	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

**1.0 PURPOSE**


In order to ensure and to foster a culture of safety and a positive and safe working environment, this policy sets forth a process for voicing and resolving complaints made by Entity employees or Professional Appointees alleging Disruptive Behavior or Harassment involving members of the Entity’s Professional Appointees. (Complaints by a Professional Appointee against an Entity employee are handled in accordance with INTEGRIS’ Dispute Resolution policy, MET-HR-160.)

**2.0 POLICY**

- 2.1 INTEGRIS is committed to providing an environment that reflects the values and vision of the organization. To maintain this environment it is imperative that everyone treat each other with dignity and respect. All employees, contractors, business partners, medical professionals, and others are expected to honor and abide by these behaviors when interacting with each other, when providing services, and when conducting business with or on behalf of INTEGRIS.
- 2.2 INTEGRIS encourages the voluntary resolution of conflicts between employees and Professional Appointees.
- 2.3 It is recognized and acknowledged that health care delivery is complex and often stressful and emotional. Therefore, in evaluating the nature and severity of any complaint brought pursuant to this policy, issues of quality and performance will be considered. However, some behavior is always inappropriate in a patient care setting and can impact the provision of quality patient care and the efficient operation of the Entity.
- 2.4 The Professional Conduct Committee, as hereinafter defined, may at any time refer matters to an Ad Hoc or Medical Staff Aid Committee in accordance with the Medical Staff Bylaws governing the Professional Appointees at the Entity in question for other action as appropriate under the Medical Staff Bylaws. Complaints regarding quality patient care are not covered by this policy but instead will be reviewed pursuant to the Entity’s established quality assurance and improvement programs and the Entity’s Medical Staff Bylaws.
- 2.5 This policy does not supersede any rights granted to employer under an employment agreement between employer and Professional Appointee.

**3.0 PROCEDURE FOR HANDLING COMPLAINTS**

A flowchart outlining the process has been appended to the policy as Attachment A. Any discrepancy between the process as outlined in the policy and the flowchart shall be resolved in favor of the policy’s verbiage.


	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

3.1 Informal Discussions.

- 3.1.1 An employee who believes that a Professional Appointee has engaged in Disruptive Behavior is encouraged to discuss the matter with the Professional Appointee and try in good faith to reach a resolution of the matter.
- 3.1.2 If a resolution is not reached or the employee does not feel comfortable discussing the matter with the Professional Appointee, the employee should report the matter to his/her supervisor or to Human Resources. If the matter is not resolved with the assistance of the supervisor, the employee should contact Human Resources or the Corporate Compliance hotline.
- 3.1.3 If the matter is reported to the employee's supervisor, the supervisor shall attempt to resolve the complaint through separate discussions with the employee and the Professional Appointee. In attempting to resolve the complaint, the supervisor may request the assistance of the Department Chair, the Chief of Staff (or a physician holding a position equivalent to Chief of Staff), the President of the Medical Staff, or the Entity President. Should the supervisor's intervention fail to resolve the complaint to the satisfaction of the employee, the supervisor shall forward the complaint to Human Resources.
- 3.1.4 If the matter is reported directly to Human Resources, the appropriate Employee Relations Consultant, in consultation with the employee's supervisor, will determine whether the matter would best be first handled at the supervisor level, as provided in section 3.1.3, through a Facilitated Conversation, as provided in section 3.1.5, or whether it warrants immediate investigation.
- 3.1.5 Depending upon the circumstances of the incident, the supervisor and Human Resources may recommend that the complaining employee(s) and the Professional Appointee engage in a Facilitated Conversation, in which a qualified member of INTEGRIS management with duties unrelated to the areas worked in by the complaining employee(s), the employee's supervisor, and the Professional Appointee will work with the Professional Appointee to reach an understanding and resolution regarding the incident. The employee may choose whether or not to participate in the Facilitated Conversation. If the employee chooses not to participate, no Facilitated Conversation will occur.

3.2 Investigation.

- 3.2.1 Should informal discussions, as provided in section 3.1 prove ineffective or be refused as permitted in Section 3.1.5, or should the Employee Relations Consultant determine that initial investigation is warranted, as provided in section 3.1.4, the Employee Relations Consultant will conduct an investigation of the complaint within three (3) business days of receipt of the complaint. The investigation shall include


	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

an interview with the involved Professional Appointee. The interview shall be conducted by the Investigation Committee.

