

Medical Staff Procedure: Practitioner Behavior: Review and Classification Process	
Approved by:	Effective Date: December 18, 2013
Board of Trustees: November 29, 2023	Revised: November 1, 2023
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## 1.0 Scope:

This policy applies to members of the Texas Health Presbyterian Hospital Dallas ("Hospital") Medical Staff and non-hospital employed Advance Practice Professionals ("APP") with clinical privileges or Allied Health Professionals ("AHP") under a Scope of Service at the Hospital (collectively, "Practitioners" for purposes of this policy). Reports involving hospital employed APPs or AHPs are referred to Human Resources.

## 2.0 Purpose:

To describe the process for reviewing and classifying reports involving disruptive or inappropriate behavior or harassment by a Practitioner.

## 3.0 Procedures:

### 3.1 Submission of a Report

Any Medical Staff Member, APP, AHP, employee, patient, or visitor may make a report involving a concern or complaint involving disruptive/ inappropriate behavior and/or harassment by a Practitioner. Refer to the *Texas Health Presbyterian Hospital Dallas Code of Conduct* and the *Advanced Practice Professionals and Allied Health Professionals* policy ("APP/AHP Policy") for information on disruptive/inappropriate behavior and harassment.

Reports of concerns or complaints involving a Practitioner's behavior ("Behavioral Event") must be in writing and/or entered into the Hospital's event reporting tool. Risk Management (RM) will then forward the report/complaint to the Medical Staff Services Department (MSS), as agents for the Behavioral Event Review Committee (BERC), for initial review. If the alleged occurrence also involves clinical care issues, RM will forward a copy to the Quality Improvement and Patient Safety (QIPS) Department for potential case review.

### 3.2 Medical Staff Services Initial Review

- 3.2.1 Upon receipt, the MSS Director or designee in collaboration with the Chief Quality Medical Officer or designee review the report to evaluate any need for referral to Medical Staff leadership. Typically, this will occur within five (5) business days of the MSS' receipt of the complaint or report but may take longer based on exceptional circumstances.
- 3.2.2 If initial review reveals the Behavioral Event is sufficiently managed through the Vanderbilt Program, the event will be classified by the CQMO or MSS Director, tracked by the MSS department, and disclosed to the BERC for awareness without further intervention by Medical Staff Leadership. The CQMO or MSS Director will complete the Behavioral Event Review Form and send this with any supporting documentation to the QIPS Department for the Practitioner quality file.
- 3.2.3 Should the initial review determine a possible Behavioral Event needing further review, and the case is not deemed appropriate for management by the

Vanderbilt Program without Medical Staff Leadership review, the MSS Director or designee forwards the report or complaint to the Chair of the involved Practitioner's department for review, and the Chair of the Behavioral Event Review Committee (BERC) for awareness.

### 3.3 Medical Staff Leadership Review

- 3.3.1 The purpose of this review and classification process is to make a peer determination of the findings of the initial review from the Medical Staff leadership's perspective through the process described below and, as appropriate, classify the occurrence for purposes of follow-up with the Practitioner, taking corrective action if needed, and for tracking purposes.
- 3.3.2 The appropriate Department Chair or his/her designee, and the BERC Chair or his/her designee will review the information received from MSS. As part of this review, the Department Chair Should discuss the matter with the Practitioner and, as appropriate, other parties involved.
- 3.3.3 The Department Chair, in consultation with the BERC Chair as necessary, will assign a classification and forward it to MSS.
- 3.3.4 If there is a conflict of interest between the Department Chair and the involved Practitioner, the BERC Chair will assign a classification and forward it to MSS with a copy to the Department Chair.
- 3.3.5 In the event the Department Chair and BERC Chair are unable to agree on the classification, the matter will be referred to the BERC for review and classification.

### 3.4 Occurrence Review follow-up

After the occurrence is classified as described above, the following procedure will be used to communicate the classification to the Practitioner:

- 3.4.1 **No Behavioral Event:** No further action is required.

