



Policy /Procedure Document	
<b>Manual:</b>	N/A
<b>Origination Date:</b>	04/27/2000
<b>Last Review Date:</b>	08/22/2018
<b>Next Review Due:</b>	08/2023
<b>Policy Owner:</b>	Medical Staff
<b>Required Approvals:</b>	
<b>Committee:</b>	Medical Executive Committee
<b>Leadership/Board:</b>	Board of Trustees

<b>TITLE:</b>	<b>Disruptive Conduct</b>
<b>SCOPE:</b>	This policy is intended for all Members of the Medical Staff, Privilege Holders, and Allied Health Practitioners.
<b>DOCUMENT TYPE:</b>	N/A
<b>PURPOSE:</b>	To emphasize the need for all individuals to treat others with respect, courtesy and dignity, and to protect all persons within Hospital facilities from behavior which does not meet that standard. As such, the policy does not relate to the Clinical Privileges of a Practitioner whose behavior is at issue, even though, under some circumstances described below, a Practitioner's exclusion from Hospital facilities may preclude exercise of those Clinical Privileges.
<b>PHILOSOPHY:</b>	N/A
<b>DEFINITIONS:</b>	N/A
<b>PROCEDURE:</b>	

**Procedure:**

**Documentation of Disruptive Behavior:**

1. Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a pattern of conduct. Practitioners, nurses, and other Hospital employees who observe behavior by a Practitioner which disrupts the smooth operation of the Hospital, or jeopardizes patient care, shall document or report the incident. The report or subsequent documentation shall include:
  - a. the date and time of the questionable behavior;
  - b. if the behavior was in the presence of a patient or 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 disruptive behavior as it relates to patient care or personnel or Hospital operations; and
  - f. any action taken including date, time, place, action, and name(s) of those intervening.
2. The report shall be submitted to the President of the Medical Staff, the Chief Executive Officer and Vice President for Medical Affairs.

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## Meeting With the Practitioner:

1. If the single reported incident warrants a discussion with the Practitioner, the President of the Medical Staff, the Vice President of Medical Affairs, Chief Executive Officer, Department Chief or other appropriate person shall meet with the Practitioner and emphasize that such conduct is inappropriate. The Practitioner shall be given a copy of this policy.
2. If, after a second or third incident, it appears to the Chief Executive Officer and/or the President of the Medical Staff/VPMA that a pattern of Disruptive Behavior is developing, one or all of these individuals shall discuss the matter informally with the Practitioner, emphasizing that if the behavior continues, more formal action will be taken. It is not necessary for several incidents to occur before making this determination. Smooth operation of the Hospital and protection of patients, employees, or others within the Hospital from mistreatment and abuse is a paramount concern. This discussion is designed to be educational and helpful to the Practitioner. It is to be emphasized that if the behavior continues, more formal action will be taken to stop it. A follow-up letter to the Practitioner shall state that the Practitioner is required to behave professionally and cooperatively.
3. All meetings with the Practitioner shall be documented.
4. After each meeting, with the exception of the first with the Practitioner, a letter shall be sent to the Practitioner confirming the Hospital and Medical Staff leadership's position - that the Practitioner is required to behave professionally and cooperatively, or that more formal action will be taken.
5. If the Practitioner's disruptive behavior continues, or if the President of the Medical Staff or the Chief Executive Officer determines it to be necessary, the Board chairperson or an individual acting on the chairperson's behalf shall meet with and advise the Practitioner that such conduct must stop. This meeting is not a discussion, but rather, constitutes the Practitioner's final warning. It shall be followed with a letter reiterating the warning. That letter becomes a part of the Practitioner's permanent file. This letter shall articulate in detail, as specific as possible, what behavior is acceptable and unacceptable and the consequences of unacceptable behavior. Specifically:
  - a. The list of do's and don'ts can be created by reviewing the incidents in the Practitioner's file. This element of the letter must be quite specific, since this Practitioner's behavior has indicated a lack of understanding or appreciation of the more general standards - respect, courtesy, and dignity.
  - b. Consequences of a repeat violation must be clear and enforced. Behavioral issues such as this generally require much energy and oversight by Hospital leaders. For example, the letter may advise the Practitioner that the next confirmed violation of the conditions will result in the Practitioner's exclusion from all Hospital facilities for two weeks. "*Confirmed*" may be defined as an incident reviewed by the Chief Executive Officer, Vice President of Medical Affairs, President of the Medical Staff (or some other defined small committee) after meeting with the complainant and the Practitioner.

A single additional incident that results in the exclusion of the Practitioner from the Hospital for more than two (2) weeks shall result in initiation of formal disciplinary action pursuant to the Hospital or Medical Staff Governance Documents.

Summary Suspension may be appropriate pending this process.

The Medical Executive Committee (MEC) shall be fully apprised of the previous meetings and warnings, if any, so that it may take whatever action is necessary to terminate the unacceptable conduct.

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The MEC may refer the matter to the Board without a recommendation. In which case any further action shall then be initiated by the Board.

- 6, While this policy outlines several warnings and meetings with a Practitioner, it is possible that the conduct at issue is so unacceptable as to make these multiple opportunities inappropriate. In which case, the steps in this policy may be truncated

Reviewed Date:	Reviewed/Revised By	Summary of Changes:
04/27/2000		Original Document
04/2015	Michael Blakesley, MD	Capitalization, change Physician to Practitioner
04/2018	Michael Blakesley, MD	Minor edits