

# Nebraska Association for Healthcare Quality, Risk, & Safety



<http://www.nahqrs.org/>

**Volume 3 - Issue 2**



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**Director of Regulations,**  
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**Saunders Medical Center**  
**Wahoo, NE**

**Spring fever is definitely in the air.**

**What a wonderful sight to see the sun shining and a few birds in the trees.**

**It was unfortunate we had to cancel our first NAHQRS meeting of the year, but it was not worth testing Mother Nature with all the snow storms we have had this winter.**

**Regardless, we want to ensure all members have the opportunity to receive the benefits of our educational programs. Therefore at our next meeting in Columbus on April 9th, we will be providing two educational sessions.**

**The first program will be entitled “Critical Components of a Quality Program: Including Ongoing Physician Practice Evaluation (OPPE)” presented by Shari Lock from St. Elizabeth’s Health Services.**

**The second program will be on data collection and analysis by Shirley Simons from VA Midwest Health Care Network in Omaha. Contact hours will be awarded to NAHQRS members for attending these educational presentations.**

NAHQRS will again be sponsoring the trade show at CIMRO of Nebraska Healthcare Quality Forum on May 11th. This is a great opportunity for our organization to be visible in the healthcare community.

To help ensure success of the trade show, we are in need of vendors. If you have contact information for a vendor that would like to participate in our trade show, please email the contact information to Delinda Lampe at [dlampe@stez.org](mailto:dlampe@stez.org). Our success is dependent on each of our members.

Thanks for everyone's commitment to quality, risk, and safety. Please continue to share the successes of your practices so that together Nebraska will be the leaders in a culture of patient safety and quality. Remember to check out the NAHQ and ASHRM websites for the latest information on what is happening at a national level.

Thanks for your commitment to quality, risk & safety and to the value you add to NAHQRS!

Julie

**NAHQRS**  
Nebraska Association for Healthcare Quality, Risk and Safety

Welcomes... **Disney INSTITUTE**  
QUALITY SERVICE FOR HEALTHCARE PROFESSIONALS

[www.KeysOmaha.com](http://www.KeysOmaha.com) EVENT DATE: April 6, 2010

**Disney's Approach to Quality Service for Healthcare Professionals Topics:**

<b>QUALITY MEASUREMENT METHODOLOGY</b>	<b>DEFINING QUALITY STANDARDS</b>	<b>SERVICE DELIVERY SETTINGS</b>	<b>DELIVERING QUALITY SERVICE</b>
<ul style="list-style-type: none"><li>Learn the Disney demographic measurement methodology</li><li>Learn the Disney approach to psychographic measurements by identifying patient needs, wants, stereotypes and emotions</li><li>Apply examples to any patient/client service environment</li></ul>	<ul style="list-style-type: none"><li>Define a <i>common purpose</i> and its importance</li><li>Understand purpose versus task enculturation</li><li>Define <i>quality standards</i> and their purpose</li><li>Understand the need for consistency in service delivery by 100% of your employees</li></ul>	<ul style="list-style-type: none"><li>Examine ways that the Disney <i>quality standards</i> are applied to Cast Member roles</li><li>Explore the benefits of Disney training guidelines</li><li>Identify examples in which setting communicates strong messages that affect the delivery of quality service</li></ul>	<ul style="list-style-type: none"><li>Recognize how <i>setting</i> affects quality service</li><li>Examine ways that processes align with <i>quality standards</i> to deliver quality service for both internal &amp; external customers</li><li>Discover a Disney tool for universally evaluating customer service opportunity</li></ul>

Nebraska Association for Healthcare Quality, Risk and Safety Welcomes *Disney Institute* to Omaha on April 6, 2010

**Limited Time Offer: Register and pay by 03/12/10 and be automatically entered to win a FREE 3-day Disney Institute class at the Walt Disney Resort in Orlando or Anaheim! Contact our Guest Services Manager at 877.544.2384 ext. 1 for details.**

Every hospital, clinic, group medical practice, dental practice, or freestanding medical care provider has the opportunity to distinguish themselves through the delivery of quality services.

A one-day local workshop, **Disney's Approach to Quality Service for Healthcare Professionals** program will show you the importance of attention to detail in everything Disney does -- from training its Cast Members (employees) to treating every Guest (patient) as a VIP. You will hear the stories and see how Disney best practices can be easily adapted to your healthcare delivery organization.

Professional development doesn't cost—it pays. It pays by creating a framework of focused energy in a vacuum of uncertainty. It pays by helping an organization gain share in a slow economy. The long-standing reputation Disney Destinations has for incredible service and friendly employees is not magic, it is sound ideology consistently applied in business. This program is designed to help Healthcare Professionals improve their organization's quality service by immersing themselves in the successful Disney model.

**IMPORTANT:** Please use the NAHQRS promotional code **NAHMNE** to receive **\$50 OFF PER GUEST** when registering. Additional group discounts are available.

