

The Impact of Disruptive Behavior

Strategies to Minimize Risk

► Program speaker

Today's speaker is Dorie Rosauer, RN, MBA, Senior Patient Safety & Risk Consultant, MedPro Group (Doral.Rosauer@medpro.com)

Dorie has more than 30 years of experience in the healthcare industry and has achieved an understanding of the challenges and opportunities facing both clinicians and hospitals. Throughout her career, Dorie has worked as a staff nurse, nurse manager, and nursing supervisor.

Additionally, Dorie has managed the day-to-day organizational operations of quality, risk management, infection control, safety, self-insured retentions, and physician professional liability. During her recent years as a risk management consultant, Dorie's focus has been on identification and implementation of cutting-edge, proactive, risk reduction strategies.

Dorie is licensed as a registered nurse in Illinois and earned her MBA from St. Ambrose University in Davenport, Iowa. She is a member of the American Society for Healthcare Risk Management and the Wisconsin Society for Healthcare Risk Management. Dorie is past president of the Illinois Society of Healthcare Risk Management.

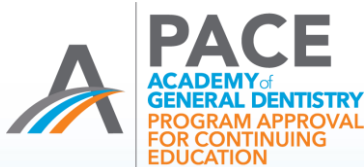


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Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at MedPro Group have reported that they have no relevant financial relationships with any commercial interests.

► Objectives

At the conclusion of this program, participants should be able to:

- Identify three different types of disruptive behavior.
- Describe the potential effect disruptive behavior can have on patients and professional practice.
- Recognize behavior in themselves, peers, and/or staff that might be considered disruptive behavior.
- Implement effective strategies to address disruptive behaviors when encountered in the workplace.



► Definition

American Medical Association defines disruptive behavior

“

“Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care” constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one’s ability to work with other members of the healthcare team.)

“Disruptive behavior by a physician does not include criticism that is offered in good faith with the aim of improving patient care.”

► Prevalence

American College of Physician Executives and QuantiaMD® survey results

- 70% indicated physician disruptive behavior occurs monthly in their organizations
 - 59% degrading comments
 - 54% not cooperating with other providers
 - 55% not following established protocols
- 26% engaged in disruptive behavior at least one time
- 50% changed physicians or left the practice
- 90% believe disruptive behavior affects patient care (always, sometimes)
- Identified needs: confronting disruptive physicians, enacting strategies for disciplining disruptive physicians, improving culture and communication

Two most common contributors: (1) workload and (2) learned behaviors

► Disruptive behaviors

Passive

- Incomplete charting
- Avoidance
- Failure to answer calls
- Frequent absences
- Chronic tardiness
- Getting behind
- Refusing to help

