

Office of the President

TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:

**DISCUSSION ITEM**

*For Meeting of December 11, 2018*

**WORKING TOGETHER: CONDUCT EXPECTATIONS IN HEALTHCARE SETTINGS  
AND INITIATIVES TO PREVENT AND ADDRESS DISRUPTIVE BEHAVIOR**

UCLA Health Chief Medical Officer Robert Cherry, M.D. and Deputy General Counsel Rachel Nosowsky will discuss what is referred to as “disruptive behavior” in the healthcare setting and work UC Health has initiated to more effectively address it.

Clear evidence has developed over the past two decades indicating that disruptive behavior threatens patient safety and is linked with increased professional liability exposure. Yet “the bar for such conduct” in academic institutions, among peers, in professional certification organizations, and even at licensing boards “may be set quite high – e.g., physical abuse, addiction, dishonesty, or a felony conviction.” *AMA Journal of Ethics* 2015; 17(3): 215-220.

There is no single consensus definition of the term in a hospital setting, but the University recently issued general *Guidance on Abusive Conduct and Bullying in the Workplace* that includes the following examples:

- Persistent or egregious use of abusive, insulting, or offensive language directed at an employee
- Behavior or language that frightens, humiliates, belittles, or degrades, including criticism or feedback that is delivered with yelling, screaming, threats, or insults
- Purposefully inappropriately excluding, isolating, or marginalizing a person from normal work activities

In addition, the *Academic Personnel Manual* (APM 015) prohibits the following conduct:

- Serious violation of University policies governing the professional conduct of faculty, including policies applying to clinical practice
- Forcible detention, threats of physical harm to, or harassment of another member of the University community, that interferes with that person’s performance of University activities

Dr. Cherry and Ms. Nosowsky will discuss organizational and individual factors that lead to disruptive behavior, the challenges many healthcare organizations face in identifying and

effectively addressing disruptive behavior, and tools that have been employed nationally and locally to effect lasting change.

UC Health leaders have prioritized work to improve “safety culture” systemwide. While local initiatives are ongoing at all UC Health locations, the Chief Medical Officers have begun working together to identify, develop, and implement further improvements. This work began with a survey of current practices, which Dr. Cherry will discuss in some detail. Future plans include a focus at the upcoming UC Health leadership retreat on physician engagement and burnout – significant triggers for disruptive behavior; and on an initiative to improve policies, guidance, and analytics to support a culture that, consistent with the University’s mission, values, and vision, promotes patient safety.

Two articles are attached for additional background information.

Attachments

Attachment 1: The Joint Commission, *Sentinel Event Alert*, “The Essential Role of Leadership in Developing a Safety Culture” (Mar. 1, 2017)

Attachment 2: Federation of State Medical Boards, *Journal of Medical Regulation*, “Disruptive Behavior: Use and Misuse of the Label” (2012)