

**GOTTLIEB MEMORIAL  
HOSPITAL**

**MEDICAL STAFF  
PROFESSIONALISM POLICY**

*Approved by the Medical Executive Committee – April 15, 2015  
Approved by the Board – June 26, 2015*

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# GOTTLIEB MEMORIAL HOSPITAL

## MEDICAL STAFF PROFESSIONALISM POLICY

### 1. POLICY STATEMENT

1.A ***Scope of Policy.*** This policy applies to all Practitioners who provide patient care services at Gottlieb Memorial Hospital (the “Hospital”). For purposes of this Policy, a “Practitioner” is defined as a Medical Staff member or an Allied Health Professional who has been granted clinical privileges to practice within the Hospital.

Issues of employee conduct will be addressed in accordance with the Hospital’s Human Resources Policies. If the matter involves an employed Practitioner, Hospital leaders, in consultation with appropriate Medical Staff leaders and legal counsel, will determine which policies apply.

All efforts undertaken pursuant to this Policy are part of the Hospital’s performance improvement and professional practice evaluation/peer review activities.

A flow chart depicting the review process for concerns regarding professional conduct pursuant to this Policy is attached as **Appendix A**.

1.B ***Expectations for Professional Conduct/Culture of Safety.*** Communication, collegiality, and collaboration are essential for the provision of safe and competent patient care. As such, all Practitioners must treat others with respect, courtesy, and dignity, and conduct themselves in a professional and cooperative manner.

In dealing with incidents of inappropriate conduct, the following are paramount concerns:

- (1) the protection of patients, employees, Practitioners, and others, as well as the orderly operation of the Medical Staff and Hospital;
- (2) as noted below, assisting Practitioners in resolving conduct issues in a constructive, educational, and successful manner; and
- (3) complying with the law and providing an environment free from sexual harassment.

1.C ***Policy Objectives.*** This Policy outlines progressive steps, beginning with collegial and educational efforts, which can be used by Medical Staff and Hospital leaders to address conduct that does not meet expected standards. The goal of these efforts is to arrive at voluntary, responsive actions by the Practitioner to resolve the concerns that have been raised in a constructive manner, and thus avoid the necessity of proceeding through the disciplinary process outlined in the Medical Staff Credentials Policy.

2. **EXAMPLES OF INAPPROPRIATE CONDUCT.** To aid in both the education of Practitioners and the enforcement of this Policy, examples of “inappropriate conduct” include, but are not limited to:

- threatening or abusive language directed at patients, nurses, other Hospital personnel, or Practitioners (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies stupidity or incompetence);
- degrading or demeaning comments regarding patients, families, nurses, Practitioners, Hospital personnel, or the Hospital;
- refusal or failure to answer questions, return phone calls or pages, condescending language or voice intonation, impatience with questions;
- profanity or similarly offensive language while speaking with patients, nurses, or other Hospital personnel;
- retaliating against any individual who may report a quality and/or behavior concern about a Practitioner (this includes approaching and directly discussing the matter with the individual who reported the concern);
- inappropriate physical contact with another individual that is threatening or intimidating;
- derogatory comments to a patient or their family about the quality of care being provided by the Hospital, another Practitioner, or any other individual outside of appropriate Medical Staff and/or Hospital administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by the Hospital, Practitioners, or any other individual, or criticizing the Hospital or the Hospital’s policies or processes, or accreditation and regulatory requirements;
- imposing idiosyncratic requirements on Hospital staff that have no impact on improved patient care, but serve only to burden the Hospital or Hospital employees with “special” techniques and procedures;

- inappropriate access, use, disclosure, or release of confidential patient information;
- audio or video recording that is not consented to by others present, including patients and other members of the care team;
- refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, Rules and Regulations, or other Medical Staff policies (including, but not limited to, emergency call issues, response times, medical recordkeeping, other patient care responsibilities, and an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and Hospital employees); and/or
- “sexual harassment,” which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or who witness it, and would be considered harassing from the objective standpoint of a “reasonable person.” Examples include, but are not limited to, the following:
  - (a) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and/or suggestive or insulting sounds which make others uncomfortable;
  - (b) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and/or obscene gestures;
  - (c) Physical: unwanted physical contact, including touching, interference with an individual’s normal work movement, and/or assault; and
  - (d) Other: making or threatening retaliation as a result of an individual’s complaint regarding harassing conduct.

