

# Practitioner/APP Professional Conduct Policy

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DAYTON CHILDREN'S HOSPITAL

A Professional Staff Document

Revised 2018  
BOT Approval 5/2018  
Implementation 7/2018

## I. INTRODUCTION

- A. The Professional Staff adopts the Hospital Code of Conduct, a copy of which is attached hereto as Exhibit A and incorporated by reference herein, and this Practitioner/APP Professional Conduct Policy (collectively, the “Policy”) to define behavior expectations and to provide a procedure to assist the Professional Staff in dealing with Practitioners<sup>1</sup> who engage in unprofessional conduct at the Hospital.
- B. All Practitioners appointed to the Professional Staff and/or granted Privileges agree, as a condition of their appointment/Privileges, to abide by the Professional Staff Bylaws or APP Policy, as applicable, in addition to applicable Hospital/Professional Staff policies and procedures. All Practitioners are further required to work cooperatively with other Practitioners and Hospital employees and to participate in the discharge of Professional Staff or APP responsibilities. To that end, the Hospital requires all Practitioners to conduct themselves in a professional and cooperative manner.
- C. This Policy is intended to address those situations in which the Professional Staff Executive Committee and/or the Board believe(s) that informal or collegial intervention, in lieu of initiation of formal corrective action proceedings, may be sufficient. This Policy provides collegial steps and educational efforts that can be taken by Professional Staff leaders to address Practitioners who fail to conduct themselves in a professional manner. The goal of these efforts is to arrive at voluntary, responsive actions by the Practitioner to informally resolve the concerns that have been raised.
- D. Nothing in this Policy should be construed as requiring its implementation prior to any action that might otherwise be taken pursuant to the Professional Staff Bylaws or APP Policy, as applicable, including initiation of formal corrective action against a Practitioner on the basis of a single incident of inappropriate behavior or continuation of such conduct. This Policy does not preclude any person authorized to impose a summary suspension pursuant to the Professional Staff Bylaws or APP Policy, as applicable, from doing so; nor, does this Policy preclude an authorized individual from summarily suspending a Practitioner pursuant to the Professional Staff Bylaws or APP Policy based upon information that the authorized individual learns as a result of this Policy. The authorized individual imposing such summary suspension shall not be precluded from continuing as a participant in the procedure set forth in this Policy.
- E. Terms used in this Policy shall have the same meaning as set forth in the Professional Staff Bylaws or APP Policy, as applicable, unless a different definition is provided in this Policy.

<sup>1</sup> For purposes of this Policy, the term “Practitioner” shall include Physicians, Dentists, Podiatrists, Psychologists, and Advanced Practice Professionals (APP) (*e.g.*, advanced practice registered nurses, physician assistants, *etc.*) granted Clinical Privileges at the Hospital.

## **II. DEFINITION OF UNPROFESSIONAL CONDUCT**

- A. For purposes of this Policy, the term “unprofessional conduct” shall mean disruptive behavior that undermines a culture of safety.
- B. Unprofessional conduct includes, but is not limited to, the following:
  - 1. Impertinent or inappropriate comments to patients, other Practitioners, or Hospital staff; or, entries/illustrations in medical records or other official documents that impugn the quality of care delivered, attack individuals, or are unprofessional.
  - 2. Sexual, ethnic, or other types of unlawful discrimination or harassment whether written, verbal, or physical in nature.
  - 3. Criticism presented in such a way as to blame, intimidate, threaten, humiliate, belittle, or impute stupidity or incompetence of others.
  - 4. Refusal to participate and cooperate in Professional Staff or APP functions or to do so in a disruptive manner.
  - 5. Repeated or deliberate violation of the Professional Staff Bylaws, APP or other Professional Staff Policies, or Hospital policies.
  - 6. Unprofessional, pejorative, or abusive behavior toward patients, members of their families, Hospital visitors, Hospital staff, or other Practitioners including, but not limited to, refusing to listen to legitimate questions, concerns, or requests.
  - 7. Imposing unreasonable requirements on other Practitioners or Hospital staff.
  - 8. Physical or mental impairment (including, without limitation, substance abuse), that adversely affects the Practitioner’s ability to safely and competently exercise his/her Privileges.
  - 9. Threatening or intimidating physical contact or attacks leveled at other Practitioners, Hospital staff, or patients (*e.g.*, throwing objects, *etc.*).
  - 10. Intimidation or retribution against any patient, a patient’s family member, other Practitioner, or Hospital employee who reports or witnesses a Practitioner’s unprofessional conduct; or, protecting any person who refuses to cooperate in a legitimate investigation of a Practitioner.

## **III. REPORT AND DOCUMENTATION OF UNPROFESSIONAL CONDUCT**

- A. Individuals who witness incidents of unprofessional conduct by Practitioners should complete and submit a Hospital incident report. Hospital incident reports

that allege unprofessional conduct by a Practitioner shall be forwarded to the Hospital Triage Committee for determination as to whether the matter will be referred to Human Resources and/or to the Professional Staff Multidisciplinary Peer Review Committee (MPRC) for follow up.

