

Physicians Health Program Message

# Disruptive Behavior Now a Sentinel Event: Pt. I

By Roland W. Gray, MD, TMF Medical Director

In July 2008, the Joint Commission (formerly JCAHO) issued a Sentinel Event Alert that categorized “intimidating and disruptive behaviors” as a form of sentinel event. For my colleagues who may not be sure what this is, a sentinel event is defined by the Joint Commission as “an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.” The events are not related to the natural course of a patient’s illness.

The reason the JC is coming down hard on this issue? Research has shown that medical errors can result from disruptive behavior that leads to a breakdown of communications within the patient care team.

The JC action means that as of last month, disruptive behavior in a healthcare setting will require reporting, immediate investigation and response, and could mean career-impacting consequences for the physician who may be the culprit.

Some changes will occur as a result of the Joint Commission’s new standards: hospitals will need to adopt codes defining disruptive behavior and develop procedures to detect, receive reports of and deal with unprofessional behavior. Currently, there are no parameters as to what constitutes disruptive behavior in a hospital – it could be interpreted as anything from physical assault to condescension.

The code of conduct should outline not only undesirable, but desirable behaviors in the hospital setting. The code should also outline reporting and disciplinary procedures, including a range of sanctions for violating the code, up to and including suspension of physician privileges. If the suspension of privileges lasts for greater than 29 days, this

generates a report on the National Practitioner Data Bank. There is a sample code of conduct available on the TMF Web site ([www.e-tmf.org/conduct.php](http://www.e-tmf.org/conduct.php)) that has been used by many healthcare organizations.

The commission also recommended 11 additional actions for hospitals to take, including:

- Educate all healthcare team members about appropriate professional behavior, including training in basic etiquette, telephone and people skills.
- Hold all team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably using reinforcement and punishment.
- Establish a comprehensive approach to address bad behavior, which may include a “zero tolerance” policy and protections for staff who report or cooperate in the investigation of such behavior.
- Develop an organizational process to address these instances, utilizing an inter-professional team with representatives from the medical and nursing staff, administration and other employees.

The fourth recommendation corresponds well with JCAHO’s 2001 recommendation for hospitals to establish wellness committees to manage matters of individual physician health, separate from medical staff disciplinary function.

I am a firm believer that these types of incidents are best handled first using a non-confrontational, rehabilitative approach,

reserving disciplinary action as a later option. In Part II of this series, I will address practices that can effectively address disruptive behavior among physicians and restore them to appropriate, professional conduct and oftentimes, a more fulfilling medical career.

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