**TO LEARN MORE AND REGISTER GO TO:** [www.KeysOmaha.com](http://www.KeysOmaha.com)

No prerequisite training required.



Join the Nebraska Association for Healthcare Quality, Risk and Safety as We Welcome Disney's Approach to Quality Service for Healthcare Professionals to Omaha on April 6, 2010

**WHEN:**

April 6, 2010  
8:00 a.m. to 4:30 p.m.

**LOCATION:**

Mike & Josie Harper Center for Student Life & Learning  
Ahmanson Ballroom  
602 N. 20th Street  
Omaha, NE 68178



Event organized by Solution Infusion

**REGISTRATION AND INFORMATION:**

Phone: 877.544.2384  
Fax: 913.712.9247

Online: [www.KeysOmaha.com](http://www.KeysOmaha.com)

Email: [registrations@keysUS.com](mailto:registrations@keysUS.com)

**Important:** Please use promotional code NAHMEE to receive \$50 OFF PER GUEST when registering. Additional group discounts are available.

**WHY ATTEND:**

A one-day local workshop, "Disney's Approach to Quality Service for Healthcare Professionals" program lets you peek behind the scenes at Disney Destinations to unlock the secrets to business success. Facilitated by a vast network of Disney insiders, this unparalleled professional development experience imparts proven quality service techniques currently used at Disney Destinations around the world. These principles will provide you with hands-on, effective solutions that can easily be incorporated into your own healthcare organization.



## Membership BIO

### Cathy Broz



My name is Cathy Broz and I currently serve as the Membership Secretary for NAHQRS.

I work at Dundy County Hospital in Benkelman, NE where I have been employed for 25 years, working as a staff nurse, Director of Nursing, and now full time in Quality. My primary responsibility is coordination and oversight of the quality programs within our hospital and clinic. A favorite aspect of my job is providing education on quality practices to our staff and working with front line staff and managers to implement evidence-based practices. In addition to my quality management responsibilities, I

am a TeamSTEPPS Master Trainer for our organization and am responsible for implementation of our Balanced Scorecard. Occasionally I am able to help out on the floor when things get tight for the nurses.

What a great organization we belong to!

I was very slow to get involved, but have found the educational programs and the networking to be so beneficial personally. I would definitely encourage new members to become more active if asked to serve on a team or as an officer. It is a great way to learn more about the organization and to make connections across the state.

I will be asking for your assistance with recruiting in the near future. Each of us knows individuals throughout the state that currently are not involved in NAHQRS. We need to share with them the benefits we find in membership as well as encouraging them to become involved to share their expertise. We have so much we can learn from each other, thereby promoting quality, risk management, and safety in our facilities and throughout the state. I welcome any ideas you have for recruiting.

I look forward to meeting our new members and working with all of you in 2010.

## **Membership BIO**

### **Laura Gamble**



Laura Gamble  
DON at Providence Medical Center  
Wayne, NE

I have been an employee at Providence for 24 years.

I started when I was 18 as a ward clerk.

I have been the DON for approximately 15 years, taking a few years off for family.

Besides my DON duties I also serve as one of the Corporate Compliance Officers and HIPAA Privacy Officer.

I received my BSN from UNMC Lincoln in 1990.

I am also an EMT.

I currently serve on the Rural QI Committee thru the NHA and have been a member of NAHQRS for 2 years.

I work closely with the QI team at our facility.

I have been married 20 years to my husband Randy and we have lived in Wayne our entire lives.

I have 3 daughters Hannah 15, Kendall 14, and Jamie 10.

We are very active in softball and basketball and I enjoy coaching my girl's teams in my spare time. Life is not dull at my house.

I look forward to working with the NAHQRS Board; I think we really have a good one.

My hope as Vice President is to be able to help the President as much as I can.

Julie has some great ideas and with a strong team they can be accomplished.



#### **QIO Notes and News**

*Submitted by Janet Dooley, Director of Medicare Operations*

#### **Nebraska Surgical Safety Checklist Campaign Update**

Fifty-five Nebraska hospitals have signed up to test the WHO Surgical Safety Checklist in their organization. At the end of last year, thirty-two reported they had completed the test and six have moved to full implementation. CIMRO of Nebraska and the Nebraska Hospital Association applaud your efforts and we ask that you continue to update the IHI Web site with your status at [http://www.surveymonkey.com/s.aspx?sm=v5PfRnrcnAQIX44n9H02EQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=v5PfRnrcnAQIX44n9H02EQ_3d_3d).

