

# UC San Diego Health

<b>Policy Name and Number</b>	<b>MCP 216.6, Code of Conduct- Disruptive Physicians and Staff</b>
<b>Effective Date</b>	<b>September 20, 2016</b>
<b>Original Approved Date</b>	<b>10/16/2008</b>
<b>Revised Date(s)</b>	<b>10/16/2009, 1/20/2011, 10/17/2013, 09/20/2016</b>

## ABSTRACT:

This policy describes the expected behavior and citizenship standards for all Staff and Physicians at UC San Diego Health (UCSDH): this includes all physicians-in-training, nurses, pharmacists, therapists, technologists, other licensed professionals, all students in professional training programs, Security staff and all other staff (collectively referred to throughout the rest of this MCP as all Staff and Physicians.)

At a minimum, all Staff and Physicians are expected to conform to the UCSDH published Power of Excellence C.A.R.I.N.G. Standards of Performance.

This Policy also defines types of disruptive, intimidating or other inappropriate behavior ("Disruptive Behavior," defined below). Together with the related UCSDH and Medical Staff policies, this Policy describes the organization's processes for detecting, reporting, addressing and effectively managing Disruptive Behavior. The UCSDH has Zero Tolerance for Disruptive Behavior, which is prohibited under this Policy.

## RELATED POLICIES:

UCSDH [MCP 305.4](#) Suspected Abuse or Neglected Children, Elders, or Dependent Adults

UCSDH [MCP 520.1 Chain](#) of Command

UCSDH [MCP 522.1](#) Administrator-On-Call (AOC)

UCSDH [MCP 524.2](#) Code of Organizational Ethics

UCSDH [MCP 561.1](#) Sentinel Event and Significant Adverse Event

UCSDH [MCP 561.3](#) Event Reporting (iReport)

Medical Staff [Bylaws](#), [Rules and Regulations](#)

[MSP – 014](#) Medical Staff Code of Conduct - Policy on Disruptive Physicians

## I. DEFINITIONS

- A. All Staff and Physicians - this includes all physicians, physicians-in-training, nurses, pharmacists, therapists, technologists, other licensed professionals, and Security staff, students in professional training programs, and all other UCSDH and Medical Group employees, agents, contractors and volunteers.
- B. Power of Excellence C.A.R.I.N.G Standards of Performance - CARING Standards of Performance consists of the following behaviors that must be performed with every interaction with patients, family members, visitors and co-workers. The Standards require each practitioner to Communicate; Attend; Respect; Impress; Nurture: and Give. Each of the Standards is explained in detail in Attachment A, as well as on the Power of Excellence website.
- C. Disruptive Behavior - is personal characteristics or behavior which poses a realistic and specific threat to the quality and safety of patient care, the effectiveness of the multidisciplinary healthcare team communication and functioning or the wellbeing of healthcare team members. Characteristics of Staff or a Physician exhibiting prohibited disruptive behavior in the workplace may include, but are not limited to:
1. Profane, disrespectful or derogatory language including the use of racial, ethnic, and gender-related epithets, jokes or slurs
  2. Yelling or screaming
  3. Demeaning, rude, or intimidating behavior, including use of threatening or offensive gestures and verbal threats
  4. Baseless threats to get an employee fired or disciplined
  5. Touching, striking, or pushing others
  6. Sexual comments or innuendo
  7. Throwing, hitting, or slamming objects
  8. Outbursts of rage or violent behavior
  9. Retaliation against a person who had filed a complaint against the Staff person or the Physician for violation of these standards
  10. Inappropriately criticizing and/or not supporting health care professionals and UCSDH staff in front of patients and/or their families, visitors, or other staff

11. Inappropriate use of health records, including chart notes
12. Difficulty working collaboratively with others
13. Repeated failure to respond to a reasonable request by any care-giver for orders, instructions, or assistance with a patient
14. Repeated failure to respond to a reasonable request by any staff member for assistance with an issue.
15. Repeated failure to respond to reasonable requests for assistance by patients and/or family members
16. Repeated failure to respond to calls or pages
17. Repeated failure to remain current with Health and Unit/Department communications, staff meetings, and trainings (including, but not limited to: emails, alerts, minutes, attendance at staff meetings, required trainings, etc.)
18. Inappropriate arguments with patients, family, staff, and other physicians

