



## Manual of Administrative Policy

Code No.	636
Section	600 Medical Affairs
Subject	Disruptive Practitioner Conduct
Date	9/96; 12/05, 6/06; 12/10; 1/13; 5/15; 10/17; 12/19
Source	Medical Executive Committee; YH Board of Directors

### PURPOSE

This policy is intended to make practitioners aware of the standards of conduct expected of them and the procedures that will be followed to correct inappropriate conduct. This policy reaffirms the standards of conduct which have been in place for many years.

### POLICY

It is the policy of WellSpan York Hospital (“WYH”) that every practitioner who is granted the privilege to perform patient care services at WYH must continuously demonstrate a willingness and capability to work with and relate to other Medical Staff Appointees, Allied Health Professionals, WYH administration and employees, visitors, patients, families, and the community in a cooperative and professional manner. **As stated in the WYH Medical Staff Code of Conduct, medical staff members are committed to treating all individuals with courtesy, respect, and dignity**, in order to promote the provision of high-quality care [York Hospital Medical Staff Bylaws, Article III, subsection 3.1.3 (a)].

Disruptive conduct occurring in non-hospital settings will be considered relevant for action under this policy insofar as it impacts upon the practitioner’s qualifications for continued appointment at WYH, including capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character.

Given that York Hospital/WellSpan Health has adopted the Just Culture model of shared accountability, the Just Culture Physician Algorithm will be used with the involved practitioner to evaluate the behavior in question and to guide any response or action plan.

Link to Just Culture model:

<https://portals.wellspan.org/sites/patientsafety/JustcultureDocuments/BuildingaJustculturestartswithourleadership.pptx>

### DEFINITIONS

Subject to the context and unique facts and circumstances of each case, the following are some examples of disruptive conduct:

1. Repeated use of vile, loud, intemperate, offensive or abusive language;
2. Repeatedly acting in a rude, insolent, demeaning or disrespectful manner;
3. Verbal or physical threats, intimidation or coercion;
4. Actual physical abuse, or unwanted touching;
5. Illegal discrimination against persons, or refusal to provide patient care services based upon unlawful criteria;
6. Lack of cooperation or unavailability to others for exchange of pertinent patient care information or resolution of patient care issues;
7. Deliberate destruction or damage to property;

8. Criminal conviction of an offense which impacts the practitioner's qualifications for continued appointment at WYH, including capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character;
9. Sexual or other forms of harassment, including unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature which has the purpose or effect of substantially interfering with the individual's work performance or creating an intimidating, hostile or offensive work environment;
10. Intentional disruption of WYH, Medical Staff, department or committee meetings or activities;
11. Breach of confidentiality;
12. Inappropriate comments or behavior which have the primary purpose or effect of attacking or belittling other practitioners;
13. Inappropriate entries in patient medical records which have the primary purpose or effect of attacking or belittling other providers, imputing stupidity or incompetence of other providers, or impugning the quality of care of other providers; and,
14. Repeated, willful failure to abide by WYH, Medical Staff, department or committee bylaws, policies and procedures, or directives, including refusal to comply with required duties or assignments.

Merely expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of inappropriate policies or procedures or unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and respectful and professional manner, and with the aim of improving patient care and safety rather than attacking the character or clinical competence of the practitioner or bringing blame or shame upon the practitioner

## **PROCEDURE**

1. Within any team setting, there will be times when interactions among members of the team can become tense. It is preferred that team members and colleagues first try to informally resolve their differences through direct one on one communications and cooperation.

Peer accountability is also recognized within the WYH Medical Staff as effective in addressing inappropriate conduct. Peer to peer, private conversations ("coffee cup talks") include:

- Empathy;
  - Understanding of the situation from all perspectives;
  - Shared accountability;
  - A reminder of appropriate behavior; and
  - Confidentiality.
2. If the severity of the circumstances would make informal resolution seem unlikely or inappropriate, any person who experiences or observes disruptive conduct by a practitioner shall submit a timely written or verbal report to the relevant Department Chair. Reports may also be made to the President of the Medical Staff and/or the Vice President-Medical Affairs. Such reports

will be referred to the Department Chair for follow-up, unless such a referral is inappropriate under the circumstances (for example, where it is alleged that the Department Chair engaged in the disruptive conduct).