#### **IHI Mentors Needed**

The Institute for Healthcare Improvement (IHI) is seeking mentor hospitals for 6 additional processes:

- Falls Prevention
- VTE Prevention and Treatment
- Multi-disciplinary Rounds
- Perinatal Elective Induction
- Perinatal Labor Augmentation Bundles
- Hand Hygiene

If your organization has achieved strong results in any of these areas, please contact Janet Dooley at [jdooley@neqio.sdps.org](mailto:jdooley@neqio.sdps.org). Dooley will forward your contact information onto to IHI; you will then be contacted about mentoring opportunities. IHI currently has mentors for 14 processes within their Improvement Roadmap; however with 70 processes currently in place, they need new mentors, including rural/CAH hospitals. For more information about the IHI Improvement Roadmap, visit: <http://www.ihl.org/IHI/Programs/ImprovementMap>.

### **Advancing Excellence Campaign**

Phase II of The Advancing Excellence in America's Nursing Homes Campaign is gaining momentum. There are currently 115 Nebraska nursing homes enrolled in Phase II of the Advancing Excellence Campaign. *The mission of the AE Campaign is to help nursing homes achieve excellence in the quality of care and quality of life for the more than 1.5 million residents of America's nursing homes by:*

- ✓ Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs),
- ✓ Strengthening the workforce, and
- ✓ Improving clinical and organizational outcomes.

Visit <http://www.nhqualitycampaign.org> for regular Campaign updates, tools and an up-to-date list of participating facilities nationwide. The AE Web site also includes a list of resources and a framework for establishing goals. You can also contact Sherri Hill, BA, MA, CIMRO of Nebraska Quality Improvement Advisor, at 402-476-1399 or via e-mail at [shill2@neqio.sdps.org](mailto:shill2@neqio.sdps.org) for more information.

### **HHQI Campaign**

The new and improved Home Health Quality Improvement (HHQI) National Campaign was launched on January 13, 2010. The goal of the HHQI National Campaign is to improve the quality of care homecare patients receive as measured by a reduction of avoidable hospitalizations and improvement in the management of oral medications. In addition, the Campaign will encourage improved communication with other healthcare providers. To date, 51 homecare agencies in Nebraska have signed up to participate in the Campaign.

Best Practice Intervention Packages (BPIPs) will be released quarterly outlining effective quality improvement strategies. Campaign participants and supporters will also enjoy free access to online tools designed to facilitate the flow of information between participants, stakeholders and healthcare settings. Visit [www.homehealthquality.org](http://www.homehealthquality.org) for more information. To learn more about Nebraska's efforts or to seek assistance, contact Paula Sitzman, RN, BSN, CIMRO of Nebraska Quality Improvement Advisor, at [psitzman@neqio.sdps.org](mailto:psitzman@neqio.sdps.org) or 402-476-1399.

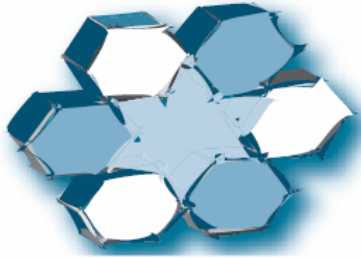
### **New CIMRO of Nebraska Team Member**

Peg Gilbert, MS, RN, recently joined CIMRO of Nebraska. Ms. Gilbert will be working with hospitals and other providers on 9SOW patient safety initiatives and other special projects. Gilbert previously worked at Good Samaritan Hospital in Kearney and Saint Francis Medical Center in Grand Island. Gilbert can be reached at 402-476-1399 or [pgilbert@neqio.sdps.org](mailto:pgilbert@neqio.sdps.org).



This material was prepared by CIMRO of Nebraska, the Quality Improvement Organization for the state of Nebraska, under a contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-NE-PS-138/0310

**Register Now!**  
**Nebraska Healthcare Quality Forum**  
**Tuesday, May 11, 2010**  
**La Vista - Omaha Embassy Suites**



*Visit [www.cimronebraska.org/qualityforum.aspx](http://www.cimronebraska.org/qualityforum.aspx)  
to register and for additional details.*

**Link to Nebraska Healthcare Quality Forum:**  
**[www.cimronebraska.org/qualityforum.aspx](http://www.cimronebraska.org/qualityforum.aspx)**

**CIMRO of Nebraska Awarded Health Information  
Technology  
Regional Extension Center Cooperative Agreement**



CIMRO of Nebraska is pleased to introduce Wide River Technology Extension Center (Wide River TEC) as Nebraska's Regional Extension Center for Health Information Technology (HIT). Regional Extension Centers were established as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act. \$6.6 million was awarded to CIMRO of Nebraska, the Medicare Quality Improvement Organization for the state of Nebraska, as a four-year cooperative agreement grant from The Office of the National Coordinator for Health Information Technology (ONCHIT) to establish Wide River TEC to assist Nebraska healthcare providers with implementing and using Electronic Health Records (EHRs).

Wide River TEC will offer technical assistance, guidance and information on best practices to support and accelerate healthcare providers' efforts to become meaningful users of EHRs, as well as the ability to exchange health information with other providers and agencies. Wide River TEC services will be available to all healthcare providers in the state, including those who already have an EHR in place. Priority will be given to Nebraska practitioners providing primary care in individual and small-group practices; Critical Access Hospitals providing primary care; rural health clinics; Federally Qualified Health Centers; and other settings that serve uninsured, underinsured and medically-underserved populations. Individual provider education and training will be conducted through onsite visits and individualized technical assistance. A team approach will be utilized, with highly-trained nursing informatics and technical specialists providing technical assistance.

