Allina Health

System-wide Medical Staff Policy Template:

Medical Staff Conduct: Identifying, Reporting, and Responding to Concerns

Reference #: SYS-MS-PGCBSC-001.V3

Physician Governance Committee Template Approval Date: June 2016
PGC Bylaws Subcommittee Approval Date: June 2016
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	MEC Approval Date*:	Governing Body Approval Date*:
Abbott Northwestern Hospital:	8/17/2016	9/1/2016
Buffalo Hospital:	7/7/2016	8/16/2016
Cambridge Medical Center:	6/2/2016	8/1/2016
District One Hospital	11/3/2016	11/17/2016
Mercy Hospital:	7/18/2016	9/2/2016
New Ulm Medical Center:	6/28/2016	10/27/2016
Owatonna Hospital:	7/7/2016	7/18/2016
Phillips Eye Institute:	6/6/2016	9/1/2016
Regina Hospital:	7/8/2016	7/13/2016
River Falls Area Hospital:	7/11/2016	7/13/2016
St. Francis Regional Medical Center:	6/22/2016	8/3/2016
United Hospital:	6/13/2016	9/1/2016

*Policy is not effective at a site until it has been approved by the Medical Executive Committee, followed by governing body approval, according to the process described in the Medical Staff Bylaws

System-Wide Policy Ownership Group: PGC Bylaws Subcommittee
System Policy Information Resource: Allina Health Accreditation Committee

Stakeholder Groups
All Allina Health hospital Medical Staffs, Medical Executive Committees, Bylaws Committees
Allina Health Quality, Safety, Accreditation and Risk Council
PGC Bylaws Subcommittee

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
All hospitals as indicated above	Medical Staff	All members of either the Medical Staff or the Allied Health Professional Staff (collectively, "Members") and all other practitioners with Clinical Privileges in the hospital (collectively, "Practitioners")

POLICY STATEMENT:

The objective of this policy is to promote safe and high-quality patient care by creating a safe, cooperative, and professional healthcare environment and to prevent or eliminate to the greatest extent possible conduct that:

- Disrupts the care of patients
- Adversely affects the operation of the hospital
- Affects the ability of others to do their jobs
- Intimidates or demeans any person's ability or role in the hospital
- Creates a hostile work environment for others working or practicing in the hospital
- Adversely affects the community's confidence in the hospital or the medical staff

1. All Members and Practitioners must treat all patients and persons involved in their care with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner. These expectations are defined by this Medical Staff Conduct policy.

2. All Members and Practitioners will be required to acknowledge and agree to be bound by this Medical Staff Conduct policy at the time of appointment and reappointment, to promote and focus awareness of the essential elements of this policy.

3. This policy sets forth the procedures for reviewing and addressing behavioral incidents when a Member or Practitioner conducts himself or herself in a manner that is inconsistent with this policy.

DEFINITIONS:

Expectation of Professional and Appropriate Behavior: All Members and Practitioners are expected to act in a professional, cooperative, and dignified manner and with courtesy and respect at all times while on hospital premises or while interacting with patients, family members, visitors, medical staff, and other hospital personnel.

By way of example, Members and Practitioners are expected to:

- Show respect to patients, families and visitors, other Members and Practitioners, employees, volunteers, caregivers, and hospital staff members;
- Be accountable for their own behavior;
- Respond in a timely and respectful manner to patient needs including to caregiver requests for information, clarification, assistance, or cooperation;
- Support teamwork and safety culture among caregivers;
- Demonstrate respectful behavior in stressful situations;
- Communicate honestly, forthrightly, and constructively about issues and concerns, and express concerns in a respectful, constructive manner and through appropriate channels; and
- Comply with policies and procedures.

Unprofessional Behavior: Members and Practitioners are to refrain from unprofessional behavior, which is defined as an aberrant style of personal interaction that interferes with the delivery of excellent patient care. The behavior could take the form of language, personal habits, or physical confrontation.

