



Disruptive Behavior

Policy No. O-1.a

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References: Also see Policy No.: O-1 Disruptive Physician Behavior, O-22 Rules of Behavior		

I. POLICY AND PROCEDURE

It is the policy of LibertyHealth that all individuals within its facilities are treated with courtesy, respect, and dignity. To that end, the Board requires that all individuals, employees, physicians and other independent practitioners conduct themselves in a professional and cooperative manner in the hospital at all times. Behavior deemed to be disruptive undermines team effectiveness and can compromise patient safety therefore there will be *zero tolerance* for any such behavior.

Disruptive behavior should be reported as soon as possible as it may become necessary to ask questions to anyone involved and any delay in reporting instances of disruptive or inappropriate behavior may adversely affect the quantity and quality of information that can be gathered. No employee or individual who reports disruptive behavior will be retaliated against.

If an employee fails to conduct him/herself appropriately the matter shall be investigated in a fair and equitable manner in accordance with this policy. It is the intention of the hospital that this policy be enforced in a firm, fair and equitable manner.

For incidents involving practitioners please refer to Policy No. O-1, Disruptive Physician Behavior. The Professional Affairs Committee (PAC) of the Board of Directors, or its designee, will address any practitioner's disruptive behavior.

I. PURPOSE

To promote a safe, cooperative, and professional healthcare environment, and to prevent or eliminate, to the extent possible, conduct that:

1. Disrupts the operation of the hospital
2. Affects the ability of others to do their jobs
3. Interferes with an individual's ability to practice competently
4. Adversely affects the community's confidence in the hospital's ability to provide quality patient care.
5. Escalate staff turnover rate
6. Unduly affects the community's confidence in the hospital's ability to provide quality patient care

A. Egregious Incident

- ◆ A single egregious incident such as; physical or sexual harassment, assault, a felony conviction, a fraudulent act, theft, significant damage to hospital property, or inappropriate physical behavior, may result in immediate termination.

B. Disruptive Conduct

Unacceptable disruptive and inappropriate conduct may include, but are not limited to:

- ◆ Attacks – verbal or physical – leveled at hospital personnel, visitors or patients, practitioners, residents, allied health professionals, students – that are personal, irrelevant, or beyond the bounds of fair professional conduct.
- ◆ Impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents, berating the quality of care in the hospital, particular practitioners, nurses or hospital policies, etc.
- ◆ Non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence;
- ◆ Exhibiting impatience or uncooperative attitude, reluctance or refusal to answer questions, phone calls or pages, etc
- ◆ The use of condescending language or voice intonation, impatience with questions and passive behaviors that undermine team effectiveness towards patients, visitors, coworkers, etc.;
- ◆ Repeated or unreasonable refusals to accept – or disruptive acceptance of assignments delegated by immediate supervisor, or any qualified designee or superior. Refusal to participate in internal investigations.
- ◆ Violation of or failure to adhere to LibertyHealth's Values Commitments, Mission/Vision and Values, Code of Conduct and all other Policies and Procedures.

Accurate, timely documentation of disruptive conduct is critical to ensure a fair and equitable investigation. Such documentation should include:

1. Statements which include the date, time and place of the questionable behavior, who the behavior affected and his/her name(s), (patient, employee, etc.);
2. The circumstances that precipitated the situation;
3. A description of the questionable behavior in factual, objective language;
4. The consequences, if any, of the disruptive behavior as it relates to patient care, hospital operations, employee morale, teamwork, etc.
5. A record of any action taken to remedy the situation, including the date, time, place, action, and name(s) of those intervening.

When a report of disruptive behavior is received via hospital incident report, letter, specific Press-Ganey report directed at the individual being reported, verbal contact/telephone calls, must be committed to writing and submitted to the Human Resources Department.

C. Levels of Severity

Disruptive behavior occurs in varying degrees, which are classified into three levels of severity. Level I behavior is the most severe violation of this Policy. Any corrective action will be commensurate with the nature and severity of the disruptive behavior. Repeated instances of disruptive behavior will be considered cumulatively and action taken according to classification of severity shall follow these guidelines:

Level I: Physical violence or other physical abuse including sexual harassment involving physical contact.

Level II: Verbal abuse such as unwarranted yelling, swearing, or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons, or physical violence or abuse directed in anger at an unanimated object.

Level III: Verbal abuse that is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above.

D. Procedure

Upon receipt a report will be reviewed by Human Resources who will determine the merit of the complaint. Human Resources will have discretion and may dismiss unfounded reports. In contrast, those warranting further evaluation will be investigated through the following actions;

- Conducting a prompt investigation will include interviews with all relevant individuals,
- Sharing the policy including an explanation of the need for confidentiality and **zero tolerance for retaliation**
- Obtaining statements from all involved

If it is determined that inappropriate conduct has occurred, prompt action will be taken to eliminate the offending conduct and, where appropriate, disciplinary action up to and including discharge will be applied. All communication and all meetings with the offending individual will be documented and placed in his/her personnel file.

CONTROLS:

The Vice President, Human Resources shall establish controls and procedures to ensure consistent application of this policy.