- 3.2.2 Following the investigation, the findings and conclusions of the investigation will be shared with Professional Appointee. The complaining party will be advised whether or not the investigation confirmed the Disruptive Behavior or Harassment. If the behavior has been confirmed, appropriate action will be taken pursuant to this policy and the complaining party will be advised that appropriate action has been taken.
- 3.2.3 Should the investigation conclude that Disruptive Behavior or Harassment on the part of the Professional Appointee did not occur; a record of the complaint along with the results of the investigation will be stored in the peer review portion of the Professional Appointee’s Credentialing File.
- 3.2.4 Should the investigation conclude that Disruptive Behavior or Harassment on the part of the Professional Appointee did occur, the Employee Relations Consultant, the President of the Entity, the Chief of the Medical Staff (or physician holding an equivalent position) and/or the President of the Medical Staff (or, in the President’s absence, another elected Medical Staff Officer) will consult and recommend – from the offense levels provided in section 3.3 – at what level the present offense should be handled.
- 3.2.5 In determining the most appropriate level of Disruptive Behavior to which to assign the offense (see section 3.3), the following may be considered: the severity of the current Disruptive Behavior or Harassment, past instances of or any pattern of Disruptive Behavior or Harassment, if any, and the length of time that has passed since any prior instances of Disruptive Behavior or Harassment, plus any and all other relevant information. The levels are not intended to be necessarily sequential. The decision will include discretion to repeat or skip offense levels, depending upon the particular circumstances of any given offense. Any level higher than Level One must be approved by the Professional Conduct Committee prior to proceeding with disciplinary action. The Professional Conduct Committee may require the Appointee to have a medical or psychological assessment.

3.3 Formal Responses to Disruptive Behavior or Harassment.

- 3.3.1 Level One Disruptive Behavior. For a first-level offense, the Professional Appointee will have a face-to-face meeting with his/her Department Chair, the Chief of Staff (or physician holding an equivalent position), and/or the President of the Medical Staff (or, in the President’s absence, another elected Medical Staff Officer). The meeting shall include a discussion of the incident and the expected professional conduct standards. The Professional Appointee will be provided with information on professional conduct and with an explanation of the potential next steps should the behavior recur. The Professional Appointee will be asked to sign a document acknowledging that he/she behaved in a disruptive manner of severity Level One and agreeing not to repeat that behavior. See *Attachment B*. Documentation


	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

regarding this step will be placed into the peer review portion of the Professional Appointee’s Credentialing File. Any refusal to sign will be noted and the results of the investigation will be stored in the peer review portion of the Professional Appointee’s Credentialing File.

3.3.2 Levels Two, Three and Four Disruptive Behavior. The Professional Conduct Committee will make the final decision regarding the most appropriate level to which to assign a particular instance of confirmed disruptive behavior, if it is at Level Two, Three or Four. The Professional Conduct Committee, as provided in Section 4.6, will handle all matters thought to warrant any severity level higher than Level One. The Professional Conduct Committee will review the Professional Appointee’s file and may conduct additional investigation to confirm evidence of an incidence or pattern of Disruptive Behavior or Harassment of sufficient severity to be classified as Level Two or higher. This investigation must commence within seven (7) days and be concluded within fourteen (14) days and may potentially include re-interviewing involved staff members as well as an interview with the Professional Appointee.


3.3.3 Level Two Disruptive Behavior. If the result of the work of the Professional Conduct Committee, as outlined in 3.3.2, confirms this level of disruptive behavior, the Professional Appointee will be notified of such and will be required to appear before the Professional Conduct Committee within seven (7) days. The meeting shall include a discussion of the current instance and/or any pattern of Disruptive Behavior or Harassment and the expected professional conduct standards. The Professional Appointee will be provided with information on professional conduct and an explanation of the potential next steps should the behavior recur. The Professional Appointee will be asked to sign a document acknowledging that he/she behaved in a disruptive manner of severity Level Two and agreeing not to repeat that behavior. *See Attachment B.* This documentation shall be copied to the Medical Executive Committee, the Entity President, and the Entity’s Board of Directors. Documentation regarding this step will be placed into the peer review portion of the Professional Appointee’s Credentialing File. Any refusal to sign will be noted and the results of the investigation will be stored in the peer review portion of the Professional Appointee’s Credentialing File.