## **II. POLICY**

- A. All Staff and Physicians will conduct themselves at all times in a courteous, professional, respectful, collegial, and cooperative manner in order to assure a high quality of medical care to patients and maintain a safe work environment. All Staff and Physicians will comply with the Power of Excellence C.A.R.I.N.G Standards of Performance.
- B. These requirements apply to interactions and communications with or relating to medical staff colleagues, Associate Medical Staff (NP, CRNA, and psychologists), house staff, nursing and technical personnel, other caregivers, other UCSDH personnel, patients, patients' family members and friends, visitors, and others.
  1. All Staff and Physicians are expected to conform to the Power of Excellence C.A.R.I.N.G Standards of Performance and will receive instruction on these standards.
  2. Skills-based training and coaching in relationship-building and collaborative practice, including skills for giving feedback on unprofessional behavior, and conflict resolution, are made available to professional staff managers, leaders and medical directors.
  3. Deliberate noncompliance with the Power of Excellence C.A.R.I.N.G Standards of Performance will not be tolerated. Disruptive Behavior will not be tolerated.

- C. As appropriate to the situation and the behavior exhibited, a Staff person's or Physician's initial non-compliance with Power of Excellence C.A.R.I.N.G Standards of Performance or Disruptive Behavior will be managed with appropriate tiered, non-confrontational interventional strategies, which directly address the problem. Management of non-compliance or Disruptive Behavior will move toward detailed action plans and progressive discipline, if patterns persist. Interventions should initially be non-adversarial in nature, with the focus on protecting patient safety, building trust, placing accountability on and rehabilitating the offending individual.
- D. This policy is designed to distinguish between behavior that is significantly, deliberately or carelessly disruptive and behavior that is isolated, which may result from fatigue, unusual production pressures or crisis. Nothing in this policy is intended to conflict with a Staff person's or Physician's right to engage in constitutionally free speech or to make protected disclosures, including good faith reports of improper governmental activities.

### III. PROCEDURES AND RESPONSIBILITIES

- A. UCSDH Staff Response to Behavior That Does Not Comply with Power of Excellence C.A.R.I.N.G Standards of Performance.

Any UCSDH employee or health-care practitioner ("Caregiver") who believes that a Staff person or Physician is failing to comply with Power of Excellence C.A.R.I.N.G Standards of Performance should take the following actions:

1. Inform the Staff person or Physician of the Power of Excellence C.A.R.I.N.G Standards of Performance and attempt to reinforce the standard. If non-compliance continues, promptly contact his or her immediate supervisor to report the situation. The supervisor may attempt to reinforce the standard and should inform the Staff person's or Physician's supervisor;
2. Consult with supervisory personnel about filing, as appropriate, a written report of the alleged incident and/or complete an iReport (See [MCP 520.1](#) and [MCP 561.3](#))

- B. UCSDH Staff Response to Disruptive Behavior

Any UCSDH employee or health-care practitioner ("Caregiver") who believes that any UCSDH employees subjecting him or her to disruptive behavior is authorized to take the following actions:

1. Promptly contact his or her immediate supervisor to report the situation. The supervisor may, at his/her discretion, arrange for the transition of any necessary patient to another person in order to permit the Caregiver to avoid conversing or interacting with the disruptive Staff person or Physician;
2. Continue work or patient care activity elsewhere as directed by his or her supervisor; and

3. Consult with supervisory personnel about filing, as appropriate, a written report of the alleged incident and/or complete an iReport. (See MCP 520.1 and MCP 561.3)

C. Enforcement of Zero Tolerance

- D. If any Staff or Physician exhibits significant or extreme Disruptive Behavior or if patterns of Disruptive Behavior or non-compliance with Power of Excellence C.A.R.I.N.G Standards of Performance persist after deployment of tiered, non-confrontational interventional strategies then detailed action plans should be considered and progressive discipline taken.

