

PROVIDER BEHAVIOR MANAGEMENT PROCESS

[To be initiated in the event of a Major Finding in the Behavior Event Evaluation Pathway:](#)

Nature of Concern/Complaint Raised: Does it involve alleged provider impairment?

YES: Contact CMO and HR -- Do Not Follow Steps on Process Map.¹

NO: Follow Other Steps as Appropriate.

Nature of Concern/Complaint Raised: Does it involve a matter of: (1) repeat issue/conduct; (2) egregious behavior; or (3) any area of identified legal risk – discrimination, harassment, retaliation?

YES: Follow Steps 1-4 below in progressive order, as appropriate. If at any time you desire to skip or repeat a progressive step, contact CMO and Director of HR to discuss.

NO: Proceed to Preliminary Step “Collegial Conversation”.

PRELIMINARY STEP – COLLEGIAL CONVERSATION: Matter is referred to and handled by appropriate Specialty Medical Director. Fact-finding as deemed appropriate under the circumstances. If provider does not admit behavior, investigation should at minimum include interview of complainant, provider and relevant witnesses if there is a discrepancy on underlying facts. Director of HR can always participate or be used as a resource.

Was Conduct Substantiated?

YES: Action Step for Employed and Independent Provider: Collegial conversation with provider to take place as to expectations and values. Offer of provider support and guidance as deemed appropriate (i.e. coach, peer system). **Documentation: For Employed Provider:** Letter to provider documenting collegial conversation including expectations for behavior, and offers of support as applicable. Copy of this letter, along with any fact-finding notes and documents, to be sent to HR file and Provider Management Committee file; copy of letter only (no notes, etc.) to be sent to Medical Staff credentialing/peer review file. **For Independent Provider:** Letter to provider documenting conversation including expectations for behavior and offers of support. Copy of this letter, along with any fact-finding notes and documents, to be sent to Provider Management Committee file; copy of letter only to be sent to Medical Staff peer review file.

NO: – Document that no finding of alleged behavior was found/substantiated. **Documentation: For Employed Provider:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter, along with any notes of conversation/investigation, to be sent to HR file and Provider Management Committee file; copy of letter only to be sent to Medical Staff peer review file. **For Independent Provider:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter, along with any notes of conversation/investigation, to be sent to Provider Management Committee file; copy of letter only to be sent to Medical Staff peer review file.

¹ Appropriate processes for potential disability management need to be followed – FMLA, ADA processes – including on employment side and medical staff side.

PROGRESSIVE STEPS 1- 4: FOR REPEAT CONDUCT ISSUES, EGREGIOUS CONDUCT OR ISSUES OF LEGAL CONCERN²

STEP 1: This Step generally to be used for any concern/complaint that involves: (1) first repeat issue; (2) egregious behavior/ or (3) any area of identified legal risk – discrimination, harassment, retaliation etc.

Report and Handling for Both Employed and Independent Providers: Referral to Provider Management Committee, fact-finding to be handled by at least one Committee member (i.e. Senior Medical Director) along with Director of HR to ensure that the complainant, all relevant witnesses, and provider are interviewed, that all relevant questions are asked of each person interviewed, and that all relevant documents (including e-mails, text messages, IMs, notes of conversations, etc.) are collected. HR to take detailed notes of all witness interviews and to collect relevant documents.

Was Conduct Substantiated?

YES: Action Step for both Employed and Independent Providers: Letter of verbal warning (or letter of guidance for Independent Providers). **Support to Be Offered:** Peer Support Member, Coach, Appropriate Course/Class/Seminar, MPHP assistance, EAP, other support mechanisms as deemed appropriate. **Documentation: For Employed Provider:** Copies of documented verbal warning and all fact-finding notes and documents to be placed in HR file and Provider Management Committee file; copy of documented verbal warning (or letter of guidance) only to be placed in Medical Staff peer review file. **For Independent Provider:** Copy of documented verbal warning (or letter of guidance) along with all fact-finding notes and documents to be placed in Provider Management Committee file; copy of document verbal warning letter only to be placed in peer review file.

NO: Document that no finding of alleged behavior was found/substantiated. **Documentation: For Employed Provider:** Letter to provider documenting findings and thanking him/her for cooperation. Copies of letter along with all fact-finding notes and documents to be placed into HR file and Provider Management Committee file; copy of letter only to be placed in Medical Staff peer review file. **For Independent Provider:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter along with all fact-finding notes and documents to be placed in Provider Management Committee file; copy of letter only to be placed in Medical Staff peer review file.

STEP 2: This Step generally to be used after a documented verbal warning (or letter of guidance on med staff side) is already in Provider's file (employment and med staff files). **Report and Handling for both Employed and Independent Providers:** Referral and Handling to Provider Management Committee with investigation to be handled by at least one Committee member (i.e. Senior Medical Director) with HR to ensure that the complainant, all relevant witnesses, and provider are interviewed, that all relevant questions are asked of each person interviewed, and that all relevant documentation is collected (including e-mails, text messages IMs, notes of conversations etc.). HR to take detailed notes of all witness interviews and collect relevant documents. **Additional Steps for both Employed and Independent Providers:** Matter also referred to Medical Staff, with a "request for review and action" to the MEC. Request for review and action accompanied by notice that matter is under investigation by the

² If at any time there is desire or intention to "skip" or to "repeat" a progressive discipline step for an employed provider, the CMO and HR must first be consulted. Examples would be if you wish to skip a verbal warning and move directly to a written warning, or if you want to issue a second written warning (therefore "repeating" a step) because of time lapse between incidents, and/or if you want to move to immediate final warning or termination and skip all other steps because of particularly egregious behavior

Provider Management Committee. Within request for investigation to the Medical Staff, reference should be made to prior history involving Preliminary Step and Step 1 (directing MEC to the peer review file, or incorporating peer review prior letters). Medical Staff review and action to proceed as applicable/appropriate in accordance with By-Laws.

