I. PURPOSE

The purpose of the Committee for Professionalism (CFP) is to serve as a focus of expertise and as a resource for monitoring and improving the professional behavior of our Medical Staff, both individually and collectively.

Background

The Stanford Health Care (SHC) Medical Staff has a statutory responsibility for the quality of care delivered to our patients, and professional behavior is an essential component of high-quality medical care. Disrespectful, inappropriate and/or disruptive behavior, and other 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.

II. MEMBERSHIP

The membership of the CFP is defined in the Medical Staff Bylaws and will, to the extent practical, reflect the diversity of the Medical Staff regarding specialty, mode of practice (community v. faculty), gender, ethnicity, age, etc. The majority of members will be active clinicians who are highly respected by their peers.

III. SCOPE OF ACTIVITIES & RESPONSIBILITIES

The CFP oversees professionalism problems in the practices of SHC Licensed Independent Practitioners (LIPs) and Advanced Practice Professionals (APPs). The CFP directs evaluations of these problems and series of graded interventions in attempts to help LIPs and APPs improve. (Appendix A)

A. Patient Advocacy Reporting System (PARS®): As participants in the Vanderbilt Patient Advocacy Reporting System (PARS®) the CFP uses the patient complaint methodology developed at Vanderbilt University Medical Center to identify providers who have received excessive numbers

of patient complaints and applies 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 BIOS (Behavioral Impact Observation System) incident reporting system. In this context, an incident is defined as disrespectful, 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 is sent to the appropriate residency program or fellowship director for evaluation and intervention. The director is asked to report the results back to the CFP. Intervention and escalation are overseen by the Graduate Medical Education Committee. An incident involving a medical student is referred to the School of Medicine.

E. In cases of particularly egregious incidents or mandated referrals, leadership of the Medical Staff and the CFP Chair may initiate action in accordance with the SHC Medical Staff Bylaws without proceeding through progressive steps.

F. Licensed Independent Practitioners (LIPs): Licensed independent practitioners include physicians, as well as dentists, clinical psychologists and podiatrists who provide medical care to patients in accordance with state licensure laws without supervision by a physician.

G. Advanced Practice Providers (APPs): Advanced practice providers include but are not limited to physician's assistants, CRNAs, nurse midwives, nurse practitioners, clinical nurse specialists and first assistant RNs. APP's can provide care and services under the supervision of a LIP.

Timeline: When possible, PARS data should be shared with the LIP/APP and the appropriate leadership within 2 months of receipt of the reports. Incident reports should be investigated and shared with the LIP/APP within 3 weeks of receipt of the incident when possible.

IV. ESCALATION WHEN ISSUES ARISE FROM MULTIPLE SOURCES

There may be situations when concerns about an LIP/APP are persistent despite initial interventions or 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 LIP/APP in order to respond appropriately. Persistent concerns and concerns from multiple sources are generally addressed at Level 2 or above. (Appendix A) Alternately, information regarding a LIP/APP from any one source or incident may be egregious enough to justify escalation of the intervention directly to Level 2 or Level 3 without lower levels of action first. (Appendix A) 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.

V. INFORMATION AVAILABLE TO THE LIP/APP AND OPPORTUNITY TO RESPOND

Patient complaints concerning a LIP/APP should be sent to the LIP/APP by the Patient Relations Department within Guest Services. The LIP/APP should work with Patient Relations when responding to a patient who has complained, and usually the responses will come from Patient Relations. 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. Behavioral incident reports (with names of reporters and other health care team members redacted) should also be provided and the LIP/APP should have an opportunity to submit a written response.

VI. SYSTEMS ISSUES

Although systems challenges can never excuse unprofessional behavior, it is important to continually strive to create a culture and an environment that do not unduly strain LIPs/APP's capacities for professionalism.

When individual case reviews reveal systems issues that may have contributed to unprofessional behavior, these issues should be identified and referred to the process owner, the quality department, and/or the appropriate medical staff committee. When such issues are identified, it is strongly encouraged that a SAFE (Stanford Activity for Events) report should be filed to allow for documentation and tracking of the issue.

