UC San Diego Health

| This policy applies to:<br>UCSD Health | Last Approval Date:<br>4/28/2022 |
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| **Name of Policy: UCSDH Medical Staff Professional Conduct Policy** | **Page 1 of 7** |
| **Policy Number: MSP 014** | |
| **Departments Affected:**<br>All Departments | |

## I. PURPOSE

UC San Diego Health ("UCSDH") is committed to the highest standards of professionalism and safety in patient care among the Practitioners (as defined in the UCSDH Medical Staff Bylaws) who are privileged by the UCSDH Medical Staff. Professionalism is integral to our mission of improving the safety of our patients, and includes promoting respect, integrity, compassion, and accountability. At UCSDH, we strive to create an environment that is supportive of diversity in ideas, perspectives, and experiences. As such, all members of the UCSDH community are expected to model, promote, and advocate for engaging in professional and ethical interactions with colleagues, patients, and the public at all times.

UCSDH requires all Practitioners of its Medical Staff to conduct themselves in a professional and cooperative manner. Maintaining a culture of professionalism through Just Culture principles is a core value for the UCSDH Medical Staff. Disruptive Behavior, as defined in this Policy, interferes with safe clinical practice and undermines appropriate care and treatment for patients.

This Policy describes the expected professional behavior and citizenship of Practitioners of the Medical Staff, provides examples of the different types of behavior that are considered disruptive, and describes the procedure to be followed when Practitioners display Disruptive Behavior at UCSDH. This Policy also identifies how the UCSDH Medical Staff encourages a Culture of Safety through reporting, respect, and promoting safety enhancing behaviors.

## II. POLICY

Disruptive Behavior is prohibited. All Practitioners will conduct themselves at all times in a courteous, professional, respectful, collegial, and cooperative manner to assure a high quality of care to patients while maintaining a safe practice environment. This requirement applies to interactions and communications with or relating to other Practitioners, trainees, nurses, and technical personnel, other caregivers, UCSDH personnel, patients, patients' family members, representatives, and friends, visitors, and others. Disruptive Behavior, as defined in this Policy, will not be tolerated.

At the same time, behaviors that promote a Culture of Safety are encouraged. Practitioners are expected to report concerns, encourage a Just Culture, and work collaboratively with other members of the care team, patients, and others. Practitioners are also expected to behave in a way that promotes a Culture of Safety at UCSDH, and any behavior that jeopardizes that culture will not be tolerated.

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. Additionally, nothing in this policy is intended to limit a Practitioner's right to raise valid patient safety concerns.

Allegations of Disruptive Behavior will either be addressed by the UCSDH Medical Staff Professionalism Committee ("MSPC") or the UCSDH Medical Staff Executive Committee ("MSEC") and/or Chief of Medical Staff depending on the severity of the concern. The

Medical Staff will also involve the Practitioner's Service Chief and/or Division Chief, as appropriate and as set forth in the Bylaws, and the Medical Staff Rules, Policies, and Plan.

## III. DEFINITIONS

"***Disruptive Behavior***" is behavior which poses a real and specific threat to the quality of care afforded to patients at UCSDH. Deviation from professionalism values can result in potentially unsafe or poor-quality care for patients. This includes, but is not limited to, conduct that causes or may lead to an interference with a Practitioner's ability to work with other members of the care team and inappropriate behaviors that undermine patient safety. Disruptive Behavior is significantly, deliberately, or carelessly disruptive. Behavior which is isolated and/or may result from fatigue, burn-out, unusual pressures, crisis, or systems issues may be determined not to be disruptive.

Examples of Disruptive Behavior at UCSDH may include, but are not limited to:

- ***Communication:***
    a. Inappropriate, disrespectful, demeaning, or derogatory communication with other members of the care team, patients, visitors, or others;
    b. Failure to appropriately respond to reasonable requests by any care team member, patient, or patient representative; and/or
    c. Threats against another UCSDH care team member, patient, or patient representative, including threats of retribution, violence, reporting, financial harm, or litigation.
- ***Conduct Related to Patient Care***:
    a. Inappropriate use of, or documentation in, patient health records;
    b. Difficulty with, refusal to, or unwillingness to work collaboratively with other members of the care team and/or other Services;
    c. Failure to appropriately supervise trainees, housestaff, and/or APPs;
    d. Repeated failure to respond or delayed response to communications about patients and/or communications from patients;
    e. Repeated failure to comply with UCSDH Policy related to timely completion of patient health records, including timely signing and/or co-signing of orders;
    f. Repeated failure to appropriately review available patient lab results, imaging, diagnostic tests, copied charts, or other tests/procedures related to patient care;
    g. Unable to be physically and/or mentally capable of delivering competent and safe patient care; and/or

h. Arriving at UCSDH to care for patients and/or caring for patients while in a condition that poses a threat to patients, seriously ill, intoxicated, or under the influence of drugs and/or alcohol.