“We are very pleased and excited to have received the award to serve as Nebraska’s Regional Extension Center. This is a great opportunity for CIMRO of Nebraska and we look forward to partnering with stakeholders throughout the state to build on technology efforts already underway. We are extremely delighted to offer assistance, resources and support to help enhance the quality and value of healthcare in Nebraska through EHR adoption and implementation,” stated Tina Georgy, RN, MS, Chief Executive Officer of CIMRO of Nebraska.

ONCHIT is organizationally located within The Office of the Secretary for the U.S. Department of Health and Human Services, and is charged with coordination of nationwide efforts to implement and use the most advanced HIT and the electronic exchange of health information.

“The consistent, nationwide adoption and use of secure EHRs will ultimately enhance the quality and value of healthcare. Certified EHR technology used in a meaningful way is one piece of a broader HIT infrastructure needed to reform the healthcare system and improve healthcare quality, efficiency, and patient safety. Widespread adoption of EHRs holds great promise for improving healthcare quality, efficiency and patient safety,” said National Coordinator for Health Information Technology David Blumenthal, M.D., M.P.P.

ONCHIT will also establish a national Health Information Technology Research Center, funded separately, which will gather relevant information on effective practices from a wide variety of sources across the country. This will enable Wide River TEC and other Regional Extension Centers nationwide to collaborate with one another and relevant stakeholders to identify and share best practices in EHR adoption, effective use and provider support.

Efforts to establish Wide River TEC as a distinct business unit within the CIMRO of Nebraska Corporation are currently underway. CIMRO of Nebraska will be contacting eligible physicians and providers in the near future.

Visit [www.widerivertec.org](http://www.widerivertec.org) to be added to the Wide River TEC distribution list to receive information on the launch and progress of the organization.

*Vaccinate & Communicate* promotional materials, developed by CIMRO of Nebraska, are available for your use at [www.nebraskaimmunications.org](http://www.nebraskaimmunications.org).

These include posters, table tents, patient rosters and immunization cards.

### **Additional Resources**

Nebraska Department of Health & Human Services:

[www.hhs.state.ne.us/influenza/](http://www.hhs.state.ne.us/influenza/)

Centers for Disease Control and Prevention (CDC):

[www.cdc.gov/flu/](http://www.cdc.gov/flu/)



## Reminder:

Please send me your application and dues (\$50 or \$125 per facility) for 2010 if you have not already done so.

Application link: <http://www.nahqrs.org/>

Thank you!

Cathy Broz, RN, BSN

Quality Coordinator [dchqi@bwtelcom.net](mailto:dchqi@bwtelcom.net)

Dundy County Hospital 1313 North Cheyenne  
Benkelman, NE 69021  
308-423-2204 ext. 205



### Nebraska Hospital Association

Monica Seeland, RHIA, Vice President Quality Initiatives

The following is a memo that was sent to all hospitals regarding CMS' clarification of their policy on direct physician supervision of outpatient therapeutic services. If you have questions or concerns about this issue, please contact Kevin Conway, [kconway@nhanet.org](mailto:kconway@nhanet.org), David Burd, [dburd@nhanet.org](mailto:dburd@nhanet.org), or Bruce Rieker, [brieker@nhanet.org](mailto:brieker@nhanet.org).

### PHYSICIAN SUPERVISION OF HOSPITAL OUTPATIENT SERVICES

Policies for Direct Supervision of Outpatient Therapeutic Services

In the 2009 OPPTS final rule, CMS clarified their policy on direct physician supervision of outpatient therapeutic services that hospitals and physicians recognized as a burdensome and unnecessary policy change, but CMS characterized as a “restatement and clarification” of existing policy in place since 2001.

In its attempt at clarification, CMS retroactively interpreted the policy to require that a physician privileged by the hospital provide supervision and be physically present in the outpatient department at all times when outpatient therapeutic services are furnished, regardless of whether the services are furnished in the hospital, on the hospital campus or off-campus.

Through multiple letters and meetings, the Nebraska Hospital Association, AHA and other state associations held that CMS’s “clarification” is instead a significant change in Medicare policy that would place considerable burden on hospitals.

It would require hospitals to engage more physicians for direct supervisory coverage without a clear clinical need and create patient access problems if hospitals were forced to discontinue or limit the hours of certain outpatient services.

In response to these efforts, CMS added some additional flexibility in the 2010 OPPTS rule to its policy.

