

	Policy Area: Medical Staff
Policy Name: Management of Disruptive Practitioner	Replaces Policy Dated: February 21, 2018
Pages: 5	Effective Date: December 16, 2020

I. PURPOSE

At Texas Health Harris Methodist Hospital Southlake (THSL), all individuals within the facility are treated courteously, respectfully, and with dignity. To that end, THSL requires all individuals, employees, physicians and other independent practitioners to conduct themselves in a professional and cooperative manner within THSL.

THSL is committed to providing a work environment that is free of discrimination and unlawful harassment. Inappropriate actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation or any other legally protected characteristic shall not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of misconduct that is demeaning to another person, undermines the integrity of the professional relationship, and is strictly prohibited.

II. POLICY

A. It is the policy of the Medical Staff of THSL that no Medical staff member or other independent practitioner with medical staff clinical privileges engages in disruptive behavior, discrimination or harassment. Failure to abide by this policy may be the basis for corrective action in accordance with the Medical Staff Bylaws or for appropriate administrative intervention and action.

B. Definitions

1. **Discriminatory Behavior** is considered an act or omission that is based in prejudice or bias and which is detrimental to another individual. Discrimination by a medical staff member against any individual (e.g. medical staff member, hospital employee, patient, volunteer or visitor) on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, marital status, sex, gender or sexual orientation shall not be tolerated.
2. **Disruptive Behavior** is any inappropriate and/or abusive behavior that may disrupt hospital operations, create a hostile or dangerous work environment, or which may negatively impact patient care. Disruptive behavior includes, but is not limited to:
 - a. Verbal abuse of any individual
 - b. Verbal abuse which is directed toward a group at-large, but would reasonably be perceived by a member of that group to be offensive.
 - c. Using profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other hospital personnel.
 - d. Unjustifiable delay in the progress of any diagnostic, therapeutic, or surgical procedure to inappropriately reprimand nurses or staff.
 - e. Throwing, tossing, flinging, or slamming down any equipment, instruments, records, or any other materials.
 - f. Making bad faith, false accusations of unprofessional behavior against any individual; making comments about the quality of care being provided by the hospital, another medical staff member, or any individual or otherwise critical of

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the hospital, another medical staff member, or any other individual that are made outside of appropriate medical staff and/or administrative channels.

- g. Making inappropriate physical contact with another individual that is threatening or intimidating.
 - h. Making inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual or otherwise critical of the hospital or other medical staff member or personnel.
 - i. Any behavior which is a violation of State and Federal laws and regulations, or hospital or Medical Staff policy, rules and regulations.
 - j. Any other aberrant behavior which may reasonably appear to compromise quality of care, either directly or indirectly, because it may disrupt hospital operations, or which may interfere or be inconsistent with a reasonable and safe working environment.
 - k. From refusing to abide by medical staff requirements delineated in the Medical Staff Bylaws, regulations, or policies (including but not limited to emergency call issues, response times, medical record keeping and other patient care responsibilities; failure to participate on assigned committees, and generally failing to work cooperatively and harmoniously with other members of the medical staff and hospital staff).
3. **Harassment** is repeated offensive conduct that is sufficiently severe and pervasive to create an abusive working environment. Harassment includes, but is not limited to, intimidation, ridicule, belittlement, mocking, or insult, such that a reasonable person would find it to be offensive, hostile, and abusive, and the person perceives it as such.
4. **Sexual Harassment** is unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassment (such as epithets, derogatory comments, or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement of work), or visual harassment (such as the display of derogatory cartoons, drawings, or posters).

Sexual Harassment may be a single incident, or may be multiple incidents; and may include unwelcome sexual advances, request for sexual favors, or any other verbal, visual or physical conduct of a sexual nature when:

- a. Submission to the conduct is made either explicitly or implicitly a term or condition of employment
- b. Submission to or rejection of such conduct is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment
- c. Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance, or creating an intimidating, hostile, or offensive work environment.

Examples of Sexual Harassment include but are not limited to:

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- 1) Unwelcome sexual flirtations, advances or propositions
- 2) Pressure or requests for sexual favors
- 3) Making or threatening reprisals after a negative response to a sexual advance
- 4) Unnecessary touching of an individual
- 5) Visual conduct, such as leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons, or posters
- 6) Verbal conduct, such as making or using derogatory comments, epithets, slurs and jokes
- 7) Verbal abuse of a sexual nature such as graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, emails, notes or invitations
- 8) Threatening retaliation as a result of an individual's negative response to the harassing conduct.