3.3.4 Level Three Disruptive Behavior. If the result of the work of the Professional Conduct Committee, as outlined in 3.3.2, confirms this level of disruptive behavior, the Professional Appointee will be notified of such and will be required to appear before the Professional Conduct Committee within seven (7) days. The meeting shall include a discussion of the current instance and/or any pattern of Disruptive Behavior or Harassment and the expected professional conduct standards. Upon confirmation, the Professional Appointee’s Medical Staff privileges will be suspended for a period of seven (7) days as provided in the Medical Staff Bylaws. The President of the Medical Staff (or, in the President’s absence, another elected Medical Staff Officer), the Department Chair, the Chief of Staff (or physician holding an equivalent position), and/or the President of Entity may have fourteen (14) days to coordinate the start date of the suspension with the Professional Appointee to minimize disruption of patient care. After seven days, the suspension shall be lifted

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

automatically and privileges reinstated. The Professional Appointee will be asked to sign a document acknowledging that he/she behaved in a disruptive manner of severity Level Three and agreeing not to repeat that behavior. Documentation regarding this step will be placed into the peer review portion of the Professional Appointee's Credentialing File. See *Attachment B*. This documentation shall be copied to the Medical Executive Committee, the Entity President, and the Entity's Board of Directors. Any refusal to sign will be noted and the results of the investigation will be stored in the peer review portion of the Professional Appointee's Credentialing File.

- 3.3.5 Level Four Disruptive Behavior. If the result of the work of the Professional Conduct Committee, as outlined in 3.3.2, confirms this level of disruptive behavior, the Professional Appointee will be notified of such and will be required to appear before the Professional Conduct Committee within seven (7) days. The meeting shall include a discussion of the current instance and/or any pattern of Disruptive Behavior or Harassment. The consequence of this level of behavior is severe and permanent: the Professional Appointee's Medical Staff appointment and clinical privileges will be considered automatically relinquished as provided in the Medical Staff Bylaws. The effective date of the automatic relinquishment will start within fourteen (14) days of the determination. The President of the Medical Staff (or, in the President's absence, another elected Medical Staff Officer), the Department Chair, the Chief of Staff (or physician holding an equivalent position), and/or the President of Entity will identify the effective date of the automatic relinquishment to allow for the discharge or transition of care of hospitalized patients. Documentation regarding this step will be placed into the peer review portion of the Professional Appointee's Credentialing File. See *Attachment B*. This documentation shall be copied to the Medical Executive Committee, the Entity President, and the Entity's Board of Directors.
- 3.3.6 Required Meetings. This policy requires the Professional Appointee to be present when requested at both investigatory and disciplinary meetings related to complaints and instances of Disruptive Behavior or Harassment. While these meetings are mandatory for the Professional Appointee, the Professional Appointee may not be accompanied by his or her attorney, spouse, or other representative. In addition, a Professional Appointee's failure to attend a meeting required by this policy shall result in automatic relinquishment of the Professional Appointee's privileges as authorized under the Medical Staff Bylaws. The Professional Appointee's failure to attend a meeting required by this policy will not result in cancellation of the meeting.
- 3.3.7 Physical or Mental Evaluation. Failure by the Appointee to, within the time requested, complete a required physical or mental evaluation, comply with any recommended counseling, and/or provide the Professional Conduct Committee a copy of the evaluation may result in the assignment of a Level Four Disruptive Behavior with the attendant consequences described above. The Professional Conduct Committee may forward a copy of any evaluation identifying a physical or mental impairment, including any recommended treatment, to the Medical

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14


Staff Aid Committee which shall then be responsible for monitoring the Appointee's compliance with treatment recommendations in accordance with the Medical Staff Bylaws.