**For therapeutic services furnished in the hospital or an on-campus provider-based department (PBD) of the hospital, direct supervision means that the physician or non-physician practitioner must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician or non-physician practitioner must be in the room when the procedure is performed.**

**For off-campus provider-based departments of hospitals, the physician or non-physician practitioner must be present in the off-campus provider based department and immediately available to furnish assistance and direction throughout the performance of the procedure.**

#### Non-physician Practitioners May Provide Direct Supervision

Starting in 2010, CMS will allow physician assistants, nurse practitioners, clinical nurse specialists and certified nurse-midwives in addition to MDs and ODs, to directly supervise the outpatient therapeutic services that they are permitted to perform under their state license and scope of practice and hospital-granted privileges. CMS also will allow licensed clinical social workers to provide direct supervision for PHP and outpatient psychiatric services only.

This flexibility related to non-physician practitioners providing direct supervision applies to outpatient therapeutic services furnished both on the hospital’s main campus and in an off-campus provider-based department (PBD).

For pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services furnished in the hospital outpatient department, CMS requires that supervision be provided by a doctor of medicine or osteopathy.

CMS further explains that its revised definition of direct supervision does not mean that the supervising professional must be of the same specialty as the service or procedure being performed; however, he (or she) must have within the State's scope of practice and hospital-granted privileges the right to perform the service or procedure.

#### Immediately available

CMS states that immediately available means the supervising physician is not performing a procedure that would not allow them to be interrupted.

#### Outpatient Therapeutic Services

CMS defines any service not directly defined as diagnostic as therapeutic.

Observation services are considered therapeutic by CMS and to be billed by the hour when under observation and not monitored during another service.

#### **Direct supervision requirements apply to observation services.**

This would also apply to other services such as emergency room, IV therapy, etc.

This does not include ESRD.

Documentation maintained by the billing provider must be able to demonstrate that the required physician supervision is furnished. Services that are not performed under the appropriate supervision are not considered reasonable and necessary and, therefore, are not covered under Medicare.

#### **Policies for Direct Supervision of Outpatient Diagnostic Services.**

CMS requires that, with certain exceptions, diagnostic tests covered under the physician fee schedule have to be performed under the supervision of an individual meeting the definition of a "physician".

CMS will not allow non-physician practitioners to provide the supervision of diagnostic tests provided to hospital outpatients. Only physicians (MDs and DOs) are permitted to provide supervision of hospital outpatient diagnostic services.

With the exception of certain procedures personally performed by independent qualified psychologists, clinical psychologists, qualified audiologists and physical therapists certified by the American Board of Physical Therapy Specialties (ABPTS) as qualified electro-physiologic clinical specialists, all diagnostic tests payable under the physician fee schedule must be furnished under at least a general level of physician supervision.

In addition, some tests also require either direct or personal supervision.

From CMS, "While §410.28 of the regulations is titled 'Hospital or CAH diagnostic services furnished to outpatients: Conditions', §410.28(e) specifies the supervision requirements, but only addresses services paid under §1833(t) of the (Social Security) Act. CAH supervision requirements for diagnostic services are not currently specified in regulations, and there has been no change to this for CY 2010. CAHs and practitioners practicing in CAHs need to follow all requirements of the applicable sections of 410.28 and 410.32 in furnishing diagnostic services and comply with the CAH Conditions of Participation, etc.")

For 2010, CMS will require that all hospital and CAH outpatient diagnostic services provided directly or under arrangement, whether provided in the hospital, in a PBD, or at a non-hospital (or non-CAH) location, follow the physician supervision requirements for individual tests as listed in the Medicare physician fee schedule relative value file.

The existing regulatory definitions of general and personal supervision will continue to apply.

For outpatient diagnostic services furnished directly or under arrangement in the main hospital (or CAH) buildings or in an on-campus PBD, direct supervision will mean that the supervising physician must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure.

This is the same definition that CMS finalized for therapeutic services provided on-campus.

The regulation defines the levels of physician supervision for diagnostic tests as follows:

**General supervision** means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

**Direct supervision for services furnished directly or under arrangement in the hospital or on-campus provider-based department** means that the physician must be present on the same campus and immediately available to furnish assistance and direction throughout the performance of the procedure.

**For services furnished directly or under arrangement off-campus in a PBD of the hospital, direct supervision** means that the physician must be present in the off-campus PBD and immediately available to furnish assistance and direction throughout the performance of the procedures.

**Personal supervision** means a physician must be in attendance in the room during the performance of the procedure.

### **Code Specific Supervision Levels**

The level of supervision required for each diagnostic test is published by CMS as a part of the Medicare Physician Fee Schedule Database.

To determine the level of supervision for a specific HCPCS or CPT code, refer to fee schedule look up page of the CMS website at the following address:

[http://www.cms.hhs.gov/pfslookup/02\\_PFSsearch.asp](http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp)

### Levels of Physician Supervision

One of the following numerical levels is assigned to each CPT or HCPCS code in the Medicare Physician Fee Schedule Database.

- 1) Procedure must be performed under the general supervision of a physician.