Passive aggressive

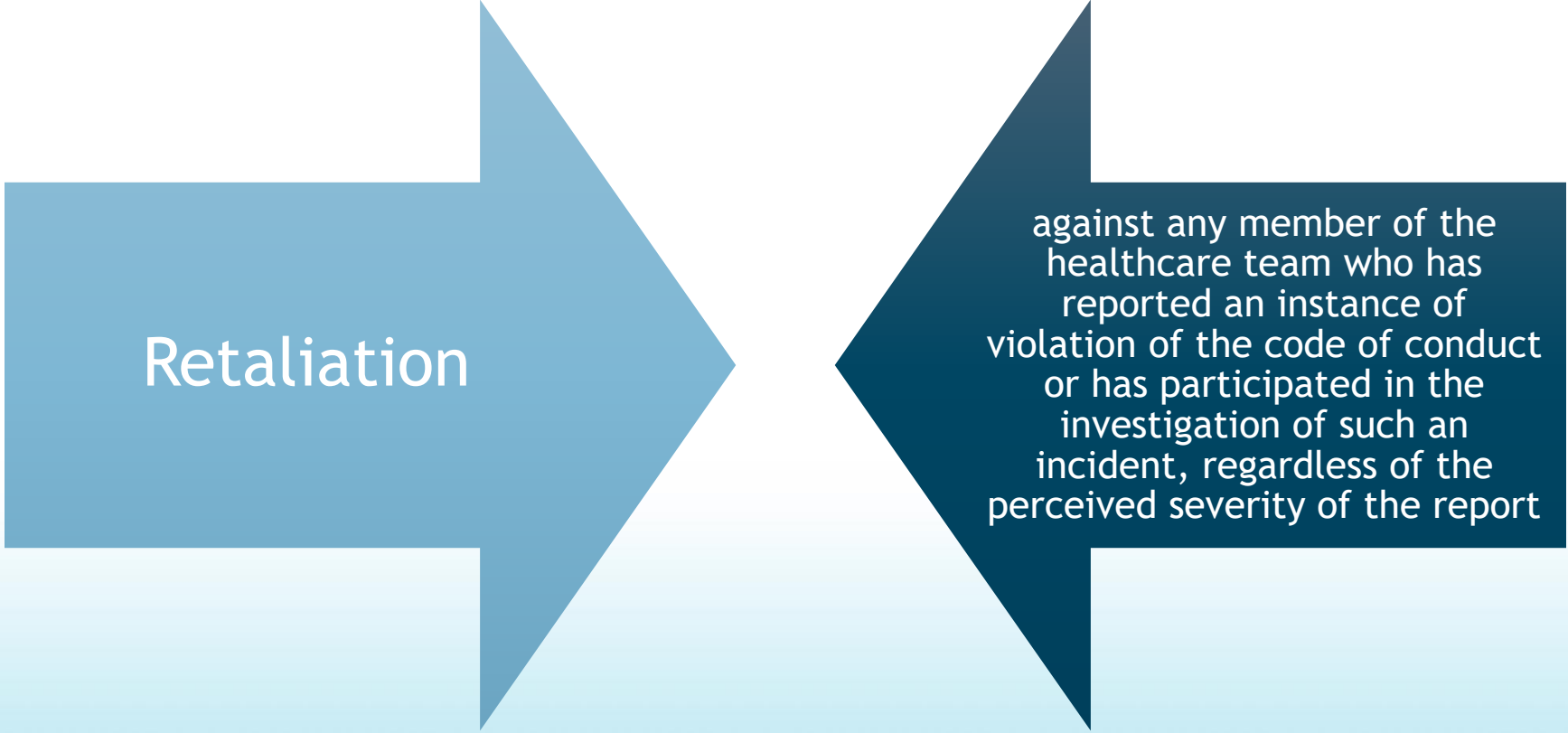
- Excessive sarcasm
- Implied threats
- Inappropriate jokes
- Refusal to complete tasks
- Condescending language/tone

Aggressive

- Anger outbursts
- Raised voice
- Demeaning
- Intimidation
- Public criticism
- Physical aggression
- Physical violence

Disrespect is the most common disruptive behavior

► Disruptive behaviors



The diagram consists of two large, stylized arrows pointing towards each other. The left arrow is light blue and contains the word 'Retaliation'. The right arrow is dark blue and contains a detailed definition of the behavior. The background is a light blue gradient.

Retaliation

against any member of the healthcare team who has reported an instance of violation of the code of conduct or has participated in the investigation of such an incident, regardless of the perceived severity of the report

