



Hackensack  
Meridian Health  
Jersey Shore University  
Medical Center

## Disruptive Behavior

### Medical Staff Policies & Procedures

**Document Owner:** Medical and Dental Staffs of Jersey Shore University Medical Center

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#### General Description

**Purpose:** To emphasize the need for all individuals to treat others with respect, courtesy and dignity, and to protect all persons within hospital facilities from behavior which does not meet that standard. Individuals are expected to act in a professional manner consistent with our goal to deliver excellent patient care.

**Scope:** Jersey Shore University Medical Center

**Policy:** The policy does not relate to the clinical privileges of a physician or health care provider whose behavior is at issue. The policy is intended to set forth a process of documenting disruptive behavior and providing adequate notice that such behavior will not be tolerated and will ultimately result in corrective action. The policy also serves as Section 15.1 of the Rules and Regulations for the Medical and Dental Staff of Jersey Shore University Medical Center Rules and Regulations.

#### Procedure: I. DEFINITIONS

- A. Physician: A person holding the degree of M.D. or D.O. from an approved medical or osteopathic school.
- B. Practitioner: Any appropriately licensed physician, dentist, podiatrist, psychologist or other health care provider applying for or exercising clinical privileges in the Division.
- C. Health Professional Affiliate: An individual other than a licensed physician, dentist, podiatrist or psychologist whose patient care activities require that his authority to perform specified patient care services be processed through the usual Medical Staff channels.
- D. Disruptive Behavior: Behavior or conduct that undermines a culture of safety and interferes with the ability of another individual to function effectively and harmoniously within the hospital environment; behavior or conduct that can reasonably be construed to create and does create in another individual the perception or fear that the workplace is unsafe, dangerous or hostile, thus interfering with that individual's ability to safely and professionally perform their duty; or, behavior which knowingly endangers a patient, fellow worker or colleague. Disruptive behavior cannot be narrowly defined and is a function of specific behavior, perception and circumstances, requiring interpretation and evaluation by leaders cognizant of the range of encompassed actions. The

following are selected examples of behaviors that may be considered disruptive conduct.

- 1.** Verbal statements directed at individuals that are personal, irrelevant, sarcastic or go beyond the bounds of fair professional comment , causing embarrassment, fear or impeding performance.
- 2.** Impertinent and/or inappropriate written comments or illustrations in patient medical records, or other official documents, impugning the quality of care in the hospital, or attacking particular physicians, nurses, other health care providers or hospital policy.
- 3.** Non-constructive criticism, addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, embarrass or to impute stupidity, malevolence or incompetence.
- 4.** Unjustified refusal of medical staff assignments, or obligations, or willing failure to participate in committee or departmental affairs or performance of such activities in a disruptive manner.
- 5.** Imposing idiosyncratic requirements on the nursing staff, colleagues and other hospital staff which do not enhance patient or unnecessary and time consuming techniques and procedures.
- 6.** Abusive behavior or inappropriate physical contact of any kind, including both verbal and non-verbal actions, such as the intemperate, intimidating, or threatening gestures, actions or language or behavior.
- 7.** Threats of physical violence, assault/battery, throwing of instruments or equipment, inappropriate touching or gestures.
- 8.** Harassment, which means unwelcome conduct, whether verbal, non-verbal, physical, or visual, that is based on a person' origin, age, disability, job status or other recognized group status or personal characteristics. Retaliation against persons who report disruptive behavior or sexual harassment or conduct which interferes unreasonably with an individual's work performance or which creates an intimidating, hostile or offensive work environment.
- 9.** Making statements that demoralize staff.
- 10.** Making inappropriate statements or engaging in inappropriate behavior which impugn the quality of care in the hospital, or create potentially embarrassing situations.
- 11.** Refusal to meet with Departmental Chairpersons, Officers of the Medical Staff and/or Administration and/or Board of Trustees to discuss disruptive conduct
- 12.** Failure to follow hospital safety guidelines, or any actions endangering other individuals, e.g. improper handling of sharps, leaving dangerous instruments or drugs within the hospital, or failure to follow isolation procedures.
- 13.** Deliberate endangerment of other staff members by failure to follow hospital safety and homeland security measures, e.g. leaving entrances open intentionally or refusing to wear proper identification.

- E. Appropriate Behavior includes any reasonable conduct to advocate for patients to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized Medical Staff, or to engage in professional practice including practice that may be in competition with the hospital.

