

Elliot Health System

TITLE: Disruptive Practitioner Behavior Policy

SCOPE: Medical Staff Members providing services at the Elliot Hospital or at any EHS-affiliated location

PURPOSE: Elliot Health System is committed to fostering a cooperative, collegial, and courteous health care environment.

POLICY STATEMENT: Medical Staff Members providing services at the Elliot Hospital or at any EHS-affiliated location are required to conduct themselves in a professional manner and avoid disruptive behavior in order to facilitate the effective delivery of care and the efficient operation of the health care environment.

DEFINITIONS:

Disruptive Behavior

- Personal conduct, whether verbal or physical, that affects or potentially may affect patient care negatively constitutes disruptive behavior.¹
- Such behavior includes, but is not limited to:
 - Conduct that is deemed to be inappropriate or unacceptable to colleagues, staff, patients, or their family members;
 - Conduct that significantly deviates from cultural or professional norms or is otherwise reckless or egregious under the circumstances;
 - Conduct that interferes with the normal operations of Elliot Hospital or EHS-related locations;
 - Conduct that interferes with care, treatment, or services provided to patients;
 - Conduct that interferes with a practitioner's own ability to practice or deliver care, treatment, or services in a competent manner;
 - Conduct that is abusive, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised;²

¹ See, for example, American Medical Association Ethics Opinion 9.045, entitled "Practitioners with Disruptive Behavior."

² See, for example, N.H. RSA 329:13-b, concerning the definition of "disruptive behavior" as used in connection with Professionals' Health Program.

- Conduct that is defined to be disruptive by any Human Resources, including the Disruptive Behavior Policy applicable to all EHS employees; and
- Conduct that is off-putting or otherwise isolates colleagues, staff, patients, or their families.

PROCEDURE:

Complaint & Notification

- Complaints of disruptive behavior may be made by any concerned party.
- Complaints made in real time may enhance the opportunity for prompt resolution and remedy between the parties and may minimize disruption to patient care. Based on the judgment of the affected party Medical Staff leadership and appropriate administrators may be notified to evaluate conduct and, if such conduct is deemed egregious, undertake immediate corrective action to address any contemporaneous disruptive behavior. In other instances it may be appropriate for the local leadership to resolve the issue with coaching and mentoring of the staff member.
- All other Complaints of disruptive behavior should be made in writing and submitted to the appropriate Section Chief and/or Departmental Chair.
- Written complaints should include, to the extent possible:
 - The name of the practitioner involved;
 - The date and time of the alleged disruptive behavior;
 - A description of the behavior, as well as a description of its preceding events;
 - A list of other parties people who witnessed the behavior;
 - To the extent the behavior affected or involved a patient, the name of the patient; and
 - If known, any action taken (whether direct or indirect, formal or informal) to remedy the behavior or its consequences.

Review Process & Investigation

- The Section Chief and/or Department Chair will review the Complaint to determine whether the behavior complained of, if true, would constitute disruptive behavior under this Policy.
- A reasonable investigation into the Complaint will be conducted by the appropriate Section Chief, in conjunction with the Department Chair.
- The investigation will be conducted in a discrete, impartial, and fair manner.
- All information gathered and obtained as part of the investigation shall be treated as confidential peer review information. To the extent permitted by law, all persons who participate in good faith in such an investigation shall be protected from liability.

- At the start of the investigation, a summary of the Complaint must be provided to the practitioner. The practitioner shall have the opportunity to submit during the course of the investigation a written response to the Complaint summary.
- As part of the investigation, the individual who submitted the Complaint will be interviewed, as well as the practitioner whose conduct in the subject of the investigation, along with any others deemed appropriate by the Section Chief and Department Chair.
- Following the investigation, the appropriate Section Chief and Department Chair shall notify, the President of the Medical Staff, the Vice President of the Medical Staff, the Senior Vice President of Medical Affairs and Chair of Multispecialty Review Committee of the results of the investigation.
- If it is determined that disruptive behavior did not occur, the Complaint may be dismissed; however, documentation related to the investigation shall be maintained in the practitioner's confidential peer review file.
- If it is determined that disruptive behavior likely occurred, corrective action shall be recommended.
- If, at any time during the investigation, it is suspected that practitioner's conduct may have been caused by a medical, psychological, or substance abuse problem or impairment, the matter shall be pursued in accordance with the Professionals' Health Program (*see* RSA 329:13-b), with the goal of restoring the practitioner to safe and healthy practices, if possible.

Corrective Action

- Depending upon the nature and extent of the conduct involved, corrective action may be recommended by the Section Chief and Department Chair, which shall be commensurate with the behavior at issue.

Corrective action may be informal or formal and may include any of the following:

- Educational training;
 - Peer-to-peer intervention;
 - Discussion between the practitioner, Senior Vice President of Medical Affairs, and the President of the Medical Staff (or designee); A written warning letter provided to the practitioner and maintained in practitioner's confidential peer review file;
 - A request for review by the Multispecialty Review Committee; and
 - A written request for discipline submitted to the Medical Executive Committee for initiation of further proceedings in accordance with Medical Staff Bylaws and related policies and programs.
- The Senior Vice President of Medical Affairs, in conjunction with the President of the Medical Staff and the Vice President of the Medical Staff, will determine, in their discretion, whether to adopt the recommendation for corrective action or pursue other corrective action.

- Appropriate corrective action may also integrate reliance upon the Just Culture model of accountability for behavior in order to emphasize situational awareness, reduce at-risk behaviors, and incentivize healthy behaviors.

Additional Information

- Nothing in this policy precludes immediate referral to the Medical Executive Committee for action in accordance with the Bylaws.
- Nothing in the policy requires that corrective action be performed in a progressive fashion, as even a single incident of disruptive behavior may warrant formal corrective action.

OWNER: Denice Stoll, Director of Provider On-Boarding