



# *Medical Staff Bylaws*

## *Appendix C*

### *Behavior that Undermines*

### *a Culture of Safety*

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**CANYON VISTA MEDICAL CENTER  
MEDICAL STAFF BYLAWS**

**I N D E X**

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<b>1.1</b>	<b>PURPOSE AND OBJECTIVES -----</b>	<b>3</b>
<b>2.1</b>	<b>BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY -----</b>	<b>3 - 4</b>
<b>3.1</b>	<b>REPORTING OF UNDERMINING BEHAVIOR -----</b>	<b>4</b>
<b>4.1</b>	<b>DOCUMENTATION -----</b>	<b>4 - 5</b>
<b>5.1</b>	<b>INVESTIGATION -----</b>	<b>5</b>
<b>6.1</b>	<b>MEETING WITH PRACTITIONER -----</b>	<b>5 - 6</b>
<b>7.1</b>	<b>DISCIPLINARY ACTION PURSUANT TO BYLAWS -----</b>	<b>6</b>

**APPENDIX "C"**  
**POLICY REGARDING BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY**

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**1.1 PURPOSE & OBJECTIVES**

It is the policy of the Hospital for all individuals working in the Hospital to treat others with respect, courtesy, and dignity, and to conduct ourselves in a professional, cooperative manner, and in compliance with the Code of Conduct of LifePoint Hospitals. This policy, which replaces the Disruptive Practitioner Policy, sets forth the requirement that all physicians and allied health professionals who work in the Hospital will act in a professional and respectful manner at all times. Further, this policy defines behavior or behaviors that undermine a culture of safety and outlines how to report and address it.

The objectives of this policy are to ensure quality patient care by promoting a safe, cooperative, and professional health care environment, and to provide Hospital employees with a work environment based on respect and one that encourages personal and professional growth.

This policy is applicable to all medical staff members and all allied health professionals (collectively referred to in this policy as "Practitioners").

Conduct of a criminal nature by a Practitioner, including but not limited to assault, battery, rape, or theft shall be handled through local law enforcement officials in accordance with local and State laws, in addition to application of this policy to address Practitioner's medical staff or allied health membership.

Any employee who engages in behavior or behaviors that undermine a culture of safety, including employed Practitioners, may be dealt with in accordance with the Hospital's human resource policies. Practitioners or Hospital employees who observe undermining behavior on the part of a Hospital employee shall follow the reporting mechanisms set forth in the human resource policies.

**2.1 BEHAVIOR THAT UNDERMINES A CULTURE OF SAFETY**

For purposes of this policy, behavior that undermines the culture of safety (herein referred to as "Undermining Behavior") is any behavior that substantially intimidates others; affects morale or staff turnover; disrupts the smooth operation of the Hospital; adversely affects the ability of others to perform their jobs appropriately; poses a threat or potential threat to safe quality patient care; or exposes the Hospital or Medical Staff to potential liability. Behavior that does not substantially impact a culture of safety is behavior that is outside the scope of this policy. Behavior which may rise to the level of Undermining Behavior may include, but is not limited to, behavior such as:

- 2.1(a) Rude, abusive, or intimidating behavior or comments to Hospital personnel, other Practitioners, Hospital visitors, patients or their families, or other behavior that negatively affects the ability of others to do their jobs. Such behavior can include the failure to cooperate, the refusal to return calls, or other passive activities when such substantially impacts the culture of safety.
- 2.1(b) Attacks, verbal or physical, directed at other Practitioners, Hospital personnel, patients or visitors, that are personal, inappropriate, irrelevant, or beyond the bounds of fair professional conduct.
- 2.1(c) Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, or inappropriate written or verbal statements to patients and/or members of the community impugning the quality of care in the Hospital, or attacking particular Practitioners, nurses, other Hospital employees, or Hospital policies.

- 2.1(d) Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
- 2.1(e) Refusal to accept, or causing a disturbance of, medical staff assignments or participation in committee or departmental affairs.
- 2.1(f) Interference with Hospital operations, Hospital or Medical Staff committees, or departmental affairs, or placing quality care at the Hospital in jeopardy.
- 2.1(g) Knowingly making false accusations or falsifying any patient medical records or Hospital documents.
- 2.1(h) Verbal or physical maltreatment of another individual, including physical or sexual assault or battery, or retaliation of any kind for making a report under this policy.
- 2.1(i) Sexual, racial, or other harassment, including words, gestures and actions, verbal or physical, that interferes with a person's ability to perform his or her job.
- 2.1(j) Behavior that adversely affects or impacts the community's confidence in the Hospital's ability to provide quality patient care.

