Joint Commission Tackles Medical 'Road Rage'

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New York Bureau

They are in every hospital—physicians and other professionals who throw tantrums, throw instruments, refuse to answer pagers, roll their eyes at colleagues, and otherwise disrupt the care of patients.

Now the Joint Commission is cracking down on these problem individuals. Under new Joint Commission standards that will go into effect in January 2009, hospitals and other health care organizations will be required to establish a code of conduct that defines unacceptable behavior and establishes clear consequences for misconduct.

The issue is so important to the Joint Commission that officials there decided to highlight it this summer through the release of a Sentinel Event Alert. The alert warns that disruptive behaviors ranging from verbal outbursts and physical threats to refusing to perform assigned tasks can cause medical errors, contribute to patient dissatisfaction, and increase the cost of care.

"This is the medical version of 'road rage' and sometimes it's just little passive-aggressive things and other times it's very, very flagrant," said Dr. Peter B. Angood, vice president and chief patient safety officer for the Joint Commission.

These events are not uncommon, according to the Joint Commission. About 40% of clinicians have declined to question medication orders in the past year because they wanted to avoid interacting with an intimidating prescriber, according to a 2003 survey of more than 2,000 health care professionals conducted by the Institute for Safe Medication Practices. And even when clinicians spoke up, 49% said they felt pressured into dispensing or administering the medication despite their concerns, the survey found.

Other surveys have found similar trends. A 2004 survey of more than 1,600 physician executives, conducted by the American College of Physician Executives, found that 14% of respondents observed problems with physician behavior in their own organizations on a weekly basis.

In addition to establishing a code of conduct, the Joint Commission is recommending that hospitals and other health care organizations:

► Educate their physician and nonphysician workforce on appropriate professional behavior and provide training and coaching to managers on conflict resolution.

► Enforce the code of conduct consistently among staff members regardless of seniority or clinical specialty.

► Adhere to a "zero tolerance" policy for the most egregious incidents such as assault and put in place a progressive system of discipline for addressing lesser violations.

► Protect those who report incidents and include nonretaliation clauses into policy statements.

► Develop a system to assess the prevalence of unprofessional behaviors in the organization and implement a reporting surveillance system to detect unprofessional behavior.

Those organizations that have already successfully addressed disruptive behaviors have found it helpful to establish anonymous reporting systems, Dr. Angood said. Another essential component of a successful system is ensuring that every report will be investigated, regardless of the stature of the person involved.

"There's nothing more frustrating than for someone to be intimidated and feel that they can't report it or if they do report it, that nothing is going to happen," Dr. Angood said.

The Joint Commission alert is "important" because it raises the issue, said Dr. Gerald B. Hickson, associate dean for clinical affairs and director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center in Nashville, Tenn.

Since 1996, Vanderbilt has been using the Patient Advocates Reporting System, which collects and analyzes patient complaints, to identify problem physicians.

Over the last decade, the system has also been adopted by a number of large academic medical centers and community medical centers.

The information is then used to try to alter physician behavior by first alerting them to the complaints. Later, if problems persist, physicians may be required to participate in wellness programs, or take classes on risk management or on im-

provement of communication skills. If problems continue after that, corrective action may be taken.

Overall, the Vanderbilt data suggest that about 4%-6% of the physician population engages in some form of disruptive behavior, Dr. Hickson said.

Some clinicians who behave in hostile or disruptive ways may have family life problems or even personality disorders, Dr. Hickson said. It's important for organizations to offer support and counseling services but in many cases clinicians won't utilize these services until their problems have boiled over into a disruptive event, he said.

"We really don't play well in the sand box together," said Hedy Cohen, R.N., vice president of nursing at the Institute for Safe Medication Practices.

Any organization that is interested in safety needs to pay attention to this issue, Ms. Cohen said, because it creates a huge obstacle to communication among members of the health care team. Even passive behaviors—such as rolling eyes at a colleague or hanging up the phone on someone—make it difficult for clinicians to question orders or advocate for patients.

And this can lead to real safety issues for patients, she said. For example, during surgery a nurse may observe a physician break with sterile protocol when placing a subclavian central line. That nurse is in a position to stop the procedure but only if he or she feels comfortable to question the physician. Without a culture that allows for that action by the nurse, the patient is the one who suffers, Ms. Cohen said.