VII. DATA TRACKING AND REPORTING

A. The CFP periodically reviews PARS® and behavioral incident reporting summary data. The CFP may revise the categorization of a behavioral 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 is maintained in a data base that supports tracking and trending. Although SHC & Lucile Packard Children's Hospital maintain separate data bases of this information, the two medical staffs share this information periodically and as needed to identify LIPs/APPs who may be a concern at both institutions.

C. A summary of information regarding a LIP/APP who has been escalated to Level 2 or Level 3 is placed in the individual's credential file.

D. A list of LIP/APPs who have been escalated to Level 2 or Level 3 is periodically be sent to the School of Medicine under the Agreement Regarding Sharing of Practitioner Information. More detailed information about an individual may be shared as requested or as needed to address the concerns.

E. Persistent behavior at Level 2 may be shared with the Credentials and Privileges Committee for consideration during appointment and reappointment.

F. 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.

G. The CFP is a committee of the Medical Staff and reports to the Medical Executive Committee periodically.

VIII. CONFIDENTIALITY

All information received by the CFP is considered confidential. The degree of confidentiality is determined by the SHC Chief of Staff and must vary somewhat depending on the type of information received and the procedures undertaken to respond to the information. Information is shared with the minimum necessary number of people, as below: (See also Appendix for additional clarification.)

A. Level 1: PARS® intervention – Information is shared with the PARS-trained messenger, the chair of CFP and medical staff leadership; the names of LIP/APPs, but not the details of the PARS® report, are shared with the chief of service of the LIP/APP.

B. Level 1: Behavioral incident intervention – Information is shared with the local medical director, chair of CFP, CFP members and medical staff leadership.

C. Level 2: (PARS® and/or behavior) – Information is shared with the chair of CFP, members of the CFP, medical staff leadership and anyone whose involvement is needed to fully assess the issues and design interventions.

D. Level 3: (PARS® and/or behavior) – Information is shared with the MEC Members, medical staff leadership, and anyone 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 LIP/APPs are sent to the Senior Associate Dean for Academic Affairs, or designee.

IX. ENFORCEMENT

When the LIP/APP does not agree to the recommendations of the CFP, the case is referred to the Medical Executive Committee.

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

X. ROLE OF THE WELLBEING COMMITTEE

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

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

XI. RELATED DOCUMENTS

A. **Development of an Early Identification and Response Model of Malpractice Prevention, published in Law and Contemporary Problems, Vol. 60, No. 1, Winter 1997.**

B. 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.

C. 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.

D. SHC Medical Staff Bylaws

E. SHC Medical Staff Code of Professional Behavior Policy

XII. 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 Health Care
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
1. 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
1. Committee for Professionalism, July 16, 2014
2. Joseph R Hopkins, Office of Chief Medical Officer; Ann Weinacker, MD, Professor of Medicine, Senior Vice Chair of Medicine for Clinical Affairs, Associate Chief Medical Officer, Patient Care Services, Chief Physician Executive, The Risk Authority at Stanford Medicine, August/2020

G. Approvals
1. SHC Medical Executive Committee February 2010, 8/14, 07/22
2. LPCH Medical Executive Committee 8/14
3. SHC Board. 8/14, 7/22
4. LPCH Board, 8/14

LAST ON DOCUMENT:

This document is intended for use by staff of Stanford Health Care..
No representations or warranties are made for outside use.
Not for outside reproduction or publication without permission.

Appendix A: Description of Levels of Intervention and Escalation for Management of LIP/APP 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 LIP/APP	Optional Help Center or similar resources at LIP/APP'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 LIP/APP messenger and LIP/APP	Optional Help Center or similar resources at LIP/APP'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

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 LIP/APP 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 Committee	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 LIP/APP 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
	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 of Intervention	Type of Event	Intervention	Referrals	Documentation	Notification of incident and intervention	Escalation to next level
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 following intervention or since 1st report	Formal referral to 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 Bylaws	CFP Chairs, Medical Staff leadership, Service chief and/or Chair of Department, MEC members, others as required in Bylaws depending on action taken	Continued incidents will be referred to MEC for additional consideration of action
	Initial occurrence of validated egregious behavioral incident					
	PARS escalation from Level 2	As above	As above	As above	As above	As above