


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: October 24, 2017	POLICY NO. A-LD500	PAGE 1 of 9
TITLE: BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY				
LAST REVIEWED/REVISED: 09/2017				
ENDORSED: BOT Q&S: 10/2017				

PURPOSE:

Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, Guam Memorial Hospital Authority (GMHA) establishes the guidelines set forth in this document for personal and professional standards of conduct and acceptable behavior for all employees (regular and contract), medical staff, students, and volunteers (collectively, “health care team members” in this document).

The purpose of this policy is to:

- clarify the expectations of all health care team members during interactions with any individual at GMHA;
- encourage the prompt identification, investigation and resolution of alleged disruptive and inappropriate behavior;
- encourage identification of concerns about the well-being of a health care team member whose conduct is in question, including referral to the GMHA Employee Health Program, as appropriate; and
- support this code of conduct and appropriate interactions with patients, visitors, and health care team members on and off GMHA properties while engaging in GMHA work and activities.

RATIONALE:

GMHA is committed to supporting a culture that values integrity, honesty and fair dealing among all health care team members, and promoting a caring environment for patients, visitors, and health care team members. Teamwork and good communication promote a culture of patient safety. Disruptive behavior that intimidates others and affects morale or staff turnover can be harmful to patient care and satisfaction as well as employee satisfaction and safety. All health care team members at every level of the organization will support this policy through their interactions with patients, visitors, and each other.

Toward these goals, GMHA strives to maintain a workplace that is free from harassment and intimidation. This includes behavior that could be perceived by a reasonable person as inappropriate or harassing, or that does not endeavor to meet the highest standards of professionalism. While this kind of conduct is not pervasive in our facilities, no hospital or clinic is immune. Awareness and cooperation at all levels of GMHA is necessary to implement this policy effectively and maintain a safe working environment.

POLICY:

I. WE CARE ABOUT AND ARE COMMITTED TO:

- A. Our Patients and Their Families – Delivering quality health care and outstanding service is fundamental to everything we do.
- B. Our Team – Attracting and retaining the best team members is of paramount importance to GMHA. We will do this by becoming the health care employer of choice and by providing an environment that:
 - 1. Pursues the highest level of safety and quality;
 - 2. Focuses on treating patients and colleagues with courtesy, honesty, respect and dignity;
 - 3. Recognizes people for their achievements and capabilities;
 - 4. Is professionally satisfying;
 - 5. Encourages the open exchange of views; and
 - 6. Does not tolerate offensive and disruptive behavior.
- C. Our Community – Dedicating ourselves to finding ways to improve the health of our community is central to our leading, teaching and caring.

II. ACCEPTABLE BEHAVIOR:

Acceptable behavior is behavior that is respectful, civil, reasonable, and appropriate in a professional context and that results in quality patient outcomes and a safe environment for patients, visitors and health care team members. The standards of conduct and professionalism expected by the GMHA Board of Trustees are:

- 1. Treat all persons, including patients, families, visitors, and health care team members with respect, courtesy, caring, dignity, and a sense of fairness, and with recognition of and sensitivity to the needs of individuals from diverse backgrounds (including, age, race, color, national origin, ethnicity, religion, sex, sexual orientation, gender identity, or disability).
- 2. Communicate openly, respectfully, and directly with team members, referring providers, patients and families in order to optimize health services and to promote mutual trust and understanding.
- 3. Encourage, support and respect the right and responsibility of all individuals to assert themselves to ensure patient safety and the quality of care.
- 4. Resolve conflicts by actively listening to the perspectives of others and counsel colleagues in a non-threatening, constructive, and private manner. Use the chain of command as appropriate.
- 5. Care for patients with professional competence, intellectual honesty, and high ethical standards.

6. Promptly report to supervisor, any individual who may be impaired in his or her ability to perform assigned responsibilities due to any cause (e.g., emotional issues, substance abuse).
7. Promptly report adverse events and potential safety hazards and encourage colleagues to do the same.
8. Willingly participate in, cooperate with, and contribute to briefings, debriefings, and investigations of adverse events.
9. Respect the privacy and confidentiality of all individuals. Adhere to all GMHA policies, and HIPAA regulations regarding personal health information.
10. Uphold the policies of GMHA.
11. Utilize all GMHA facilities and property, including telecommunication networks and computing facilities, responsibly and appropriately.
12. Participate in education and training required to perform job duties, and those that are required by the hospital,
13. Be fit for duty during work time, including on-call responsibilities.

III. BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY:

Disruptive and inappropriate behavior may be written, verbal or physical and undermine a culture of safety. Examples of disruptive and inappropriate behavior may include but are not limited to:

A. Disruptive and Inappropriate Written or Verbal Behavior

1. using profane, disrespectful, insulting, demeaning, condescending or abusive language;
2. making unwelcome sexual comments or innuendo;
3. shaming others for negative outcomes;
4. making demeaning comments or intimidating remarks, or speaking in a condescending tone;
5. having inappropriate arguments with patients, family members, or health care team members;
6. having overly familiar conversations that violate professional boundaries with patients, family members, or health care team members;
7. making negative comments about health care team members (verbally or in chart notes);
8. passing severe judgment or censuring colleagues or health care team members in front of patients, visitors or other health care team members;
9. having outbursts of anger/rage or unwarranted yelling or screaming;
10. communicating in a manner that others would describe as bullying;
11. making insensitive comments about a patient's or other health care team member's medical condition, appearance, situation, and the like;

12. making threats;
13. making jokes or inappropriate comments about age, race, color, national origin, ethnicity, religion, sex, sexual orientation, gender identity, disability, physical appearance, socioeconomic status, or educational status;
14. ignoring potentially harmful situations or failing to report them appropriately;
15. retaliating against a person who had filed a complaint against another for violation of this policy;
16. creating rigid or inflexible barriers to requests for assistance/cooperation; and
17. refusing to answer questions or perform assigned tasks.

B. Disruptive and Inappropriate Physical Behavior

1. throwing, hitting, slamming, or breaking things;
2. having any other outbursts of violent behavior;
3. refusing to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
4. using or threatening unwarranted physical force with patients, family members, or other health care team members;
5. repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available;
6. failing to work cooperatively with others;
7. making rude or lewd gestures; and
8. inappropriately touching, striking, or pushing a patient, visitor, or other health care team member.

C. In addition, please see GMHA Policy No. 6170-3, Disruptive Practitioner.

IV. DUTY TO REPORT

GMHA has zero tolerance for disruptive and inappropriate and/or intimidating behavior, especially in instances involving assault and other criminal acts. All instances of disruptive and inappropriate behavior should be reported as set forth in the procedure below. Health care team members should, if possible and appropriate, first try to resolve situations involving disruptive and inappropriate behavior informally. Nevertheless, disruptive and inappropriate behavior should always be reported in the manner set forth below, even if resolved informally.

PROCEDURE:

I. REPORTING

- A. Threats, assaults, or other criminal behavior that require immediate attention by law enforcement must be reported **first** to GMHA Security via the Code 60 emergency code system through the Communications Center. All reports

involving threats, assaults, or other criminal behavior are to be reported by the Safety and Security Administrator immediately to the Chief Executive Officer, and as appropriate, to the respective division head, and the Medical Executive Committee Chairperson.

- B. Each individual may file a report of disruptive and inappropriate behavior in good faith without fear of reprisal, retaliation, retribution or intimidation. Reports should be made within 24 hours unless as described in item "A" above.
- C. Anonymous reports of disruptive and inappropriate behavior will be considered to the extent possible, but the response to anonymous reports may be limited when there is insufficient information to support an investigation.
- D. Reports of disruptive and inappropriate behavior should be made through the chain of command, e.g., immediate Supervisor, Department Head, or Division Head, in writing, verbally, and to the Risk Management Program Officer using the hospital's event reporting system. When a report is received, the Risk Management Program Officer will work with or refer the concern to the appropriate support functions in the hospital to make certain the incident is investigated or reviewed consistent with the policy for the affected entity.
- E. Health care team members who intentionally falsely accuse other health care team members of disruptive and inappropriate behavior will be appropriately disciplined in accordance with the GMHA Medical Staff Bylaws, GMHA Personnel Rules and Regulations and/or other applicable policies.
- F. Individuals should report disruptive and inappropriate behavior where they were involved in the questionable behavior (i.e., self-report). In such cases the individual may receive some consideration for their cooperation in the investigation, but they remain responsible and there may be consequences for their behavior.
- G. Any reports that are not tied to GMHA by location or operational responsibility will be referred to the appropriate entity (for example, forensic staff from the Department of Corrections).