1. Progressive Discipline for Members of the Medical Staff will proceed according to the terms of Attachment B, MSP – 014 Medical Staff Code of Conduct - Policy on Disruptive Physicians. The UCSDH may immediately remove any Medical Staff member from the clinical setting, if the Physician exhibits extreme Disruptive Behavior and removal from the clinical setting is needed to protect the safety of patients or other staff, according to the terms of MSP 014.
2. Progressive Discipline for UCSDH employees will proceed in accordance with applicable University of California Health System personnel policies or the appropriate collective bargaining agreements. The UCSDH may immediately remove any Staff person employed by or under contract with the UCSDH from the work setting, if the Staff person exhibits extreme Disruptive Behavior and removal from the work setting is needed to protect the safety of patients or other staff.”
3. Progressive Discipline for students and trainees will proceed according to GME Guidelines or contract with the student’s school. The UCSDH may immediately remove any student or trainee from the clinical setting, if the student/trainee exhibits extreme Disruptive Behavior and removal from the clinical setting is needed to protect the safety of patients or other staff.

#### **IV. ATTACHMENTS**

Attachment A: The Power of Excellence C.A.R.I.N.G. Standards of Performance

Attachment B: MSP – 014 Medical Staff Code of Conduct - Policy on Disruptive Physicians

Attachment C: P.S.A. #21, Disruptive Behavior

Attachment D: P.S.A 36 Chain of Command and Code of Conduct

**V. FORMS**

None.

**VI. RESOURCE**

— [TJC Sentinel Event Alert #40, Behaviors that Undermine a Culture of Safety.](#)

**VII. REGULATORY REFERENCES**

The Joint Commission ([TJC](#)) Accreditation Manual, Including Standard LD.03.01.01

**VIII. APPROVALS**

This policy and procedure was approved by the following committee(s):

Committee Name:

Date Approved:

Medical Staff Executive Committee

September 15, 2016

Health Executive Governing Body

September 20, 2016



**UCSD Medical Center  
Standards of Performance**

**Vision Statement: “Clinical Excellence..through service, innovation and education”**

I commit to know and practice the C.A.R.I.N.G. Standards everyday  
in my workplace and encourage others to do the same

**I commit to COMMUNICATE...by**

- Greeting others with a smile, being polite at every contact, saying please and thank you
- Introducing myself by name and role:
  - *“Hello, I am (Name) from (Department Name) “How can I help you today?”*
- Acknowledging customers by their preferred name
- Communicating delays and status to customers; explaining how long they will be waiting
- Apologizing for problems & inconvenience
- Communicating promptly with patients, family members and care teams regarding test results, management plans, changes in status, and health record documentation as appropriate. Finding a private location when discussing personal information/sensitive subject matter
- Providing private constructive feedback for inappropriate behaviors
- Asking for input from others about my behavior and acting upon it

**I commit to ATTEND...by**

- Attending to patients’, family members’ concerns; being a strong patient advocate
- Responding to patients’ needs/requests in a timely manner, such as answering call lights promptly or notifying appropriate personnel
- Remembering to say when completing a conversation with a customer:
  - *“Is there anything else I can do for you?”*
- Helping people who need assistance and, whenever possible, walking them to their destination—introducing myself and asking them:
  - *“May I help you find what you are looking for?”*
- Being attentive to the environment around me by:
  - Keeping my workstations and work area clean, tidy, organized, and free from clutter
  - Taking care of the equipment, furniture, building, and all other UCSD resources provided to me
  - Cleaning up litter, debris, and spills promptly or notifying the appropriate personnel to do so

