

Policy # HVL.ORG.191	Policy Name Disruptive Behavior - Code of Conduct
Policy Location AH Hendersonville	Responsible Department Clinical Improvement
Policy Owner/Executive Owner Gretchen Nicholson (PR-Ofc Clb Impv Med Staff Dir)	Original Creation Date 01/01/2001
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- I. SCOPE:** This policy applies to all practitioners granted clinical privileges at AdventHealth Hendersonville.
- II. PURPOSE:** The purpose of this policy is to provide a process by which disruptive behavior of Practitioners is identified and addressed to minimize the impact of safe care.
- III. POLICY:**
- A. It is essential that all individuals working at AdventHealth Hendersonville hospital and/or clinics (henceforth, "Hospital") treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner that supports a culture of patient safety. Thus, Medical Staff members and Allied Health Professionals (AHPs), herein collectively referred to as "Practitioners" must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.
 - B. This policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process to address inappropriate and/or disruptive behavior by a Practitioner.
 - C. Leadership acknowledges that each Practitioner is an individual, with distinct personality traits and tendencies, many of which enhance patient care and create a multitude of ideas and perspectives within a health care environment. However, certain behaviors or conduct of Practitioners may interfere with effective clinical performance of the medical staff, or other members of the health care delivery team and, consequently, may adversely affect patient safety or disrupt a harmonious working environment.
 - D. Practitioners whose conduct poses a risk to the health and/or safety of any individual and/or may impede the effective, orderly operations shall be subject to this policy and, in addition, may be subject to the Medical Staff Health Policy and other hospital policies. Disruptive behavior by a Practitioner may also, where appropriate, necessitate referral to the Physician Health Program, as well as possible corrective action pursuant to the Medical Staff Bylaws, as appropriate for the circumstances. In the event of any apparent or actual conflict between this policy and the bylaws, rules, regulations, or other policies of the Hospital, medical staff, the provisions of this policy shall control.
 - E. Any retaliation against the person reporting the incident will be grounds for immediate suspension of privileges.
 - F. Practitioners who engage in disruptive behavior will be addressed in accordance with this

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- policy. If the matter involves an employed Practitioner, Hospital management, in consultation with appropriate medical staff leaders and legal counsel, will determine which, if any, applicable policies, including Human Resources policies, will be applied.
- G. All efforts undertaken pursuant to this Policy will be part of the Hospital's performance improvement and professional and peer review activities, for the purpose of improving patient safety. All findings and analysis are conducted within the Hospital's Patient Safety Evaluation System and are protected as Patient Safety Work Product (PSWP) and state peer review statutes.
- H. The Medical Staff leadership and Hospital Administration will make employees, Practitioners, and other personnel aware of this policy and will institute procedures to facilitate prompt reporting of disruptive conduct and prompt intervention.

IV. PROCEDURE/GUIDELINES:

- A. **Behaviors That Undermine A Culture Of Safety – Examples:** Disruptive behavior can take many forms, including but not limited to:
1. Actions that create a hostile work environment or otherwise impede the ability of others to function in a safe and competent manner, such as:
 - a. Tirades in patient care areas of the Hospital or clinics.
 - b. Abusive treatment of employees, patients, or visitors.
 - c. Sexual harassment and/or sexual comments/innuendo (as defined by AHS Company Wide Policy CW HR, "Harassment in the Workplace"; and/or
 - d. Disruption of meetings.
 2. Attacks leveled at other Practitioners, Hospital employees, patients or visitors which are personal, irrelevant, or go beyond the bounds of fair professional comment, such as comments related to professional status, race, gender, sexual orientation or religious preference of others.
 3. Use of foul language or profanity, outbursts of anger, and any other inappropriate comments, actions or responses to medical staff members, Hospital employees, patients or visitors.
 4. Inappropriate comments written (or illustrations drawn) in patient medical records, or other clinical documents, impugning the quality of care at AdventHealth Hendersonville, or attacking particular medical staff, Hospital employees, patients, or Hospital policy.
 5. Non-constructive criticism, addressed to its recipient in such a way as to intimidate, undermine their confidence, or belittle them, including inappropriately raising one's voice, offensive sarcasm, name calling, blaming, insults and any other personal attacks.
 6. Criticism of other Practitioners, Hospital employees and patients in front of patients and visitors, as well as public derogatory comments about the quality of care provided by others.
 7. Imposing requirements on the nursing or other Hospital staff other than for the purpose of serving patient care or the interests of the Hospital.
 8. Repeated violations of Hospital policies or Medical Staff Regulations and Policies.
 9. Behaviors that impair a Practitioner's ability to work with a team to provide care in a hospital or clinic setting.

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10. Stealing and/or damaging Hospital property, or the property of Hospital employees, patients or visitors; and
11. Refusal to accept medical staff assignments or to participate in departmental affairs in a professional and appropriate manner.

