

Massachusetts General Hospital
Guidelines for Addressing Disruptive and Inappropriate Behavior
In the Perioperative Environment

PURPOSE OF GUIDELINES

The Bylaws of the Professional Staff, Human Resources Policies and Nursing Standards of Practice of Massachusetts General Hospital require all Hospital personnel to maintain high professional standards of clinical care and conduct. Whenever a Hospital employee or physician engages in conduct that is or may be detrimental to the quality of patient care or disruptive to Hospital operations, appropriate remedial or corrective action is initiated consistent with these Bylaws, Policies and Standards.

These Guidelines define the process for addressing disruptive and inappropriate behavior in the perioperative environment, which includes the Main Operating Room, the Same Day Surgical Unit, the Post Anesthesia Care Unit and the Preadmission Testing Area. In conjunction with the above-referenced standards of conduct, the Guidelines require all individuals working in the perioperative environment to treat others with respect, courtesy and dignity and to report immediately conduct that is disruptive or otherwise inappropriate.

DISRUPTIVE AND INAPPROPRIATE BEHAVIOR

Disruptive and inappropriate behavior is interaction among Hospital personnel, patients, family members or others that interferes or may interfere with patient care or Hospital operations. Such behavior includes, but is not limited to, verbal abuse, loud or obscene comments, offensive comments based upon an individual's gender, race, ethnicity, religion, disability or sexual orientation, misuse of operating room instruments or equipment, or inappropriate or unprofessional physical contact or gestures.

PROCESS FOR ADDRESSING DISRUPTIVE AND INAPPROPRIATE BEHAVIOR

1. Physicians, nurses and other Hospital employees who observe disruptive and inappropriate behavior in the perioperative environment are expected to document and immediately report the event. The report shall be sent to the Medical Director of the Operating Rooms and the Associate Chief Nurse, Perioperative Nursing. The report shall be kept confidential to the extent practicable under the circumstances.

The report and/or documentation shall include:

- a. The date and time of the incident
- b. The name(s) of the person(s) involved in, or present during the incident

- c. The identity of the patient, if applicable
 - d. The circumstances that precipitated the incident
 - e. An objective and complete description of the offensive behavior demonstrated during the incident.
 - f. The consequences of the behavior
 - g. Any actions taken at the time of or following the incident including date, time, place and action.
2. The Medical Director of the Operating Rooms, with the assistance of the Chief of Service/Division and the Associate Chief Nurse, Perioperative Nursing, shall conduct or cause to be conducted a prompt investigation into the incident, and shall make recommendations as to appropriate remedial or corrective action. The individual(s) alleged to have engaged in the inappropriate conduct shall be interviewed as part of the investigation and should be offered the opportunity to correct their behavior if they agree that it was inappropriate. Failing resolution, the Chief of Service/Division, the Medical Director of Operating Rooms and the Associate Chief Nurse, Perioperative Nursing shall review their recommendations with the Surgeon-in-Chief, Anesthetist-in-Chief, Chief Nurse or responsible Hospital supervisor, as appropriate. If at the conclusion of this process, it is determined that corrective or remedial action is warranted, the Surgeon-in-Chief, the Anesthetist-in-Chief, the Chief Nurse or responsible Hospital supervisor shall determine whether to implement the action or refer it to the Executive Committee of the Surgical Coordinating Committee for further review. The Executive Committee of the Surgical Coordinating Committee may accept or modify the recommendation or refer it to the Surgical Coordinating Committee. In cases involving members of the Professional Staff, any corrective or remedial action shall be taken in accordance with the procedures described in Article V of the Bylaws of the Professional Staff.

If the incident involves a Chief of Service/Division, the Medical Director of the Operating room or the Associate Chief Nurse, it will be referred to the Surgeon-in-Chief.

If the incident involves a member of the Executive Committee of the Surgical Coordinating Committee, the President of the Hospital and the Chief Executive Officer of the Massachusetts General Physicians Organization shall be apprised and shall oversee the investigation.

3. The Chief of Service/Division or responsible Hospital supervisor shall take any remedial or corrective action that is determined to be appropriate. A copy of these Guidelines shall be reviewed and given to the individual(s) involved. The incident and any remedial or corrective action that is taken shall be documented appropriately.
4. Progressive corrective action shall apply to instances of disruptive and inappropriate behavior in the perioperative environment, and may result in the suspension or termination of employment, suspension or termination of Hospital privileges, or other actions consistent with Human Resources Policies and the Bylaws of the Professional

Staff. Notwithstanding any of the above, the progressive approach may be modified based on the facts and circumstances of each case, and a single incident may result in immediate temporary or permanent exclusion from the operating room, suspension or termination of Hospital privileges or suspension or termination of employment.

5. At all times, Human Resources is available to assist employees and managers with the issues described. The Grievance Procedure and the Fair Hearing and Appellate Review procedures are available according to the provisions of the Human Resource Policy and Procedure Manual and the Professional Staff Bylaws.

Approved:

Surgical Coordinating Committee
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