

Policy: Professionalism (Medical Staff & Advanced Practice Practitioners)		
	Effective Date:	
Approved by:	<hr/>	

PURPOSE:

To ensure optimum patient care by promoting a safe, efficient, cooperative and professional health care environment.

SCOPE:

Applies to all Medical Staff and advanced Practice Practitioners at all Inova facilities.

POLICY DESCRIPTION:

1. It is the policy of Inova that all individuals within its facilities be treated with courtesy, respect, and dignity. All members of the health care team are expected to conduct themselves and their activities in a manner that permits the delivery of quality patient care in a safe, efficient, cooperative, and professional environment.
2. Behavior that disrupts that environment ("Disruptive Behavior") will be addressed in accordance with this policy.

DEFINITIONS:

1. Disruptive Behavior: Disruptive Behavior includes but is not limited to actions toward colleagues, hospital personnel, patients, or visitors that constitute degradation, intimidation, harassment, or the threat of harm; disrupt or interfere with the orderly operation of the facility; interfere with or impair the ability of others to accomplish their work safely and competently; create a hostile work environment; and/or interfere with the ability of others to function in a safe and competent manner. These actions may include but are not limited to:
 - a. Hostile, angry or aggressive confrontational voice or body language
 - b. Attacks (verbal or physical) that are reasonably perceived to go beyond the bounds of fair professional conduct;
 - c. Physical expressions of anger such as destruction of property or throwing items;
 - d. Abusive language or criticism directed at the recipient in such a way as to ridicule, humiliate, intimidate, undermine confidence, or belittle;
 - e. Criticism of caregiver in front of a patient or patient's family;

- f. Writing of inappropriate, critical or litigious comments/notes in the medical record;
- g. Unwelcome sexual advances, requests for sexual favors and other inappropriate sexually oriented behavior or comments.
- h. Discrimination on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, gender, or sexual orientation.

Although most disruptive conduct reports will result from behavior observed on Inova's premises, telephone behavior and electronic communications meeting one of the above criteria are also subject to valid complaint under this policy.

- 2. Professionalism Committee: the Committee appointed by the President of the Medical Staff consisting of three to five members of the active and/or honorary medical staff who have at least ten (10) years of medical staff membership. In the event the review involves an advanced practice practitioner, member from this group will be appointed. CMO can serve as staff to the committee. Any individual who is either partners with or actively practicing in direct competition with a practitioner being reviewed under this policy shall be recused from committee meetings considering that practitioner's case. All members of this committee must agree to maintain confidentiality regarding any complaints, the identity of any identified practitioner, and the outcome of any process undertaken under this policy.
- 3. The imposition of any action under this section shall not be considered corrective action under the Medical Staff Bylaws and no hearing or appeal rights shall arise pursuant to the imposition of any such action. Any actions taken by the Medical Executive Committee shall be reported as required by the Bylaws, the Credentialing Coordination policy, and state and federal law.

PROCEDURE:

1. Escalation of Witnessed Disruptive Behavior:

Physicians, nurses, or other employees who observe or are subjected to Disruptive Behavior by a practitioner are to notify the supervisor of the affected unit about the incident. If the supervisor is unavailable or involved in the incident, the next senior administrator of the department or unit is to be notified. Any medical staff member or advanced practice professional who witnesses the incident may notify the Department Chair or his/her designee directly.

2. Reporting Disruptive Behavior:

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 shall be completed in Safety Always if possible and shall include:

- a. The date, time, and location of the behavior in question and the names of the involved persons;
- b. A factual description of the behavior in question;
- c. The names of any patients, visitors, or staff members involved in the incident and any other individuals who witnessed the incident;
- d. The consequences, if any, of the behavior as relates to quality of care, patient safety, staff relations, or hospital operations; and
- e. Details regarding any action taken to intervene in or to remedy the incident, and a factual report of such action.

The report shall be signed and dated by the individual receiving the report and by the individual making the report.

3. Investigation:

The report shall be forwarded to the facility's Medical Staff Office or other administrative office as relevant. The medical staff office shall institute the following procedure:

- a. Confirm that the report does in fact concern behavior by a practitioner covered under this policy;
 - b. Refer the report to the practitioner's department chairman or authorized substitute ("Officer"), or to the President of the Medical Staff if the report concerns the chairman or a member of the chairman's practice group;
 - c. The Officer receiving the referred report will review that practitioner's confidential peer review file to determine if there have been prior reports of disruptive behavior and will review the records and the current report for any indication of impairment as defined by the System Impairment policy;
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- a. If there is evidence of impairment, the Officer may refer the case for review and possible action under the Impairment policy, but resolution under that policy will not preclude further review of incidents reported under this policy;
 - b. If there is no evidence of impairment and no other reports have been filed regarding the practitioner's behavior, the Officer **can** proceed with Collegial Intervention as defined

below.

- I. If there are other reports regarding the practitioner's behavior, the Officer must refer the case to the Professionalism Committee, which will proceed as defined below.
- c. If the initial concern is major, even without prior issues, report should be referred to the Professionalism Committee.