3.4 Egregious Behavior and Harassment.

- 3.4.1 Incidents of Egregious Behavior or Harassment should not be handled through the Informal Discussion procedures provided in section 3.1.
- 3.4.2 Should it appear that a Professional Appointee may have engaged in Egregious Behavior or Harassment, his or her behavior should be investigated in the manner provided in section 3.2.
- 3.4.3 Should the investigation conclude that Egregious Behavior or Harassment has occurred, the Employee Relations Consultant, the President of the Entity, and the Chief of the Medical Staff (or physician holding an equivalent position) and/or the President or the Medical Staff (or, in the President's absence, another elected Medical Staff Officer) will consult and determine whether to recommend to the Professional Conduct Committee – depending on the severity of the behavior and any past instances of Disruptive Behavior, including Egregious Behavior or Harassment – the imposition of either a Third or Fourth-Level Offense. The Professional Conduct Committee will assume responsibility at that point for additional investigation, for severity level assignment and for disposition. Should the Professional Appointee also be an employee, the Professional Appointee will be subject to corrective action, up to and including termination of employment.
- 3.4.4 Imposition of consequences for Egregious Behavior or Harassment will follow the procedures outlined above

3.5 False and Malicious Claims.

- 3.5.1 Consequences for Employees. Any employee who is determined, after investigation, to have knowingly and willfully made a false and malicious claim under this policy or to have retaliated against a Professional Appointee, another employee or witness will be subject to corrective action, up to and including termination of employment.
- 3.5.2 Consequences for Professional Appointees. Any Professional Appointee who is determined, after investigation, to have knowingly and willfully made a false and malicious claim under this policy or to have retaliated against an employee or other complainant or witness will be considered to have engaged in Disruptive Behavior and will themselves be subject to the procedures and consequences set forth in this policy. Should the Professional Appointee also be an employee, the Professional Appointee will be subject to corrective action, up to and including termination.

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

3.6 Reports and Review.

3.6.1 Quarterly Reports. The Chief of Staff (or other physician holding an equivalent position) shall summarize the activities of the Professional Conduct Committee in a quarterly report to the Medical Executive Committee. The report shall include (i) the types of conduct reviewed by the Professional Conduct Committee, (ii) the levels assigned to the behaviors under review by the Professional Conduct Committee, (iii) the status of the matters reviewed, and (iv) other relevant information that may be requested by the Medical Executive Committee. Names of Appointees will not be disclosed.

3.6.2 Annual Review of Policy. The Medical Executive Committee will review this Policy on an annual basis and recommend appropriate changes, if any.


**4.0 DEFINITIONS**

4.1 Egregious Behavior includes incidents of Disruptive Behavior that may result in imminent danger to the health and/or safety of any individual or substantially interferes with the orderly operations of the Entity.

4.2 Harassment includes (i) verbal conduct such as racial epithets, derogatory jokes or comments, sexual innuendoes, inappropriate language, threats, suggestive or insulting sounds, slurs or unwanted sexual advances, invitations or comments; (ii) non-verbal conduct such as derogatory and/or racially/sexually-oriented cartoons, clothing, drawings, posters, photographs or gestures; (iii) transmitting sexually suggestive, derogatory or offensive materials via electronic device or accessing such information on the Internet while at work; (iv) physical conduct such as assault, unwanted physical contact, coerced sexual conduct, touching, patting or pinching or other behavior that interferes with work performance; and, (v) threats and demands to submit to sexual requests as a condition of continued employment, receipt of products or services, employment considerations or benefits, or preferential treatment.

4.3 Disruptive Behavior includes any conduct by a Professional Appointee which disrupts the smooth operation of the Entity, affects the ability of others to do their jobs, poses a threat to patient care, or exposes the Entity and/or Medical Staff to liability. Such conduct may include, but is not limited to, behavior such as (i) verbal or physical attacks leveled at others in the working environment; (ii) impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, or inappropriate written or verbal statements to patients and/or members of the community impugning the quality of care in the hospital, or attacking particular physicians, nurses, other employees, or hospital policies; (iii) non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence; (iv) refusal to accept or disruptive acceptance of medical staff assignments or participation in committee or departmental affairs on anything other than his or her own terms.

4.4 Investigation Interview Committee includes, for each Entity, those individuals listed on Exhibit 4.4.

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

- 4.5 Entity includes INTEGRIS Health’s system facilities and entities.
- 4.6 Professional Appointee refers to a member of the Medical and Dental Staff or Allied Health Professional Staff of the Entity.
- 4.7 Professional Conduct Committee includes, for each Entity, those individuals listed on Exhibit 4.7. In addition, INTEGRIS Legal Counsel, as designated by the Director of INTEGRIS Legal Services, shall serve as an advisor to the Professional Conduct Committee. Applicable provisions in the Medical Staff Bylaws related to conflict of interest or bias shall apply to the physician members of the Professional Conduct Committee.