**I commit to RESPECT...by**

- Seeking to understand and respect others feelings and unique talents, and enhancing the quality of life at the medical center
- Knocking and pausing a moment before entering any room and expecting this behavior of others
- Ensuring patient dignity by keeping patients covered, closing doors/curtains during examinations/procedures
- Protecting the confidentiality of all information; knowing and adhering to HIPAA and Medical Center guidelines
- Appreciating differences in values, cultures, and beliefs by incorporating diversity awareness in everyday practice; providing translation/interpretation
- Honoring my commitments to being on time for clinics, appointments and meetings



**UCSD Medical Center  
Standards of Performance**

**I commit to IMPRESS...by**

- Being an Ambassador of UCSD Medical Center by:
  - Making those I serve, our patients and visitors the highest priority - *“It starts with me”*
  - Promoting the WOW factor when interacting with the UCSD community by providing exceptional service to all patients, visitors, and staff
- Wearing my ID badge at a readable level at all times
- Dressing appropriately, professionally, and neatly
- Exercising elevator etiquette, acknowledging the presence of others and allowing others to proceed before me when entering the elevator
- Exercising phone etiquette by answering calls with my name and department and only placing callers on hold with their permission. Returning phone messages and email in a timely manner
- Promoting best practice of medicine, adhering to evidence-based practice when available

**I commit to NURTURE...by**

- Speaking positively about our institution; supporting team and organizational decisions
- Utilizing the Star Rewards program to recognize staff and peers by sending a minimum of one Shining Star recognition per month
- Demonstrating compassion, understanding, and humility for others; for example being respectful of people’s time and giving them the benefit of the doubt
- Contributing to a sustainable environment by recycling and utilizing the appropriate containers in disposing materials and reducing waste of UCSD resources whenever possible
- Providing an environment that supports ongoing education, for example flexible hours, to support personal and academic development for all staff

**I commit to GIVE...by**

- Giving all patients, visitors, and staff the level of exceptional customer service that exceeds their expectations
- Giving others the time to express their viewpoint and communicate their needs
- Giving/sharing my talents, services, knowledge, and experiences with others to support their individual goals as well as fostering teamwork
- Giving my time and effort to improve my skills and to enhance my knowledge to better serve our patients, visitors, and staff
- Giving extra time to support UCSD community activities such as the Heartwalk, March of Dimes, etc.

**I commit to know and practice the C.A.R.I.N.G. Standards everyday  
in my workplace and encourage others to do the same**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

THE **power**  
OF *EXCELLENCE*  
*It Starts With Me!*

 UNIVERSITY of CALIFORNIA, SAN DIEGO MEDICAL CENTER	<b>MEDICAL STAFF POLICY &amp; PROCEDURE</b>		
	Effective Date: <b>08/19/2004</b>	Review/Revised: <b>2/21/2008</b>	Policy No. <b>MSP – 014</b>
<b>Page 1 of 5</b>			
<b>TITLE: MEDICAL STAFF CODE OF CONDUCT - POLICY ON DISRUPTIVE PHYSICIAN</b>			

**PURPOSE**

Disruptive Behavior is prohibited.

This policy describes the expected professional behavior and citizenship of Practitioners, as defined below, defines types of disruptive behavior that may initiate corrective action, and describes the procedure to be followed when Practitioners display disruptive behavior within the Medical Center.

**POLICY**

All Practitioners will conduct themselves at all times in a courteous, professional, respectful, collegial, and cooperative manner in order to assure a high quality of medical care to patients and maintain a safe work environment. This requirement applies to interactions and communications with or relating to medical staff colleagues, Allied Health Professional Staff (NP, CRNA, P.A., nurse-midwife and psychologists), housestaff, nursing and technical personnel, other caregivers, other Medical Center personnel, patients, patients' family members and friends, visitors, and others. Disruptive behavior, as defined below, will not be tolerated.

This policy is designed to distinguish between the behavior of Practitioners who are habitually disruptive and those Practitioners who, because of fatigue or frustration, may in isolated instances engage in disruptive behavior. Nothing in this policy is intended to conflict with a Practitioner's right to engage in constitutionally free speech or to make protected disclosures, including good faith reports of improper governmental activities.

