APPENDIX B

BOARD RESOLUTION REGARDING CONDUCT WITHIN THE HOSPITAL

It is the policy of this hospital that all individuals within its facilities be treated courteously, respectfully, and with dignity. To that end, the hospital requires all individuals, employees, physicians, and other independent practitioners to conduct themselves in a professional and cooperative manner in the hospital. If an employee fails to conduct him or herself in the required manner, the matter shall be addressed in accordance with hospital employment policies. If a practitioner appointed to the Medical Staff or Allied Health Staff fails to conduct him or herself appropriately, the matter shall be addressed in accordance with the following policy.

1. Documentation of disruptive conduct is critical since it is ordinarily not one incident that justifies action, but rather a pattern of conduct. That documentation shall include:
   a) the date and time of the questionable behavior;
   b) if the behavior affected or involved a patient in any way, the name of the patient;
   c) the circumstances which precipitated the situation;
   d) a description of the questionable behavior limited to factual, objective language as much as possible;
   e) the consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations; and
   f) record of any action taken to remedy the situation including date, time, place, action, and name(s) of those intervening.

2. The report shall be submitted to the President of the Medical Staff, or designee, and the Chief Executive Officer, or designee.

3. If a single incident warrants a discussion with the physician, the appropriate Department Chairman, President of the Medical Staff, or the Physician in Chief shall initiate the discussion and emphasize that such conduct is inappropriate.

4. If it appears to the President of the Medical Staff, Department Chairman, and/or Physician in Chief, that a pattern of disruptive behavior is developing, the matter shall informally be discussed with the physician. Other physician leaders may be requested to participate if their presence is thought to be beneficial to resolution of the issue.
   a) The initial approach should be collegial and designed to be helpful to the physician.
   b) Emphasize that if the behavior continues, more formal action will be taken to stop it.
   c) All meetings shall be documented.
   d) A follow-up note to the physician shall state that the physician is required to behave professionally and cooperatively.

5. If such behavior continues, the President of the Medical Staff may discuss the matter with the Medical Executive Committee. The chairman or someone acting on the chairman's behalf may meet with and advise the physician that such conduct is intolerable and must stop. It shall be followed with a letter reiterating the conditions applicable to continued appointment. That letter becomes a part of the physician's permanent file.

6. A single additional incident shall result in initiation of formal disciplinary action pursuant to the Medical Staff Bylaws. Suspension may be appropriate pending this process. The Medical Executive Committee shall be fully apprised of the previous warnings issued to the physician so it is willing to take whatever action is necessary to terminate the unacceptable conduct.

7. The Medical Executive Committee may, at any point in the investigation or hearing process, refer the matter to the Board without a recommendation. Any further action, including any hearing or appeal, shall then be conducted under the direction of the Board.

Recommended by the Medical Executive Committee: _____ _____
President of the Medical Staff Date

Approved by the Board of Directors: _____ _____
Chief Executive Officer or Board Secretary Date

3/00; 4/04