

Dealing with conflicts in Healthcare setting



MODERATORS:

SHAUN FALVEY, JD
BANKE AGARWAL, MD

PANELISTS:

DONN HERRING, MD
LARRY HUNTOON, MD
ANDREW SCHLAFLY, JD

Case 1



- You become aware that a nurse believes that another physician in the department has administered a medically unnecessary surgical procedure.
- The nurse may plan to **anonymously** report the matter to the hospital peer review board.
- However, based on your own involvement with the patient you believe the procedure was indeed reasonable and necessary.

AQ 1. What would you do in this situation?



1. Confront the nurse directly about the necessity of the procedure and whether she intends to report to the peer review panel
2. Advise the physician of the possibility that the nurse may report to the peer review board
3. Speak to the hospital administrator about the situation
4. Make your own anonymous report to the peer review board setting forth your own opinion about the reasonableness and necessity of the procedure.
5. Stay out of this as you are not directly involved in this

Larry Huntoon



- Will any good come out of getting involved in this potentially ugly situation which does not involve you personally

Donn Herring



- Is this an appropriate use of anonymous phone complaint lines
- Shouldn't the nurse report this in person to her supervisors rather than through anonymous phone lines

Andrew Schlafly



- What can be done to deal with complaints from trigger-happy nurses who use the anonymous phone lines frequently for flimsy reasons or “settle scores”

Case (contd.)



- The nurse goes ahead and complains about this physician through an anonymous phone line.
- The hospital administration decides to act on this without informing the physician.
- The director of human resources comes to the OR and conducts interviews with all the staff working with that particular physician asking pointed questions about his behavior.
- The hospital also conducts a review of patient charts of this physician without informing the physician.
- A peer review is initiated against the physician. The peer review committee sends a letter to this physician and assign his actions and conduct an initial C2 rating (unacceptable conduct).
- He is asked to justify his actions pending a final decision.

AQ 2. What would be appropriate action for the physician at this time



1. Get an attorney
2. Go to the chief of medical staff and explain that this action by the hospital is inappropriate
3. Get other physicians to join him in complaining about this nurse
4. Prepare a detailed reply to the peer review committee supported by facts

Donn Herring



- Is this appropriate behavior on the part of the hospital
- Shouldn't the physician get a chance to address the content of 'anonymous complaints' before they are used to initiate a peer review

Case (contd.)



Even though the procedure in question is probably justified, this particular physician has the reputation for doing procedures of doubtful indications. In addition, he is brusque and rude with the nurses and has antagonized several of them.

Even though the nurse is angry with particular physician, she also feels very strongly that she should speak up so that he does not continue with what she believes are unnecessary procedures

The nurse is vociferous, opinionated and not competent. However, despite multiple complaints by the physicians against her to the administration, she has retained her job.

Larry Huntoon



- Is it appropriate for the nurse to make determination of whether the procedure is necessary or not?
- Shouldn't this nurse instead of filing anonymous complaints be reporting the physician behavior to her superiors, so that she can be held accountable for its accuracy?

Andy Schlafly



- Is it time for the physician to get a lawyer ?
- Should the “material from anonymous phone lines” ever be used as evidence in peer review proceedings

Donn Herring



- What would be appropriate way to handle the concerns of the nurse, the physician and the hospital in this situation
- Are there mechanisms in place that this kind of situations do not snowball into personal attacks jeopardizing people's careers and livelihood

Case 2



A 36 year old man, presented with gun shot wound and needs emergent surgery.

However, the surgeon is told that there is a 5 hour wait for the OR as two equally sick patients are also waiting for OR.

This patient's condition is rapidly deteriorating and the family is really worried and angry.

The surgeon pleads helplessness in this matter and excuses himself.

The patient is finally taken to the OR 7 hours later, but dies on the table during surgery.

The wait time for OR time has been inordinately long in this hospital especially in the last 1 year when the number of emergency ORs was reduced due to budgetary concerns.

The physicians have complained about inordinate wait times for OR to the administration on several occasions but no action has been taken.

The hospital recently opened a five-star orthopedic outpatient facility in the affluent part of town raising questions about their purported budgetary concerns.

The patient's family files a lawsuit against the hospital and the surgeon for "wrongful death"



- The surgeon is unhappy as he is now involved in a lawsuit for ‘no fault’ of his own and is overheard complaining to his colleagues about this where he mentions the possibility of going public with this.
- A peer review is initiated against the surgeon for indulging in “conduct detrimental to hospital’s business interests” against the hospital and his privileges are terminated

AQ3. What would be appropriate way for the physician to handle this situation



1. Sue the hospital
2. Volunteer to testify in the case for the deceased patient explaining the hospital's practices that led to patient's death
3. Appeal to the peer review board to reconsider their decision
4. Go to local newspaper/TV station to "expose" hospital's unethical business practices

Donn Herring



- What is the appropriate way for physicians to resolve issues with hospital administration when 'budgetary compulsions' create situations where patient care and safety is potentially compromised

Larry Huntoon



- What recourse does this surgeon have when he is stuck in difficult situations like this which are not within his power to solve but can result in a lawsuit or punitive/retaliatory action from hospital

Andy Schlafly



- Are there any ways for the physicians to protect themselves from the ‘consequences’ of “hospital’s budgetary cuts”