AHA Team Training

Addressing Disruptive Behaviors in Healthcare

April 8, 2020

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Rules of engagement

- **Audio for the webinar can be accessed in two ways:**
  - Through the phone (*Please mute your computer speakers)
  - Through your computer
- **A Q&A session will be held at the end of the presentation**
- **Written questions are encouraged throughout the presentation and will be answered during the Q&A session**
  - To submit a question, type it into the Chat Area and send it at any time during the presentation

Upcoming Team Training Events

COVID-19 Update

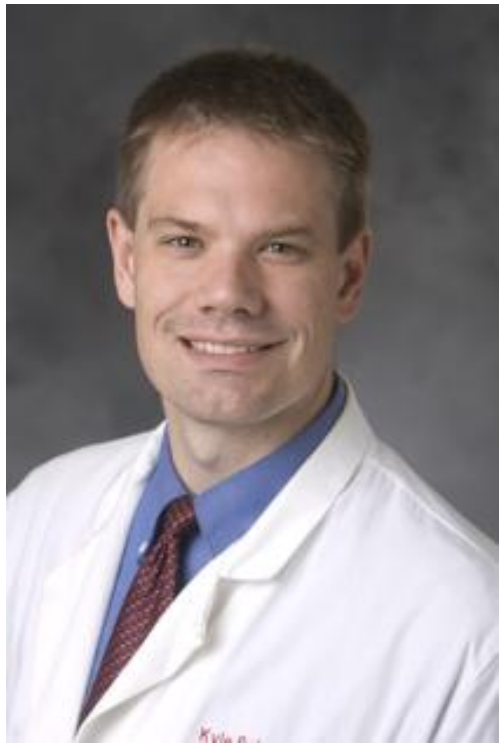
Courses resuming late summer.

Webinar

May 13, 2020 | 12:00 – 1:00 PM CST

Register for the May 2020 webinar: High-Performance Teamwork in Incident Management

Today's Presenter:



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Addressing Disruptive Behaviors in Healthcare

Kyle J. Rehder, MD
Physician Quality Officer

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Healthcare Safety and Quality

Disruptive Behaviors in Healthcare

- What do they look like?
- Why is it a problem?
- What can we do about them?

The New York Times

Rude Doctors, Rude Nurses, Rude Patients

The Checkup

By PERRI KLASS, M.D. APRIL 10, 2017

'Disruptive' doctors rattle nurses, increase safety risks

Jayne O'Donnell and Laura Ungar, USAToday 10:31 a.m. EDT September 20, 2015

Disruptive behavior leads to increased medication errors, more infections and other bad patient outcomes — partly because staff members are often afraid to speak up ir the face of bullying by a physician, Wyatt says. That "hidden code of silence" keeps many incidents from being reported or adequately addressed, says physician Alan

Many people think of disruptive behavior as bullying and intimidation — “throwing, spitting and cussing," says Gerald Hickson, a doctor and senior vice president for quality, safety and risk prevention for Vanderbilt University Medical Center. He prefers a wider definition that includes any behaviors that undermine a safety culture.

What defines Disruptive Behavior?

Behavior contrary to the mission and values of the organization

Incivility • Unprofessionalism • Rudeness

"I know it when I see it"

Types of Disruptive Behavior

- Yelling / screaming
- Bullying / intimidation
- Physical contact / throwing items
- Horizontal / lateral violence
- Belittling / demeaning
- Inappropriate / discriminatory comments
- Sexual harassment
- Passive disrespect / microaggressions
- Avoiding others / refusing to communicate

How pervasive is DB?

In the last month at work:

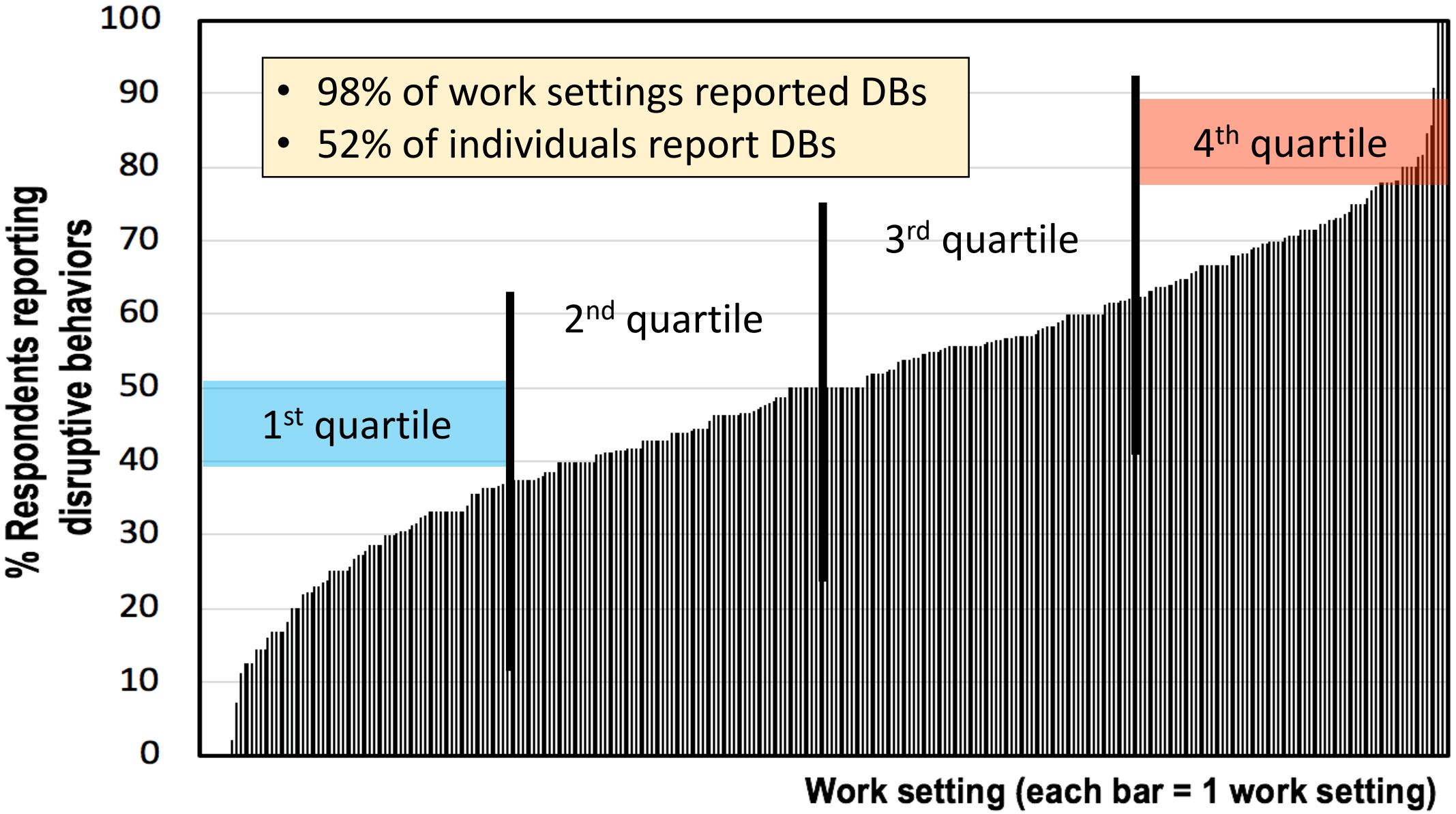
- I have been sexually harassed or discriminated against
- Someone has raised their voice to me in anger
- Someone has belittled my decision or action
- I have heard an inappropriate comment / joke
- Someone has been rude to me
- I have avoided talking to someone because I know it will be a negative interaction

How pervasive is DB?

- >50% of physicians reports bullying & harassment is a problem in their work area
- National survey of health disciplines, in past year:
  - 88% spoken to condescendingly
  - 79% refusal to answer pages / calls
  - 48%: strong verbal abuse
- 4,500 doctors and nurses:
  - 71%: DB led to a medical error
  - 27%: DB led to the death of a patient
- Only 34% of staff feel incivility addressed appropriately

ISMP *MSA Article* 2013
Rosenstein *Jt Comm Qual Safety* 2008

Disruptive Behavior Prevalence



DB less likely to be addressed

Martinez *BMJ Qual Safety* 2017

Why do providers act out?