**DEFINITIONS**

*"Practitioner"* - Includes all health professionals privileged to care for patients in the UCSD Medical Center under the Medical Staff Bylaws, Rules and Regulations of the Medical Center (*"Bylaws"*).

*"Disruptive Behavior"* is personal characteristics or behavior which poses a realistic and specific threat to the quality of medical care afforded to patients.

**EXAMPLES OF PROHIBITED CONDUCT**

Characteristics of a Practitioner exhibiting prohibited disruptive behavior in the workplace may include, but are not limited to:

- A. Profane, disrespectful or derogatory language including the use of racial, ethnic, and gender-related epithets, jokes or slurs
- B. Unwarranted yelling or screaming
- C. Demeaning or intimidating behavior, including use of threatening or offensive gestures and verbal threats
- D. Baseless threats to get an employee fired or disciplined
- E. Unwelcome touching, striking, or pushing others
- F. Unwelcome sexual comments or innuendo
- G. Throwing, hitting, or slamming objects
- H. Outbursts of rage or violent behavior
- I. Retaliation against a person who had filed a complaint against a Practitioner for violation of these standards
- J. Inappropriately criticizing health care professionals and medical center staff in front of patients and/or their families, visitors, or other staff
- K. Inappropriate use of medical records, including chart notes

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- L. Difficulty working collaboratively with others
- M. Repeated failure to respond to a reasonable request by any care-giver for orders, instructions, or assistance with a patient
- N. Repeated failure to respond to calls or pages
- O. Inappropriate arguments with patients, family, staff, and other physicians
- P. Poor hygiene, slovenliness
- Q. Violation of other University or Medical Center policies if the conduct that violates those policies meets the definition of disruptive behavior

**MEDICAL CENTER STAFF RESPONSE TO DISRUPTIVE BEHAVIOR**

Any medical center employee or health-care practitioner (“Caregiver”) who believes that a Practitioner is subjecting him or her to disruptive behavior is authorized to take the following actions:

- A. Promptly contact his or her immediate supervisor to report the situation. The supervisor may, at his/her discretion, arrange for the transition of any necessary patient to another person in order to permit the Caregiver to avoid conversing or interacting with the disruptive Practitioner;
- B. Continue work or patient care activity elsewhere as directed by his or her supervisor; and
- C. Consult with supervisory personnel about filing, as appropriate, a written report of the alleged incident and/or complete an eQVR.

**REPORTING OF ALLEGATIONS**

All allegations of disruptive behavior by a Practitioner shall be referred to the Chief of Staff of the Medical Staff, or Vice Chief of Staff in his/her absence, for prompt review as set forth in this Policy. The Chair of the Credentials Committee will participate in the absence of both of these individuals. In the event the allegations involve the Chief of Staff, the allegation will be reviewed by the Chief Medical Officer.

**INVESTIGATION**

Under the leadership of the Chief of Staff or designee a prompt initial inquiry shall be undertaken to determine whether the complaint appears to be supported by reliable evidence. Other Medical Center personnel designated by the Chief of Staff may participate in the initial inquiry. The Chief of Staff or designee will obtain a statement from the complaining party and interview other witnesses and review documents as necessary. The complaining party shall be informed of the process to investigate and respond to such allegations and shall be informed that retaliation for making such allegations will not be tolerated. The complaining party will also be informed that his or her allegation(s) may be shared with the Practitioner who is the subject of the allegation(s). If the Chief of Staff determines that the allegation(s) are not supported by reliable evidence, the Chief of Staff shall inform the complaining party of the results of the initial inquiry and document the findings.

If the Chief of Staff or designee determines that the allegation(s) are supported by reliable evidence, the Chief of Staff and the Department Chair (or designee(s)) of the involved Practitioner shall interview the Practitioner as soon as reasonably possible, preferably by the next business day. The Practitioner will be advised of his or her obligations under this policy, that a complaint has been made, and that no retaliation against any complaining person, witness, or investigator will be tolerated. The Practitioner will be provided with sufficient information to understand and respond to the allegation(s). The Practitioner will be provided the opportunity to respond in writing as soon as reasonably possible, preferably within 48 hours. The Chief of Staff or designee will probe as necessary to complete the investigation.

