

**DELTA COUNTY MEMORIAL HOSPITAL**  
**CULTURE OF SAFETY BEHAVIOR POLICY**

**I. POLICY STATEMENT**

It is the policy of Delta County Memorial Hospital that all individuals within its facility be treated with courtesy, respect, and dignity. To that end, the hospital requires that all individuals, employees, physicians, and other independent practitioners conduct themselves in a professional and cooperative manner in the hospital to promote a culture of safety.

If a physician or other independent practitioner fails to conduct himself or herself appropriately, the matter shall be addressed in accordance with this policy. It is the intention of this hospital that this policy be enforced with a firm, fair and equitable manner.

**II. DEFINITION**

A physician or practitioner whose behavior undermines the hospital's culture of safety demonstrates behavior that is punctuated by repeated disruptive events. Recognizing that inappropriate and disruptive behavior on the part of physicians or practitioners can seriously affect the quality of patient care, this policy is specifically designed to eliminate any behavior that:

- a. is detrimental to patient or employee safety;
- b. disrupts the operation of the hospital;
- c. affects the ability of others to do their jobs;
- d. creates a hostile work environment for hospital employees or other medical staff members;
- e. interferes with an individual's ability to practice competently; or
- f. adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

Unacceptable disruptive conduct may include, but is not limited to, behavior such as:

- a. attacks – verbal or physical – leveled at other appointees to the medical staff, hospital personnel or patients, that are personal, irrelevant, or beyond the bounds of fair professional conduct;
- b. Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the hospital, or attacking particular physicians, nurses or hospital policies;
- c. Non-constructive criticism that is intended to intimidate, undermine confidence, belittle, or imply stupidity or incompetence;

- d. Refusal to accept – or disruptive acceptance of – medical staff assignments or participation in committee or departmental affairs on anything but his or her own terms;
- e. Hostile avoidance or the “cold shoulder” treatment and the unavailability for professional matters, e.g., not answering pages or delays in doing so.

A physician or practitioner encouraging the culture of safety:

- a. recommends improvements in patient care;
- b. participates in the operations, leadership or activities of the organized medical staff.

Positive behavior may include, but is not limited to:

- a. patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
- b. interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
- c. professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
- d. systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### **III. PROCEDURE**

1. Documenting of inappropriate or disruptive conduct is critical, since it is not generally an isolated incident that justifies action, but rather a pattern of conduct. Any physician, employee, patient or visitor may report potentially disruptive conduct. The documentation shall include:
  - a. the name of the practitioner alleged to have initiated the incident;
  - b. the date, time and location of the questionable behavior;
  - c. if the behavior affected or involved a patient in any way, the name of the patient;
  - d. the circumstances which precipitated the situation;
  - e. a factual, objective description of the questionable behavior;
  - f. the consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations; and

- g. a record of any action taken to remedy the situation, including date, time, place, action, and name(s) of those intervening.
2. The report shall be submitted to the Chief of Staff and the Administrator. If the report is deemed to be unfounded, the reporting individual will be apprised of that. The written report stating the concern, the information gathered and that it was unfounded will be kept in the Risk Manager's files. These will be kept on file for two years and then destroyed.
3. If the single incident warrants a discussion with the physician, the Chief of Staff shall initiate that, and shall emphasize that such conduct is inappropriate, and a copy of the report shall be provided to the Medical Executive Committee and will be placed in the physician's Peer Review file.
4. If it appears to the Chief of Staff that a pattern of disruptive behavior is developing, and he or she is unable to resolve the issue with the practitioner, the Chief of Staff (or designee) and the Administrator will meet with the practitioner and review the complaint. All meetings will be documented. It will be made clear to the practitioner that disruptive behavior will not be tolerated by the medical staff or the hospital, and that continued membership and clinical privileges could be in jeopardy. Some action on the part of the practitioner may be required (i.e., "disruptive practitioner agreement," self referral to CPHP, etc.) A confirming letter should be sent to the practitioner by the Administrator as a follow-up to the conversation, and a copy of the letter shall be maintained in the practitioner's confidential peer review file.
5. If a pattern of inappropriate or disruptive behavior continues to undermine a culture of safety, or if the offense is so egregious that immediate action must be taken, the Corrective Action section outlined in the Medical Staff Bylaws shall apply.

Disruptive Behavior Policy  
Formulated: 04/03  
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Renamed: Culture of Safety Behavior Policy  
Revised: 09/12/2012