- ***Conduct Related to a Practitioner's Obligations As The Result of Their Medical Staff Membership and/or Privileges:***

  a. Failing to appropriately identify and/or disclose a Conflict Of Interest as defined in the UCSDH Medical Staff Bylaws ("Bylaws") and/or Medical Staff policies;

  b. Non-compliance with the directives of the MSEC or UCSDH Medical Staff Officers, Committee Chairs, and/or Service Chiefs; and/or

  c. Any conduct that violates the Bylaws, UCSDH Medical Staff Policies, Plans, and Rules, and/or any policies and procedures at UCSDH, including failure to appropriately identify and/or disclose a Conflict Of Interest as defined in the UCSDH Medical Staff Bylaws ("Bylaws") and/or Medical Staff policies.

- ***Conduct That Undermines a Culture of Safety:***

  a. Unethical, dishonest, offensive, demeaning, rude, bullying, intimidating, harassing, or discriminating, behavior or conduct;

  b. Unwanted physical contact or threats of physical contact;

  c. Throwing, hitting, or slamming objects;

  d. Retaliation against a person who raises a concern, or files a complaint or iReport against a Practitioner for Disruptive Behavior, or retaliation as a result of peer review activities;

  e. Undermining a culture of safety as set forth in Section IV; and/or

  f. Engaging in any romantic relationship with members of the care team over whom you have a professional responsibility so as to adversely impact patient care or care team interactions, and/or which undermines a culture of safety.

Constructive feedback given to the appropriate supervisor or leadership through proper channels is encouraged, but inappropriate criticism that is personal in nature, abusive, and/or not intended to promote a better and safer workplace and patient-care environment, is not professional and will be considered Disruptive Behavior.

**"*Expedited Initial Review/Preliminary Investigation*"-** Refers to the process set forth in the UCSDH Medical Staff Fair Hearing Plan ("Fair Hearing Plan"). An Expedited Initial Review can only be initiated by the Chief of Medical Staff or their designee on behalf of the MSEC.

**"*Investigation*"-** Refers to the process formally defined by the Bylaws and commenced by the MSEC to determine the validity, if any, to a concern or complaint raised against a Practitioner. An Investigation is ongoing until either formal action is taken or the Investigation is closed. An Investigation does not include routine or general monitoring, OPPE, being subject to a Professionalism Agreement, or activities of the UCSDH Physician Well-Being Committee. A Practitioner subject to an Investigation must be notified.

"***Professionalism***"- means a commitment to professional competence, which includes promoting respect, integrity, compassion, and accountability in interactions with patients, visitors, and other members of the care team. Professionalism also includes promoting Just Culture principles to ensure a safe clinical practice and appropriate care and treatment for patients.

## IV. PROMOTING A CULTURE OF SAFETY AT UCSDH

Practitioners are expected to follow the safety enhancing behaviors outlined below whenever possible:

a. **Report Concerns:** Consistently report serious or systemic issues which could worsen patient outcomes, reduce the quality of care, or waste resources;

b. **Fight Infection:** Consistently clean their hands before and after patient visits, remind others to do the same if lapses are observed, and respond appropriately if reminded. Practitioners will also obey contact precautions, wear appropriate attire, and use recommended personal protective equipment. Positive reinforcement of safe behaviors is encouraged;

c. **Improve Quality:** Support quality improvement initiatives with participation, including with constructive feedback to enhance projects. This includes participating in, and referring to the UCSDH Medical Staff Patient Care and Peer Review Committee ("PCPRC");

d. **Communicate Clearly:** Use translation services when required for key interactions, including admissions, discharge processes, consents, and code status/goals of care discussions. Involve family members where appropriate. Check comprehension using a "teach back" strategy;

e. **Obtain Appropriate Consents:** Consistently document informed consent with all required elements;

f. **Perform Time Outs:** Conduct time outs immediately prior to procedures with the full participation of all required care team members, including the patient when possible, to actively seek safety threats. Report time outs and consent forms which do not meet this standard;

g. **Solicit Feedback:** Level hierarchies, genuinely ask care team members to provide input and "speak up" for safety, and receive input enthusiastically. Avoid behaviors which would discourage speaking up;

**h.** **Speak Up For Safety:** Raise concerns whenever a real, perceived, or potential threat to staff or patients is identified; This includes reporting workplace conditions where the environment or staff make speaking up difficult;

**i.** **Support "Just Culture":** Create and/or contribute towards an environment with an equitable, non-punitive, system-oriented response to error. Support affected patients, families, and team members, whether or not error was involved;

**j.** **Participate in Group Safety Meetings:** When indicated, participate in daily huddles focused on patient safety checklists. Also, lead or contribute to team debriefs after major critical or emergent events; and

**k.** **Improve Accuracy of Patient Identification:** When providing care, treatment or services, always use at least two patient identifiers.