As appropriate, the Chief of Staff or designee should attempt to reach a mutually acceptable resolution of the allegation. If such a resolution is reached, the investigation may stop.

**TITLE: MEDICAL STAFF CODE OF CONDUCT – POLICY ON DISRUPTIVE BEHAVIOR****FINDINGS AND RECOMMENDATIONS**

Once the investigation is completed, the Chief of Staff or designee will present his or her findings and recommendations, along with any previous findings of disruptive behavior and action taken, to the MSEC at its next regularly scheduled meeting. The Chief of Staff or designee will notify the Practitioner and his/her Department Chair in advance of the MSEC meeting and may request the Practitioner's participation at the meeting. The Practitioner may also request the opportunity to appear before the MSEC. The Medical Staff Executive Committee may accept or modify the recommended corrective action plan or agreed upon resolution.

The Chief of Staff, with input as appropriate from the Department Chair of the Practitioner, may recommend one or more of the following actions or other appropriate action. Repeated instances of disruptive behavior or failure to cooperate with any recommended action may lead to additional or stronger action being taken to address the disruptive behavior.

1. Determine that no further action is warranted;
2. Issue a written letter of concern to the Practitioner;
3. Request the Practitioner to apologize promptly to the complainant.
4. Refer the Practitioner to the Physician Well-Being Committee for evaluation;
5. Refer the Practitioner to the PACE program for appropriate anger management or other training course; or
6. Refer the Practitioner for an evaluation by a medical professional of the MSEC's choice.

The Chief of Staff may also initiate corrective action under Bylaws Article XIX, Peer Review and Corrective Action. In such a case, the investigation conducted by the Chief of Staff or designee shall substitute for the investigative process set forth in Article XIX, Section 6, unless the MSEC determines that additional investigation is required.

Actions 1 through 6 above shall not be considered to be medical disciplinary action and shall not be reported to the Medical Board of California or the National Practitioner Data Bank and shall not entitle the Practitioner to a hearing or appeal under Article XII of the Bylaws.

**INVESTIGATORY REPORT**

A copy of an investigative report, the Practitioner's written response, if any, and the record of action taken shall be retained in the Practitioner's credentials file. Because the investigative report is not the records and proceedings of a medical staff committee, it will not be immune from discovery under Section 1157 of the California Evidence Code.

**ACTION BY THE CEO AND GOVERNANCE ADVISORY COUNCIL ("GAC")**

If the decision of the MSEC is not in accordance with the weight of the evidence, the CEO may further investigate the allegation(s) and/or recommend such corrective action to the GAC as he or she deems reasonable. If the GAC determines that the MSEC action is inappropriate and concurs with the CEO, it may recommend any of the other actions identified above. Before instituting action, the CEO will bring the recommendation(s) of the GAC to the MSEC for further discussion.

**ADMINISTRATIVE/ INVESTIGATIVE LEAVE OF ABSENCE**

If disruptive behavior allegations are of physical violence or conduct which is seriously disruptive of hospital operations<sup>1</sup> and if the facts available to the decision-maker support such allegations (i.e., there is

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<sup>1</sup> For purposes of this policy and procedure, "seriously disruptive of hospital operation" shall mean any conduct which involves physical assault or battery with the potential for bodily harm, any intentional action which exposes an individual to bodily fluids, or any other conduct which is so outrageous that it may seriously interfere with the hospital's ability to deliver quality patient care.

