



medical riskreporter

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This edition of ACE Medical Reporter outlines the components for a fair and effective policy following the standards set forth by the Joint Commission. Proactively confronting the problem of disruptive behavior will help administrators, physicians, nurses, patients and visitors alike to recognize and respond to incidents before they become a liability.

Managing Disruptive Behavior

Conflicts and misbehavior can negatively impact patient safety by promoting an environment of hostility and distrust. When exposed to chronic conflict, a hospital's workforce often focuses more on how to manage and contain disruptive behavior than on fostering a clinical setting that protects patients. If left unaddressed, disruptive and abusive behavior can create a significant liability for any healthcare facility. To protect against a vicarious liability claim for unchecked behaviors, organizations must act swiftly to control the origins of conflict.

In January 2009, in response to growing concern over the toll of conflict on healthcare settings, the Joint Commission released a revised leadership chapter for accredited organizations. The new standards address the issue of conflict management by focusing on leadership accountability and the need to promote transparent procedures for handling incidents¹. As a sign of their commitment to patient safety, many hospitals and other healthcare facilities are now moving toward a zero-tolerance policy for abusive and disruptive acts. (To view the leadership chapter and specific elements of performance, visit http://www.jointcommission.org/NR/rdo/lyres/0376B4EC-0F1A-42E0-AD23-7D7D1680E3C3/0/09_ld_hap_prepubstds.pdf

¹Standard LD.2.40 holds organizations accountable for processes to manage and resolve conflict between leadership groups. Standard LD.3.10 addresses the need to create and promote a culture of safety and quality, including the adoption of a code of conduct that defines disruptive and inappropriate behavior.

Form a Conflict Management Committee

In order to implement and monitor the effectiveness of a written conflict management program, a multi-disciplinary committee should be formed. The committee would report directly to the governing board and be charged with the development of policies and procedures, as well as the education and training of medical and clinical staff. The committee should also be accountable for responding to reports of disruptive behavior, investigating incidents, and overseeing the negotiation process to the point of resolution. Potential committee members should include:

- Human resources representatives
- Medical staff leaders
- Nursing leaders
- Privacy officers
- Quality improvement coordinators
- Risk managers
- Safety officers
- Senior managers

Effective conflict management depends upon a core group of individuals who can remain calm, engage parties, and restore lines of communication among opposed parties. It is essential that selected committee members possess not only the requisite professional experience to manage conflict effectively but also an emotional intelligence that will afford them self-control and empathy in a conflict situation. When assessing levels of emotional intelligence, an organization should document each member's ability to:

- Remain relaxed and composed under pressure
- Identify negative feelings without becoming distressed
- Focus on a goal without procrastination
- Admit mistakes freely
- Empathize with other's emotions and/or situations
- Accept criticism constructively
- Calm themselves without great difficulty
- Communicate effectively with colleagues
- Handle setbacks without distress
- Articulate their purpose in the organization
- Remain enthusiastic about their job responsibilities and work setting

Define Disruptive Behavior

Once a working committee is convened, the members can begin the process of drafting a code of conduct that precisely defines disruptive behaviors. It's important to remember that conflict can be a natural and healthy occurrence of professional work by exposing problems that require attention. When hospitals elect to address only the most serious actions of physical violence or harassment, however, they risk overlooking the chronic – and often more subtle – forms of dysfunction that can exist between physicians, practitioners and leadership. Accordingly, a code of conduct should define all forms of disruptive behaviors, including:

- Bigotry
- Bullying and demeaning behavior
- Harsh language
- Harassing and discriminatory acts
- Offensive jokes
- Physical violence
- Verbal outbursts

The code of conduct, complete with definitions and examples of misconduct, should be incorporated into hospital policy and medical staff bylaws.

“Conflict can be a natural and healthy occurrence of professional work by exposing problems that require attention.”