► Themes

Comments that undermine trust

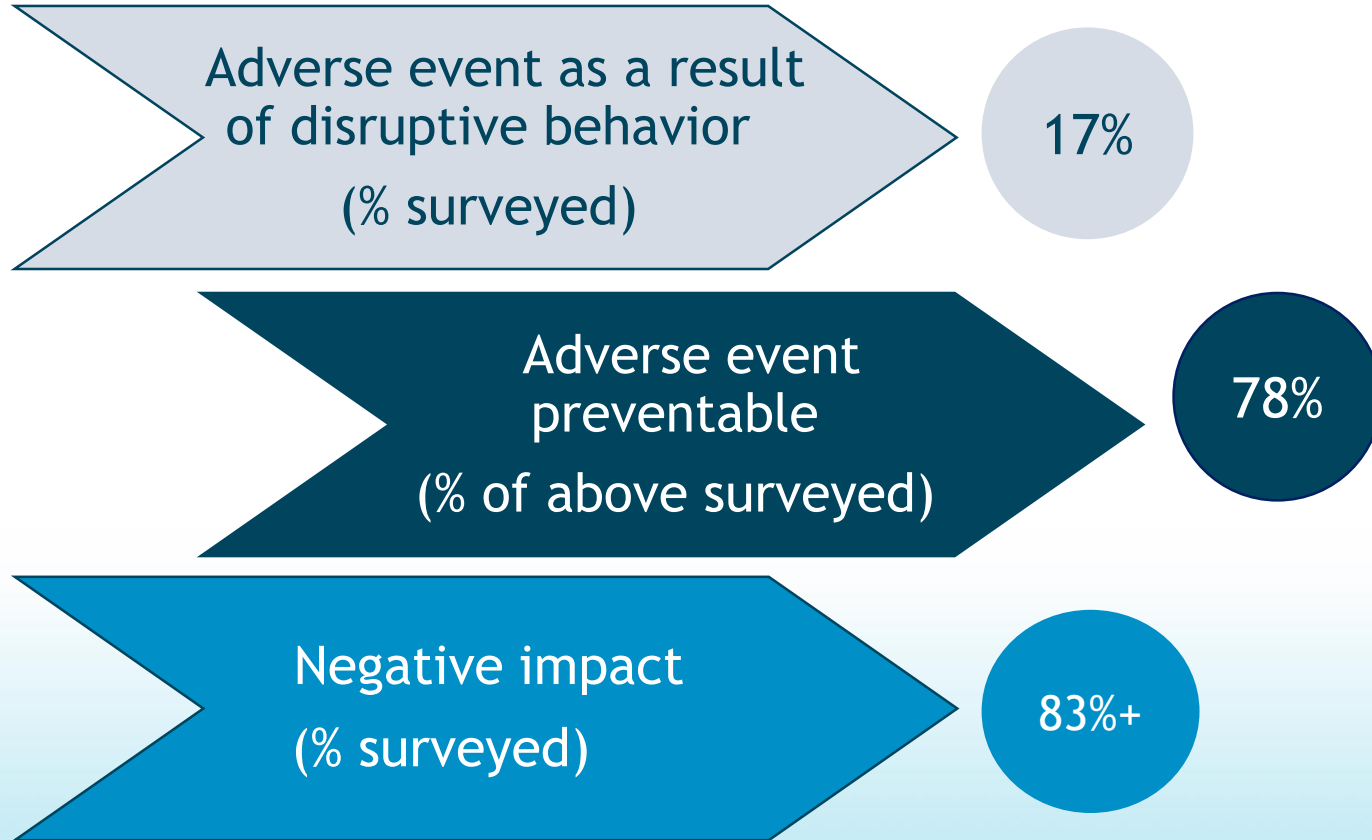
Comments that undermine self-confidence

Failure to address safety concerns or patient needs

Intimidating behavior that suppresses input

Deliberate failure to follow policy and procedures

► Impact



► Impact

Institute for Safe Medication Practices survey

- 49% felt pressured to dispense or administered a drug despite serious and unresolved safety issues
- 40% kept quiet rather than question a known intimidator

Coping methods

- Avoid the abuser at all costs
- Avoid making suggestions to improve care

A victim may not contact an abuser even when a clinical call is warranted

► Case – Physician anger

Doctor answering phone in dark on-call room

“This better be good, I just got to sleep.

Wait a minute...stop talking! Is it a car accident or a C-section?

You mentioned something in your babbling about blood pressure.

Does the patient have an IV? Why don't you know?

You idiots call me all the time!

Just get me the information and call me back.”



► Consequences

Negative
effect on
others

Behaviors
shaped
quickly

Lack of
respect

Information
not relayed

Sleep
deprivation,
stress

Chain of
command
not followed

Risk of poor
outcomes

► Findings

National survey of 1,627 physician executives

- 36%: most behavior problems are between physicians and staff members, including nurses
- 43%: behavior problems are not linked to alcohol or substance abuse
- 50%: reported only when a doctor is completely out of line and a serious violation occurs
- 83%: physician behavior problems involve disrespect
- 95%: met with a disruptive physician to discuss behavioral problems

