Policy Title: Medical Staff Citizenship

Version Number: 01.01

Search Words: Citizenship

Approved By Signature below:
Medical Executive Committee

Date: April 11, 2017

Glenna Andersen, MD
Medical Staff President, IFMC

Preamble:

The provision of quality patient care as well as the orderly operation of Inova Fairfax Hospital (“Hospital”) require that all Medical Staff members and individuals granted clinical privileges (“Practitioners”) conduct themselves in a professional manner and treat others with respect, courtesy and dignity. Patient care may be compromised when inappropriate behavior disrupts the orderly operation of the Hospital, negatively affects the ability of others to deliver quality patient care, or interferes with the Practitioner’s own ability to deliver patient care in a competent and professional manner.

All members of the health care team are expected to conduct themselves and their activities in a manner that supports the mission of the Hospital and enables the delivery of quality patient care in an efficient manner.

The Medical Staff of the Hospital is committed to the principle that quality patient care requires cooperation and tolerance among all members of the health care team. Therefore, disruptive behavior by Practitioners will be addressed in accordance with this Medical Staff Citizenship Policy (“Citizenship Policy”).

Objectives:

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

This policy is by definition subordinate to the Bylaws, which specifically require that Medical Staff members refer to actions that are disruptive to the operations of the Hospital or the Medical Staff as grounds for a formal complaint. The present document/policy is written in recognition of the fact that, under most circumstances, when a specific complaint is received and investigated, the isolated incident in question may not be seen as sufficiently severe and/or disruptive enough to justify action under the Bylaws. However, well-documented complaints of the same type of behavior occurring repeatedly may lead to the conclusion that such disruption is in fact taking place, and this policy provides a framework for documentation of such a pattern. More importantly it provides a structure of
less severe graduated responses that are intended to promote behavior change beneficial both to Hospital operations and to the individual practitioner in question. Inherent to this mission is a recognition that various physician health issues can contribute to disruptive behavior and that the organized Medical Staff is ethically bound to provide the necessary support to its colleagues while maintaining an optimal patient care environment.

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

More specifically, the objectives include:

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

Policy:

Practitioners will conduct themselves in a professional and appropriate manner. Members of the Inova Fairfax Hospital Medical Staff and allied health professionals who engage in disruptive behavior will be addressed in accordance with this policy, as enacted by the Medical Staff of Inova Fairfax Hospital. In addressing disruptive behavior the protection of patients, employees, physicians, volunteers, visitors and others in the hospital and the orderly operation of the hospital are paramount concerns.

A. Definition

Disruptive behavior is generally defined as conduct that interferes with the operation of the Hospital,
affects the ability of Hospital personnel or other practitioners to perform their assigned duties competently, or adversely affects the community’s confidence in the Hospital’s ability to provide quality patient care. Although behavior resulting from a deficit of professional knowledge or skill may be viewed as disruptive by the above definition, such behavior is addressed by the Bylaws and Peer Review Policy and is not covered within the scope of this policy.

1. Disruptive behavior is defined as actions that:
   a. Constitutes acts of degradation, intimidation, harassment, or the threat of harm to patients, Medical Staff, allied health professionals, and employees of the Hospital;
   b. Disrupts or interferes with the orderly operation of the hospital;
   c. Interferes with and/or impairs the ability of others to accomplish their work safely and competently;
   d. Creates a hostile work environment;
   e. Interferes with the ability of others to function in a safe and competent manner.

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 fair professional conduct and personal civility;
   b. Inappropriate physical contact;
   c. Inappropriate sexual comments or innuendo;
   d. Outbursts of rage or violent behavior.
   e. Impertinent or inappropriate verbal communication or written documentation in medical records, or other official documents that, by fact or design, compromise the effectiveness of the Medical Staff, allied health professionals, or employees;
   f. Public and/or non-constructive criticism, addressed in a manner so as to intimidate, undermine confidence, demean, belittle, or imply stupidity or incompetence of other members of the Medical Staff, allied health professionals, the hospital or its employees
   g. Harassment of any kind; and
   h. Use of profanity or similarly offensive language, written or verbal, signs or dramatics that are perceived to intimidate, degrade, embarrass, or humiliate other person(s) or the hospital.
B. Procedure Guidelines

1. Physicians, nurses, or other hospital employees who observe, or are subjected to, disruptive behavior by a member of the Hospital Medical Staff or allied health professionals are to notify the supervisor of the affected unit about the incident. In the event that the supervisor is unavailable, involved in the incident, or is the individual whose behavior is at issue, the next senior administrator of the department or functional unit is to be notified. Any Medical Staff member or allied health professional who observes such an incident may notify the Department Chair or his/her designee directly.

