

<b>This policy applies to:</b> <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	<b>Last Approval Date:</b> August 2014
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**I. PURPOSE**

The SHC and LPCH Medical Staffs have a statutory responsibility for the quality of care delivered to our patients. The primary responsibility for this resides with the Medical Executive Committees (MECs) of the two institutions. Professional behavior is increasingly recognized as an essential component of high quality medical care. Inappropriate and disruptive behavior, along with less egregious failures to achieve the highest levels of professionalism in interactions with patients, families and co-workers, can have a serious impact on the delivery of optimal medical care. Such behavior violates the precepts of a Fair and Just Culture, has a corrosive and intimidating effect on co-workers, reduces employee satisfaction, and can also seriously impair the communication that is vital to our goal of delivering the highest levels of safety and quality in health care.

The purpose of the CFP is to serve as a focus of expertise and as a resource for monitoring and improving the professional behavior of our Medical Staffs, both individually and collectively. The CFP is established as a joint SHC – LPCH committee to coordinate activities regarding physicians and LIPs who have privileges at both hospitals, and to take advantage of the expertise of both medical staffs. The Committee for Professionalism (CFP) is an ad hoc sub-committee of the Medical Executive Committees

**II. MEMBERSHIP**

The members of the CFP will be appointed by the SHC Chief of Staff and the LPCH President of the Medical Staff. The members will, to the extent practical, reflect the diversity of the Medical Staffs with regard to specialty, mode of practice (community v. full time faculty), gender, ethnicity, etc. The majority of members will be active clinicians who are highly respected by their peers. Membership will also include from SHC: Chief of Staff (COS), Vice Chief of Staff (VCOS), SHC Immediate Past COS, Chief Medical officer, Chief Nursing Officer; From LPCH: President of the Medical Staff (PMS), Vice President of the Medical Staff, Immediate Past President, Vice President for Medical Affairs (VPMA), and Chief Nursing Officers.. All members are voting members.

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### III. SCOPE OF ACTIVITIES & RESPONSIBILITIES

The committee will oversee professionalism problem in the practices of physicians and other Licensed Independent Practitioners (LIPs). The CFP will direct an evaluations of these concerns and a series of graded interventions in attempts to help the physician or LIP to improve. (Appendix B)

- A. Patient Advocacy reporting System (PARS): The CFP will use the patient complaint methodology developed at Vanderbilt University Medical Center, known as the Patient Advocacy Reporting System (PARS®), along with a series of structured interventions developed by PARS (See references).
- B. Incident Reports of Unprofessional Behavior: Any member of the health care team may report incidents of concerning or unprofessional behavior using the incident reporting system available in both hospitals: SHC-SAFE, LPOCH-Quantros. An incident is inappropriate, disruptive, and/or unprofessional behavior in interactions with patients, families and co-workers, that may interfere with the delivery of safe and high quality medical care.
- C. Concerns for other sources: Concerns about professional behavior may be raised by patients and families, or from other sources including but not limited to Risk Management.
- D. Trainees: When a concern involves a resident or fellow, the incident will be sent to the appropriate residency program or fellowship director for evaluation and intervention. The director will be asked to report the results back to the CFP. Intervention and escalation will be overseen by the Graduate Medical Education Committee (GMEC). An incident involving a medical student will be referred to the School of Medicine.

The Procedure for Evaluation, Review and Management of Physician Behavior Incidents is provided in Appendix A.

Timeline: When possible, PARS data should be shared within 2 months of receipt of the reports. Incident reports should be investigated and shared with the physician or LPI within 3 weeks of receipt of the incident when possible.

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**IV. ESCALATION WHEN ISSUES ARISE FROM MULTIPLE SOURCES**

There may be situations when concerns about a physician or LIP arise on more than one front: PARS data, multiple incident reports, quality & safety concerns, Risk Management flags or other information. In such situations it is important that medical staff leaders have a full picture of all that is happening with the physician or LIP in order to respond appropriately. Concerns from multiple sources will generally be addressed at Level II or above. (Appendix B) Alternately, information regarding physician or LIP from any one source may be egregious enough to justify escalation of the intervention directly to Level II or Level III without lower levels of action first. (Appendix B) Under any of these circumstances, all available information from all sources (including PARS data concerning members at level I) should be brought to the attention of those charged with evaluation and management of the reports.

