Addressing Disruptive Provider Behavior in a Culture of Safety

Learning Objectives

- Define the concepts of a culture of safety
- Identify examples of disruptive behavior
- State the proactive approaches that can be used to avoid disruptive behavior
- Describe what to do and how to manage an identified behavior issue
- Discuss the concepts of conflict resolution and managing violence in the workplace
Polling Question 1

Have you ever had a provider working in your health center who has exhibited disruptive behavior?

1. Yes
2. No
3. Do not know

Polling Question 2

Do you have an effective written policy that addresses how disruptive behavior is managed in your health center?

1. Yes, we have an effective policy in place
2. Yes, we have a policy but it is not effective (not enforced)
3. We are currently working on a written policy
4. No, we do not have a written policy
5. I do not know
Addressing Disruptive Provider Behavior in a Culture of Safety

What Is a Culture of Safety?

- Staff take action when it is needed

- The culture of safety becomes the ‘norm’ and inaction is not acceptable behavior at any level from top management to front line staff.

- Pointing fingers or laying blame is not part of the culture.
Culture of Safety Starts from the Top Down

- Senior leaders must drive the culture change by demonstrating their own commitment to safety and providing the resources to achieve results
- Messages about safety must be consistent and sustained, as it takes a long time for culture to change
- Surveys that measure staff perceptions about the organization’s culture regarding safety are often useful tools to assess the presence of a culture of safety

What Are Some Things We Can Use to Monitor a Culture of Safety?

- Involve patients and staff in safety initiatives
- Create an adverse event reporting system
- Conduct health center walkrounds at regular intervals
- Administer staff and patient satisfaction surveys
- Initiate skip-level interviews
Case Scenario

- Dr. Martha Smith is an employed physician at Anytown Health Center
- Over a six month period after she is hired, several incidents are reported to her supervisor:

  - A medical assistant (MA) walked into Dr. Smith’s office and told her that a patient had been waiting in the exam room for over 30 minutes. Dr. Smith snapped, “Why don’t you worry about doing your job and let me do mine?”
  - During a visit Dr. Smith is asked by her patient about lab results that were done over 3 months ago. Dr. Smith reviews the patient record and realizes that she has no documentation of the labs or of any follow up with the patient. In anger, she slams down her laptop and throws papers at the MA, demanding that she stop what she was doing and find these lab results for the patient.
Case Scenario

- Dr. Smith refused to see a patient for a sick visit because it was an add-on to her schedule and she wanted to leave early
- Dr. Smith asked the health center’s receptionist to book her patients differently than the health center’s policy dictated
- On several occasions, Dr. Smith made disparaging remarks questioning the competency of an MA and spoke negatively about the health center and other providers and staff in front of patients

Case Study Review: Does Dr. Smith’s Disruptive Behavior Impact a Culture of Safety?

- Dr. Smith throws papers out in an angry outburst towards a staff member
- She changes the rules by telling staff to schedule patients differently than the policy dictates
- Disparaging remarks are made to staff in front of patients
- Dr. Smith speaks about other providers and the facility in a derogatory manner
Is Disruptive Behavior a Deterrent to the Culture of Safety?

► In 2008, The Joint Commission became so concerned about “behaviors that undermine a culture of safety” that it issued a Sentinel Event Alert.

► The leadership standard requires all facilities to have a code of conduct as well as a process for managing disruptive and inappropriate behaviors.

What Are Some Examples of Disruptive Behavior?

► Verbal outbursts
  ▪ Profane or disrespectful language
  ▪ Condescending language or voice intonation
  ▪ Name calling
  ▪ Sexual comments
  ▪ Criticizing other caregivers in front of patients or staff
  ▪ Comments that undermine a patient’s trust in another caregiver

► Physical threats
  ▪ Inappropriate touching, sexual or otherwise
  ▪ Invading another person’s space
  ▪ Throwing instruments, charts, or other objects
### Examples of Disruptive Behavior (cont.)