B. Reporting Of Disruptive Behavior:

1. This policy is intended to encourage individuals to report inappropriate and/or disruptive behavior by the medical staff and to ensure such behavior is appropriately addressed and resolved through an unbiased fact-finding process.
2. Hospital employees who observe, or are subjected to, disruptive behavior by a Practitioner are encouraged to notify their supervisor about the incident or, if their supervisor's behavior is at issue, to report such behavior per the Chain of Command: Stop the Line policy.
3. Individuals who report an incident will be requested to document it in writing. If he or she does not wish to do so, the supervisor or other person receiving report may document it, after attempting to ascertain the individual's reason for declining, and encouraging the individual to do so. Documentation should include:
 - a. The date and time of the behavior
 - b. A factual description of the behavior
 - c. The name of any patient or patient's family member who is involved in the incident, including any patient or family member who witnessed the incident
 - d. The circumstances which precipitated the incident, including an objective description of potential triggers
 - e. The names of other witnesses to the incident
 - f. Consequences, if any, of the disruptive behavior, as it relates to patient care, personnel, or Hospital operations; and
 - g. Any action taken to intervene in, or remedy, the incident.
4. The disruptive behavior should also be reported through the Hospital's occurrence reporting system.

C. Investigating Reports Of Disruptive Behavior:

1. Reports of disruptive behavior related to Practitioners are routed to the Chair of the Performance Improvement Committee (or designee) or Department Chair (or designee) or CMO for review. In the event the PI Chair, Department Chair or CMO disagree about who should perform the review, the Chief of Staff (or designee) shall have the authority to determine who will perform the review.
2. The Performance Committee (PI) Chair (or designee) or Department Chair (or designee) or CMO will conduct an investigation that will involve an interview with the reported Practitioner. To the extent appropriate, they may meet with the reporting individual or any witnesses to the event. In dealing with incidents of inappropriate conduct, the protection of patients, employees, physicians, and others at the Hospital, and the orderly operation of the Hospital are paramount concerns.

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3. The reported Practitioner will have an opportunity to explain the reported incident from his/her perspective.

D. Addressing Disruptive Behaviors:

1. After screening a report of disruptive behavior and determining that an incident of disruptive behavior has likely occurred, the PI Chair (or designee), Department Chair (or designee) or CMO shall classify each report in one (1) of three (3) following levels and take the following actions, as indicated in Table 1:

Table 1:

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Disruptive Behavior - Code of Conduct

	<p>Level 0</p> <p>The incident was found to lack merit and/or credibility to move forward with further review or the incident occurred but is not a violation of the Disruptive Behavior of Conduct Policy defined that within the context of the situation/circumstance, the person acted in a reasonable way that would not have provoked a person of normal sensitivity.</p>	<p>Level 1</p> <p>The incident poses a minimal risk to operations and/or patient care. Examples include, but are not limited to, slurs, derogatory comments, inappropriate entries into the medical record and inappropriate nonprofessional behaviors, or altercations in which there was no harm or threat of harm to a person, but where the culture of safety was affected.</p>	<p>Level 2</p> <p>The incident poses moderate risk to operations and/or patient care. Examples include, but are not limited to, shouting or profanity, incidents which occurred in the presence of a patient or visitor, or other non-physical action, which is directed toward another medical staff member, employee, patient, or visitor.</p>	<p>Level 3</p> <p>The incident poses a significant risk to the health and/or safety of patients or other members of the medical staff, employees, or visitors. Examples include, but are not limited to, any type of physical contact or harassment.</p>
Initial Violation	NA - Dismissed	<p>Collegial Intervention</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND PI Chair OR Dept Chair OR CMO 	<p>Collegial Intervention</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND PI Chair OR Dept Chair OR CMO 	<p>All Level 3 Violations are escalated as Immediate Referral to MEC</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND MEC
2 nd Violation	NA - Dismissed	<p>Develop Signed Action Plan</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND PI Chair, OR Dept Chair, AND Chief of Staff/CMO 	<p>Develop Signed Action Plan w/ Consequences for further violations</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND PI Chair, OR Dept Chair, AND Chief of Staff/CMO 	
3 rd Violation	NA - Dismissed	<p>Recommit to Action Plan/Consequences for Furth Violations</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND PI Chair, OR Dept Chair, AND Chief of Staff/CMO Administrator 	<p>Final Warning –'Referral to MEC</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND MEC 	
4 th Violation	NA - Dismissed	<p>Final Warning –'Referral to MEC</p> <p>Attendees:</p> <ul style="list-style-type: none"> Practitioner, AND MEC 		

