

Policy: Culture of Safety Provider Policy

DEPARTMENT SPECIFIC: Only affects one department.							
Folder	Medical Staff Services			Sub-Folder (If Applicable)	n/a		
Effective Date	11/14/2006	Approved Approver/Date	<i>Medical Executive Committee 2/25/2020; MDRC: 2/20/2020</i>				
Last Reviewed/ Revised Date	2/25/2020	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	TJC LD.03.01.01, EPs 4, 5, 7	Number of pages	6

PURPOSE:

To ensure optimal patient care by promoting a safe, cooperative, and professional healthcare environment by preventing or eliminating (to the extent possible) conduct that:

- disrupts the efficient and effective operation of the Hospital;
- adversely impacts the ability of others to do their jobs;
- creates a "hostile work environment" for hospital employees or other medical staff members;
- interferes with the process of delivering safe, quality patient care;
- interferes with another practitioner's ability to practice competently and professionally;
- or
- Adversely affects or impacts the community's confidence in the Hospital's ability to provide quality patient care.

GUIDELINES:

It is the policy of Southeast HEALTH and its Medical Staff to treat all individuals within its facilities with courtesy, respect, and dignity and to maintain a culture of safety. To that end, the Hospital Board of Directors requires individuals working at all levels in the Hospital, including providers credentialed through the Medical Staff process, to conduct themselves in a manner that promotes a culture of safety.

Human resource policies address matters involving employees who fail to conduct themselves appropriately. The following policy addresses matters that involve providers credentialed through the Medical Staff process who fail to conduct themselves appropriately and undermine a culture of safety. The Medical Executive Committee and Hospital Board of Directors intend to enforce this policy in a firm, fair, and equitable manner.

This policy shall be interpreted and enforced by the Medical Executive Committee and the Hospital Board of Directors. The policy shall NOT be the sole process for dealing with egregious incidents or behavior that undermines a culture of safety, and nothing shall preclude the

initiation of any other action against the practitioner in accordance with the Medical Staff Bylaws, hospital policies and procedures, rules and regulations, or as may be required or desirable in order to preserve the stability and safety of the hospital, its patients and visitors, and its personnel.

Unacceptable or disruptive behavior may include, but is not limited to, the following:

- Physical attacks or assaults (e.g. pinching, slapping, etc.); inappropriate physical contact with another individual that is threatening, demeaning, or intimidating.
- Disrespectful, profane, demeaning, or rude language or conduct directed toward or in the presence of others
- Sexually inappropriate speech
- Sexual boundary violations/inappropriate touching
- Intimidation and/or harassment
- Racial or ethnic insults or innuendos
- Outbursts of anger, including raised voice, yelling or shouting in a hostile manner
- Criticizing other members of the healthcare team in front of patients or staff
- Comments that undermine a patient's trust in other members of the healthcare team or the hospital
- Repeated, intentional non-compliance with hospital or Medical Staff rules and policies
- Deliberate behavior that interferes with the smooth functioning of hospital or Medical Staff activities as determined by the Medical Executive Committee and/or hospital administration
- Unethical/dishonest behavior
- Repeated lack of response to calls from other health personnel
- Unwillingness to work collaboratively
- Inappropriate argumentation with patients, their families, hospital staff, or other medical staff members
- Retaliation against any member of the healthcare team who reports a conduct violation or impropriety
- Deliberate destruction or stealing of hospital property, including medical records
- Failure to adequately or appropriately address a safety concern or patient care need expressed by another member of the healthcare team
- Inappropriate use of litigation or threats of litigation
- Impertinent or inappropriate comments (or illustrations) made in patients' medical records or other official documents impugning the quality of care in the hospital (or other healthcare facility) or attacking other members of the healthcare team or hospital policies.
- Non-constructive criticism leveled at the recipient in such a way as to intimidate, undermine confidence, belittle or imply a lack of intelligence or incompetence.

- Discrimination based on race, ethnicity, gender, religion, socioeconomic status, sexual orientation, or sexual or other forms of workplace harassment.
- Refusal to accept medical staff assignment or refusal to participate in committee or departmental affairs in an unprofessional and inappropriate manner
- Throwing instruments, charts, or other items
- Uncooperative or defiant approach to problems

Desirable conduct may include, but is not limited to, behavior such as the following:

- Practicing the profession according to the AMA Code of Ethics
- Respecting patient confidentiality, autonomy, and privacy
- Respecting patient rights
- Promoting the dignity of the patient, maintaining appropriate professional work, and social boundaries with the patients, other customers and coworkers, rather than exploiting these relationships for personal gain
- Interacting with employees, patients, families, physicians, volunteers, and visitors in a courteous, kind, and considerate manner which shows respect, without compromise, to such factors as age, sex, disability, education, ability to pay, religion, sexual orientation, cultural origin, diagnosis, race, political affiliation, marital status
- Resolving conflicts and differences in a private setting rather than in the presence of another person.
- Respecting each discipline's expertise and knowledge
- Communicating truthfully and considerately
- Working as a team, as appropriate, and supporting other members of the team

The Center for Disease Control (CDC) has defined a culture of safety as the shared commitment of management and employees to ensure the safety of the work environment. The safety of patients and employees is paramount. In a culture of safety the focus is on effective systems and teamwork to accomplish the mutual goal of safe, high-quality performance. When something goes wrong, the focus is on what, rather than who, is the problem. The intent is to bring process failures and system issues to light, and to solve them in a non-biased, non-threatening way. A culture of safety acknowledges the inevitability of error, and proactively seeks to identify latent threats. Characteristics of such a culture include:

- Environment where individuals are confident that they can report errors or close calls (near-misses) without fear of retribution.
- Collaboration across ranks to seek solutions to system vulnerabilities.]
- Demonstrated willingness to direct resources to address safety concerns.

