

Northern Westchester Hospital

Human Resources, NWH HUMAN RESOURCE, NWH POLICIES

Subject: 2-42 Disruptive Intimidating and Inappropriate Behavior

Policy Number:
Effective Date: 10/2008

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Issued By: Human Resources, NWH HUMAN
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Reviewed: 07/2009, 06/2012
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Supersedes:

POLICY

High quality patient care and a culture of safety depend on teamwork, communication, and a collaborative work environment. Disruptive and intimidating behavior can foster medical errors and contribute to staff and patient dissatisfaction.

To that end, the Board of Trustees of Northern Westchester Hospital (NWH) requires that all NWH staff members and Medical Staff practitioners treat each other and patients with courtesy, respect, and dignity, and at all times conduct themselves in a professional and cooperative manner.

All NWH staff members and Medical Staff practitioners are expected to adhere to the Code of Conduct described below. As part of NWH's Quality Management process, the procedure described below will be followed whenever there is an expressed concern of one not following the Code of Conduct or engaging in disruptive, intimidating, or inappropriate behavior.

JUST CULTURE

The Just Culture Model is meant to create an environment of trust. Staff are encouraged and rewarded for being forthcoming and behaving conscientiously when caring for patients and for exhibiting professional and appropriate workplace behavior. Just Culture is designed to help Management make decisions based on individual behaviors and the potential risks of the behaviors rather than the actual outcome when examining an employee related issue. This enables decisions regarding discipline to be open and fair and addresses discipline on three different levels; human error, at risk behavior, and reckless behavior. It is NWH practice to use the Just Culture Model when identifying staff choices made in the workplace

Code of Conduct:

- Courteous and professional language and style
- Effective communication, including active and respectful listening
- Performance of our responsibilities in a timely manner
- Maintaining a willingness to work as part of a team and promoting positive relationships within a department and between departments
- Maintaining a positive attitude, respect for individuality, and a willingness to accept and learn from constructive feedback
- Collaboration to a successful outcome, regardless of whether we agree

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- Value, acknowledgement, and respect for differences in cultures, traditions, and beliefs
- Respect for confidentiality with regard to patients, Medical Staff practitioners, volunteers, at side vendors, and Hospital staff members
- No tolerance for behavior and conduct that is disruptive to each other or to patient care

Disruptive, intimidating, and inappropriate behavior may include, but is not limited to:

- Threatening, demeaning, berating, or abusive language or tone of voice directed at Medical Staff practitioners, staff members, patients, family members, or visitors, volunteers and at side vendors
- Inappropriate comments made in person or entries made in medical records or other official documents concerning the quality of care provided at the Hospital or by particular Medical Staff practitioners, or staff members
- Profanity or similarly offensive language while in the Hospital and/or while speaking with Medical Staff practitioners, staff members, patients, family members, or visitors
- Kicking, slamming, or throwing objects
- Inappropriate physical contact with another individual that is intimidating, threatening, or unwelcome
- Sexual harassment or harassment on the basis of any other protected characteristic, including negative stereotyping, threatening, intimidating, or hostile acts, jokes or written or graphic material that degrades, belittle or shows hostility or aversion toward an individual or group
- Refusal to accept assigned responsibilities delineated in the Medical Staff Bylaws, Rules, and Regulations or assigned by an staff member's supervisor or Hospital Administration
- Threatening or implying retribution or retaliation to anyone for reporting disruptive, intimidating, or inappropriate behavior
- Reasonable suspicion that any practitioner, RN, MD, LIP, other clinician, is impaired or self-reports impairment that would impact their ability to perform patient care.

PROCEDURE

Reporting disruptive, intimidating, or inappropriate behavior

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- I. For reasonable suspicion of impairment, immediately notify your manager or the administrative supervisor to respond in person to the situation. The Administrative Supervisor should notify the Administrator-on-call and the Chief of Service if appropriate.
- II. Any Medical Staff practitioner or Hospital staff member who experiences or observes disruptive, intimidating, or inappropriate behavior should document the behavior, including the following information:
 - a. Date, time, and location of the behavior
 - b. The name of the person engaging in the inappropriate behavior
 - c. The name and location of any practitioners, staff members, or patients who witnessed or were potentially affected by the behavior
 - d. The circumstances that precipitated or surrounded the behavior
 - e. A factual description of the behavior, including verbatim quotes whenever possible
 - f. Any observed consequences of the behavior on the Hospital environment or patient care
 - g. A description of any action taken to intervene in, diffuse, or remedy the incident
- III. The written account of the behavior may be submitted in one of the following ways:
 - a. On an electronic occurrence report
 - b. In writing to the practitioner's Department/Division Chief or the Hospital staff member's immediate supervisor
 - c. In writing to the Chief Executive Officer (CEO), Chief Medical Officer (CMO), any Senior Vice President, or the Vice President of Human Resources
- IV. Regardless of the reporting method, as part of the Quality Management process the information contained in the report will remain confidential pursuant to Public Health Law 2805, J, K, L, M, NYS ED Law 6527

Response to a report

- I. The identity of the individual reporting an incident of disruptive, intimidating, or inappropriate behavior will generally not be disclosed to the practitioner or staff member allegedly engaging in the behavior.
- II. Once received, a report regarding a Medical Staff practitioner will be investigated by the CMO in consultation with the related Department/Division Chief and/or, in the case of employed practitioners, with the Program Medical Director.
- III. Once received, a report regarding a Hospital staff member will be investigated by the Vice President or Senior Vice President responsible for the staff member in consultation with the staff member's immediate supervisor and/or the Human Resources Department to ascertain the facts.
- IV. At the completion of the investigation, the CMO, Department/Division Chief, Senior Vice President, or immediate supervisor shall meet with the practitioner/staff member who was the subject of the

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investigation to discuss the event and the results of the investigation. The practitioner/staff member shall be advised that any retaliation against a person reporting a concern, whether or not the identity is disclosed, will be grounds for immediate disciplinary action in accordance with the Medical Staff Bylaws or Human Resources Corrective/Disciplinary Action Policy #2-23.

2-23 Corrective Disciplinary Action

- V. The goal of the meeting after a single, substantiated, first event is a collegial effort to advise and educate with regard to the disruptive, intimidating, or inappropriate behavior. When appropriate, the practitioner/staff member may be advised or required to do one or more of the following:
 - a. Provide a verbal or written apology to those impacted by the behavior
 - b. Attend a counseling or training session regarding the behavior
 - c. Attend a conflict management session with a coach or counselor
- VI. A follow-up letter shall be sent to the practitioner/staff member summarizing the facts discussed at the meeting, and informing the practitioner/staff member of the requirement for him/her to behave professionally and cooperatively and that continued disruptive, intimidating, or inappropriate behavior will lead to more formal action.
- VII. A copy of this summary letter will be maintained in the practitioner/staff member's file. The practitioner/staff member may also submit a written response for his/her file.

Subsequent events or continued pattern of behavior

- I. If a Medical Staff practitioner continues disruptive, intimidating, or inappropriate behavior, the CMO in consultation with the Department/Division Chief and Chairman of the Medical Board will submit a request for corrective action to the Medical Board in accordance with Article VIII and/or Article XI of the NWH Medical Staff Bylaws.
- II. If a Hospital staff member continues disruptive, intimidating, or inappropriate behavior, their immediate supervisor in consultation with the Vice President for Human Resources will begin the progressive disciplinary process in accordance with the Hospital's Corrective/Disciplinary Action Policy #2-23.

2-23 Corrective Disciplinary Action

APPROVALS:

Administration – 10/21/08
Medical Board – 11/03/08