**TITLE: MEDICAL STAFF CODE OF CONDUCT – POLICY ON DISRUPTIVE BEHAVIOR**

corroborating or otherwise reliable physical or testimonial evidence), appropriate action shall be taken to insure the safety of the complainant and/or to stabilize the work situation. The CEO, Chief Medical Officer and/or Chief of Staff or designee(s) will promptly attempt to assess the validity and seriousness of the allegations. If they are of opinion that the report of problem behavior is valid and constitutes physical violence or may seriously disrupt hospital operations, the person who is the subject of the complaint shall immediately be placed on administrative leave of absence by the Chief of Staff, Chief Medical Officer, CEO or Medical Staff Executive Committee. The Vice Chief of Staff or Chief Operating Officer may act in the absence of the Chief of Staff or CEO, respectively. Before the CEO or Chief Medical Officer imposes an administrative leave of absence, he or she shall make reasonable attempts to contact the Medical Staff Executive Committee. An administrative leave of absence imposed by the CEO or Chief Medical Officer that has not been ratified by the Medical Staff Executive Committee within two (2) business days (excluding weekends and holidays) shall terminate. Such administrative leave of absence shall be effective immediately upon delivery of verbal notice thereof to the affected practitioner. Verbal notice shall be confirmed by written notice to the practitioner, with copies to the CEO, Chief Medical Officer and Chief of Staff as appropriate, within three (3) working days. Such action is an alternative to, and is in no way dependent upon or limits, following the corrective action procedures set forth in the Medical Staff Bylaws.

Within seven business days (excluding weekends and holidays) after imposition of an administrative leave, the Medical Staff Executive Committee shall meet informally to more fully consider the administrative leave of absence. The affected practitioner shall be given timely notice of an opportunity, but is not required, to attend such informal meeting. The meeting is intended to identify the alleged basis for the immediate action. This meeting shall not constitute a hearing and none of the procedural rules provided in the medical staff bylaws with respect to hearing shall apply thereto.

Within five (5) business days (excluding weekends and holidays) following the informal meeting, the Medical Staff Executive Committee shall issue a written recommendation regarding the administrative leave of absence. This recommendation may be that the administrative leave of absence be continued for a specified time and purpose, that it be lifted upon particular conditions, that the administrative leave of absence be terminated or such other action as may seem warranted. Generally, an administrative leave imposed under this policy and procedure should not remain in effect for longer than twenty (20) days.<sup>2</sup>

Immediately upon imposition of an administrative leave of absence, the Chief of Staff or responsible Department Chairperson shall have authority to provide for alternate medical coverage for the patients of the practitioner still in the hospital at the time of such leave of absence. The wishes of the patient shall be considered in the selection of such alternative practitioner.

An “administrative leave of absence” for investigatory purposes shall not constitute a “summary suspension” or a “medical disciplinary cause or reason,” as that term is defined in Section 805 of the California Business and Professions Code and will not be reported to the Medical Board of California or the National Practitioner Data Bank.

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<sup>2</sup> The purpose of an administrative leave is to immediately defuse the situation and allow time for the Medical Staff Executive Committee to investigate and/or consider appropriate action. Deliberations should lead to a recommendation of attempted informal mediation or to a recommendation of corrective action. In either case there should be no need to continue the administrative leave. If the Medical Staff Executive Committee determines that there is an imminent danger to the health of an individual presented by the accused Medical or Affiliate Staff member, the appropriate remedy would be summary suspension. If there is no immediate danger, the accused should be allowed to resume practice at the hospital and the usual corrective action mechanisms should suffice.

**TITLE: MEDICAL STAFF CODE OF CONDUCT – POLICY ON DISRUPTIVE BEHAVIOR****SUMMARY SUSPENSION**

If at any time immediate action is necessary to protect the life or welfare of patients, prospective patients, or another person, all or part of the Practitioner's privileges or medical staff membership may be summarily suspended pursuant to Article XI, Section 11 of the Medical Staff Bylaws.