Disrespect is the most common physician disruptive behavior

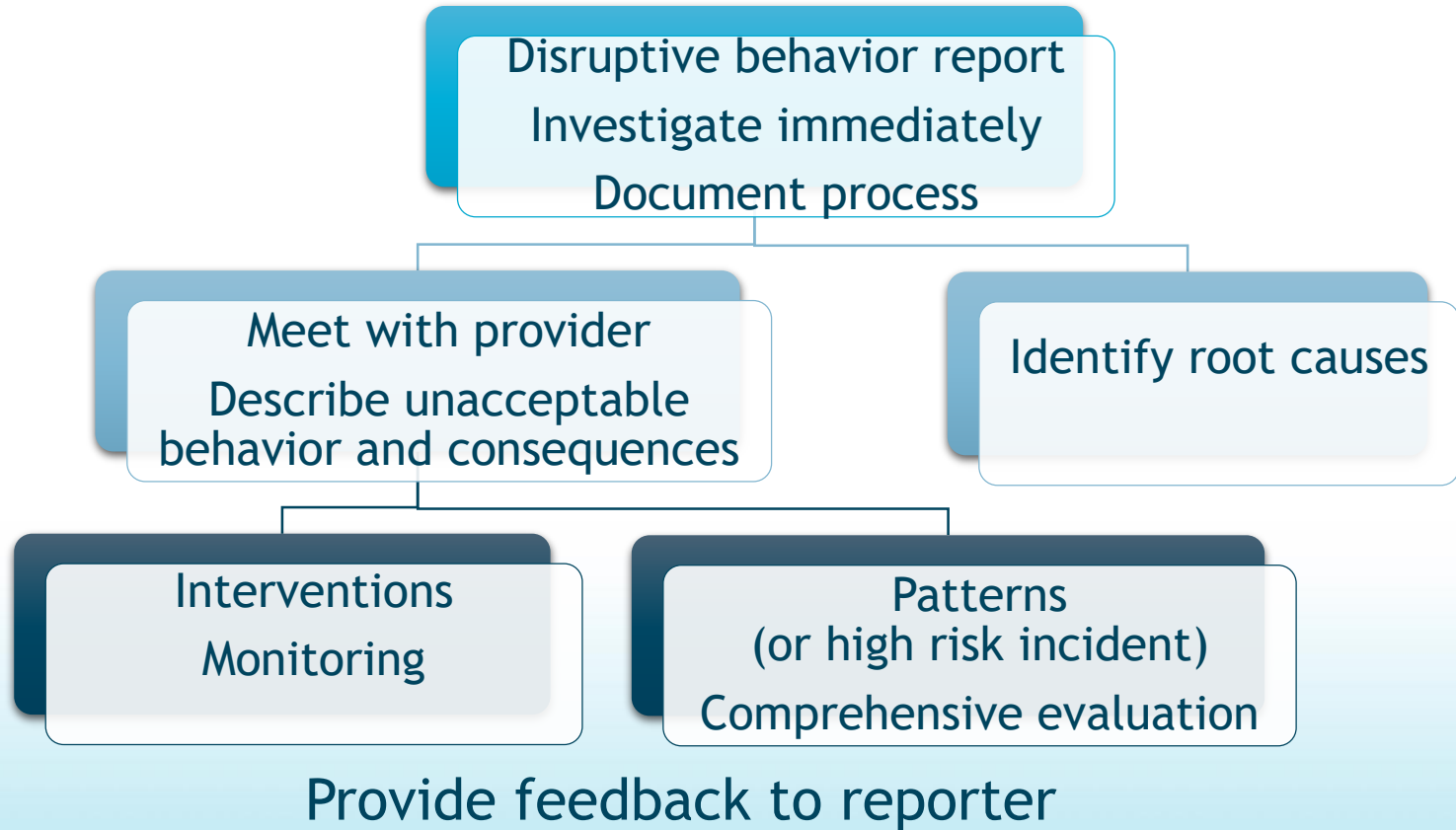
► Findings

Peer messengers share behavior reports directly with recipients

- Vanderbilt: co-worker observation reporting system (CORS) to report unsafe conduct and behaviors known to undermine team
- 3% of medical staff (physicians and advanced practice professionals) had pattern of CORS reports
- 71% of recipients with CORS patterns following peer messenger feedback were not named in any subsequent CORS reports (1-year follow-up period)

