

## APPENDIX F

### GUIDELINES FOR ADDRESSING BEHAVIORS THAT UNDERMINE

#### A CULTURE OF SAFETY

##### DEFINITION

**Conduct that undermines a culture of safety is behavior which adversely impacts on the quality of patient care or continued effective operation of the Hospitals and includes, without necessarily being limited to: verbal or physical abuse of colleagues, Hospital personnel or patients, sexual harassment, and threatening or intimidating behavior exhibited during interactions with colleagues, Hospital personnel or patients. Conduct that is offensive to patients, employees, visitors volunteers, and Practitioners that discredits the organization, interferes with operations, or any other conduct which in the Medical Staff's judgment is adverse to its mission will not be tolerated.**

##### PROCESS

1. These Guidelines for Addressing Disruptive Behavior (“Guidelines”) are intended to be used as flexible guidelines for informally addressing complaints regarding disruptive practitioner conduct. These Guidelines are intended to be molded as necessary to enhance informal review, preserve confidentiality and promote fairness. Therefore, the Guidelines may be departed from depending on the facts and circumstances of a particular complaint. They are not a substitute for the processes or procedures otherwise set forth in the Medical Staff Bylaws, Medical Staff Rules and Regulations, Main Line Hospitals Bylaws or applicable Hospital policies or procedures.
2. Any Medical Staff Member, employee or agent of the Hospital, or patient may file a complaint against a Practitioner regarding disruptive conduct. No retaliation will be taken against any employee or Practitioner for reporting a concern in good faith.
3. Complaints may be referred to the CEO (or his designee), MEC Chair, Department Chair wherein the Practitioner holds Privileges, the Chief Medical Officer or other Medical Staff leader or administrator as the complaining individual feels comfortable. All complaints received will then be forwarded to the Chief Medical Officer.
4. The individual receiving the complaint should seek to ascertain relevant details of the disruptive conduct, including, but not necessarily limited to:
  - the date and time of the behavior in question;
  - the circumstances surrounding the situation;
  - whether the behavior involved a patient and, if so, the patient's name;
  - a description of the behavior limited to factual, objective, and observed acts as much as possible;
  - a record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening;
  - corroboration by another individual, if possible;

- other relevant information.

5. Although not required, all complaints should be in writing and prepared by the complaining individual. If the complaining individual will not put the complaint in writing, the individual receiving the complaint should do so. All documents created will be marked “Confidential” and, during the inquiry, maintained by the Chief Medical Officer.

6. The Chief Medical Officer, in collaboration with the Chair of the Department wherein the Practitioner holds Privileges, and, if the complaining individual is a Hospital employee, the responsible Human Resources Department representative, will conduct an inquiry which will include, but not be limited to, an interview with the involved Practitioner.

7. Single minor incidents of conduct that undermines a culture of safety, warranting a discussion with the involved Practitioner, will be handled by the Chief Medical Officer. A single copy of the incident and decision documentation will be placed in the Practitioner’s confidential credentials file. The Practitioner shall have an opportunity to present a written response to the charges which also will be placed in that Practitioner’s file. The Practitioner shall be entitled to review his file periodically until documentation is removed. If no further incidents are reported within two years, the Chief Medical Officer, in consultation with the Chair of the Department wherein the Practitioner holds Privileges, may determine that the documentation may be removed from the Practitioner’s file and destroyed. The determination to destroy such documentation will not be unreasonably withheld.

8. If there appears to be a pattern of behavior that undermines a culture of safety or if the behavior in question suggests impairment (medical, psychological, or substance abuse problem), the Chief Medical Officer, in consultation with the Chair of the Department wherein the Practitioner holds Privileges, shall follow the processes outlined in the Impairment Policy, Medical Staff Bylaws, Appendix G.

9. If the involved Practitioner is determined to be unimpaired, the Chief Medical Officer will meet with the Practitioner to discuss the inappropriate behavior, emphasizing that if the behavior continues, more formal action will be taken (e.g., initiation of the disciplinary process as delineated in the Medical Staff Bylaws). This meeting will be documented, including a follow-up letter to the Practitioner, which will become part of the Practitioner’s permanent record, and will emphasize that the Practitioner is expected to behave professionally and cooperatively. A copy of the documentation shall be kept and placed in the Practitioner’s confidential credentials file.

10. Serious initial incidents or additional incidents within two years will result in initiation of a corrective action proceeding pursuant to the Medical Staff Bylaws. When a Practitioner’s conduct may result in an imminent danger to the health and /or safety of any individual or to the continued effective operation of the Hospitals, precautionary suspension of all or any portion of the Practitioner’s Clinical Privileges may be invoked as outlined in the Medical Staff Bylaws.

\*The Physician’s Health Programs of The Educational and Scientific Trust of the 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.