3. Reports of the disruptive conduct will include:
  - a. the name of the practitioner and the reporter;
  - b. the date, time and location of the conduct;
  - c. the name of any patient who may have been affected by or involved in the conduct;
  - d. the name of any other person who may have been affected by or involved in the conduct;
  - e. any circumstances which precipitated the conduct;
  - f. a factual, objective, detailed description of the conduct;
  - g. any negative impact upon WYH operations or patient care that may have been caused by the conduct;
  - h. if known, any action taken to remedy the conduct or its consequences, including the date, time, location, and name of persons taking such remedial action; and,
  - i. the name of any other witnesses who can corroborate the report.
4. It is understood that, particularly if the conduct has been directed toward a WYH employee, the report may be made through the employee's supervisor, other WYH management staff, or the Human Resources Department, rather than directly by the affected employee.
5. Upon receipt of such a report, the relevant Department Chair may consult and coordinate the response with the President of the Medical Staff and/or the Vice President-Medical Affairs, as deemed appropriate under the circumstances. The Department Chair (and other officers, if appropriate) should take reasonable efforts to investigate the facts and determine whether the report is credible, including speaking with the individual who prepared the report, the involved practitioner, and others as they deem appropriate.

All efforts should be taken to protect the privacy of the reporter, practitioner, patients and other persons affected by the disruptive conduct, and to treat all information gathered as confidential peer review information. All persons who participate in good faith in such an investigation shall be protected from liability by the Pennsylvania Peer Review Protection Act, the Medical Care Availability and Reduction of Error Act, the Patient Safety and Quality Improvement Act of 2005, and the Health Care Quality Improvement Act of 1986.

6. However, if this approach is not successful WYH may take additional steps of progressive discipline, up to and including corrective action under the WYH Medical Staff Bylaws and the WYH Medical Staff Corrective Action Procedures and Fair Hearing Plan.

The Just Culture Physician Algorithm will be used by the department Chairs to evaluate the behavior in question. This should be done openly with the involved practitioner so that they can arrive at the appropriate response that takes into account all information and perspectives.

The practitioner will have the opportunity to write a response to the concern(s) being raised. The document will also be placed in the practitioner's file along with the letter to the practitioner and documentation of the meeting.

At each step in the process, the Department Chair (and other officers, if appropriate) should consider whether the onset or continuation of disruptive conduct might possibly be caused by a significant medical, psychological, or substance abuse problem. If appropriate, the practitioner may be referred to the Physicians' Health Program, or other medical or mental health professionals, for a "fitness for duty" evaluation, recommended follow-up, and possible monitoring agreement, with the goal of restoring the practitioner to safe and healthy practice, if possible.

Risk Management Department and /or Legal Counsel should be notified regarding any disruptive conduct which may expose WYH to liability. The Department Chair should also consider whether the Legal Department should be consulted to determine whether any disruptive conduct must be reported to any authorities.

7. If the disruptive conduct most likely occurred, but represents a single or relatively minor instance, the relevant Department Chair (and other officers, if appropriate) shall personally meet with the practitioner to discuss and seek to informally correct the conduct through the use of the Just Culture Algorithm.

A copy of the report, any response by the practitioner, and documentation of the meeting and any agreed-upon actions should be kept in the practitioner's confidential peer review file.

8. If, after receiving such a written warning, there are any subsequent reports of disruptive conduct, or if the Department Chair (in consultation with the President of the Medical Staff and the Vice President-Medical Affairs) determines that it is warranted by the pattern of disruptive conduct, the practitioner may be required to appear before the Medical Executive Committee (MEC) to give an accounting of his disruptive conduct.
9. If, after appearing before the MEC, there are any subsequent reports of disruptive conduct, the Department Chair and/or the President of the Medical Staff and/or the Vice President-Medical Affairs shall promptly submit a request for formal corrective action to the Medical Executive Committee, in accordance with the WYH Medical Staff Bylaws and the WYH Medical Staff Corrective Action Procedures and Fair Hearing Plan. A copy of the request shall be sent to the President of WYH and the practitioner involved. If necessary, to protect others from disruptive conduct, precautionary suspension may be imposed upon the practitioner, in accordance with the WYH Medical Staff Bylaws and the WYH Medical Staff Corrective Action Procedures and Fair Hearing Plan.

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10. Reports of disruptive or inappropriate conduct (and other relevant documents) will be considered in the appointment and reappointment of the practitioners.
11. The WYH Board of Directors has ultimate authority for taking disciplinary action to correct disruptive conduct, and it reserves the right to take appropriate action at any time as it deems necessary to correct or prevent illegal behavior or ensure safety.
12. Upon initial appointment and at every subsequent appointment, practitioners shall be asked to sign a certification that they have read and comply with the Medical Staff Code of Conduct and this policy.