Peer messenger feedback is helpful in encouraging behavior self-regulation

► Early intervention



► Risk strategies



SBAR: Situation, Background, Assessment, Recommendation

► Case – Physician impairment

Office nurse finds physician snoozing in office

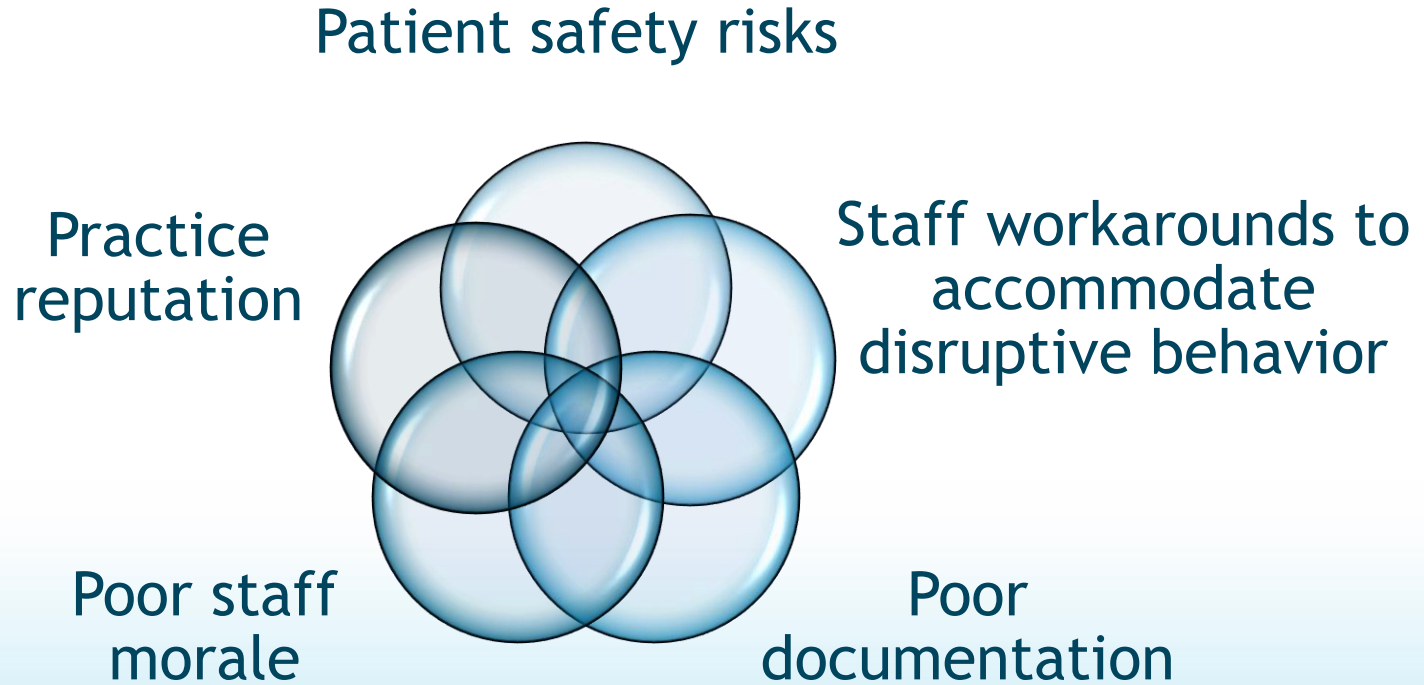


“Where have you been?! Dr. Johnson had to take your 11 and 12 o’clock patient!”

Disheveled physician gets up, unsteady on his feet, trying to find his stethoscope, and attempting to get back to work.
‘What’s the rest of the day look like?’

Office nurse smells alcohol on his breath and says, ‘I think the rest of your day is at home. You need to go home right now!’”

► Consequences



► Findings

Physician impairment studies

- Substance abuse
- Chronic sleep deprivation
- Physical illness
- Mental illness
- Declining competencies

8%-12% of physicians will develop a substance abuse disorder in his/her lifetime

► Risk strategies

Address
patient care
and safety
needs first

Coordinate
immediate
intervention

Use
corporate
agreement
for cause
drug testing
per policy

Use state
medical
societies,
referral
agencies,
and
employee
assistance
programs

Monitor and
follow up

Establish
partnership
/operating
agreements

► Case – Physician displaying inappropriate behavior

Office staff complains about physician displaying inappropriate behavior

“I’m sorry to bother you but it’s gotten out of control: looking at me, dirty jokes.

I can’t get a chart with him trying to give me a massage. Everything he does matches sexual harassment from what I read.

I really need this job. Frankly, I can’t take it anymore.”



► Consequences

Sexual harassment

Hostile work
environment

Fear of job loss

Patient safety
compromised —
communication/
handoff issues
(avoidance)

► Findings

Fear of reporting

- Intimidation
- Fear of “troublemaker” label
- Concern for job
- Fear of conflict
- Concern for confidentiality
- Belief organization will not act
- Staff not sure to whom to report

Staff is reluctant to report disruptive behavior

► Risk strategies

Staff and physician education policy and procedures



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graph TD; A[Staff and physician education policy and procedures] --> B[Zero tolerance]; B --> C[No retribution]; C --> D[Investigate all allegations]; D --> E[Early intervention and monitoring];
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Zero tolerance

No retribution

Investigate all allegations

Early intervention and monitoring

► Case – Physician process breakdown

Staff member on the phone in an office

“I’m looking for it right now (chart).
The office is a complete disaster!