PROCEDURE:

Reporting of Conduct that Undermines a Culture of Safety

Every healthcare provider, employee, patient or visitor is encouraged to report behavior that has the potential for undermining a culture of safety. Any attempts by the provider to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and grounds for further disciplinary action. The reporter will remain anonymous to the provider whose behavior is under review.

An event report shall be submitted for any reports of behavior that undermine a culture of safety. Documentation of each incident that undermines a culture of safety is critical because it is ordinarily not one incident alone that leads to disciplinary action, but rather it may be a pattern of repeated acts of inappropriate conduct. Documentation shall include the following information:

- The identification of the provider in question
- The date and time of the questionable behavior
- A statement as to whether the behavior involved a patient in any way, and, if so, information identifying the patient
- The circumstances that precipitated the behavior
- A factual and objective description of the questionable behavior
- Names of other witnesses to the behavior
- The consequences, if any, of the undermining behavior as it relates to patient care or hospital operations
- A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening.

Investigation

Once the report is received, the CMO, in consultation with the President of the Medical Staff, or the respective designee of either, will investigate the report. The CMO, or designee, shall interview the practitioner and other persons and review such information as he/she deems appropriate. Upon conclusion of the investigation, the CMO, in consultation with the President of the Medical Staff, should make one of the following determinations and direct follow-up as described to include notification of the practitioner:

- If it is determined that the report is without foundation or the conduct does not have the potential for undermining the culture of safety within the context of this policy, it shall be dismissed.
- If it is determined that the behavior largely relates to clinical competence or if patient care is potentially compromised, then the matter will be addressed via the Medical Staff peer review process for further investigation and/or action undertaken pursuant to the Professional Practice Evaluation policy and Medical Staff Bylaws Article 9.03 pertaining thereto.

- If it is determined that the undermining conduct has occurred and it was largely precipitated by chemical dependency, mental illness or other impairment, the matter shall be pursued under the Impaired Practitioner Health Policy and Procedure and will be reported to the Physician Health Committee and Medical Executive Committee.
- If it is unclear whether the conduct was actually disruptive, the CMO will report this determination to the Medical Executive Committee. The Medical Executive Committee may seek the expert opinion of an impartial individual experienced in such matters.
- In all other events where the culturally undermining conduct is found to have occurred, the CMO will proceed as set forth below.

Corrective Action Relative to Confirmed Reports

When inappropriate, undermining conduct has been confirmed, a meeting may be held as outlined below. The CMO shall document all meetings in writing through at least a follow-up letter to the provider displaying the conduct. The letter will document the content of the discussions and any specific actions the provider has agreed to perform. The CMO will place a copy of this letter in the provider's medical staff credentials file. The involved practitioner may submit a written rebuttal to the charge(s). The rebuttal will become a permanent part of the record.

- A single confirmed incident warrants a discussion with the individual who displayed the conduct. The CMO and department chair (or designee for either) shall initiate such a discussion which should also include an opportunity for the practitioner to comment on the conduct. The discussion should emphasize that such conduct is inappropriate and must cease. The CMO/department chair/designee will provide the practitioner with a copy of this policy and inform the individual that the Medical Executive Committee and the Hospital Board of Directors require compliance with the policy. The approach during this action should be collegial and helpful to the individual and the hospital.
- A second confirmed incident within any rolling quarter will result in a report to the Medical Executive Committee regarding the incident and results of the conference(s) with the individual. The individual will be advised that failure to agree to abide by the terms of this policy shall be grounds for disciplinary action, up to and including suspension of staff membership and privileges. The Medical Executive Committee will then recommend to the Board the action to be taken.
- Depending on the nature of the conduct, the Medical Executive Committee reserves the right to refer a case to the Hospital Board of Directors with a recommendation for disciplinary action.
- A single incident of reported egregiously disruptive conduct (including but not limited to, physical or sexual harassment, assault, a felony conviction, a fraudulent act, stealing,

damaging hospital property, or inappropriate physical behavior) or repeated incidents of undermining conduct shall result in an investigation according to Article 9.02 & 9.03 of the Medical Staff Bylaws. Summary or precautionary suspension, as provided for in the Medical Staff Bylaws 9.04, may be appropriate during any stage including investigation or pending the initiation of corrective action.

- If action is taken to revoke the individual's membership and privileges, the individual will be ineligible to reapply to the Medical Staff, Limited Health Practitioner Staff, or Physician Paramedical Employee Staff for a period of at least one year pursuant to the Medical Staff Bylaws, Article 7.04 (J).
- The procedures specified herein shall not preclude the Medical Executive Committee or the Hospital Board of Directors from taking any direct action or utilizing other methods for dealing with disruptive, undermining, or other undesirable conduct as may be deemed necessary under the circumstances.

REFERENCES:

HCPPro--The Top 45 Medical Staff Policies and Procedures, Fifth Edition, Todd Sagin, MD, JD, 2014

AMA Code of Ethics <https://www.ama-assn.org/delivering-care/ethics/physicians-disruptive-behavior>
Retrieved on January 27, 2020

Attachments:

None