

NAMSS

47th

EDUCATIONAL

CONFERENCE & EXHIBITION

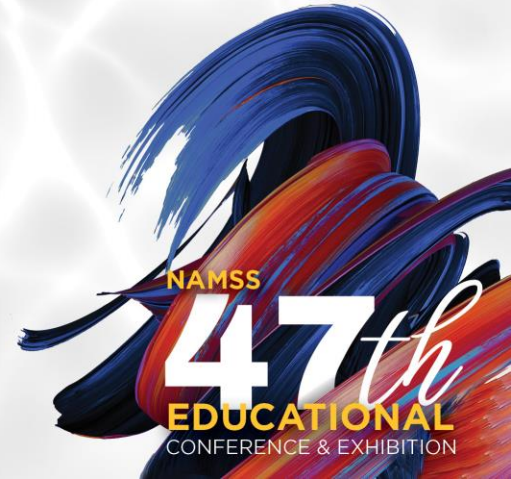
Orlando, Florida | September 10 – 13, 2023

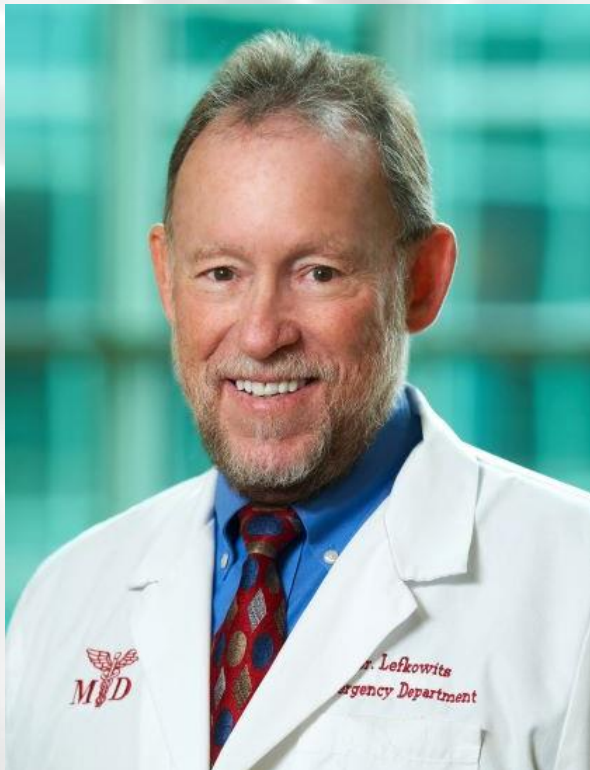
Building Better:
Setting the Foundation
for the Future of the Profession

Impactful Conversations: The Talks That Save Careers

A Fireside Chat

#NAMSS23





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Mark Smith, MD, MBA, FACS, CPHQ

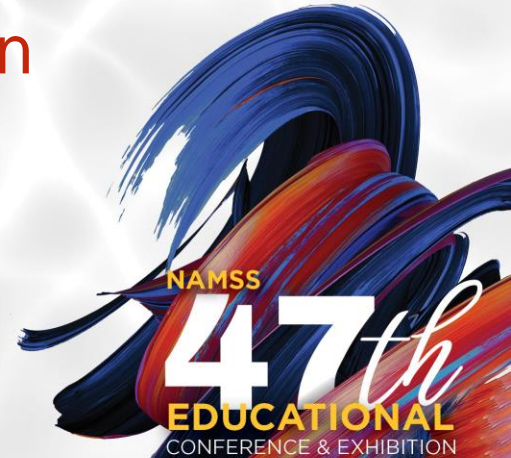
Chief Medical Officer
The Hardenbergh Group

**Today's session is meant to be an
interactive conversation with you!**

A Fireside Chat

Please submit your questions in
the conference app or live
questions can be asked

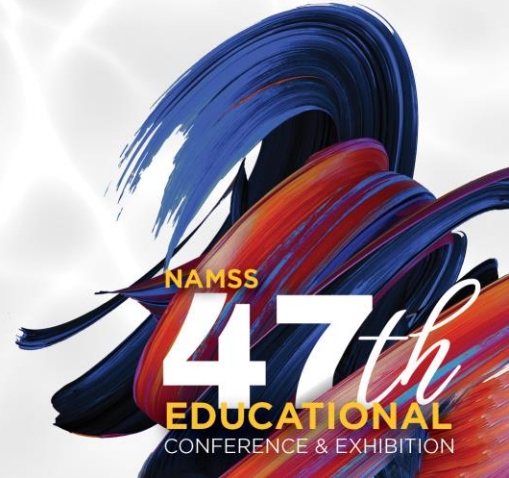
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Today's Main Themes