- 2) Procedure must be performed under the direct supervision of a physician.
- 3) Procedure must be performed under the personal supervision of a physician.

For outpatient diagnostic services provided under arrangement in non-hospital locations, such as independent diagnostic testing facilities and physicians' offices, the existing definitions of personal, direct and general supervision that apply to diagnostic tests performed in physician offices will apply.

**If you have any questions or suggestions for future topics, please contact Monica Seeland at 402-742-8152 or [mseeland@nhanet.org](mailto:mseeland@nhanet.org).**

**Have a new Job?**

**Get a new phone number?**

**Change your email address?**

**Forgot to tell your best friends?**

**If you have changes that we should know about – just click on the link below to forward those changes to the people who really care.**

**Contact Cathy Broz at [dchqi@bwtelcom.net](mailto:dchqi@bwtelcom.net)**

## Quality – Risk Management – Patient Safety

### **Jeopardizing Patient Safety by Tolerating Disruptive Behavior**

This article originally appeared in the December 2007 issue of Partners in Prevention and is reprinted with permission from MMIC Group

Disruptive behavior by health care professionals is not new in health care settings. Unfortunately, some organizations choose to ignore the behavior and others simply fail to proactively deal with disruptive providers. A better response to the problem is to seek an understanding of the issues causing the behavior, and strive to improve the provider's behavior while also reducing the risk of an adverse event and potential liability.

#### **Defining the Problem**

The American Medical Association's (AMA) definition of disruptive behavior includes the following statements:

*“Personal conduct (whether verbal or physical) that affects or that potentially may affect patient care negatively”*

*“Disruptive behavior includes but is not limited to conduct that interferes with one’s ability to work with other members of the healthcare team”*

Descriptions of providers who are disruptive include both positive and negative attributes.

**Positive Descriptions:**

- Strong advocates
- Highly competent
- Charismatic leaders
- Highly competitive
- Angry

**Negative Descriptions:**

- Controlling
- Unpredictable
- Intimidating
- Narcissistic

In 2004, the American College of Physician Executives (ACPE) conducted a survey of its members to gain an understanding of disruptive behavior and to develop and support programs that help physicians who are having behavior problems. More than 1,500 members responded to the survey, providing some insight into the perceptions of physician leaders on disruptive behavior. Some of the questions and responses are shown below.

**Frequency of Physician Disruptive Behavior Problems:**

- |                  |       |
|------------------|-------|
| • Weekly         | 14.1% |
| • Monthly        | 18.1% |
| • 3-5 times/year | 24.1% |
| • 1-2 time/year  | 17.0% |

**Most Common Type of Disruptive Behavior:**

- |                            |       |
|----------------------------|-------|
| • Disrespect               | 82.6% |
| • Refusal to complete task | 51.7% |
| • Yelling                  | 41.0% |
| • Insults                  | 6.6%  |
| • Physical abuse           | 9.0%  |
| • Other                    | 13.5% |

**Physician Problems at the Organization:**

- |  |       |
|--|-------|
| • Nearly always involve the same physician | 70.3% |
| • Involve various physicians               | 29.7% |

**Most Common Target of the Disruptive Behavior:**

- |                                  |       |
|----------------------------------|-------|
| • Nurses or physician assistants | 56.5% |
| • Another physician              | 14.7% |
| • Administration                 | 14.5% |
| • Patients                       | 14.2% |

The implications are clear that these issues occur regularly. Current strategies to eliminate these types of problems are not effective since often the same physicians are involved in behavior problems. In 2005, the University of California Medical School San Francisco in collaboration with the University of Michigan Medical School and Thomas Jefferson Medical School in Philadelphia studied the correlation between disciplinary actions taken by state medical boards and the behavior of those physicians in medical school. The interdisciplinary group examined 235 physicians who were graduates of three medical schools that had been sanctioned by their state medical boards. The study reported a correlation between disciplinary actions, either reprimands or license revocations, and previous unprofessional behavior in medical school. Physicians who were disciplined by their state medical board were ***three times more likely*** to have exhibited unprofessional behavior in medical school.

## **Causes of Disruptive Behavior**

### **Burnout**

There are many signs of burnout or the potential for burnout that an organization must recognize to help a provider. These external signs include:

- Changes in performance
- Decreased efficiency
- Medical errors
- Physical complaints of pain
- Inability to take direction or criticism
- Overloaded patient care demands
- Being under constant pressure
- Mood changes
- Decreased accuracy
- Increased negative attitude
- Strained relationships
- Overloaded work schedule
- Increased cynicism
- Depersonalized relationships

Providers may experience the following personal attitude, physical and psychological changes:

- Impaired performance
- Poor personal health
- Fatigue
- Hypertension
- Drug or alcohol addiction
- Emotional exhaustion
- Sleep disturbances
- Depression
- Marital dysfunction

Organizations must recognize burnout as a treatable condition that is manageable if they work and gain the support of the provider. Promoting the well-being of providers is a mutual interest and can help providers renew their commitment to their careers and professions. An organization must develop support networks to help providers identify and manage the underlying causes of their disruptive behavior.