It is not possible to list all the forms of behavior that are considered unacceptable. Examples of unprofessional behavior include (but are not limited to):

- Not working collaboratively or cooperatively with others.
- Using threatening, intimidating, or abusive language or gestures directed at patients, families, members of the healthcare team, or the hospital.
- Making berating, degrading, derogatory, or demeaning comments regarding patients, families, members of the healthcare team, or the hospital
- Using profanity or similarly offensive language used while speaking with anyone in the hospital.
- Engaging in inappropriate or offensive conversations or actions while providing patient care.
- Engaging in non-constructive criticism, addressed to a recipient in such a way as to intimidate, humiliate, berate, undermine confidence, belittle, or imply stupidity or incompetence.
- Making physical contact with another individual that is or is perceived to be threatening, intimidating, or abusive.
- Making derogatory comments about the quality of care being provided at the hospital or by another member of the healthcare team.
- Making medical records entries that criticize the quality of care being provided by the hospital or any other member of the healthcare team or that are not relevant to the delivery of care to the patient.
- Refusing to abide by medical staff requirements as delineated in the medical staff bylaws, rules and regulations, or policies.
- Failing repeatedly to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available.
- Engaging in any kind of violent behavior, including throwing objects or causing or threatening physical harm; touching or hitting another in a threatening or unwanted manner; possession of firearms or any other weapon on hospital premises[1]; threatening with a firearm or weapon or any device used in a weapon-like manner; making or sending threatening, obscene, or intrusive phone calls, voicemails, or e-mail messages; communicating messages that depict or threaten violence; and any other conduct or acts that represent an imminent or potential danger to workplace safety and security.

[1] Nothing in this policy prohibits the lawful possession of firearms in a parking facility or parking area.

- Retaliating against or intimidating any individual for reporting behavior believed to be in violation of this policy or for participating in any inquiry or investigation of any report regarding medical staff behavior.

IMPORTANT: Appropriate criticism is constructive and is encouraged. It is *not* unprofessional behavior to surface appropriate concerns and criticisms about the performance of hospital personnel, so long as such concerns and criticisms are appropriately directed to hospital administration, human resources, or medical staff leadership or otherwise in accordance with established policies and procedures for raising concerns.

Harassment: An effective healthcare environment is one that is free from harassment of any kind, including sexual harassment. Harassing behaviors include:

- Verbal conduct; such as epithets, derogatory remarks, jokes or slurs, unwelcome sexual remarks, invitations, or comments; that is related to race, color, creed, gender, religion, national origin, sexual orientation, mental or physical disability, medical condition, age, marital or family status, covered veteran status, or status with regard to public assistance.

- Visual or non-verbal conduct; such as displays of derogatory or otherwise offensive posters, cards, calendars, photographs, cartoons, graffiti, drawings, mail or electronic mail, or gestures; that is related to race, color, creed, gender, religion, national origin, sexual orientation, mental or physical disability, medical condition, age, marital or family status, covered veteran status, or status with regard to public assistance.

- Physical conduct; such as assault, unwelcome touching, blocking normal movement, or interfering with work; that is related to race, color, creed, gender, religion, national origin, sexual orientation, mental or physical disability, medical condition, age, marital or family status, covered veteran status, or status with regard to public assistance.

- Making or threatening of any kind of retaliation for an individual's negative response to harassing conduct.

Leader: For purposes of this policy, a Leader is a hospital manager, a hospital director, the Hospital President, the Vice President of Medical Affairs, the Chief of Staff, Chief of Staff-Elect, a Department Chair or Vice Chair, or a Medical Director.

PROCEDURES:

1. **Delegation of Functions:**
   When a function is designated by this policy to be carried out by a person in a particular office or position or by a committee, the person, or the committee through its chair, may delegate performance of the function to one or more qualified designees or may enlist other qualified designees to assist in carrying out the functions.

2. **Designation of Titles:**

As used in this policy, references to the position title "Vice President of Medical Affairs" or "VPMA" shall refer to the chief medical administrative officer at the site, which may be a Director of Medical Affairs or a Medical Director at some sites. As used in this policy, references to the "Credentials Committee" shall refer to the Medical Executive Committee at those sites in which the MEC serves as the Credentials Committee.

