Unprofessional behaviour and the risks to patient safety

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The views expressed here are my own and are not intended to represent those of the Health Foundation, IHI or RCP

*Health Foundation QI Fellowship
What is “unprofessional behaviour”?

In the North America this is usually referred to as “disruptive behaviour” so we shall use these terms interchangeably.

Although other staff also display unprofessional behaviour* we shall restrict our discussion to doctors.

*Francis Report and NHS staff surveys
What is it?

“When the use of inappropriate words, actions or inactions by a physician interferes with...teamwork and quality healthcare delivery”

– (College of Physicians and Surgeons of Ontario, 2008)
What is it?

“...may in rare circumstances be demonstrated in a single egregious act (e.g. physical assault) but is more often composed of a pattern of behaviour”.

“Its gravity depends on its nature, the context and its consequences”.

– (College of Physicians and Surgeons of Ontario, 2008)
What is it?

<table>
<thead>
<tr>
<th>Passive</th>
<th>Passive -aggressive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate notes</td>
<td>Derogatory comments</td>
<td>Verbal outbursts</td>
</tr>
<tr>
<td>Avoiding meetings</td>
<td>Hostile notes</td>
<td>Assaults</td>
</tr>
<tr>
<td>Doesn’t answer pages</td>
<td>Sexual harassment</td>
<td>Throwing</td>
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<tr>
<td>etc</td>
<td>Non-compliance with</td>
<td>instruments etc</td>
</tr>
<tr>
<td></td>
<td>policies etc</td>
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</tbody>
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My list includes...

- Refusal to follow hand-washing or prescribing policies
- Not responding/aggressive response to bleeps, requests to see patients, medication queries
- Verbal abuse of admin. and clerical staff
- Electronic harassment; e mail, incident reports
My list includes...

• Instrument throwing
• Racial abuse
• Sexual harassment
• Etc etc...
How common is it?
Sources of information

US;
- 1635 Physician executives \((Weber \ 2004)\)
- 2135 physician and nurse executives \((ACPE \ 2009)\)
- 4530 nurses & pharmacists \((Rosenthein \ & \ O’Daniel \ 2008)\)

UK;
- 1198 cases referred to NCAS
- 163 Clinical Leaders \((unpublished)\)
Recurrent themes

• Most doctors do not present problems
• ...but recurrent incidents involving the same individuals are common
• Behaviours occur across the spectrum
• Doctors get reported later and treated more leniently
• ...especially “high value” ones
• There are rarely systems in place for dealing with this (or else they are rarely used)
Clinical Leaders surveys

“In my organization problems tend to arise...”

- Amongst the same small group of individuals
- Occur in various individuals with no clear pattern

Unpublished data. 163 UK Clinical Leaders
Figure. Cumulative Distribution of Physician Cohort Members and Unsolicited Complaints

The dotted lines illustrate that 9% of cohort members were associated with 50% of patient complaints and 5% were associated with approximately one third of all complaints.

Hickson et al, JAMA 2002
Examples....

Dr Jones
Mr Black
Dr Smith
Dr Green
Why do some people behave like this?

- Internal (personal) factors
- External (system) factors
Why do some people behave like this?

Internal factors

– Illness (physical, psychiatric)
– Personality disorder
– Addiction/dependency
– Poor communication, influencing and conflict resolution skills
Why do some people behave like this?

External factors

- Life cycle events (family, financial etc)
- High system demands, low system support
- Poorly developed systems for responding to genuine concerns
And.... “what we permit, we promote”

It achieves the desired results
We have a culture of “tolerance and indifference”

– Joint Commission, 2008

Sometimes as far back as Medical School
Effects of disruptive behavior

• There is good evidence that it contributes to;
  – Patient Safety problems
  – Staff turnover
  – Poor team-working
  – Complaints
  – Litigation risk
Patient safety and disruptive behaviour

2095 nurses and pharmacists

- On at least 3 occasions in the last year 17% felt pressurised to accept a medication order despite concerns about its safety
- On at least 10 occasions in the last year 13% refrained from contacting a specific prescriber to clarify concerns
- In the last year 7% have been involved in a medication error where intimidation had been involved
Rosenthein and O’Daniel (2008)

- 4530 nurses, doctor and other staff
  - 60% reported being aware of potential adverse events related to disruptive behaviour
  - 14% were aware of a specific adverse event related to it
What can be done
Common elements of all approaches

- Action at every level
  - Leadership
    - Board, CEO, clinicians in leadership roles
  - Other clinicians
  - The front line
  - Medical Schools
Common elements of all approaches

- Modeling expected behavior
- Board commitment
  - Transparency and consistency
  - Code of conduct and supporting policies
  - Recruitment policies
  - Surveillance systems
  - Integration into the quality and safety agenda
Common elements of all approaches

• Screening for health and other issues
• Graduated responses
  – Dealing with low level aberrant behavior early
  – Appropriate escalation
• Training and resources
Model to Guide Graduated Interventions:

Disruptive Behavior Pyramid


No

Δ

Pattern persists

Level 3 "Disciplinary" Intervention

Apparent pattern

Level 2 "Authority" Intervention

Single "unprofessional" incidents (merit?)

Level 1 "Awareness" Intervention

"Informal" Cup of Coffee Intervention

Mandated Issues

Vast majority of professionals-no issues

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Does this work?

- In Vanderbilt, intervention with “highest risk” group:
  - Approx 60% of individuals had reductions in complaints and legal cases over next 2 years
  - 20-40% make little progress
Summary (1)

• This is a patient safety issue
• A small number of individuals are responsible for a disproportionate percentage of issues
• Passive and passive/aggressive behaviours are the most common manifestation
• Individuals can;
  – Model the expected behaviours
  – Challenge peers
Summary (2)

- Organizations can;
  - Acknowledge it as a patient safety issue
  - Use their infrastructure to deal with it
- The infrastructure which could support this already exists in some places
Thanks

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E mail me for slides and references;

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