RR 10. Behaviors that Undermine a Culture of Safety

10.1. Definitions

10.1.1. "Practitioner" as used in this Rule means a Member or an AHP.

10.1.2. "Behavior that supports a culture of safety" is reasonable conduct that seeks in good faith to advocate for patients, improve patient care or participate in Hospital operations or Medical Staff affairs. Examples of this Behavior include:

10.1.2.1. Constructive criticism

10.1.2.2. Clear communication

10.1.2.3. Concern about patient care and safety

10.1.2.4. Pursuits of concerns through proper channels

10.1.2.5. Cooperative approach to problem solving

10.1.2.6. Professional comments to others about care or safety

10.1.2.7. Active participation in meetings

10.1.2.8. Seeking legal advice or initiating legal actions for cause

10.1.3. "Behavior that Undermines a Culture of Safety" is words or conduct that may reasonably be interpreted to be demeaning or offensive and abusive words or conduct that harms or intimidates others to the extent that patient care or safety could be compromised. Examples of this Behavior include:

10.1.3.1. Belittling, condescending, degrading, demeaning or berating statements or language;

10.1.3.2. Indecent, profane, harassing or disrespectful statements or language;

10.1.3.3. Loud or violent displays of temper;

10.1.3.4. Lack of cooperation without cause;

10.1.3.5. Inappropriate medical record entries;

10.1.3.6. Physically threatening language;

10.1.3.7. Physically striking, shoving or making or threatening similar aggressive unauthorized contact with others;

10.1.3.8. Throwing instruments, charts or other things in anger;

10.1.3.9. Threats of violence or retribution;

10.1.3.10. Sexual harassment;

10.1.3.11. Threats of litigation;

10.1.3.12. Retaliation or attempted retaliation against a person who submits a complaint under this Rule, a report under the Rule pertaining to the management of practitioner impairment or a report under the Rule pertaining to Peer Review;

10.1.3.13. Submission of a materially false or misleading complaint or report under this Rule, the Rule pertaining to impaired practitioners or the Rule pertaining to Peer Review;

10.1.3.14. Persistent "Inappropriate Behavior."

10.2. Consequences of Behavior that Undermines a Culture of Safety

10.2.1. All Behaviors that Undermine a Culture of Safety are unacceptable, prohibited and subject to corrective action, including summary suspension where there is an imminent danger to the health and safety of any individual. Isolated acts of such Behaviors may not result in immediate discipline, although they may result in counseling, monitoring and an expectation of improvement.

10.3. Reports of Behavior that Undermines a Culture of Safety

10.3.1. The Medical Staff encourages, but does not require, informal efforts to address Behavior that Undermines a Culture of Safety. Persons who are subject to or witness such behavior may attempt to discuss the matter with the Practitioner as a constructive, non-adversarial means of educating him or her and avoiding the need for more formal action. In the alternative, a person may bring the matter to the attention of the Practitioner's Department or section chair for further handling. Nothing in this paragraph requires that a person exhaust these steps as a prerequisite to registering a complaint pursuant to this Rule.

10.3.2. Complaints: Any person may deliver a complaint regarding a Behavior that Undermines a Culture of Safety to the CMO. The complaint should preferably be in writing and include the basis for the complaint and the time(s) and date(s) the relevant acts occurred. If the report is not in writing, the CMO must create a contemporaneous memo containing the material facts of the report.

10.3.3. CMO Handling: Upon receipt of a complaint, the CMO must:

10.3.3.1. Acknowledge receipt of the complaint in a written reply to the complainant. The acknowledgment should emphasize that the Medical Staff will address the complaint

appropriately, that the contents and identity of the complainant will remain confidential to the extent possible, that they can expect there to be no retaliation against them and that, because of peer review confidentiality, it is unlikely that the Medical Staff will be able to report what action was taken.

10.3.3.2. Deliver a copy of the complaint or memo, in the CMO's discretion, to the President, to the Practitioner's Department and section chairs and to the chair or designee of the Physicians Health Committee.

10.3.3.3. Conduct such preliminary inquiry into the complaint as the CMO deems necessary to verify its material claims. If there is no merit to the complaint, the CMO must make a brief notation to that effect and file the complaint with the Practitioner's confidential credentialing file in the Medical Staff Office.

10.4. Managing Behavior that Undermines a Culture of Safety

10.4.1. If the CMO preliminarily verifies the material claims in a complaint, he must notify the Medical Staff leaders identified above who received copies of the complaint.

10.4.2. The CMO and leaders must then manage the complaint in a manner best suited, in their opinion, to bringing about cessation of the Practitioner's behavior that Undermines a Culture of Safety. The CMO may manage a complaint on his or her own or with the assistance of Medical Staff leaders, as they may decide. Managing officials should review the Practitioner's confidential credentialing file as necessary to ascertain Practitioner's history and the emergence of patterns.

10.4.3. Management must include a discussion with the Practitioner. The interviewer must make a note to the file of the conversation and file a copy with the Practitioner's confidential credentialing file in the Medical Staff Office. The Practitioner will be advised that any retaliation against the person who made the complaint or report may be grounds for corrective action.

10.4.4. Remedial steps for Behavior that Undermines a Culture of Safety may vary depending on the nature and severity of the behavior, the Practitioner's prior history, the Practitioner's attitude toward improvement and other factors. Steps ordinarily progress from the simple and collegial to more restrictive and severe when lesser means fail. The use of any remedy, however, is in the sole discretion of leader(s) employing it. Steps may include, without limitation and not necessarily in this order:

10.4.4.1. A private conversation with the Practitioner;

10.4.4.2. A letter of apology from the Practitioner to the appropriate parties;

10.4.4.3. Letter(s) of reprimand;

10.4.4.4. The formation of an ad hoc committee to manage present and future instances of such behavior;

10.4.4.5. A written Behavior Contract, signed by the Medical Staff and by the Practitioner, setting forth specific expectations and specific consequences if the Practitioner fails to meet those expectations;

10.4.4.6. A final warning letter;

10.4.4.7. Corrective action under the Bylaws;

10.4.4.8. Summary suspension under the Bylaws, to the extent there is an imminent danger to the health and safety of any individual;

10.4.4.9. Referral of the matter to the Physicians Health Committee for management as an impairment.

10.4.5. Leaders must keep records of all remedial steps. A copy of each record must be kept in the Practitioner's confidential credentialing file in the Medical Staff Office.

10.4.6. Where applicable, this section of the Rules and Regulations is superseded by the St. Elizabeth Human Resources Policy #HR-ER-06, entitled "Harassment."

10.5. No Hearing Rights

With the exception of the taking of a corrective action or imposition of a summary suspension under the Bylaws (which is governed by Bylaws Article 11), execution and performance of steps under this Rule do not give rise to any hearing or appeal rights under the Fair Hearing Plan.

10.6. Other Disciplinary Rights Not Affected

Nothing in this Rule precludes immediate resort to summary suspension or other corrective action in accordance with the Bylaws.

10.7. Education on Behaviors that Undermine a Culture of Safety

The Medical Staff should conduct periodic education sessions promoting awareness of this Rule and of the consequences of such Behavior to patient care and safety.