



TORRANCE
MEMORIAL



Department: MEDICAL STAFF

Policy/Procedure: PROFESSIONAL RELATIONS
COMMITTEE

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 Physicians and Allied Health Professionals (AHP's) at Torrance Memorial Medical Center.

Membership:

Chief of Staff, Vice Chief of Staff, Secretary/Treasurer, Past Chief of Staff and the Clinical Department Chiefs. The Chief Medical Officer, and the Director of Medical Staff Services/Performance Improvement will also be invited to attend.

Chair:

The Chair will be the Vice Chief of Staff

Responsibility:

It is the responsibility of the Professional Relations Committee to ensure that the behaviors of the physicians and AHP's 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 Director of Medical Staff Services/P, or their designee, for investigation and evaluation. Medical Staff Services will obtain as much information as possible regarding the complaint of disruptive conduct or unacceptable behaviors or harassment in a timely manner. The complaint, and any additional information, will be shared with the Clinical Department Chief and the Chief of Staff and may be forwarded to the Professional Relations Committee. The Committee will determine follow-up action as necessary and described as follows:

- 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 Practitioner Well Being Committee
- Member to meet with Professional Relations 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

The physician or AHP in question will be required to attend the meeting of the Professional Relations Committee when notified. *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.

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.

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 Licensed Independent Practitioners should be able to work in an environment free of bullying.

Workplace 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.

Initial Approval and Major Revisions:

Professional Relations Committee: 5/13/2014

Bylaw Committee: 8/29/2019; 08/18/2023

Medical Executive Committee: 9/14/2010; 11/9/2010; 7/8/2014; 10/10/2017; 10/15/2019;
10/10/2023

Board of Trustees: 9/30/2010; 11/30/2010; 7/30/2014; 12/13/2017; 10/31/2019;
10/31/2023

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 Department 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: _____