<b>Policy: Code of Conduct/Disruptive Physician</b>		
<b>APPROVALS:</b>	<b>Approved:</b>	<b>Revised:</b>
Medical Staff Services Office		
Credentials Committee		
Legal		2/2008
Medical Staff Executive Committee	08/19/2004	2/2008
CEO, UCSD Medical Center, representing the Governing Body	08/19/2004	2/2008

# PATIENT SAFETY ALERT

*UCSD Medical Center Patient Safety & Risk Management*



## **P.S.A#21: DISRUPTIVE BEHAVIOR** **New Policy, New TJC Standard**

**Situation:** The UCSD Medical Center has had a Medical Staff Code of Conduct and has been working for years to promote a culture of safety (see P.S.A. #1). We are ramping up our efforts to promote this safety culture and to stamp out disruptive or intimidating behaviors by any members of our patient care teams. We want you to know about our new policy, MCP 216.6 **Professional Staff Behavioral Standards & Policy on Disruptive Practitioners**, which explains our behavior standards, defines disruptive behavior and spells out steps you can take if someone in your work environment exhibits disruptive behaviors.

**Background & Assessment:** Intimidating and disruptive behaviors can lead to preventable medical errors and contribute to poor patient satisfaction. Intimidating and disruptive behaviors include verbal outbursts, as well as passive activities such as refusing to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

[http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_40.htm](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm).

**Recommendations:** Familiarize yourself with our Code of Conduct for Professional Staff, which does all the following:

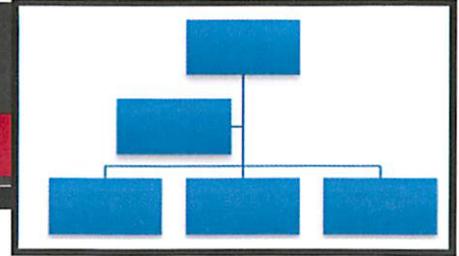
- Requires every professional, including all physicians and trainees to follow our Power of Excellence C.A.R.I.N.G. Standards of Performance, which will help us achieve better teamwork and patient satisfaction.
- Calls for zero **tolerance** of disruptive or intimidating behaviors as defined in the policy.
- Instructs staff on how to respond to and report disruptive or intimidating behavior.

**If you have any questions, call your supervisor or Risk Management at 471-0567**

**M.C.P. 216.6 is available 24 hrs a day, 7 days a week on the Medical Center's Intranet Home Page. This P.S.A. and all of our P.S.A.s are available at <http://riskmanagement.ucsd.edu/>**

# PATIENT SAFETY ALERT

UC San Diego Health System Patient Safety & Risk Management



## P.S.A #36: Chain of Command and Code of Conduct

**Situation:** You observe an event that may impact patient care and safety (for example, you witness a patient's condition deteriorating or a patient being inappropriately treated by a staff member, physician or a visitor). Patients are counting on you to take the steps to alert the right people through your chain of command in order to intervene and take appropriate action in a timely manner. A report of the incident using the eQVR system may also be required. (See MCP 520.1, Chain of Command and MCP 561.3, eQVR Incident Reporting Policies and MCP 561.1, Sentinel Event and Significant Adverse Events)

**Background:** With your role, you are in a unique position to observe events that may impact patient care and safety. For the good of our patients and staff, it is your responsibility to pass that information along to someone who has the means and the authority to interpret and act on it. This includes any event in which a Health System employee or health care practitioner witnesses another employee or health care practitioner inappropriately treating a patient or exhibiting disruptive behavior, and thus failing to comply with the Code of Conduct Policy (see MCP 216.6).

**Assessment:** Following Health System MCPs, you will ensure the identification and timely notification of and early response to events that impact patient care and safety.

**Recommendations:** When events occur that may impact patient care and safety, take the following actions:

- Promptly contact your immediate supervisor to report the situation. You may also contact the House Supervisor, or the Administrator-On-Call.
- Report incidents using the eQVR system.
- Do not tolerate staff and physician disruptive behavior.
- Be familiar with the Health Systems' MCPs on the Chain of Command, Code of Conduct, eQVR Incident Reporting, and Sentinel Event and Significant Adverse Events.

Patient Safety Alerts are available at <http://medcenter.ucsd.edu/pips/patient-safety/Pages/patient-safety-alerts.aspx>

Health System Policies are available 24/7 on the Intranet home page