**IV. INFORMATION AVAILABLE TO THE MEDICAL STAFF MEMBER AND OPPORTUNITY TO RESPOND**

Patient complaints concerning a physician or LIP should be sent to the member by the Patient Representation Department (PDR). The member should work with the PDR when responding to a patient who has complained, and usually the responses will come from the PRD. PARS reports include redacted copies of the actual complaints received from patients or families and a bulleting list of the specific issues contained in the reports. Behavior incident reports (with names of reporters and other health care team members redacted) should also be provided and the physician or LIP should have an opportunity to submit a written response.

**VI. SYSTEM ISSUES**

While systems challenges can never excuse disruptive behavior, it is important to continually strive to create a culture and an environment which do not unduly strain individual members’ capacities for professionalism.

When individual cases reveal systems issues which may have contributed to inappropriate behavior, these issues will be identified and referred to the process owner, the quality department of either or both institutions, and/or the appropriate medical staff committee.

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## **VII. DATA TRACKING AND REPORTING**

- A. The CFP will periodically review PARS and behavior incident summary data. The CFP may revise the categorization of a behavior incident and/or recommend additional actions. Trends can be noted and expanded monitoring or interventions can be instituted as indicated.
- B. Information regarding incident reports will be maintained in a data base that supports tracking and trending. While SHC & LPCH may maintain separate data bases of this information, the two medical staffs will share this information periodically to identify physicians or LIPs that may be a concern at both institutions.
- C. A summary of information regarding physicians or LIPs who have been escalated to Level II or Level III will be placed in the individual's credential file.
- D. Trends and de-identified examples from the database may be used to design general professionalism education for the medical staff, training of leaders, clinical team development, or clinical process changes that foster collegial, professional interactions among the care team.
- E. The CFP as an ad hoc subcommittee of the Medical Executive Committee, will report to the Medical Executive Committee of both hospitals periodically.

## **VIII. CONFIDENTIALITY**

All information received by the CFP shall be considered confidential. The degree of confidentiality will be determined by the SHC COS or LPCH VPMA and must vary somewhat depending on the type of information and the procedures undertaken to respond to the information.

- A. Level 1: PARS – messenger, chairs of CFP and medical staff leadership;  
Behavior incident – local medical director, chair of CFP, CFP members and medical staff leadership

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B. Level 2: (PARS and/or behavior) – Chairs of CFP, members of the CFP, medical staff leadership and anyone who has information or whose involvement is needed to fully assess the issues and design interventions.

C. Level 3: (PARS and/or behavior) – MEC Members, medical staff leadership, and anyone who has information or whose involvement is needed to fully assess the issues and design interventions.

Under an agreement with the School of Medicine, summary information about Level 2 and Level 3 physicians will be sent to the Senior Associate Dean for Academic Affairs, or designee.

**VIII. ENFORCEMENT**

When the physician or LIP does not agree to the recommendations of the CFP, the case will be referred to the Medical Executive Committee of the respective hospital or both hospitals depending on the specifics of the concerns and recommendations.

Any remedial or disciplinary actions imposed against the will of the Medical Staff member must ultimately be decided on by the Medical Executive Committee and the member will have recourse to the fair hearing process described in the Medical Staff Bylaws.

**IX. ROLE OF THE WELLBEING COMMITTEE**

The Wellbeing Committee functions as a resource, and in many cases an advocate, for physician and LIPs who are attempting to cope with challenges posed by a variety of impairments, including mental illness, substance abuse, or personality and behavior issues. The WBC may also serve as a monitoring body.

The Wellbeing Committee (WBC) is not a disciplinary body, but involvement of the WBC does not immunize members from disciplinary consequences of any subsequent misbehavior.

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**X. RELATED DOCUMENTS**

- *Development of an Early Identification and Response Model of Malpractice Prevention*, published in Law and Contemporary Problems, Vol. 60, No. 1, Winter 1997.
- Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Acad Med.* 2007 Nov;82(11):1040-8.
- Hickson GB, Federspiel CF, Pichert JW, Miller CS, Gauld-Jaeger J, Bost P. Patient complaints and malpractice risk. *JAMA.* 2002 Jun 12;287(22):2951-7.
- SHC Medical Staff Bylaws, 6.1. Basis of Review
- SHC Medical Staff Bylaws, 12.3 Special Committees
- LPCH Medical Staff Bylaws
- LPCH Professional Behavior Policy
- SHC Medical Staff Code of Professional Behavior Policy

**XI. DOCUMENT INFORMATION**

- A. Legal Authority/References
- B. Author/Original Date  
Debra Green/January 2010
- C. Gatekeeper of Original Document  
Administrative Manual Coordinators and Editors
- D. Distribution and Training Requirements
  - 1. This policy resides in the Administrative Manual of Stanford Hospital and Clinics and of LPCH
  - 2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.
- E. Review and Renewal Requirements  
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- F. Review and Revision History  
Committee for Professionalism, July 16, 2014
- G. Approvals

