

## DISRUPTIVE PROVIDER POLICY

### PURPOSE:

It is the policy of Stony Brook University Hospital (SBUH) and its Medical Staff that all individuals within SBUH be treated with courtesy, respect and dignity. To that end, the Medical Board requires that all Medical Staff members conduct themselves in a professional and cooperative manner. If a Medical Staff member exhibits unprofessional behavior, the matter shall be addressed by the CMO, or designee, or where repeated episodes of disruptive behavior occur may be referred to the Medical Executive Committee (according to med staff bylaws—where the medical director cannot resolve it goes to Medical Executive Committee for investigation) in case of a medical staff member or to the Graduate Medical Education Committee (in the case of a resident/fellow). The objective of this policy is to further promote optimal and safe patient care by promoting a safe, cooperative and professional health care environment to prevent and to the extent reasonably possible to eliminate conduct that disrupts the operation of the hospital or affects or interferes with the ability of others to carry out their jobs.

This policy also provides guidelines that will assist by providing examples to define disruptive behavior involving all practitioners and to provide procedural guidelines for addressing disruptive behavior of the medical staff. This policy does not define every situation that will be deemed disruptive behavior but provides guidance on what is and what processes will be applicable.

Disruptive behavior by members of the medical staff, or refusal to cooperate with the procedures described in this Policy, may result in corrective action as defined by the Medical Staff Bylaws. This policy shall not preclude the application of necessary actions to ensure a safe working environment or to prevent unlawful conduct at Stony Brook University Hospital

### POLICY:

It is the expectation of the medical staff that its members behave in a courteous, cooperative and professional manner. Disruptive behavior is defined in policy LD0076 as follows:

Any conduct or behavior by an individual in the organization that demeans, intimidates, frightens or threatens a targeted individual or group and that would be perceived as such by a reasonable person.

The following are examples of disruptive behavior:

- Use of vile, loud, profane, offensive or abusive language
- Behavior that is degrading or racially/ethnically/religiously slurring in any professional setting
- Acting in a rude, insolent, demeaning or disrespectful manner
- Uncooperative attitudes, condescending language or voice intonation, impatience with questions
- Verbal or physical threats, intimidation or harassment
- Physical abuse or unwanted touching

- Lack of cooperation or unavailability to other staff members for exchange of pertinent patient information or resolution of patient care issues. Failure to return phone calls or pages.
- Deliberate destruction or damage of property
- Obscene gestures or physical throwing of objects
- Sexual or other forms of harassment, including unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature\*
- Intentional disruption of SBUH department or committee meetings or activities
- Inappropriate entries in patient medical records which have the primary purpose or effect of attacking or belittling other providers, imputing incompetence of other providers, or impugning the quality of care of other providers
- Willful failure to abide by SBUH Medical Staff by-laws, hospital policy and procedures, or directives, including refusal to comply with required duties or assignments.

Merely expressing contrary opinions is not disruptive behavior, nor is expressing constructive criticism, if it is done in good faith and with the aim of improving the environment of care rather than personally attacking any individual.

\*Incidents of sexual harassment, discrimination, or other violations of law should be referred to the Office of Diversity and Affirmative Action.

SBUH prohibits retaliation against those who report or cooperate in the investigation of disruptive behavior

For purposes of this policy only, in order to prevent, reduce, mitigate the episodes of disruptive conduct, the term "medical staff" will apply to physicians, residents, fellows, dentists, physician assistants(PA), specialist assistants(SA), psychologists, podiatrists, speech and language therapists, audiologists, orthotists, prosthetists, optometrists, nurse midwives, nurse practitioners and nurse anesthetists. However, nothing in this policy is intended to create, modify or alter the definition of medical staff for Medical Staff Bylaws purposes, nor does it create any rights or obligations for purposes of application of the Medical Staff Bylaws other than as expressly contained in the Medical Staff Bylaws.

Consistent with Corrective Action contained in Section 6 of the Medical Staff bylaws, any person may provide information to the Medical Board, Medical Director, Chief of Service or the CEO about the conduct, performance or competence of any staff member. The Medical Director shall have, consistent with Section 6 of the Medical Staff Bylaws, the discretion to attempt to resolve issues with the practitioner. Consistent with this discretion, the conduct may be classified by the Medical Director or designee into four levels of severity. For the purposes of this policy Medical Director means the Chief Medical Officer.

Level 1 behavior is the most severe conduct. Any corrective action will be commensurate with the nature and severity of the disruptive behavior. Repeated instances of disruptive behavior will be considered in the corrective action taken. The Medical Director or designee have discretion to attempt to manage and or resolve reported occurrences of disruptive physician conduct under Article 2, Section 6 (A) (3) of the medical staff bylaws. Where action taken results in summary suspension or limitation or

termination of privileges as further described in Medical Staff Bylaws in Article 2 section 6, processes will be consistent with Medical Staff Bylaws.

A. Classification of Severity shall follow these guidelines:

**Level 1:** Shall encompass acts such as physical violence or other physical abuse including sexual harassment involving physical contact. This will also include disruptive conduct that results in patient harm. Examples include – Repeated failure to respond to patient care needs or requests that result in patient harm; deliberate refusal to return phone calls, pages or other messages concerning patient care or safety.