Further Steps for Employed Provider: Was Conduct Substantiated?

YES: “HR” Discipline To Be Issued: Written warning (detailing the allegations, findings, expectations for ongoing behavior and next steps for discipline if expectations not fulfilled. Warning should also reference all prior instances, and all support that has been/is being offered to provider). **Support to Be Offered:** Peer Support Member, Coach, Appropriate Course/Class/Seminar, MPHP assistance, EAP, other support mechanisms as deemed appropriate. **Documentation:** Copy of written warning and all investigation notes and documents to be placed in HR file and Provider Management Committee file; copy of written warning only to Medical Staff peer review file.

NO: Document that no finding of alleged behavior was found/substantiated. Support to provider may still be offered, if and as appropriate and desired. **Documentation:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter along with all investigation notes and documents to be placed in HR file and Provider Management Committee file; copy of letter only to be placed in Medical Staff peer review file.

STEP 3: This Step generally to be used after follow-through with STEP 2 as appropriate for employed and independent providers. **Report and Handling: Employed and Independent Providers:** Referral and Handling to Provider Management Committee with investigation to be handled by at least one Committee member (i.e. Senior Medical Director) along with HR to ensure that the complainant, all relevant witnesses, and provider are interviewed, that all relevant questions are asked of each person interviewed, and that all relevant documents are collected (including e-mails, text messages, IMs, notes of conversations etc.). HR to keep detailed notes of all interviews and to collect relevant documents. **Additional Steps for Independent Provider & Employed Provider:** Matter also referred to Medical Staff, with a “request for review and action” to the appropriate person or committee (i.e. MEC). Request for review and action accompanied by notice that matter is under investigation by the Provider Management Committee. Within request for investigation to the Medical Staff, reference should be made to prior history involving Preliminary Step and Steps 1 & 2 (directing MEC to the peer review file, or incorporating peer review prior letters). Medical Staff review and action to proceed as applicable/appropriate in accordance with By-Laws.

Further Steps for Employed Provider: Was Conduct Substantiated?

YES: “HR” Discipline To Be Issued: Discussion of career path – Final warning v. Alternative Transition of Employment. If final warning is provided, must be in writing (detailing the allegations, findings, expectations for ongoing behavior and next steps if expectations not fulfilled). Final warning should also reference all prior instances, and all support that has been/is being offered to provider). **Support to Be Offered:** Peer Support Member, Coach, Appropriate Course/Class/Seminar, MPHP assistance, EAP, PRC or similar programs in or out of state, or other support mechanisms as identified. **Documentation/Filing:** Copy of final warning and all investigation notes and documents to be placed in HR file and Provider Management Committee file; copy of final warning only to Medical Staff peer review file.

NO: Document that no finding of alleged behavior was found/substantiated. Support to provider may still be offered, if and as appropriate and desired. **Documentation:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter along with investigation notes and documents to be sent to HR file and Provider Management Committee file; copy of letter only to Medical Staff peer review file.

STEP 4 – FINAL STEP. This Step to be used after follow-through with STEP 3 as appropriate for employed and independent providers. **Report and Handling for both Employed and Independent Providers:** Referral and Handling to Provider Management Committee with investigation to be handled by at least one Committee member (i.e. [Senior Medical Director](#)) with HR to ensure that the complainant, all relevant witnesses, and provider are interviewed and that all relevant questions are asked of each person interviewed- HR to keep detailed notes of all interviews and to collect relevant documents. **Additional Steps for Independent Provider & Employed Provider:** Matter also referred to Medical Staff, with a “request for review and action” to the appropriate person or committee (i.e. MEC). Request for review and action accompanied by notice that matter is under investigation by the Provider Management Committee. Within request for investigation to the Medical Staff, reference should be made to prior history involving Preliminary Step and Steps 1, 2 & 3 (directing MEC to the peer review file, or incorporating peer review prior letters). Medical Staff review and action to proceed as applicable/appropriate in accordance with By-Laws

Further Steps for Employed Provider: **Was Conduct Substantiated?**

YES: HR Discipline to be Issued: (1) Separation of employment, with appropriate citations to Employment Agreement. The separation of employment should be captured in an appropriately worded letter which references prior conduct and efforts made to assist Provider. Separation letter with investigation notes and documents to be placed in HR file and Provider Management Committee file; copy of separation letter only to be placed in Medical Staff file with appropriate notifications to Medical Staff that provider’s employment is being separate.

NO: Document that no finding of alleged behavior was found/substantiated. Support to provider may still be offered, if and as appropriate and desired. **Documentation:** Letter to provider documenting findings and thanking him/her for cooperation. Copy of letter, along with any investigation notes and documents, to be sent to HR file and Provider Management Committee file; copy of letter only to Medical Staff peer review file.