- Defining the Behavior
- The Approach
- Process, Consequences & Measurement

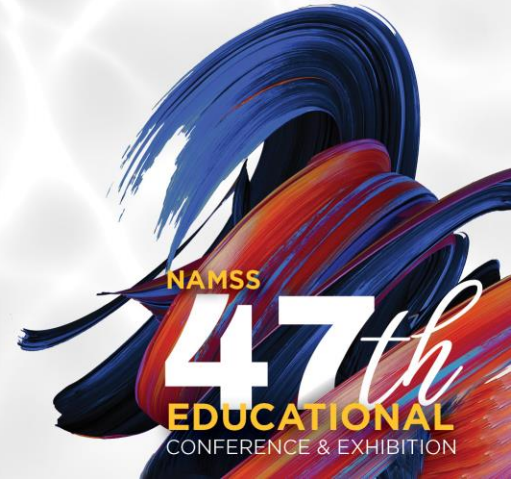
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Disclosure Statement for NAMSS 23 Conference

» There are no relevant financial relationships to disclose

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Defining the Behavior

The Definitions

trou·ble·some

adjective

causing difficulty or annoyance

“...any abusive conduct, including sexual or other forms of harassment, or forms of verbal or nonverbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.”

American Medical Association. 2011 AMA Code of Ethics
Opinion 9.045-Physicians with disruptive behavior

Aggressive Behaviors

- Yelling
- Foul and abusive language
- Insults
- Public criticism of coworkers / colleagues
- Physical aggression (gestures, throwing objects, assault)

Passive-Aggressive Behaviors

- Hostile avoidance (cold shoulder)
- Intentional unresponsiveness
- Condescending manner
- Impatience with questions
- Extreme sarcasm
- Implied threats
- Intentional miscommunication



The Definitions

dis·rup·tive

adjective

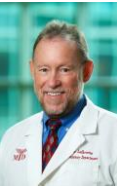
causing or tending to cause disruption

"Everybody knows ... but nobody speaks about" problem

If not addressed, this can deal a huge blow to a culture of safety and makes the creation of a culture of psychological safety nearly impossible

Negative impacts on:

- Patient safety
- Employee morale
- Employee retention
- Physician collegiality
- Institutional reputation
- Team effectiveness / esprit de corps
- Patient satisfaction
- Medical errors & medicolegal risks
- Cost of care & hospital finances



American Medical Association. 2011 AMA Code of Ethics
Opinion 9.045-Physicians with disruptive behavior

The Definitions

Characteristics of a Collegial Discussion

» Mistakes vs. Opportunities

Community, respect,
value of peers and their
work, concern for
colleagues, highly valued
peer interaction, and a
feeling of belonging

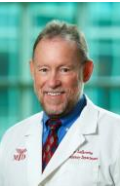
The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

- **Dr. Lucian Leape**
Professor, Harvard School of Public Health
Testimony before Congress on
Health Care Quality Improvement

“People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong.

The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue.”

- **Don Norman**
The Design of Everyday Things

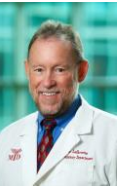


Austin, Sorcinelli, & McDaniels, 2007; Gappa, Austin, & Trice, 2007; Bode, 1999; Sorcinelli, 1992

The Definitions

Root Causes

- Substance abuse, psychological issues
- Narcissism, perfectionism, or selfishness
- Spillover of chronic or acute family / home problems
- Poorly controlled anger - especially under heightened stress
- **Bad behavior gets desired results**, behavior is rewarded
- Clinical and administrative inertia – the behavior goes unaddressed, with subsequent normalization and acceptance of the individual's behavior
(Normalized Deviance)



