Disruptive Behavior Policy

Approved by FPP Clinical Practice Committee: October 14, 2008
Revised and Approved by FPP Professional Liability Committee: October 16, 2014
Approved by BJH Medical Executive Committee: December 1, 2008
Revised and Approved by BJH and SLCH Medical Executive Committees: September 8, 2014

BARNES-JEWISH HOSPITAL
ST. LOUIS CHILDREN’S HOSPITAL
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

PURPOSE AND OBJECTIVES

Barnes-Jewish Hospital, St. Louis Children’s Hospital and Washington University School of Medicine (hereinafter collectively referred to as the Academic Medical Center, or “AMC”) are committed to providing high quality patient care and to the health and welfare of AMC patients, staff, trainees and providers. The AMC also is committed to providing a positive environment for its patients, staff and health care providers. The AMC recognizes that intimidating, abusive and disruptive behavior has no role in a therapeutic health care environment and can adversely affect patient care and outcomes, patient satisfaction, and employee morale. This policy was developed to create and maintain an environment that does not tolerate abuse and intimidation, that promotes patient safety through communication, teamwork and collaboration, that encourages reporting of disruptive behavior without fear of retribution and that insures fair and timely processes for all involved.

Each AMC member has policies specific to its employees including, but not limited to, codes of conduct and policies addressing abusive, harassing and discriminatory behavior. Additionally, each Hospital AMC member has Medical Staff bylaws that require members of the medical staff to conduct themselves in a professional manner and comply with Hospital policies that address potential disruptive behaviors. Therefore, this policy is adopted to supplement these polices as necessary, by setting forth expected standards of behavior, and by establishing the process for handling inter-institutional complaints between employees and medical staff members of the AMC.1

STANDARDS OF BEHAVIOR

1 WUSM employees may also report instances of disruptive and unacceptable behavior under the WUSM Policy Against Abusive Conduct. BJH and SLCH employees may also report instances of disruptive and unacceptable behavior under the Human Resources policies in place at those hospitals. In addition, complaints of harassment and employment discrimination on the basis of sex, age, race, national origin, religion or disability are specifically excluded from this Disruptive Behavior Policy and will be handled pursuant to each AMC member’s institutional policy.
Expected standards of behavior include, but are not limited to:

- Communication will take place in a timely fashion, involving the appropriate person(s), in an appropriate setting.
- Communications, including in-person and telephonic remarks, written documents and electronic communications, will be honest and direct and conducted in a professional, constructive, respectful and efficient manner. Initiators will prepare for their call or discussion by gathering all necessary information, organizing their questions or comments, and when paging physicians, coordinating with others who need to reach the same individual about other issues. Receivers will respond in a timely, courteous and professional manner.
- Cooperation and availability are expected of providers, trainees, and staff when on call. When individuals are paged they will respond promptly and appropriately to the patient(s) and other staff and providers.
- There will be understanding that a variety of experience levels exist in an AMC, and that tolerance for those who are learning is appropriate and expected.

Disruptive and unacceptable behavior may include but is not limited to:

- Threatening, intimidating behavior or words
- Obscenities/profanities
- Threatening or obscene gestures, jokes or cartoons
- Degrading a person or a group on the basis of a personal or cultural characteristic
- Taunting, jeering, mocking or humiliating another person
- Disruptive outbursts of anger such as screaming or yelling at or around others
- Throwing instruments, charts, or other objects
- Hostile, condemning, or demeaning communications
- Inappropriate criticizing of other caregivers in front of patients or other staff
- Comments that undermine a patient’s trust in other caregivers or the hospital
- Comments that undermine a caregiver’s self-confidence in caring for patients
- Failure to adequately address safety concerns or patient care needs expressed by another caregiver (e.g., Stop the Line and Time Outs)
- Intimidating behavior that has the effect of suppressing input by other members of the healthcare team
- Deliberate failure to adhere to organizational policies without adequate evidence to support the alternative chosen
Retaliation against any member of the healthcare team who has reported an instance of violation of this policy or who has participated in the investigation of such an incident, regardless of the perceived veracity of the report.

