

University Correctional HealthCare

September 2009

SPECIAL EDITION

Developing a Culture of Safety and Ethical Conduct within UCHC

The following is from a Joint Commission on Accreditation of Healthcare Organizations that has relevance to our ability to provide health care that is appropriate, medically necessary, and efficient. This is followed by excerpts of UMDNJ's Code of Conduct. Please take the time to review and I welcome suggestions for us to incorporate a culture of safety and ethical conduct in our everyday practice.

Jeff Dickert, PhD
Unit Vice President

EXCERPTS FROM "BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY"

*Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on **teamwork, communication, and a collaborative** work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.*

Intimidating and disruptive behaviors include overt actions such as **verbal outbursts** and **physical threats**, as well as passive activities such as **refusing to perform assigned tasks** or **quietly exhibiting uncooperative attitudes** during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include **reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions**. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

Intimidating and disruptive behaviors in health care organizations are not rare. A survey on intimidation conducted by the Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator...

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals carry out their duties in a manner consistent with this idealism and maintain high levels of professionalism. *The presence of intimidating and disruptive behaviors in an organization, however, erodes professional behavior and creates an unhealthy or even hostile work environment – one that is readily recognized by patients and their families.* Health care organizations that ignore these behaviors also expose themselves to litigation from both employees and patients. Studies link patient complaints about unprofessional, disruptive behaviors and malpractice risk. *"Any behavior which impairs the health care team's ability to function well creates risk,"* says Gerald Hickson, M.D., associate dean for Clinical Affairs and director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center. *"If health care organizations encourage patients and families to speak up, their observations and complaints, if recorded and fed back to organizational leadership, can serve as part of a surveillance system to identify behaviors by members of the health care team that create unnecessary risk."*

Root causes and contributing factors

There is a history of tolerance and indifference to intimidating and disruptive behaviors in health care. Organizations that fail to address unprofessional behavior through formal systems are indirectly promoting it. Intimidating and disruptive behavior stems from both individual and systemic factors. The inherent stresses of dealing with high stakes, high emotion situations can contribute to occasional intimidating or disruptive behavior, particularly in the presence of factors such as fatigue. Individual care providers who exhibit characteristics such as self-centeredness, immaturity, or defensiveness can be more prone to unprofessional behavior. They can lack interpersonal, coping or conflict management skills.

Systemic factors stem from the unique health care cultural environment, which is marked by pressures that include increased productivity demands, cost containment requirements, embedded hierarchies, and fear of or stress from litigation. These pressures can be further exacerbated by changes to or differences in the authority, autonomy, empowerment, and roles or values of professionals on the health care team, as well as by the continual flux of daily changes in shifts, rotations, and interdepartmental support staff. This dynamic creates challenges for inter-professional communication and for the development of trust among team members.

Disruptive behaviors often go unreported, and therefore un-addressed, for a number of reasons. Fear of retaliation and the stigma associated with “blowing the whistle” on a colleague, as well as a general reluctance to confront an intimidator all contribute to underreporting of intimidating and/or disruptive behavior...

Existing Joint Commission requirements

... The Joint Commission has a new standard that addresses disruptive and inappropriate behaviors in two of its elements of performance:

The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.

Leaders create and implement a process for managing disruptive and inappropriate behaviors.

Other Joint Commission suggested actions

Educate **all team members** on appropriate professional behavior defined by the organization’s code of conduct. The code and education should emphasize respect. Include training in basic business etiquette (particularly phone skills) and people skills.

Hold **all** team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably among all staff regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment.

Develop and implement policies and procedures/processes appropriate for the organization that address:

“Zero tolerance” for intimidating and/or disruptive behaviors...

Reducing fear of intimidation or retribution and **protecting** those who report or cooperate in the investigation of intimidating, disruptive and other unprofessional behavior...

Responding to patients and/or their families who are involved in or witness intimidating and/or disruptive behaviors...

How and when to begin disciplinary actions...

Develop an organizational process for addressing intimidating and disruptive behaviors

Provide skills-based training and coaching for all leaders and managers in relationship-building and collaborative practice...

Cultural assessment tools can also be used to measure whether or not attitudes change over time.

Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients.

Develop and implement a reporting/surveillance system (possibly anonymous) for detecting

unprofessional behavior. Include ombuds services and patient advocates, ... Monitor system effectiveness through regular surveys, focus groups, peer and team member evaluations, or other methods...

Support surveillance with tiered, non-confrontational interventional strategies, starting with informal conversations ... and moving toward detailed action plans and progressive discipline, if patterns persist...

Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff...

Encourage inter-professional dialogues across a variety of forums as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication.

Document all attempts to address intimidating and disruptive behaviors.

EXCERPTS FROM UMDNJ'S CODE OF CONDUCT

(See www.umdj.edu/complweb/code/code_01toc.htm)

GENERAL STATEMENT

The State of New Jersey entrusts the University of Medicine and Dentistry of New Jersey (UMDNJ) with responsibility for providing high quality education, health care and research, and for assuring that the highest standards of ethical conduct and integrity are practiced in carrying out these responsibilities. Each member of the UMDNJ community is expected to engage in:

Trustworthy conduct - including dependability, loyalty, and honesty in communications and actions;

Respectful behavior - treating everyone with civility, courtesy, tolerance and acceptance, and recognizing the worth, dignity and unique characteristics of each individual;

Accountability - taking personal responsibility for one's actions and decisions;

Fair and just actions - utilizing equitable processes in decision making;

Compassion - caring for others, both within and apart from the UMDNJ community, and providing the highest quality service to patients and humanity;

Good citizenship - recognizing that UMDNJ is part of the broader community and public life of New Jersey;

Responsible management – including prudent use of UMDNJ resources in a fiscally responsible manner.

These seven principles are the foundation of the UMDNJ Code of Conduct that has been approved by our Board of Trustees. They apply to all members of the UMDNJ community – students, faculty, administrative staff, executive leadership and board members—and serve as guidelines for maintaining our status as a community leader and earning the trust and respect we each desire.

There is perhaps no more important obligation that you and I have than to uphold the principles and standards included in this Code.



PURPOSE

The pursuit of UMDNJ's fourfold mission – excellence in teaching, patient care, research and public service - requires a shared commitment to the University's core values and ethical conduct in the discharge of one's duties, responsibilities and all other UMDNJ activities. The Code of Conduct ("Code") is a statement of that commitment, emphasizing key aspects of dealings inside and outside the University which demand ethical and professional behavior and is intended to inform us of the basic principles which UMDNJ requires us to follow in conducting UMDNJ business.

All members of the UMDNJ community are expected to adhere to the Code ...

Respect For Our Clinical Mission

UMDNJ is committed to providing high quality health care in a manner that is **appropriate, medically necessary, and efficient**, in accordance with current medical and ethical standards, which includes the obligation to provide medical screening exams or emergency care. UMDNJ respects the rights of patients to make choices about their own care including the right to refuse treatment. Providers inform patients and their representatives about the alternatives and risks associated with the care they are seeking and/or which is recommended by professional staff in order to obtain informed consent. Information is provided in a language that the patient can understand.

Respect For Our Educational Mission

Respect For Our Research Mission

Individual Responsibility and Accountability

UMDNJ persons must meet the highest professional standards and must exercise responsibility appropriate to their position and delegated duties. All University business is expected to be conducted in accordance with the University's Shared Values and this Code of Conduct, and in a manner exercising sound judgment and serving the best interests of the institution, the community and the State of New Jersey. We are responsible to one another both for actions and inactions and cooperate with all internal inquiries in order to resolve detected or reported issues. To this end, all persons shall have compliance with this Code of Conduct as part of their annual performance appraisal, to the extent that these persons are eligible for annual performance appraisals.

Respect For Others

UMDNJ is committed to treating everyone with respect and dignity, and, among other things, to:

- prohibit discrimination or harassment;
- to have zero tolerance for workplace violence;
- provide equal opportunities for all members of the University community and job applicants regardless of race, color, national origin, religion, sex, gender identity and expression, pregnancy, physical or mental disability, ancestry, marital status, civil union or domestic partnerships, age, genetic information, sexual orientation, or military or veteran status. Those who experience or observe discrimination, harassment, and/or workplace violence should report the incident (s) to their supervisor ... or to the Ethics Helpline.

- acknowledge that although consensual relationships between persons are within the realm of individual privacy, these relationships may expose UMDNJ to potential liability. Persons in these relationships in supervisory or management roles have a responsibility to discuss with their immediate superior whether the relationship poses any conflict, so that the University may take steps to eliminate the conflict in accordance with its policies.

- commit to creating and maintaining a safe and healthful work environment. All persons are expected to comply with all safety and health standards.

- expect persons providing medical and clinical services to be committed to the ethical and compassionate treatment of patients/clients and to follow established policies and statements of patient/clients rights in support of this principle.

