	<b>MANUAL:</b> Administration		
	<b>TITLE:</b> Disruptive Provider / Behavior that Undermines a Culture of Safety		<b>NUMBER:</b> 4.04
	<b>CATEGORY:</b> Administration		<b>SUB-CATEGORY:</b> N/A
<b>POLICY ADMINISTRATOR:</b> Executive Assistant/Administration		<b>ORIGINAL DATE:</b> 01/99	<b>REVIEW CYCLE:</b> Biennially
<b>POLICY SPONSOR:</b> Vice President for Medical Affairs		<b>LAST REVIEW DATE:</b> 04/15	
		<b>LAST REVISION DATE:</b> 04/15	

**BACKGROUND:**

This policy is to describe the types of behaviors that are considered unacceptable for a physician or medical professional holding clinical privileges/duties [hereafter referred to as "Provider"] within the WellSpan Ephrata Community Hospital system and the actions which may be taken as a result of such behavior.


Behaviors that undermine a culture of safety can include, but are not limited to, such behavior as follows:

1. Attacks leveled at other appointees to the medical staff which are personal, irrelevant, or go beyond the bounds of fair professional comment.
2. Impertinent and inappropriate comments written (or "cute" illustrations drawn) in patient medical records, or other official documents, impugning the quality of care in the hospital, or attacking particular providers, nurses, or hospital policy.
3. Non-constructive criticism, addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or to impute stupidity, or incompetence.
4. Refusal to accept medical staff assignments, or to participate in committee or departmental affairs on anything but his or her own terms or to do so in an unacceptable manner.
5. Imposing unusual or unconventional requirements on the nursing staff which do not significantly contribute to patient care but serve only to burden the nurses with "special" techniques and procedures.
6. Behavior resulting from being an impaired provider due to chemical dependency/abuse or medical-related problems.
7. Any behavior which would be considered to be "Sexual Harassment" as defined in the Hospital's Policy against Sexual and Other Harassment.

Incidents under this category are subject to different disciplinary consideration, as covered in the policy.

**PROCEDURE:**

1. Documentation of the behavior that undermines a culture of safety is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a behavioral pattern. The written documentation should be written as a memo for the record and can be initiated by the following: Nursing, another provider, Administration, or Department manager. The memo should include:
  - a. the date and time of the questionable behavior;
  - b. if the behavior affected or involved a patient in any way, the name of the patient;
  - c. the circumstances which precipitated the situation;
  - d. a description of the questionable behavior limited to factual, objective language as much as possible;
  - e. the consequences, if any, of the unacceptable behavior as it relates to patient care or Hospital operations;

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- f. record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening.
2. The written documentation should be submitted to the Vice President for Medical Affairs or his designee. Events reported through Corporate Compliance channels or Meditech Event Reporting System will be submitted to the Vice President for Medical Affairs (or designee). (The Vice President for Human Resources will also be notified if the individual reported is an employee.)
3. The Vice President for Medical Affairs (or designee) will review the documentation and discuss the incident with the offending provider, and recommend a corrective action plan if appropriate. The provider will be notified that the documentation will be added to the individual's credentialing file for review at reappointment. Any appropriate response to the reporting party will be determined by the Vice President for Medical Affairs (or designee).
4. If the identified behavior is corrected, no further action will be required. If no further incidence is reported within five (5) years, the memo in the credentialing file which documents the behavior will be purged.
5. If the pattern is egregious or continues, the Vice President for Medical Affairs (or designee) will refer such behavior to a special committee consisting of the Board Chairperson (or designee), President (or designee), the Vice President for Medical Affairs (or designee), the President of the Medical Staff (or designee), and the chairman or vice-chairman of the department in which the provider holds privileges.  
  
This committee shall meet with and advise the provider that such conduct is intolerable and either notify the provider that this is a final warning prior to invoking the Corrective Action section of the Medical Staff Bylaws or recommend immediate action with subsequent follow up, in keeping with the Medical Staff Bylaws. It shall be followed with a letter reiterating the warning. That letter becomes part of the provider's permanent file.
6. A single additional incident following a final warning shall result in invoking the Corrective Action section of the Medical Staff Bylaws.

Original Date: January 1999  
Approved by the Board of Directors - January 1999  
Revised: 12/05  
06/07  
12/10  
01/12  
12/13  
04/15