

TORRANCE MEMORIAL MEDICAL CENTER

Department: **Medical Staff**
Policy / Procedure: **Professional Relations Committee**

Dates Approved: Professional Relations Committee: 5/13/2014
Medical Executive Committee: 9/14/2010; 11/9/2010,
7/8/2014, 10/10/2017
General Medical Staff: 11/11/2017
Board of Trustees: 9/30/2010; 11/30/2010
7/30/3014, 12/13/2017

PURPOSE: The Professional Relations Committee is established to review and evaluate patients, patients' family members, hospital staff and Medical Staff members concerns regarding behavioral issues involving Licensed Independent Practitioners at Torrance Memorial Medical Center.

MEMBERSHIP: Chief of Staff, Assistant Chief of Staff, Secretary/Treasurer, Past Chief of Staff and the Clinical Department Chiefs. The Chief Medical Officer, the Chief Nursing Officer, the Medical Director of Quality, and the Administrator of Medical Staff Services/Performance Improvement will also be invited to attend.

CHAIR: The Chair will be the Assistant Chief of Staff

RESPONSIBILITY: It is the responsibility of the Professional Relations Committee to assure that the behaviors of the Licensed Independent Practitioners at Torrance Memorial promote a culture of safety and quality throughout the organization. Disruptive or inappropriate behaviors that will be forwarded for evaluation include:

- Use of profanity and vulgar expressions or gestures
- Disrespectful language that impugns an individual's race, creed, color, national origin, religious, or political beliefs
- Intimidating behaviors such as slamming or throwing of objects, verbal abuse (yelling, shouting, etc.), physical aggressiveness, and sexual harassment
- Lack of timely and appropriate response to requests and concerns
- Retaliation against anyone who has reported or assisted in investigating allegations of disruptive or inappropriate behavior
- Criticism of an individual in front of patients or healthcare professionals that adheres to behavior defined above

PROCEDURE: Issues/concerns may be communicated in writing or directly to the Vice President, Director or Manager of Medical Staff Services/PI for investigation and evaluation. Medical Staff Services will obtain as much information as possible regarding the complaint of disruptive conduct or unacceptable harassment in a timely manner. The complaint, and any additional information, may be shared with the clinical department chief and the Chief of Staff and will be forwarded to the Professional Relations Committee. The Committee will determine follow-up action as necessary and described as follows:

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PROCEDURE (continued):

- Speak with member, with no response required
- Speak with member, with response required
- Contact member in writing with no response required
- Contact member in writing with response required
- Refer to Department for Peer Review
- Refer to Department or Committee for discussion
- Refer to Dept. Chair/designee for action and follow up
- Refer to Practitioner Well Being Committee
- Member to meet with Professional Relation's Committee*
- Monitor for trends/patterns
- Operational Issue – No Medical Staff action required
- Written apology to the complainant or aggrieved party
- Refer or Suggest use of the Physician Support Program
- Other

* Failure to attend this meeting may result in immediate disciplinary action as determined by the Chief of Staff.

If a complaint is filed against a member of the Professional Relations Committee, that member will be requested to exit the meeting during the discussion of the complaint in question.

A quarterly summary of the Professional Relations committee cases reviewed will be presented to the Medical Executive Committee.

The Professional Relations Committee actions are considered peer review activities and, as such, are protected under 1157 Evidence Code of the State of California. All peer review information is a part of the reappointment packet which is reviewed by the department chief or subcommittee chairman at the time of reappointment.

The original document shall be stored in the member's Performance Improvement File with the member's Credential File.

IMMEDIATE HARM: In the circumstance that a Licensed Independent Practitioner's behavior requires immediate action to prevent potential harm to patients, staff, or other persons in the hospital, the Chief of Staff, or his designee will be notified to take immediate action as appropriate.

RETALIATION: Torrance Memorial and the Medical Staff expressly prohibit any retaliation against any employees who make complaints or who provide information about behaviors to the Medical Staff.

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ANTI-BULLYING: Torrance Memorial Medical Center and the Medical Staff consider workplace bullying unacceptable and will not tolerate it under any circumstances. It is the policy of Torrance Memorial that all employees and license independent practitioners should be able to work in an environment free of bullying.

Work place bullying may cause the loss of trained and talented individuals, reduce productivity and morale, create legal risks and negatively impact the public's confidence in the Medical Center.

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Medical Staff Professional Relations Committee

FOLLOW UP WORKSHEET

TO BE COMPLETED AFTER REVIEW BY PROFESSIONAL RELATIONS COMMITTEE

COMMITTEE DECISION: Date of Meeting: _____

- ___ Speak with Member – No Response required
- ___ Speak with Member – Response required
- ___ Contact Member in Writing –No response required
- ___ Contact Member in Writing – Response required
- ___ Refer to Department for Peer Review _____
- ___ Refer to Department/Committee for discussion
- ___ Refer to Dept Chair/Designee for action and follow up
- ___ Refer to PWB Committee
- ___ MD to meet with Professional Relations Committee
- ___ Monitor for trends and patterns
- ___ Written apology to the complainant or aggrieved party
- ___ Operational issue – No Medical Staff action required
- ___ Other (see comments below)

COMMENTS: _____