I haven’t seen him since this morning.
...he completely bit my head off! I
guess I can call the patient, make up
the labs didn’t come in and that’s why
he hasn’t called.

I know he’s having problems at
home...he doesn’t call, he doesn’t finish
his orders. He won’t let us help. Things
are completely falling apart...”



► Issues and consequences



Assessment of situation

Burden on practice, staff

Inefficiencies in office

Chaotic environment

Patient confidence eroded

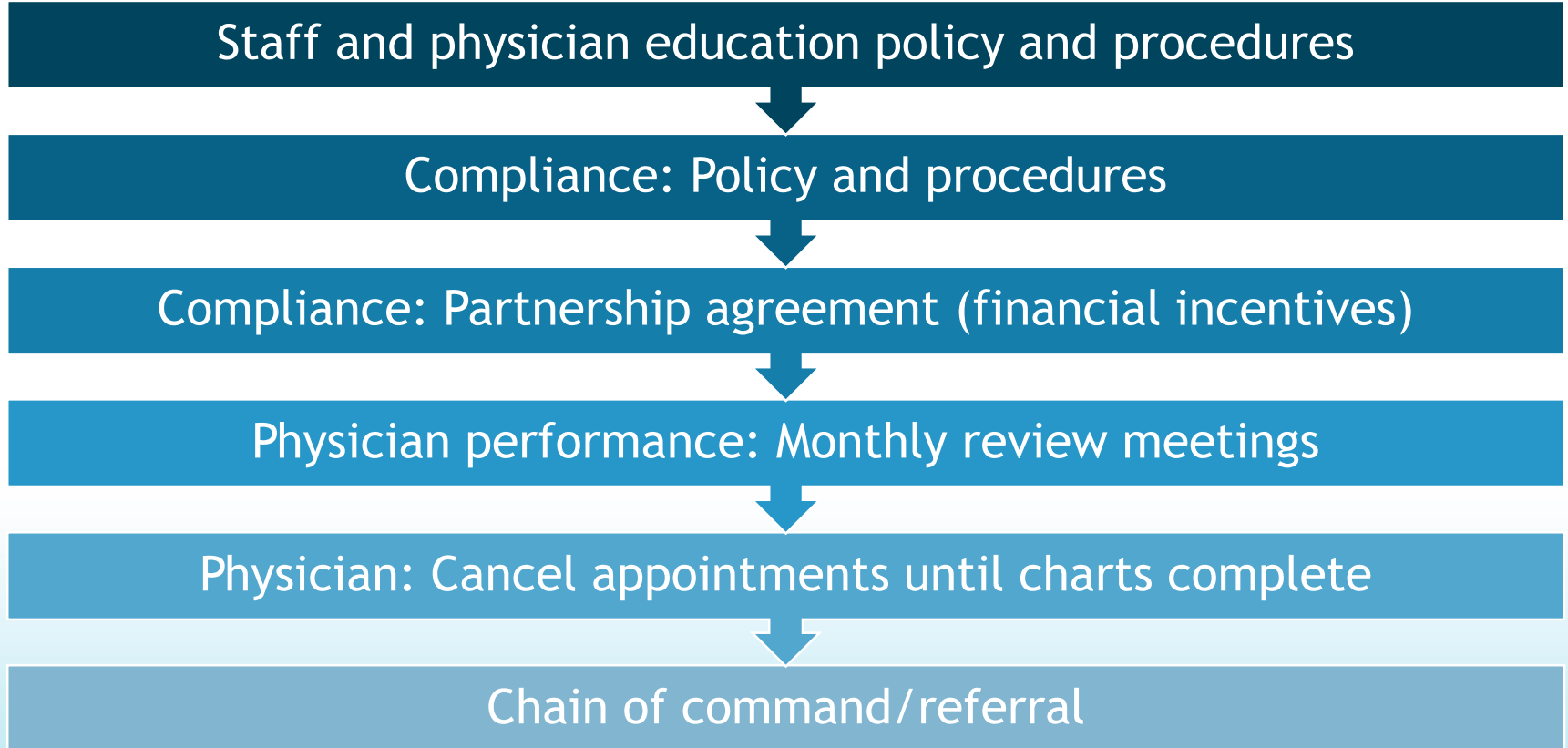
► Findings

PA Patient Safety Authority analysis: 177 disruptive behavior events

- 41%: conflicts between physicians
- 17%: clinicians not following procedures
- 10%: lack of response, or delays
- 12%: listed as “other”
- 20%: not attributed to a specific behavior

