



Ambulatory Clinic Policy and Procedure

Title: DISRUPTIVE CONDUCT BY MEMBERS OF THE PROFESSIONAL STAFF	Policy Number: 1.23
Regulation Reference: Joint Commission	Effective Date: 2/2010

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) School of Medicine that all individuals are treated courteously, respectfully, and with dignity.

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics, also known as Texas Tech Physicians.

Procedure:

RELATED POLICIES:

- If a TTUHSC employee fails to conduct him or herself appropriately, the matter shall be addressed in accordance with Human Resources policies. Employee misconduct should be reported to the Assistant Vice President or Director of Human Resources or the manager or director of the department.
- If a member of the Professional Staff appears to be unable to practice with reasonable skill and safety because of physical or mental illness, including unauthorized use or abuse of drugs or alcohol, one should refer to the Faculty Handbook for Policy on Evaluation and Treatment of Impaired Physicians or House Staff.

TEXT:

I. Definitions

- A. Practitioner: any member of the TTUHSC School of Medicine Professional Staff, House Staff and mid-level providers. Mid-level providers include Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, and CRNAs.
- B. Disruptive Conduct: a style or pattern of interaction with physicians, other practitioners, employees, patients, patient family members, or others that interferes with patient care or clinic operations. Examples of disruptive conduct include, but are not limited to:
 - Uncontrolled anger evidenced by yelling or other verbal abuse towards patients, visitors, clinic personnel, or other practitioners;
 - Throwing objects, or willfully destroying property;
 - Use of language that is profane, vulgar, sexually suggestive or explicit, degrading, or racially/ethnically/religiously slurring;
 - Conduct that constitutes sexual harassment (HSC OP 70.14 Sexual Harassment);
 - Intimidation of staff, patients, visitors, or other practitioners;
 - Written comments or drawings made in patient medical records or other document that stray from factual information inappropriate to subjective opinion;
 - Stating or implying that others are stupid or incompetent;
 - Retaliating, or threatening to retaliate for reporting disruptive behavior; or
 - Physically attacking (assaulting) others (HSC OP 76.08 Violence and Workplace Threats).



Ambulatory Clinic Policy and Procedure

- C. Disruptive Conduct Review Committee (DCRC)- an adhoc committee of the MPIP Policy Committee composed of the Chief Medical Officer, Chair of MPIP Policy Committee and Chair of Ethics Committee, with a charge to review reported disruptive conduct

II. Expectations

- A. Practitioners are to conduct themselves in a professional and cooperative manner.
- B. TTUHSC values constructive criticism offered in good faith with the purpose of improving patient care. Practitioners should offer constructive criticism through appropriate channels.
- D. Persons directly involved in an incident of disruptive behavior are encouraged to informally resolve the incident if appropriate and feasible

III. Reporting Disruptive Conduct

- A. Any TTUHSC employee or volunteer may report perceived disruptive practitioner conduct by using the attached form. An anonymous report may also be made through EthicsPoint at (1-866-294-9352) or electronically through the TTUHSC Home page, then to “Compliance Hotline” at bottom of gray area on left of page. (Non-Retaliation Policy HSC 52.04)
- B. Documentation of disruptive conduct is critical. Documentation should include:
- Name of the practitioner;
 - The date, time, and location of the disruptive behavior;
 - The medical record number of the patient if the conduct affected or involved a patient in any way;
 - A description of the questionable conduct, limited to factual, objective language as much as possible;
 - Circumstances which led to the behavior;
 - The consequences, if any, of the disruptive conduct as it relates to patient care or clinic operations;
 - Any action taken to remedy the situation, including date, time, place, action, and name(s) of those persons who intervene; and
 - Contact information (leave blank if you wish to remain anonymous).
- C. The written report shall be submitted to the TTUHSC Institutional Compliance Officer. Anonymous reporting may be done through EthicsPoint (see information above).

IV. Investigation

- A. If the report includes contact information, the Institutional Compliance Officer (ICO) may contact the individual who reported the incident for any additional information or clarification of information in the report. Additionally, the ICO will acknowledge receipt of the report to the individual who reported if contact information has been included.
- B. The Institutional Compliance Officer will interview persons who were involved in the incident, including but not limited to witnesses, the practitioner, and the supervisor.
- C. First Report of Disruptive Conduct.



Ambulatory Clinic Policy and Procedure

The Institutional Compliance Officer will determine whether no action is warranted or refer the matter to the practitioner's Department Chair.

