UC San Diego Health

This policy applies to: UCSD Health	Last Approval Date: 08/15/2019
Name of Policy: Medical Staff Professionalism Policy	**Page 1 of 9**
Policy Number: MSP024	
Departments Affected: All Departments	

I. Purpose

UC San Diego Health is committed to high standards of professionalism and safety in patient care among our faculty, staff, and trainees. Professionalism is integral to our mission of improving health and includes promoting respect, integrity, compassion, and accountability. At UC San Diego Health we strive to create an environment that is supportive of diversity in ideas, perspectives, and experiences. As such, all members of the UC San Diego Health community are expected to model, promote, and advocate for engaging in professional and ethical interactions with colleagues, patients, and the public at all times.

UC San Diego Health requires all Medical Staff Members ("Members") to conduct themselves in a professional and cooperative manner. Maintaining a culture of professionalism, through Just Culture principles, is a core value for the UC San Diego Health Medical Staff ("Medical Staff"). Undesired Behavior, as defined in this Policy, can interfere with safe clinical practice and undermine appropriate care and treatment for patients.

Toward this end, the Medical Staff hereby creates a Medical Staff Professionalism Committee ("MSPC") to serve as a resource and peer review body charged with evaluating, educating, monitoring, and where necessary, improving the professional behavior of Members of Medical Staff. The MSPC is a sub-committee of the Medical Staff Executive Committee ("MSEC") and reports to the MSEC.

II. Membership

The Chief of Staff ("COS") will appoint at least three members of the Medical Staff to serve on the MSPC for a term of three (3) years. Each MSPC member's term shall be renewable at the discretion of the COS. In addition, the MSPC shall also be comprised of the following *ex officio* members: the Chief Medical Officer ("CMO") or his/her designee, the COS, the Vice COS, the Associate Dean for Graduate Medical Education, Associate Dean for Undergraduate Medical Education, the Director of UC San Diego Health Risk Management, and Chief Counsel, UC San Diego Health, or his/her designee. All *ex officio* members, except the Director of Health Risk Management and Chief Counsel, shall be entitled to vote. The COS will appoint a Chairperson and Vice Chairperson of the MSPC who will serve for a three (3) year term, and which can be renewed at the discretion of the COS.

III. Valued Behavior

In addition to the guidelines for appropriate behavior set forth in the (1) Medical Staff Bylaws ("Bylaws"), (2) the UCSDH Medical Center Code of Conduct, and (3) the UCSD Medical Staff Code of Conduct, appropriate expected behaviors for Members of the Medical Staff include but are not limited to:

- Focus on patients to promote optimal safety, quality, and clinical care;
- Demonstrate effective interpersonal and communication skills that result in the professional exchange of information and collaboration with patients, visitors, team members, and other health professionals;
- Take ownership and share responsibility for patient care and clinical practices and outcomes;
- Participate honestly and openly in Morbidity and Mortality meetings and other quality improvement and patient safety initiatives;
- Embrace change, innovation, process improvement, and constructive feedback;
- Be collegial, respectful, and supportive of colleagues working at all levels within UC San Diego Health;
- Teach, conduct research, and care for patients with professional competence, intellectual honesty, and the highest ethical standards;
- Be without physical, cognitive, or mental health limitations that negatively affect the delivery of competent and safe patient care;
- Comply with all principles, policies, procedures, Bylaws, and rules enacted by UC San Diego Health and the University of California; and,
- Embrace the UC San Diego Health Mission Statement, Vision Statement, Core Values, and Behavioral Standards.

IV. Undesired Behavior

Deviation from professionalism values can result in potentially unsafe or poor-quality care for patients. Undesired Behavior is defined as personal conduct, including verbal and physical conduct, that negatively affects or potentially may negatively affect patient care. This includes, but is not limited to, conduct that causes or may lead to an interference with one's ability to work with other members of the healthcare team.

There are degrees of such behavior, which can range from a single minor event, repeated events, or a single egregious event that requires immediate intervention. The following are examples of undesired behaviors from Members of the Medical Staff. This list is not intended to be exhaustive.

- Failure to be physically and mentally capable of (i) delivering competent and safe patient care, (ii) performing work duties, or (iii) attending UC San Diego Health sponsored activities;
- Being on UC San Diego Health premises or performing work duties while intoxicated or under the influence of drugs and/or alcohol. *(Prescription drugs are exempted when they (i) are legally prescribed to the Member, (ii) taken in accordance with instructions provided by the Member's healthcare provider, and (iii) do not render the Member physically or mentally impaired.)*
- Profane or disrespectful language including, but not limited to, the use of racial, ethnic, and/or gender related epithets, jokes or slurs;
- Yelling or screaming;
- Demeaning, rude or intimidating behavior including, but not limited to, the use of threatening or offensive gestures and verbal threats;
- Sexual comments or innuendo, or other sexual misconduct;
- Unwanted touching, striking, or pushing others;
- Bullying;
- Racial, ethnic or gender-related discrimination or harassment;
- Outbursts of rage or violent behavior;
- Throwing, hitting or slamming objects;
- Criticizing or demeaning healthcare personnel, in front of patients, patient representatives/guests, or team members;
- Comments that undermine patient trust in a UC San Diego Health care provider or UC San Diego Health;
- Repeated failure to timely complete medical documentation;
- Inappropriate use of or documentation in patient medical records;
- Unethical or dishonest behavior;

