

WELLSPAN HEALTH

APPLE HILL SURGICAL CENTER  
POLICY AND PROCEDURE

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**DATES:**      **Effective 12/1/2013**  
                    **Revised**

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**TITLE:**        **DISRUPTIVE PRACTITIONER POLICY**

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**I.      PURPOSE:**

It is the policy of Apple Hill Surgical Center (AHSC) that every practitioner who is granted the privilege to perform patient care services at AHSC must continuously demonstrate a willingness and capability to work with and relate to other Medical Staff Appointees, Allied Health Professionals, AHSC administration and employees, visitors, patients, families, and the community in a cooperative and professional manner. As stated in the AHSC's Code of Conduct, medical staff members are committed to treating all individuals with courtesy, respect, and dignity, in order to promote the provision of high quality care.

Disruptive conduct occurring in non-hospital settings will be considered relevant for action under this policy, insofar as it impacts upon the practitioner's qualifications for continued appointment at AHSC, including his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character.

Given that WellSpan Health has adopted the Just Culture model of shared accountability, the Just Culture Physician Algorithm will be used with the involved practitioner to evaluate the behavior in question and to guide any response or action plan. The Just Culture model is based on the concept that the two primary manageable inputs into good patient outcomes are good system design (responsibility medical staff leadership) and good behavioral choices (responsibility of those who work within the system, including physicians). The three manageable behaviors are defined as follows:

- *Human error* – inadvertently doing other than what should have been done; a slip, lapse, mistake. No action for single human errors, consider remedial action for repetitive errors.
- *At-risk behavior* – a behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified. Response is coaching for a single event, consider remedial action for repetitive at-risk behaviors.
- *Reckless behavior* – a behavioral choice to consciously disregard a substantial and unjustifiable risk. Response is corrective and remedial action.

**II.     POLICY STATEMENT:**

It is well documented that disruptive or inappropriate conduct can interfere with the cooperation and free exchange of information that is necessary for the health care team to provide safe and effective patient care; undermine staff morale; make it difficult to recruit and retain qualified practitioners and staff; harm AHSC reputation; and, expose the Surgical Center and practitioner to legal liability. In order to maintain the trust, confidence and respect of the community, and enable AHSC to fulfill its legal obligation to provide a safe and professional work environment, it is necessary that all

practitioners abide by high standards of conduct, and that AHSC take reasonable actions to correct inappropriate conduct. This policy is intended to make practitioners aware of the standards of conduct expected of them, and the procedures that will be followed to correct inappropriate conduct. This policy reaffirms in writing the standards of conduct which have been in place for many years.

It is impossible to specifically enumerate all the different forms of disruptive or inappropriate conduct that would be deemed to fall below AHSC's standards of conduct. However, for purposes of this policy, "disruptive conduct" shall generally mean behavior which violates accepted rules of civil behavior and professional etiquette, violates the Code of Conduct, disrupts the efficient and orderly operation of AHSC, or interferes with patient care. The AMA, in Medical Ethics Opinion E-9.045, indicates that "personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes 'disruptive behavior.' This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team."

Subject to the context and unique facts and circumstances of each case, the following are some examples of disruptive conduct:

1. Repeated use of vile, loud, intemperate, offensive or abusive language;
2. Repeatedly acting in a rude, insolent, demeaning or disrespectful manner;
3. Verbal or physical threats, intimidation or coercion;
4. Actual physical abuse, or unwanted touching;
5. Illegal discrimination against persons, or refusal to provide patient care services based upon unlawful criteria;
6. Lack of cooperation or unavailability to others for exchange of pertinent patient care information or resolution of patient care issues;
7. Deliberate destruction or damage to property;
8. Criminal conviction of an offense which impacts the practitioner's qualifications for continued appointment at AHSC, including his capacity to provide quality patient care services, adherence to applicable standards of professional ethics, and good character;
9. Sexual or other forms of harassment, including unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature which has the purpose or effect of substantially interfering with the individual's work performance or creating an intimidating, hostile or offensive work environment;
10. Intentional disruption of AHSC, Medical Staff, department, or committee meetings or activities;
11. Breach of confidentiality;
12. Inappropriate comments or behavior which have the primary purpose or effect of attacking or belittling others practitioners;
13. Inappropriate entries in patient medical records which have the primary purpose or effect of attacking or belittling other providers, imputing stupidity or incompetence of other providers, or impugning the quality of care of other providers; and,
14. Repeated, willful failure to abide by AHSC, Medical Staff, department or committee bylaws, policies and procedures, or directives, including refusal to comply with required duties or assignments.

Merely expressing contrary opinions is not disruptive conduct, nor is expressing concern or constructive criticism of inappropriate policies or procedures or unacceptable performance or conditions, if it is done in good faith, in an appropriate time, place and respectful and professional manner, and with the aim of improving patient care and safety rather than attacking the character or

clinical competence of the practitioner or bringing blame or shame upon the practitioner. Except as otherwise required by their legal or ethical duties, practitioners are requested to first express their concerns or constructive criticism through appropriate Medical Staff, administrative or governing board channels, and seek an internal resolution prior to publicly expressing their concerns or constructive criticism.

**III. EQUIPMENT:**

**IV. PROCEDURE:**

1. Within any team setting, there will be times when interactions among members of the team can become testy, particularly in stressful environments or emotional circumstances. Without in any way condoning or minimizing the unacceptability of disruptive conduct, it is usually preferable that team members and colleagues will first try to informally resolve their differences and patch up any frayed relationships through direct one on one communications and cooperation, perhaps with the assistance or facilitation of another team member. Hopefully it is not necessary to escalate the matter to the next level of this procedure unless informal resolution is unsuccessful after reasonable one on one reconciliation efforts have first been attempted.

Peer accountability is also recognized within the AHSC Medical Staff as effective in addressing inappropriate conduct. Peer to peer, private conversations (“coffee cup talks”) include:

- Empathy;
- Understanding of the situation from all perspectives;
- Shared accountability;
- A reminder of appropriate behavior; and
- Confidentiality.

2. If the informal one on one reconciliation efforts described in number one above are unsuccessful or if the severity of the circumstances would make informal resolution seem unlikely or inappropriate, any person who experiences or observes disruptive conduct by a practitioner shall submit a timely written or verbal report to the relevant Medical Director in order to make AHSC aware of the disruptive conduct and therefore enable AHSC to take appropriate action. Reports may also be made to the Medical Director, but such reports will be referred to the Director Perioperative Care for follow-up, unless such a referral is inappropriate under the circumstances (for example, where it is alleged that the Medical Director engaged in the disruptive conduct).

3. Corrective Action will be followed as stated in the AHSC Medical Staff Bylaws, Article VIII, page 11-16.

**V. DOCUMENTATION:**

**VI. APPLIES TO: PERSONS PERMITTED TO PERFORM**

**VII. AREA PERFORMED:**

**VIII. REFERENCES/RESOURCES:**

AHSC Medical Staff Bylaws policy 202A