### 3. GENERAL GUIDELINES/PRINCIPLES

**JUST CULTURE: Gottlieb Memorial Hospital operates under a Just Culture Philosophy where we learn from undesirable outcomes and identify how the errors and behavioral choices that we make can impact our patients, one another and the organization. The philosophy focuses on finding opportunities to reduce risk in our actions, environment, policies, procedures and systems.**

3.A *Immediate Referrals to Medical Executive Committee.* This Policy outlines collegial and progressive steps (e.g., counseling, warnings, meetings, and behavior modification education) that can be taken to address concerns about inappropriate conduct by Practitioners. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may be of such concern that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the MEC or the elimination of any particular step in the Policy.

3.B *No Legal Counsel or Recordings During Collegial Meetings.* In order to

promote the collegial and educational objectives of this Policy, all discussions and meetings with a Practitioner whose conduct is at issue shall involve only the Practitioner and the appropriate Medical Staff and Hospital leaders (unless the Medical Staff or Hospital leaders determine otherwise in a particular situation). No counsel representing the Practitioner or the Medical Staff or the Hospital shall attend any of these meetings, and no recording (audio or video) shall be permitted or made.

- 3.C ***Education Regarding Appropriate Professional Behavior.*** Medical Staff and Hospital leaders shall educate all Practitioners regarding appropriate professional behavior, make employees and other personnel aware of this Policy, and shall encourage the prompt reporting of inappropriate conduct.

#### 4. **REPORTING OF INAPPROPRIATE CONDUCT**

- 4.A ***Reports of Inappropriate Conduct.*** Any Hospital employee or Practitioner who observes, or is subjected to, inappropriate conduct by a Practitioner shall report the incident in a timely manner by submitting a completed Professional Conduct Reporting Form to the Hospital PPE Support Staff (see **Appendix B**).

- 4.B ***Follow-up to Reports of Inappropriate Conduct.***

- (1) ***Follow-up with Individual Who Filed Report.*** The PPE Support Staff and/or the Chief Medical Officer (or their designees) shall follow up with the individual who made the initial report by:
- (a) thanking him/her for reporting the matter and participating in the Hospital's culture of safety and quality care;
  - (b) informing him/her that the matter will be reviewed in accordance with this Policy and that the Leadership Council may need further information from him/her;
  - (c) informing him/her that no retaliation is permitted against any individual who raises a concern and to report any retaliation or any other incidents of inappropriate conduct; and
  - (d) informing him/her that, due to Illinois legal confidentiality requirements, no further information can be provided regarding the outcome of the review.

A letter that can be used for this purpose is attached as **Appendix C**. As an alternative to sending a letter, the content of the letter may be used as talking points to discuss verbally with the individual who reported a concern regarding conduct.

- (2) ***Interviews of Witnesses and Others.*** The PPE Support Staff and/or Chief Medical Officer (or their designees) shall interview witnesses or others who were involved in the incident, as necessary in order to fully understand the circumstances.
- 4.C ***Log-in and Summary Report.*** Based on the completed Professional Conduct Reporting Form, discussions with the individual who filed the report, and interviews with witnesses or others involved in the incident (if any), the Chief Medical Officer may determine that:
  - (1) No further review or action is required, in which case the report, follow-up to the reporter, and this determination shall be logged into the confidential peer review data base and the matter shall be closed. Reports of inappropriate conduct that are closed with no further review necessary shall be provided to the Leadership Council; or
  - (2) Further review or action is required, in which case the report, follow-up to the reporter, and this determination shall be logged into the confidential peer review data base. A summary report of the matter shall be prepared for review by the Leadership Council.

## 5. LEADERSHIP COUNCIL PROCEDURE

- 5.A ***Initial Review.*** The Leadership Council (or its designee) shall review the summary and all supporting documentation, including the completed Professional Conduct Reporting Form. If necessary, the Leadership Council may meet with the individual who submitted the report and/or any witnesses to the incident. If it determines that it would be necessary or helpful in addressing the reported concern, the Leadership Council (or its designee) may also consult with or include the appropriate Department Chair or may appoint an ad hoc committee to review the incident and report back to it.
- 5.B ***Obtaining Input from the Practitioner.*** The Leadership Council (or its designee) will notify the Practitioner that a report has been submitted and invite the Practitioner to participate in the review process and provide his/her perspective, prior to the Leadership Council concluding its review.

