Title: Medical Staff Citizenship Policy

Originator: Medical Affairs

Effective Date:

Review/Revision Date:
5/9/02  6/9/2011
3/11/04  2/9/2017
6/15/06

Approved by: Medical Executive Committee

Approved by:

President of the Medical Staff  Administrator

PREAMBLE

It is the policy of Inova Alexandria Hospital (IAH) that all individuals within its facilities be treated courteously, respectfully and with dignity. The provision of quality patient care as well as the orderly operation of Inova Alexandria Hospital requires that all Medical Staff and individuals granted privileges conduct themselves in an appropriate manner. To that end, the Hospital requires all members of the health care team to conduct themselves in a professional and cooperative manner. Inappropriate behavior disrupts the orderly operation of the hospital, compromises patient care and interferes with the Practitioner’s ability to deliver care in a competent and professional manner.

The IAH Medical Staff is committed to the principle that quality patient care requires cooperation and tolerance among all members of the health care team; disruptive behavior by Practitioners will be addressed in accordance with the Medical Staff Citizenship Policy.

OBJECTIVES

The objective of this policy is to ensure optimum patient care by promoting a safe, efficient, cooperative and professional environment.

The policy is subordinate to the bylaws, which specifically require Medical Staff members to refer actions that are disruptive to the hospital or the Medical Staff as grounds for a formal complaint. The Medical Staff recognizes the fact that, under most circumstances, when a specific complaint is received and investigated, the isolated incident may not be seen as sufficiently severe enough to warrant action under the Bylaws. Well documented complaints of the same nature occurring repeatedly may lead to the conclusion that said disruption is in fact occurring, and this policy provides a framework for documentation of this pattern. The policy also provides a graduated response from the Medical Staff intended to promote behavioral change. Recognition that various physician health issues can contribute to disruptive behavior

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and that the Medical Staff is ethically bound to provide necessary support while maintaining an optimal and safe environment.

The Bylaws include under Basic Responsibilities of Staff Membership that its members abide by the Bylaws and Rules and Regulations and by all other lawful standards, policies and rules of the hospital. The standard applies to this policy, its acceptance, and the processes defined herein shall be required of all members on initial application and reappointment.

Specifically, the objectives include:

1. Ensure optimum patient care through promotion of a safe, cooperative and professional environment.
2. Maintain the confidentiality of Practitioners with suspected or confirmed physical or emotional health issues or substance abuse problems, except as limited by law, ethical obligations or when safety is involved.
3. Evaluate the credibility of a report involving disruptive Practitioner behavior in an efficient fashion.
4. Educate Practitioners on the effects of disruptive behavior on patient care.
5. Educate Practitioners on physical, psychiatric or emotional issues that may cause disruptive behavior.

STATEMENT

Members of the Inova Alexandria Hospital Medical Staff and allied health professionals who engage in disruptive behavior will be addressed in accordance with this policy. By addressing disruptive behavior the protection of patients, visitors, volunteers, employees, physicians and others are of paramount concern, as well as, the orderly operation of the hospital.

PROCEDURES/GUIDELINES:

A. DEFINITION

Disruptive behavior is defined as conduct that interferes with the operation of the hospital, affects the ability of hospital personnel to perform their assigned duties or adversely affects the community’s confidence in the Hospital’s ability to provide quality care.

1. Disruptive behavior is defined as behavior that:
   a. Constitutes acts of degradation, intimidation, harassment, or the threat of harm to patients, or members of the medical health care team
   b. Interferes with the orderly operations of the Hospital and/or patient care
   c. Interferes with and/or impairs the ability of others to accomplish their work safely and competently
   d. Creates a hostile work environment

2. This policy is not intended to inhibit freedom of speech or to restrain the right to redress grievances.
3. Examples of disruptive behavior include, but are not limited to the following:
   a. Threats, attacks, verbal or other abuse, in whatever form, which are personal, or outside the bounds of professional conduct and civility;
   b. Inappropriate physical contact;
   c. Inappropriate sexual comments or innuendo;
   d. Outbursts of rage or violent behavior;
   e. Public and/or non-constructive criticism, addressed in a manner so as to intimidate, undermine, or demean.

