



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

INTIMIDATING AND DISRUPTIVE BEHAVIORS THAT UNDERMINE A CULTURE OF PATIENT SAFETY

1. This Veterans Health Administration (VHA) Information Letter (IL) provides Department of Veterans Affairs (VA) medical center leaders and staff with information about the new Joint Commission leadership standard on intimidating and disruptive behaviors. This IL identifies resources within VHA that meet The Joint Commission (TJC) standard by promoting a culture of civility and discouraging behaviors that undermine effective teamwork and patient safety.
2. Effective January 1, 2009, for all accreditation programs, TJC has a new Leadership standard (LD.03.01.01) that addresses disruptive and inappropriate behaviors in two of its Elements of Performance (EP):
 - a. **EP 4:** The hospital and organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.
 - b. **EP 5:** Leaders create and implement a process for managing disruptive and inappropriate behaviors.
3. In addition, standards in TJC Medical Staff chapter include interpersonal skills and professionalism as core competencies to be addressed in the credentialing process. According to the chapter on interpersonal and communication skills, "Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams." Regarding standards on professionalism, "Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society."
4. The intent of these TJC standards is to promote communication and a collaborative work environment based on civility, respect, engagement, and professionalism and to do so by ensuring that health care organizations address problem behaviors that threaten the performance of the health care team (see subpar. 8a).
5. Work done at VHA's National Center for Organization Development (NCOD) has identified strong correlations between perceptions of civil behavior among staff and economic benefits,

patient satisfaction, and quality of care measures (see subpar. 8b). In addition, some of the behaviors defined as uncivil or unprofessional in fact cross the line to explicit aggression, assault, and even battery in the legal sense. Emotional abuse as well as “bullying” at work can also cause intimidation. The National Science Foundation-funded VA Workplace Stress and Aggression Project (see subpar. 8d) identified work stress in health care as one of the major drivers for employee dissatisfaction in VHA. Understanding the confluence of the setting, the initiator and perpetrator, the victim, and stress (in the workplace and in the home environment) is critical at the individual level. Understanding local resources for intervention is equally critical.

6. The TJC standard specifically refers to a “code of conduct.” TJC surveyors are to be told that there is only one “code of conduct” for Federal Agencies, the Standards of Ethical Conduct for Employees of the Executive Branch (Title 5 Code of Federal Regulations (CFR) Part 2635). Although these general Standards do not necessarily encompass the requirements placed on individuals by virtue of their unique role as health care professionals, VHA has determined that there is no need for special facility policy because the following VA and VHA resources encompass policy, procedure, and guidance regarding expectations for performance that are included in TJC standard. Surveyors can be referred to these resources in any review of compliance with the standard on intimidating and disruptive behaviors.

7. VHA expects VA medical center leaders and managers to make use of these and other resources to communicate expectations to clinicians and other staff that disruptive, inappropriate, intimidating, and uncivil behavior can compromise VHA's mission of high-quality health care service to Veterans. Staff who experience or witness such behavior are encouraged to advise an appropriate supervisor, Patient Safety Officer, or other individual as described in the following Agency resources.

a. **Civility, Engagement, Respect in the Workforce Initiative (CREW)**. CREW is a VHA-wide program to increase workplace civility as assessed by employee perceptions of specific behaviors in the workplace, such as diversity acceptance, coworker support, conflict resolution. Almost 350 CREW interventions at the workgroup level, involving thousands of individuals, have occurred, with dramatic improvements in employee satisfaction scores. In addition, VHA established the Office of Organizational Health to assist in the coordination of healthy workplace efforts across the organization.

b. **Measuring and Assessing Workplace Civility**. Based on data from the VHA All Employee Survey, findings demonstrate that civility can be measured reliably and that it is positively associated with several organizational assessment perceptions and independently measured patient satisfaction scores. Civility is related to lower incidence of Equal Employment Opportunity (EEO) complaints, turnover rates, job strain, and sick leave usage.

c. **Prevention and Management of Disruptive Behavior Program**. This program is designed to prevent aggressive behaviors within VHA, including violence related to patient assaults. One major element, as a core skill, is a segment on de-escalation training, a crucial intervention skill equally applicable to co-workers.