However, the Leadership Council must also take appropriate steps to maintain the confidentiality of the information, as well as to ensure a professional, non-threatening environment for all who work and practice at the Hospital.

Accordingly, the following procedure will be used in obtaining the Practitioner's input:

- (1) The Practitioner will first be requested to review and sign the "Confidentiality and Non-Retaliation Agreement" that is attached as



**Appendix D.** This Agreement permits the Practitioner to fully participate in the review process, but in a manner that both protects the information under the Illinois peer review statute and fosters the Medical Staff's and the Hospital's culture of safety.

- (2) Once the Agreement has been signed, the Leadership Council (or its designees) will provide the Practitioner with a copy of the report that was submitted and/or a summary of the facts and circumstances.

However, the specific identity of the individual reporting the inappropriate conduct will not be disclosed to the Practitioner as part of these materials, unless the Leadership Council (or its designees) determines that it is appropriate to do so. The Leadership Council shall take into consideration the wishes of the individual to remain anonymous when making this decision. In any case, the Practitioner will be reminded that any retaliation against the person reporting a concern would be a violation of the Agreement that was signed, and would lead to more formal review by the MEC.

- (3) The Practitioner will then be requested to provide a written explanation of what occurred and his/her perspective on the incident. The Practitioner may also meet with the Leadership Council (or its designee) to discuss the circumstances further, if the Leadership Council or the Practitioner believes that would be helpful.
- (4) If the Practitioner refuses to sign the "Confidentiality and Non-Retaliation Agreement," he/she will not be provided any written documentation of the concerns. In this situation, the Practitioner will be requested to provide whatever written statement he/she believes would be helpful in response to the concerns that have been shared verbally with the Practitioner. The Leadership Council will then conduct its review based on its own investigation and the written statement provided by the Practitioner.

5.C ***Leadership Council's Determination and/or Intervention.*** Based on all of the information received, the Leadership Council may:

- (1) determine that no further review or action is required;
- (2) send the Practitioner a letter of guidance or counsel about the conduct;
- (3) engage in face-to-face collegial intervention, education, and coaching efforts with the Practitioner, including, when appropriate, education about administrative channels that are available for registering concerns about quality or services, if the Practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the Practitioner, if appropriate;

- (4) develop a Performance Improvement Plan for Conduct, as described in Section 5.D below; or
- (5) refer the matter to the MEC.

The Leadership Council shall also inform the relevant Department Chair of its determination and intervention.

5.D ***Performance Improvement Plan for Conduct.*** A Performance Improvement Plan for Conduct may include, but is not limited to, one or more of the following actions or requirements, none of which entitles the Practitioner to a hearing or appeal as described in the Medical Staff Credentials Policy, nor are any reports required to be made to the Illinois Department of Financial & Professional Regulation or to the National Practitioner Data Bank, as applicable. (**Appendix E** provides additional guidance regarding these and other Performance Improvement Plan options for conduct and their related implementation issues.)

- (1) ***Meeting with Leadership Council, Medical Executive Committee, or Designated Group.*** The Practitioner may be required to meet with the full Leadership Council, MEC, or a designated subgroup to discuss the concerns with the Practitioner's conduct and the need to modify the conduct. The subgroup may include any combination of current or past Medical Staff Leaders, Hospital leaders, outside consultants, and/or the Board Chairperson or other Board members if the Leadership Council determines that Board member involvement is reasonably likely to impress upon the Practitioner involved the seriousness of the matter and the necessity for the Practitioner's conduct to improve. A letter outlining the discussion and expectations for conduct shall be sent to the Practitioner after the meeting;
- (2) ***Letter of Warning or Reprimand.*** The Leadership Council may send the Practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
- (3) ***Behavior Modification Course.*** The Leadership Council may require the Practitioner to complete a behavior modification course that is acceptable to the Leadership Council; and/or
- (4) ***Personal Code of Conduct.*** The Leadership Council may develop a "personal" code of conduct for the Practitioner, make continued appointment and clinical privileges contingent on the Practitioner's adherence to it, and outline the specific consequences of the Practitioner's failure to abide by it.