**5.0 SCOPE**

This policy applies to all personnel and organizations within INTEGRIS Health, Inc. excluding medical residents unless such resident is moonlighting or has been granted privileges at an INTEGRIS hospital. Although this policy is effective when approved, the policy shall be enforced at a specific hospital only after that hospital's Medical Staff Bylaws have been amended to be consistent with this policy.

**6.0 RESOURCES**

Please see Attachment C for a list of resources regarding professional conduct and the management of Disruptive Behavior.


	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

Exhibit 4.4  
Investigation Interview Committee

INTEGRIS Baptist Medical Center

The Investigation Interview Committee shall include the Employee Relations Consultant, the President of the Entity (or his or her designee), the Chief of Staff (or physician holding an equivalent position), and the President of the Medical Staff (or, in the President's absence, another elected Medical Staff Officer).

INTEGRIS Baptist Regional Health Center

The Investigation Interview Committee shall include the Chief of Staff (or his or her designee), the Vice Chief of Staff (or his or her designee), a third member from the Medical Executive Committee, the facility President, the Department Chair as a non-voting member and the Employee Relations Consultant.

INTEGRIS Bass Baptist Health Center

The Investigation Interview Committee shall include the Employee Relations Consultant, the President of the Entity (or his or her designee), the Chief of the Medical Staff, the Vice Chief of the Medical Staff, the Department Chairman of the Appointee and two other physician members of the Medical Executive Committee to be appointed by the Chief.

INTEGRIS Canadian Valley Hospital

The Investigation Interview Committee shall include the President of the Entity (or his/her designee), the Chief of Medical Staff, the Vice Chief of Medical Staff, and two other physician members of the Medical Executive Committee to be appointed by the Chief.

INTEGRIS Grove Hospital

The Investigation Interview Committee shall be included as a role of the members of the Medical Executive Committee.

INTEGRIS Health Edmond

The Investigation Interview Committee shall include the Employee Relations Consultant, the President of the Entity (or his or her designee), the Chief of the Medical Staff, the Vice Chief of the Medical Staff, the Department Chairman of the Appointee and two other physician members of the Medical Executive Committee to be appointed by the Chief.

INTEGRIS Southwest Medical Center

The Investigation Interview Committee shall include the Employee Relations Consultant, President of the Entity (or his or her designee), the Medical Director of the Entity (or his or her designee), and the President of the Medical Staff (or his or her designee of another elected Medical Staff Officer, i.e. President-elect or Department Chair).


	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92 as Metro; 7/14 as System
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 7/14

Exhibit 4.7  
Professional Conduct Committee

INTEGRIS Baptist Medical Center

The Professional Conduct Committee shall consist of the Officers of the Medical and Dental Staff of the Entity, the Chief of Staff (or other physician holding an equivalent position), the INTEGRIS Chief Medical Officer, the highest ranking member of Entity Leadership (or his or her designee); a representative designated by the INTEGRIS Chief Operating Officer, and, two representatives of the Entity's Board of Directors. In addition, the Department Chair for the Appointee shall serve as a non-voting member.

INTEGRIS Baptist Regional Health Center

The Professional Conduct Committee shall consist of the Chief of Staff (or his or her designee), the Vice Chief of Staff (or his or her designee), a third member of the Medical Executive Committee, the facility President and one member of the Governing Board. In addition, the Department Chair for the Appointee shall serve as a non-voting member and INTEGRIS Legal Counsel, as designated by the Director of INTEGRIS Legal Services, shall serve as an advisor to the Professional Conduct Committee.

INTEGRIS Bass Baptist Health Center

The Professional Conduct Committee shall consist of the Chief of Staff, the Vice Chief of Staff, INTEGRIS Chief Medical Officer, the highest ranking member of Entity Leadership (or his or her designee), a physician member of the Medical Executive Committee to be appointed by the Chief of Staff, a representative designated by the INTEGRIS Chief Operating Officer, and, two representatives of the Entity's Board of Directors. In addition, the Department Chair for the Appointee shall serve as a non-voting member.

INTEGRIS Canadian Valley Hospital

The Professional Conduct Committee shall consist of the Chief of Staff, the Vice Chief of Staff, INTEGRIS Chief Medical Officer, the highest ranking member of Entity Leadership (or his or her designee), a physician member of the Medical Executive Committee to be appointed by the Chief of Staff, a representative designated by the INTEGRIS Chief Operating Officer, and, two representatives of the Entity's Board of Directors. In addition, the Department Chair for the Appointee shall serve as a non-voting member.