4. Collegial Intervention:

- a. The Officer proceeding with collegial intervention shall contact the practitioner and request a meeting. Reasonable effort will be given to accommodate the practitioner's schedule, but the practitioner shall be informed that failure to schedule or attend such a meeting will result in referral for corrective action under the Medical Staff Bylaws.
- b. At the initial meeting, the practitioner will be informed that a concern was expressed regarding his/her behavior or conduct. The practitioner shall be advised of the nature of the incident and shall be given the opportunity to respond. The practitioner also shall be informed that any retaliation against any person involved in the incident or reporting process shall constitute grounds for immediate referral to the President of the Medical Staff for corrective action under the bylaws.
- c. The practitioner shall be advised that, if the incident occurred as reported, and if there are no clear mitigating circumstances, his/her conduct or behavior was inappropriate and inconsistent with Inova's standards. In such case:
 - i. The practitioner will be informed of the terms of this policy, and the process that would occur if future incidents are reported; and
 - ii. The practitioner will be offered the option of a voluntary mental health evaluation with a practitioner of his/her own choosing, and without activation of the Impairment Policy, with the understanding that more aggressive intervention under this policy or the Impairment Policy may be taken if future incidents occur.
 - iii. Alternatively, if on the basis of the interview the Officer concludes that there is in fact evidence of impairment, the officer will refer the case for review and possible action under the Impairment Policy.
- d. The Officer will submit a report of the meeting to be placed in the practitioner's peer review file. Further action is not required if no further incidents occur.

5. Professionalism Committee Action:

- a. On receipt of any referral made under this policy, the Professionalism Committee shall follow the following procedure:
 - i. Inform the individual who filed the report that a review is being conducted and that appropriate action will be taken. The Chair of the Professionalism Committee shall extend appreciation to the individual referring the concern and inform the individual that any conclusions or findings under this process will be kept confidential.
 - ii. Schedule a meeting with the practitioner. Reasonable effort will be given to accommodate the practitioner's schedule, but the practitioner shall be informed that failure to schedule or attend such a meeting will result in referral for corrective action under the Bylaws. The practitioner also shall be informed that

the meeting is intended to be informal and collegial. The practitioner also shall be informed that any retaliation against any person involved in the incident or reporting process shall constitute grounds for immediate referral to the President of the Medical Staff for corrective action under the bylaws.

- iii. Prior to meeting with the practitioner, the committee shall review all available incident documentation.
 - iv. At the scheduled meeting, the committee shall review the content of the reports, and shall provide the practitioner an oral narrative of the events in question as documented. The practitioner shall be afforded the opportunity to provide an alternative narrative in oral and/or written form.
 - v. The committee may elect to resolve the issue immediately, or excuse the practitioner for further discussion and review, in which case it may inform the practitioner of its conclusions either with another meeting or in writing.
 - vi. Options for resolution of the issue include the ability to:
 - 1. Request that the practitioner undergo a physical and/or mental health assessment;
 - 2. 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; and/or
 - 3. Recommend that the Medical Executive Committee impose conditions on the practitioner's clinical privileges until the behavioral issues are further assessed. Any restrictions or limitations or privileges will be in accordance with the Bylaws of the medical staff.
 - vii. Regardless of the number of prior reports on file for the practitioner, the committee shall always have the following options:
 - 1. To decide that there is no evidence that an incident of disruptive behavior took place and so report in writing to the President of the Medical Staff. In such case, the incident in question will not be kept in the practitioner's peer review file, but this will not affect any reports of prior incidents.
 - 2. Decide that there is evidence of impairment and invoke the Impairment Policy for appropriate evaluation, including mental health evaluation, or for action prescribed under that policy.
 - 3. If there has been a prior referral for impairment and the committee determines that disruptive behavior is continuing in spite of intervention under that policy, the committee may take stronger action under this policy, and prior disruptions shall not be excluded from consideration solely on the basis of current or prior reported impairment.
 - 4. Decide that sufficient evidence is present for direct referral for corrective action under the Bylaws.
- b. In addition, the committee shall have the following options or requirements for action based on the number of prior written reports:
- i. If evidence is presented of a second disruptive behavior incident, informal counseling may be offered. In such case, the committee will meet further with the practitioner and advice regarding methods for avoidance of further such

incidents. Referral to an anger management class is encouraged when appropriate. The committee shall submit a report for the practitioner's peer review file.

- ii. If evidence is presented of a third disruptive behavior incident, the committee must demand behavior from the practitioner conveying adequate evidence of genuine commitment to reformed behavior.

The committee should consider mandating communication courses and mandatory behavioral health evaluation.

A leave of absence of at least 2 weeks, applicable to the facility and to any other Inova Hospitals and Inova-owned facilities may be accepted under this circumstance. A written document from the practitioner expressing genuine regret and outlining positive steps for reform of behavior may be accepted alternatively.

- iii. If evidence is presented of a fourth disruptive behavior incident, the Practitioner must be referred for corrective action under the Bylaws.
- c. At the conclusion of the process outlined under this policy regarding any specific incident, the committee shall prepare a report including a narration of the incident, the process followed and its conclusions. If the committee concluded that no disruptive incident took place, it shall forward this report to the President of the Medical Staff but the report will not be placed in the practitioner's peer review file. For any other action other than referral for corrective action, the report will be placed in the practitioner's peer review file. If there is a referral for corrective action, the report and any prior reports shall serve as evidence for further review of the practitioner's case under the process defined in the Bylaws.