5.E ***Practitioner's Refusal to Meet with Leadership Council.*** If the Practitioner fails or refuses to meet with the Leadership Council or other specified individuals

when requested to do so in accordance with this Policy, the Practitioner's clinical privileges may be automatically relinquished until the meeting occurs, pursuant to the provisions outlined in Article 6 of the Credentials Policy of the Medical Staff Bylaws.

- 5.F ***Letters Placed in Practitioner's Confidential File.*** Copies of letters sent to the Practitioner as part of the efforts to address the Practitioner's conduct shall be placed in the Practitioner's confidential file. The Practitioner shall be given an opportunity to respond in writing, and the Practitioner's response shall also be kept in the Practitioner's confidential file.
- 5.G ***Additional Reports of Inappropriate Conduct.*** If additional reports of inappropriate conduct are received concerning a Practitioner, the Leadership Council may continue to use the collegial and progressive steps outlined in Sections 5.C and 5.D as long as it believes that there is a reasonable likelihood that those efforts will resolve the concerns.
- 5.H ***Determination to Address Concerns through Practitioner Health Policy.*** The Leadership Council may determine to address the conduct concerns through the Practitioner Health Policy if it believes that there may be a legitimate, underlying health issue that is causing the concerns, and the review process outlined in the Practitioner Health Policy is more likely to resolve the concerns.

## **6. REFERRAL TO THE MEDICAL EXECUTIVE COMMITTEE**

- 6.A ***Referral to the Medical Executive Committee.*** At any point, the Leadership Council may refer the matter to the MEC for review and action. The MEC shall be fully apprised of the actions taken previously by the Leadership Council to address the concerns. When it makes such a referral, the Leadership Council may also suggest a recommended course of action.
- 6.B ***Medical Executive Committee Review.*** The MEC shall review the matter and take appropriate action in accordance with the Medical Staff Credentials Policy. These actions include all of the Performance Improvement Options set forth in **Appendix E**, as well as short-term suspensions, long-term suspensions, and/or the revocation of appointment and clinical privileges.
- 6.C ***Recommendation That Entitles Practitioner to a Hearing.*** If the MEC makes a recommendation that entitles the Practitioner to request a hearing under the Medical Staff Credentials Policy, the individual shall be provided with copies of all relevant reports so that he or she can prepare for the hearing, subject to a written agreement by the Practitioner and his/her counsel, if any, that all documents and information shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing.

- 7. **REVIEW OF REPORTS OF SEXUAL HARASSMENT.** All reports of sexual harassment will be reviewed by the Leadership Council in the same manner as set forth

above. However, because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires the following actions:

7.A ***Personal Meeting and Letter of Admonition and Warning.*** Two or more members of the Leadership Council shall personally meet with the Practitioner to discuss the incident. If the Practitioner acknowledges the seriousness of the matter and agrees that there will be no repeat of such conduct, the meeting shall be followed with a formal letter of admonition and warning to be placed in the Practitioner's confidential file. This letter shall also set forth any additional actions or conditions imposed on the Practitioner's continued practice in the Hospital as a result of the meeting.

7.B ***Referral to Medical Executive Committee.*** The matter shall be immediately referred to the MEC if:

- (1) the Practitioner refuses to acknowledge the concern, does not recognize the seriousness of it, or will not agree that there will be no repeat of such conduct, or
- (2) there are confirmed reports of retaliation or further incidents of sexual harassment, after the Practitioner agreed there would be no further improper conduct.

The MEC shall conduct its review in accordance with the Medical Staff Credentials Policy. Such referral shall not preclude other action under applicable Human Resources policies.