5. **Practitioner** as used in this Policy, shall include all medical staff members and all other individuals holding medical staff clinical privileges who are not medical staff members, including, but not limited to, allied health practitioners.
6. **Prohibited Behavior** in this Policy shall include discriminatory behavior, disruptive behavior, harassment, and sexual harassment.

III. PROCEDURE

A. Acknowledgment

All Practitioners shall review and acknowledge this policy on his/her initial application and reappointment application acknowledging that he/she has read and agrees to abide by this Policy at all times.

B. Reporting Procedure

Complaints alleging that a practitioner has engaged in prohibited behavior shall immediately be reported and documented as follows:

1. Prohibited Behavior Directed at an Employee or Volunteer

Any employee or volunteer who encounters an incident of prohibited behavior shall promptly report the matter to his or her manager. If the manager is unavailable or the employee believes it would be inappropriate to contact the manager, the employee shall immediately contact Human Resources. Employees may raise concerns and make reports of prohibited behavior without fear of reprisal.

2. Prohibited Behavior Directed at a Patient or Visitor

If the alleged victim is a patient or visitor, then the complaint shall be referred to a member of Administration and to Risk Management.

3. Prohibited Behavior Directed at a Practitioner

If the alleged victim is a practitioner, then the complaint shall be referred to the Chief of Staff, another medical staff officer, or Risk Management.

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4. Prohibited Behavior by an Employee or Volunteer

If the parties involved in the matter are employees or volunteers (including employed physicians), the matter shall be handled in accordance with Hospital policies.

5. Prohibited Behavior by a Practitioner

All complaints regarding a practitioner engaging in prohibited behavior shall be referred to the Quality Review Committee (QRC).

6. Documentation of Prohibited Behavior

Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies action, but rather a pattern of conduct. A variance report form documenting the occurrence(s) shall include:

- a. The date and time of the prohibited behavior
- b. If the behavior affected or involved a patient in any way, the name and medical record number of the patient
- c. A description of the circumstances which precipitated the situation
- d. A factual description of the prohibited behavior, including witnesses
- e. The consequences, if any, of the prohibited behavior, as it relates to patient care, hospital operations or the work environment
- f. A record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening.

C. Review and Resolution

1. Review of Complaints

Any and all complaints of prohibited behavior shall be reviewed in a prompt, thorough, and confidential manner. The review may include interviews with all parties involved, including witnesses. Reports of prohibited behavior may be made without fear of reprisal.

2. Action Plan

An action plan for resolution of all prohibited behavior complaints and concerns shall be created. This plan may include referral of the matter to the Medical Executive Committee (MEC) reporting to the Board of Managers for further review or other action pursuant to the Medical Staff Bylaws. Administrative action and/or alternative resolutions may be considered. Nothing in the policy shall be deemed to limit any action plan that may be appropriate under the facts and circumstances which are the issue of review.

3. Acknowledgment of Complaint

An acknowledgment of the complaint shall be sent to the concerned or complaining individual with assurance that the issues shall be reviewed. If the complaining or concerned individual is an employee, the individual may be informed of the action plan for resolution of the problem. Confidential peer review information shall not be disclosed to the individual.

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4. Corrective Action

A member of the medical staff is expected and required to adhere to the ethics of the responsibilities of the medical staff. If a member fails to do so, or if member's behavior is disruptive to the reasonably expected functioning of the Hospital, the member's clinical privileges may be suspended by the MEC.

If warranted, a formal investigation and corrective action may be initiated. Such investigation and action shall follow the procedures set forth in the Medical Staff Bylaws. In the event of adverse action affecting the practitioner's privileges, the practitioner's right to a hearing and appellate review shall be as set forth in the Medical Staff Bylaws.

5. Privileges and Immunities

The complaints, results and conclusions of all medical staff reviews and investigations of a practitioner for prohibited behavior is part of the ongoing medical staff peer review performance improvement process, is confidential, shall be maintained in the practitioner's credential's file, and shall be considered at the time of reappointment or more often, as indicated.

6. Refusal to Cooperate

A Member's failure to appear for counseling or refusal to take any required action or to cooperate with the recommendations of any Medical staff Committee, may result in automatic relinquishment of Medical staff Membership and Privileges.