### **3.1 REPORTING OF UNDERMINING BEHAVIOR**

- 3.1(a) Hospital employees who observe, or are subjected to, Undermining Behavior by a Practitioner should notify their supervisor about the incident. If the supervisor's behavior is at issue, the employee should notify the Chief Executive Officer (or his or her designee) or the Hospital Human Resources Director. Any Practitioner who observes Undermining Behavior of another Practitioner shall notify the Chief Executive Officer (or his or her designee) directly. Supervisors who have received a report of Undermining Behavior shall report the same to the Chief Executive Officer (or his or her designee).
- 3.1(b) If a reporting individual is uncomfortable with reporting Undermining Behavior directly, then a report of the incident must be made to the Hospital's Ethics & Compliance Officer or the LifePoint Ethics Line at 1-877-508-LIFE (5433).

### **4.1 DOCUMENTATION**

- 4.1(a) Documentation of Undermining Behavior is critical since it is ordinarily a pattern of conduct, rather than one (1) incident, which justifies disciplinary action. Practitioners, nurses and other Hospital employees who observe and report Undermining Behavior by a Practitioner must document the behavior or in the alternative, the supervisor/Chief Executive Officer shall document the incident as reported. That documentation shall include:
  - (1) The date and time of the questionable behavior.
  - (2) A statement of whether the behavior affected or involved a patient in any way; and if so, the medical record number of the patient.
  - (3) Known circumstances which precipitated the situation.
  - (4) A description of the questionable behavior limited to factual, objective language.
  - (5) Known consequences, if any, of the Undermining Behavior as it relates to patient care or Hospital operations.
  - (6) The names of other witnesses to the incident; and
  - (7) A record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening.

- 4.1(b) The report shall be submitted to the Chief Executive Officer (or his or her designee), who shall provide the report to the Chief of Staff. In performing all functions hereunder, the Chief Executive Officer and Chief of Staff, and their designees, shall be deemed authorized agents of the Medical Executive Committee and shall enjoy all immunity and confidentiality protection afforded under state and federal law.
- 4.1(c) After a report of Undermining Behavior, the Chief Executive Officer or his or her designee shall insure those making the report are aware of the Hospital's standards of behavior and process for assuring professional and appropriate behavior in the Hospital. Individuals that reported the potentially undermining behavior will be advised of policies preventing retaliation and will be requested to report any perceived acts of retaliation to the CEO or his or her designee. This follow-up discussion with individuals that made a report will occur as soon as practical after each report of Undermining Behavior.

## **5.1 INVESTIGATION**

Once received, a report will be investigated by the Chief Executive Officer and/or the Chief of Staff (or their designees). The Chief Executive Officer may delegate this investigation to the Hospital's Human Resources Director, Chief Nursing Officer, or other individual who may have applicable expertise or skill. This investigation may include meeting with the individual who reported the behavior and any other witnesses to the incident. If the Chief Executive Officer, Chief of Staff (or their designees) determine after investigation that the report lacks merit, this conclusion shall be documented, and no further action is necessary. Those reports considered accurate will be addressed through the procedure set out below. This documentation shall be placed in the Practitioner's confidential peer review file. If at any time it appears to the Chief of Staff, the Chief Executive Officer, or any committee charged with implementation of this policy that a physician's behavior may result from impairment, the procedure set forth in the Practitioner Wellness Policy shall be followed.

