HRET HIIN Culture of Safety
Virtual Event

Addressing Disruptive Behaviors to Improve Cultures

October 19, 2017
WELCOME AND INTRODUCTIONS

Jordan Steiger, MPH | Program Manager, HRET
AHA/HRET Hospital Improvement Innovation Network (HIIN)  
Addressing Disruptive Behavior to Improve Cultures  
Online Live Webinar  
October 19, 2017

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Webinar Platform Quick Reference

Mute computer audio →

Today’s presentation

Download slides/resources

Chat with participants

Register for upcoming events
Poll: How did you hear about this event?

How did you hear about today’s virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify
## Today’s Agenda

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<th>Time</th>
<th>Session</th>
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<tr>
<td>1:00–1:03 p.m.</td>
<td>Welcome and Introductions</td>
<td>Introduction to today’s event and agenda overview.</td>
<td>Jordan Steiger, MPH Program Manager, HRET</td>
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<tr>
<td>1:03 – 1:08 p.m.</td>
<td>Improving Cultures of Safety</td>
<td>Frame the importance of addressing disruptive behavior as a key intervention in shaping an organization’s culture. Highlight the 2017 updates to the HRET HIIN Culture of Safety Change Package, and frame the key drivers to improving both patient safety and workforce safety.</td>
<td>Betsy Lee, MSPH, RN Improvement Advisor, Cynosure Bruce Spurlock, MD CEO and President, Cynosure Jackie Conrad, RN, BS, MBA, RCC Improvement Advisor, Cynosure</td>
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<tr>
<td>1:08-1:40 p.m.</td>
<td>Building an Integrated Approach to Address Disruptive Behaviors</td>
<td>Explore the elements of the <em>Continuum of Disruptive Behaviors at Work</em>, originally developed at Johns Hopkins University. Learn the key tenants of an integrated program designed to address behaviors from inappropriate to disruptive, including threats and acts of violence. Strategies for improving reporting, starting the dialogue, and specific interventions for accidental and malicious behaviors will be discussed.</td>
<td>Michelle Carlstrom, LCSW-C Consultant, Executive Coach Build a Better Culture Subject Matter Expert</td>
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<tr>
<td>1:40 – 1:55 p.m.</td>
<td>Questions from the Participants</td>
<td>We will open the phone lines for questions and comments.</td>
<td>Participants and Presenters</td>
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<td>1:55-2:00 p.m.</td>
<td>Wrap Up</td>
<td>Available HRET HIIN Culture of Safety Resources Highlight resources from AHA Hospital Against Violence Upcoming HRET HIIN events</td>
<td>Jordan Steiger, MPH Program Manager, HRET</td>
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SETTING THE STAGE TO FOCUS ON BEHAVIORS

Bruce Spurlock, MD | President and CEO, Cynosure Health
Betsy Lee, MSPH, RN | Improvement Advisor, Cynosure Health
Psychological Safety

Polling Question: Do all staff, patients, and families feel safe enough to speak up when they have patient safety or workforce safety concerns?

• All of these people, all of the time
• Most of these people, most of the time
• Some of these people, some of the time
• Very few of these people, rarely
• No one is comfortable speaking up
High Performing Cultures

Motivation and Accountability

Psychological Safety

Comfort Zone
Learning Zone
Apathy Zone
Anxiety Zone

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BUILDING AN INTEGRATED APPROACH TO ADDRESS DISRUPTIVE BEHAVIORS
WHAT IS DISRUPTIVE BEHAVIOR?
WHY DOES IT MATTER?
WHY IS IT SO TRICKY TO MANAGE?
WHAT CAN YOU DO ABOUT IT?
What is Disruptive Behavior?

- Behavior that interferes with the functioning of the workplace, the flow of the work, or undermines a culture of safety.

- It covers a wide range of behaviors that are problematic yet experienced regularly in the workplace, from Incivility to Aggression.

- It is a place where people “get stuck” interpersonally and the impact can become greater than the initial incident.

- It can be episodic or it can signal a dominant style.

- It can be an indicator of escalating risk, potential safety/quality concerns, and even potential incidents of workplace violence.

Why Does It Matter?

It impacts morale, employee engagement and turnover. It can decrease work effort and/or work quality.

It hinders confidence to speak up or speak out when concerns arise. Left unaddressed, it can erode culture or breed a culture of silence.

Its impact can lead to escalating risk and safety/quality concerns and even reactive incidents of workplace violence.

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**Revision to LD.03.01.01, EPs 4 and 5**

**Effective July 1, 2012**

**Standard LD.03.01.01**

Leaders create and maintain a culture of safety and quality throughout the [organization].

**Elements of Performance for LD.03.01.01**

- Applicable to Ambulatory Care, Critical Access Hospital, Home Care, Hospital, Laboratory, Long Term Care, Medicare-Medicaid Certification-Based Long Term Care, and Office-based Surgery programs

**A 4.** Leaders develop a code of conduct that defines acceptable, disruptive, and inappropriate behaviors that undermine a culture of safety.

**A 5.** Leaders create and implement a process for managing disruptive and inappropriate behaviors that undermine a culture of safety.