Fatigue & Frustration

Production Pressure

Lack of Voice & Lack of Control

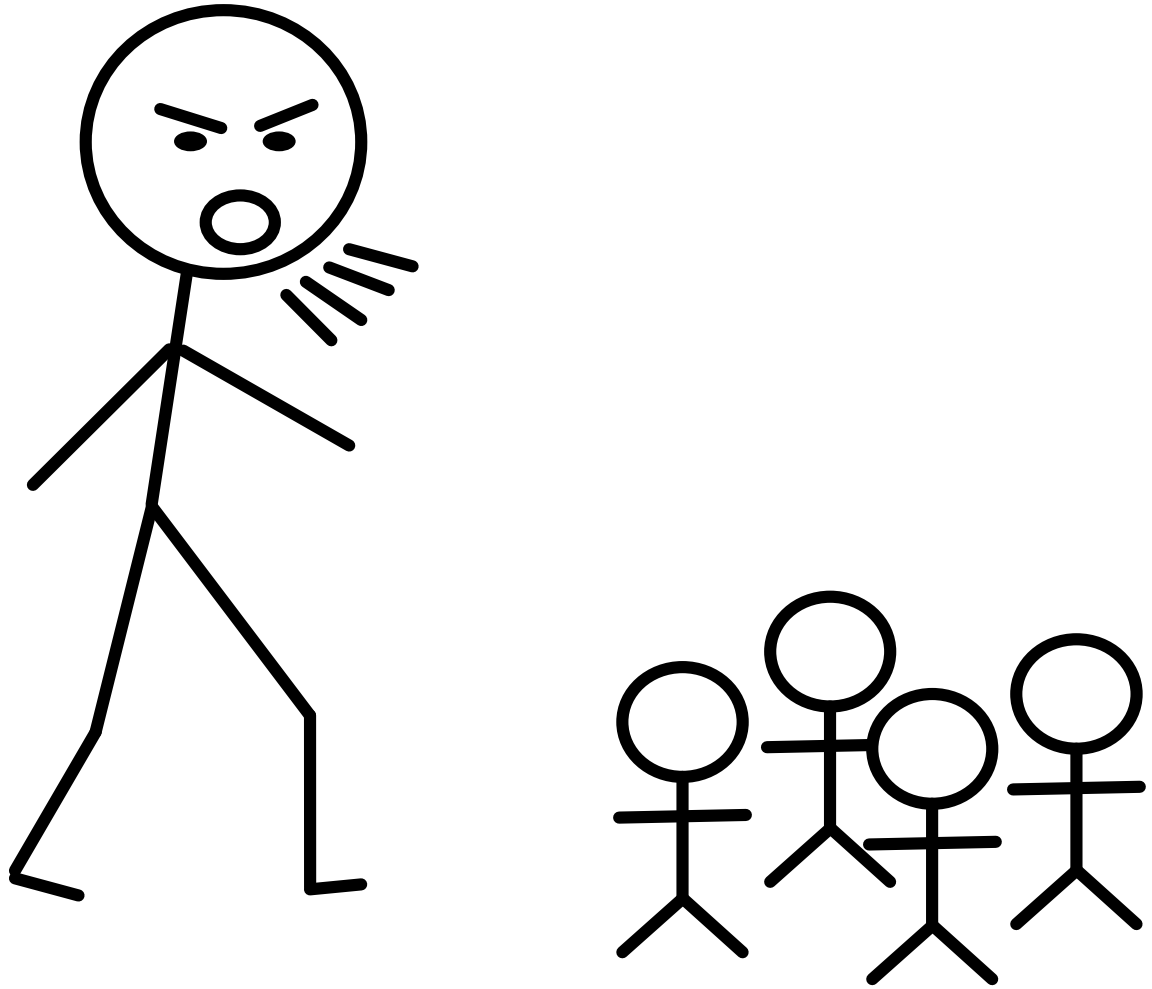
Role Modeling & Learned Behavior

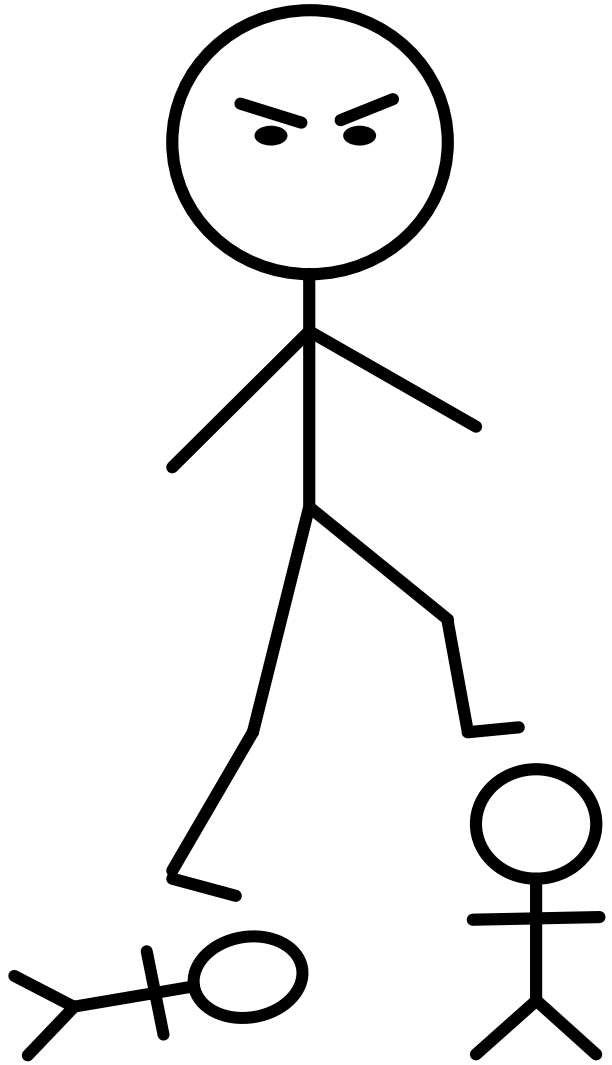
Amygdala ‘Hijack’

