

All efforts should be taken to protect the privacy of the reporter, practitioner, patients and other persons affected by the disruptive conduct, and to treat all information gathered as confidential peer review information. It is intended that, to the maximum extent permitted by law, all persons who participate in good faith in such an investigation shall be protected from liability by the Pennsylvania Peer Review Protection Act, the Medical Care Availability and Reduction of Error Act, the Patient Safety and Quality Improvement Act of 2005, and the Health Care Quality Improvement Act of 1986.

6. The primary goal of this policy is help practitioners conform their behavior to reasonably expected standards of conduct. Therefore, upon receiving a report, the initial approach should be collegial and educational. However, if this approach is not successful or is not appropriate based upon the nature and severity of the disruptive conduct, GH may, in its discretion, take additional steps of progressive discipline, up to and including corrective action under the GH Medical Staff Bylaws and the GH Medical Staff Corrective Action Procedures and Fair Hearing Plan.

At each step in the process, the Department Chair (and other officers, if appropriate) should consider whether the onset or continuation of disruptive conduct might possibly be caused by a significant medical, psychological, or substance abuse problem. If so, it may be appropriate for the practitioner to be referred to the Physicians' Health Program, or other medical or mental health professionals, 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, if possible.

At each step in the process, the Department Chair (and other officers, if appropriate) should also consider whether the Risk Management Department should be notified regarding any disruptive conduct which may expose GH to liability or which requires GH action (for example, waiving a patient's bill). The Department Chair should also consider whether the Legal

Department should be consulted to determine whether any disruptive conduct must be reported to any authorities, including the relevant state professional licensure board and/or the National Practitioner Data Bank, and to determine the legally appropriate response to any requests for information regarding the practitioner.

7. If it is determined that the disruptive conduct most likely occurred, but represents a single or relatively minor instance, the relevant Department Chair (and other officers, if appropriate) shall personally meet with the practitioner to discuss and seek to informally correct the conduct. The practitioner should be made aware of the reported conduct, and given an opportunity to respond. The Department Chair should 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 he will conform his behavior to reasonably expected standards of conduct, he will not retaliate against any reporter or witness, and he will offer an apology to persons who have been negatively affected by the disruptive conduct, as necessary.

A copy of the report, any response by the practitioner, and documentation of the meeting and any agreed-upon actions should be kept in the practitioner's confidential peer review file.

Even if it can not be determined with certainty that the disruptive conduct occurred, it may be helpful for the Department Chair to remind the practitioner of the standards of conduct expected of all practitioners, and to assist the practitioner in identifying ways to change his conduct in order to avoid future reports.

8. If reports of repeated instances of disruptive conduct indicate that a pattern of conduct is developing, the relevant Department Chair (preferably with the participation of the President of the Medical Staff and the Vice President-Medical Affairs) shall again personally meet with the practitioner to discuss and seek to informally correct the pattern of conduct. The same procedures should be followed as in #7 above. However, at the conclusion of this step, if it is determined that repeated instances of the disruptive conduct most likely occurred, the practitioner should be issued a written warning, and required to enter into a written agreement to abide by the conditions which are recommended by the Department Chair (with the input of the President of the Medical Staff and/or the Vice President-Medical Affairs). A copy of the written warning and agreement should be retained in the practitioner's confidential peer review file.

9. If, after receiving such a written warning, there are any subsequent reports of disruptive conduct, or if the Department Chair (in consultation with the President of the Medical Staff and the Vice President-Medical Affairs) determines that it is warranted by the pattern of conduct described in #8 above, the practitioner may be required to appear before the MEC to give an accounting of his disruptive conduct.

10. If, after appearing before the MEC, there are any subsequent reports of disruptive conduct, or if the Department Chair and/or the President of the Medical Staff and/or the Vice President-Medical Affairs determine that it is warranted under the circumstances (for example, based upon the severity of the disruptive behavior), the Department Chair and/or the President of the Medical Staff and/or the Vice President-Medical Affairs shall promptly submit a request for formal corrective action to the Medical Executive Committee, in accordance with the GH Medical Staff Bylaws and the GH Medical Staff Corrective Action Procedures and Fair Hearing Plan. A copy of the request shall be sent to the President of GH and the practitioner involved. If necessary to protect others from disruptive conduct, precautionary suspension may be imposed upon the practitioner, in accordance with the GH Medical Staff Bylaws and the Corrective Action Procedures and Fair Hearing Plan.

11. The GH Board of Directors has ultimate authority for taking disciplinary action to correct disruptive conduct, and it reserves the right to take any appropriate action at any time as it deems necessary to correct or prevent illegal behavior or ensure safety.

12. Upon initial appointment, and at every subsequent reappointment, practitioners shall be asked to sign a certification that they have read and will comply with this policy.