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SHC Medical Executive Committee February 2010, 8/14  
LPCH Medical Executive Committee 8/14  
SHC Board. 8/14  
LPCH Board, 8/14

*LAST ON DOCUMENT:*

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**APPENDIX A:**

**SHC/LPCH Procedure for Evaluation, Review and Management of Physician Behavioral Incidents**

1. Evaluation/Investigation
  - a) Performed by Medical Staff leaders or designee
  - b) Gather information about the incident in a discreet, non-judgmental manner, offering confidentiality if requested to extent consistent with policy
    - i) Interview involved physician
    - ii) Interview individuals who witnessed event, including if the individual who submitted the report when needed.
  - c) Prepare summary of event and interviews
    - i) Report findings to CFP
    - ii) If event meets criteria for behavioral incident, enter in Confidential Behavioral Incident Database (managed by Medical Staff Professional Practice Evaluation coordinators)
2. Determine level of intervention if evaluation verifies physician behavioral incident
  - a) See Appendix B for levels of intervention
  - b) In case of particularly severe or egregious incident, leadership of the Medical Staff, CFP Chairs, may initiate action in accordance with SHS or LPCH Medical Staff Bylaws without proceeding through progressive steps.



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**Appendix B: Description of Levels of Intervention and Escalation for Management of Physician Behavioral Incidents**

Level of Intervention	Type of Event	Intervention	Referrals	Documentation	Notification of incident and intervention	Escalation to next level
Level 1 "Awareness Intervention"	Initial occurrence of validated unprofessional behavioral incident	Collegial discussion between Medical Staff leader and physician	Optional Help Center or similar resources at physician's discretion	Brief summary in Confidential Behavioral Incident Database, anonymized report to CFP	CFP Chairs, Medical Staff leadership, Service chief	Two or more additional complaints within 2 year period following intervention, or since first report
	PARS Score	Collegial discussion between PARS trained physician messenger and physician	Optional Help Center or similar resources at physician's discretion	Brief summary in Confidential Behavioral Incident Database, anonymized report to CFP	CFP Chairs, Medical Staff leadership, Service chief	Lack of significant decrease in PARS score for a period long enough to constitute lack of improvement by PARS criteria

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Level of Intervention	Type of Event	Intervention	Referrals	Documentation	Notification of incident and intervention	Escalation to next level
Level 2 "Authority Intervention"	Repeated validated unprofessional behavioral incidents or escalation from level 1	1) Meeting between the physician and at least 2 of the following: Medical Staff Leaders, CFP Chairs, service chief and/or meeting with the CFP; and/or other actions as needed. 2) Progress report at CFP every 6 months or more frequently as needed	Optional or required depending on issues: - Counseling/coaching referral  -Course in risk management -Course in improving communication skills -Assignment of mentor or coach - Other measures, as deemed appropriate -Referral to Wellbeing	Summary of intervention and recommendations, performance improvement plan in Confidential Behavioral Incident Database, and Credential File	CFP Chairs, Medical Staff leadership, Service chief, Medical Staff credentials file. Option provided to physician to place written response to incident and report in Medical Staff credentials file	Two or more additional inappropriate behavioral incidents or one disruptive behavioral incident within a 2 year period following intervention, or since first report

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Level of Intervention	Type of Event	Intervention	Referrals	Documentation	Notification of incident and intervention	Escalation to next level
			Committee			
	PARS escalation from level 1	As above	As above	As above	As above	Lack of significant decrease in PARS Score for long enough to constitute improvement by PARS criteria
Level 3 "Disciplinary Intervention"	Escalation from Level 2: Two or more additional unprofessional behavioral incidents or one especially egregious incident within a 2 year period	Formal referral to LPCH and/or SHC Medical Executive Committee (MEC) for consideration of action.	Dependent on outcome of MEC determination	Summary of intervention and recommendations, MEC determination in Confidential Behavioral Incident Database, OPPE report, and other documentation as required by Medical Staff	CFP Chairs, Medical Staff leadership, Service chief and/or Chair of Department, MEC members, others as required in Bylaws depending on	Continued incidents will be referred to MEC for additional consideration of action

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Level of Intervention	Type of Event	Intervention	Referrals	Documentation	Notification of incident and intervention	Escalation to next level
	following intervention or since 1 <sup>st</sup> report			Bylaws	action taken	
	Initial occurrence of validated egregious behavioral incident					
	PARS escalation from Level 2	As above	As above	As above	As above	As above