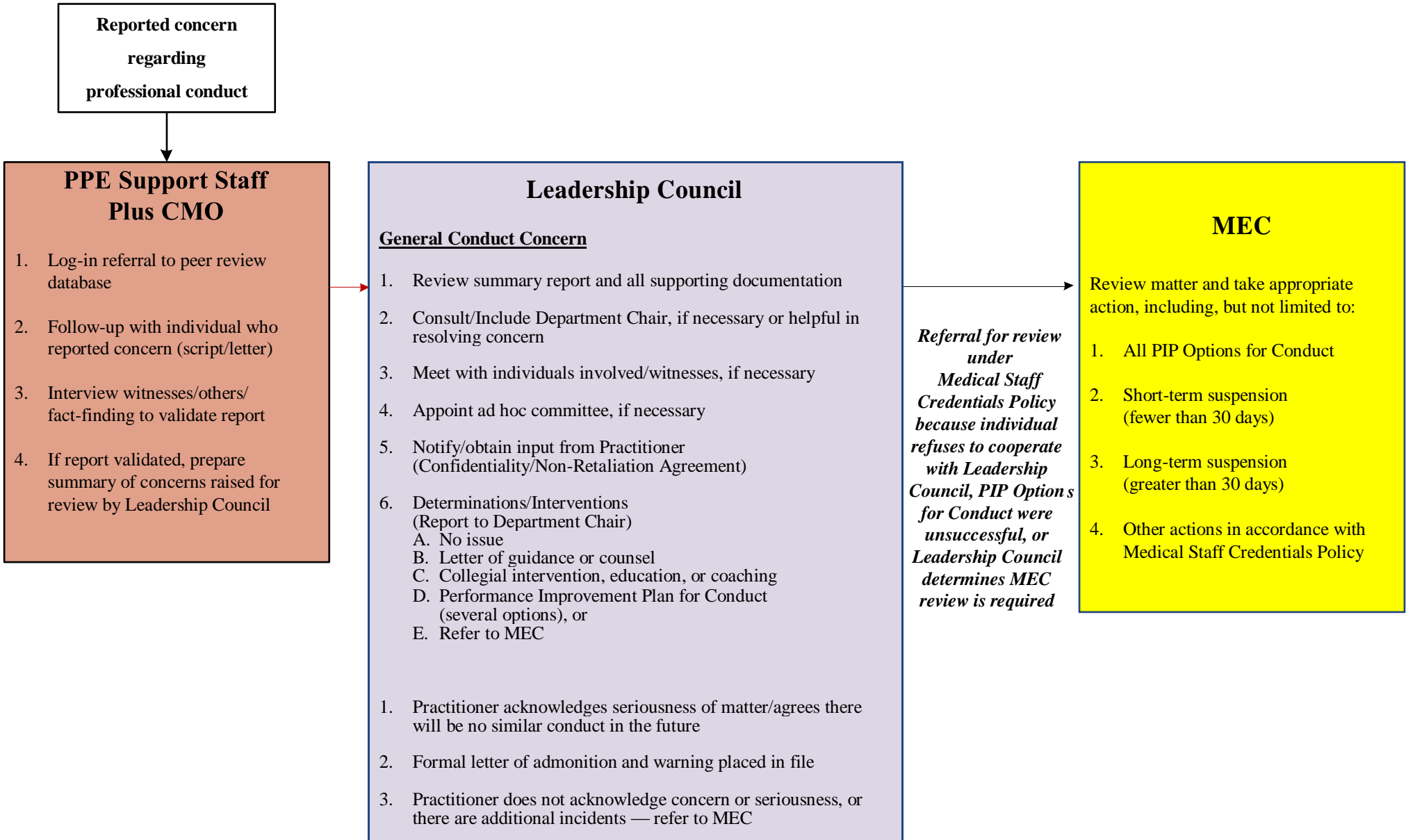
Adopted by the Medical Executive Committee on April 15, 2015.

Approved by the Board on June 26, 2015.

# GOTTLIEB MEMORIAL HOSPITAL

## Appendix A

### Review of Concerns Regarding Professional Conduct



**APPENDIX B**

**PROFESSIONAL CONDUCT REPORTING FORM**

*For Use by Employees and Practitioners*

**Instructions:** Please use this form to report all incidents of inappropriate conduct and unprofessional behavior. Attach additional sheets if necessary. Please provide the following information as *specifically* and as *objectively* as possible and submit the completed form to the Hospital PPE Support Staff.