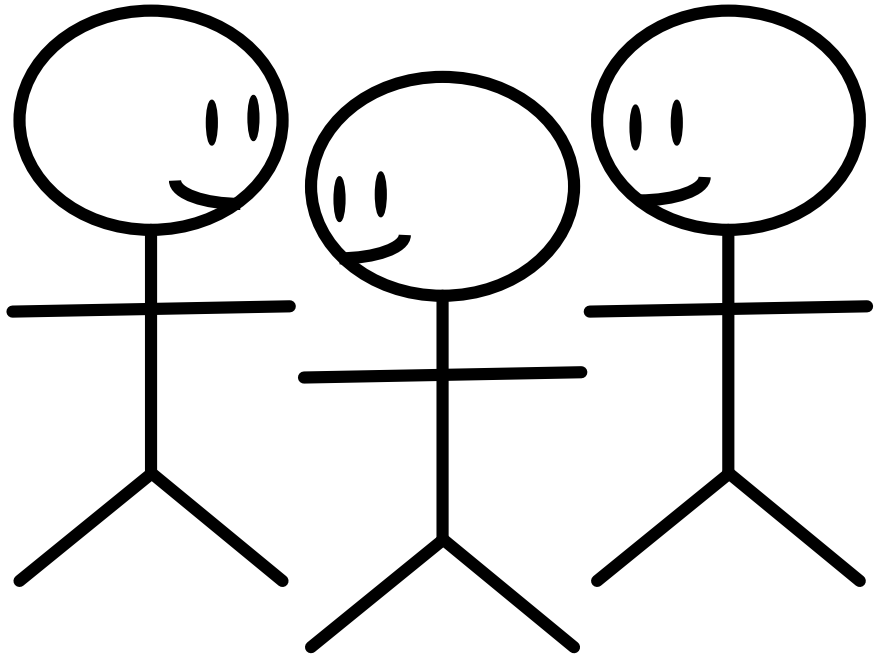
Video

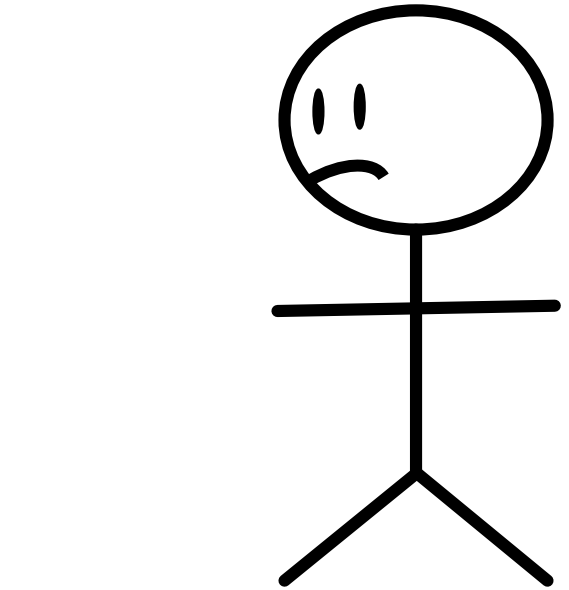
Consequences of Disruptive Behavior

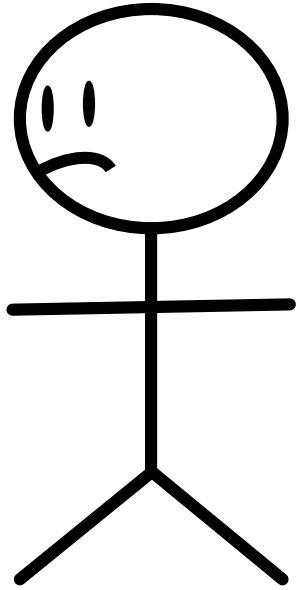
What images did you envision?