## **II. DOCUMENTATION OF DISRUPTIVE BEHAVIOR:**

- A. Disruptive behavior by a Practitioner or Health Professional Affiliate which disrupts the orderly operation of the hospital or jeopardizes patient care or creates an unsafe or hostile work environment, shall be documented in the "Report of Incident of Disruptive Behavior by a Practitioner or Health Professional Affiliate, (the report) set forth in Exhibit A and shall include, at a minimum, the following information:
  - 1. the date, time and location of the questionable behavior.
  - 2. if the behavior was in the presence of a patient or affected or involved a patient in any way, the name of the patient;
  - 3. the circumstances which precipitated the situation;
  - 4. a factual, objective description of the questionable behavior;
  - 5. the consequences, if any, of the disruptive behavior as it relates to patient care or personnel or hospital operations; and
  - 6. any action taken including date, time, place, action, and name(s) of those intervening.
  - 7. names of individuals notified of the disruptive event.
- B. Completion of report:
  - 1. Any individual who is the victim of disruptive behavior or who observes such conduct may complete and sign the written Report (Exhibit A). See below.
  - 2. Employees may exercise the option of reporting disruptive behavior to the appropriate department manager who shall complete and sign the written Report (Exhibit A).
  - 3. Non-employees and members of the Medical Staff may exercise the option of reporting disruptive behavior to the appropriate Department Chair who shall complete and sign the written Report (Exhibit A).
  - 4. If the disruptive conduct involves the Department Chair or other Medical Staff Officers, such conduct may be reported to the President of the Medical Staff or Vice President of the Medical Staff who shall c  
alleged disruptive conduct is committed by the President or Vice President of the Medical Staff, such conduct may be reported to another Medical Staff Officer
  - 5. Any individual who exercises the options noted in paragraphs 2, 3, 4, above shall not be required to sign any reports.
- C. The completed report shall be submitted to the appropriate Department Chair with copies to the President of the Medical Staff, Vice President of Medical Affairs and hospital President.
- D. Documentation of disruptive conduct shall be maintained in the quality assurance file and be available to those involved in the re-appointment process.

### III. MEETING WITH THE PRACTITIONER OR HEALTH PROFESSIONAL AFFILIATE:

#### A. First Incident:

1. The first reported incident warrants a discussion with the practitioner by the Department Chair or designee. During this meeting or earlier if the Chair believes appropriate, the disruptive behavior report shall be made available to the individual involved, and discussed with the Chair or designee. The practitioner shall be given a copy of this policy. If the Chair believes that the meeting is sufficient to deal with the reported event, or the meeting leads the Chair to believe the report is of no import, this should not be included in the quality assurance file. The Chair can maintain a record of the matter in his or her files.
2. If the Chair believes it is appropriate, a follow-up letter shall be sent to the practitioner indicating that such conduct will not be tolerated (see sample letter #1 attached to this policy). Copies of all correspondence should be sent to the President of the Medical Staff, Vice President of Medical Affairs and Hospital President. A copy shall be placed in the quality assurance file. In the event that the report is directed at the Chair, the President of the Medical Staff shall deal with the issue in the Chair's place.
3. The Chair, or Medical Staff President, may elect to develop and put into place a corrective plan to deal with the individual's disruptive behavior. That individual must then be informed of this plan, and acknowledge agreement to the Chair or Medical Staff President.

#### B. Second Incident:

1. If, after a second report incident, it appears to the Department Chair or Medical Staff President that a pattern of disruptive behavior is developing, he/she shall discuss the matter with the practitioner, emphasizing that if the behavior continues, more formal action will be taken and the Department Chair or other individuals empowered by the Medical Staff Bylaws may request corrective action by the Medical Executive Committee or the Department Chair may request a meeting with the Practitioner or Health Professional Affiliate, President of the Medical Staff, Vice President of Medical Affairs, and Hospital President. This meeting shall constitute the Practitioner's or Health Professional Affiliate's final warning. A follow-up letter reiterating the warning shall be sent to the Practitioner or Health Professional Affiliate. Documentation of the meeting and a copy of the letter shall be placed in the quality assurance file. It is not necessary to await several incidents before making this determination. Effective operation of the hospital and protection of patients, employees, or others within the hospital from mistreatment and abuse is a paramount concern.
2. Follow-up letter shall be sent to the practitioner or Health Professional Affiliate which shall state that he/she is required to behave professionally and cooperatively and that any failure to meet these expectations may result in corrective action which may ultimately affect Medical Staff appointment and clinical privileges at this hospital. Copies of all correspondence and documentation of any meetings shall be maintained in the quality assurance file. Copies of correspondence shall be sent to the President of the Medical Staff, Vice President of Medical Affairs, and Hospital President.