Disruptive and unacceptable behavior must be distinguished from behavior which, even though in certain circumstances may seem unpleasant or disconcerting, is appropriate to the carrying out of certain instructional, advisory, or supervisory responsibilities. In the context of patient care, for example, clear and direct communication may be necessary in order to deliver safe, effective, appropriate, and timely clinical treatment.

POLICY

In situations where disruptive or unacceptable behaviors occur, the AMC expects the offending individual to recognize his/her unacceptable behavior and to apologize to all parties involved. In addition, the individual is expected to take remedial measures, on his/her own initiative, to prevent the recurrence of such unacceptable behavior. Facilitation of such efforts is available through physician, nursing, and hospital leadership, as more specifically described in the Meeting for Resolution section of this policy.

If the issue cannot be resolved between the parties through the Meeting for Resolution process or otherwise, the disruptive or unacceptable behavior may be reported to the appropriate supervisor, director, manager, or Human Resources department. Such reports will be shared with the appropriate Department Chief, Chief Medical Officer and/or Chief Nursing Executive, and will be addressed by the appropriate personnel.

In the event that the complaint is against a Department Chief, Chief Medical Officer, or Chief Nursing Executive, superior institutional leadership will determine appropriate personnel to address the situation.

If, after review of the complaint, a violation of this policy is confirmed, remedial or disciplinary actions will be taken pursuant to Washington University School of Medicine policies or in accordance with the applicable Hospital medical staff bylaws or Hospital employee policies. If not already involved, the Department Chief, Chief Medical Officer and/or Chief Nursing Executive will be consulted before remedial or disciplinary action is taken. Such action will be determined based on the severity of the behavior and the individual’s prior work history. Remedial measures may include, for example, sincere apologies and/or recommendations for therapy or counseling. Disciplinary measures may also be warranted, including, for example, verbal or written warnings or reprimands, reduction of compensation or benefits, suspension, denial or delay of promotion, demotion, non-renewal of appointment, or termination. Disciplinary measures related to privileges or other medical staff issues may also be initiated by the Department Chief through the applicable hospital medical staff policies and procedures.

Although all complaints will be handled as confidentially as possible, some information will necessarily be shared as part of the investigation and individuals with a need to know will be
informed of the outcome.

When disruptive or unacceptable behavior reflects a disorder, condition or other impairment that adversely affects or may adversely affect the quality of patient care, including substance abuse or any other physical, cognitive, mental, psychological, psychiatric, emotional and/or medical condition, disorder or impairment, then the AMC’s Impaired Provider Policy may apply.

It is a violation of this policy to retaliate against individuals who report disruptive or unacceptable conduct or against those who assist or participate in any investigation of a complaint. Any such retaliation – or any encouragement of another to retaliate – is a violation of this policy, independent of whether the particular complaint is substantiated. At the same time, allegations of disruptive or unacceptable behavior must be made in good faith and not out of malice; knowingly making a false or frivolous allegation will not be tolerated.

MEETING FOR RESOLUTION

The optimal way to address inappropriate conduct is a face-to-face meeting between the parties involved using the following steps:

- The person who was aggrieved is expected to address the issue with the other party in a timely manner and private setting using this policy as a reference.
- This meeting may be more productive after a “cooling off” period of a few hours or a few days so that the parties involved can gain perspective on the precipitating events and process breakdowns that may have been contributing factors.
- If facilitation of the discussion is needed, appropriate physician and nursing leadership can serve as facilitators.
- Sincere apologies should be encouraged and every reasonable attempt should be made to defuse the situation without further intervention.
- If clinical care/hospital process deficiencies are discovered during this face-to-face meeting, these concerns need to be addressed by the department’s leadership for improvement.
- No documentation of incidents resolved by the parties is required.