II. SCREENING, INVESTIGATION AND REVIEW OF REPORTS OF DISRUPTIVE AND INAPPROPRIATE BEHAVIOR

- A. Each report of disruptive and inappropriate behavior shall be screened, investigated and documented by staff trained to discern the severity of the violation, the presence of mitigating factors, and the existence of risk of harm to patients. Where appropriate, notification of incidents will be made to Human Resources and the Legal Counsel of the hospital for their input and guidance in the investigation and evaluation process.
- B. The GMHA Board of Trustees Joint Conference Professional Affairs Subcommittee (JCPAC) will monitor the implementation of this policy as well as

policy violations, and will determine system factors that may be contributing to excessive conflict in the work environment.

- C. Upon receipt of a report of disruptive and inappropriate behavior, the following screening measures will be taken:
1. A member of Equal Employment Opportunity, Human Resources, and/or Medical Staff Office, and the Risk Management Program Officer will meet with the individual submitting the report, if known, to review the report and all available details, including names of others who may have knowledge of the incident. The Risk Management Program Officer is responsible for taking the lead and coordinating this meeting and preparing a final documented report of this meeting.
 2. A member of Equal Employee Opportunity, Human Resources, and/or Medical Staff Office and the Risk Management Program Officer will meet with all who have knowledge of the event. The Risk Management Program Officer is responsible for taking the lead and coordinating these meetings and preparing a final documented report of the meetings.
 3. The Risk Management Program Officer will review medical records or other documents where relevant and prepare a summary of the findings.

This screening process will take no longer than five (5) business days. All documents prepared as a result of the meetings and review of medical records and other documents will be made a part of the official file of the complaint.

Note: The Risk Management Program Officer may work with or turn over the screening review to others as appropriate including, but not limited to, GMHA Legal Counsel or Safety and Security Administrator, when necessary and as applicable.

- D. If the information obtained during the screening fails to demonstrate the incident complained of took place, or if the reported behavior was not, in fact, disruptive and inappropriate behavior, the Risk Management Program Officer will find that there is no basis for an investigation. In this event, the report shall be retained in the Risk Management file for five (5) years, with a clear indication that the allegations in the report were unfounded, together with the substantiating information.
- E. If it is determined during the screening that disruptive and inappropriate behavior in violation of this policy may have taken place, the matter will be referred to the appropriate supervisor for investigation. The appropriate supervisor will cause investigations and actions to occur, will document the investigation as set forth below, and will inform the Risk Management Program Officer of the results and any final action taken. The supervisor has ten (10) business days to complete the investigation and determine final action.
- F. If the behavior complained of poses an immediate threat to patient care or the safety of others, or if the outcome of a prior complaint has indicated as much, the

matter will be referred to the GMHA Legal Counsel; Guam Police Department GMHA Human Resources, the Administrator of Medical Services, and the Chief Executive Officer for appropriate action. Appropriate actions may include, but are not limited to:

1. conversations directly addressing the problem;
2. detailed action plans;
3. the use of mediators or conflict coaches;
4. referral to the GMHA Employee Health Program, or other appropriate resources; and
5. sanctions (discussed further below).

III. CONFIDENTIALITY

The report investigation procedure and all related documents are intended to be confidential to the maximum extent possible. All parties to the process are expected to respect and maintain the confidentiality of the process and not divulge the details of the investigation unless required or permitted by law.