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2. The imposition of any of the actions in Table 1 does not entitle the Practitioner to a hearing or appeal as set forth in the Medical Staff Bylaws.
3. When requested to meet regarding a matter of professional conduct, Practitioners are required to confer with the Chief of Staff, CMO, or the applicable Department Chair or Medical Staff committee chair. Initial request to meet will be made by personal contact - by telephone or face-to-face.
4. Any failure of a provider to respond to the initial request for a meeting, or to attend a scheduled meeting, will result in formal written notice to compel a meeting. The Practitioner will be given written notice of any subsequent scheduled meeting at least fourteen (14) days prior to the meeting. This notice shall include the date, time, place, issue involved, and that the Practitioner's appearance is mandatory. If there is no confirmation of receipt within seven (7) days of the meeting, another written notice shall be sent. If there is no confirmation of receipt within three (3) days of the meeting, the Practitioner will be notified via telephone or the Practitioner will be sent an e-mail, at their chosen e-mail address, with read receipt notice. Failure of the Practitioner to appear at any such meeting after these notices, unless excused by the MEC for an adequate reason, will result in an automatic termination of the Practitioner's membership and privileges. Such termination would not give rise to a fair hearing but would automatically be rescinded if and when the Practitioner participates in the previously referenced meeting.
5. In order to carry out the objectives of this policy, and except as otherwise may be determined by the Performance Improvement Committee (or its designee), the Practitioner's counsel shall not attend any of the meetings described in this policy.
6. The Practitioner shall be advised that, if the incident occurred as reported, his or her conduct was inappropriate and inconsistent with standards of AdventHealth Hendersonville, and strategies for raising concerns through proper channels will be shared. The identity of the individual reporting the inappropriate conduct will not be disclosed at this time, unless the CMO and the Chief of Staff agree in advance that it is allowable to do so. In any case, the Practitioner shall be advised that any retaliation against the person reporting the incident will be grounds for immediate suspension of privileges.
7. This Policy outlines escalating collegial steps (i.e. counseling, warnings, and meetings) that can be taken to address concerns about disruptive behavior by Practitioners. However, consistent with AdventHealth's harassment policy, a single incident of disruptive behavior or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this policy precludes an immediate referral of a matter being addressed through this policy to the Medical Executive Committee to be reviewed in accordance with the Medical Staff Bylaws, and Rules and Regulations, or the elimination of any particular step in the policy.
8. The MEC may, in its discretion, take additional steps to address the concerns, including, but not limited to, the following:
 - a. Require the Practitioner to meet with the MEC.

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- b. Require the Practitioner to meet with specified individuals (including, but not limited to, any combination of current or past Medical Staff or Hospital leaders, the Board Chair or other Board members, or outside consultants).
 - c. Require the Practitioner to complete a behavior modification program.
 - d. Impose a personal code of conduct on the Practitioner and make continued appointment and clinical privileges contingent on the Practitioner's adherence to it; and/or
 - e. Suspend the Practitioner's clinical privileges for less than 30 days.
9. Referral of the Practitioner for additional evaluation, courses, and/or treatment programs offered by:
 - a. a source within the Hospital
 - b. a source external to the Hospital (i.e. the North Carolina Physicians Health Program, Center for Personalized Education for Practitioners (CPEP), inpatient or outpatient rehabilitation program, or course related to disruptive behavior or professional boundaries.)
 - c. Place the practitioner on a medical leave of absence.
 - d. Impose restrictions to the practitioner's clinical privileges
10. The cost of any courses and/or treatment programs mandated by the MEC will be the responsibility of the Practitioner.
11. At any point, the Medical Executive Committee may refer the matter to the Board without recommendation or make a recommendation to the Board regarding the Practitioner's continued appointment and clinical privileges. Any suspension of clinical privileges for greater than 30 days does entitle the Practitioner to a fair hearing as outlined in the Medical Staff Bylaws.
12. All alleged incidents of disruptive behavior fall under the jurisdiction of the PI Committee and will be presented to the PI Committee for further review. The PI Committee retains authority to re-classify any incident that is initially scored by the PI Chair or Service Chief Designee.
13. The PI Committee will track, and score reported incidents of disruptive behavior by Practitioners and such documentation will be considered during the reappointment of all Practitioners. All reviews will be subject to parameters as directed by the MEC. In addition, any single incident scored as a Level 3 may result in corrective action as determined by the MEC in accordance with the procedures set forth in the Medical Staff Bylaws.
14. Code of conduct violations with a level of 1, 2, or 3 shall be recorded in the Practitioner's OPPE data and be considered at the time of reappointment.
15. Recurrent disruptive behavior/code of conduct violations will trigger escalating interventions. Following one year since the last date of intervention without a code of conduct violation, and a presumed correction of behavior, a subsequent violation will reset back to an Initial intervention and restart the escalation sequence. Consideration will be given to both the type and severity of the violation.

V. DEFINITION(S):

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- A. **Disruptive behavior:** generally defined as conduct that interferes with or disrupts Hospital operations, affects the ability of employees or Practitioners to perform their duties competently, adversely affects the community's confidence in the Hospital's ability to provide quality patient care, and/or compromises safety. Behavior that is unusual, unorthodox or "different," alone, may not constitute disruptive behavior.
- B. **Practitioner:** any clinician granted clinical privileges at AdventHealth Hendersonville
- C. **Patient Safety Work Product (PSWP):** any data, reports, records, memoranda, analyses or written or oral statements which could improve patient safety, health care quality, or health care outcomes; and (A) which are assembled or developed by a provider for reporting to a Patient Safety Organization (PSO) and (B) are reported to a PSO (See AdventHealth Patient Safety Evaluation System (PSES) Policy for further definition).

VI. EXCEPTION(S):

VII. REFERENCE(S):

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

[Medical Staff Health - Impairment](#)

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