2. Upon notification, the incident is to be documented in writing by the individual who reported the incident and by the supervisor or administrator receiving the report. The documentation, which ideally will be completed in the hospital electronic event reporting system, shall include:
   a. The date, time, and location of the behavior in question and names of involved persons;
   b. A factual description of the behavior in question;
   c. The name(s) of any patient, visitor(s) or staff members involved in the incident and any other individual who was a witness to the incident;
   d. The circumstances which precipitated the incident;
   e. The consequences, if any, of the disruptive behavior as it relates to quality of care, patient safety, staff relations, or hospital operations; and
   f. Details regarding any action taken to intervene in, or remedy, the incident and a factual description of any such action.
   g. The report shall be signed and dated by the individual receiving the report and by the individual making the report.

C. Investigation

1. If the disruptive behavior was exhibited by a Practitioner, the report shall be forwarded to the Practitioner’s Department Chair. If the Chair is unavailable, involved in the incident, or is the individual whose behavior is at issue, the report shall be forwarded to the President of the Medical Staff. The investigation will be conducted in collaboration with the President of the Medical Staff with the Chief Medical Officer serving as an administrative resource, as needed. The Practitioner’s confidential peer review file will be reviewed to determine if there have been prior referrals involving a health concern or impairment or prior reports of disruptive behavior.

The Chair or his/her designee, may interview the individual who made and/or forwarded the report to obtain further clarification of the incident. The Chair, or other appropriate person, will make a determination regarding the credibility of the report. If the Chair determines the report is credible, he/she will meet with the Practitioner. The Chair may request that another individual attend this meeting. This initial meeting shall be designed to assist the Practitioner in understanding that certain behavior is inappropriate and unacceptable.

At the initial meeting with the Department Chair, the Practitioner will be informed there is a concern regarding his/her behavior. The Practitioner shall be advised of the nature of the incident and shall be given the opportunity to respond. The Practitioner shall also be
counseled and advised that, if the incident occurred as reported, his/her behavior was inappropriate and inconsistent with the standards of the Hospital.

2. The Department Chair will prepare a written summary of the preliminary findings of the investigation and will forward this report to the President of the Medical Staff and the Chair of the Inova Medical Staff Citizenship Committee ("Committee").

D. Membership, Function and Authority of Committee

1. The Citizenship Committee shall be constituted as follows:
   a. President of the Medical Staff as ex officio member,
   b. President elect - Chair;
   c. Two members of the Medical Staff appointed by the President;
   d. Chair of involved Department; and the
   e. Chief Medical Officer as an administrative resource (non-voting 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 of the Medical Staff and the Medical Executive Committee.

3. The Citizenship Committee shall meet as often as necessary to fulfill its duties, and shall make a written report of its findings and actions after each meeting to the Medical Executive Committee. The terms of the members are for two years or at the pleasure of the President of the Medical Staff.

4. The Committee shall have the authority to:
   a. Request that the Practitioner undergo a physical and/or mental health assessment;
   b. Request that the Practitioner voluntarily refrain from exercising some or all clinical privileges until an assessment has been conducted, treatment completed, and/or an accommodation has been arranged to ensure the Practitioner is able to practice safely and competently;
   c. Recommend to the Medical Executive Committee that it impose conditions on the Practitioner's clinical privileges until the behavioral issues are further assessed. Any restrictions or limitations of privileges will be in accordance with the Bylaws of the Medical Staff.
5. The imposition of any Citizenship Committee actions shall not be considered “Corrective Action” under Article 9 of the Bylaws and no hearing and appeal rights shall arise pursuant to the imposition of any precautionary condition and/or limitation. Notwithstanding, the Committee may be required to report the imposition of precautionary conditions and/or limitations to the Virginia Board of Medicine, as required under Federal and/or State law. Any actions taken by the Medical Executive Committee shall be reported in accordance with the Bylaws and the Virginia Board of Medicine statute, as required under Federal and/or State law.

