



INTIMIDATING AND DISRUPTIVE BEHAVIOR

MS 100

Manual	Medical Staff	<i>Effective Date</i>	04/2002
Policy #	MS 100	<i>Review/Revise</i>	6/30/2019
		<i>Responsible Person</i>	Director, Medical Staff Services

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.

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 Medical 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 Medical Center or 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. Substantial events and all related correspondence will be placed in the medical staff member's file. The frequency of these events will be trended and considered as part of the member's ongoing professional practice evaluation.
- 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 Physician Well-Being 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 Department Chair, Chief of Staff, or Chief Medical Officer 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 Department Chair, Chief of Staff, or Chief Medical Officer, 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 Department Chair, Chief of Staff, or Chief Medical Officer 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 Physician Well Being Committee; or
- 5) initiate corrective action pursuant to the Medical Staff Bylaws.

2. **Level II:** The Department Chair or Chief Medical Officer, 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 Department Chair or Chief Medical Officer 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 Physician Well Being Committee; or
- 5) initiate corrective action pursuant to the Medical Staff Bylaws

3. **Level III:** The Department Chair or Chief Medical Officer 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 Department Chair or Chief Medical Officer 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 Physician Well Being Committee; or
- 5) initiate corrective action pursuant to the Medical Staff Bylaws

APPROVAL

Medical Staff Executive Committee 6/28/2016, reviewed with no revisions, 6/28/2019
Governing Body 6/30/2016, reviewed with no revisions, 6/30/2019

REVISION HISTORY

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June 2016, June 2019