3. General Procedures:

The medical staff and hospital leadership are jointly responsible for ensuring that all credible reports and complaints of unprofessional behavior receive a prompt and appropriate response.

a. The Chief of staff and the Hospital President will ensure that employees, members of the Medical Staff, and other personnel in the hospital are informed of this Policy and that procedures are instituted to facilitate prompt reporting of unprofessional behavior and prompt action as appropriate under the circumstances.

b. Issues of employee conduct will be dealt with in accordance with the hospital's human resources policies. Issues of conduct by Members and Practitioners will be addressed in accordance with this policy. Members and Practitioners who are also hospital employees are subject both to this policy and to applicable human resources policies.

c. This policy must be construed and applied to be consistent with the medical staff bylaws. This policy must also be construed and applied in accord with other applicable policies and documents of the medical staff or the hospital, including policies on practitioner health.

d. This policy describes collegial steps (i.e., counseling, warnings, and meetings with a Member or Practitioner) that can be taken to address complaints about unprofessional behavior by Members and Practitioners. The medical staff leadership, however, reserves the right to skip any or all of the steps listed in this policy or to refer the matter at any time to the formal procedures for conducting an investigation according to the medical staff bylaws.

e. The steps outlined in this policy are preliminary to and do not themselves constitute an investigation as that term is defined in the medical staff bylaws.

f. Neither the Member or Practitioner nor the medical staff or the hospital is entitled to have legal counsel present at any meeting called under this policy. This provision does not affect any right the Member or Practitioner or medical staff may have under the medical staff bylaws to be represented by counsel.

g. Medical staff members shall not retaliate in any way against any person who makes a report of inappropriate behavior under this policy or against any person who participates in an inquiry of such a report. Any retaliation shall itself be considered a separate incident of disruptive behavior.

h. All reports, whether verbal or written, of unprofessional behavior made under this policy, and all actions taken in response to a report, are to be treated confidentially, except that information may be shared as necessary to appropriately evaluate and act upon reports.

i. In the case of Members and Practitioners who are employees of Allina, however, reports of unprofessional behavior may be forwarded to appropriate human resources staff or the Member's or Practitioner's direct or indirect managers for response according to applicable human resources policies. The response may be coordinated between the medical staff and management, consistent with this policy and with applicable human resources policies. For all other Members and Practitioners, at the discretion of the Chief of Staff and the Hospital President, information about reports of unprofessional behavior may be shared with appropriate leaders of the Member's or Practitioner's group practice if it is determined that such sharing would further the purpose of resolving the conduct concerns raised in the hospital.

j. To the extent it is necessary to seek direct resolution or substantiate a complaint under this policy, the identity of any person making a report under this policy may be disclosed to the Member or Practitioner whose conduct is at issue. The Hospital President and Chief of Staff – after consulting with the other – are authorized to withhold the identity of a person making a report under this policy if they agree it is appropriate in a particular case.

k. To the extent a medical staff leader involved in implementing this policy has an actual or perceived conflict of interest with respect to a Member or Practitioner whose conduct is at issue (e.g., they are economic competitors, former or current partners, etc.), the medical staff bylaws or other policies or procedures should be consulted and followed to address the actual or perceived conflict. Any inquiry or responsive action under this policy shall be conducted or taken in a manner to avoid actual or perceived conflicts of interest.

4. Procedures for Reporting Unprofessional Behavior:

a. For issues that are readily resolvable between the affected individuals, individuals with a complaint are encouraged to seek resolution directly with the Member or Practitioner.

b. If the person making the complaint is uncomfortable or unable to speak to the Member or Practitioner, or if the person has spoken with the Member or Practitioner and no resolution is achieved, the person is encouraged to bring the complaint to the attention of a Leader. If the person making the complaint and the Leader who receives the complaint both agree that the issue may be readily resolvable with the member, the Leader who receives the complaint or one or more other medical staff or hospital leaders may offer to facilitate a discussion between the person making the complaint and the Member or Practitioner to achieve resolution. The hospital may implement communication procedures or tools to facilitate appropriate, effective, and timely dialogue and improve communication flow and outcomes.