**EGREGIOUS BEHAVIOR**

Notwithstanding anything to the contrary in this policy, if a practitioner or Health Professional Affiliate engages in egregious or repeated disruptive behavior thereby making multiple warnings inappropriate, corrective action in accordance with the Medical Staff Bylaws may be initiated immediately.

*Follow-Up to Meeting with Physician Regarding Disruptive Behavior*  
Sample Letter #1 (First Offense)

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

The purpose of this letter is to reiterate and emphasize the hospital's and medical staff leadership's position regarding your conduct on \_\_\_\_\_ as we discussed at our meeting on \_\_\_\_\_.

It is the policy of this hospital that all employees, patients, and physicians within this facility shall be treated courteously, respectfully and with dignity. Your behavior on \_\_\_\_\_ was inappropriate and unacceptable. Such conduct will not be tolerated. Thank you for your apology and your commitment to refrain from such conduct in the future.

Your continued appointment to the medical and Dental staff of this hospital is conditioned upon your conducting yourself professionally and courteously. Any further incidents of disruptive conduct may result in initiation of necessary formal disciplinary action pursuant to the Medical Staff Bylaws.

Sincerely,

Department Chair

cc: President of the Medical Staff

Vice President of Medical Affairs

Hospital President

Sample Letter #2 (For repeat offenders or serious problems)

Date \_\_\_\_\_

Dear \_\_\_\_\_:

You have been apprised today of our expectations regarding appropriate professional conduct at Jersey Shore University Medical Center and adherence to Hospital policies and Medical Staff Rules and Regulations and Policies. The incidents discussed with you earlier today raise serious questions about your ability or willingness to behave in a manner that permits continued affiliation with JSUMC. Your past conduct falls below the standard which this hospital expects from physicians appointed to its Medical Staff. Much of this conduct is personally offensive, and you are hereby placed on notice that it will not be tolerated. During the remainder of this appointment term (any future appointment terms), your behavior will be closely monitored. You are expected to conduct yourself in a professional, non-disruptive manner and to treat Medical Staff members and Hospital employees with courtesy and respect. We will not tolerate harassment, threats or intimidation of any members of the Medical Staff or of this Hospital. You will refrain from using rude, intemperate, or abusive language while on the premises of the hospital. You will control your temper so that there will be no outbursts of any kind by you on Hospital property. This requirement regarding professional conduct is governed not only by the rules of civility, but also required under Hospital policy and Medical Staff Bylaws of this Hospital. You are instructed not to attack the competence or dedication of any Hospital personnel. You are specifically requested to direct complaints or comments regarding

personnel or Hospital practices or procedures through appropriate Medical Staff and/or Hospital channels. A copy of the Hospital's policy regarding disruptive behavior by members of the Medical Staff is attached for your review and compliance.

Any failure on your part to meet these expectations shall result in corrective action, which may ultimately affect your Medical Staff appointment and clinical privileges at this Hospital.

Respectfully,  
Department Chair  
cc: President of Medical Staff  
Vice President of Medical Affairs  
Hospital President  
EXHIBIT A

In accordance with the Medical Staff and Hospital's Policy regarding disruptive behavior and sexual harassment, the following form shall be used to report and document instances of disruptive behavior or sexual harassment by a practitioner.

Please complete this form fully. If any question is not applicable, indicate by "NA." Sign this form and submit it to the Department Chair with copies to the President of the Medical Staff, Vice President of Medical Affairs and the President of the Hospital.

I. Indicate the date, time and location of the questionable conduct.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

II. Your name and title: \_\_\_\_\_

III. Name of practitioner: \_\_\_\_\_

IV. Describe the incident as factually and objectively as possible, including the circumstances which caused the situation. Use a

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V. Describe the consequences, if any, of the questionable conduct, as it relates to patient care, hospital operations or employee

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VI. Name(s) of other person(s) present.

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VII. Was questionable conduct directed toward a patient?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide patient name \_\_\_\_\_

VIII. Describe the action taken by you:

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Was a supervisor, department chairperson, hospital manager or any other person notified?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name and title of person notified: \_\_\_\_\_

IX. Was any other report prepared by you regarding this incident?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, to whom was the report given?

Name and title of person: \_\_\_\_\_

X. Other comments:

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Date: \_\_\_\_\_

Signature of Person Reporting:

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Title or Position

Reference TJC LD.03.01.01 EP 3