

**Sherman Health Systems
 Perioperative Services
 Policy & Procedure**

Title: Perioperative Collegiality	
Policy: 3-21	Date of Last Review/Revision:
Approved by: Associate Chief Nursing Officer	Originating Department: Perioperative Services

Purpose: To promote a philosophy of respect and collegiality among all members of the Sherman Health Care Systems. Thus increasing patient safety and improving patient outcomes. To create an environment that ensures that issues related to disruptive behavior or performance can be brought to a supported and non-punitive arena with a resolution that is best for all involved

Scope: This policy applies to all employees of the Department of Perioperative Services.

Policy Statement: Issues related to disruptive behavior or performance will be resolved in a respectful and non-punitive environment in a manner best for all members of the health care team involved.

Definitions:

Standards:

Procedure:

- A. Step # 1
 1. Initial paperwork will be completed by the person filing the complaint. Documentation will include all events leading to the complaint. Please refer to "Perioperative Collegiality Incident Report"-attached.
 2. A meeting will be arranged between the two members of the health care team involved, or between the team members and a mediator. This will be determined by the person filing the complaint. Documentation of this conversation will be included on the initial paperwork including the



- 3. discussion, any resolution and any follow-up that may be necessary. At the end of the conversation, the initial documentation will be signed by both parties. This documentation will be kept in confidential files in respective areas.

B. Step #2

- 1. If the conflict is not resolved to the satisfaction of either party, or if a second occurrence of similar behavior is reported, Step #2 will be initiated.
- 2. A meeting will be arranged between the two parties and a mediator. This mediator can be defined as either the Manager of Perioperative Services, the Chair of the Peri-operative Committee or the Chief of Anesthesia. The original documentation from meeting #1, as well as any other subsequent issues on file will be reviewed and further documentation will be noted. This documentation will be kept in confidential files in respective areas.

C. Step #3

- 1. If conflict, inappropriate or inadequate behavior patterns continue, Step #3 will be initiated.
- 2. A meeting will be arranged involving the Senior Administrative Personnel that the parties involved report to, along with the two members of the health care team involved and their mediator. Original documentation from meetings #1 and #2 will be referred to and further documentation will be noted. Documentation from this point on will be placed in the offender's permanent file evoking Hospital Policy (HR103-"Disruptive Physician Behavior Policy").

D. At anytime; either party may evoke the Medical Staff or Hospital Policy.

Peri-operative Collegiality Incident Report

Please complete the following questions to document the incident. The report should be submitted to the mediator.

Name of Individual:		Today's Date:		Previous Occurance Date:	
		Date of Incident:			
Name of Reporting Individual:		Time of Incident:			



1. Describe the situation preceding the event.

2. In a factual manner, describe the event.

3. Did the incident affect or involve a patient(s) in any way? If yes, name the patient(s) and describe how the patient(s) were involved.

4. Note the consequences of the incident related to patient care or Hospital operations.

5. Record any action (if any) taken to remedy the situation. Include the date, time, place, who and specific action taken.

6. Recording of all known witnesses to the event(s).

Forms:

References:

Contact: The Manager of the Department of Perioperative Services

Policy History:

Effective Date	8/07				
Review Date(s)					
Revision Date(s)					