- Refusing to perform assigned tasks or answer pages
- Exhibiting uncooperative attitudes during routine activities
- Reluctance or refusal to answer questions or return phone calls
- Impatience with questions
- Harassment
- Sarcasm, innuendo, and insults
- Arriving late on a regular basis

### Impact of Disruptive Behavior

- Disharmony and poor morale
- Incomplete and dysfunctional communication
- Unhealthy and dysfunctional work environment
- Increased staff turnover
- Heightened financial risk and litigation
- Reduced self-esteem among staff
- Reduced public image of the health center
What Drives Disruptive Behavior?

- Stress of the clinical environment
- Productivity pressure
- Provider shortage
- Cultural differences among members of the healthcare team
- Change from “captain of the ship” model to a more team-based approach to care

Which of the Following Disruptive Physician Behaviors Have You Encountered and Are You Most Concerned About?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>% Who Have Encountered</th>
<th>% Most Concerned About</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degrading comments or insults</td>
<td>59</td>
<td>51</td>
</tr>
<tr>
<td>Refusal to follow established protocols</td>
<td>55</td>
<td>52</td>
</tr>
<tr>
<td>Refusal to cooperate with other providers</td>
<td>54</td>
<td>57</td>
</tr>
<tr>
<td>Yelling</td>
<td>54</td>
<td>30</td>
</tr>
<tr>
<td>Profanity</td>
<td>41</td>
<td>19</td>
</tr>
<tr>
<td>Inappropriate joking</td>
<td>40</td>
<td>17</td>
</tr>
<tr>
<td>Discriminatory behavior</td>
<td>24</td>
<td>31</td>
</tr>
</tbody>
</table>

Polling Question 3

In the past 12 months, approximately how many times have you directly experienced disruptive behaviors such as degrading comments or insults, refusal to cooperate with other providers, refusal to follow established protocols, or yelling?

1. 0–2 times
2. 3–5 times
3. 6–10 times
4. 10 or more times

What Were the Behaviors Exhibited by Dr. Smith?

- A medical assistant (MA) walked into Dr. Smith’s office and informed her that a patient had been waiting in the exam room for over 30 minutes. Dr. Smith snapped, “Why don’t you worry about doing your job and let me do mine?”

- During a visit Dr. Smith is asked by her patient about lab results that were done over 3 months ago. Dr. Smith reviews the patient record and realizes that she has no documentation of the labs or of any follow up with the patient. In anger, she slams down her laptop and throws papers at the MA, demanding that she stop what she was doing and find these lab results for the patient.
Behaviors Exhibited by Dr. Smith (cont.)

- Dr. Smith refused to see a patient for a sick visit because it was an add-on to her schedule and she wanted to leave early.
- Dr. Smith asked the health center’s receptionist to book her patients differently than the health center’s policy dictated.
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What Should You Have in Your Health Center to Make Sure That You Can Manage Disruptive Behavior?

- Code of conduct policy
- Conflict resolution policy
- Remedial action policy (disciplinary policy)
- Provider employment agreements that include conduct stipulations
- Employee assistance resources
- Bylaw provisions or policies for intervening in situations in which a physician’s behavior is identified as disruptive
- Peer review process
Code of Conduct Policy

Some items to include in a code of conduct policy

- Make expectations for appropriate behavior explicit
- Clearly define disruptive or unprofessional behavior
- Outline the consequences for failing to comply with set standards
- Explain how to report a complaint
- Outline the investigation process (stages)
- Define the number and types of meetings that will be held with a provider who has an issue with his or code of conduct (informal; formal; written warning; committee)

Conflict

“Conflict is simply an incompatibility of interests, goals or perspectives ... If it is managed correctly it can be the source of growth, strength and positive change. If not, it can mushroom into a host of damaging adverse results.”

