

<u>MANUAL TITLE</u> ADMINISTRATIVE LEADERSHIP			<u>POLICY NAME:</u> Medical Staff Professionalism Policy	
<u>MANUAL OWNER</u>	<u>DATE OF ISSUE</u>	<u>DATE OF LAST REVIEW</u>	<u>DATE OF REVISION</u>	<u>EFFECTIVE DATE</u>
<u>POLICY OWNER:</u> MEC	July 10, 2025	July 10, 2025		July 10, 2025
<u>REVIEW INTERVAL</u> 36 Months	<u>REVIEWED / APPROVED BY: (Committees)</u> Medical Executive Committees (MEC),			
<u>THIS POLICY IS APPLICABLE TO:</u> Virtua Mount Holly Hospital Virtua Voorhees Hospital Virtua Marlton Hospital Virtua Our Lady of Lourdes Hospital Virtua Willingboro Hospital				

MEDICAL STAFF POLICY ON PROFESSIONALISM

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, all Medical Staff physicians/CNM, Advanced Practice Providers, Trainees, House Physicians, and students practicing at Virtua Health (hereinafter “Medical Staff Clinicians”) must treat others with respect, courtesy, and dignity and must conduct themselves in a professional and cooperative manner. No Medical Staff Clinician 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 at Virtua facilities.

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. Providing a work and care environment in which productivity, interpersonal relations and behavior are promoted in a fair and professional manner and providing an environment free from illegal harassment, discrimination, and retaliation are also critical.

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

Illegal harassment, discrimination or retaliation of employees, patients, other members of the Medical Staffs, and others, is a particularly intolerable form of disruptive behavior and is considered in the Professionalism Policy.

Behavior issues deemed the result of Medical Staff Clinician impairment should also be referred to the Policy on Health Impairment or Medical Staff Clinician Support Policy.

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DEFINITION

Disruptive behavior may be described as actions which may (but are not limited to), 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 or discriminatory work environment for hospital employees or other medical staff appointees;
- have the potential to interfere with the Medical Staff Clinician's own ability to practice competently.

To aid in both the education of Medical Staff Clinicians 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, Medical Staff Clinicians 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, other Medical Staff Clinicians, or other Hospital personnel;

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- inappropriate physical contact with another individual;
- derogatory comments about the quality of care being provided by the Hospital, another Medical Staff Clinician, 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 Clinicians 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, 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, failure to participate in peer review processes, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs), or any other medical staff or Virtua policy.
- Any of the conduct outlined in the Medical Staff Sexual Harassment Policy.

GENERAL GUIDELINES/PRINCIPLES

Issues of employee conduct will be dealt with in accordance with Virtua's Human Resources Policies and this Policy, as appropriate. Issues of conduct by non-employed members of the Medical Staff will be addressed in accordance with this Policy. If the matter involves an employed Medical Staff Clinician, 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 Medical Staff Clinician) that can be taken to address complaints about inappropriate conduct by a Medical Staff Clinician. Sometimes a single incident of inappropriate conduct or a pattern of inappropriate conduct may be so unacceptable that immediate disciplinary action is required.

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Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the VPMA and Medical Executive Committee or the elimination of any particular step in the Policy.

In order to carry out the objectives of this Policy, the Medical Staff Clinician's counsel shall not attend any of the meetings described in this Policy.

Medical Staff Clinicians will be provided with a copy or link to this Policy and are expected to review it in its entirety. The Medical Staff leadership and Hospital Administration shall also make employees, Medical Staff Clinicians, and other personnel in the Hospital aware of procedures to facilitate prompt reporting of inappropriate conduct.

REPORTING OF INAPPROPRIATE CONDUCT

Complaints regarding inappropriate conduct by a Medical Staff Clinician received by the Board, Virtua Human Resources, Virtua's Corporate Compliance office, or any Virtua or Hospital leader, will be forwarded to the Vice President of Medical Affairs and at least one or more of the following: the President of the Medical Staff, the Department Chairperson, the System CMO, the Hospital CMO, or the Hospital President (or designee) (the "Medical Administrative Contacts").

