

	POLICY Title: Medical Staff Policy on Behaviors that Undermine a Culture of Safety	
Location: Centennial Hills, Desert Springs, Henderson, Spring Valley, Summerlin, Valley	Policy Number:	Page 1 of 5
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Section:		

1. **Scope:**

This is a Facility-wide policy and applies to all patient care settings and operations in a Valley Health System hospital, which includes Centennial Hills Hospital, Desert Springs Hospital, Henderson Hospital, Spring Valley Hospital, Summerlin Hospital and Valley Hospital.

2. **Purpose:**

To establish standards for all individuals exercising privileges awarded by the Medical Staff process (“Practitioners”) which prohibit behaviors that undermine a culture of safety.

3. **Policy and Procedures:**

A. It is the policy of the Facility and the Medical Staff for all Practitioners within or on behalf of the Facility to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. The overarching goal of this policy is to cultivate a Facility-wide culture of safety, so it is furthermore the Practitioner’s responsibility to affirmatively hear concerns raised about patient safety and to respond to such concerns professionally and cooperatively. Specifically, Practitioners will respect requests to “stop the line” or other assertive statements or actions regarding potential patient safety issues and will interpret any such statements or actions as being made in good faith and in the patient’s best interest.

B. Practitioners, nurses, other Facility employees, or other individuals who observe, or are subjected to, behaviors that undermine a culture of safety by a Practitioner are encouraged to constructively address the Practitioner at the time of the behavior if the individual feels such an intervention may be accomplished in a collegial manner. Constructive intervention generally includes a progression as follows:

- Speak directly to the Practitioner and express your concern with an assertive statement specifically identifying the behavior or patient safety concern at issue (the verbal intervention should be handled in private if possible);
- If collegial verbal intervention is unsuccessful, please use a “Stop the Line” assertive statement or similar language asking to cease the treatment activity so

that it may be reviewed in further detail. For example, “Dr. Jones, I am concerned that if I give Mrs. Smith that dose of medication, she will be harmed. Please cancel the order so that we can review and confirm the correct dosage before proceeding.” Another example, “Dr. Jones, I am concerned that we have not properly completed the universal protocol for Mrs. Smith’s surgery. Please stop so that we can properly complete the universal protocol before proceeding”;

- If collegial verbal intervention is unsuccessful and the Practitioner disregards a request to cease the treatment activity, then Facility staff will follow their chain-of-command escalation policies and Practitioners will escalate the matter to Department or Medical Staff leaders.
- C. Harassment based on disability, age, race, sex, national origin, pregnancy, religion, genetic information, sexual orientation, gender identity or expression or any other basis protected by State or Federal law is also expressly prohibited.
- D. Behaviors that cause a sexually hostile, harassing, or offensive work environment will be addressed through the Medical Staff’s separate policy on Sexual Harassment Prevention.
- E. In dealing with incidents of behaviors that undermine a culture of safety, the protection of patients, employees, physicians, and others in the Facility and the orderly operation of the Facility are paramount concerns. Behaviors that undermine a culture of safety are defined as those which adversely affect or impact the Facility operations or the ability of others to perform their jobs competently, or interferes or tends to interfere with the provision of safe, quality patient care at the Facility. For the purposes of this Policy, examples of “undermining behaviors” include, but are not limited to:
- Disruptive Behaviors - Rude or abusive behavior, comments, or outbursts to Facility personnel, patients, Practitioners, vendors, or visitors;
 - Demeaning Behaviors – Negative comments to patients about other Practitioners, nurses or other Facility personnel or Medical Staff members or about their care and treatment in the Facility. Verbal attacks which are of a personal, irrelevant or go beyond fair, professional conduct, and that are directed to Facility personnel, Medical Staff, Practitioners, contracted staff, or patients. Irrelevant or inappropriate comments, drawings, or illustrations made in a patient’s medical records or other Facility business records, impugning the quality of care in the Facility, or attacking particular Practitioners, nurses, other Facility personnel, or Facility policies;
 - Intimidating Behaviors - Criticism that is addressed to a recipient in such a manner as to intimidate, undermine confidence, belittle, imply stupidity or incompetence, or some other type of public humiliation;
 - Passive-Aggressive Behaviors – Refusal to do assigned or customary tasks, deliberate delays, undermining another’s position, creating rigid or inflexible barriers to requests for assistance or cooperation, disrupting Facility operations, or disrupting Facility or Medical Staff committee(s) or departmental affairs;

