Addressing Disruptive Behaviors in Healthcare

April 8, 2020
Rules of engagement

• Audio for the webinar can be accessed in two ways:
  • Through the phone (*Please mute your computer speakers)
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• 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

Duke Center for Healthcare Safety and Quality
Disruptive Behaviors in Healthcare

• What do they look like?
• Why is it a problem?
• What can we do about them?
Rude Doctors, Rude Nurses, Rude Patients
Disruptive behavior leads to increased medication errors, more infections and other bad patient outcomes — partly because staff members are often afraid to speak up in 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

- 98% of work settings reported DBs
- 52% of individuals report DBs

1st quartile
2nd quartile
3rd quartile
4th quartile

% Respondents reporting disruptive behaviors

Work setting (each bar = 1 work setting)
DB less likely to be addressed

Likelihood to Speak Up

- Serious Safety Threat
- Witnessed Risk Behavior

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

- 28% performance
No change in self assessment

Riskin, *Pediatrics* 2015
Katz, *BMJ Qual Safety* 2019
DBs Associated with Other Culture Climates

- Teamwork Climate
- Safety Climate
- Job Satisfaction
- Perceptions of Management
- Poor Worklife Climate
- Burnout (Emotional Exhaustion)
- Depression Symptoms

Mean of % positive scores (by work setting)

- DB 1st quartile (DBs least prevalent)
- DB 4th quartile (DBs most prevalent)

p < 0.001 for all 1st vs. 4th quartiles
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
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
Talk about people behind their backs.
Intentionally exclude others from the group.
Use a personal phone in ways that interfere with work.
Treat new people harshly.
Bully other people.
Turn their backs before a conversation is over.
Yell at other people.
Fail to respond to phone calls, pages, and/or requests.
Bully other people.
Try to publicly humiliate others.
Set others up to fail.
Violate HIPPA.
Hang up the phone before a conversation is over.
Make comments with sexual, racist, or ethnic slurs.
Show physical aggression (e.g., grabbing, throwing, hitting, pushing).
Touch people in overtly sexual ways.

10 point increase in DB = 4 point decrease in teamwork

TEAMWORK

≤80 good teamwork
<60% good teamwork
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
  “I’m calling about Mr. Jones, because he has a fever and elevated heart rate.

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

• Assessment
  I’m worried he may be septic.

• Recommendation
  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?
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

- 5% of physicians associated with 35% of unsolicited complaints
- 35-50% of physicians are associated with NO unsolicited complaints

Coworker Concerns

- 3% of physicians are associated with 57% of reports
- 91% of physicians are associated with NO reports in 3 years

Interventions

- **Authority**
  - CEO, Division Chief

- **Espresso**
  - Repeat offense; serious events
  - Peer to Peer within 1 bus. day

- **Cup of Coffee**
  - Typical professionalism complaints
  - Peer to Peer within 2 business days
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
Questions? Stay in Touch!

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