<b>DATE, TIME, AND LOCATION OF INCIDENT</b>			
Date of incident:	Time of incident:	a.m.	
		p.m.	
Location of incident:			
Range of dates if your concerns are not limited to one particular event: ____/____/20____ to ____/____/20____			
<b>PRACTITIONER INFORMATION</b>			
Name of Practitioner exhibiting inappropriate conduct: _____			
<b>PATIENT INFORMATION</b>			
Was a patient involved in the event?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Medical Record # _____
Patient's Last Name: _____	Patient's First Name: _____		
<b>DESCRIPTION OF INCIDENT</b>			
Describe what happened as <i>specifically</i> and <i>objectively</i> as possible: _____ _____			
<b>OTHER INDIVIDUALS INVOLVED/WITNESSES</b>			
Name(s) of other practitioner(s) and/or Hospital employee(s) who witnessed this event: _____ _____			
Name(s) of any other person(s) who witnessed this event (e.g., visitors; family members): _____ _____			

**EFFECT OF CONDUCT**

How do you think this behavior affected patient care, Hospital operations, your work, or your team members' work?

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**RESPONSE TO CONDUCT**

Yes	No
-----	----

Are you aware of any attempts that were made to address this behavior with the Practitioner when it occurred?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please explain and indicate by whom:

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**CONTACT INFORMATION**

Your name:

Department:

Phone #:

Date this form completed:

E-mail address:

## APPENDIX C

### LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS AN INCIDENT OF INAPPROPRIATE CONDUCT\*

Dear \_\_\_\_\_:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at our Hospital.

Your concerns will be reviewed in accordance with the Medical Staff Professionalism Policy, and we may need to contact you for additional information. Because your report may involve confidential matters under Illinois law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

As part of our culture of safety and quality care, no retaliation is permitted against any individual who reports a concern. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to me.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at \_\_\_\_\_.

Sincerely,

PPE Support Staff and/or Chief Medical Officer

*\* As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a concern regarding conduct.*



## APPENDIX D

### CONFIDENTIALITY AND NON-RETALIATION AGREEMENT

Concerns have been raised about my professional conduct at Gottlieb Memorial Hospital (the "Hospital"). As part of the review process, the Leadership Council would like me to be fully aware of the concerns, as well as have the ability to provide my perspective and any response that I believe may be necessary or appropriate.

However, the Leadership Council also wants to take appropriate steps to maintain the confidentiality of the information under Illinois law, as well as to ensure a professional, non-threatening environment for all who work and practice at the Hospital. Accordingly, I agree to the following:

1. I will maintain all the information that I review in a *strictly confidential* manner. Specifically, I will not disclose or discuss this information *except* to the following individuals: (i) the Leadership Council (or its designees), or (ii) any legal counsel who may be advising me. I will not share or discuss this information with any other individual(s) without first obtaining the express written permission of the Hospital.
2. I understand that this information is being provided to me as part of the Medical Staff's policy of attempting to utilize collegial intervention and progressive steps, where possible, to address any questions or concerns that may arise with my practice. In addition to discussing these matters directly with the Leadership Council (or its designees), I understand that I may also prepare a written response and that this response will be maintained in my file.
3. I understand that the Hospital and Medical Staff have a responsibility to provide a safe, non-threatening workplace for my physician colleagues and for Hospital employees. I therefore agree that *I will not directly discuss this matter with any individual who may have expressed concerns about me or otherwise provided information in this matter, nor will I engage in any other retaliatory or abusive conduct with respect to these individuals.* This means that I will not directly approach, confront, ostracize, discriminate against, or otherwise mistreat any such individual with respect to any information that the individual may have provided.
4. I understand that any retaliation by me, as described in the previous paragraph, is a very serious matter and cannot be tolerated. Any such conduct by me will be grounds for immediate referral to the Medical Executive Committee for its review and disciplinary action pursuant to the Medical Staff Credentials Policy.

By signing this Agreement, I understand that I am *not waiving* any of the rights or privileges afforded to me under the Medical Staff Bylaws and related documents nor any federal or state laws.

I also understand that I am fully permitted to raise any question or concern that I may have regarding the care being provided by a nurse or other Hospital employee, another physician, or the Hospital itself. **However, I understand that I must use the established and confidential Medical Staff and administrative channels in order to register any such concerns.** These mechanisms are part of the Hospital's ongoing performance improvement and peer review activities, and permit the appropriate Medical Staff or Hospital leadership to fully review and assess the matter and take action to address the issue, as may be necessary.