Medical Staff Clinicians who observe or are subjected to inappropriate conduct by another Medical Staff Clinician and/or other Hospital personnel, shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, shall notify any of the Medical Administrative Contacts. The supervisor will in turn forward the information to one of the Medical Administrative Contacts.

The person initiating the report shall also make such reports as may be required by applicable Hospital Human Resources policies. See Human Resources Manual, Harassment, Discrimination, and Retaliation policy.

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.

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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 VPMA or Hospital CMO, or designee, 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 confidentiality requirements, only limited information may be provided regarding the review and outcome of the matter.

PROCEDURE

1. Initial Review

The Department Chair and the Hospital CMO, or designee, 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, if warranted based on the findings from this initial

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review, the process of evaluation will follow one or more of the steps outlined in Article 6 of the Medical Staff and Advanced Practice Provider Credentials Policy (“Credentials Policy”). If the event is of sufficient concern to invoke precautionary suspension, that may be undertaken following the rules promulgated in Article 6, 6.C of the Credentials Policy.

2. Collegial Efforts

Collegial efforts and progressive steps are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff Leaders and Hospital administration. The Leader to whom the referral comes may do one or more of the following beyond the steps described in Article 6.A (2):

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

3. Confidentiality and No Retaliation

The identity of an individual reporting a complaint of inappropriate conduct will generally not be disclosed to the Medical Staff Clinician during these efforts, unless the Medical Staff

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Leaders agree in advance that it is appropriate or necessary to the integrity of the evaluation to do so. In any case, the Medical Staff Clinician shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, is strictly prohibited, and will be grounds for immediate referral to the Medical Executive Committee pursuant to the Credentials Policy.

4. Documentation

As described in 6.A(4) of the Credentials Policy, the Medical Staff Clinician shall be apprised of any documentation prepared for a Medical Staff Clinician's file regarding efforts to address concerns with the Medical Staff Clinician and given an opportunity to respond in writing. Any such response shall then be kept in the Medical Staff Clinician's confidential file along with the original concern and the VPMA or Hospital CMO, or designee's documentation.

5. Additional complaints

If additional complaints are received concerning a Medical Staff Clinician, 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 MEDICAL EXECUTIVE COMMITTEE

At any point, the Medical Staff Leaders and/or Hospital Leaders may refer the matter to the Medical Executive Committee for a formal investigation and subsequent action, in accordance with Article 6.D. Investigations of the Credentials Policy. The Medical Executive Committee shall be fully apprised of the actions taken by the VPMA or Hospital CMO or others to address the concerns. When such a referral for investigation is made, the VPMA or Hospital CMO, or designee may also suggest a recommended course of action.

The Medical Executive Committee may undertake formal investigation as described in Article 6.D.2 of the Credentials Policy. The Executive Committee may also direct that a matter be handled pursuant to the Clinician Support Policy. In addition to any of the actions described in Article 6.E.2, the Medical Executive Committee may take additional steps to

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address the concerns including, but not limited to, the following:

- (a) require the Medical Staff Clinician to meet with the full Medical Executive Committee or a designated subgroup;
- (b) require the Medical Staff Clinician 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 Medical Staff Clinician involved the seriousness of the matter and the necessity for voluntary steps to improve);
- (c) require the Medical Staff Clinician to complete a behavior modification course at their expense;
- (d) impose an action plan outlining conduct and behavior expectations on the Medical Staff Clinician and make continued appointment and clinical privileges contingent on the Medical Staff Clinician's adherence to it; and/or
- (e) suspend the Medical Staff Clinician 's clinical privileges for 30 days or less.

The imposition of any of these actions does not entitle the Medical Staff Clinician to a hearing or appeal, as outlined in Article 7 of the Credentials Policy. 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 Articles 6.D.4 and 7.A.1 of the Credentials Policy. Some actions may entitle the Medical Staff Clinician to a Hearing as enumerated in the Bylaws and Credentials Policy.