— Ellen Kandell

### Four Types of Conflict in Organizations

- Definition of responsibility is unclear
  - Territorial issues
  - Silos
- Conflict of interest
  - Personal goals at odds with organization goals
- Availability of resources
  - Perception of unfair distribution of resources
- Interpersonal relationships
  - Personality conflicts


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### Conflict Resolution Policy

- Involve experienced clinicians—especially those with a quality assurance background—in drafting the policy
- Establish an environment where all staff feel safe to report problems without fear of retribution
- Review existing contracts and agreements for dispute resolution language
- Designate a conflict resolution subcommittee to draft guidelines for early identification and resolution of problems

Principles of Peer Review Process for a Physician Who Has Been Reported to Be Disruptive

- Peer reviewers must operate with a reasonable belief that they are improving the quality of patient care
- They must make their decision to revoke or refuse renewal of staff privileges only after a reasonable effort to obtain the facts
- They must provide a fair hearing

Remediation or Action Plan

- Maintaining proactive surveillance systems
- Dealing consistently and transparently with infringements
- Dealing with lower-level aberrant behavior early
- Having a graduated set of responses (informal, formal, disciplinary, regulatory) depending on the severity of the incident
**Action Plan**

- Identification of the provider(s) involved
- Description of the complaint or violation
- Description of the investigation process
- Description of the proposed action including timelines
  - Counseling of provider
  - Education and training
  - Clinical constraints
    - Closing the provider panel
    - Requiring prior authorization for treatments or services

**Action Plan (cont.)**

- List of activities that will be used to monitor compliance
- Timeline (e.g., provider has 6 months to make corrections)
- Statement explaining how to appeal the process
### Sample Action Plan Template

**Action Plan**

Employee: Dr. Martha Smith  
Supervising Physician: Dr. Mary Downs

<table>
<thead>
<tr>
<th>Issue described</th>
<th>Proposed Action</th>
<th>Responsibility</th>
<th>Target Date</th>
<th>Action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipping the scheduled consultations with the patient's assigned manager.</td>
<td>Review the scheduling policy with Dr. Smith.</td>
<td>Office Manager</td>
<td>9/7/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Decreased communication with the medical assistant.</td>
<td>Additional instructions to the medical assistant.</td>
<td>Office Manager</td>
<td>9/7/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Lack of timely follow-up with results.</td>
<td>Review the health center's tracking system and establish clear communication of the patient's understanding of the process.</td>
<td>Office Manager</td>
<td>9/7/2016</td>
<td>Complete</td>
</tr>
</tbody>
</table>

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### Additional Resources

- **Employee assistance program (EAP) if one is available**

- **Provider employment agreement language covering disruptive behavior**
Case Scenario

► Dr. Mary Downs, the medical director, schedules a morning meeting with Dr. Smith before clinic hours to informally discuss the concerns expressed by the staff and hear Dr. Smith’s side of the story

► Once Dr. Smith arrives and they begin communicating, Dr. Smith expresses that she has been having trouble adjusting to the new processes of the health center and that patient appointments are scheduled too close together, leading her to feel rushed and stressed during the day

Case Scenario

► Dr. Smith agrees to work on improving her communication with her colleagues

► Dr. Downs offers to help Dr. Smith manage her time in a busy clinic setting
Review of How Dr. Smith's Behavior Was Managed

- Informal discussion
  - Outlining concerns about Dr. Smith's behavior
  - Offering a chance for Dr. Smith to tell her side of the story
- Evidence gathering
  - Objective evidence—results of satisfaction survey
  - Data as compared with peers doing like jobs

How Dr. Smith's Behavior Was Managed (cont.)

- Training and education
  - Based on discussion, additional training or education on processes may be warranted (electronic health record training, modification in flow)
  - EAP
- Action plan (if warranted)
Additional Resources

► Agency for Healthcare Research and Quality (AHRQ):
  Disruptive and unprofessional behavior.
  https://psnet.ahrq.gov/primers/primer/15/disruptive-and-unprofessional-behavior
  Managing disruptive physician behavior: impact on staff relationships and patient care.
  https://psnet.ahrq.gov/resources/resource/7235

► American College of Obstetricians and Gynecologists.

Additional Resources (cont.)


  http://www.g4s.com/~media/Files/USA/PDF-Articles/Hospitals%20and%20Healthcare/Council_Healthcare_WorkplaceViolence.ashx
Additional Resources (cont.)

► **American Nurses Association.**
   Combating Disruptive Behaviors: Strategies to Promote a Healthy Work Environment.


Questions?

[Clinical_RM_Program@ecri.org](mailto:Clinical_RM_Program@ecri.org)
(610) 825-6000, x5200

Thank You