



Setting the Standard for Professional Behavior

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CHP – A Brief Overview

- Catholic Healthcare Partners is the largest health system in Ohio and one of the largest nonprofit health systems in the U.S.**
- Nearly 37,000 associates in more than 100 organizations, including 34 hospitals that serve the Ohio, Tennessee, Kentucky, Pennsylvania and contiguous states.**

CHP – Mission and Values

- Catholic Healthcare Partners extends the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and underserved.**
- Our Six Core Values: Compassion, Excellence, Human Dignity, Justice, Sacredness of Life and Service.**

CHP's "Burning Platform" (Fall 2006)

- Perinatal Safety Assessment and Findings**
- Safety Practices in OR**
- Risk and Legal Experience**
- Medical Leadership Council**
- Chief Nurse Executives**

CHP's First Step

- **Executive Management Team**
 - **Operate the Ministry**
- **Board Support**
- **Task Force:**
 - **Legal**
 - **Chief Medical Officer**
 - **Physician Services**
 - **Corporate Responsibility**
 - **Facility CEO**
 - **Facility CNE**
 - **Patient Safety**
 - **Mission**

Task Force Mandate

- To develop a system-wide understanding of what constitutes disruptive and unprofessional behavior and its impact on patient care.**
- To clarify expectations of professional behavior in CHP facilities in the light of our Mission and Values.**
- To promote behavioral improvement, including clarifying the disciplinary consequences of disruptive behavior.**
- To develop appropriate measurements and monitoring processes.**

Task Force Recommendations

- Build awareness and alignment with key constituents.**
- Develop educational materials including a video to be viewed by all medical staff and employees.**
- Incorporate expectations and monitoring into credentialing and performance appraisal process.**

Action Steps and Timeline – Early 2007

- Research and literature review.**
- Provide to Task Force and develop work plan and talking points.**
- Presentation to Executive Management Team.**
- Joint meeting with Chief Medical Officers and Nurse Executives facilitated by Dr. Rosenstein and Michelle O'Daniel**
- Governance Retreat education and training session with Dr. Gerald Hickson.**

Action Steps and Timeline – Mid 2007

- Site teams attend Vanderbilt - “The Why and How of Dealing with ‘Special Colleagues: Discouraging Disruptive Behavior” presented by Drs. Hickson and Pichert.**
- Presentation by early adopters at the Executive Management Team.**
- Development of motivational/instructional video and tool kit.**

Action Steps and Timeline – Late 2007

- **Video release at the Annual Management Conference in conjunction with David Marx's presentation on "Creating a Just and Healing Environment in Healthcare."**
- **Distribution of high quality Tool Kits to over 500 managers.**
- **Training of Hospital CEOs, CMOs and CNEs by Drs. Hickson and Pichert.**
- **Action Plans due by year end:**
 - ***Regional/Divisional CEO Accountability***

CHP's "Setting the Standard" Tool Kit

- **Setting the Stage for Professional Behavior Communications:**
 - **Mission, Values, Ethical & Religious Directives**
 - **Patient Safety and Associate Morale**
- **References and Resources**
- **Code of Conduct – Personal Commitment**
- **Definition of Disruptive Behavior**
- **Survey Templates**
- **TeamSTEPPS Pocket Guide**
- **Crucial Conversations**
- **CEO Call to Action**

2008

System Objective (CEO):

- Each Facility will complete a Professional Behavior Survey using the “Rosenstein/Institute for Safe Medication Practices Template” by end of 2nd quarter.**
- Action plans will be revised based upon survey findings by end of 3rd quarter.**

Survey Results

- **1608/36% staff reported personally witnessing or experiencing disruptive behavior that compromised safety/quality in the last year (4462 responses).**
- **1973/44% staff believe that their organization deals effectively with intimidating behavior(4462 responses).**
- **122/20% physicians reported personally witnessing or experiencing disruptive behavior (601 responses).**
- **239/47% physicians indicated that the organization deals effectively with intimidating behavior (506 responses).**

Next Steps

- **Incorporate survey findings and Sentinel Event Alert 40 into action plans**
- **Surveillance – electronic event reporting**
- **Resurvey**
- **NEVER LET UP**

Best Practices & Lessons Learned

- **Leadership engagement and oversight critical.**
- **Equip leaders and staff with tools to handle disruptive behavior and conflict.**
- **Incremental and flexible approach is more likely to succeed.**
- **Relationship to mission/vision/values and patient safety resonates with staff and leaders.**
- **Culture change takes time, planning and commitment at all levels.**