## **6.1 MEETING WITH THE PRACTITIONER**

- 6.1(a) A first confirmed incident requires a discussion with the offending Practitioner. The Chief of Staff and Chief Executive Officer (or their designees) **shall** initiate a meeting with the Practitioner and emphasize that such behavior is inappropriate and violates Hospital policy and the Medical Staff bylaws.
- 6.1(b) These individuals shall discuss the matter informally with the Practitioner, emphasizing that if the behavior continues, more formal action will be taken to stop it. The identity of the individual who made the report of Undermining Behavior shall not be disclosed at this time, unless the Chief Executive Officer, Chief of Staff (or their designees), after consulting with legal counsel, agree in advance that legal requirements or unusual circumstances make it appropriate to do so. The following guidelines shall be followed regarding the meeting:
- (1) The initial approach should be collegial and designed to be helpful to the physician.
  - (2) The parties should emphasize that if the behavior continues, more formal action will be taken to stop it.
  - (3) Informal meetings shall be documented with a written summary of the meeting. This documentation shall be maintained in a confidential peer review file of the Practitioner.
  - (4) A follow-up letter to the physician shall state that the physician is required to behave professionally and cooperatively, along with a copy of this Hospital policy on Undermining Behavior; and
  - (5) Nothing herein shall be deemed to prohibit more formal corrective action as a result of a single incident should the Chief of Staff, the Chief Executive Officer (or his or her designee) determine that the seriousness of the incident justifies such action.
- 6.1(c) If an additional incident of Undermining Behavior occurs, or if the Chief of Staff, the Chief Executive Officer (or their designees) determines it to be necessary, the Chief Executive Officer and the Chief of Staff (or their designees), **shall** meet with and advise the physician that such behavior is intolerable and

must stop. This meeting constitutes the physician's final warning. It shall be followed with a letter reiterating the warning and summarizing the meeting. The Practitioner may prepare a written response to the letter. This documentation shall be maintained in the Practitioner's confidential peer review file. More formal corrective action may be pursued at this juncture if deemed warranted by the Chief of Staff, Chief Executive Officer (or their designees).

- 6.1(d) Every meeting with the Practitioner shall include a review of the Hospital's policy against retaliation. Such discussions shall be explicitly documented.
- 6.1(e) All meetings with the Practitioner shall be documented.
- 6.1(f) After each meeting with the Practitioner, a letter shall be sent to the Practitioner confirming the Hospital's and medical staff leadership's position - that the Practitioner is required to behave professionally and cooperatively, and which also shall include the potential consequences of continued non-compliance or retaliation against individuals the Practitioner believes to have reported the behavior in question.

## **7.1 DISCIPLINARY ACTION PURSUANT TO BYLAWS**

- 7.1(a) A single additional incident of behavior that undermines a culture of safety, after the above process has been completed, shall result in initiation of formal disciplinary action pursuant to the medical staff bylaws. The Chief Executive Officer, the Chief of Staff (or their designees) shall be responsible for presenting the history of behavior to the Medical Executive Committee.
- 7.1(b) Summary suspension may be appropriate pending this process, depending upon the seriousness of the offense, and after consultation with operations counsel.
- 7.1(c) The Medical Executive Committee must be fully advised of all of the previous meetings and warnings, if any, and must take them into account, so that it may pursue whatever action is necessary to cease the Undermining Behavior.
- 7.1(d) The Medical Executive Committee must take action or refer the matter to the Board with a recommendation as to action. This recommendation shall be processed as provided in the administrative corrective action section of the Medical Staff Bylaws. The Board will review and may initiate action if the Medical Executive Committee fails to take action, refer the matter or make a recommendation as to action regarding the matter.
- 7.1(e) Although the above outline is a suggested method of progressive counseling and discipline, nothing herein shall be deemed to require such progressive discipline in the event that the seriousness of the individual's behavior warrants immediate corrective action. A single egregious incident, including but not limited to physical or sexual harassment, a felony conviction, assault, a fraudulent act, stealing, damaging Hospital property or jeopardizing patient care may result in immediate corrective action. As such, if they deem it appropriate based upon the circumstances, the Hospital's Chief Executive Officer, Chief of Staff or Board Chairperson may initiate formal disciplinary action under the Bylaws for a single incident of Undermining Behavior without first resorting to the progressive disciplinary approach set forth herein.
- 7.1(f) The Hospital's Human Resource Director may be formally included as an ex-officio member of the applicable committee without vote. If the Human Resource Director is so included, the minutes of the applicable committee shall so indicate. To the extent possible, the Hospital's Human Resource Director should be advised of the action taken against a Practitioner resulting from a report of Undermining Behavior by a Hospital employee.