**Level 2:** Shall encompass verbal abuse such as unwarranted yelling, swearing, cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons, or physical violence or abuse directed in anger at an inanimate object. Other examples include name calling, inappropriate comments written in the medical record, belittling or berating statements, intentionally degrading or demeaning comments regarding patients and their families, nurses, physicians, hospital personnel and/or the hospital. Proffering threats of retribution or perpetuating an environment of retribution.

**Level 3:** Shall encompass verbal abuse that is directed at-large, but has been reasonably perceived by a witness to be disruptive as defined above. Other examples include refusal to accept medical staff assignments or cooperate with other medical staff members, intentionally condescending language, and persistent use of profanity and disrespectful language.

**Level 4:** Disregard of compliance with accepted institutional quality assurance protocols. Examples would include but are not limited to persistent non-compliance with core measures, hand hygiene, and reporting of sentinel events. Level 4 would also include failure to provide proper supervision of residents, fellows or other medical trainees as defined by the Graduate Medical Education Committee.

B. The clinical services and training programs shall promote awareness of these guidelines among the faculty, clinical staff and house staff, including the following efforts but not limited to:

1. Sponsoring or supporting educational programs on disruptive behavior should be offered to all medical staff. This will be incorporated into medical staff orientation as well as readdressed at time of recredentialing of privileges.
2. Disseminating this Policy to all current members upon the adoption of the Policy and to all new members upon joining the staff.
3. Requiring that the Committee on Physician Wellness be available to assist a member of the medical staff exhibiting disruptive behavior to obtain education, behavior modification, or other treatment to prevent further violations.

**Procedure:**

Consistent with Section 6 of the Medical Staff Bylaws information or complaints about a member of the medical staff regarding improper conduct may be made to the medical board, medical director, chief of service or chief executive officer. The information or complaint may be in writing or provided verbally. If the complaint is made verbally then the person receiving it shall document the complaint on the medical staff conduct review and tracking form and shall forward a copy to the Medical Director/Chief Medical Officer. The CMO or designee may attempt to resolve the matter within the discretionary authority of the Medical Staff Bylaws.

When complaints are filed they should be directed to the appropriate person listed below:

- a. Complaints about disruptive Physicians, Dentists, physician assistants(PA), specialist assistants(SA), psychologists, podiatrists, speech and language therapists, audiologists, orthotists, prosthetists, optometrists, nurse midwives, nurse practitioners and nurse anesthetists - may be brought to either the Chief of Service, the Immediate Supervisor or Chief Medical Officer (Medical Director for SBUH). Complaints will then fall under either Medical Staff Bylaws or Administrative Policy and Procedure LD0076.
- b. Complaints about disruptive Resident/Fellow – may be brought to Residency or Fellowship Director or the Designated Institutional Official (DIO) who will follow their residency program and or ACGME guidelines for responding to and management of resident/fellow conduct issues.

The person, who receives the complaint, following consultation with the CMO/Medical Director for SBUH, will take steps to evaluate the complaint/allegation of improper disruptive physician conduct. This may include promptly or within a reasonable timeframe, meeting with the complainant and, if possible, any witnesses. The medical staff member about whom the complaint is filed will be informed about the complaint and may be requested to meet with the Medical Director/CMO, the Chief of Service or Immediate Supervisor or designee consistent with Medical Staff Bylaws or Administrative Policy LD0076. Where the complaint is handled by a designee of the Medical Director/CMO, prior to determining that action is warranted a report will be sent to the CMO/Medical Director for his/her review. After review of the report by CMO/Medical Director the following action(s) may be taken by CMO/Medical Director or Designee in response to a complaint being made are the following:

- a. The CMO/Medical Director may summarily suspend the provider according to Article 2 Section 6 of the Medical Staff Bylaws.
- b. The CMO/Medical Director may refer the complaint to the Medical Executive Committee in the case of medical staff or to the Graduate Medical Executive Committee (GMEC) in the case of a resident/fellow for review and or investigation as per their bylaws, or residency/ACGME processes respectively.
- c. Refers the medical staff member to the Physician Wellness Committee for Evaluation.

- d. Refers the matter to the Chief Quality Officer to review from a Quality Assurance /Peer Review perspective.
- e. Issues a Formal Letter of Warning to the provider regarding their Disruptive Behavior
- f. Determines that no action is warranted.

A record will be made of all disruptive behavior incidents and will be kept in a file maintained by the CMO/Medical Director

**MEDICAL STAFF CONDUCT REVIEW AND TRACKING FORM**

Practitioner: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Date Received: \_\_\_\_\_

CMO/Medical Director SBUH or Designee completing Form: \_\_\_\_\_

Summary of Complaint:

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Is there any evidence that the conduct is a product of an impairment? NO \_\_\_\_ YES \_\_\_\_ (If Yes please refer to impaired physician policy)

Does this complaint appear to be a substantiated concern: YES: \_\_\_\_ NO: \_\_\_\_

Is this the first reported event? YES: \_\_\_\_ NO: \_\_\_\_

Documentation of Discussion with Medical Staff Member:

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Was a Formal Letter of Warning Sent: YES: \_\_\_\_ NO: \_\_\_\_

If YES the date when a copy was sent to the Medical Staff Member: \_\_\_\_\_

Date copy sent to CMO/DIO: \_\_\_\_\_

Date Copy sent to Medical Board President: \_\_\_\_\_ N/A \_\_\_\_\_

Medical Staff Member referred to Physician Wellness: YES: \_\_\_\_\_ NO/NA: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_