- Refusal or unwillingness to work collaboratively with others/other services;
- Failure to respond or delayed response to telephone calls and pages;
- Failure to respond to reasonable requests by any team member, patient or patient representative;
- Disrespectful interactions with patients, visitors, trainees, or team members;
- Sending or using emails to harass, make threats, are offensive or disruptive in nature;
- Threats against another UC San Diego Health team member;
- Retaliation against a person who has filed a complaint against others;
- Repeated failure to remain current with UC San Diego Health communications including but not limited to emails, required trainings, etc.; or,
- Non-compliance with directives of the MSEC or Medical Staff leadership.

Undesired Behavior may also be defined as conduct that violates the Bylaws, and any policies and procedures at UC San Diego Health, including, but not limited to the UCSDH Medical Center Code of Conduct and the UCSD Medical Staff Code of Conduct. Undesired Behavior may also include any behavior or conduct identified in the UCSDH Disruptive Physician Policy (MCP 216.6).

V. Scope of Activities and Responsibilities of the MSPC

1) Recommend desired professionalism values and behaviors to the MSEC and identify methods for educating Medical Staff Members to achieve such values and behaviors.

2) Develop policies, procedures, and processes for the evaluation, review, and management of professionalism incidents.

3) Oversee the Vanderbilt Center for Patient and Professional Advocacy's Patient Advocacy Reporting System ("PARS") and the Colleague Observation Reporting System ("CORS") programs (Refer to existing Policy).

4) Identify opportunities for the Medical Staff, MSEC, and COS to improve professionalism and professional fulfillment at UC San Diego Health, which may include education, training, feedback, and/or identifying operational issues.

5) Receive complaints of unprofessional or Undesired Behavior exhibited by Members of the Medical Staff. The procedure for evaluation, review, and management of Medical Staff Member behavior is provided in Appendix A.

VI. Data Tracking and Reporting

1) The MSPC will maintain a record of any complaint it reviews. The record will identify the complaint, its source, how it was addressed (e.g. Level of Intervention) and whether any other recommended actions were taken (e.g. referral to another committee and/or the MSEC). The MSPC will also keep a record of any complaint it directs to another committee or group. As a peer review body of the Medical Staff, records of the MSPC are subject to protections afforded under California Evidence Code, Section 1157.

2) If the complaint is not within the purview of the MSPC, the MSPC will keep a record of where it directed the complaint and any follow up regarding the complaint.

3) Minutes will be kept of all MSPC meetings.

4) Documentation regarding any Level II or Level III Intervention, as defined in this Policy, must be placed in the Member's Medical Staff Credentials file with a copy to the Member. This shall include any correspondence between the MSPC and the Member, and any information regarding the intervention and copies of any behavior agreements, if applicable.

5) Upon request by the Medical Staff Credentials Committee, information will be provided regarding any intervention by the MSPC with a Member of the Medical staff. The MSPC can also, at its discretion, provide information to the Credentials Committee regarding a Member.

6) PARS/CORS or other professionalism programs employed by UC San Diego Health will also be periodically reviewed by the MSPC, at the discretion of the Committee, and a record will be kept of any such review.

7) The MSPC is a subcommittee of the MSEC and shall report to the MSEC as needed, but in no event less than annually.

VII. Intervention/Enforcement

Reports and/or complaints regarding Undesired Behavior involving Members of the Medical Staff will be received and reviewed by the MSPC. Following its review, the MSPC will categorize the incident as a Level I, II or III, as defined below.

a. **Level I**: A Level I intervention may be appropriate for a single episode or repeated mild episodes of Undesired Behavior. Collegial counseling is generally recommended for Level

I. Persons potentially involved in collegial counseling intervention may include the MSPC or its delegate, the COS or delegate, and/or the Member's Department/Division leadership. If patient care is impacted and/or the Member does not cooperate with the MSPC, a referral to the MSEC may be indicated for peer review and potential corrective action.

b. **Level II**: A Level II intervention may be appropriate when there are multiple prior incidents or a single egregious incident that, in if the opinion of the MSPC, involves facts and circumstances of a more serious nature requiring intervention deemed necessary by the MSPC. Level II intervention can include, but is not limited to, a request that the member voluntarily enter into a Professionalism Agreement with the MSPC. If the member rejects the MSPC's request, the MSPC can make a recommendation to the MSEC that the Member be required to enter into a written Professionalism Agreement. Persons involved in a Level II intervention and its enforcement can be the MSPC or its delegate, the COS or delegate, the Member's Department/Division leadership or other Medical Staff Leadership. The MSPC may refer any matter to the MSEC that the MSPC believes requires consideration of any action the MSEC is authorized to take under the Bylaws.

c. **Level III**: When Level II interventions have been unsuccessful or where, in the opinion of the MSPC, the facts and circumstances of a single or multiple egregious incidents present a threat to patient safety, then classification rises to a Level III and a referral shall be made to the MSEC for further action.