d. **Integrated Ethics.** Integrated Ethics is a VHA-wide program that includes identified personnel at each VISN and VA medical center, and assists leaders to create, sustain, and change their organization's culture through their own behavior and the program, in order to create an ethical environment, i.e., an environment in which employees recognize and discuss ethical concerns, seek consultation on ethics cases when needed, work to resolve ethics issues on a systems level, and feel empowered to behave ethically.

e. **VHA Handbook 1050.01, National Patient Safety Improvement.** VHA Handbook 1050.01 provides policy and procedure for preventing harm to patients, visitors, and personnel, including root cause analysis of the system dimensions of adverse events.

f. **The National Patient Safety Medical Team Training Program.** The National Patient Safety Medical Team Training Program improves outcomes of patient care by implementing CREW Resource Management (CRM) communication techniques in the clinical workplace. CRM was developed and applied in the aviation industry to address communication failures.

g. **Patient Safety Reporting System (PSRS).** The PSRS, a program jointly developed by VHA and the National Aeronautics and Space Administration, enables VHA staff to voluntarily report any events or concerns related to patient safety.

h. **VHA Directive 2008-018. The Prevention of Sexual Harassment.** VHA Directive 2008-018 provides policy establishing that VHA leaders and staff must maintain a work environment free from intimidation and abuse of a sexual nature.

i. **VA Directive 5978, Alternative Dispute Resolution (ADR).** VA Directive 5978 contains policy regarding VA's use of ADR, particularly mediation, to help resolve workplace conflicts and disputes.

j. **VA Directive 5021, Employee/Management Relations.** VA Directive 5021, Part II, Appendix A, includes a **Table of Penalties** that is to be used as a guide to identify the range of penalties that may be prescribed for types of offenses. The broad list of offenses is not intended to be exhaustive but includes the range of penalties for such offenses as "Disrespectful conduct, use of insulting abusive or obscene language to or about other personnel."

k. **VA Employee Handbook.** The VA Employee's Handbook outlines employee responsibilities including the following: "The responsibility to serve diligently, loyally, and cooperatively...to avoid misconduct and other activities that conflict with your employment; exercise courtesy and dignity; and otherwise conduct yourself, both on and off duty, in a manner that reflects positively upon yourself and VA.... You must not discriminate on the basis of race, age, color, sex, religion, national origin, politics, marital status, or disability in any employment matter or in providing benefits under any law administered by VA."

l. **VA Handbook 5013, Performance Management Systems.** VA Handbook 5013 contains policy and procedures on employee performance appraisal including procedures regarding Notification of Unacceptable Performance/Opportunity to Improve.

m. **VA Office of Security and Law Enforcement**. VA Police Officers, while fully sworn and trained as law enforcement officers, also receive specialized training to help them to function within VHA culture. For any employee who believes oneself to be the target of verbal abuse, threats, intimidation, or bullying, one option is to contact VA Police. Doing so can put into motion an investigation and possibly even an arrest or citation if it is found by VA Police that a crime (e.g., “simple assault,” verbal threat) has been committed. VA Police are in a position to assess the presence of other violence risk factors in the situation. Even without criminal charges, however, becoming the subject of a police investigation can often be a very sobering message to the alleged perpetrator.

n. **VA Office of the Inspector General (OIG)**. OIG conducts independent investigation, audit, and oversight of activities affecting the programs and operations of VA, including violations of ethical conduct and abuse of authority.

o. **Office of the Medical Inspector (OMI)**. OMI independently investigates complaints and health care issues, including concerns about unprofessional conduct, raised by Veterans and other stakeholders to monitor and improve the quality of care provided by VHA.

8. Additional References

a. Joint Commission Sentinel Event Alert Issue 40, July 9, 2008: Behaviors that undermine a culture of safety. Available at http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm.

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e. Leape LL, Fromson JA. Problem Doctors: Is There a System-Level Solution? *Annals of Internal Medicine* 2006;144:107-115.

f. Patterson K et al. Crucial Conversations: Tools for Talking When Stakes Are High. New York: McGraw-Hill, 2002.

g. Stone D, Patton B, Heen S. Difficult Conversations: How to Discuss What Matters Most. New York: Penguin Books, 1999.

May 21, 2009

h. Van Komen, GJ. Troubled or troubling physicians: Administrative responses, in Goldman LS, Myers M, Dickstein LJ. The Handbook of Physician Health. American Medical Association, 2000.

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