



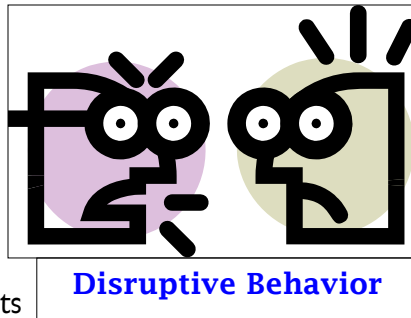
The Patient Safety Forum

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Disruptive Behavior

It has been established that disruptive behavior has a negative effect on patient safety. According to a survey from the Institute for Safe Medication Practices, 49% of clinicians have felt pressured to dispense or administer a drug despite serious and unresolved safety concerns, and 40% have kept quiet, rather than question a known intimidator.¹



In a 1991 survey conducted by the West Journal of Nursing Research it was revealed that recipients of abusive behavior learn to cope by avoiding the abuser, even if this means failing to call when warranted and avoiding making suggestions that might improve care.² In another study done by the journal, OR Manager in March 2005 they linked disruptive behavior to negative patient outcomes, 17% reported that an adverse event occurred as a result of disruptive behavior.³

In July of 2008 the Joint Commission sent out a Sentinel Event Alert "Behaviors that undermine a culture of safety" Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes.⁴

Several approaches are now being used to address ways to communicate when a safety concern arises. One such method is "**CUSS**" (I am **C**oncerned, I am **U**ncomfortable, This is a **S**afety issue, **S**top the line) an effective tool to communicate among staff when an unsafe situation develops.

We need to foster a culture in which there is zero tolerance for disruptive behavior. Every member of the healthcare team is obligated to speak when they have concerns to ensure the safety of our patients. Together we can provide the safest environment for all patients that we care for at UMDNJ.

References:-¹ISMP Medication Safety Alert Acute Care Edition. March 11, 2004;9:1-3. ² West J Nurs Res. 1991;13:97-109. ³ OR Manager. March 2005;21(3):1,20,22. ⁴ Sentinel Event Alert issue 40, July 9, 2008

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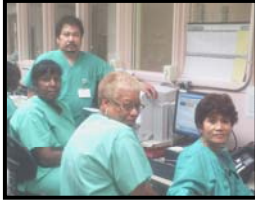
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Building Blocks for a Culture of Safety



Patient Safety Net Training Session on F Orange. Pictured are Labor and Delivery nurses Emmanuel Camales RN, Mary Remvert RN, Michelle Powe RNC, and Digna DeLeon RN.



Marilou Paltingca, RN, reviews Safety Culture Survey Results for F Blue.



Ann Forbes, RN, MSN, Nurse Manager of PICU, reviews Safety Culture Survey results with Barbara MacMillan RN, Tessy Edison RN, and Basilia Akuwudike RN.



Susan Thomas RN and Cynthia Diggs CNA review F Blue Safety Culture Survey results.

What are the building blocks of a Culture of Safety? They are things most of us have right at our fingertips, all the time. How about a pat on the back for someone who's done a good job? Or a question or two to confirm that you've got all the information that you need during a handoff? A respectful ear when someone finds the courage to voice a safety concern in a tense situation helps the entire team.

Did you participate in the University Hospital Safety Culture Survey in the fall of 2008? If you did, you are one of over 1100 employees who completed a survey-and we thank you for speaking up. Thanks to our survey respondents-29% of our staff-we learned that 'Feedback' must be the cornerstone in our efforts to build a culture of safety. Knowing what is going right, and what is working well, validates our best efforts. Telling the story of what we did to correct a situation when something did not work well validates our ability and willingness to learn.

Unit-based focus groups are one way we are bringing feedback on the Safety Culture Survey to the hospital staff. Staff can review the survey results for their particular unit, and ask questions. We want the staff to know that they were heard, and we are interested to know if they feel the results are accurate. The more staff that respond, the more accurate the results, so please, make it a point to complete a survey when we do this again in 2009!

Another way we are getting feedback to our staff is through Patient Safety Net (PSN), our new electronic event reporting system. PSN went live on May 27, 2009. It is a real-time system, and allows event reporters to request feedback on their submissions. We are using UMDNJ Groupwise email, phone contact, and interoffice mail to provide feedback to reporters when it is requested. There have been a few cases where we have been unable to reach reporters at the phone number given-if you have submitted a report with a request for feedback and have yet to hear back, please feel free to contact JoAnn Spears, Patient Safety Officer for University Hospital, at 2-7917.

Links 2 Learn

To learn more about our featured topics please visit:

NPAF: <http://www.npsf.org>

<http://www.psqh.com/sepoct07/culture.html>

<http://www.qualitysafetyedge.com/culture/>

<http://www.cat.ilstu.edu/additional/tips/disBehav.php>

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Barbara J. Lopez PA-C **Appointed Patient Safety Officer** **New Jersey Medical School**



Ms. Lopez assumes her new responsibility for ensuring the safe delivery of care to patients in our Faculty Practices after working in the Quality Improvement and Patient Safety Office of NJMS for the last year as a quality improvement specialist. A year prior to that she worked several years as Chief Physician Assistant in Hospital Medicine at University Hospital.