### **Capacity and Workload**

A new theory that health care leaders are reviewing to understand disruptive behavior is determining if provider capacity and workload match. If the capacity of the provider exceeds the workload, the provider will flourish. However, if the workload exceeds the individual's

capacity, the provider will not be able to provide acceptable care to patients. Finding the balance between the capacity of the provider and the workload may decrease disruptive behavior exhibited by a frustrated provider. Often, the provider sets unrealistic workload schedules and fails because they are not able to manage the heavy workload.

## **Dealing with Disruptive Behaviors**

### **Set Expectations**

An important step an organization can take is to set behavioral expectations for practitioners when they join the organization. An organization should expect providers to be clinically competent, have excellent communication skills, treat patients, staff and colleagues with respect, exhibit professionalism, strive for quality and excellence in their work and be accountable and committed to improving the health of their patients and communities.

Defining the organizational expectations of providers helps organizations confront behavior issues when they occur by comparing the expectations with the disruptive behavior and managing the differences.

### **Promote Well-being**

Organizations also need to promote the well-being of their providers. Each facility must customize the program to promote well-being to fit its organizational culture.

Programs that promote provider well-being include some or all of these components:

- Encourage physical well-being
- Encourage emotional and psychological well-being
- Encourage spiritual well-being

Steps you can take to promote well-being in your facility:

- Establish a physician executive committee (PEC) to promote provider well-being
- Use the PEC to handle all behavior issues
- Establish a mentor program for new providers
- Require a mandatory annual wellness retreat for providers
- Provide health club memberships for employed providers
- Require annual physical exams
- Offer sabbatical programs as a reward for quality, customer service and productivity
- Require mandatory continuing education on provider wellness
- Provide time off for family events
- Involve providers in the management of the organization
- Include health and wellness questions in credentialing and recruitment processes
- Develop competent referral sources for providers with disruptive behaviors
- Understand and provide support for the intrinsic values providers seek in their profession

## **Deal With the Provider**

Steps an organization must take when a provider is unable or unwilling to improve their behavior include:

- Have a process for addressing and resolving behavior issues. Provide the provider with a copy of this information at the beginning of the process. The process should include a provider's right to a fair and impartial hearing
- Remind the provider of the organization's behavioral expectations and provide a description of the behavior that violated the expectations. The behavioral expectations could be a code of conduct, standards of behavior or medical staff bylaws that define professional behavior
- Provide the provider with the organization's policy of "zero tolerance" for disruptive behavior
- Provide the provider with their rights to due process
- Provide the provider with a list of consequences if they do not comply with the recommendations of the person or committee that adjudicates the complaint against them

### **Enforce Consequences**

Inform providers of the consequences of their inappropriate behavior. Examples can include:

- Referrals to qualified mental health professionals
- Verbal warnings (letter of guidance)
- Written warnings
- Suspensions
- Termination of employment or privileges

Different levels of disruptive behaviors may result in more severe discipline rather than going through the process listed above. For example, an assault could result in immediate termination.

### **Understanding Legal Issues**

Dealing with providers with disruptive behaviors can have legal implications. Potential liability for failing to improve a provider's behavior can result in claims of sexual harassment or hostile work environments. Patient safety issues and staff safety issues can lead to patient injuries and medical malpractice claims. Dealing with disruptive providers is never easy. Organizations must be firm when working with providers with these problems. The ultimate goal is changing behavior and retaining providers. However, when this is not possible, the organization must have a fair and equitable discipline process.

### ***Risk Management Tips***

- Outline organizational expectations to providers yearly
- Develop clear policies and procedures for handling provider behavior issues
- Adopt a zero-tolerance policy for disruptive behavior
- Understand the causes of disruptive behavior
- Promote provider well-being
- Demonstrate that rehabilitation and retention is the highest priority by managing behavior when necessary
- Manage behavior consistently, confidentially and equitably

*The risk management recommendations contained in this article are intended to be advisory only and are not legal advice. Specific legal advice should be obtained from a qualified attorney when necessary.*

Local MMIC Group risk management staff includes:

Vicky Burbach (402) 384-5205

Sheila Caffrey (402) 384-5204

Tom Cleary (402) 384-5215

The wayfarer, perceiving the pathway to truth, was struck with astonishment.  
It was thickly grown with weeds.

"Ha," he said, "I see that none has passed here in a long time."

Later he saw that each weed was a singular knife.

"Well," he mumbled at last, "Doubtless there are other roads."