- Lying, cheating, knowingly making false accusations, altering, or falsifying any patient's medical records or Facility documents;
 - Verbal or physical maltreatment of another individual, including physical assault;
 - Harassment, including words, gestures and actions, verbal or physical, which interferes with a person's ability to competently perform his or her job;
 - *At-Risk Behavior* – a behavioral choice that increases patient safety risks where the risk-taking behavior is not recognized or is mistakenly believed to be justified (e.g. shortcuts, skipped steps, workarounds, etc.); or,
 - *Reckless Behavior* – a behavioral choice to consciously disregard a substantial and unjustifiable risk (e.g. intentional circumvention of all or part of an established policy or procedure generating a substantial and unjustifiable risk to patient safety).
- F. Conduct of a criminal nature shall be handled through local law enforcement officials in accordance with Facility policy, local and State laws.
- G. A Practitioner employed by the Facility who engages in behaviors that undermine a culture of safety shall be dealt with in accordance with the Facility's Human Resources policies, except to the extent due process rights are afforded to the Practitioner as defined in the Medical Staff Bylaws. An independent Practitioner who engages in behaviors that undermine a culture of safety shall be dealt with in accordance with this Policy or in accordance with the due process rights afforded to the Practitioner as defined in the Medical Staff Bylaws. Behaviors that undermine a culture of safety resulting from impairment shall be handled in accordance with the Medical Staff's policy on impairment as applicable.
- H. This Policy outlines initial collegial steps (i.e., warnings and meetings with a Practitioner) that may be taken in an attempt to resolve behaviors that undermine a culture of safety as may be exhibited by a Practitioner. However, there may be a single incident of undermining behavior, or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in this Policy precludes immediate referral to the CEO, a Medical Staff committee with responsibility for Practitioner conduct, the Medical Executive Committee or to the Board, with the CEO, a Medical Staff committee with responsibility for Practitioner conduct, the Medical Executive Committee or the Board implementing immediate actions, which may include but is not limited to summary suspension, the filing of criminal charges, or the elimination of any particular step outlined herein so as to take immediate action in dealing with a complaint regarding disruptive conduct.
- I. Practitioners, nurses, other Facility employees, or other individuals who observe, or are subjected to, behaviors that undermine a culture of safety by a Practitioner and are

unable to collegially address the behavior shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, they shall notify the Chief Executive Officer (or designee). Any Practitioner who observes such behavior and is unable to address it shall notify the Chief Executive Officer directly. Upon learning of the occurrence of an incident of uncorrected undermining behavior, the supervisor/Chief Executive Officer shall request that the individual who reported the incident to document it in writing. In the alternative, the supervisor/Chief Executive Officer shall document the incident as reported.

The documentation shall, to the extent possible, include:

- The date and time of the questionable behavior;
 - A factual description of the questionable behavior;
 - The name of any patient or patient's family members who were involved in the incident, including any patient or family member who witnessed the incident;
 - The circumstances which precipitated the incident;
 - The names of other witnesses to the incident;
 - Consequences, if any, of the undermining behavior as it relates to patient care, personnel, or Facility operations; and,
 - Any action taken to intervene in, or remedy, the incident.
- J. The supervisor shall forward a documented report to the Chief Executive Officer, who shall immediately notify the Chief of Staff and the CMO. The Chief Executive Officer, the Chief of Staff, and the CMO shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.
- K. If a reporting individual is unwilling or uncomfortable with reporting undermining behavior using the procedure described herein, then a report of the incident may alternatively be made to the Facility's Patient Safety Council.
- L. After a determination that the incident of undermining behavior has occurred, the Chief of Staff, the Chief Executive Officer, the CMO, and/or the responsible Medical Staff committee shall evaluate the behavior for an appropriate response commensurate with the severity of the undermining behavior after taking into account past instances or patterns of uncorrected behaviors, if any. Low level concerns should be addressed collegially with a clear identification of the undermining behavior and acceptable behaviors going forward. Intermediate level concerns should continue to be addressed collegially but with a higher degree of formal communication and a specific set of interventions or actions implemented to address the undermining behavior. High level concerns should be addressed in a formal manner with accompanying referral to a Medical Staff committee with responsibility for Practitioner conduct. The following collegial interventions, in any combination, may be implemented at the discretion of said individual or Committee:

- Assigning mandatory training or re-training on the Medical Staff’s standards regarding behaviors that undermine a culture of safety;
 - Issuing letters of instruction, reprimand, or warning to a Practitioner detailing instances or patterns of non-compliance with, or misunderstanding of, this Policy and/or identification of actions necessary or advisable to resolve the non-compliance or improve the understanding of the Policy;
 - Requiring the Practitioner to successfully complete mandatory Continuing Medical Education or similar courses with the goal of improving the Practitioner’s understanding and/or compliance with this Policy; or
 - Submitting a request for peer review, investigation, or corrective action submitted to the appropriate committee of the Medical Staff along with supporting documentation identifying the basis for the request and instances or patterns of Practitioner non-compliance with collegial improvement efforts hereunder.
- M. The identity of reporting individuals should not be disclosed during this process unless the Chief Executive Officer, the Chief of Staff, and the CMO jointly agree in advance that it is appropriate to do so. If identities are disclosed, then the Practitioner is to be advised that any retaliation against the person reporting the incident will be separate grounds for disciplinary action under the Bylaws, up to and including precautionary or summary suspension.
- N. The Practitioner shall be advised that a summary of the event and corresponding actions shall be prepared and a copy provided to him or her. The Practitioner may prepare a written response to the summary. The Chief Executive Officer shall cause the written report(s) of the incident, summary of the meeting, and any other records regarding the incident or the meeting to be kept as a confidential Medical Staff record.

4. **References:**

42 CFR 482.22 - Condition of participation: Medical Staff.

TJC Standard LD.03.01.01, Comprehensive Accreditation Manuals.

TJC Sentinel Event Alert on Behaviors That Undermine a Culture of Safety, Issue #40, July 9, 2008 (https://www.jointcommission.org/assets/1/18/SEA_40.PDF).

TJC Sentinel Event Alert on the Essential Role of Leadership in Developing a Safety Culture, Issue #57, March 1, 2017 (https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf).