
Interdisciplinary collaboration is a cornerstone of individualized patient care that is safe, compassionate and coordinated. Institutions with the size and scope of Massachusetts General Hospital (MGH) can present unique challenges to teamwork and collaboration as clinicians seek to provide care from many different perspectives and skills. As an example, nurses, in their professional responsibility as patient advocates as outlined in the ANA Code of Ethics (2010), contribute a unique perspective to patient care that can positively impact the outcome of care.

The MGH has set forth a mission, credo and boundaries statement (Attachment OOD 22.a) that address the expected behaviors of staff towards each other in the provision of patient care. Members of the MGH community affirm that teamwork and clear communication are essential to providing exceptional care. One of our guiding principles – we are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff, are embodied in the following components of the Standards of Behavior policy: (Attachment OOD 22.b)

As a member of the MGH community and in service of our mission, I believe that:

3.1.3 My colleagues and I are MGH’s greatest assets
3.1.4 Teamwork and clear communication are essential to providing exceptional care

As a member of the MGH community and in service of our mission, I will:

3.2.1 Listen and respond to patients, patient’s families, my colleagues and community members
3.2.3 Share my successes and errors with my colleagues so we can all learn from one another
3.2.4 Waste no one’s time

As a member of the MGH community and in service of our mission, I will never:

4.1.3 Speak or act disrespectfully to anyone
4.1.4 Engage in or tolerate abusive behaviors.

Communication of and accountability to these specific components of the Standards of Behavior policy creates an environment that fosters interdisciplinary teamwork and reduces the potential for fragmented or unsafe care. Staff sign the statement found in Attachment OOD 22.a upon hire and commit themselves to becoming part of the patient care team. This is reviewed annually during each staff member’s performance review.

Recognizing the importance of teamwork as it relates to safe and effective patient care, MGH has implemented many processes and programs to enhance teamwork. One example is the interdisciplinary rounding process which has been implemented throughout the organization and further strengthens the goal of the team and its members to have a voice in providing the highest level of patient care. Nursing staff bring valuable insight and skill to the rounding process.

However, if situations arise that create interdisciplinary conflict that can seriously impact patient safety, there are policies and procedures that guide leaders for mitigating and correcting issues. If the conflict is created by a particular employee or employees that are considered performance-based and contribute unsafe care, the MGH Corrective Action policy (Attachment OOD 22.c) is implemented.
As discussed in (OOD 21) MGH has established a process through the RL Solutions©
safety reporting system that captures professional conduct incidents. Many of these reports also
cross over into interdisciplinary conflict. The current process creates an opportunity to resolve
conflict issues and restore teamwork and patient safety. (EP 28)

MGH leaders have processes in place to seek staff input on the effectiveness of the practice
environment and culture of safety as it relates to teamwork. (EP 32) Through the culture of safety
survey staff are asked about their perceptions of teamwork within their immediate team and across
departments. By addressing teamwork at the unit level and department level, leaders have an
opportunity to impact the culture of the unit and drive change.

One example of a department level initiative created to manage conflict can be found in the
MGH perioperative services. A guideline was developed and although the guideline referred to,
*Guidelines for Addressing Disruptive and Inappropriate Behavior in the Perioperative Environment*, (Attachment
OOD 22.d) is addressing unprofessional behavior. Although the guideline also meets expectations
of OOD 21, it is presented as an example of a process to impact behaviors that can significantly
impact interdisciplinary teamwork in a practice area where teamwork is tantamount to safe patient
care.
Massachusetts General Hospital  
Mission, Credo and Boundaries Statement

Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; to advance care through innovative research and education; and, to improve the health and well-being of the diverse communities we serve.

As a member of the Massachusetts General Hospital (MGH) community and in service of our mission, I believe that:
1. The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
2. Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
3. My colleagues and I are MGH’s greatest assets.
4. Teamwork and clear communication are essential to providing exceptional care.

As a member of the MGH community and in service of our mission, I will:
1. Listen and respond to patients, patients’ families, my colleagues and community members.
2. Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
3. Share my successes and errors with my colleagues so we can all learn from one another.
4. Waste no one’s time.
5. Make wise use of the hospital’s human, financial and environmental resources.
6. Be accountable for my actions.
7. Uphold professional and ethical standards.

As a member of the MGH community and in service of our mission, I will never:
1. Knowingly ignore MGH policies and procedures.
2. Criticize or take action against any member of the MGH community raising or reporting a safety concern.
3. Speak or act disrespectfully toward anyone.
4. Engage in or tolerate abusive behaviors.
5. Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
6. Work while impaired by any substance or condition that compromises my ability to function safely and competently.

________________________________  ______________________
Signature       Date

________________________________
Print Name
MASSACHUSETTS GENERAL HOSPITAL
Standards of Behavior

APPLIES TO: Weekly paid employees and Professional Staff

1. Policy
   1.1 The MGH has set forth a mission, credo and boundaries that shall address the expected behaviors of staff. This information will be reviewed and attested to at the time of hire and then annually at the performance appraisal for weekly paid staff and biennially at the appointment process for Professional Staff.
   2.1 Any violation of the mission, credo and boundaries will be subject to corrective action in accordance with applicable Hospital policies and by-laws.

2. Mission
   2.1 Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.

3. Credo
   3.1 As a member of the MGH community and in service of our mission, I believe that:
      3.1.1. The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
      3.1.2. Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
      3.1.3. My colleagues and I are MGH’s greatest assets.
      3.1.4. Teamwork and clear communication are essential to providing exceptional care.
   3.2. As a member of the MGH community and in service of our mission, I will:
      3.2.1. Listen and respond to patients, patients’ families, my colleagues and community members.
      3.2.2. Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
      3.2.3. Share my successes and errors with my colleagues so we can all learn from one another.
      3.2.4. Waste no one’s time.
      3.2.5. Make wise use of the hospital’s human, financial and environmental resources.
      3.2.6. Be accountable for my actions.
      3.2.7. Uphold professional and ethical standards.

4. Boundaries
   4.1. As a member of the MGH community and in service of our mission, I will never:
      4.1.1. Recklessly ignore MGH policies and procedures.
      4.1.2. Criticize or take action against any member of the MGH community raising or reporting a safety concern.
      4.1.3. Speak or act disrespectfully toward anyone.
      4.1.4. Engage in or tolerate abusive behaviors.
Attachment OO22.b continued

4.1.5. Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.

4.1.6. Work while impaired by any substance or condition that compromises my ability to function safely and competently.

Related Policies:
Confidential Information
Corrective Action
Electronic Communications
Harassment
Sexual Harassment
Substance Abuse
Violence in the Workplace

Last Revision: 2009 General Executive Committee

Last Review: 2012   MGH Human Resources Committee
MASSACHUSETTS GENERAL HOSPITAL
Corrective Action (2012)
APPLIES TO: All employees who have completed a 90-day probationary period, excluding top level management such as assistant department heads, department heads, and executive management.

1. **POLICY**

   1.1. If an employee's conduct interferes with the orderly and efficient operation of the Hospital, through poor performance, poor attendance, or inappropriate behavior, corrective action will be taken. In order to ensure due process prior to any action being taken, the supervisor must contact their Human Resources generalist prior to taking written corrective action with the employee. In general, all employees are employees at will. Nothing in this or any policy is intended to imply a contract. As a general policy matter, however, the Hospital will usually follow the steps of the corrective action process. Top-Level management will be held to the highest standard of ethics, behavior and performance and serve at the discretion of the hospital. While it is the intent of the Hospital to consistently follow these guidelines with all employees, the procedures and steps of this policy may be altered due to the facts and circumstances of each case. For the first 90 days of employment, employees are considered to be on probation and the corrective action guidelines do not apply.

2. **DEFINITIONS AND REGULATIONS**

   2.1. Corrective Action: The purpose of corrective action is to provide significant notification to the employee that there is a need for, and provide the opportunity to, alter job performance, attendance, or behavior in a way that meets Hospital and departmental expectations.

   2.2. Just Cause: Every effort will be made to ensure that any action, including discharge, is fair and reasonable. Every effort should be made to hear the employee's side prior to determining if any corrective action is appropriate.

   2.3. Due Process: Corrective action that is consistent with Hospital practice.

   2.4. Behavior Requiring Correction: Conduct, whether by act or omission, which interferes with, or affects in any way, the orderly and efficient operation of the Hospital. It includes, but is not limited to, job performance, attendance, and behavior issues. Behavior includes off-duty and on-duty behavior that adversely affects the employment relationship or the rights of patients or other employees.

   2.5. Investigatory Absence: An investigatory absence is a non-punitive, imposed absence from work for an unspecified period of time, pending investigation of suspected or alleged seriously inappropriate behavior, attendance, or job performance. It is utilized primarily when considering a final written warning with a disciplinary suspension, when considering discharge, or when an employee’s immediate removal from the work area is necessary. Pay during an investigatory absence is based on the facts and circumstances of the case and in conjunction with Human Resources.

   If the employee is found not accountable for the inappropriate behavior, attendance, or job performance, the employee will be paid regular pay retroactively, including
differentials per the differential policy, for any missed shifts during the investigatory absence. Attention should be paid to preserving an employee's dignity; when possible, agreement should be made which explains his/her absence. An investigatory absence must be brought to the attention of the Human Resources generalist. An investigatory absence, although for an unspecified period of time, should be as short as possible (generally no more than three days) and ultimately converted to:

2.5.1. Employee returns to work with no loss of pay, or
2.5.2. Final Written Warning or Final Written Warning with Disciplinary Suspension, or
2.5.3. Discharge

2.6. Human Resources generalists are available to employees, as well as management, to explain the corrective action and grievance processes. Human Resources generalists will provide information, options and a recommendation for further action. The supervisor makes the final determination as to what action s/he takes. Human Resources generalists are available to mediate and/or provide alternative resolutions and points of view. No corrective action resulting in written warning, disciplinary suspension, final written warning, or discharge may be taken without the prior review with Human Resources. Employees should be referred to their Human Resources generalist early in the process, particularly at the counseling stage, as written warnings will prevent an employee from gaining a transfer. Employees should be made aware that utilizing the services of Human Resources is voluntary and confidential.

The Employee Assistance Program (EAP) is available to assist employees with personal problems which may be affecting their overall work performance. A referral to the Employee Assistance Program needs to be considered, especially at the first signs of issues with performance, attendance, or behavior, when counseling is being done. The staff of the EAP is available to assist supervisors in making referrals. Employees should be made aware that utilizing the services of the EAP is voluntary and confidential. Any referrals to either the Human Resources generalist or EAP should be documented, particularly in any written warnings.

2.7. If an employee improves job performance, attendance, and/or behavior to an acceptable level following application of corrective action, and the job performance, attendance, and/or behavior requiring correction does not recur over a reasonable period of time, a letter citing the improvement may be given to the employee. A copy should be sent to Human Resources for addition to the employee's employment record.

2.8. In cases where an employee is in agreement, and where it is operationally sound, the department may choose demotion instead of corrective action. In all cases involving demotion, Human Resources must be consulted.

2.9. Progressive Corrective Action: Corrective action should usually proceed in the following progressive steps:

1st step Oral counseling
Corrective action is considered active for twelve months from the date on which it is given. Note: corrective action progresses within the separate tracks of job performance, attendance, or inappropriate behavior.

This progressive approach may be modified based on the facts and circumstances of each case. Some job performance, attendance, or inappropriate behavior may be so serious as to advance through the corrective actions steps or cause immediate discharge. Also, progressive corrective action does not apply to employees who have not completed their initial 90 day probationary period.

All steps in this progressive corrective approach should be applied in a timely and consistent manner. (Please see the attached Performance Tracking Sheet as a suggested tool to track corrective action).

3. PROCESS

3.1. First Step Counseling: A supervisor may elect to orally counsel an employee. However, if this has been done, and/or the situation warrants, consider proceeding with an oral warning or with the following steps as appropriate.

3.2. Second Step - Oral Warning: A supervisor identifies negative behavior, performance deficiency, or attendance problems; expectations; and supervisor ensures that the employee is aware of both the impact of the inappropriate behavior, performance deficiency, or poor attendance on department and Hospital operations and what must be done to avoid further corrective action. The discussion must be identified as an oral warning which could lead to further corrective action, up to and including discharge. A note documenting the oral warning should be retained by the manager.

3.3. Third Step - Written Warning: A written warning should be in the form of a memorandum from the supervisor to the employee. One purpose of the written warning is to notify the employee, in a more significant way, of the cause for concern regarding attendance, performance, or inappropriate behavior. Another purpose is to indicate further corrective action may occur if there is no improvement. A copy of the written warning should be sent to Human Resources.

3.4. Fourth Step - Final Written Warning or Final Written Warning With Disciplinary Suspension: The choice of action depends on circumstances present.

One purpose of the final written warning is to notify the employee in a significant way of cause for grave concern regarding attendance, job performance, or inappropriate behavior. Another purpose is to indicate that further corrective action may occur if there is no improvement.
Final Written Warning/Suspension: There is one type of suspension - a Disciplinary Suspension. Disciplinary Suspension without pay is a very serious form of corrective action. It should be used in combination with an original final written warning or the reissuing of a final written warning only when a supervisor believes the employee will correct the conduct as a result of the suspension. It is given in tandem with a final written warning when it is believed that a final written warning, in and of itself, is not sufficient to signify the seriousness of the situation. A Disciplinary Suspension should be for a stated period of time, but only of duration sufficient to demonstrate extreme concern for the employee's behavior, job performance, or attendance.

An investigatory absence may be used during an investigation while determining appropriate corrective action.

3.5. Fifth Step - Discharge: Discharge is used when it is concluded that attempts to correct the employee's behavior have failed or when the improper conduct is of such a serious nature that the employment relationship should not be continued.

3.6. Grievances: An employee who disagrees with a written warning, final written warning, final written warning with disciplinary suspension, or discharge may utilize the Grievance Procedure in order to have the action reviewed and potentially revised or overturned.

4. DOCUMENTATION

4.1. The warnings and any disciplinary suspension should be documented in a memorandum to the employee and should state the nature of the inappropriate behavior, performance deficiency, or attendance problem, what is required to change the conduct, when the change must be made, and the consequences if the change is not made. The memorandum should state:

"This is a written warning (or final written warning, or final written warning with a disciplinary suspension)"

and indicate that the employee's side was heard and considered prior to the taking of this action. (If giving a final written warning with a disciplinary suspension, the length of the suspension should be clearly indicated.) The memorandum should also indicate:

"Human Resources is available as a resource. If interested in obtaining information regarding the MGH grievance process, please contact Human Resources within 10 working days of receiving this warning."

The memorandum should be given to the employee and a copy sent to Human Resources for the employee's employment record. The employee is not required to sign the written (or final written) warning.

Sample written warning and final warning memoranda are available through Human Resources.

Documentation of a discharge also should be given in the form of a brief memorandum. The reasons for the discharge should be stated, indicating that the employee's side was heard and considered. The memorandum should also indicate:

"Human Resources is available as a resource. If interested in obtaining information regarding the MGH grievance process, please contact Human Resources within 10 working days of receiving this warning."
Resources within ten (10) business days of receiving this document.”

The memorandum should be reviewed by Human Resources. A copy should be sent to Human Resources for inclusion in the employee's employment record. The employee does not have to sign the discharge letter.

5. **PROCEDURE**

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
</table>
| Supervisor       | 1. Investigate the circumstances surrounding the behavior requiring correction as completely as possible. Include a discussion with the employee to obtain his/her viewpoint of the facts. Consider impact of Family and Medical Leave Act on attendance issues.  
                  | Review with Human Resources to obtain options and a recommendation. Make the employee aware of the impartial and confidential service of both Human Resources and the Employee Assistance Program. |
|                  | 2. If immediate removal of the employee from Hospital premises is necessary to prevent injury, disruption of work, or other serious consequences, place the employee on investigatory absence. If considering a disciplinary suspension or discharge, place the employee on investigatory absence. |
|                  | 3. Determine appropriate corrective action in consultation with Human Resources. |
|                  | 4. Give a clear explanation to the employee concerning the inappropriate behavior, performance deficiency, or attendance problem and the reason for and nature of the corrective action. If the explanation is in writing, send a copy to Human Resources for the employee's employment record. Refer the employee to Human Resources for review of options and clarification of Hospital policies. |
| Human Resources  | 5. Provide advice and counsel to supervisors and employees regarding the corrective action and grievance policies. Review all corrective action and documentation involving written warning, suspension, investigatory absence, final written warning, or discharge prior to action being taken. Retain written documentation of corrective action in employee's employment record. |

**Related Policies:**

Attendance
Attachment OOD 22.c continued

Computer Software Use and Acquisition
Confidential Information
Conflict of Interest
Dress Code
Electronic Communications
Employee Rights and Patient Care Nondiscrimination
Employment At Will
Gifts and Gratuities
Grievance Procedure
Harassment
Health and Safety
Motor Vehicle Operator Safety
Pay – Earned Time
Property and Packages
Recruitment, New Hire and Termination Process
Sexual Harassment
Standards of Behavior
Substance Abuse
Telephone Calls
Transfers and Promotions
Violence in the Workplace
Work Health Clearance
Worksite

Last Revision: 2012
Last Review: 2012
**PERFORMANCE TRACKING SHEET**

NAME: _______________________________________

Instructions:

5.1. After each employee contact, enter the date, and the code for the action you took, and the reason for the contact. When you determine that the problem has been solved, advise the employee and draw a circle around the action code. Use the following codes:

- **P** Positive Feedback
- **1** Counseling Session (Step 1)
- **2** Oral Warning (Step 2)
- **3** Written Warning (Step 3)
- **4** Disciplinary Suspension/Final Written Warning (Step 4)
- **Q** Quit or Voluntary Termination
- **D** Discharged or Involuntary Termination (Step 5)
- **PE** Performance Evaluation

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Massachusetts General Hospital
Guidelines for Addressing Disruptive and Inappropriate Behavior
In the Perioperative Environment

PURPOSE OF GUIDELINES

The Bylaws of the Professional Staff, Human Resources Policies and Nursing Standards of Practice of Massachusetts General Hospital require all Hospital personnel to maintain high professional standards of clinical care and conduct. Whenever a Hospital employee or physician engages in conduct that is or may be detrimental to the quality of patient care or disruptive to Hospital operations, appropriate remedial or corrective action is initiated consistent with these Bylaws, Policies and Standards.

These Guidelines define the process for addressing disruptive and inappropriate behavior in the perioperative environment, which includes the Main Operating Room, the Same Day Surgical Unit, MGW-Waltham, MGH North-Danvers, the Post Anesthesia Care Unit and the Preadmission Testing Area. In conjunction with the above-referenced standards of conduct, the Guidelines require all individuals working in the perioperative environment to treat others with respect, courtesy and dignity and to report immediately conduct that is disruptive or otherwise inappropriate.

DISRUPTIVE AND INAPPROPRIATE BEHAVIOR

Disruptive and inappropriate behavior is interaction among Hospital personnel, patients, family members or others that interferes or may interfere with patient care or Hospital operations. Such behavior includes, but is not limited to, verbal abuse, loud or obscene comments, offensive comments based upon an individual’s gender, race, ethnicity, religion, disability or sexual orientation, misuse of operating room instruments or equipment, or inappropriate or unprofessional physical contact or gestures.