Disruptive behaviors are a potential cause of patient harm

► Risk strategies



▶ **Real Life**
Real Consequences

► Situation

Precipitating events start in the operating room and end in the pump room

- Engaging in shouting match
- Using foul language
- Posturing
- Slamming down utensils, hand, etc.
- Displaying disparity in size, vocals, authority, and power



► Outcome

“Victim” (perfusionist)

- Walks out
- Does not return
- Takes medical leave
- Sues surgeon (assault)
- Sues corporation (negligent hiring, intentional infliction)
- Sues hospital (hostile work environment, breach of contract)



► Consequences

Entity: Lesson learned

Equal Employment Opportunity Commission: Hostile work environment

Interference: Business relationship

Patient and care issues, complaints

Negligent credentialing

Breach of contract

State agency: Access to “protected peer review”

The problem that kept giving . . .

► Consequences

Disruptive surgeon

Assault

Intentional infliction of emotional distress

Peer review action

Privileges, bylaw action

The problem that kept giving . . .

► Consequences

The final result

Personal liability exposure

Hospital lawsuit ensued

Practice declared bankruptcy

Relationship with hospital ended

Surgeon left practice, no longer in clinical practice

The problem that kept giving . . .

► Risk strategies

Adhere to staff and physician education policy and procedures

Compliance: Comply with policy and procedures

Allegations: Deal with quickly

Allegations: Address each and every time

Allegations: Don't forget the "victim"

Be proactive: Disruptive behavior is not a risk worth taking

► Summary

Disruptive
behavior
threatens
patients,
teams, and
organizations

Culture of fear and intimidation

Low staff morale

Staff turnover

Erodes collaboration

Erodes communication

Patient safety and harm

Litigation

► Risk strategies begin with culture of respect

Culture of accountability and respect

Policy &
procedures,
code of
conduct

Team training
and
communication

Early
interventions
and monitoring

Reporting,
incident
management

► Objectives

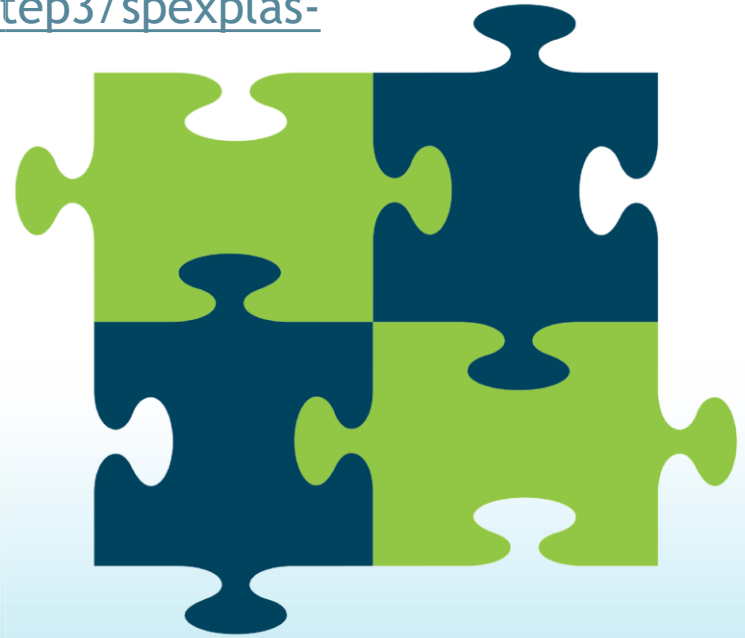
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► Resources

- Directory of Physician Assessment and Remedial Education Programs (Federation of State Medical Boards):
<https://www.fsmb.org/globalassets/usmle-step3/spexplas-pdfs/remedprog.pdf>
- MedPro Group resources: www.medpro.com
- Anger management programs
- Employee/physician assistance programs
- Wellness programs
- Professional associations
- State medical boards



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