

TEMPLE UNIVERSITY HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES

Number: TUH-ADMIN-950.1044
Title: DISRUPTIVE PHYSICIAN POLICY
Effective Date: 12/2002
Last Reviewed: 04/12/2013
Last Revised: 04/12/2013
References: TUHS-950.559-Policy Against Workplace Harassment and Violence
Attachments:

PURPOSE

It is the policy of this Hospital that all individuals within its facilities be treated with courtesy, respect and dignity. All practitioners are expected to refrain from disruptive, abusive or otherwise inappropriate conduct toward patients, employees, visitors and other practitioners. This policy addresses matters that involve physicians at the hospital who fail to conduct themselves appropriately. The medical staff intends to enforce this policy in a firm, fair and equitable manner.

DEFINITIONS

Disruptive conduct by a physician is behavior which adversely affects the quality of patient care. Unacceptable disruptive conduct includes, but is not limited to:

1. Verbal or physical abuse of colleagues, residents, students, hospital personnel or patients, which includes throwing objects, threatening violence and/or aggressive physical contact with others.
2. Sexual harassment, which includes jokes with sexual content and comments with sexual innuendo.
3. Inappropriate language or comments, which includes racial, ethnic, gender, sexual orientation or socioeconomic slurs, profanities or obscenities, sarcastic, cynical or demeaning remarks, and statements that show a blatant disdain for another staff member.
4. Threatening or intimidating behavior exhibited during interactions with colleagues, residents, students, hospital personnel or patients, which includes finger pointing, invading another's personal space and yelling or screaming.
5. Inappropriate responses to patient needs or staff requests, which includes late replies to pages, knowingly disregarding hospital policies and impertinent or inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the hospital.
6. Retaliation against persons who report disruptive behavior.

PROCEDURES

1. The medical staff must handle all Formal Complaints against members of the medical staff.
2. Any medical staff member, resident, student, employee or agent of the hospital or patient may file a Formal Complaint against a physician regarding perceived disruptive conduct.

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

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3. Formal Complaints will be submitted to the medical staff president. If complaints are submitted directly to the department chairperson, CEO or other hospital administrator, he/she will notify the medical staff president.
4. Formal Complaints must be in writing and must include documentation of the perceived disruptive conduct, which will include:
 - The date and time of the alleged behavior in question;
 - The circumstances which precipitated the situation;
 - Whether the alleged behavior involved a patient and, if so, the patient's name;
 - A description of the behavior that is, to the extent possible, limited to factual, objective, and observed acts;
 - The consequences, if any, of the alleged disruptive behavior as it relates to patient care and/or hospital operations;
 - A record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening; and
 - Corroboration by another individual, if possible.
5. Prior to any interviews being scheduled, the President of the Medical Staff will telephone the involved physician, and follow up with an email, to notify him/her that a complaint was received. The involved physician will be informed that he/she may go to the Medical Staff Office to review a copy of the complaint. He/she will be offered the option of an advocate for support.
6. The medical staff president or designee from the elected Medical Staff, will conduct a review, which will include, but not be limited to, an interview with the involved physician. The findings of the review will be reported to the department chairperson and the Chair of the Medical Executive Committee.
7. If at any point during the review the President of the Medical Staff determines that there is insufficient evidence or that the complaint lacks merit, the matter may be dismissed in consultation with the chair of the Medical Executive Committee. The involved parties will be notified, in a timely fashion, that the complaint has been dismissed.
8. The medical staff president or designee from the elected Medical Staff shall determine, after conducting an investigation, whether the incident should be handled by the medical staff president (1) as a collegial intervention pursuant to Article 7.1.2 of the Medical Staff Bylaws, or (2) in accordance with the other provisions of Article VII of the Medical Staff Bylaws.
9. Any collegial intervention initiated against a physician pursuant to Article 7.1.2 of the Medical Staff Bylaws shall be reported, in writing, by the medical staff president or designee to the physician's Department Chair. Any interventional action(s) initiated against a physician pursuant to Article 7.2 or 7.3 of the Medical Staff Bylaws shall be reported, in writing, by the medical staff president or designee to the physician's Department Chair and the Temple University School of Medicine – Office of Faculty Affairs.
10. The physician involved may be asked to sign a written agreement, deemed a behavioral contract, which includes specific requirements that the physician must fulfill to avoid a recurrence of the incident. The physician's failure to fulfill such requirements may subject the physicians to further discipline in accordance with Article VII of the Medical Staff Bylaws.
11. A copy of any Formal Complaint (as required by paragraph 4, above) and a written report regarding the investigation and the decision made there from shall be placed in the physician's confidential credentials file. The physician will have an opportunity to present a written response to the Formal Complaint and investigative report that will also be placed in that physician's confidential credentials file. The physician will be entitled to review the file upon her/his request. If the matter was handled as a collegial intervention, the Formal Complaint, investigative report and the physician response, if any, shall be removed from the physician's confidential credentials file and destroyed if there have been no new Complaints filed against the physician within five

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- (5) years of the Medical Staff President's receipt of the previous Complaint. If the matter was not handled as a collegial intervention, the Formal Complaint, investigative report, and physician response, if any, shall remain in the physician's confidential credentials file permanently.
12. If the behavior in question suggests impairment (medical, psychological, or substance abuse problem), the medical staff president or chairperson will contact the Physician's Health Committee. The Physician's Health Committee may arrange for the physician to be evaluated by a professional with appropriate expertise to determine whether the physician is impaired.
 13. If the physician refuses to be evaluated, and the Physician's Health Committee has reason to believe there is significant evidence of impairment, the Physician's Health Committee should report its findings to the Medical Executive Committee. The Medical Executive Committee will then determine the need to report to the State Board of Medicine or the State Board of Osteopathic Medicine.
 14. Additional disruptive incidents within the five year period (described in paragraph 10, above) will result in initiation of a corrective action proceeding pursuant to the medical staff bylaws. When patient safety is in jeopardy, summary suspension procedures, as outlined in the bylaws, may be indicated pending this process.

The Physicians' Health Programs of the Educational and Scientific Trust of Pennsylvania Medical Society is a resource available to hospitals and physicians regarding impairment. Informal, confidential consultative services may be obtained without necessitating a formal referral. The address and phone numbers are as follows: Physicians' Health Programs, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820, Direct line 1-(717) 558-7750; Message line 1-(717) 558-7817; Toll free line 1-(800) 228-7823.

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APPROVALS

Recommended by:

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04/12/2013

Approved by:

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Date:

05/16/2013

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