c. If the Leader determines that the complained of behavior is not of a threshold to merit further action, the Leader may take the opportunity to educate the person making the complaint about this policy and about what constitutes conduct that the policy does not allow. If the Leader determines that the complained of behavior should be addressed under a different Medical Staff or hospital policy, the Leader will ensure that the matter is forwarded appropriately.

d. If the Leader who receives the complaint determines that the issue is not resolvable through the methods described above, the Leader must ensure that the complaint is put in writing, either by requesting the individual who reported the incident to document it in writing or by documenting it directly based on the information reported to the Leader. The documented report should include the following facts to the extent they are applicable and available:

   i. Date(s) and time(s) the incident(s) occurred;
   ii. Factual description of the behavior and the circumstances leading up to the behavior;
   iii. Factual description of any consequences of the behavior including, if any, its effect on patient care, personnel, or hospital operations;
   iv. Names of any persons who may have been involved in the incident or who may have witnessed the behavior, including any patients or patients' family members or visitors (include patient MRN); and
   v. A description of any action taken so far to intervene in or resolve the situation.

   The Leader may meet with other witnesses to the incident to ascertain the details of the incident to include in the report.

e. The Leader forwards the written report to the Vice President of Medical Affairs (VPMA) through the medical staff office, who will forward a copy to the Chief of Staff, who may delegate the matter to another medical staff leader. The VPMA may send a letter to the individual submitting a report of unprofessional behavior acknowledging its receipt.

5. Procedures for Evaluating Reports of Unprofessional Behavior:

a. As soon as possible after receiving the report, the Chief of Staff reviews the report to determine if the report contains sufficient basic facts and details to be able to determine if an incident of inappropriate conduct has likely occurred. If the Chief of Staff's review of the report indicates that there may be imminent danger to the health, safety, or welfare of any individual, the Chief of Staff determines whether to impose a precautionary suspension according to the Medical Staff Bylaws.

b. The Chief of Staff conducts an evaluation of the report to determine whether the report is substantiated. The Chief of Staff may meet with the person making the report, any witnesses to the alleged inappropriate behavior, and any other persons who may have relevant information to ascertain the details and substantiate the report.

c. If after conducting the evaluation the Chief of Staff determines that the report cannot be substantiated, the Chief of Staff will discuss the report and evaluation with the VPMA and, if both agree, the report may be dismissed. At a minimum, however, the Chief of Staff should not dismiss a report before first offering to meet personally with the person making the complaint.

d. If the evaluation indicates an incident of inappropriate conduct has likely occurred, the Chief of Staff will notify the Member or Practitioner of the report in writing and offer the Member or Practitioner an opportunity to respond either in writing or in a personal meeting as requested by the Member or Practitioner. The notification

should describe the report in sufficient detail for the Member or Practitioner to prepare a response, but it need not include a copy of the originally submitted report. The Member's or Practitioner's written response must be received, or the meeting held, within 15 days of the Member's or Practitioner's receipt of the report. The Chief of Staff may extend this deadline upon request by the Member or Practitioner for good cause shown. If after review of the Member's or Practitioner's response the Chief of Staff determines that no unprofessional behavior occurred, the Chief of Staff may dismiss the complaint. If the Member or Practitioner does not respond before the deadline, the Chief of Staff may determine whether the report is substantiated based on the evidence obtained in the evaluation.

e. If a complaint is dismissed, the Member or Practitioner must be given written notice of the dismissal if the report had been earlier shared with the Member or Practitioner. Neither the report nor the dismissal are kept in the Member's or Practitioner's quality file, but a copy of both may be retained in a common, central file maintained by the Chief of Staff or VPMA and appropriately designated for quality-protected matters that had been previously dismissed.