Stephen Crane, "The Wayfarer" (1899)

## Job Postings

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**<http://www.clonchassociates.com/refresh/templates/refer.php?id=25>**

**Director Quality Management**  
**Salary Range: \$60,000 - \$90,000**  
**Location: Northern Louisiana**  
**Hospital: 250+ Beds**

- 3 - 5 years experience with CORE measures at Top 10%, NPSG compliance, and with ability to present to board, physicians, managers and staff.
- Must validate measures are scored appropriately and is able to work at different times of the day/evening as needed to insure hospital meets all metrics.
- Must be assertive and comfortable with holding staff accountable.
- Excels in spreadsheets, word processing and personnel management.
- Need someone flexible, willing to teach and help where needed.
- Must have past experience in a large acute care for profit facility.
- Must have a Bachelor's Degree in a Clinical area or Nursing. Master's degree preferred.
- Must hold an active and unencumbered License in Louisiana.
- 3 to 5 years of experience Management Experience Required

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Lutz, FL

## Director of Quality and Patient Safety

### **SPECTRUM HEALTH MEDICAL GROUP**

Spectrum Health Medical Group in Grand Rapids, Michigan has exclusively engaged Cejka Executive Search to assist in the recruitment of its first Director of Quality and Patient Safety.

Spectrum Health Medical Group (SHMG), formed in late 2008, is a rapidly growing multispecialty group practice and part of Spectrum Health, an integrated system covering 13 counties in western Michigan. While many healthcare organizations are downsizing, Spectrum Health Medical Group is growing at an unprecedented rate and this new position will play a critical role in the development of the group's culture of quality and patient safety.

This new leadership role will be responsible for providing guidance and direction for quality improvement and patient safety programs within Spectrum Health Medical Group. The

Director of Quality and Patient Safety will work in partnership with the medical group and outpatient staff to implement evidenced-based practices which achieve best practice performance levels in quality and patient safety.

SHMG is seeking a clinical leader (RN/BSN/NP/PA/PhD/Master's level) with demonstrated experience and success in creating a culture of quality and safety through the use of tools and methodologies for clinical decision support and benchmarking solutions. The ideal candidate will be a proven leader in the development of highly productive and collaborative relationships with multi-disciplinary teams of physicians and other healthcare providers within an integrated healthcare system.

Successful candidates for this position will have proven experience in the application of quality concepts and safety principles; will be collaborative, with the ability to work within a highly matrixed, integrated delivery system and will be an effective educator on quality and safety issues. Candidates with a post-graduate degree are highly desired, but not required. Ideal candidates will have at least five years of experience in medical group practice quality initiatives and at least three years experience in a leadership role.

Qualified candidates should submit their resumes/CV's to:

Laura Birk  
Associate Consultant  
Executive Search Division  
Cejka Search  
St. Louis, Missouri 63031  
314-236-4437  
[lbirk@cejkasearch.com](mailto:lbirk@cejkasearch.com)

**Next Meeting April 9, 2010  
Columbus Community Hospital, Columbus**

**Columbus Community Hospital**

4600 38th Street

P.O. Box 1800

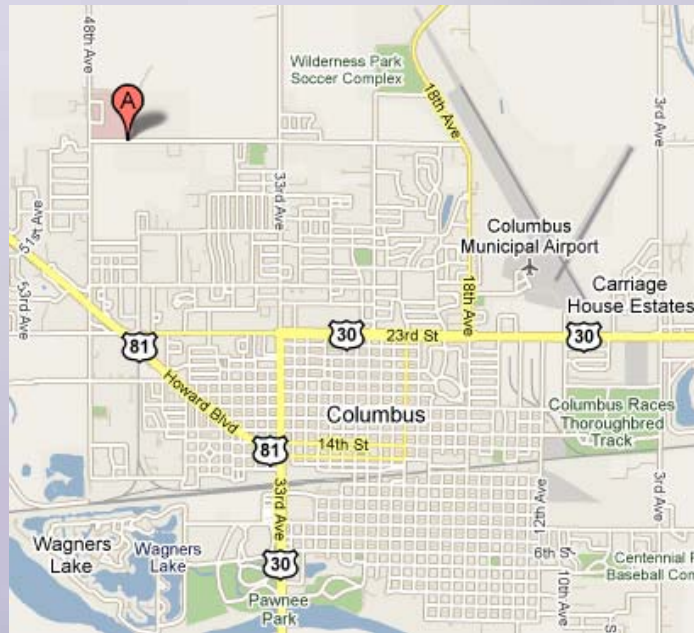
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## Future NAHQRS Meetings

**June 4, 2010 Omaha**

**October TBD, 2010 Lincoln**

**February 4, 2011 TBD**

**August 6, 2010 Benkelman**

**December 3, 2010 York**

**April 1, 2011 TBD**

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**Next publish date is May 11, 2010**

Comments on this newsletter, or future articles for submission or information, or other tidbits for publication can be sent to Bill Redinger at: [wredinger@sfmtc-gi.org](mailto:wredinger@sfmtc-gi.org)

### Future Newsletter publish dates:

- July 6, 2010
- September 3, 2010
- November 5, 2010
- January 16, 2011
- March 10, 2011