

**The Miriam Hospital
Administrative Manual**

**Subject:
Medical Staff Disruptive
Behavior Policy**

**File Under: Medical Staff
MS-12 and A-36
Administration**

Issuing Department:

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Approved By:

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PURPOSE

To provide a process for fair and timely identification and resolution of problems related to disruptive physician behavior by Medical Staff members.

APPLICABILITY

This policy applies to any member appointed to the Medical Staff. All time frames described herein as “days” shall refer to calendar days.

POLICY

The Bylaws of the Medical Staff Association, requires as an on-going responsibility that each member of the Medical Staff “work with staff members, other healthcare employees, administration and others in a cooperative and professional manner so as to promote quality care.” (Section 1.3, Section 2.0) Staff Members are expected to conduct themselves in a professional manner as outlined in the Medical Staff Bylaws.

Any personal conduct, whether verbal or physical, that affects or potentially affects patient care in a negative manner constitutes disruptive behavior. This includes, but is not limited to, conduct that interferes with a Staff Member’s ability to work with other members of a health care team. Disruptive behavior includes, but is not limited to, the following behavior:

1. yelling or shouting at staff;
2. throwing equipment, records or any other items;
3. being unreasonably uncooperative;
4. sexual harassment of any person; or
5. belittling a Staff Member’s professional capacity, position or responsibility.

It is the policy of the Hospital, in accordance with the Medical Staff Bylaws to afford a fair and timely process for the identification and resolution of problems related to disruptive conduct by members of the Medical Staff,

PROCEDURE

1. Documentation of disruptive behavior

Documentation of disruptive behavior is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a pattern of conduct. Medical staff members, nurses, and other hospital employees who observe behavior by a Medical Staff member that disrupts the smooth operation of the Hospital, jeopardizes patient care, or adversely affects the community's confidence in the Hospital's ability to provide quality patient care shall document the incident, in writing, to their appropriate supervisor, hospital administrator or Department Chief or his/her designee ("Department Chief"). The supervisor or hospital administrator shall forward a copy of the complaint to the appropriate Department Chief. Upon receipt of such complaint, the Department Chief shall, within fourteen (14) days forward a copy of the complaint, or a summary thereof, to the Hospital President or his/her designee ("Hospital President") and the Staff Association President or his/her designee ("Staff Association President"). The Department Chief shall acknowledge in writing to the complainant, receipt of the complaint, and confirm to him/her that the matter is under review. Assurance will be provided that appropriate action is being taken to address the concerns.

Documentation prepared by the chief should include

- a. The date and time of the questionable behavior;
- b. A statement about whether the behavior affected or involved a patient in any way;
- c. The circumstances that precipitated the behavior;
- d. A description of the questionable behavior limited to factual, objective language;
- e. The consequences, if known, of the disruptive behavior on patient care, professional relationships and hospital operations; and
- f. A record of any action taken at the time of the event to remedy the situation including date, time, place, action, and name(s) of those intervening.

2. Meeting with the Staff Member

In all cases in which a complaint is filed, the Department Chief will meet with the Staff Member to discuss the complaint. Meetings of the Staff Member and the Department Chief shall be documented in the department confidential file. If the complaint relates to a Department Chief, then the Hospital President shall meet with the Department Chief and assume responsibility for investigation of the complaint. If the Staff Member or the Department Chief does not comply with the request for a meeting, the matter shall be referred to the Chairperson of the Credentials Committee. The processes outlined in the Staff Association Bylaws will be followed and an ad hoc committee established.

Collegial interventions are encouraged but not mandatory and shall be within the discretion of the Department Chief or Hospital President, as applicable.

3. The Staff Member will be asked to respond in writing to the complaint. This reply shall be maintained in the department confidential file.
4. The Department Chief or Hospital President, as applicable, will evaluate each complaint to determine its validity.
 - a. If it is determined that there is no validity to the complaint, then the Department Chief or Hospital President shall document this conclusion in writing and so notify the Staff Member. Such notification shall be maintained in the confidential file.
 - b. If it is determined that the complaint is valid, but corrective action is not appropriate, then the Department Chief or Hospital President shall advise the Staff Member that similar disruptive behavior in the future may result in more formal action. A follow-up letter to this effect will be sent to the Staff Member, stating that the Staff Member is required to behave professionally and cooperatively in the future. A copy of the letter shall be maintained in the department confidential file.

If more than one written complaint is received within a two-year period, then the Department Chief, or if it relates to a Department Chief, the Hospital President, shall discuss the matter with the Credentials Committee Chairman and Hospital President to determine if the complaint merits further review. He or she may, if appropriate, forward the complaint to the Credentials Committee Chairman for action

- c. If it is determined that the complaint is valid and- if further review by the Staff Association is recommended, then the Department Chief or Hospital President shall advise the Staff Member, and the processes outlined in the Staff Association Bylaws will be followed and an ad hoc committee established.

The documentation of every complaint shall be maintained in a department confidential file

5. Conclusion of the investigation

The Department Chief or Hospital President, as applicable, shall notify, in writing, the Hospital President and the Staff Association President of the action that he/she has taken.

If immediate action is deemed necessary, the Department Chief may implement the procedures for immediate reduction or suspension pursuant to Section 5.2.1

If the Department Chief fails to proceed as set forth above, the matter shall be referred to the Hospital President or the Governing Body.

6. Referral to the Physicians Health Committee

- a. The Department Chief may recommend at any time that the physician make a self-referral to the Physicians Health Committee.
- b. Whenever an incident (either individually or cumulatively) is considered of such a nature as to warrant it, the Department Chief will refer the Staff Member to the Physicians Health Committee or similar entity for evaluation and, if necessary, for treatment.

7. Hearing and Appeals

Any further action, including any hearing and appeal, shall be in accordance with the Staff Association Bylaws.