

APPENDIX A

MEDICAL STAFF POLICY ON DISRUPTIVE BEHAVIOR

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all Medical Staff members and Allied Health Professionals practicing in the Hospital must treat others with respect, courtesy, and dignity and must conduct themselves in a professional and cooperative manner. No member of the medical staffs may engage in abusive, abrasive, intimidating or other inappropriate and unwarranted behavior towards other staff members, employees, volunteers, patients or visitors which actually or potentially disrupts the provision of quality medical care in the Hospital.

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 disciplinary processes. It also outlines the disciplinary steps when such actions do not suffice.

In dealing with all incidents of inappropriate conduct, the protection of patients, employees, physicians, and others in the Hospital and the orderly operation of the Medical Staffs and Hospital are paramount concerns. Complying with the law and providing an environment free from sexual harassment are also critical.

All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional and peer review activities.

Sexual harassment of employees, patients, other members of the Medical Staffs, and others, is a particularly intolerable form of disruptive behavior and is considered in a separate policy. Behavior issues deemed the result of practitioner impairment should lead also to reference to the Policy on Health Impairment.

DEFINITION

Disruptive behavior may be described as actions which may do any of the following:

interfere substantially with the operation of the hospital;

jeopardize patient care;

materially affect the ability of others to get their jobs done;

create a hostile work environment for hospital employees or other medical staff appointees;

have the potential to interfere with the practitioner's own ability to practice competently.

To aid in both the education of Medical Staff members and Allied Health Professionals and the enforcement of this Policy, examples of "inappropriate conduct" include, but are not limited to:

- threatening or abusive language directed at patients, nurses, Hospital personnel, Allied Health Professionals or other physicians (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies incompetence);
- degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;
- profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
- inappropriate physical contact with another individual that is threatening or intimidating;
- derogatory comments about the quality of care being provided by the Hospital, another Medical Staff member, or any other individual outside of appropriate Medical Staff and/or administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by the Hospital, Medical Staff members or any other individual;
- imposing onerous requirements on the nursing staff or other Hospital employees;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staffs Bylaws, Credentials Policy, and Rules and Regulations (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 an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs).

GENERAL GUIDELINES/PRINCIPLES

Issues of employee conduct will be dealt with in accordance with Virtua's Human Resources Policies. Issues of conduct by members of the Medical Staffs or Allied Health Professionals (hereinafter referred to as "practitioners") will be addressed in accordance with this Policy. If the matter involves an employed practitioner, hospital management in consultation with appropriate medical staff leaders and legal counsel will determine which of any applicable policies will be applied.

This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with a practitioner) that can be taken to address complaints about inappropriate conduct by practitioners. Sometimes a single incident of inappropriate conduct 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 Executive Committee or the elimination of any particular step in the Policy.

In order to carry out the objectives of this Policy, and except as otherwise may be determined by the Medical Staff Officers (or their designees), the practitioner's counsel shall not attend any of the meetings described in this Policy.

The Medical Staff leadership and Hospital Administration shall provide education to all Medical Staff members and Allied Health Professionals regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staffs, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

REPORTING OF INAPPROPRIATE CONDUCT

Nurses and other Hospital employees who observe or are subjected to inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify any of the following: the President of the Medical Staff, the Department Chairperson, the Vice President of Medical Affairs, the CEO (or designee), or the Chairperson of the Board (hereafter in this Policy, the Medical Administrative Contact). The person initiating the report shall also make such reports as are required by applicable Hospital human resources policies. The supervisor will in turn forward the information to one of the Medical Administrative Contacts. Any practitioner who observes such behavior by another practitioner shall notify any of the above listed individuals directly.

The individual who reports an incident shall be requested to document it in writing. If he or she does not wish to do so, the supervisor or Medical Administrative Contact may document it, after attempting to ascertain the individual's reasons for declining and encouraging the individual to do so.

The documentation should include:

- (a) the date and time of the incident;
- (b) a factual description of the questionable behavior;
- (c) the name of any patient or patient's family member who may have been involved in the incident, including any patient or family member who may have witnessed the incident;
- (d) the circumstances which precipitated the incident;
- (e) the names of other witnesses to the incident;
- (f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;

- (g) any action taken to intervene in, or remedy, the incident; and
- (h) the name and signature of the individual reporting the matter.

The Medical Administrative Contact shall follow up with the individual who made the report by informing him/her that the matter is being reviewed, offering thanks for reporting the matter and giving instruction to report any further incidents of inappropriate conduct. The individual shall also be informed that, due to legal confidentiality requirements, no further information can be provided regarding the review of the matter.

PROCEDURE

The Medical Administrative Contact shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident. Thereafter, the process of evaluation will follow that outlined in the Bylaws 7.2.1, Initial Review. If the event of is sufficient gravity to invoke precautionary suspension, that may be undertaken following the rules promulgated in Section 7.3 of the Bylaws.

The Leader to whom the referral comes may do one or more of the following beyond the steps described in Section 7.2.1:

1. notify the practitioner that a complaint has been received and invite the practitioner to meet to discuss it, as described in 7.2.1(e) and (f);
2. send the practitioner a letter of guidance about the incident;
3. educate the practitioner about administrative channels that are available for registering complaints or concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;
4. send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
5. meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question

The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the Medical Staff Leaders agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Executive Committee pursuant to the Credentials Policy.

As described in 7.1 (d) of the Bylaws the practitioner shall be apprised of any documentation prepared for a practitioner's file regarding efforts to address concerns with the practitioner and

given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the Medical Administrative Contact's documentation.

If additional complaints are received concerning a practitioner, the Medical Staff Leaders may continue to utilize the collegial and educational steps noted in this Section as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns.

REFERRAL TO THE EXECUTIVE COMMITTEE

At any point, the Medical Staffs Contact may refer the matter to the Executive Committee for a formal investigation and subsequent action, in accordance with Section 7.2.2 of the Bylaws. The Executive Committee shall be fully apprised of the actions taken by the Medical Staffs Contact or others to address the concerns. When such a referral for investigation is made, the Medical Staffs Contact may also suggest a recommended course of action.

The Executive Committee may undertake formal investigation as described in Section 7.2.3 of the Bylaws. The Executive Committee may also direct that a matter be handled pursuant to the Practitioner Health Policy. In addition to any of the actions described in Section 7.4, the Medical Executive Committee may take additional steps to address the concerns including, but not limited to, the following:

- (a) require the practitioner to meet with the full Executive Committee or a designated subgroup;
- (b) require the practitioner to meet with specified individuals (including any combination of current or past medical staff leaders, outside consultant(s), the Board Chair or other Board members if medical staff leaders, hospital management and legal counsel determine that board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for voluntary steps to improve);
- (c) require the physician to complete a behavior modification course;
- (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 30 days or less.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal, as outlined in Sections 8.1.1 and 8.1.2 of the Bylaws. The Medical Executive Committee may take other actions including restriction of privileges, suspension for longer than thirty days, or revocation of privileges, as described in Section 7.4. Some actions may entitle the Practitioner to a Hearing as enumerated in the Bylaws.