She advised hospital leadership to get started as soon as possible. It takes a lot of work to change the culture of an organization and to get at the root of why the bad behavior is occurring. "There is no easy fix," she said.

At Centra Health in Lynchburg, Va., they have been operating with a practitioner code of conduct for more than a decade and over the years the leadership has tried to enforce it while still keeping the process collegial.

Dr. Chal Nunn, chief medical officer for Centra Health, said he encourages clinicians to confront inappropriate behavior on the front lines and have an informal conversation about it.

Under their policy, the starting point is a conversation with the offending clinician. If the problem persists, the complaint is made in writing and the clinician is informed of the consequences. "The whole point is to try to help the person," Dr. Nunn said.

There are plenty of examples of policies out there. But get started now, he said, because, "you just can't let it slide." ■

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION (Required by 39 U.S.C. 3685). 1. Publication title: RHEUMATOLOGY NEWS. 2. Publication No. 1541-9800. 3. Filing date: Oct. 23, 2008. 4. Issue frequency: Monthly. 5. No. of issues published annually: 12. 6. Annual subscription price: $95.00. 7. Complete mailing address of known office of publication: International Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 8. Complete mailing address of headquarters or general business office of publisher: International Medical News Group, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960. 9. Full names and complete mailing addresses of Publisher, Editor, and Managing Editor: Group Publisher/General Manager, Alan J. Imhoff, IMNG, 60 Columbia Rd., Bldg. B, Morristown, NJ 07960; Executive Director, Editorial, Mary Jo M. Dales, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852; Editor, Sally Koch Kubetin, IMNG, 5635 Fishers Lane, Suite 6000, Rockville, MD 20852. 10. Owner: Elsevier STM Inc., Elsevier Inc. Stock, 6277 Sea Harbor Dr., Orlando, FL 32887. 11. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None. 13. Publication name: RHEUMATOLOGY NEWS. 14. Issue date for circulation data below: September 2008. 15. Extent and nature of circulation: Average no. copies each issue during preceding 12 months: a. Total number of copies (net press run) 10,642; b. Legitimate paid and/or requested distribution (by mail and outside the mail) (1) Individual paid/requested mail subscriptions stated on PS Form 3541 4,962; (2) Copies requested by employers for distribution to employees by name or position stated on PS Form 3541 19; (3) Sales through dealers and carriers, street vendors, counter sales, and other paid or requested distribution outside the USPS 0; (4) Requested copies distributed by other mail classes through the USPS 0; c. Total paid and/or requested circulation 4,981; d. Nonrequested distribution (by mail and outside the mail) (1) Nonrequested copies stated on PS Form 3541 4,900; (2) Nonrequested copies distributed through the USPS by other classes of mail 413; (3) Nonrequested copies distributed outside the mail 78; e. Total nonrequested distribution 5,391; f. Total distribution 10,371; g. Copies not distributed 270; h. Total 10,642; i. Percent paid and/or requested circulation 48.0%. Actual no. copies of single issue published nearest to filing date: a. Total numbers of copies (net press run) 9,971; b. Legitimate paid and/or requested distribution (by mail and outside the mail) (1) Individual paid/requested mail subscriptions stated on PS Form 3541 5,834; (2) Copies requested by employers for distribution to employees by name or position stated on PS Form 3541 18; (3) Sales through dealers and carriers, street vendors, counter sales, and other paid or requested distribution outside the USPS 0; (4) Requested copies distributed by other mail classes through the USPS 0; c. Total paid and/or requested circulation 5,852; d. Nonrequested distribution (1) Nonrequested copies stated on PS Form 3541 3,855; (2) Nonrequested copies distributed through the USPS by other classes of mail 10; (3) Nonrequested copies distributed outside the mail 0; e. Total nonrequested distribution 3,865; f. Total distribution 9,717; g. Copies not distributed 254; h. Total 9,971; i. Percent paid and/or requested circulation 58.7% 16. This Statement of Ownership will be printed in the November 2008 issue of this publication. 17. Signature and title of Editor, Publisher, Business Manager, or Owner: Alan J. Imhoff, President, IMNG.