The Approach

The Approach

Systemic Barriers

- Differentiating between spurious and serious complaints takes time and effort
- Medical staff leadership turnover
- Medical staff office turnover – loss of institutional historical knowledge.
- *This is a long-haul process*
- Fear of reprisal
- Hospital and physician “politics” and competition

Personal Barriers

- Many of the traits which make these individuals successful are those which are liabilities which reinforce poor behavior
- Disruptive personalities tend to lack the insight and introspection needed to recognize that their behavior is inappropriate – viewing their behaviors as justified
- They do not collaborate in solving the issues surrounding their behavior

Complete Documentation

- *“The whole (hi)story”*
- Demonstrate timeline & interventions as outlined by bylaws or policy
- Availability of HR and Legal teams as required
- Ensure accountability



The Approach

Cultivate a Team of Physician Peers and Leaders to Support Each Other

- *Viewed as non-judgmental*
- *Create safe spaces for struggling physicians*
- *Maintains dignity*

Medical Staff Leadership Programs

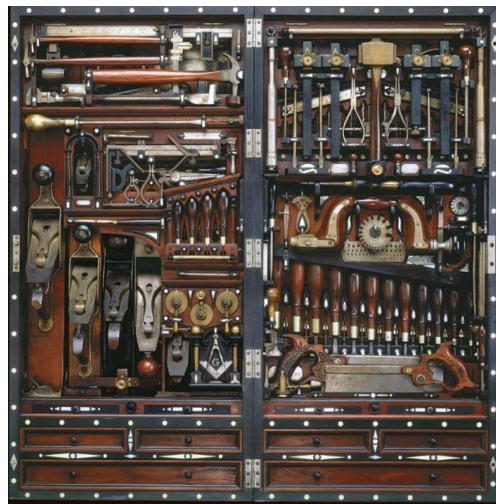
- *Peer coaching*
- *CMO Bootcamp*
- *Comprehensive Physician Leadership Program*

Governing Documents

- *Bylaws*
- *Policies*
- *Code of Conduct*

Citizenship / Professionalism Committee

- *Prevents leaving all behavior issues up to the MS President or CMO*
- *Ensures documentation of interventions*
- *Creates awareness among the medical staff*



**Build an appropriately
robust infrastructure**

**Consistency, Fairness
avoids “what did we do
last time?”**

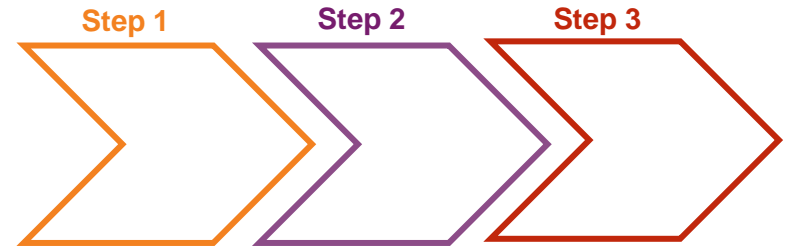


Process, Consequences & Measurement

The Process

Define Progressive Steps

- » Who, what, when and where?



E. In the case that there is a third event of validated inappropriate conduct, two MSLs, the CMO, and a representative of MSS shall meet with the provider. The purpose of this meeting is to give the provider a final warning that the continuation of such inappropriate conduct will not be tolerated. Following this meeting, a letter shall be sent to the provider summarizing the meeting and expectations. The letter shall also outline the consequences of any additional events of validated inappropriate conduct, which may include a referral to the MEC. A copy of this letter, along with any response that the provider may submit, shall be kept in the confidential portion of the provider's credentials file.

F. Additional events of validated inappropriate conduct shall be referred to MEC for determination of next steps which may include suspension of clinical privileges. The MEC shall be fully apprised of all previous validated inappropriate conduct, the warnings issued to the provider, and the actions taken to address the concerns.