PROCESS FOR ADDRESSING DISRUPTIVE AND INAPPROPRIATE BEHAVIOR

1. Physicians, nurses and other Hospital employees who observe disruptive and inappropriate behavior in the perioperative environment are expected to document and immediately report the event. The report shall be sent to the Medical Director of the Operating Rooms and the Associate Chief Nurse, Perioperative Nursing. The report shall be kept confidential to the extent practicable under the circumstances.

The report and/or documentation shall include:

   a. The date and time of the incident
   b. The name(s) of the person(s) involved in, or present during the incident
   c. The identity of the patient, if applicable
d. The circumstances that precipitated the incident
e. An objective and complete description of the offensive behavior demonstrated during the incident.
f. The consequences of the behavior
g. Any actions taken at the time of or following the incident including date, time, place and action.

2. The Medical Director of the Operating Rooms, with the assistance of the Chief of Service/Division and the Associate Chief Nurse, Perioperative Nursing, shall conduct or cause to be conducted a prompt investigation into the incident, and shall make recommendations as to appropriate remedial or corrective action. The individual(s) alleged to have engaged in the inappropriate conduct shall be interviewed as part of the investigation and should be offered the opportunity to correct their behavior if they agree that it was inappropriate. Failing resolution, the Chief of Service/Division, the Medical Director of Operating Rooms and the Associate Chief Nurse, Perioperative Nursing shall review their recommendations with the Surgeon-in-Chief, Anesthetist-in-Chief, Chief Nurse or responsible Hospital supervisor, as appropriate. If at the conclusion of this process, it is determined that corrective or remedial action is warranted, the Surgeon-in-Chief, the Anesthetist-in-Chief, the Chief Nurse or responsible Hospital supervisor shall determine whether to implement the action or refer it to the Executive Committee of the Surgical Coordinating Committee for further review. The Executive Committee of the Surgical Coordinating Committee may accept or modify the recommendation or refer it to the Surgical Coordinating Committee. In cases involving members of the Professional Staff, any corrective or remedial action shall be taken in accordance with the procedures described in Article V of the Bylaws of the Professional Staff.

If the incident involves a Chief of Service/Division, the Medical Director of the Operating room or the Associate Chief Nurse, it will be referred to the Surgeon-in-Chief.

If the incident involves a member of the Executive Committee of the Surgical Coordinating Committee, the President of the Hospital and the Chief Executive Officer of the Massachusetts General Physicians Organization shall be apprised and shall oversee the investigation.

3. The Chief of Service/Division or responsible Hospital supervisor shall take any remedial or corrective action that is determined to be appropriate. A copy of these Guidelines shall be reviewed and given to the individual(s) involved. The incident and any remedial or corrective action that is taken shall be documented appropriately.

4. Progressive corrective action shall apply to instances of disruptive and inappropriate behavior in the perioperative environment, and may result in the suspension or termination of employment, suspension or termination of Hospital privileges, or other actions consistent with Human Resources Policies and the Bylaws of the Professional Staff. Notwithstanding any of the above, the progressive approach may be modified based on the facts and circumstances of each case, and a single incident may result in immediate temporary or
permanent exclusion from the operating room, suspension or termination of Hospital privileges or suspension or termination of employment.

5. At all times, Human Resources is available to assist employees and managers with the issues described. The Grievance Procedure and the Fair Hearing and Appellate Review procedures are available according to the provisions of the Human Resource Policy and Procedure Manual and the Professional Staff Bylaws.

Approved: Surgical Coordinating Committee July 20, 2004
Revised: Surgical Coordinating Committee June 26, 2006
Reviewed: Peter Dunn MD June, 2009
           Medical Director Perioperative Services
           Vice Chairman Anesthesia

           Peter Dunn MD February 2012
           Medical Director Perioperative Services