The MSPC will strive to document every reported incident as set forth in this Policy. The COS may invite any Member subject to a Level II or Level III intervention to meet with the MSPC. At least three (3) members of the MSPC must be present at such meeting and the meeting will be documented in the Minutes of the Committee. At the MSPC's discretion, the reports, and any recommendations made by the MSPC may be brought to the Member's and/or his/her Department/Division leadership's attention.

At any time, regardless of the Level of Intervention, the MSPC may refer a Member of the Medical Staff to the (i) Physicians' Well-Being Committee for evaluation and/or consultation, (ii) Patient Care Peer Review Committee for peer review; and/or (iii) refer an incident or Member to MSEC for further evaluation.

Any remedial or disciplinary actions recommended by the MSPC will be directed to the MSEC.

VIII. Professionalism Agreements

In the event the MSPC and the Member agree to enter into a Professionalism Agreement, the MSPC shall determine (i) the duration of the Professionalism Agreement; (ii) the consequences of non-compliance; (iii) the terms and frequency of monitoring; and (iv) any enforcement that is necessary to ensure a Member's progress and compliance with the Professionalism

Agreement. MSPC shall meet with the Member and review the proposed Professionalism Agreement. The Member will be afforded the opportunity to respond to the proposed terms of the Professionalism Agreement.

The decision to enter into a Professionalism Agreement is not an adverse action against a Medical Staff Member affecting medical staff membership and/or clinical privileges and therefore does not give rise to due process as outlined in the Fair Hearing section of the Medical Staff Bylaws.

References:

a) TJC
b) AMA Code Conduct
c) UCSDH Medical Center Code of Conduct
d) UCSD Medical Staff Code of Conduct
e) UCSDH Disruptive Physician Policy (MCP 216.6)

Appendix A

UCSDH Procedure for Evaluation, Review and Management of Medical Staff Member Behavior

1) Complaints or concerns regarding Undesired Behavior or unprofessionalism by a Medical Staff Member may be provided directly to the Medical Staff Professionalism Committee or by one or more of the following sources: iReport, WeListen, Regulatory Affairs, Patient Safety, Risk Management, Graduate Medical Education ("GME"), Office of the Prevention of Harassment and Discrimination ("OPHD"), Human Resources, PARS/CORS database, and/or complaints made directly to Medical Staff Leadership, COS, or the CMO.

2) Upon receipt of the complaint of Undesired Behavior by the Chair of the MSPC or his/her designee, an initial assessment will be performed to determine if the complaint is within the purview of the MSPC. If the complaint is not within the purview of the MSPC, the complaint will be documented and forwarded to the appropriate person(s) at UC San Diego to manage. If the complaint is within the purview of the MSPC, the MSPC will review and assess the complaint and determine an appropriate Level of Intervention, as set forth in Section VII. The MSPC, in its discretion, may also forward the complaint to other person(s) at UC San Diego for appropriate action (*i.e.* a GME Program Director, Department Chair, Division Chief, Director of Risk Management, or others).

3) The MSPC will meet regularly to review complaints and determine an appropriate course of action to address the complaints. The MSPC and may request additional information from other Medical Staff committees monitoring physician professional behavior including, but not limited to, Credentials Committee, Physicians' Well-Being Committee, Patient Care Peer Review Committee, and Risk Management. The MSPC may also request additional information as to whether there are current or recent concerns from other person(s) at UC San Diego including, but not limited to, Legal, Human Resources, Patient Experience, Dean School of Medicine, Dean Graduate Medical Education, Vice Chancellor of Health Sciences, OPHD, etc. If appropriate, information may be requested from outside organizations associated with the Medical Staff, including the Medical Board of California, the National Practitioner Data Bank, and the Vanderbilt PARS/CORS programs.

4) If the MSPC determines that further inquiry is needed by another subcommittee of the Medical Staff to address a complaint then it may refer the case for review. Such referrals may include the request for a formal investigation by the MSEC, if warranted.

5) Issues which may have interdisciplinary systems issues which could impact patient safety may be referred to Significant Events Committee or Patient Care Peer Review Committee

for further evaluation. The findings of those groups will be reported back to MSPC and documented.

6) Cases of disruptive behaviors involving nurses, staff, and learners will be referred to their respective department supervisors/directors.

7) If the MSPC determines that the complaint is within the purview of the MSPC, the MSPC will evaluate the complaint and based on the information gathered, assign one of the Levels of Intervention, Level I, II or III and make any recommendations it deems appropriate.