With the code of conduct formulated, the committee should determine the extent to which conflict and disruptive behavior exist within the organization. Informal meetings or discussion groups are effective ways to identify problematic relationships or controversial practices. The use of assessment tools can also solicit perceptions of conflict from employees at all levels of operation. Vulnerabilities that may be uncovered through departmental assessments include:

- Unaddressed events and interactions that lead to stressful encounters
- Lack of knowledge among staff as to what constitutes disruptive and abusive behaviors
- Lack of effective methods for managing conflict
- Negative staff perceptions of leadership and management
- Insufficient resources
- Preferential treatment of physicians in conflict situations

To obtain a useful conflict management assessment tool, visit the American College of Healthcare Executives at <http://www.ache.org/CARSVCS/CarConflict.cfm>

Draft Policy and Procedure

Designing a meaningful conflict management plan often requires making sense of existing codes of conduct, as well as policies and protocols on violence prevention and the treatment of impaired clinicians. Efforts must be taken to streamline the patchwork of guidelines into a consistent and fair process if the support of management and employees is to be gained. To help organizations draft effective and fair policies, a checklist entitled “Best Practices for Conflict Management” has been compiled on pages 3-4.

At all costs, policy drafting should be guided by the fundamental goals to:

- Create a culture of respect
- Respond to unacceptable behavior with universal provisions
- Reinforce a code of conduct
- Promote zero-tolerance for harassment and discrimination
- Educate staff on offenses and remedial measures
- Foster a non-punitive reporting environment

Before embarking on the drafting phase, consult with legal counsel about legal requirements.

Strategies to Improve Compliance

1. Get the word out

Provide training sessions where hospital and medical staff members learn about the conflict management plan and receive training on behavioral expectations. The code of conduct should be reviewed in detail at the sessions, and attendees should sign a statement that they understand and will comply with the provisions of the conflict management plan. Each attendee should also acknowledge in writing their receipt of the disciplinary measures to be taken in the event of non-compliance, including suspension, termination of employment, or loss of medical staff privileges.

2. Teach conflict resolution

Senior leaders, physicians, nurses and staff should receive training in basic communication and conflict negotiation skills. Classes and resources that focus on these basic strategies can yield the greatest return by teaching how to:

- Acknowledge the different perspectives within a conflict situation
- Identify the problem by focusing on the facts, not the emotions
- Wait to conduct group meetings until after tempers have calmed
- Actively listen to all parties to the dispute
- Identify weaknesses in clinical and operational support systems, whenever possible
- Define the goal of negotiation, focusing on collaborative ways to meet it
- Focus on accommodation, not compromise, by letting parties know resolution is a give-and-take process

3. Create a conflict resolution group

When conflict erupts in an organization, a working group that has been appointed by the Conflict Management Committee should be ready to defuse tensions and move swiftly to resolution. The group should include, at a minimum, the parties in dispute, an uninvolved staff member, and a non-healthcare professional. An increasing number of organizations also utilize “conflict coaches” to supplement their resolution group. These moderators – often staff members or administrators – should have specific training on mediating disputes and are required to report to the Conflict Management Committee.

4. Don't take a punitive stance

Ensure that senior leadership and management are committed to protecting staff members who meet their duty and report violations of the behavior code. A successful conflict management program requires all parties to remain objective and unbiased. Conflict is not just limited to physicians, but can occur as frequently among nurses, pharmacists, laboratory staff and other professionals. Conflict is not always triggered by impaired states. Unfair policies, poor communication, and discrimination are frequent origins. Management should be motivated to resolve conflict with non-punitive measures and resist perpetuating stereotypes.

A sound conflict management program is fundamental to creating a more open and transparent healthcare setting. While some degree of conflict is inevitable in human relations, principles that focus on basic communication and leadership skills can help steer a culture from chronic distrust towards a more balanced and fair working environment. The guidelines and strategies included here can help organizations devise a conflict management program that addresses specific areas of vulnerability and potential liability.

Resource Organizations

- American College of Healthcare Executives, at www.ache.org
- Free Management Library, at www.managementhelp.org/intrpsnl/basics.htm
- Institute for Safe Medication Practices, at www.ismp.org
- Institute for Health and Human Potential, at www.ihhp.com
- Institute of Conflict Management, at www.conflictmanagement.org/icm/
- International Association for Conflict Management, at www.iacm-conflict.org/