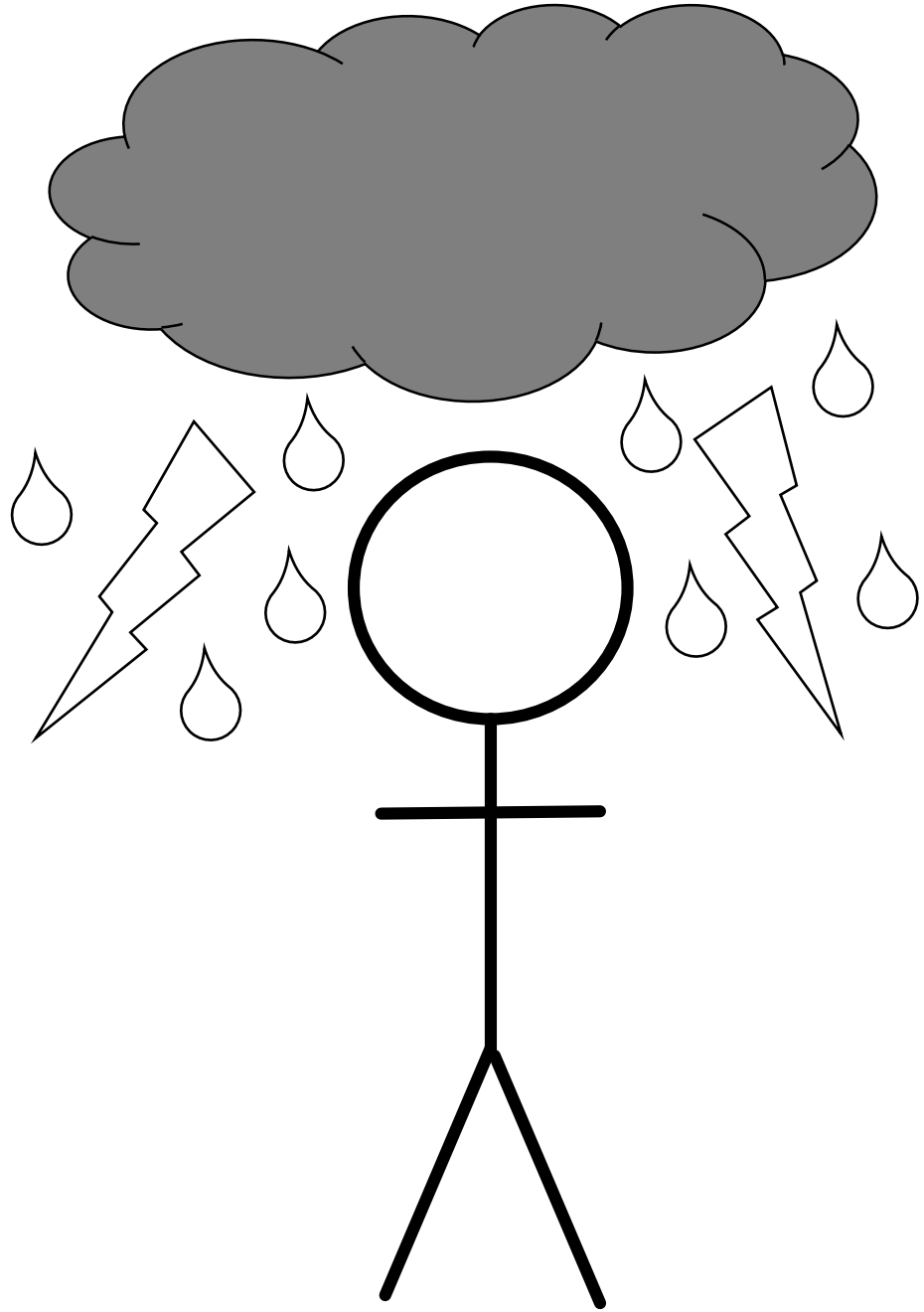












Simulation Teams
Randomized to Incivility Exposure

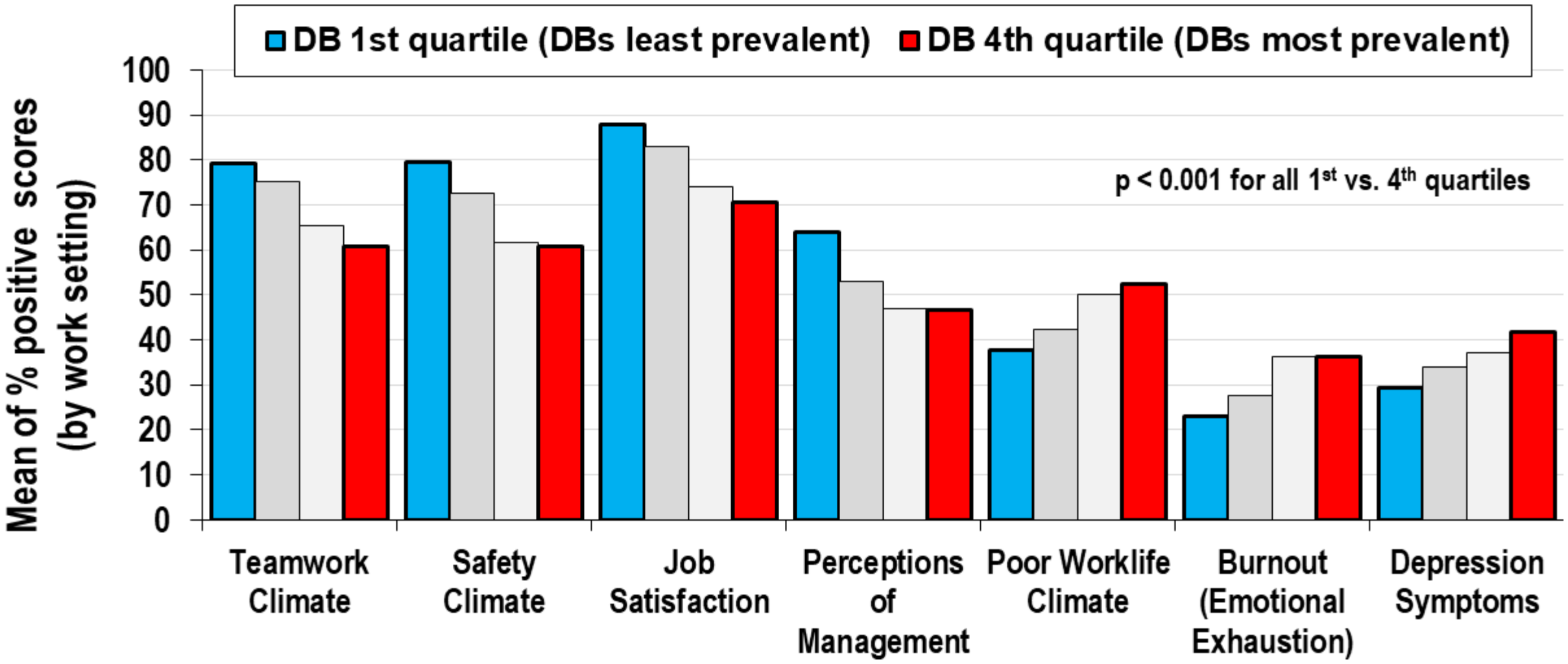
↓ 52% diagnosis rate
↓ 43% in treatment efficacy

Riskin, *Pediatrics* 2015

↓ 28% performance
No change in self assessment

Katz, *BMJ Qual Safety* 2019

DBs Associated with Other Culture Climates



Consequences of Disruptive Behavior

Drop-out / compliance
Errors / complications
HACs
Lawsuits
Hospital reputation

Turnover
Burnout
Costs
Harassment lawsuits
Employer reputation

Loss of Psychological Safety

- Critical information not shared
- Team members
  - Fear reprisal
  - Feel marginalized
  - Are less engaged
  - Lose ownership and accountability
- Errors covered up
  - Mistakes are repeated

We know incivility is a problem…

What can we do about it??

What are your core values?

"Caring for Our Patients, Their Loved Ones, and Each Other"

Teamwork | Integrity | Diversity | Excellence | Safety

- Values as part of hiring process, orientation
- Integration of values into yearly evaluations
- These values apply to ***everyone***

Role Modeling

- Leaders modeling professionalism, respect, and teamwork
- Zero – tolerance

  "What you permit, you promote"

  Resist normalization of behavior
- Leader Walk Rounds
  - A chance to be heard

Just Culture

Clear expectations of repercussions; protection when actions are focused on patient's best interest

