
I. POLICY:

Disruptive Behavior by Members of the Medical Staff is not acceptable. Disruptive Behavior by Members, or refusal of Members to cooperate with the procedures described in this policy, may result in corrective action, which shall be carried out according to the Medical Staff Bylaws. This policy shall not preclude the application of necessary actions to ensure a safe working environment or prevent unlawful conduct in the hospital.

II. DEFINITIONS:

A. *Disruptive Behavior* = means any conduct or behavior including, without limitation, sexual harassment or other forms of inappropriate behavior, which jeopardize or is inconsistent with quality patient care or could impair others in providing quality patient care at the hospital, or constitutes the physical or verbal abuse of others in the hospital setting.

1. Disruptive behavior occurs in varying degrees, which are classified into three levels of severity. Level I behavior is the most severe violation of this policy. Corrective action taken will be commensurate with the nature and severity of the disruptive behavior. Repeated instances of disruptive behavior will be considered cumulatively and action taken accordingly.

a. **Level I** - Physical violence or other physical abuse that is directed at an identifiable individual(s). Sexual Harassment involving physical contact.

b. **Level II** - Verbal abuse such as yelling, swearing or cursing, threatening, humiliating, sexual or otherwise inappropriate comments directed at an identifiable individual(s). Physical violence or abuse directed in anger at an inanimate object.

c. **Level III** - Verbal abuse which is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.

B. *Sexual Harassment* = includes unwelcomed sexual advances, requests for sexual favors, or verbal or physical activity that is sexually oriented and that has

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the purpose or effect of unreasonably interfering with work performance or which creates an offensive, intimidating or otherwise hostile work environment.

III. PROCEDURE:

Complaints by a Member of the Medical Staff, any Medical Staff Committee, the Chief Executive Officer, or by the Governing Body or its Executive Committee regarding alleged Disruptive Behavior by a Member, must be in writing, signed and directed to the Chief of the Medical Staff. A complaint by any other person must be in writing, signed and directed to the Hospital Medical Director, who if deemed appropriate, will submit it to the Chief of Staff. The Chief of the Medical Staff or designee shall review the complaint immediately, make an initial evaluation of authenticity and severity, and act accordingly. In all cases, the Member involved shall be provided with a copy of the complaint.

A. LEVEL I COMPLAINT

The Chief of the Medical Staff shall interview the complainant and, if possible, any witnesses within 24 hours of receiving the complaint. The Chief of the Medical Staff and another Member of the Medical Executive Committee shall interview the Medical Staff Member, if possible, within 24 hours. The Chief of the Medical Staff shall provide the Member the opportunity to respond in writing. The Chief of the Medical Staff shall then do one or more of the following and document same with a copy of the complaint to the Member's credentials file:

1. Determine that no action is warranted.
2. Refer member to the Medical Executive Committee.

B. LEVEL II COMPLAINT

The Chief of the Medical Staff shall interview the complainant and, if possible, any witnesses within 5 working days of receiving the complaint. The Chief of the Medical Staff and another Member of the Medical Executive Committee shall interview the Medical Staff Member, if possible, within five (5) working days. The Chief of the Medical Staff shall provide the Member the opportunity to respond in writing. The Chief of the Medical Staff shall then do one or more of the following and document same with a copy of the complaint to the Member's

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credentials file:

1. Determine that no action is warranted.
2. Refer member to the Medical Executive Committee.

C. LEVEL III COMPLAINT

The Chief of the Medical Staff shall interview the complainant and, if possible, any witnesses within ten (10) working days of receiving the complaint. The Chief of the Medical Staff and another Member of the Medical Executive Committee shall interview the Medical Staff Member, if possible, within ten (10) working days. The Chief of the Medical Staff shall provide Member the opportunity to respond in writing. The Chief of the Medical Staff shall do one or more of the following and document same with a copy of the complaint to the Member=s credentials file:

1. Determine that no action is warranted.
2. Refer Member to the Medical Executive Committee.

D. RETENTION OF DOCUMENTATION AND REPORT OF FINDINGS

1. No information shall be inserted into a member's Credentials file without following provisions as set forth in the Medical Staff Bylaws, Section 13.5.1.
2. Adverse information shall be retained in staff member's Credentials file until
Time of reappraisal and reappointment and managed in accordance with Medical Staff Bylaws, Section 13.5.2.

IV. CORRECTIVE ACTION - APPEAL

A. Any Member who is determined to be in violation of expected behavior and subject to any action taken pursuant to this policy, may:

1. accept the action taken and agree to abide thereby, and accordingly waive their fair hearing/due process rights, if any, under the Medical Staff Bylaws; or

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2. reject the action proposed.
- B. Upon rejection by the Member or failure to abide by the terms of the action proposed, the Chief of Staff will:
 1. convene an Ad-Hoc Committee pursuant to the Medical Staff Bylaws to investigate the complaint and take such action deemed appropriate; and
 2. report same to the Medical Executive Committee.

V. DISRUPTIVE BEHAVIOR AGAINST A MEDICAL STAFF MEMBER:

Disruptive Behavior directed against a Medical Staff Member by a hospital Team Member, Board Member, contractor or other member of the hospital community, shall be reported by the Medical Staff Member to the hospital pursuant to hospital policy governing such conduct.

VI. ABUSE OF PROCESS:

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstances. Retaliation or attempted retaliation by Members against complainants will give rise to corrective action pursuant to the Medical Staff Bylaws. Individuals who submit a complaint or complaints which are determined to be false shall be subject to corrective action under the Medical Staff Bylaws or hospital employment policies, whichever applies to the individual.

VII. PROMOTION OF AWARENESS:

The Medical Staff shall promote continuing awareness of this policy among its Members and the hospital community, including the following efforts:

1. Sponsoring or supporting educational programs on Disruptive Behavior to be offered to Medical Staff and hospital Team Members;

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2. Disseminating this policy to all current members upon the adoption of the policy and to all new Members of the Medical Staff upon joining; and
3. Empowering the Medical Executive Committee to direct a Member of the Medical Staff exhibiting disruptive behavior to obtain education, behavior modification, or other treatment to prevent further violations.

**Reviewed and Approved by the Medical Executive Committee on
June 12, 2001.**

**Reviewed and Approved by the Medical Executive Committee on
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