



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

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Owner Casey Watts:
Interim Manager,
Medical Staff
Affairs
Area Medical Staff
Applicability TUKHS- Kansas
City Division

Medical Staff Inappropriate Behavior

SCOPE:

The Medical Staff of the University of Kansas Hospital.

PURPOSE:

To promote an environment of care at the Hospital in which Members treat other Members, nurses, officers, employees, patients, patient family members and all other persons at the Hospital in a courteous, respectful and dignified manner, in order to foster the efficient operation of the Hospital and the delivery of high quality care, and to prevent behaviors which undermine a Culture of Safety at the Hospital.

This Policy supplements (but cannot replace) the provisions of the Bylaws of the Medical Staff ("Bylaws").

DEFINITIONS:

"Appropriate Behavior" means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the Medical Staff, or to engage in professional practice including practice that may be in competition with the Hospital. Appropriate Behavior is not subject to discipline under this Policy or the Bylaws.

"Culture of Safety" means an atmosphere which focuses on the wellbeing of the patient and the efficient operations of the Hospital to enable it to deliver high quality medical care. A Culture of Safety encompasses acknowledging the high-risk nature of the Hospital's patient care activities and striving to achieve consistently safe operations, as well as promoting a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment and encouraging

collaboration across ranks and disciplines to promote high quality patient care.

"Disruptive Behavior" means any Inappropriate Behavior to the extent that such behavior undermines the culture of safety at the Hospital or compromises the quality of patient care or safety.

"Hospital" means the University of Kansas Hospital.

"Inappropriate Behavior" means conduct, actions, behaviors, or threats that are not Appropriate Behavior. Inappropriate Behavior includes any action that negatively impacts the capacity of the health care team to function according to acceptable and customary standards of cohesion, respect, effective communication, relationship centered care, quality and safety. Inappropriate Behavior may be written, verbal, or behavior and may include, but is not limited to:

1. Physical conduct that is inappropriate, unnecessary and unwanted or that is used as a means of intimidation or as a display of anger, including assault, unwanted touching, blocking normal movement, or throwing equipment, instruments or medical records;
2. Use of profane, vulgar, or derogatory language, sexual comments or images, including racial or ethnic slurs and gender-specific demeaning comments;
3. Discrimination or harassment on the basis of race, religion, color, national origin, ancestry, age (of persons age 40 and above), disability, marital status, sex, gender, or sexual orientation. This includes "sexual harassment" that is conduct of a sexual nature (for example, unwelcome sexual advances, or making personnel decisions regarding an individual contingent on submission to verbal or physical conduct of a sexual nature), as well as discrimination that is based on an individual's gender;
4. Behavior that has the purpose or effect of creating a hostile work environment or of unreasonably interfering with an individual's work performance;
5. Verbal outburst, harassment or publicly airing criticisms in a manner that is personal, irrelevant, or unprofessional in content or language that is loud, intrusive, or occurs in an inappropriate setting (e.g., yelling or shouting at staff);
6. Inappropriate comments, editorials, or illustrations made in patient medical records or other official documents;
7. Willful damage to or theft of Hospital property;
8. Unlawful possession of a dangerous weapon on Hospital premises; or
9. Threats, harassments or reprisals against individuals who report or investigate Inappropriate Behavior.

A documented pattern of Inappropriate Behavior by a Member shall constitute prima facie evidence of Disruptive Behavior.

"Medical Staff" means the Medical Staff of the Hospital.

"Member" means a member of the Medical Staff.

"Policy" means this Medical Staff Inappropriate Behavior Policy.

POLICY:

1. It is the policy of the Medical Staff that all Members, nurses, officers, employees, patients, patient family members and other persons at the Hospital are to be treated courteously, respectfully, and with dignity.
2. If a Member exhibits Inappropriate Behavior, such conduct shall be addressed in accordance with this Policy.
3. That a Member's behavior is considered unusual, unorthodox or different is not sufficient to justify action under this Policy.
4. If a Member's Inappropriate Behavior rises to the level that it meets the definition of Disruptive Behavior, such conduct may be grounds for Corrective Action, as defined in Article VII, Part B of the Bylaws, and in such case, the provisions of Article VII, Part B (Corrective Action) and Article VIII (Fair Hearing) of the Bylaws shall control.

PROCEDURES:

Report of Alleged Inappropriate Behavior

1. Any Member, nurse, officer or employee that witnesses an incident of Inappropriate Behavior exhibited by a Member shall report the incident to the Chief of Staff (or if the incident involves the Chief of Staff, to the Vice Chief of Staff) and the Risk Manager of the Hospital.
2. The report should document the incident in as much detail as possible and shall include the following, as applicable:
 - i. The name of the Member exhibiting the Inappropriate Behavior;
 - ii. The date, location, and time of the incident;
 - iii. The name of any patient, nurse, officer, employee, other Member, or other person affected by the Inappropriate Behavior;
 - iv. A factual, objective description of the incident, including the circumstances that precipitated the incident;
 - v. The actual and potential consequences, if any, of the Inappropriate Behavior as it relates to patient care, safety, professional relationships or the operations of the Hospital;
 - vi. A record of any action taken at the time of the incident to remedy the effects of the Inappropriate Behavior, including the date, time, place, action taken, and name(s) of the individual(s) intervening; and
 - vii. The names of other witnesses to the incident, if any.
3. The identity of an individual reporting an incident of Inappropriate Behavior will generally not be disclosed to the Member unless the Executive Committee of the Medical Staff ("Executive Committee") agrees in advance that it is appropriate to do so. In any case, retaliation by a Member against any person who reports an incident of Inappropriate Behavior, whether verbal or physical, direct or indirect, shall not be tolerated and any such retaliatory conduct shall be deemed conduct that is disruptive to the operations of the Hospital and subject to Corrective

Action in accordance with Article VII, Part B (Corrective Action) of the Bylaws.

