

NORTHERN NEVADA ADULT MENTAL HEALTH  
POLICY AND PROCEDURE

SUBJECT: DISRUPTIVE BEHAVIOR

NUMBER: NN-HR-45

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ORIGINAL DATE: 1/22/09

REVIEW/REVISE DATE: 5/17/12

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I. PURPOSE:

To eliminate, to the extent possible, conduct which is disruptive, in an effort to promote a safe, cooperative and professional health care environment, by identifying disruptive behaviors and managing corrective action within regulatory guidelines

II. POLICY:

To provide a work environment where professionals can pursue fulfilling careers dedicated to the betterment of the lives of our consumers. It is our intent that all individuals at NNAMHS be treated courteously, respectfully and with dignity. To that end, it is required that all individuals, employees, physicians, volunteers, interns and other independent practitioners conduct themselves in a professional and cooperative manner.

III. REFERENCES:

- a. NAC 284.650
- b. DHHS Incompatible Activities-Prohibitions and Penalties

- c. Joint Commission Leadership Standards
- d. MHDS policy 4.037 Professional Behavior of Division Employees
- e. MHDS policy 5.021 Sexual Harassment
- f. MHDS policy 5.027 Non-discrimination in Employment
- g. MHDS policy 5.020 Grievances
- h. NNAMHS Medical Staff Policy and Procedure #01-115

IV. PROCEDURES:

Defining Disruptive Behavior and Identifying Results of Such Behaviors

1. In accordance with NAC 284.650, appropriate disciplinary or corrective action may be taken for causes including:
  - i. Any activity which is incompatible with an employee's conditions of employment established by law or which violates a provision of NAC 284.653 or 284.738 to 284.711, inclusive;
  - ii. Disgraceful personal conduct which impairs the performance of a job or causes discredit to the agency;
  - iii. Discourteous treatment of the public or fellow employees while on duty;
  - iv. Dishonesty; and
  - v. Any act of violence, which arises out of or in the course of the performance of the employee's duties, including without limitation, stalking, conduct that is threatening or intimidating, assault or battery.
2. In accordance with DHHS Incompatible Activities-Prohibitions and Penalties, Appropriate disciplinary or corrective action may be taken for many causes including:
  - i. Section B: Performance on the Job Subsection 2: Misconduct of supervisor because of prejudice, anger or other unjustifiable reason.

- ii. Section B: Performance on the Job Subsection 7: Endangering self, fellow employees, consumers or public through careless or willful violation of agency policy as contained in performance standards, procedures and various federal and state law, regulations and guidelines.
  - iii. Section B: Performance on the Job Subsection 8: Failure to cooperate with other employees and or supervisors.
  - iv. Discourteous treatment of the public or a fellow employee.
3. MHDS Policy 5.027-Nondiscriminatory Treatment of Employees states:
- i. It is expected that MHDS Division employees and supervisors treat all other employees respectfully, and that actions affecting terms, conditions, and privileges of employment are made without regard to sex, religion, creed, race, color, national origin, age, disability, sexual orientation, political affiliation, or association with others on these bases.
4. The NNAMHS Medical Staff Policy and Procedure on Disruptive Behavior defines such behavior as
- i. Attacks (physical or verbal) leveled at other employees, or consumers that are personal, irrelevant or go beyond the bounds of fair professional comment.
  - ii. Impertinent and inappropriate comments written or illustrations in a consumer medical record or other official document, impugning the quality of care in the hospital, or attacking particular physicians, nurses or hospital policy.
  - iii. Non-constructive criticism, addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence.
  - iv. Refusal to accept assignments, or to participate in committee or departmental affairs on anything but his or her own terms or to do so in a disruptive manner.

- v. Undesirable behaviors that intimidate staff, decrease morale and increase staff turnover.
5. The Joint Commission has identified unprofessional disruptive behaviors including:
- i. Verbal outbursts
  - ii. Refusing to do assigned tasks
  - iii. Passive or uncooperative attitudes during routine activities
  - iv. Refusal to answer phones or pages
  - v. Condescending language or voice intonation
  - vi. Impatience with questions
6. The Joint Commission Sentinel Event Alert states that intimidating and disruptive behaviors between medical professionals (including physicians, nurses and others) can:
- i. Foster medical errors;
  - ii. Contribute to poor consumer satisfaction;
  - iii. Contribute to preventable adverse outcomes;
  - iv. Increase the cost of care;
  - v. Retard efforts in retention of key employees.

#### NNAMHS Expectation for Professional Behavior

- 1. It is understood that organizations that fail to address unprofessional behavior through formal systems are indirectly promoting such behaviors.
- 2. It is expected that NNAMHS employees will conduct themselves in a manner that is collaborative, professional, dignified and elevates practice to a higher standard of quality and excellence.

3. It is also expected that NNAMHS employees will display respect for human dignity and consistently reflect human caring for co-workers, consumers, and visitors to our agency.
4. NNAMHS will address recurrent disruptive behaviors.
5. NNAMHS promotes a culture in which we support each other through momentary lapses in temper.
6. NNAMHS has a zero tolerance for threatening and violent behaviors.
7. NNAMHS has zero tolerance for retaliatory actions against employees who report acts of disruptive behaviors. Employees will be protected against any acts of retaliation that are deemed specific acts of retribution outside of normal performance management measures.

#### Documentation of Disruptive Behavior

1. Documentation of disruptive conduct is critical. Particularly because it is often a pattern of inappropriate conduct leads to disciplinary action rather than one incident.
2. Supervisors are responsible for ensuring that disruptive behavior is documented.
3. Documentation may be in the form of an Incident Report, consumer complaint, or any other “note to file” which defines the activity. Documentation should include date, time, parties involved, witness statements, summary of incident and action taken.
4. NNAMHS Personnel Office will keep accurate, thorough documentation of disruptive conduct and resulting disciplinary actions.

#### Agency Response to Disruptive Behavior

1. NNAMHS employees found to have behaved disruptively will be disciplined appropriately in accordance with DHHS Prohibitions and Penalties, the NAC and any pertinent agency policies.