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| <p>Name of Policy: <u>Disruptive Behavior Involving Members of the Medical Staff</u></p> <p>Policy Number: 3364-87-10</p> <p>Approving Officer: Chief of Staff Medical Director</p> <p>Responsible Agent: Medical Director</p> <p>Scope: All University of Toledo Campuses</p> |  <p>Effective date: 07/14/99</p> |
| <p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p> | <p><input type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Reaffirmation of existing policy</p> |

(For the purposes of this policy, “member” and “medical staff member” shall include applicants to the medical staff and physicians, dentists, podiatrists, clinical psychologists with temporary clinical privileges.)

(A) Policy statement

Sexual harassment and other disruptive behavior is not acceptable to the medical staff and will be corrected and/or disciplined.

- (1) For the purposes of this Policy, “disruptive behavior” means any conduct or behavior including, without limitation, sexual harassment or other forms of inappropriate behavior, which:
 - (a) jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital;
 - (b) is unethical; or
 - (c) constitutes the physical, written, or verbal abuse of others involved with providing patient care including written criticism of care or verbal criticism of care in public places by other providers.

“Sexual harassment” is defined as unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with the employee’s work performance or which creates an offensive, intimidating or otherwise hostile work environment.

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- (2) Disruptive behavior occurs in varying degrees which are classified into three levels of severity. Level I behavior is the most severe violation of this Policy. Any corrective action will be commensurate with the nature and severity of the disruptive behavior. Repeated instances of disruptive behavior will be considered cumulatively and action taken accordingly.
- (3) Classification of severity shall follow these guidelines:
 - (a) Level I: Physical violence or other physical abuse which is directed at people. Sexual harassment involving physical contact.
 - (b) Level II: Verbal abuse such as unwarranted yelling, swearing or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons, or physical violence or abuse directed in anger at an inanimate object.
 - (c) Level III: Verbal abuse which is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.
- (4) The medical staff shall promote continuing awareness of this Policy among the medical staff and the hospital community, including the following efforts:
 - (a) sponsoring or supporting education programs on disruptive behavior to be offered to medical staff members and hospital employees;
 - (b) disseminating this Policy to all current members upon the adoption of the Policy and to all new members of the medical staff upon joining the staff.
 - (c) requiring the Medical Staff Impaired Physician Advisory Group to assist a member of the medical staff exhibiting disruptive behavior to obtain education, behavior modification, or other treatment to prevent further violations.

(B) Purpose of policy

To define disruptive behavior involving medical staff members and to delineate the response to be followed in all cases involving such behavior.

Disruptive behavior by members of the medical staff, or refusal of members to cooperate with the procedures described in this Policy, may result in corrective action, which shall be carried out according to the medical staff bylaws. This Policy shall not preclude the application of necessary actions to ensure a safe working environment or to prevent unlawful conduct in the hospital.

(C) Procedure

Complaints about a member of the medical staff regarding alleged disruptive behavior must be in writing, signed and directed to the Chief of Staff. The Chief of Staff or designee must review the complaint, make an initial determination of authenticity and severity, and act accordingly. In all cases the member involved shall be provided with a copy of the complaint. If no corrective action is taken, a confidential memorandum summarizing the disposition of the complaint shall be retained in the member's credentials file for one year, and then expunged, if no related action is taken or pending.

(1) Level I

The Chief of Staff shall interview the complainant and, if possible, any witnesses promptly after receiving the complaint. The Chief of Staff and another member of the medical executive committee shall interview the medical staff member. The Chief of Staff shall provide the member the opportunity to respond in writing. The Chief of Staff shall do one or more of the following:

- (a) determine that no action is warranted.
- (b) issue a warning or reprimand.
- (c) require a written apology to the complainant.
- (d) refer member to the Medical Staff Impaired Physician Advisory Group.
- (e) initiate corrective action pursuant to the medical staff bylaws.

(2) Level II

The Chief of Staff shall interview the complainant and, if possible, any witnesses within 5 working days of receiving the complaint. The Chief of Staff and another member of the medical executive committee shall interview the medical staff member within 5 working days. The Chief of Staff shall provide the member the opportunity to respond in writing. The Chief of Staff shall do any of the following:

- (a) determine that no action is warranted.
- (b) issue a warning or reprimand.
- (c) require a written apology to the complainant.
- (d) refer member to the Medical Staff Impaired Physician Advisory Group.
- (e) initiate corrective action pursuant to the medical staff bylaws.

(3) Level III

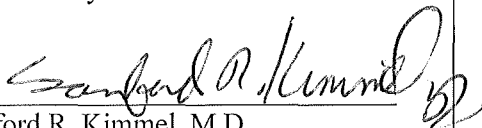
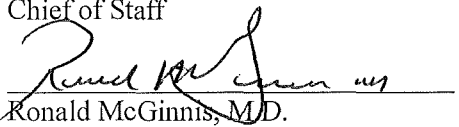
The Chief of Staff shall interview the complainant and, if possible, any witnesses within 10 days of receiving the complaint. The Chief of Staff shall provide the member the opportunity to respond in writing. The Chief of Staff shall do one or more of the following:

- (a) determine that no action is warranted.
- (b) issue a warning or reprimand.
- (c) require a written apology to the complainant.
- (d) refer member to the Medical Staff Impaired Physician Advisory Group.
- (e) initiate a corrective action pursuant to the medical staff bylaws.

Disruptive behavior which is directed against a medical staff member by a hospital employee, board member, contractor or other member of the hospital community shall be reported by the member to the hospital pursuant to hospital policy governing conduct.

Behavior by a medical staff member towards a hospital employee, board member, contractor or other member of the hospital community, which does not fall within the definition of disruptive behavior above, but violates hospital policy governing conduct, shall be dealt with according to that hospital policy, so long as the hospital policy has been approved by the medical executive committee.

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstances. Retaliation or attempted retaliation by members against complainants will give rise to corrective action pursuant to the medical staff bylaws. Individuals who submit a complaint or complaints which are determined to be false shall be subject to corrective action under the medical staff bylaws or hospital employment policies, whichever applies to the individual.

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| <p>Approved by:</p> <p> _____ Sanford R. Kimmel, M.D. Chief of Staff</p> <p> _____ Ronald McGinnis, M.D. Medical Director</p> <p><u>7-27-09</u> _____ Date</p> <p><i>Review/Revision Completed by: Medical Executive Committee</i></p> | <p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>MS-CC-001 Disruptive Behavior Involving Members of the Medical Staff</i> <p>Review/Revision Date: 12/13/00 01/21/04 08/09/06 07/21/09</p> <p>Next review date: 07/21/12</p> |
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