6. Procedures for Responding to Substantiated Incidents of Unprofessional Behavior

a. If, after soliciting the Member's or Practitioner's response as provided above, and giving due consideration to all the evidence, the Chief of Staff concludes that the Member or Practitioner did engage in unprofessional behavior, the Chief of Staff will determine an appropriate response, which may include one or more of the following:

i. Sending the Member or Practitioner a letter of guidance about the incident;
ii. Sending the Member or Practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
iii. Requiring the Member or Practitioner to meet with the VPMA and/or appropriate medical staff leaders to: (a) counsel and educate the individual about the concerns and the necessity to modify the behavior in question and/or (b) to enter into a mutually agreed-upon plan of correction/improvement;
iv. Requiring the Member or Practitioner to undergo behavior evaluation by a qualified practitioner and to comply with the evaluator's recommendations; or
v. Referring the matter to the Credentials Committee for further review or for investigation according to the Medical Staff Bylaws.

In determining the appropriate response, the Chief of Staff should consider the nature and seriousness of the unprofessional conduct; its impact or potential impact on patient care and safety or on the health, safety or welfare of other individuals; the Member's or Practitioner's history of similar conduct and any previous efforts that have been made to correct or improve the Member's or Practitioner's conduct, either at this hospital or at other health care facilities; and the reasonable likelihood that collegial efforts will resolve the conduct concerns.

b. The Chief of Staff will notify the Member or Practitioner of the response in writing, and will invite the Member or Practitioner to submit a written reply within 30 days of receiving the response. The Chief of Staff may extend the time period for good cause shown. A copy of the Chief of Staff's notification will be provided to the Credentials Committee at its next regular meeting.

c. Documentation of the report and response, including any written replies by the Member or Practitioner to either the report or the response, will be maintained in the Member's or Practitioner's confidential medical staff quality file.

d. If the Member or Practitioner practices at multiple hospitals within Allina, the VPMA will notify the VPMA(s) at all other sites where the Member or Practitioner has privileges of the incident and the action taken in response to the incident.

e. IMPORTANT: Corrective action involving the medical staff member may not always be sufficient to ensure adequate resolution. In some situations, it may be beneficial for the hospital to take additional steps such as team-building training to entire work groups, focusing on the policies and expectations regarding respectful workplace behavior and the procedures for raising concerns about behavior. Any such training or counseling will respect protected peer review information regarding the specific inquiry or actions taken.

7. Procedures for Responding to Substantiated Incidents of Harassment

a. The Chief of staff and the VPMA shall meet with the Member or Practitioner to discuss a substantiated report incident of harassment. If the Member or Practitioner agrees in this meeting to stop the conduct constituting harassment, the meeting shall be followed up with a formal letter of admonition and warning to be placed in the confidential portion of the Member's or Practitioner's quality file. The letter of admonition and warning must advise the Member or Practitioner that the harassing behavior is unacceptable and must not recur. It should also state that a further episode will result in a referral to the Credentials Committee for investigation and disciplinary action according to the Medical Staff Bylaws, up to and including termination of membership and privileges. This letter must also set forth any additional actions to be taken, if any, as determined at the meeting. The letter should also include an invitation to the Member or Practitioner to submit a written response. A copy of the letter, along with any written response received from the Member or Practitioner, shall be kept in the Member's or Practitioner's confidential quality file. A copy of the Chief of Staff's letter and any reply submitted by the Member or Practitioner will be provided to the Credentials Committee at its next regular meeting.

b. If the Member or Practitioner refuses to stop the conduct immediately, or if the severity of the situation warrants it, the matter shall be immediately referred to the Credentials Committee for investigation and disciplinary action according to procedures outlined in the Medical Staff Bylaws.

c. Any reports of retaliation or any further substantiated incidents of harassment, whether or not the Member or Practitioner has agreed to stop the improper conduct, shall result in an immediate referral of the matter to the Credentials Committee for investigation and disciplinary action according to procedures outlined in the Medical Staff Bylaws.

FORMS:

Medical Staff Complaint Checklist
Medical Staff Conduct Communication Form
Medical Staff Conduct Review Form

REFERENCES:

Related Regulation and Laws: N/A

Alternate Search Terms:N/A

Related Policies:

Name of Policy	Content ID	Business Unit where Originated
N/A		

Policies Replacing:

Name of Policy	Content ID	Business Unit where Originated
N/A		