B. INVESTIGATION

1. Physicians, nurses, or other hospital employees who observe, or are subjected to disruptive behavior by a member of the Inova Alexandria Medical Staff are to notify the supervisor of the unit about the incident. Medical Staff members are to notify the Department Chair.

2. Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies disciplinary action, but rather a pattern of conduct. Documentation of the incident shall be in writing by the individual making the report in the official reporting mechanism for the hospital (if appropriate) and shall include:
   a. The date and time of the questionable behavior and the names of involved persons
   b. The name of the patient, if the behavior affected or involved a patient in any way
   c. A factual and objective description of the incident, the circumstances surrounding the incident and the behavior in question
   d. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operation, or the ability of the individual to carry out his/her normal duties
   e. A record of any action taken to remedy the situation, including date(s), time(s), place(s), action(s) and name(s) of those intervening.

3. The Chairman of the Department will interview the individual filing the report and take the necessary steps to confirm the details, the accuracy and the credibility of the report as soon as possible. Individuals interviewed will be cautioned that this matter is to be kept confidential and should not be discussed with anyone not directly involved in the investigation. Breaching confidentiality may be grounds for disciplinary action.

4. The Chair will meet with the practitioner involved. The practitioner will be informed of the nature of the incident and shall be given the opportunity to respond. The Chair may request that another physician be present for this meeting. If the incident involves the Chair of the Department, the President of the Medical Staff or his/her designee will conduct the investigation. If it is determined that the incident did not constitute disruptive conduct as defined in this policy, the matter will be considered closed and nothing related to the incident will be placed in the practitioner’s credential file. The Chair of the
Department, as well as the President of the Medical Staff and Chair of the Inova Alexandria Citizenship Committee, will communicate the findings of the investigation to the practitioner in writing.

A formal letter will be sent to the individual making the complaint, notifying the individual that the complaint was investigated. No outcome will be included in this letter; just notification that the investigation has been completed.

If the individual making the complaint harasses the practitioner or makes unfounded accusations against the practitioner, the individual will be reported to hospital administration for possible disciplinary action.

C. MEMBERSHIP AND FUNCTION

1. The Citizenship Committee shall have the following members:
   a. The President of the Medical Staff
   b. The President-Elect of the Medical Staff, who shall act as Chair
   c. Two other members of the Medical Staff appointed by the President
   d. Chief Medical Officer as ex-officio member
   e. The Chair of the affected Department as an ex-officio member

2. The Citizenship Committee shall be responsible for reviewing reported incidents of alleged disruptive behavior, recommending corrective or remedial action and reporting to the President and Medical Executive Committee (MEC).

3. The Citizenship Committee shall meet as often as necessary to fulfill its duties and shall make a written report to the MEC.

4. The Citizenship Committee shall recommend to the MEC that it impose conditions on the Practitioner’s clinical privileges until the issues are further assessed. Any restrictions or limitations of privileges will be in accordance with the bylaws.

5. The imposition of any Citizenship Committee actions shall not be considered “Corrective Action” under Article 9 of the IAH Medical Staff Bylaws and no hearing or appeal rights shall arise pursuant to the imposition of any condition or limitation.

6. The Committee may be required to report the imposition or condition or limitation to the Virginia Board of Medicine, as required by State and Federal Laws.