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Scenario: You are having a task-related conversation with a coworker who responds by rolling her eyes. How would you best describe this behavior?

- Incivility
- Disrespect
- Workplace Bullying
- Workplace Aggression

Scenario: You are in a meeting and someone slams her fist on the table. How would you best describe this behavior?

- Incivility
- Disrespect
- Workplace Bullying
- Workplace Aggression
Why Is Disruptive Behavior Tricky to Manage?

• It’s personal, emotional and subjective.
• Descriptive words mean different things (e.g. “it was so disrespectful”)
• There are often multiple sides to the experience; often convincing reasons from the disruptor for the behavior.
• It is often not a clear violation of a rule or policy.
• It intersects of interpersonal behavior, the ability to resolve conflict, and the impact this has on safety and a culture of professionalism.
• It is easy to dismiss low level behaviors or turn a blind eye until it escalates. Escalations may be in response to a disruptor.

The continuum brings a consistent set of language for identifying and talking about behaviors that are no longer professional – disruptive behaviors.

What is Disruptive Behavior?
Incivility

Informed of what constitutes “proper” conduct but chooses to ignore the limits of acceptability when in the presence of others.

We think of this as the way a person broadcast’s him/her self at a given time; may be episodic, or may be a dominant style.

- Rude, loud and off-colored remarks
- Inappropriate, degrading or offensive remarks or jokes
- Posting personal effects (post-it notes, pictures, etc.) in their own work space that could be perceived as rude or strange
- Posting negatively about coworkers or supervisors on Facebook
- Swearing in public
- Shouting out loud but not targeted at someone
- Exhibit presumably uncontrollable mood swings in front of the group
- Publicly display “gross,” undignified (but not illegal) behavior

Incivility

Behaviors, conduct and/or comments that are more hostile and pointedly aim at another. Includes Incivility behaviors if they are directed or targeted at another.

Behaviors can be bold and direct or covert and dismissive.

- Shouting; swearing at another person
- Public humiliation
- Criticizing, ridiculing or dismissing achievements
- Speaking in a condescending or belittling way; inappropriate sarcasm
- Ignoring instructions; ignoring or not responding to email
- Using a style of electronic communication that is rude or different from in-person style
- Dismissive or negative gesturing when someone else is speaking
- Degrading employee/coworker in front of other employees
- Talking over another; banging things when someone else is talking
- Poor etiquette in meetings; refuses eye contact
- Discount the person’s thoughts or feelings (“Oh, that’s silly”) in meetings
- Refusing to speak to another person for work purposes

What is Disruptive Behavior?

The continuum brings a consistent set of language for identifying and talking about behaviors that are no longer professional – disruptive behaviors.

Impact of Disruptive Behaviors at Work Continuum™

Behaviors of Concern Begin
- Incivility
- Disrespect

Early Identification of Safety Concerns
- Accidental Bullying
- Malicious Bullying & Emotional Abuse

Higher Risk for Workplace Violence, Despair & Sentinel Events
- Workplace Aggression
- Threats & Veiled Threats
- Violence, Sentinel Events, Despair

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Scenario: You introduce a patient to a physician; the physician apologizes to the patient for scheduling conflicts and says that you double-booked the schedule for this week. How would you best describe this behavior?

- Incivility
- Disrespect
- Workplace Bullying
- Workplace Aggression
Workplace bullying is repeated mistreatment of a person that may result in harm to one’s health that takes one or more of the following forms: verbal abuse; offensive conduct/behaviors that are threatening, intimidating or humiliating; or interference that prevents work from getting done. (2013, Johns Hopkins University – Safe at Hopkins)

Key Traits:
• Deliberate
• Targeted
• Harmful
• Repeated Over Time
• Dominant Style Toward a Person or Group of People
• Behaviors are for the gain of the bully (not necessarily the bully and the organization)

Behaviors can be public but are often covert and include a power and control dynamic that may or may not be with malicious intent.

Interpersonal Behavior

• Greeting Behavior: regularly ignore by not responding to or acknowledging you when you greet them
• Silent Treatment: Ignore communications or requests
• Dismissive, intimidating or controlling interpersonal communications: impatient, interruptions, mixed messages, creating sense of power differential, not allowing 2-way communication; treat as incompetent
• Delaying information that subsequently poses impossible demands; damage another’s reputation
• Ongoing misinformation: “forgetting” to share need-to-know information which makes the recipient look foolish or humiliated by “not knowing”
• Assigning blame without giving a person a voice in the conversation; make up rules on the fly; falsely accuse errors; harshly and constantly criticize having a different “standard” for the target

Public Behavior

• Sharing inappropriate information about another; leaving out information about another that casts him/her in poor favor; start or fail to stop destructive rumors or gossip; initiating half-truths or lies
• Periodic “oversights” of leaving a person out of communications or excluding a person from social situations that would typically be inclusive; can also be intentional
• Dismissive public responses that shun, shut down, ignore, or respond condescendingly
• Yell, scream, or throw tantrums in front of others to humiliate a person
• Public humiliation or ostracism; ridicule, insult, make jokes about person in his/her presence

This anchor expands the person of concern to include those who are impacted by the disruptor’s behavior and conduct, meaning a disruptor may introduce a safety concern, either through his/her own behaviors or through the impact those behaviors on others.