Investigation of Alleged Inappropriate Behavior

1. When feasible, the assessment of a report of Inappropriate Behavior shall be conducted in a manner that will bring its related documents and information under state law peer review immunities or other documents that may provide greater or additional confidentiality protection. Regardless, all assessments and investigations conducted pursuant to this Policy shall be conducted confidentially to the fullest extent possible.
2. In response to any alleged instance of Inappropriate Behavior, the Chief of Staff or the Vice Chief of Staff shall perform an initial investigation of the incident to determine if there is a reasonable basis to believe the alleged Inappropriate Behavior occurred. When possible this initial informal investigation should be completed within fourteen (14) days of the receipt of the complaint. If after the initial informal investigation, the Chief of Staff or Vice Chief of Staff determines that the report of Inappropriate Behavior is legitimate, then depending upon the severity of the incident, the Chief of Staff or Vice Chief of Staff may handle the incident in a collegial manner or be required to appoint an ad hoc committee of Members of the Medical Staff to assist in such investigation. If the incident is addressed between the Chief of Staff (or Vice Chief of Staff) and the Member, written documentation of investigation will be placed in the Member's peer review file and considered a warning. If a Member receives more than two (2) warnings within one (1) year, a formal investigation will be required to address the pattern of Inappropriate Behavior.
3. A Member whose conduct is the subject of an investigation for alleged Inappropriate Behavior shall be informed in writing of the report of the Inappropriate Behavior within five (5) days and shall be afforded an opportunity to respond to the allegations at each stage of the investigative process and before the imposition of any action as set forth in this Policy.
4. The results of any investigation conducted pursuant to this Policy shall be furnished to the Executive Committee for approval in a written report prepared by the Chief of Staff or the Vice Chief of Staff.

Action with Respect to Inappropriate Behavior

1. No Action
Where the Executive Committee concludes that an alleged instance of Inappropriate Behavior does not rise to the level of Inappropriate Behavior as defined in this Policy, no further action shall be taken.
2. Verbal Counseling
Where the Executive Committee concludes that an instance of Inappropriate Behavior is not of a sufficient nature to warrant more formal action by the Executive Committee, the Chief of Staff or the Executive Committee shall verbally counsel the Member exhibiting the Inappropriate Behavior. A verbal counseling shall emphasize the particular conduct that is inappropriate and stress that future similar conduct may result in more formal action under the Bylaws. The fact that verbal counseling has been conducted with a Member shall be noted in the Member's file and may be considered in conjunction with future investigations or proceedings under this Policy or Article VII, Part B (Corrective Action) and Article VIII (Fair Hearing) of the Bylaws.
3. Written Counseling

Where the Executive Committee concludes that an instance of Inappropriate Behavior is not of a sufficient nature to warrant more formal action by the Executive Committee, but is sufficiently serious to make verbal counseling inappropriate, the Chief of Staff or the Executive Committee shall counsel the Member with regard to the Inappropriate Behavior by means of a formal letter to the Member that sets forth the serious and inappropriate nature of the Inappropriate Behavior, reiterates any previous verbal counseling in relation to similar Inappropriate Behavior exhibited by the Member, emphasizes the responsibility of Members to treat other Members, nurses, officers, employees, patients, patient family members and other persons at the Hospital courteously, respectfully, and with dignity, and informs the Member that future similar conduct may result in the referral of the matter to the Executive Committee for possible Corrective Action in accordance with the Article VII, Part B (Corrective Action) of the Bylaws. A copy of the letter shall be placed in the Member's file and may be considered in conjunction with future investigations or proceedings under this Policy or Article VII, Part B (Corrective Action) or Article VIII (Fair Hearing) of the Bylaws. The Member may also be directed to issue an apology as directed by the Executive Committee.

4. Corrective Action

Where the Executive Committee concludes that a Member's Inappropriate Behavior is such that it meets the definition of Disruptive Behavior, the Executive Committee shall initiate Corrective Action proceedings as outlined in Article VII, Part B (Corrective Action) of the Bylaws. In such case, the provisions of Article VII, Part B (Corrective Action) and Article VIII (Fair Hearing) of the Bylaws shall control.

5. Case By Case Determination

The processes set forth in this Policy may be altered by the Executive Committee and the Chief of Staff depending on the level of egregiousness of the incident. Nothing in this Policy precludes Summary Suspension, as described in Article VII, Part D (Summary Suspension or Limitation of Clinical Privileges) of the Bylaws, immediate action by the Executive Committee to initiate Corrective Action, or the elimination of any particular step set forth in this Policy.

REFERENCES:

The University of Kansas Hospital - Bylaws of the Medical Staff.

APPROVED/REVIEWED BY:

Executive Committee Medical Staff 6/6/2019

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Approval Signatures

Step Description

Approver

Date

	Jennifer Palmer: Health System Policy Administrator	12/2022
Executive Committee Medical Staff	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	12/2022
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	12/2022
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	11/2022

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