If the Institutional Compliance Officer refers the complaint, the Compliance Officer will submit a written report to the Department Chair. If the Compliance Officer receives additional information regarding the incident, the Compliance Officer will forward the information promptly to the Department Chair.

If disruptive conduct has been displayed by a Department Chair, the report will be submitted to the Chair of the Ethics Committee, who is a member of the Disruptive Conduct Review Committee.

- D. At any time, if there is a reasonable suspicion that the practitioner may be impaired, the Chair, Disruptive Conduct Review Committee or the Dean, may refer the practitioner to the TTUHSC Physician Health Rehabilitation Committee for evaluation. (See Faculty Handbook).

V. Procedure – First reported incident

- A. The Department Chair will review the complaint and investigative report.
- B. The Department Chair will conduct a one-on-one conversation with the practitioner. If the report is considered to have no merit, it will be dismissed without consequences to the person who made the report. If the report is considered to have merit, disciplinary action will be determined based on the nature of the offense/including, but not limited to a written warning, possible referral for counseling, or termination. The Department Chair, or Dean, where appropriate or applicable, will submit a written report to the Institutional Compliance Officer outlining action taken.
- C. If the Department Chair has engaged in alleged disruptive conduct, the Chair of the Ethics Committee will review the complaint and the investigative report, meet with the involved practitioner and report the disciplinary actions in writing to the Institutional Compliance Officer. (See "B" above).

VI. Subsequent Reported Incident

- A. If a second incident occurs or it appears that a pattern of disruptive behavior exists, the Compliance Officer will report the conduct to the Chair and/or the Disruptive Conduct Review Committee (DCRC). The Physician shall be notified regarding the report and meet with appropriate personnel.
 - 1. Discussions are designed to be helpful to the practitioner.
 - 2. Discussions should emphasize that if the behavior continues, action will be taken including, but not limited to, mandatory counseling and possible internal peer review.
 - 3. All meetings shall be documented in writing.



Ambulatory Clinic Policy and Procedure

4. A follow-up letter to the practitioner shall state the nature of the concern and inform the practitioner of the required professional and cooperative behavior. Copies of the communication will be sent to the Dean and Institutional Compliance Officer.

B. If the practitioner's disruptive conduct continues, the Dean and the Disruptive Conduct Review Committee shall meet and advise the practitioner that such conduct will not be tolerated and must cease. The meeting, tantamount to a final warning, shall be followed up with a letter confirming the final warning, which shall become part of the practitioner's personnel file.

Where applicable, a single additional incident shall result in initiation of formal corrective action pursuant to the Professional Staff Bylaws.

VII. The circumstances involved in certain disruptive conduct may require that a TTUHSC Representative report such incident to the Texas Medical Board.

VII. Confidentiality

A. Records relating to disruptive conduct shall be maintained by the Institutional Compliance Office or the Dean's Office. All proceedings under this policy are for compliance, medical staff credentialing, and/or peer review activities. All proceedings and records of, and communications to, persons acting under this policy are confidential and privileged in accordance with Tex. Occ. Code §160.001 et seq. and Tex. Health & Safety Code §161.031 et seq. All documents shall be marked "Confidential Peer Review".

B. Practitioners hold a clinical appointment at Texas Tech University Health Sciences Center. Affiliated hospitals and TTUHSC engage in quality assurance, credentialing, and peer review of practitioners. The records and proceedings of a medical peer review committee are confidential and privileged. In accordance with Texas Occupations Code §160.007 and where applicable, a record or proceeding of a party's medical peer review committee or a written or oral communication made to the committee may be disclosed to the other institution's peer review committee for credentialing and peer review purposes. Such disclosure does not waive confidentiality or privilege. The institutions may establish joint medical committees, as set forth in Texas Health & Safety Code §161.031 *et seq.*, for the purpose of evaluating medical and health care services at affiliated hospitals and TTUHSC. All records and proceedings of the joint medical committees are confidential and privileged.

Approval Authority:

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Deans, School of Medicine.

Responsibility and Revisions:

It is the responsibility of the Joint SOM Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site and maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

Policy Number: 1.23	Original Approval Date: 4/2009
---------------------	--------------------------------



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Medicine™

Ambulatory Clinic Policy and Procedure

Version Number: 2	Effective Date: 2/2010
Signatory approval on file by: Steven L. Berk, MD <u>Dean, School of Medicine</u>	