Human Error

- Substitution Rule

At-Risk Behavior

- What were they thinking?
- Coaching opportunity

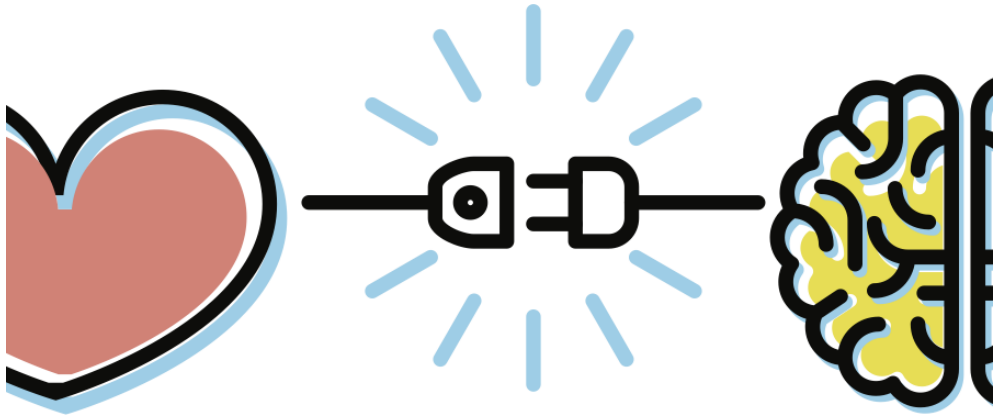
Reckless Behavior

- Consider disciplinary action
- Rarely clean distinction

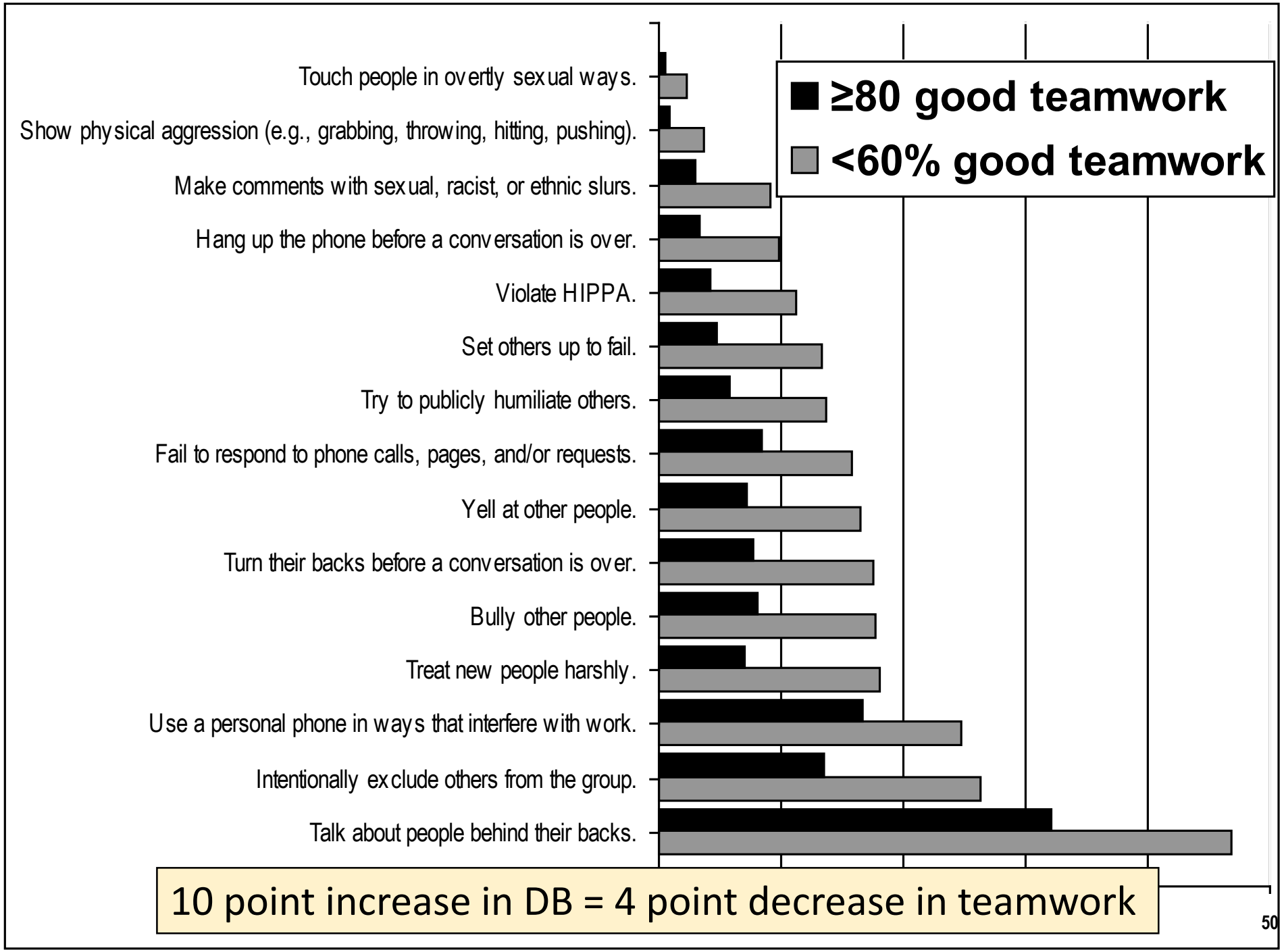
Disruptive behavior

Building Emotional Intelligence

- Coaching opportunities
  - Practice empathy
  - Recognize triggers
- When the amygdala hijack occurs:
  - Take a deep breath, ‘Count to ten’
  - Label the emotion
  - Put yourself in the other person’s shoes
  - Focus on constructive solution



TEAMWORK


≥80 good teamwork
<60% good teamwork
Touch people in overtly sexual ways.
Show physical aggression (e.g., grabbing, throwing, hitting, pushing).
Make comments with sexual, racist, or ethnic slurs.
Hang up the phone before a conversation is over.
Violate HIPPA.
Set others up to fail.
Try to publicly humiliate others.
Fail to respond to phone calls, pages, and/or requests.
Yell at other people.
Turn their backs before a conversation is over.
Bully other people.
Treat new people harshly.
Use a personal phone in ways that interfere with work.
Intentionally exclude others from the group.
Talk about people behind their backs.
10 point increase in DB = 4 point decrease in teamwork
50

Briefings and Huddles

- Quick gathering of the team to clarify plan
- Allows ***information sharing***, creates ***shared mental model***
- Establish ***role clarity***

Structured Communication

"I'm calling about Mr. Jones, the gentleman with diabetes and hypertension who went to the OR yesterday for bowel resection. He has a fever, so I gave him some Tylenol. He says he's not in pain, but his heart rate is up. His wife is at the bedside."