#### 3.4.2

Category I Behavioral Event: Examples include without limitation

- Profane, threatening, intimidating or abusive language or gestures directed at patients, families, members of the health care team, or the hospital
- Berating, degrading, derogatory, demeaning comments about patients, families, members of the healthcare team or hospital
- Behaviors, patterns of behavior, or communications reasonably interpreted to be for the purpose of impeding or disrupting appropriate patient care by other practitioners or staff
- Using profanity or similarly offensive language while speaking with anyone in the hospital
- Engaging in inappropriate or offensive conversations during patient care
- Engaging in non-constructive criticism addressed to a recipient in such a way as to intimidate, humiliate, berate, undermine confidence, belittle, or imply stupidity or incompetence
- Making derogatory comments about the quality of care being provided at the hospital or by another member of the health care team
- Creating medical record entries criticizing the quality of care provided by the hospital or other members of the health care team which are not relevant to the delivery of care to the patient

- Refusing to abide by Medical staff bylaws, rules and regulations or policies

If the event is a Category I behavioral event, but is not determined to be sufficiently managed by the Vanderbilt Program (see section 3.2.2. added) without Medical Staff Leadership review, the Department chair or designee, or service line leader will discuss the matter with the Practitioner and complete the Behavioral Event Form.

Category I events are tracked by the Medical Staff Services. If the Practitioner has more than three (3) category I Behavioral events in 24 months, the Department Chair and BERC Chair will review the occurrences and determine whether a BERC meeting with the practitioner is indicated. If so, the meeting shall be scheduled as soon as feasible. The Behavioral Event Form should be completed and sent with any supporting documentation to the QIPS Department for the practitioners quality file.

### 3.4.3

Category II Behavioral Event: Examples include with out limitation

- Physical contact with another individual on the healthcare team or the patient or family or staff that is reasonably perceived to be threatening or intimidating
- Retaliation against or intimidation of any individual for reporting behavior believed to be in violation of this code or in conjunction with completing any report regarding practitioner behavior
- Any category I behavior in which the intensity of the occurrence or the inappropriateness of the behavior rises to a level warranting escalation of categorization.
- Any category I behavior that is other than a brief or isolated episode where the Practitioner appears to be persisting in the Disruptive or Inappropriate Behavior or Harassment under the Texas Health Presbyterian Hospital Dallas Code of Conduct or the Advanced Professionals and Allied Health Professionals policy or is unable to modify the behavior despite feedback regarding the inappropriateness of the conduct.

The practitioner will be required to meet with the Department Chair and/or BERC as applicable. The Behavioral Event Form will be completed. The BERC has the discretion to refer the matter involving a Medical Staff member to the Committee on Physician Health and Well Being. The BERC may also make a recommendation to the Medical Executive Committee for further action, including without limitation, initiation of a corrective action investigation or immediate action, in accordance with the bylaws or APP/AHP Policy as applicable. All Category II Behavioral Events are tracked by the MSS Department.

If the BERC convenes, a letter will be sent to the Practitioner informing Practitioner of the findings or recommendations. MSS forwards a copy of the letter, the Behavioral Event Form, and any supporting documentation to the QIPS Department for placement in the Practitioners quality file.

3.5 The BERC chair will be advised of all reports, classifications Category I and Category II Events.

The BERC members will be advised in summary form of all events and outcomes.

3.6 This review and classification process described is not considered a corrective action investigation of a Practitioner under the Medical Staff Bylaws or APP/AHP under the APP/AHP Policy. In addition, the information resulting from this process including the initial report and all supporting documentation is confidential and privileged medical peer review information.

### 3.7 Management of Behavioral Issues

The responsibility for addressing Practitioner behavioral issues resides with the Department Chair or designee or other Medical Staff leadership, and the Behavioral Event Review Committee in accordance with the Medical Staff Bylaws or APP/AHP Policy, with support of the Chief Medical Officer.

### 3.8 Status as Agents

The receipt of complaints and all reviews conducted by the RM, MSS, Chief Medical Officer, and Medical Staff leadership pursuant to this policy shall be in the capacity as agents for the Behavioral Event Review Committee for the purpose of medical peer review and professional review activity.

## 4.0 External References

4.1 Medical Staff Bylaws and Rules & Regulations

4.2 Texas Health Presbyterian Hospital Dallas Code of Conduct

4.3 Advanced Practice Professionals and Allied Health Professionals policy

## 5.0 Attachments

5.1 Behavior Event Form