## V. OBLIGATION TO REPORT DISRUPTIVE BEHAVIOR

All Practitioners share responsibility for responding to observed or reported behavior or performance that is disruptive and/or undermines the culture of safety at UCSDH. Any Disruptive Behavior should be reported through the iReport system.

## VI. PROCEDURES TO ADDRESS DISRUPTIVE BEHAVIOR

a. **Delegation by Chief of Medical Staff:** The Chief of Medical Staff hereby delegates responsibility for reviewing allegations of Disruptive Behavior to the MSPC.

b. **Referral Of Allegations to MSPC:** Allegations of Disruptive Behavior by a Practitioner shall be referred to the MSPC for prompt review as set forth in the UCSDH Medical Staff Professionalism Committee Policy. In the event the allegations involve the Chair or Vice Chair of the MSPC, the allegation will be reviewed by the Chief of Medical Staff for appropriate handling.

c. **MSPC Action**: Following receipt of the allegation, the MSPC will address the concern pursuant to its process outlined in the Medical Staff Professionalism Committee Policy. As set forth in the Policy, a Practitioner who has no prior concerns about Disruptive Behavior and who has received their first iReport/complaint for a minor incident will be contacted by a member of the MSPC for an informal, non-punitive conversation. In addition to providing feedback, the purpose of the contact is to understand all perspectives of the event and solicit information regarding any systems issues. Major instances of Disruptive Behavior or additional iReports/complaints shall be addressed either by the MSPC or the MSEC and/or Chief of Medical Staff, pursuant to the MSPC Policy. The MSPC will also involve the Practitioner's Service Chief and/or Division Chief, as appropriate and as set forth in the MSPC Policy.

d. **Summary Suspension**: If, following receipt of the allegation, action is necessary because the failure to take action may result in imminent danger to the health or safety of any individual, the Chair of the MSPC shall forward the allegation to the

MSEC, Chief of Medical Staff, Chief Medical Officer, and/or the Service Chief of the Service in which the Practitioner is assigned and/or holds privileges, to determine whether the Practitioner should be summarily suspended pursuant to the Bylaws and Fair Hearing Plan.

## VII. REPORTER PROTECTION

The UCSDH Medical Staff prohibits retaliation against reporters who in good faith report behavior or performance that may reflect Disruptive Behavior and/or undermine a culture of safety. Practitioners who are the subject of a report may not discriminate, threaten, or otherwise harass any individual who has, or who the Practitioner believes may have, submitted a report. Any such retaliatory behavior may result in an Investigation and possible corrective action.

## VIII. AGREEMENT

Practitioners will be required to renew their agreement to abide by this UCSDH Medical Staff Professional Conduct Policy, including promoting a culture of safety at UCSDH, prior to initial appointment and during any subsequent reappointment. A copy of the attestation that is included at appointment and reappointment is attached as **Appendix A**.

## IX. ADDITIONAL POLICIES REGARDING APPROPRIATE CONDUCT

In addition to this Policy, the University has numerous policies which address behavior and professionalism. Practitioners subject to this Policy may also be subject to other UCOP, University, and/or policies at UCSDH related to behavior, conduct, and professionalism.

## X. REFERENCES

a) TJC
b) AMA Code Conduct
c) UCSDHP 216.6, Code of Conduct – Policy on Disruptive Physicians and Staff

**APPENDIX A**

UC San Diego Health

# Medical Staff Professional Conduct Acknowledgement

As a Practitioner of the Medical Staff at UCSDH, I acknowledge and understand that I am expected to abide by MSP 014, the UCSDH Medical Staff Professional Conduct Policy ("Policy"). Pursuant to the Policy, I agree to:

1. Conduct myself at all times in a professional, courteous, respectful, collegial, and cooperative manner to assure a high quality of care to patients while maintaining a safe practice environment. I understand and acknowledge that this requirement applies to interactions and communications with or relating to other Practitioners, trainees, nurses, and members of the care team, UCSDH personnel, patients, visitors, and others.

2. Promote and maintain a Culture of Safety at UCSDH. This includes supporting Just Culture principles and following the safety enhancing behaviors that are outlined in the Policy to ensure a safe clinical practice and appropriate care for patients.

3. Speak up for safety by appropriately reporting behaviors that may undermine a culture of safety and/or are disruptive or unprofessional.

4. Refrain from engaging in Disruptive Behavior, defined as behavior which poses a real and specific threat to the quality of care afforded to patients at UCSDH. Examples of Disruptive Behavior are included in the Policy.

**I have received a copy of MSP 014 and by checking the box below, I agree to abide by the Policy and any requirement contained therein. I also acknowledge and understand that I may be subject to other UCOP, UCSD, and/or UCSDH policies related to behavior, conduct, and professionalism.**

**Additionally, by checking the box below, I understand that as a result of my failure to comply with the Policy, I may be required to engage with the Medical Staff Professionalism Committee (MSPC) and/or subject to corrective action, including but not limited to termination, non-reappointment, and/or suspension of my Medical Staff Membership and/or Privileges.** (include required check box)