Best Practices for Conflict Management

Committee Formation	Compliance Y/N	Policy Goals	Compliance Y/N
<ol style="list-style-type: none"> Does the organization have a committee charged with establishing a conflict management plan (Plan) to ensure staff members conduct themselves in a professional and cooperative manner? Does the committee have representation from all relevant stakeholders, including: <ul style="list-style-type: none"> Human resources representatives Medical staff leaders Nursing leaders Privacy officers Quality improvement coordinators Risk managers Safety officers Senior managers Is the committee responsible for defining forms of disruptive behavior and codifying definitions in a code of conduct? Is the committee charged with the Plan's development, evaluation and modification? Is the committee responsible for identifying, reporting and investigating alleged disruptive behavior through a fair process? Has the committee established a process to modify disruptive behavior through a disciplinary framework that emphasizes education, counseling and rehabilitation? Does the committee report directly to the governing board? 		<ol style="list-style-type: none"> Does the Plan support the organization's mission to provide safe care by requiring all staff members to conduct themselves in a professional and cooperative manner, and refrain from disruptive behavior(s)? Does the Plan promote collegial efforts to resolve conflicts that result from: <ul style="list-style-type: none"> Failure to adhere to organizational policies Undermining comments Harshly negative criticism Intimidation Name-calling Profane or disrespectful language Retaliation for reporting incidents of conflict Throwing of instruments or other objects Does the Plan uphold the organization's zero-tolerance policy for acts that involve: <ul style="list-style-type: none"> Inappropriate touching Racial or ethnic discrimination Sexual innuendos Physical violence Does the Plan underscore the organization's intention to enforce written policy against repeat offenders through the following means: <ul style="list-style-type: none"> Written warning Probation Termination 	

Best Practices for Conflict Management

Procedural Requirements

Compliance Y/N

1. Are senior leaders and managers trained in conflict management skills and held accountable for results?
2. Does the conflict management reporting process have multiple entry points, including clinical, administrative, human resources and support services?
3. Does the Plan include measures for immediate removal of a perpetrator from the clinical setting, and if a physician, suspension of medical staff privileges?
4. Does the Plan address management of disruptive visitors, vendors and other guests?
5. Does the organization have a Violence Protection Protocol that is activated whenever a potentially violent situation develops from a conflict or disruptive behavior?
6. Does hospital policy and medical staff bylaws delineate the response to reports of disruptive behavior?
7. Are incidents of conflict managed consistently for hospital staff and physicians, incorporating legally required due process provisions for medical staff?
8. Does the Plan clearly articulate the disciplinary process, including the referral mechanism to department supervisors and to human resources?
9. Are all offenders treated fairly in the management process depending upon the type of violation?
10. Does the Plan require written justification for any decision to retain an employee who has committed a serious violation of the conflict management policy?
11. Does the Plan defer to a separate procedure for handling abusive behavior that is the result of a medical condition, such as chemical dependency?

Reporting and Investigation

1. Does the Plan require a written report of alleged disruptive behavior be sent to the chairperson of the Conflict Management Committee for investigation?
2. Does the Plan require the Committee to notify the disputing parties' supervisor(s) or department chairperson(s) of the registered complaint?
3. Does the Plan require appointment of a conflict resolution group to swiftly respond to and investigate a report of disruptive behavior?
4. Does the conflict resolution group meet with the disputing parties to review the allegation(s) and the requirements of the Plan?

Compliance Y/N

5. Is the group required to report findings in writing to the Committee, including, at a minimum:
 - Date and time of the alleged behavior
 - Dates and times of any investigative meetings, with names of participants
 - Events that triggered the behavior
 - Names of any patients involved
 - Factual description of the behavior
 - Potential consequences for patient care and patient/staff safety
6. Are staff members notified in writing of the Committee's final determination, and is a copy of the notice placed in the investigative file and maintained in a confidential manner?
7. When a staff member is found to have engaged in disruptive behavior, does the committee issue a letter of warning and identify the need for education and training, referral for counseling, and/or sanctions?
8. Does the Plan mandate probationary status for any staff member that fails to behave appropriately following a letter of warning?
9. Does the Plan require all confirmed repeat offenses be referred to human resources for further disciplinary measures?

Compliance and Review

1. Is the Plan reviewed and evaluated annually against data compiled in such areas as patient satisfaction, staff retention, clinical productivity and adverse occurrences?
2. Are education and training sessions provided on basic communication and negotiation skills for all members of the workforce?
3. Do departmental meetings include on a quarterly basis a discussion of sources and causes of conflict?
4. Are meeting minutes kept of the Conflict Management Committee and the working conflict resolution group(s) that include issues and actions taken?
5. Is a copy of the Plan circulated at orientation, and are employees required to sign a statement attesting to their receipt of the Plan and acknowledgement of its requirements?
6. Does the organization embrace a non-retaliatory approach to conflict management?

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