The individual who is the subject of the complaint of disruptive and inappropriate behavior will be provided with sufficient information to understand and respond to the allegation(s). However, **at no point in time is a copy of the disruptive and inappropriate behavior report to be given to the individual involved in the questionable behavior, nor are they to be shown the report.**

IV. DOCUMENTATION

Documentation of investigations into reports of disruptive and inappropriate behavior and their dispositions will be retained for five (5) years in the GMHA Human Resources (as relevant), GMHA Medical Staff Office (as relevant), and GMHA Risk Management Office. Documentation of such investigations shall include:

1. The date and time of the disruptive and inappropriate behavior;
2. A statement of whether the disruptive and inappropriate behavior affected or involved a patient or patient safety in any way;
3. A description of the disruptive and inappropriate behavior;
4. The circumstances that precipitated the disruptive and inappropriate behavior;
5. The consequences, if any, of the disruptive and inappropriate behavior as it relates to patient care or operations; and
6. Actions taken in response to the disruptive and inappropriate behavior.

V. EDUCATION

1. All health care team members will receive annual education on this policy.

2. The Risk Management Program Officer will report on observed trends in terms of violations of this policy to the Executive Management Council, Medical Executive Committee, and the JCPAC on a quarterly basis.
3. Progress of the implementation of this policy will be monitored through the use of a validated, reliable health care team members' survey tool on at least a bi-annual basis. Results will be shared with all health care team members, departmental leadership, the Medical Executive Committee, and the Board of Directors.

VI. SANCTIONS

Disruptive conduct and inappropriate workplace behavior may be grounds for sanctions, including but not limited to suspension; termination of a contract; termination, revocation, suspension (summary or otherwise), restriction or non-renewal of medical staff membership and/or privileges; or corrective action, up to and including termination of employment, for health care team members. Sanctions will be imposed in accordance with the GMHA Medical Staff Bylaws, GMHA Personnel Rules and Regulations, and/or other applicable policies, as appropriate.

VII. PROHIBITION AGAINST RETALIATION

Retaliation against anyone who reports disruptive and inappropriate behavior, or who participates in an investigation as a witness or in any other capacity, is prohibited and will not be tolerated.

VIII. GUEST RELATIONS

The Guest Relations Department should be notified any time a patient or visitor is involved in or witnesses disruptive and inappropriate behavior by a health care team member. The Guest Relations Department will take appropriate action, including hearing and empathizing with their concerns, thanking them for sharing their concerns, and apologizing.

REFERENCES:

- Institute for Safe Medication Practices. (April 24, 2014). Part II: Disrespectful Behaviors—Their Impact, Why, They Arise and Persist, and How to Address Them. Retrieved: <http://www.ismp.org/Newsletters/acutecare/showarticle.aspx?id=78>
- Joint Commission. (July 9, 2008). Sentinel Event Alert, Issue 40: Behaviors that Undermine a Culture of Safety. Retrieved: https://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety/
- Joint Commission. (March 1, 2017). Sentinel Event Alert, Issue 57: The Essential Role of Leadership in Developing a Safety Culture. Retrieved: https://www.jointcommission.org/sea_issue_57/

RELATED POLICIES:

GMHA Medical Staff Policy No. 6170-3, Disruptive Practitioner

GMHA Administrative Policy No. A-LD100 Conflict Management Among Leadership Groups

GMHA Administrative Policy No. A-LD300, Code of Ethical Conduct

GMHA Administrative Policy No. A-LD400 Customer Service Guidelines

GMHA Administrative Policy No. A-LD500 Disruptive and Inappropriate Behavior

GMHA Medical Staff Office Policy No. 6170-3, Disruptive Practitioners

GMHA Human Resources Office Policy No. 8650-1.213, Disciplinary Action Policy and Procedure

GMHA Administrative Policy No. A-HR1100, Equal Employment Opportunity

GMHA Administrative Policy No. A-HR1200, Sexual Harassment Policy

GMHA Administrative Policy No. 6100-32, Domestic Violence in the Workplace

GMHA Human Resources Policy No. A-HR3000, Workplace Violence Prevention Plan

GMHA Guest Relations Policy No. 104-01, Grievances/Complaints

GMHA Administrative Policy No. 6431-8, Patient/SNU Resident Abuse and Neglect Prevention

RECISSION:

Policy No. ALD-500, *Disruptive and Inappropriate Behavior*, of the GMHA Administrative Manual made effective May 1, 2015.