INTEGRIS Grove Hospital

The Professional Conduct Committee shall consist of the Officers of the Medical and Dental Staff of the Entity, the Chief of Staff, the INTEGRIS Chief Medical Officer, the highest ranking member of Entity Leadership (or his or her designee); and, two representatives of the Entity's Board of Directors. In addition, the Department Chair for the Appointee shall serve as a non-voting member and INTEGRIS Legal Counsel, as designated by the Director of INTEGRIS Legal Services, shall serve as an advisor to the Professional Conduct Committee.

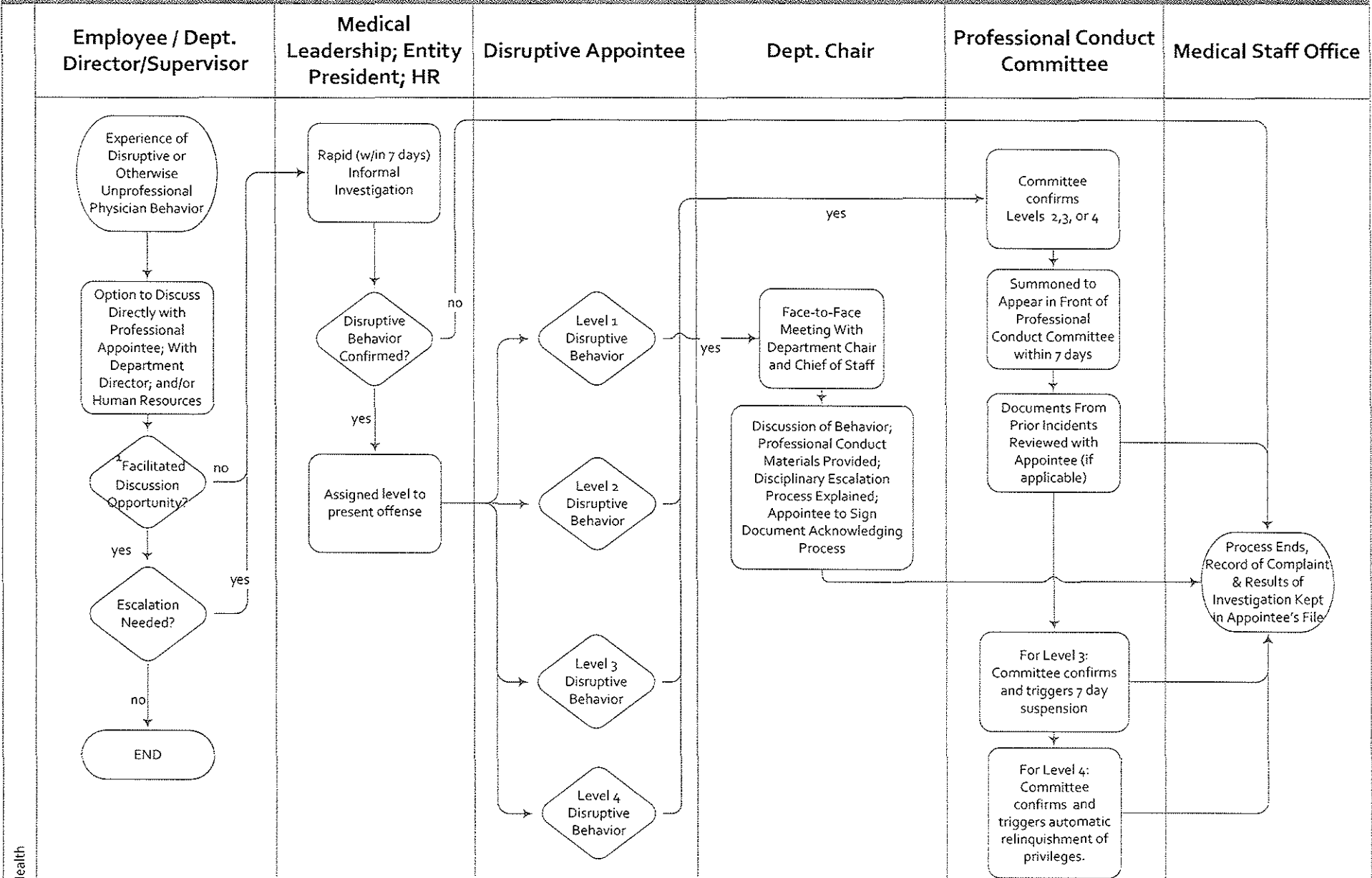
INTEGRIS Health Edmond

The Professional Conduct Committee shall consist of the Chief of Staff, the Vice Chief of Staff, INTEGRIS Chief Medical Officer, the highest ranking member of Entity Leadership (or his or her designee), a physician member of the Medical Executive Committee to be appointed by the Chief of Staff, a representative designated by the INTEGRIS Chief Operating Officer, and, two representatives of the Entity's Board of Directors. In addition, the Department Chair for the Appointee shall serve as a non-voting member.

INTEGRIS Southwest Medical Center

The Professional Conduct Committee shall consist of the President of the Medical Staff, the President-elect of the Medical Staff, the Medical Director of the Hospital (known as Chief of Staff at some facilities), a Designee from the Medical Executive Committee appointed by the President of the Medical Staff, the President of the Hospital, the Chief Medical Officer of the system, the Chief Operating Officer of the system, and the Chairman of the ISMC Board.

# Professional Appointee Complaint and Conflict Resolution Process Flow



1- In attempting to resolve complaint, supervisor may request the assistance of the Chief of Staff, the President, or the Department Chair.

**Egregious behavior may trigger suspension or relinquishment of privileges**

<b>I N T E G R I S</b> <i>Health.</i>	<b>ENTITY/HOSPITAL</b> INTEGRIS Metro Facilities	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> Metro Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92
	<b>SUBJECT</b> Complaint and Conflict Resolution for Disruptive Behaviors	<b>REVIEWED/REVISED</b> 2/03, 1/06, 10/12

