



Date: January 5, 2009

To: Hospital CEOs/ Administrators
Hospital Chiefs of Medical Staff
Hospital Chief Medical Officers
Hospital Legal Counsel
Other Interested Parties

From: Tom Curry, CEO, Washington State Medical Association
Leo Greenawalt, President & CEO, Washington State Hospital Association
Mick Oreskovich, MD, Medical Director and CEO, Washington Physicians Health Program

Re: **Joint Commission Code of Conduct and WPHP's Role in Disruptive Physician Behavior**

Effective January 1, 2009, the Joint Commission will require accredited organizations to comply with a new leadership standard (LD.03.01.01)¹ that addresses disruptive and inappropriate behaviors in two of its elements of performance.

EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

Physician disruptive behavior creates unique challenges not only for hospital administrators and staff, but also the physician-led medical staff. After all, physicians are the principle decision-makers about patient care. Physicians also are frequently important revenue generators for the hospital, have significant stature in the hierarchy of hospital personnel, and carry great weight as leaders in the hospital and community.

Fortunately for the physicians and hospitals in this state, the Washington Physicians Health Program (WPHP) has a program to assist in dealing with these situations which often involve multiple layers of complexity. The WPHP, which is best known for its work on substance abuse issues, also has a service for assisting physicians who may be

¹ The Joint Commission issued a Sentinel Event Alert on July 9, 2008 (Issue 40) addressing behaviors that undermine a culture of safety and outlining suggested organizational actions.

acting out in a disruptive manner as a result of a chemical or mental difficulty. This service, which has a proven track record of success, is not appropriate for all behavioral issues. For example, is the behavior truly disruptive in a way that impacts patient care and/or clinical practices? Or is it just unpleasant/unproductive behavior that needs forewarning? With the increased focus on disruptive behaviors, WPHP has seen a dramatic and troubling rise in its referrals.

In order to help hospitals and medical staffs better understand and become better users of this service, WSHA and WSMA recommend you review WPHP's policy and procedure steps at www.wsha.org/files/83/WPHP_DisruptiveBehaviorPolicy.pdf. Below are some general recommendations for using WPHP for disruptive physician services.

Recommendations: How to best utilize *and not over-utilize* WPHP Disruptive Physician Services:

- If you are faced with disruptive behavior on the part of a physician, the attached chart outlines the steps you should take before contacting WPHP. As indicated in the chart a critical part of the process begins "in house" in a non-confrontational manner.
- WPHP's experience tells it that hospitals and medical staffs that take this approach have a significantly higher rate of success at resolving disruptive behavior internally, thereby avoiding an unnecessary referral to the WPHP.
- The process steps outlined in the attachment are much fairer to physicians than simply approaching physicians in a way that may appear to come "out of the blue" with a mandate to either contact WPHP or have their privileges restricted.

This more formal process will also help WPHP, should it need to get involved, handle the issue professionally and promptly.