7. The Citizenship Policy may be modified at the discretion of the committee and/or other Medical Staff leaders with final approval of the Medical Executive Committee. The Citizenship Committee may refer the incident at any time to the MEC with notice to the President of the Medical Staff President.
D. PROGRESSION OF COMMITTEE ACTION

1. If the Chair determines an incident requires further intervention a meeting will be arranged that will include the Department Chairman, the Chair of the Citizenship Committee and the involved Practitioner. The purpose of this meeting is designed to accomplish the following.

   a. Advise the practitioner of the nature of the reported incident;
   b. Obtain the practitioner’s perspective of the incident;
   c. Emphasize that certain behavior is inappropriate and unacceptable;
   d. Educate practitioners regarding established administrative channels for addressing complaints or concerns;
   e. Advise the Practitioner that retaliation against any person involved in the incident shall constitute grounds for disciplinary action; and
   f. Advise the Practitioner that additional episodes of disruptive behavior will be escalated to the full Citizenship Committee;

2. The Chair of the Medical Staff Citizenship Committee will prepare a report of the meeting. A copy of the report will be placed in the practitioner’s quality file in Medical Affairs and furnished to the Practitioner. The practitioner may prepare a written response to be attached to this report. All deliberations of the Citizenship Committee are to be kept confidential.

3. If a second incident of disruptive behavior involving the same Practitioner is received, a meeting will be held with the full Citizenship committee. The purpose of this meeting will be to:

   a. Inform the practitioner of the nature of the reported incident;
   b. Obtain the practitioner’s perspective of the incident;
   c. Advise the practitioner that certain behavior is inappropriate and unacceptable, advise the practitioner that further documentation of disruptive action will be referred to the Medical Executive Committee for more formal action;
   d. Offer the Practitioner counseling or similar options; and
   e. Inform the practitioner that a report of the committees’ action will be prepared and a copy will be retained in the confidential portion of the Practitioner’s credentials file. The Practitioner will also be required to sign this report. Failure or refusal to do so will result in corrective action in accordance with the bylaws.

4. If a third incident of disruptive behavior involving the same Practitioner is received, a meeting will be arranged. The participants shall include the full Citizenship Committee and the President of the Medical Staff. This meeting shall result in a request for corrective action by the MEC in accordance with the IAH Medical Staff Bylaws. The report from the Citizenship Committee will include:
a. A description of the disruptive behavior and
b. A summary of previous meetings and reports with the Practitioner, which addressed the disruptive behavior.

The Medical Executive Committee action may result in:

a. Suspension or termination of the Practitioner’s Medical Staff membership;
b. Mandatory psychological evaluation depending on the nature and/or severity of the events; or
c. Other actions deemed appropriate.

5. A single incident, or combination, of disruptive behavior that compromises patient safety may require immediate action. Therefore, nothing in the Policy precludes immediate referral, at any time, to the MEC or President of the Medical Staff for action in accordance with the Bylaws.

6. If there are no additional reported incidents for a five-year period, the prior events will be expunged.

E. STATEMENT AND ACKNOWLEDGEMENT

Upon initial appointment and granting clinical privileges or reappointment to the Medical Staff, a practitioner must sign a letter stating that he/she understands and will abide by the Medical Staff Citizenship Policy and Procedures at Inova Alexandria Hospital. Failure to sign this form will result in an incomplete application and will be automatically withdrawn from the application process.

F. CONFIDENTIALITY

All involved parties must maintain complete confidentiality of the conduct of the investigation and workings of the Citizenship Committee.

G. NATURE OF PROCEDURE

Any meeting of the Citizenship Committee is not a formal hearing and as such does not initiate the hearing and appellate review process as outlined in the bylaws of the Medical Staff.

H. POLICY REVIEW

The Medical Executive Committee will review this policy as needed, but no less than every two years.
Medical Staff Citizenship Policy Acknowledgement

Acknowledgement by Medical & Allied Health Professional Staff Applicant/Member.

Upon initial Inova Alexandria Hospital application for appointment and/or clinical privileges and reappointment, the physician/allied health professional staff member shall be given a copy of the Medical Staff Citizenship Policy, Review it and sign the acknowledgment for (otherwise and application will be deemed incomplete and will not be processed).

I have received, reviewed and agree to abide by the Medical Staff Citizenship Policy.

___________________ Initial Appointment   __________________ Reappointment

Name: _________________________________   Date _______________________

Signature: ______________________________

Note: This form will be filed in the individual’s credentials file.