

Health Workplaces to Crack Down on 'Road Rage'

BY MARY ELLEN SCHNEIDER
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 spells out the consequences for misconduct.

The issue is so important to the Joint Commission that officials there decided to highlight it through the release of a Sentinel Event Alert this summer. 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 improving 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 the key is to get started now, he emphasized. "You just can't let it slide," Dr. Nunn said. ■

Hospitals and other health care organizations will be required to establish a code of conduct defining unacceptable behavior and the consequences for it.

Scorecard: U.S. Falling Short on Key Health Care Indicators

BY JANE ANDERSON
Contributing Writer

Access to care has declined significantly since 2003, with 42% of all working-age adults either uninsured or underinsured in 2007, according to a national health system scorecard from The Commonwealth Fund, which found that health care system performance in the United States has worsened slightly overall since 2006.

According to the scorecard report, the United States on average continues to fall far short on key indicators of health outcomes and quality. U.S. scores are particularly low on efficiency, compared with top performers inside the country—states, regions, hospitals, health plans, or other providers—and internationally.

"These findings were very disturbing, considering the re-

sources the U.S. spends on health care," Dr. Karen Davis, president of The Commonwealth Fund, said in a briefing on the report, adding that the nation spends more on health care than any other in the industrialized world.

In the report, "Why Not the Best? Results From the National Scorecard on U.S. Health System Performance, 2008," the United States scored an average of 65 out of a possible 100—slightly below the 67 scored in 2006 in the first scorecard released—across 37 key indicators of health outcomes, quality, access, efficiency, and equity. "We need to change direction," Dr. Davis said. "This latest scorecard demonstrates that we are in fact losing ground."

The report found that the number of uninsured and underinsured Americans continues to rise: As of 2007, 42% of all working-age adults were either

uninsured or underinsured—from 35% in 2003.

The report also said that the United States failed to keep up with improvements made in other countries, and fell from 15th place to dead last among 19 industrialized nations in premature deaths that could have been prevented by timely access to effective health care. Rates for basic preventive care, such as cancer screening, failed to improve from 2005 to 2007, the report said.

In addition, "scores on efficiency are particularly low, pulled down by fragmented, poorly coordinated care," along with lack of access to care and high administrative costs, said Cathy Schoen, senior vice president of The Commonwealth Fund.

In 2007, for example, as in 2005, patients in the United States were three to four times more likely than patients in other coun-

tries to report having had duplicate tests or to report that medical records or test results were not available at the time of their appointment. And, although primary care physicians in the United States used electronic medical records (EMRs) increasingly from 2001 to 2006—17% to 28%—the United States lags far behind leading countries, where EMRs now are used by nearly all physicians (98%) to improve care, the scorecard reported.

Still, "there are some bright spots," Ms. Schoen said. The report found evidence that focusing on specific areas through targeted initiatives can yield substantial improvement.

For example, the report found that hospital standardized mortality ratios, a key indicator of patient safety, improved by 19% over 5 years, following broad public and private efforts to assess and

improve hospital safety. Also, chronic care and acute hospital care quality metrics that have been the focus of public reporting, pay for performance, and improvement efforts also showed significant progress.

"We find that what gets attention gets improved," Ms. Schoen said. "But to date we have focused too narrowly. Current initiatives often fail to encourage more effective or more efficient care."

Dr. Davis pointed out that, with a new president and administration next year, the United States has a real opportunity to refocus and rebuild its health care system.

"The most important thing is extending health insurance to all," she said. "There were 75 million American adults uninsured at some point in the year, and obviously that affects performance throughout the scorecard." ■