1. This Policy does not govern the process that is followed in the event the matter is referred to Human Resources for management. Rather, this Policy is limited to the process to be followed in the event an unprofessional conduct matter is handled by the Professional Staff as a Professional Staff matter.
2. In the event the unprofessional conduct matter is referred to the MPRC for management, the MPRC shall address the matter itself pursuant to this Policy. If, at any time, the MPRC reasonably believes that the behavior of the Practitioner may be related to health or impairment concerns, the MPRC may consider whether the matter should continue to be handled pursuant to this Policy or referred to the Practitioner/APP Wellness Committee to be addressed pursuant to the Practitioner/APP Wellness Policy.

B. Reporting should be done in a prompt manner.

C. Reports must be factual, objective, and should include the following information to the extent available:

1. The name of the Practitioner who engaged in the unprofessional conduct.
2. The date, time, and location of the incident(s).
3. The circumstances that precipitated the incident and a description of the incident.
4. The name and contact information for the patient/family, staff, or other individuals involved.
5. The consequences, if any, to patient care or Hospital operations.
6. Information as to whether any action was taken to remedy the situation at the time of its occurrence including, if known, the date, time, place, action taken, and name(s) of those persons who intervened.
7. The name, date, and signature of the individual reporting the conduct.

D. ANONYMOUS REPORT

1. Although knowledge of the reporting individual's identity is preferred for purposes of follow up, reports of unprofessional conduct may be made anonymously.

2. The fact that a report is anonymous will not preclude the matter from being reviewed in accordance with the procedure set forth in this Policy; however, the fact of anonymity means that it may not be possible to validate the concerns and that no response back to the concerned individual will be able to be made.

#### E. NO RETALIATION

1. No individual who, in good faith, reports a Practitioner's unprofessional conduct or who otherwise participates in the procedure set forth herein shall be retaliated against for such report or participation.
2. The party who makes an allegation of unprofessional conduct shall be advised when follow-up action has been taken, but shall not be provided with specific details of the resolution.

#### F. REVIEW OF REPORT

1. The MPRC shall act expeditiously in reviewing reports of unprofessional conduct by Practitioners. Each report should be sufficiently reviewed to determine whether the report has validity. This review should consist of:
  - (a) Reviewing documents and talking with individuals (including the complainant and the Practitioner as appropriate). Individuals who are interviewed should be reminded that this is a confidential peer review process and the discussion should not be disclosed to others.
  - (b) Determining whether the report reflects a first time issue or whether there have been any prior incidents, or formal or informal interventions with the Practitioner, in order to determine whether a pattern or trend is developing or has developed.
2. Reviews may be conducted by the MPRC as a whole or a review may be assigned to one or more MPRC members (*e.g.*, a Professional Staff officer, *etc.*) to report back to the MPRC. For purposes of this Policy, a reference to the MPRC shall include the MPRC's designated agent(s).
3. In the event that a member of the MPRC is the Practitioner who is the subject of the report or otherwise has a conflict of interest with respect to the Practitioner who is the subject of the report, another Practitioner shall be appointed to participate in review of the matter and the MPRC member who has a conflict of interest or who is the subject of the report shall not participate in the MPRC proceedings as a MPRC member.
4. The MPRC may notify the Practitioner upon receipt of a report of unprofessional conduct; however, such notification is not required prior to proceeding with review of the matter.

5. The MPRC shall rely upon the most recent complaint of unprofessional conduct in conducting its review of the event; provided, however, that consideration of reports of past incidents, if any, received during the Practitioner's current appointment and/or Privilege period may be considered for trending purposes.

G. PRACTITIONER'S RIGHTS

1. Engagement with the MPRC is an informal process. A Practitioner has the right to refuse to participate in the process.
2. A Practitioner has the right to respond, in writing, to allegations raised in a report of unprofessional conduct or to otherwise respond to any communication that the Practitioner receives from the MPRC. All written responses will be maintained in the Practitioner's quality file.

**IV. ACTION FOLLOWING CONCLUSION OF MPRC REVIEW**

- A. If the MPRC determines that a report of unprofessional conduct lacks validity, the matter will be closed. The fact that the report was filed and closed based upon lack of validity will be documented by the MPRC in its minutes and a note to such effect will be maintained in the Practitioner's quality file.
- B. If the MPRC determines that the report of unprofessional conduct can be resolved by an informal conversation with the Practitioner, the MPRC shall designate the individuals who should have such meeting with the Practitioner. The preference will be for the meeting to be held by two (2) or more members of the MPRC unless circumstances dictate otherwise. The fact of the meeting will be reported back to the MPRC and documented in a follow up letter provided to the Practitioner with a copy of such letter placed in the Practitioner's quality file.
- C. If the MPRC determines that the report of unprofessional conduct raises a significant concern or that the Practitioner is developing a trend or pattern of unprofessional conduct, the MPRC may engage in one or more of the following activities:
  1. Request that the Practitioner meet with the MPRC.
  2. Encourage the Practitioner to engage in remediation (*e.g.*, anger management, counseling, boundaries education, *etc.*).
  3. Issue an informal letter of warning to the Practitioner.
  4. Develop a voluntary remediation plan with the Practitioner.
  5. Refer the matter to the PSEC for initiation of corrective action.
  6. Such other action as is appropriate to the circumstances.