- Situation
- Background
- Assessment
- Recommendation

"I'm calling about Mr. Jones, because he has a fever and elevated heart rate.

He went to the OR yesterday for a bowel resection. He says he is not in pain.

I'm worried he may be septic.

I think you should come see him."

Critical Language

A PHRASE THAT STOPS THE WORK

“I am concerned.” “I am uncomfortable”

“This is a safety issue.”

Scripting Conflict Resolution: DESC Script

- **Describe** the behavior
- **Express** the effect of the behavior
- **Suggest** a different course of action
- **Consequences** that may result from behavior in the future

Feedback

- Constant feedback helps keep the team on track
- A culture of feedback helps remove the stigma of criticism

Debriefing

Ask three questions:

What did we **do well?**

What did we **learn?**

What do we want to **do differently** tomorrow or next time?

PACT

Duke Professional Accountability Program

Duke Center *for* Healthcare Safety and Quality

The Joint Commission Journal on Quality and Patient Safety

Safety Culture

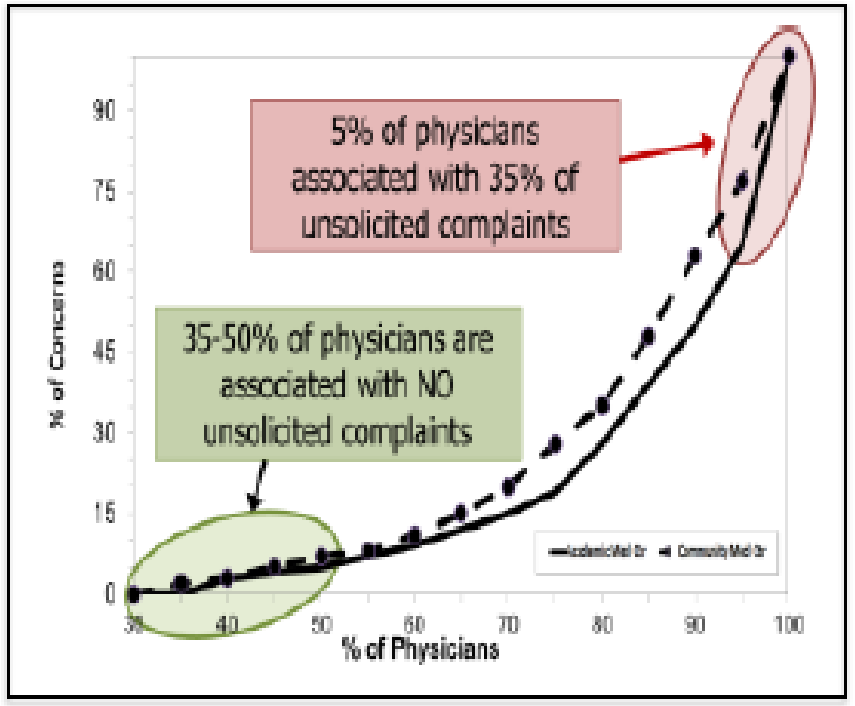
An Intervention Model That Promotes Accountability: Peer Messengers and Patient/Family Complaints

James W. Pichert, PhD; Ilene N. Moore, MD, JD; Jan Karrass, MBA, PhD; Jeffrey S. Jay, JD; Margaret W. Westlake, MLS; Thomas F. Catron, PhD; Gerald B. Hickson, MD

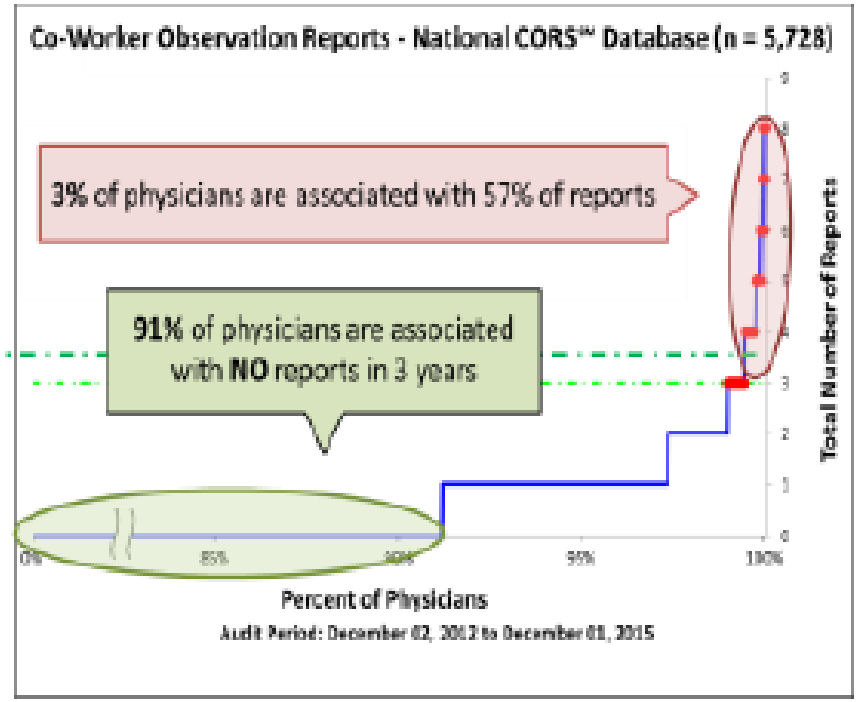
Conclusions: Peer messengers, recognized by leaders and appropriately supported with ongoing training, high-quality data, and evidence of positive outcomes, are willing to intervene with colleagues over an extended period of time. The physician peer messenger process reduces patient complaints and is adaptable to addressing unnecessary variation in other quality/safety metrics.

