

<i>Manual</i>	Professional Staff	<i>Effective Date</i>	10/12/2004
<i>Policy #</i>	PS 007	<i>Date Revised</i>	11/30/2008
<i>Responsible Person</i>	Director, Professional Staff Services	<i>Next Scheduled Review</i>	02/28/2023

PURPOSE

To define intimidating and disruptive behavior involving professional staff members and to provide procedural guidelines for addressing such behavior.

For purposes of this policy, “member” and “professional staff member” shall include applicants to the professional staff and those who have been granted temporary clinical privileges.

Intimidating and disruptive behavior by members of the professional staff, or refusal to cooperate with this policy, may result in corrective action that shall be carried out according to NPH Professional 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. Hospital staff is encouraged to report any problem, concern, or complaint about intimidating and disruptive behavior of a professional staff member without fear of retaliation (Ref HS 7313 – Disruptive Behavior).

POLICY

It is the expectation of the Professional Staff that members behave in a courteous, cooperative and professional manner. Intimidating and disruptive behavior including verbal or physical attacks; inappropriate comments; demeaning criticism; is not permitted and will be addressed by corrective action in accordance with Professional Staff Bylaws.

- 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 Neuropsychiatric Hospital 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. jeopardize or are inconsistent with quality patient care, or interferes with the ability of others to provide quality patient care at the Neuropsychiatric Hospital; or
- 2. 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. 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 professional staff.

- C. Classification of severity shall follow these guidelines:

Level 1: Physical violence or other physical abuse including sexual harassment involving physical contact.

Level 2: 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 directed in anger at an inanimate object.

Level 3: Verbal abuse that is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.

- D. The professional staff shall promote continuing awareness of this policy among the professional staff and the neuropsychiatric hospital community, including the following efforts:
1. sponsoring or supporting educational programs on intimidating and disruptive behavior to be offered to professional staff members and neuropsychiatric hospital employees;
 2. disseminating this policy to all current members upon the adoption of the policy and to all new members of the professional staff upon joining the staff;
 3. requiring that the Professional Staff Health Committee be available to assist a member of the professional 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 professional staff regarding alleged intimidating and disruptive behavior are submitted to the Division Chief or Chief of Staff via:

- the UCLA Event Reporting System (Reference HS 0328 – Event Management);
- Patient Relations Office (Reference HS 9417 – Management of Patient/Family/Visitor Complaints and Grievances) or
- Signed, written letter of complaint

In all cases, a response back to the complainant will be sent documenting receipt of the allegation and noting its review (Attachment 1).

1. **Level 1:** the Division 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 professional staff member within one to three working days of receiving the complaint. The interviewer provides the member the opportunity to respond in writing. The Division 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 Professional Staff Health Committee; or
 - 5) initiate corrective action pursuant to the Professional Staff Bylaws.

2. **Level 2:** the Division Chief or Chief of Staff or their designee first interviews the complainant and, if possible, any witnesses within five working days of receiving the complaint and then interviews the professional staff member within five working days of receiving the complaint. The interviewer provides the member the opportunity to respond in writing. The Division 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 Professional Staff Health Committee; or
 - 5) initiate corrective action pursuant to the Professional Staff Bylaws.

3. **Level 3:** the Division Chief or designee first interviews the complainant and, if possible, any witnesses within ten working days of receiving the complaint and then interviews the professional staff member within ten working days of receiving the complaint. The interviewer provides the member the opportunity to respond in writing. The Division Chief or Chief of Staff or their designee may:

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- 1) determine that no action is warranted;
- 2) issue a warning;
- 3) require a written apology to the complainant
- 4) refer member to the Professional Staff Health Committee; or
- 5) initiate corrective action pursuant to the Professional Staff Bylaws.

APPROVAL

Professional Staff Executive Committee:
Governing Body

Date: 11/18/2008/Reviewed no changes 2/28/2020
Date: 11/30/2008/Reviewed no changes 2/28/2020

ATTACHMENT 1

Date

Name
Address
City

Dear _____:

I have reviewed your recent submission to the Event Reporting System regarding the behavior of Dr. _____, a member of the _____ Division of Resnick Neuropsychiatric Hospital/_____ Residency Program of UCLA.

Your report has been forwarded to the _____ Division Chief/Program Director for consideration and discussion with the physician/resident. To satisfy myself that appropriate action has been taken, I require a response from the Division Chief/Program Director as to resolution of your concern.

Please understand that I will not be able share the specifics of the actions taken with you, since those are confidential.

Sincerely,

Chief of Staff