\_\_\_\_\_

\_\_\_\_\_

Date

*[Include the following signature line only if an appropriate Medical Staff Leader(s) personally reviews the content of this Agreement with the individual]*

**Approved by:**

\_\_\_\_\_

\_\_\_\_\_

*Appropriate Medical Staff Leader*

Date

**APPENDIX E**

**PERFORMANCE IMPROVEMENT PLAN OPTIONS FOR CONDUCT**

*(May Be Used Individually or in Combination)*

**IMPLEMENTATION ISSUES CHECKLIST**

*(For use by the applicable Leadership Council  
and Medical Executive Committee)*

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<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p style="text-align: center;"><b>Meeting with Leadership Council, Medical Executive Committee, or Designated Group</b></p>	<p><b>Who Should Meet with Practitioner?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Entire Leadership Council</li> <li><input type="checkbox"/> MEC</li> <li><input type="checkbox"/> Other designated ad hoc group (may include Board Chairperson or other Board members), including: _____</li> </ul> <p><input type="checkbox"/> May physician bring a colleague (<u>not</u> legal counsel) to the meeting?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is pre-meeting to plan intervention necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, where and when: _____</p> <hr/> <p><b>Scheduling Meeting with Practitioner</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of meeting: _____</li> <li><input type="checkbox"/> Time of meeting: _____</li> <li><input type="checkbox"/> Location of meeting: _____</li> </ul> <p><b>Notice of Meeting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notice of meeting sent by: <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> Physician notified that this is a peer review meeting with colleagues, therefore <ul style="list-style-type: none"> <li><input type="checkbox"/> No attorneys allowed at the meeting</li> <li><input type="checkbox"/> No audio or video recording of meeting</li> </ul> </li> <li><input type="checkbox"/> Does notice state that failure to appear results in automatic relinquishment of clinical privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Method of Delivery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand-delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If not already provided, will documentation/substance of reports regarding inappropriate conduct be shared before or during meeting?  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li><input type="checkbox"/> If yes, has physician signed an agreement to maintain the confidentiality of the information and not to retaliate against any individual who may have reported?  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Follow-Up</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <li><input type="checkbox"/> Through standard reported concerns process</li> <li><input type="checkbox"/> More focused (e.g., interviews with Hospital personnel or Medical Staff Leaders at regular intervals):</li> </ul> </li> </ul>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Letters of Warning or Reprimand</i></b></p>	<p><b><i>Drafting/Contents of Letter</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Who will draft the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li>   <li><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file</li>   <li><input type="checkbox"/> Copy included in Practitioner's credentials/quality file</li> </ul> <p><b><i>Review/Signature</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Who must review and approve the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Full Leadership Council</li> <li><input type="checkbox"/> MEC</li> <li><input type="checkbox"/> Individuals: _____</li> </ul> </li>   <li><input type="checkbox"/> Who signs/sends the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> <p><b><i>Method of Delivery</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand-delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b><i>Follow-Up</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <li><input type="checkbox"/> Through standard reported concerns process</li> <li><input type="checkbox"/> More focused (e.g., interviews with Hospital personnel or Medical Staff Leaders at regular intervals): _____</li> </ul> </li> </ul>

**PIP OPTION**

**IMPLEMENTATION ISSUES**

***Behavior  
Modification  
Course***

***Scope of Requirement***

- Acceptable programs include:

\_\_\_\_\_

\_\_\_\_\_

- Leadership Council or MEC approval required before Practitioner enrolls:

- Program approved: \_\_\_\_\_

- Date of approval: \_\_\_\_\_

- Who pays for the behavior modification course?

- Practitioner subject to PIP

- Medical Staff

- Hospital

- Combination

\_\_\_\_\_

- Time Frame

- Practitioner must enroll by: \_\_\_\_\_  
Date

- Program must be completed by: \_\_\_\_\_  
Date

***Practitioner's Responsibilities***

- Sign release allowing Leadership Council or MEC to provide information to the behavior modification course (if necessary) and course to provide report to Leadership Council or MEC
- \_\_\_\_\_
- \_\_\_\_\_

- Physician must submit

- Documentation of successful completion signed by course director

- Other: \_\_\_\_\_

\_\_\_\_\_

***Follow-Up***

- Monitor for additional incidents

- Through standard reported concerns process

- More focused (e.g., interviews with Hospital personnel or Medical Staff Leaders at regular intervals): \_\_\_\_\_