These are behaviors that pose a threat to workplace safety without actually making a threat.

- Posturing in an escalating manner
- Verbal Altercations
- Interferes with another person’s interpersonal space to intimidate or appear threatening
- Making statements that are concerning to workplace safety
- Regularly angry; collecting injustices
- Breaking down communication (e.g. making inappropriate demands; incessant questioning)

Scenario: Your supervisor repeatedly complains to you about your coworker and eventually shares that coworker has complained to HR. The supervisor says she plans to give the coworker a bad performance review. How would you best describe this behavior?

- Incivility
- Disrespect
- Workplace Bullying
- Workplace Aggression
Impact of Disruptive Behaviors at Work Continuum™

The anchor for defining and identifying disruptive behavior

Impact

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What Can You Do About It:

Review and update workplace policies.

Connect the impact of disruptive behavior to a culture of safety.
- approach the work from both ends of the continuum: build a culture of safety and
- view disruptive behavior as early warning signs of safety concerns
- not always focused on compliance/noncompliance

Define disruptive behavior: bring common language to your workplace.
- standard descriptions of behaviors, consistent across enterprise
- basis for identification and communication

Prevention = Awareness + Action
- must identify behaviors in order to communicate them; communication leads to early intervention
- general awareness training; management training

Offer psychological safety in reporting
- offer safe place to report that focuses on listening without judgement (which de-escalates and empowers reporter as having taken action)
- engage bystanders; encourage speak up, speak out

Identify both supportive and administrative actions
- aligned at the appropriate level of disruptive behavior on the continuum
- options range: crucial conversation, coaching, discipline, removal from a position of power

Resources

*Internal – Check to See What You Already Have Available!*
Compliance Line Reporting
Employee Assistance Program – Management Consultation Unit
Human Resources
Training & Development
Diversity & Inclusion
ADA representative
Occupational Health

*External – Abundant Resources Online!*
[Build a Better Culture](#) (Disruptive Behavior, Tough Boss v. Bully Boss)
[ASIS/SHRM Standards](#) (for Workplace Violence Prevention)
[The Joint Commission](#) (Resources for Speak Up and WPV Prevention)
[American Hospital Association’s Hospitals Against Violence Initiative](#)
WRAP UP
CULTURE OF SAFETY

FOSTERING A CULTURE THAT FULLY INTEGRATES PATIENT AND WORKFORCE SAFETY CHANGE PACKAGE

PART 5: APPENDICES

APPENDIX C: CULTURE OF SAFETY TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIN

Purpose of Tool: A checklist to review current interventions or initiate new ones to ensure a culture of safety in your facility.

Reference: www.hret-hin.org

Culture of Safety Top Ten Checklist:

1. Include patient and workforce safety data and improvement activities in presentations to the board, as well as in unit level and organization quality and safety meetings.

2. Implement daily leadership safety briefings to create shared understanding of patient and workforce safety vulnerabilities, foster mutual support and disseminate information about safety events.

3. Institute Leadership Walkrounds, integrating both patient safety and workforce safety issues. Effective rounds give leaders the opportunity to observe processes and actively learn to the front lines, patients and families about their barriers and concerns, and to gather ideas for improvement.

4. Encourage reporting of patient safety events, near misses and work conditions that present physical hazards or psychological safety risks. Make reporting easy and ensure that processes exist for confidential and anonymous reporting, if needed. Reward reporting and celebrate “good catches.”

5. Establish reporting, peer intervention and escalation processes to quickly extinguish disruptive, unprofessional and disrespectful behaviors.

6. Appreciate and acknowledge small wins and positive behaviors. Schedule team celebrations and integrate storytelling to prioritize joy and meaning in work and foster well-being.

7. Implement a safe patient handling and movement program. Involve front-line teams in choosing equipment and developing and implementing training programs.

8. Conduct a hazard assessment for conditions that contribute to unsafe work conditions, including risks for needle stick injuries, infection transmission, musculoskeletal injuries, disrespectful behavior, bullying and workplace violence.

9. Utilize simulation training with interprofessional teams to promote effective team behaviors, emotional awareness, mutual support and anticipatory critical thinking. Use hands-off communication training and process design as an opportunity to develop improved team communications.

10. Use a standard approach to balance individual accountability with leadership accountability for systems issues when addressing adverse events. Integrate support for care team members involved in adverse patient event or workplace violence event as part of the response.

Culture of Safety Change Package Link
Upcoming Events

HRET HIIN | VAE Virtual Event
Tuesday, October 24 | 11:00 – 12:00 p.m. CT
Register [here](#).

HRET HIIN | WAKE Up Virtual Event
Thursday, October 26 | 11:00 a.m. – 12:00 p.m. CT
Register [here](#).
Continuing Education Credits

• Launch the evaluation link in the bottom left hand corner of your screen.

• If viewing as a group, each viewer will need to submit separately through the CE link.
Thank You!

Find more information on our website: www.hret-hiin.org

Questions or Comments: HIIN@aha.org