



# BEHAVIORS THAT UNDERMINE SAFETY: HIGHLIGHT OF SENTINEL EVENT ALERT

by *Dave Gourley RRT*

The Joint Commission released its 40th Sentinel Event Alert on July 9, 2008. Entitled "Behaviors that undermine a culture of safety", this alert focuses on a long standing problem of intimidating and disruptive behavior by clinicians. As is stated in the opening statement of the Sentinel Event Alert, "Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment." In order to ensure quality care and patient safety, healthcare organizations must address the behaviors that threaten the performance of the healthcare team.

Disruptive behaviors can be exhibited in a number of ways. Overt actions are sometimes exhibited, such as verbal outbursts or physical threats. There are also passive actions, such as refusing to perform assigned tasks or showing uncooperative attitudes during

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standard work activities. The intimidating and disruptive behaviors are commonly exhibited by clinicians in positions of power. This issue led The Joint Commission to focus on disruptive physician behavior several years ago.

Frequently reported behaviors include refusal to answer questions or return phone calls and condescending language.

Unfortunately, intimidating and disruptive behaviors in healthcare are not uncommon. The Institute of Safe Medication Practices (ISMP) conducted a survey in 2003 which revealed that 40% of clinicians remained silent during patient care events rather than question a practitioner known for intimidation. Although the majority of research and attention has been on physician and nurse interactions, these behaviors have been reported among other staff, such as therapists, pharmacists, support staff, and administrators. Also, these behaviors are not limited to one gender, nor are they confined to those individuals who routinely exhibit them. Gerald Hickson, MD, Associate Dean for Clinical Affairs and Director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center states "Any behavior which impairs the health care team's ability to function well creates risk."

In the past, health care organizations have ignored or tolerated the intimidating and disruptive behaviors. This practice must change immediately. Organizations that do not formally address these behaviors are indirectly promoting it. The root causes for this behavior include the inherent stresses of the healthcare environment, high emotion situations, and fatigue. Systemic factors include increased

productivity demands, cost containment requirements, traditional hierarchies, and fear of, or stress from, litigation.

One challenge for health care administrators and executives is that most disruptive behavior goes unreported. The most common reasons for not reporting are fear of retaliation and being labeled "whistle blower", as well as reluctance of confronting an intimidator. Also, a common perception among clinicians is that physicians who bring a large revenue stream to the hospital are treated more leniently than other physicians.

The Joint Commission has added a new standard (LD.03.01.01) in the Leadership chapter that addresses disruptive and inappropriate behaviors in two Elements of Performance:

EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.  
EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

This standard is effective January 1, 2009 and is applicable in all accreditation programs.

The Joint Commission has offered additional suggested actions for healthcare organizations to take in an effort to address disruptive behavior and improve the culture of safety.

1. Educate all team members (physicians and non-physicians) on appropriate professional behavior defined in the organization's code of conduct.
2. Hold all team members accountable for modeling desirable behaviors.
3. Develop and implement policies and procedures that address:
  - a. Zero tolerance for intimidating or disruptive behaviors
  - b. Staff policies that complement organization policies
  - c. Reduce fear of intimidation or retribution
  - d. Responding to patients or families who are involved in or witness intimidating or disruptive behaviors
  - e. How and when to begin disciplinary actions
4. Develop an organizational process for addressing these behaviors.
5. Provide skill based training and coaching for management in relationship-building and collaborative practice.
6. Develop system for assessing staff perceptions of the seriousness and extent of unprofessional behaviors.
7. Develop and implement a reporting/surveillance system for detecting unprofessional behavior.

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increased in patients receiving once-daily Asmanex compared with placebo in patients previously using twice-daily doses of inhaled corticosteroids. Nasonex is the brand name for intranasal delivery.

Ciclesonide (Alvesco) the newest corticosteroid on the market received FDA approval in January of this year. Ciclesonide (Alvesco) is a pro-drug, once it enters the body it is enzymatically converted to des-ciclesonide. Des-ciclesonide has a 120 times greater affinity for the glucocorticoid receptor. Alvesco is available as an HFA MDI in 80 and 160 micrograms/puff with once daily dosing. Since Alvesco is a pro-drug there is no need to rinse the mouth after use. Omnaris is the brand name for intranasal delivery.

Fluticasone propionate/salmeterol (Advair) is a combination product of the corticosteroid fluticasone with the long-acting beta-agonist bronchodilator salmeterol. Advair is available as a DPI and HFA MDI in three different strengths (fluticasone/salmeterol): DPI: 100/50, 250/50, and 500 /50 micrograms, HFA MDI: 45 /21, 115/21, and 230/21 micrograms .

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*Dr. Douglas S. Gardenhire is a veteran therapist, author, educator and lecturer and the Director of Clinical Education in the Respiratory Care Program at Georgia State University.*

*News from the Joint Commission...continued from page 12*

- Support surveillance with tiered, non-confrontational interventional strategies.
- Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff.
- Encourage inter-professional dialogues in a variety of forums.
- Document all attempts to address intimidating and disruptive behaviors.

Any seasoned respiratory therapist has experienced disruptive or intimidating behavior at some point during their career. Depending on the facility and the therapist's personal confidence drives the therapist's response to the situation. Each of us has had the uncomfortable experience of trying to decide whether or not to contact a certain doctor or nurse because of the response that we anticipate. There is no doubt that this has compromised quality and patient safety. Let's be confident that this focus by The Joint Commission is the beginning of a new, healthier environment in which we can work and concentrate on our primary goal, the patient.

This Sentinel Event Alert is the latest release in the Sentinel Event Alert series that The Joint Commission began in February 1998. The information contained in the Sentinel Event Alerts is compiled from information voluntarily reported to The Joint Commission. Healthcare organizations must implement the recommendations in the Sentinel Event Alert or reasonable alternatives. For more information regarding all Sentinel Event Alerts, visit the Joint Commission International Center for Patient Safety website at [www.jcpatientsafety.org](http://www.jcpatientsafety.org).

*David Gourley, RRT is a veteran therapist and former Department Director. He is now Vice President of Regulatory affairs at Chilton Memorial Hospital, Pompton Plains, NJ. He can be reached at [Dag29@aol.com](mailto:Dag29@aol.com)*

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