Respect for UMDNJ and State Resources

Compliance with Applicable Laws and Regulations

Compliance with Applicable UMDNJ Policies, Procedures, Codes and Other Forms of Guidance and Avoidance of Conflicts of Interest

Compliance with the New Jersey Conflicts of Interest Laws and State Ethics Code

Compliance with Applicable UMDNJ Policies, Procedures, Codes and Other Forms of Guidance and Avoidance of Conflicts of Interest

Accurate Financial Reporting

Need for Adherence to Internal Controls

Fair Dealing in Agreements

Full compliance with all state and federal healthcare program statutes, regulations, directives and guidelines

Protection from Retaliation

In accordance with the UMDNJ "[Reporting Compliance and Ethics Concerns Policy](#)" (#00-01-15-55:00), UMDNJ persons are required to report all known or suspected improper activities to appropriate authorities, and persons who report



Staff Directory

Updated 9/09

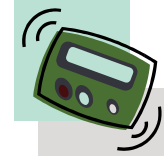


	Office	Cell	Pager	Email	
Central Administration					
Jeff Dickert:	609-341-3093	732-580-1055		dickerje	
Shirley Lee	609-633-2786			leesm	
Melody Massa:	609-292-1247	201-407-3144		massamk	
Sharry Berzins	609-984-4599			berzinsh	
Jennifer Storicks	609-341-3093			storicjd	
Medical Administration					
Arthur Brewer:	609-292-6878	609-313-4185	609-229-0689	brewerar	
Rhonda Lyles	609-777-1660			lylesrc	
Yasser Soliman:	609-943-4372	609-313-1980	609-229-0690	solimays	
Hesham Soliman:	609-723-4221 x8229	609-238-0513	856-223-2262	solimahe	
Jon Hershkowitz:	973-465-0068 x4677	732-570-5727	732-206-3157	hershkje	
Johnny Wu	609-777-3755	609-238-0993	609-229-0675	wujo	
Mental Health Administration					
Rich Cevasco:	609-984-6474	201-407-3114	732-396-6768	cevascrp	
Mitch Abrams	973-465-0068 x4383	917-887-5206	732-396-6920	abramsmi	
Marci Masker	856-459-7223	201-407-3097	732-396-6767	mackenma	
Harry Green	609-298-0500 x1272	732-512-8846	609-229-0688	greenha	
Psychiatry					
Rusty Reeves	973-465-0068 x4382	973-632-3194		reevesdo	
Anthony Tamburello	856-459-8239	609-410-0266	609-324-3215	tamburac	
Nursing Administration					
Magie Conrad:	609-633-6573	908-930-4025	732-302-6694	conradmm	
Denise Rahaman	609-777-0440	609-923-1855	609-229-0694	rahamade	
Dental Administration					
Man Lee:	609-777-1366	609-218-0697		leemp	
Thomas Golden	908-638-6191 x7584			goldentf	
Utilization Review		Email	Training Team		
Christine Bartolomei	609-292-2353	bartolch	Mechele Morris:	609-292-2252	morrisme
Eileen Hooven	609-984-5848	hoovenem	Stephanie Turner-Jones	609-292-2226	turnerst
Dolcie Sawyer	609-984-5848	sawyerdo	Denise Gould	609-292-1340	goulddj
Medical Records			Infectious Disease		
Cindy Romano	609-292-1393	romanoci	Elliot Famutimi	609-292-3365	famutiel
Statewide Ombudsperson			Telemedicine		
Elizabeth Topol	609-292-9095	topolcl	Leo Agrillo	609-984-1725	agrille
				609-413-6944 cell	
Quality Improvement			Scheduler		
Lisa DeBilio:	609-292-5707	debilila	Patti Ford	609-984-1012	fordpa
Debra Crapella	609-984-5843	crapelda	Jose Torres	609-292-6953	torresj9
Debbie Pavlovsky	609-292-6478	pavolsde	Patti Reed	609-777-1510	reedp1
			Rebecca Cozzens	856-459-8034	cozzenna
			Samantha Pezzella	856-459-8453	pezzelss

General Information



Test your pager on a routine basis - any problems should be reported to Melody Massa at 609-341-3095



ADDRESS

University Correctional HealthCare
c/o NJ Department of Corrections
Bates Building
P.O. Box 863
Whittlesey Road
Trenton, NJ 08625
609-341-3093
609-341-9380 - fax

Submit your articles by September 28th for the October newsletter



Articles submitted for publication in the UCHC newsletter may be held for subsequent newsletters at the discretion of the Editorial Board