**INTEGRIS Health**  
**Professional Appointee Disruptive Behavior Corrective Action Form**  
**SYS-MED-120**

Professional Appointee Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Current Stage in Policy (check one):	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1: Face-to-face meeting with Dept. Chair and Chief of Staff Level 2: Appear in front of Professional Conduct Committee Level 3: 7 day suspension Level 4: Automatic relinquishment of privileges				

**Professional Appointee Resources**

- INTEGRIS Health Code of Conduct: <http://integrisok.com/codeofconduct>
- Oklahoma Health Professionals Program (phone-405.601.2536): [http://www.okmed.org/index-1\\_hpp.html](http://www.okmed.org/index-1_hpp.html)

1. State specific current incident (include date, time, location, and all pertinent, related facts; add attachment if necessary)

2. If applicable, dates and brief description of previous offenses within prior 12 months.

Consequence: Immediate, appropriate modification of behavior is expected. Additional offenses will result in escalation of corrective action, up to and including relinquishment of privileges.

Professional Appointee Signature: \_\_\_\_\_

Signature of those in attendance: \_\_\_\_\_


Signature \_\_\_\_\_ title \_\_\_\_\_

Signature \_\_\_\_\_ title \_\_\_\_\_

Signature \_\_\_\_\_ title \_\_\_\_\_

**Copy of Policy to Professional Appointee**  
**Copy of Completed Form to Professional Appointee**  
**Original to Credentialing File**

**SYS-MED-120**  
**Attachment B**

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health, Inc.	<b>NUMBER</b> SYS-MED-120
	<b>MANUAL</b> System Policy and Procedure	<b>EFFECTIVE DATE</b> 1/92; __/__/__ as System
	<b>SUBJECT</b> Complaint and Conflict Resolution	<b>REVIEWED/REVISED</b> 2/03, 1/06, __/__/__

### ATTACHMENT C

1. Oklahoma Health Professionals Program:

Since 1983, the OHPP is an outreach program designed to provide confidential, informational support, monitoring and referral resources for medical and osteopathic doctors, dentists and veterinarians. Care is provided by medical colleagues who are sensitive to the special needs of program participants.

Direct Line: (405) 601-2536

E-mail: [ohpp@okmed.org](mailto:ohpp@okmed.org)

2. INTEGRIS Corporate Assistance Program:

INTEGRIS Corporate Assistance program helps employees with job-related or personal problems that may impact job performance. Employee assistance programs provide a confidential setting to deal with issues.

Direct Line: (800) 677-2729

Additional information: <http://integrisk.com/corporate-assistance-program>