The Consequences

Direct

- Patient safety
- Employee morale
- Employee retention
- Physician collegiality
- Institutional reputation
- Team effectiveness / esprit de corps
- Patient satisfaction

Indirect

- Direct correlation to:
 - » Medical errors
 - » Poor clinical outcomes
- Medicolegal risks
- Hostile work environment
- Cost of care typically elevated
- Negative impact on hospital finances

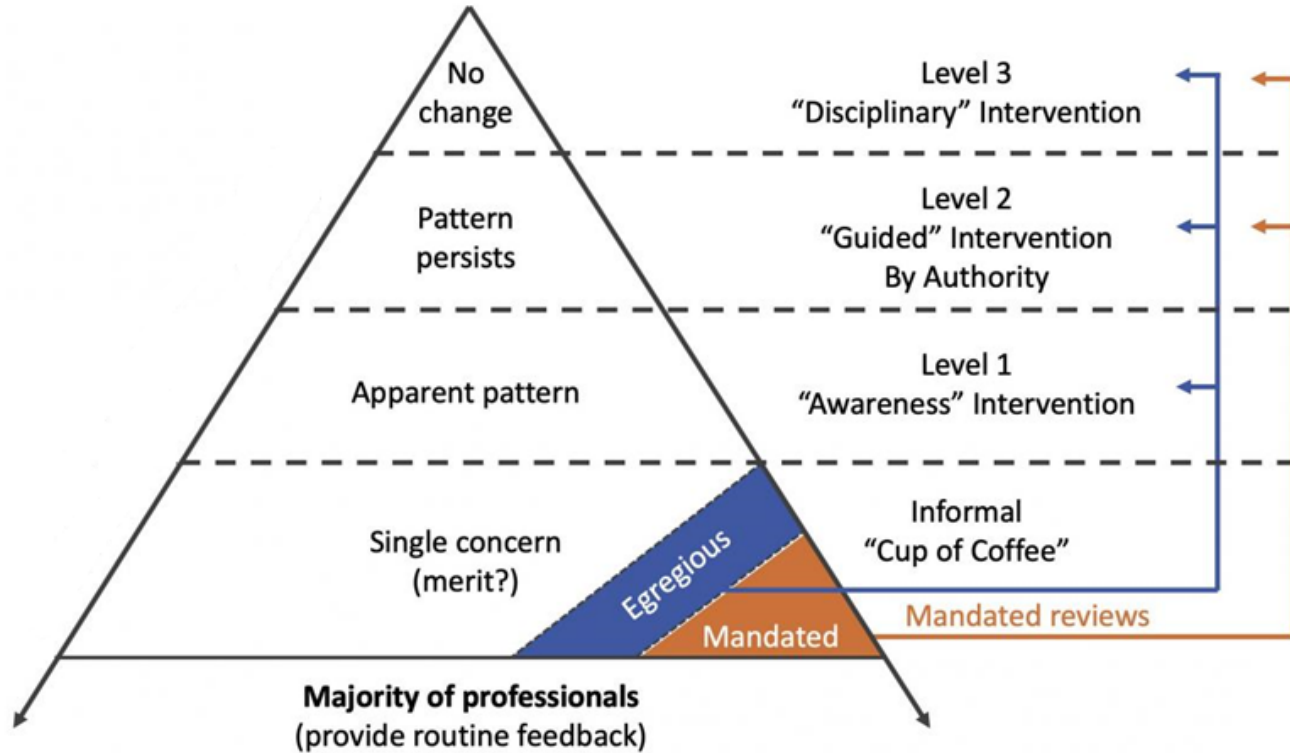


The Measurement

- **Event Reports, including:**
 - » Complaints
 - » Staff notifications
- **Surveys - 360 Degree**
- **Risk Reports, including:**
 - » Identified potential situations
 - » Legal actions
- **External Evaluations**



The Process



Let's Talk!

Please submit questions in the conference app or ask a live question

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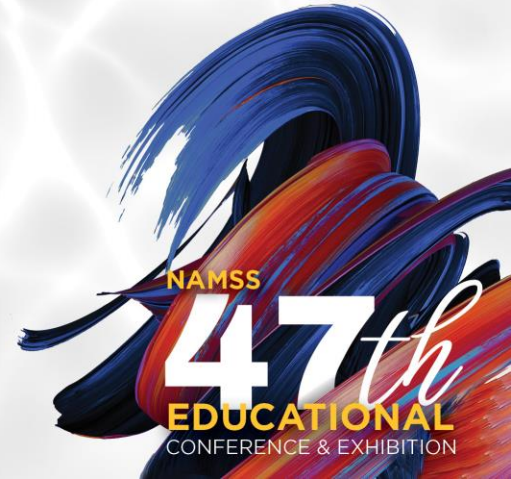
Thank You

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