Addressing Disruptive Physician Behavior

Today's Webinar
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Overview

- What is disruptive behavior
- Root causes
- Establishing expectations
- Addressing disruptive behavior
- Education and training
- Take aways
What is disruptive behavior?

- Verbal abuse
- Physical abuse
- Threats
- Inappropriate communication
- Non-communication
- Sexual harassment

Inappropriate conduct that interferes with the delivery of patient care.

Adversely impacts patient care

- Others avoid interaction
- Others fearful of seeking clarification
- Others defer voicing justifiable concerns
- Increases opportunity for medical errors

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Adversely affects patient satisfaction

- Poor communication
- Lack of information
- Erosion of trust

Adversely affects hospital

- Diminishes quality of care
- Erodes staff morale and satisfaction
- Impugns hospital’s reputation
- Threatens efficient operation
- Increase litigation risk
  - Hostile work environment
  - Medical malpractice
Distinguishable from…

- Advocating patient care
- Criticizing hospital or medical staff leadership (in a way that does NOT impair patient care or hospital operations)
- Some states, such as California, have laws intended to protect “whistle blower” physicians from retaliatory “sham peer review”
  - Illegal to penalize a physician principally for advocating for medical appropriate health care

Root Causes

- Substance abuse
- Mental health issues
- Personality or cultural norms
- Outright bad behavior
Substance Abuse

- Alcohol
- Prescription Drugs
- Illicit Drugs

Mental Health Issues

- Stress
  - Financial problems
  - Personal problems
  - Burnout
- Mental disorders
  - Narcissism
- Diagnoses mental health conditions
  - Depression
  - PTSD
Personality or Culture

- Personality traits often times associated with smart, successful people
  - Self-confident
  - Opinionated
  - High expectations of self and others
- Ego
- Money
- Different cultural norms

Bad behavior works!

- Bad behavior is often times rewarded with a desired outcome
The Joint Commission

The Joint Commission requires hospital leaders to “develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety” and to “create and implement a process for managing behaviors that undermine a culture of safety.”

Poll Question:

Does your organization have a disruptive physician policy?

Yes
No
I don’t know
American Medical Association

AMA Code of Ethics sets out elements that should be included in medical staff policies, including a description of the types of behavior that will prompt intervention, a channel for recording and verifying instances of disruptive behavior, and processes for appropriately evaluating, monitoring and correcting behavior.

Establish Expectations

Code of Conduct
- Included in the medical staff bylaws
- Acknowledged and signed by medical staff members
- Describes expected behavior
- Describes intolerable behavior
- Links professional conduct with patient care
Code of Conduct

“It is the policy of the medical staff that members comport themselves in a professional manner and treat colleagues, staff members and patients alike with respect and consideration. The medical staff recognizes that the professionalism of its members is essential for delivering quality patient care, maintaining a productive and safe workplace, and a promoting a caring patient environment.”

Code of Conduct reflects the medical staff’s culture of professionalism:

- Modeled by medical staff and hospital leadership
- Emphasis on honesty and integrity
- Collegiality
- Respect
Responding to Disruptive Behavior

- Develop, maintain and observe a process for responding to disruptive behavior
- Accessible and transparent
- Physicians review and acknowledgement
- Dependent on size and composition of medical staff, but should include means for:
  - Reporting
  - Documenting
  - Evaluating
  - Remediating

Reports of Disruptive Behavior

- May be submitted by any person
- In writing
- Channeled to Chief of Staff or designee
- Key information regarding the incident:
  - Description
  - Date and time
  - Witnesses
  - Consequences/outcomes
Evaluation of Behavior

- Chief of Staff may delegate evaluation
  - Consider role of well being committee
  - Consider outside, independent evaluation
- Interviews:
  - Reporter, if known
  - Witnesses
  - Physician
- Objective summary of findings, whether report was confirmed or unfounded, and recommended response
- Maintain documentation in personnel file

Developing a Response

Considerations:
- Degree of egregiousness
- Whether isolated or a chronic pattern
- Root cause
- Whether previous remediation has occurred
- Physician’s willingness to take responsibility
- Is there an “impairment” issue?
Disruptive Behavior v. Impairment

Considerations when dealing with impairment:
- Is the physician undergoing treatment?
- Are there state or other programs that can help?
- Role of medical staff wellness committee

Poll Question:

Does your organization have an impairment policy?
- Yes
- No
- I don’t know
Developing a Response

Consider a range of escalating responses:

- Curbside coffee
- Committee discussion
- Letter of rebuke or warning
- Referral to wellness program
- Behavior contract
- Participation in CME or intensive program
- Reduction, limitation, suspension or termination of privileges

Responding to Disruptive Behavior

Consider implications for fair hearing, corrective action and reporting the state medical board and National Practitioner Data Bank (NPDB).

Report to NPDB if:

- Action adversely affects clinical privileges for longer than 30 days
- Surrender or restriction of privileges while under investigation, or in return for not conducting an investigation

State reporting requirements vary.
Responding to Disruptive Behavior

Consider implications when dealing with employed versus independent physicians:

- Role of HR
- Interplay between HR policies/procedures and medical staff bylaws
- Reporting requirements for employed physicians

Implementation and follow through are critical to the integrity and success of the code of conduct.

If improved behavior is not maintained, or stated objectives are not met, then there must be consequences.
Responding to Disruptive Behavior

Failure to follow through with response:
- Erodes the value and effectiveness of the code of conduct
- Leadership perceived as weak, ineffective and indifferent
- Bad behavior achieves desired outcome

Encouraging Positive Behavior

Education and training to complement the code of conduct:
- CME for the medical staff on professional behavior
  - Physician duties and responsibilities
  - Proper communication
  - Interaction with house staff
  - Physician-patient relationships
  - Sexual harassment
- Leadership boot camp for medical staff leaders
Take Aways

- Set clear expectations for behavior
  - Code of conduct
  - Training and education opportunities
  - Example set by medical staff leadership
- Acceptance and acknowledgment of expectations
- Predictability
- Accountability

Questions
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Thank you