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p align="center"><b>Personal Code of Conduct</b></p> <p align="center"><b>(Conditional Continued Appointment/ Conditional Reappointment)</b></p>	<p><b>Drafting/Contents of Personal Code of Conduct</b></p> <p><input type="checkbox"/> Who will draft the Personal Code of Conduct?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of personal code of conduct included in Practitioner's credentials/ quality file.</p> <p><input type="checkbox"/> Is physician required to agree in writing to abide by the personal code of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, written agreement to abide by personal code of conduct received on:</p> <p align="right">_____</p> <p align="right">Date</p> <p><input type="checkbox"/> Does the personal code of conduct describe the following consequences of a confirmed violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Consequence of first violation (e.g., final warning):</b> _____</p> <p>_____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____</p> <p align="right">Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____</p> <p align="right">Date</p> <p><input type="checkbox"/> Violation confirmed on: _____</p> <p align="right">Date</p> <p><b>Consequence of second violation (e.g., short-term suspension):</b></p> <p>_____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____</p> <p align="right">Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____</p> <p align="right">Date</p> <p><input type="checkbox"/> Violation confirmed on: _____</p> <p align="right">Date</p>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b>Personal Code of Conduct</b></p> <p><b>(Conditional Continued Appointment/ Conditional Reappointment)</b></p> <p><b>(cont'd)</b></p>	<p><b>Consequence of third violation (e.g., recommendation for disciplinary action, perhaps limited hearing):</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____ Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____ Date</p> <p><input type="checkbox"/> Violation confirmed on: _____ Date</p> <p><b>Review/Signature</b></p> <p><input type="checkbox"/> Who must review and approve the letter outlining the personal code of conduct?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Full Leadership Council</li> <li><input type="checkbox"/> MEC</li> <li><input type="checkbox"/> Other Individuals: _____</li> </ul> <p><input type="checkbox"/> Who signs/sends the letter outlining the personal code of conduct?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Method of Delivery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand-delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Follow-Up</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <li><input type="checkbox"/> Through standard reported concerns process</li> <li><input type="checkbox"/> More focused (e.g., interviews with Hospital personnel or Medical Staff Leaders at regular intervals): _____</li> </ul> </li> </ul>



<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p style="text-align: center;"><b>Short-Term Suspension That Does Not Trigger a Hearing or Reporting</b></p> <p style="text-align: center;"><b>(for use by Medical Executive Committee only)</b></p>	<p><b>Date/Duration of Suspension</b></p> <p><input type="checkbox"/> Suspension begins on: _____ Date</p> <p><input type="checkbox"/> Suspension ends on: _____ Date</p> <p><b>Patient Care Arrangements</b></p> <p><input type="checkbox"/> If suspension begins immediately, what arrangements are made for patients currently admitted? _____</p> <p><input type="checkbox"/> What arrangements are made for on-call responsibilities? _____</p> <p><b>Drafting/Contents of Notice of Suspension</b></p> <p><input type="checkbox"/> Who will draft the notice of suspension?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of notice included in Practitioner's credentials/quality file.</p> <p><b>Review/Signature</b></p> <p><input type="checkbox"/> Who must review and approve the notice of suspension?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> MEC</li> <li><input type="checkbox"/> Other Individuals: _____</li> </ul> <p><input type="checkbox"/> Notice of suspension signed by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> President of the Medical Staff</li> <li><input type="checkbox"/> Chief Medical Officer</li> <li><input type="checkbox"/> Chief Quality Officer</li> <li><input type="checkbox"/> Hospital CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Method of Delivery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand-delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p data-bbox="188 306 472 485"><b><i>Short-Term Suspension That Does Not Trigger a Hearing or Reporting</i></b></p> <p data-bbox="277 527 383 558"><b><i>(cont'd)</i></b></p>	<p data-bbox="545 306 667 333"><b><i>Follow-Up</i></b></p> <ul style="list-style-type: none"> <li data-bbox="545 338 935 365">☐ Monitor for additional incidents <ul style="list-style-type: none"> <li data-bbox="594 369 1110 396">☐ Through standard reported concerns process</li> <li data-bbox="594 401 1406 457">☐ More focused (e.g., interviews with Hospital personnel or Medical Staff Leaders at regular intervals): _____</li> </ul> </li> </ul>