A Few Physicians Have a Huge Impact

Patient Complaints

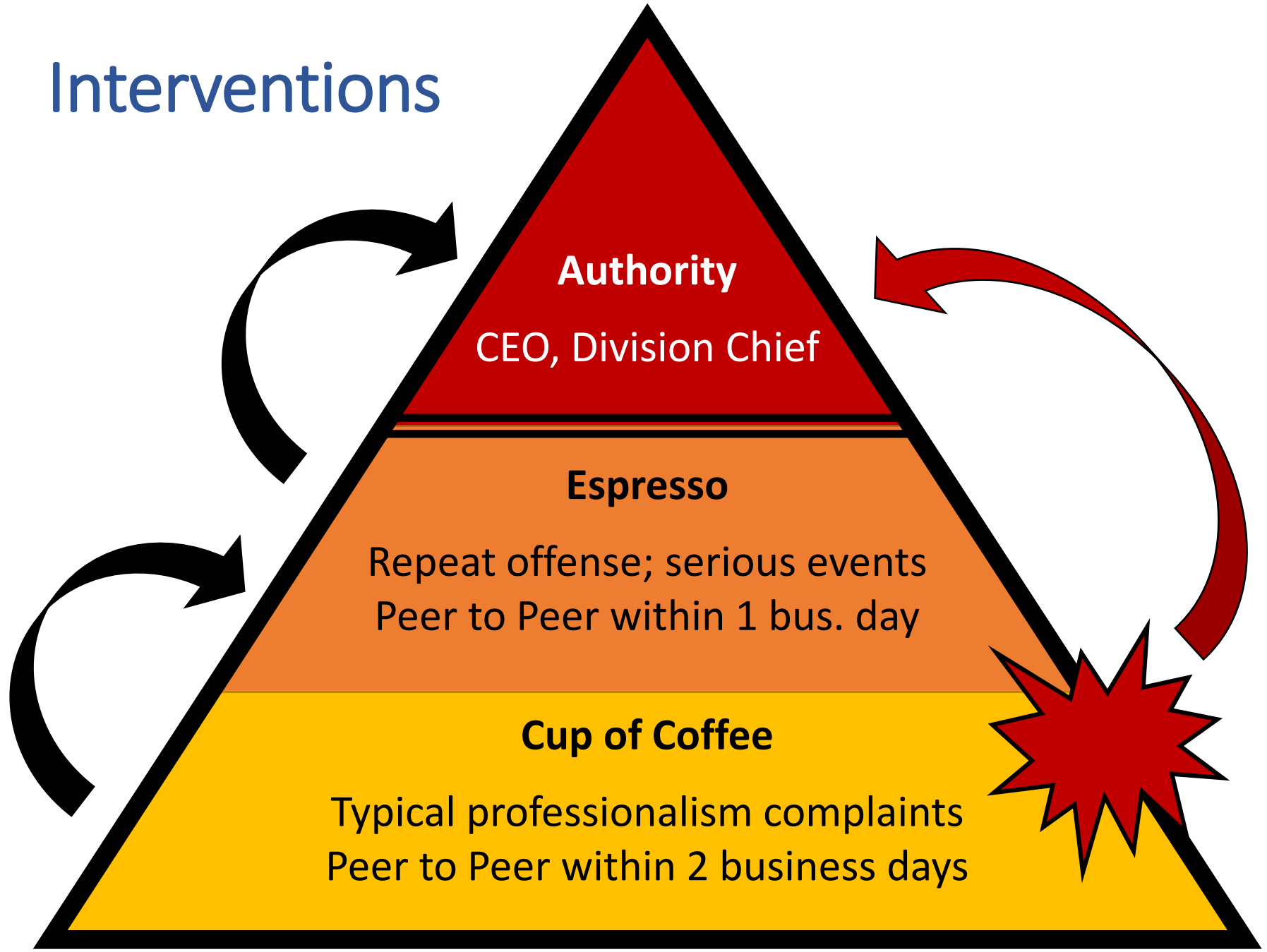


Coworker Concerns



Hickson GB et al. *JAMA*. 2002;287(22):2951-7. Hickson GB et al. *So Med J*. 2007;100:791-6.
Webb LE et al. *Joint Commission*, July, 2016 (in press)

Interventions



PACT Update (2015-2018):

>400 DUHS physician-attending reports through PACT

- Represents 8% of faculty
- Commonly areas of high stress and acuity: OR, ED, ICU

60 trained faculty peer messengers

- >300 cups of coffee delivered by faculty peer messengers

1.5% of faculty with repeat behaviors after the first cup of coffee intervention

- Typically escalated to leadership

Take Home Points

- Disruptive behavior is a pervasive problem in the healthcare environment
- Negative effects are significant and far-reaching
  - Burnout
  - Staff turnover
  - Lack of psychological safety
  - Medical errors

Strategies to Foster Desired Behaviors

- Role Modeling
- Build Emotional Intelligence
- Team Training
  - Briefings/ Huddles
  - Structured communication
  - Critical language
  - Debriefings
- Professional Accountability
  - Peer messengers

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