

INTIMIDATING AND DISRUPTIVE BEHAVIOR

MS 108

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	04/27/2006
<i>Policy #</i>	MS 108	<i>Date Revised</i>	11/30/2011
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	11/30/2020

PURPOSE

To define intimidating and disruptive behavior involving medical staff members and to provide procedural guidelines.

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

Intimidating and disruptive behavior by members of the medical staff, or refusal to cooperate with the procedures described in this Policy, may result in corrective action that 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 medical center. Hospital staff is encouraged to report any problem, concern, or complaint about intimidating and disruptive behavior of a medical staff member without fear of retaliation. (Ref HS 7313-Disruptive Behavior)

POLICY

It is the expectation of the Medical Staff that members behave in a courteous, cooperative and professional manner. Intimidating and disruptive behavior including verbal or physical attacks; inappropriate comments; demeaning criticism; or behaviors that undermine a culture of safety, is not permitted and will be addressed by corrective action in accordance with the medical staff bylaws, Article VII.

- A. For the purposes of this Policy, “intimidating and disruptive behavior” means any conduct or behavior including, but not limited to, use of language that is profane, vulgar, sexually suggestive or explicit, degrading, or racially/ethnically/religiously slurring in any professional setting related to the Medical Center and the care of its patients; or any behavior that is deemed to be intimidating or harassing; any unwanted touching, sexually-oriented or degrading jokes or comments, obscene gestures or physical throwing of objects.

Also included are making inappropriate comments about each other or patients, which:

1. Undermine a culture of safety, or interfere with the ability of others to provide quality patient care at the medical center;
2. are unethical; or
3. constitute the physical or verbal abuse of others involved with providing patient care, or of patients or their visitors.

- B. Intimidating and 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 intimidating and disruptive behavior will be considered cumulatively and action taken accordingly as part of the Ongoing Professional Practice Evaluation process of the medical staff.
- C. Classification of severity shall follow these guidelines:
- Level I: Physical violence or other physical abuse including sexual harassment involving physical contact.
- 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.
- Level III: Verbal abuse that is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.
- D. The medical staff shall promote continuing awareness of this Policy among the medical staff and the medical center community, including the following efforts:
1. sponsoring or supporting educational programs on intimidating and disruptive behavior to be offered to medical staff members and medical center employees;
 2. 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;
 3. requiring that the Medical Staff Health Committee be available to assist a member of the medical staff exhibiting disruptive behavior, commensurate with the nature and severity, to obtain education, behavior modification, or other treatment to prevent further violations.

PROCEDURE

Complaints about a member of the medical staff regarding alleged intimidating and disruptive behavior are submitted to the Service Chief or Chief of Staff via:

- the UCLA Event Reporting System (Reference HS 0328 – Event Management);
 - the Patient Relations Office (Reference HS 9417 – Management of Patient/Family/Visitor Complaints and Grievances); or
 - a signed, written letter of complaint
1. **Level I**: the Service Chief or Chief of Staff or their designee, with the advice of Legal Counsel first interviews the complainant and, if possible, any witnesses within one to three working days of receiving the complaint and then interviews the medical staff member within one to three working days of receiving the complaint. The interviewer provides the member the opportunity to respond in writing. The Service Chief or Chief of Staff or their designee may:

- 1) determine that no action is warranted;
 - 2) issue a warning;
 - 3) require a written apology to the complainant;
 - 4) refer member to the Medical Staff Health Committee; or
 - 5) initiate corrective action pursuant to the Medical Staff Bylaws.
2. **Level II:** the Service Chief or designee first interviews the complainant and, if possible, any witnesses within five working days of receiving the complaint and then interviews the medical staff member within five working days. The interviewer provides the member the opportunity to respond in writing. The Service Chief or designee may:
- 1) determine that no action is warranted;
 - 2) issue a warning;
 - 3) require a written apology to the complainant;
 - 4) refer member to the Medical Staff Health Committee; or
 - 5) initiate corrective action pursuant to the Medical Staff Bylaws
3. **Level III:** the Service Chief or designee first interviews the complainant and, if possible, any witnesses within ten working days of receiving the complaint and then interviews the medical staff member within ten working days. The interviewer provides the member the opportunity to respond in writing. The Service Chief or designee may:
- 1) determine that no action is warranted;
 - 2) issue a warning;
 - 3) require a written apology to the complainant;
 - 4) refer member to the Medical Staff Health Committee; or
 - 5) initiate corrective action pursuant to the Medical Staff Bylaws.

APPROVAL

Medical Staff Executive Committee: 11/17/2011/reviewed w/no changes 11/30/2017

Governing Body: 11/30/2011/reviewed w/no changes 11/30/2017