6. Although the procedures designated in this Citizenship Policy are designed to facilitate a non-punitive approach to the management of disruptive behavior, this Citizenship Policy may be modified at the discretion of the Committee and/or other Medical Staff leaders with final Medical Staff approval from the Medical Executive Committee. The Committee may refer the incident at any time to the Medical Executive Committee with notice to the Hospital Administrator.

E. Progression of Committee Action

1. Upon determination by the appropriate Department Chair that an incident of disruptive behavior requires further intervention, a meeting will be arranged that will include the Chair of the department, the President of the Medical Staff and the Practitioner involved. The initial meeting shall be informational and collegial, and 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 the Practitioner regarding established administrative channels for resolving complaints or concerns;
   e. Advise the Practitioner that retaliation against any person involved in the incident or reporting process shall constitute grounds for disciplinary action;
   f. Prepare a summary documenting the substance of the meeting and provide a copy to the Practitioner; and
   g. Advise that the summary will be retained in the confidential portion of the Practitioner’s medical credentials file. The Practitioner may prepare a written response to be attached to the summary.
   h. Advise that an additional episode of disruptive behavior will be escalated to the full Citizenship Committee.

2. If a second report of disruptive behavior involving the same staff Practitioner is received, a meeting with the involved Practitioner will be held with the full Citizenship Committee and the President of the Medical Staff. The purpose of this second meeting will be to:
   a. Inform the Practitioner of the nature of the reported incident;
   b. Obtain the Practitioner's perspective on the incident;
   c. Advise the Practitioner that certain behavior is inappropriate and unacceptable, advise the Practitioner that any future documentation of disruptive behavior will be referred to the Medical Executive Committee for more formal action;
   d. Offer the Practitioner counseling or similar options at this meeting; and
   e. Inform the Practitioner that a letter documenting the substance of the meeting will be
prepared and a copy will be retained in the confidential portion of the Practitioner’s credentials file. The Practitioner shall be required to sign this letter. Failure or refusal to sign the letter will result in a request for corrective action in accordance with the Bylaws of the Medical Staff.

3. In the event of a third report of disruptive behavior, an additional meeting with the involved Practitioner 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 Medical Executive Committee in accordance with the Bylaws of the Medical Staff.

The report from the Citizenship Committee to the Medical Executive Committee will include:
   a. A description of the disruptive behavior; and
   b. A summary of previous meetings with the Practitioner which addressed the disruptive behavior or conduct.

Medical Executive Committee action may result in:
   a. Suspension or termination of the Practitioner’s Medical Staff membership;
   b. Mandatory psychological counseling may be required depending on the nature and/or severity of the issue/prior events; and/or
   c. Other action as is deemed appropriate, e.g., a voluntary fixed term leave of absence.

4. A single incident (or combination of incidents) of disruptive behavior that compromises, or appears to compromise, patient safety may require immediate action. Therefore, nothing in this Citizenship Policy precludes immediate referral, at any time, to the Medical Executive Committee or the President of the Medical Staff for action in accordance with the Bylaws of the Medical Staff.

5. If there are no additional reported incidents for a ten (10) year period from the date of the last reported incident, the prior events will be considered expunged.

F. Statement of Acknowledgment

Upon initial appointment and granting of clinical privileges or reappointment to the Medical Staff or allied health professional staff, Practitioners will be required to sign a Statement and Acknowledgement Form stating that he/she understands and will abide by the Medical Staff Citizenship Policy. Failure to sign the Statement and Acknowledgement Form will constitute an incomplete application and will be automatically withdrawn from the application or reappointment process.

G. Confidentiality

1. The Department Chair or the President of the Medical Staff will inform the individual who filed the report that a review was conducted and that appropriate action was taken. The Chair or President of the Medical Staff shall not disclose the specific findings or details of the review and/or action.
2. Complete confidentiality of the conduct of the investigation and workings of the Citizenship Committee must be maintained by all parties involved.

H. Nature of Procedure

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

I. Policy Review

The policy will be reviewed and revised periodically as outlined in the Bylaws of the Medical Staff.