- D. The MPRC may continue to utilize the collegial and educational steps set forth in this Policy as long as the MPRC believes that there is a reasonable likelihood that such efforts will resolve the concerns.
- E. All meetings with a Practitioner (whether with a member(s) of the MPRC, one or more persons designated by the MPRC, or the committee itself) should include a clear statement to the Practitioner that if the unprofessional conduct continues, the matter will be referred to the PSEC for initiation of the corrective action process.
- F. If the MPRC has recommended a course of action but the Practitioner has refused to accept the MPRC's recommendation or to otherwise comply with the requirements of this Policy, such refusal shall be immediately reported by the MPRC to the PSEC, the CEO, and, if required, to the Ohio State Medical Board, the Ohio Board of Nursing, or other appropriate licensing agency.

## **V. REPORTING REQUIREMENTS**

The Hospital's CEO shall be notified prior to any reporting that is required by state and/or federal law of actions taken with regard to a Practitioner or information related to a Practitioner. Any reports of criminal activity required under state and/or federal law shall be reported immediately to the CEO for reporting to the appropriate authorities.

## **VI. EDUCATION**

Education for the Professional Staff and other healthcare professionals shall be provided regarding this Policy as needed. Such education shall include, without limitation: the content of this Policy and the fact that it will be enforced, behavior expectations and the importance of adhering to standards of professional conduct, how to identify and resolve conflict, examples of unprofessional conduct, and the process for reporting, self-reporting, and addressing unprofessional conduct.

## **VII. SELF-REPORTING ENCOURAGED**

Practitioners are encouraged to voluntarily bring conduct issues to the Hospital CEO or a Professional Staff leader for assistance so that appropriate steps can be taken to protect patients and help the Practitioner regain and retain the ability to practice safely and competently.

## **VIII. CONFIDENTIALITY AND IMMUNITY**

- A. All documentation pursuant to this Policy including letters, notes, reports, minutes, or other writings or communications submitted to or generated by the MPRC shall be treated as confidential peer review documents to the full extent permitted by law and shall be maintained in the Practitioner's quality file and/or in such other peer review committee files as appropriate.
- B. The identity of individuals providing information to the MPRC and all information provided by such individuals, whether written or oral, shall be

maintained as confidential peer review information to the full extent permitted by law.

- C. Confidentiality as to the identity of the Practitioner involved shall be maintained in all reports by means of a numerical code. Access to the numerical code shall be provided only to those individuals who are required to have such information.
- D. It is the intent of the Hospital and the Professional Staff that the members of the MPRC and all individuals providing information to the MPRC shall be deemed to be engaged in a peer review activity and entitled to immunity to the full extent permitted by law.
- E. All parties involved in the procedure set forth in this Policy shall maintain confidentiality and shall not discuss the matter with anyone other than as needed to fulfill their obligations under this Policy.

## **IX. QUERIES TO MPRC**

- A. The Professional Staff Office shall gather information from the MPRC for consideration by the Credentials Committee/chair or APP Committee/chair, as applicable, and PSEC as part of the reappointment/regrant of Privileges process. The information to be provided by the MPRC shall include whether the Practitioner, during the preceding appointment/Privilege period:
  - 1. Has been or is currently under review by the MPRC and, if so, the status of such review.
  - 2. Has been requested to seek consultation or treatment for a conduct issue.
  - 3. Has self-referred for treatment.
  - 4. Has been provided with MPRC recommendations; and, if so, the status of the Practitioner's compliance with such recommendations.
  - 5. Has been alleged to have provided unsafe care, treatment, and/or services to patients.
  - 6. Has been, is being, or should be monitored to assess the ability of the Practitioner to provide safe patient care, treatment, and services.
  - 7. Has been referred to the PSEC for corrective action.
- B. If the MPRC at any time deems corrective action to be warranted, the MPRC shall make such recommendation to the PSEC consistent with this Policy and in accordance with the procedure set forth in the Professional Staff Bylaws or APP Policy, as applicable.



CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Professional Staff Executive Committee:

By: \_\_\_\_\_

(Date) \_\_\_\_\_

Approved by the Board:

By: \_\_\_\_\_

(Date) \_\_\_\_\_

**EXHIBIT A**  
**CODE OF CONDUCT**

Should the Hospital revise the Hospital's Code of Conduct, then this Exhibit A will be deemed likewise automatically amended.