

Massachusetts General Hospital
Clinical Policy & Procedure Manual

**Patient/Family/Visitor/Research Participant Code of Conduct: Responding to
Disrespectful, Discriminatory, Disruptive, or Harassing Behaviors**

SCOPE: This policy applies to all clinical, non-clinical and research areas of the MGH/MGPO.

POLICY:

1. Patients, family, visitors and research participants are expected to speak and behave in a respectful manner to all members of the MGH community (i.e., workforce members, other patients, family members and other visitors).
2. Patient, family, visitor or research participant who engages in disrespectful, discriminatory, disruptive, or harassing behavior(s) and or language (oral or written) directed at any member of the MGH community (i.e., workforce members, other patients, family members and other visitors) will not be tolerated. Examples of such behavior include, but are not limited to:
 - Derogatory or offensive remarks about a workforce member's race, color, accent/language, national origin, ethnicity, religious creed, sex, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or active military status, or immigration status.
 - Requests or demands for a specific type of workforce member based on the workforce member's characteristics listed above
 - Yelling or swearing
 - Consider the context in which yelling/swearing occurs (i.e., is it directed at staff or is a patient swearing because they are in pain).
 - Verbal threats or threatening gestures
 - Physical assault or attempted assault
 - Spitting, throwing objects or other violent behaviors
 - Sexual remarks, gestures, or physical contact
 - Unwanted communication with a clinician or other staff member not related to clinical care
 - Refusal to follow unit or practice-specific policies or guidelines that guide the patient's care and treatment.
 - Disrupting another patient's care or experience.

3. Patient, family, visitor or research participant who makes discriminatory requests or demands for a specific type of clinician or workforce member based on a characteristic(s) (as listed above) of the clinician/workforce member will not be accommodated.
 - a. View all requests with the lens of trauma-informed care to determine the appropriateness of the request ([Appendix A](#)).
 - b. Non-discriminatory requests for a specific type of clinician or workforce member may be considered based on, including but not limited to, the following characteristics:
 - i. gender (e.g., female patient requests a female clinician);
 - ii. language (e.g., Limited English Proficient patient requests a clinician who speaks their native language);
 - iii. members of historically marginalized groups who have experienced health disparities (e.g., a Black patient requests a Black clinician);
 - c. The ability to accommodate a non-discriminatory request is influenced by many factors including clinician availability. If unable to accommodate a non-discriminatory request, consider providing a chaperone, engaging a medical interpreter, etc., as a way to ensure quality and equity of care.
4. Use the SAFER Model in Procedure Section 1 to address unacceptable patient/family/visitor comments and/or behavior(s).
 - a. Consider the need to ensure the safety of workforce members prior to implementing the model.
 - b. Workforce members who witness or hear such comments or behavior targeted at another workforce member will assist in addressing the situation and provide support to the targeted individual.
 - c. A team approach (i.e. colleagues and/or leadership) will be used to address the situation and to assist with setting behavioral expectations for the patient/family/visitor.
 - d. Emergency care must be provided under the Emergency Medical Treatment and Labor Act (EMTALA).
 - e. If a family member/visitor does not adhere to behavioral expectations set by the staff, they will need to leave.
 - f. If a patient does not adhere to behavioral expectations set by the staff and they do not need further treatment, they may be discharged.
 - g. If a patient does not adhere to behavioral expectations set by the staff and they need further treatment, staff should escalate the situation up the chain of command to senior leadership including the Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Office of General Counsel (OGC) for direction and decision-making regarding discharge.

5. Documentation and hand off communication between areas is important to addressing unacceptable patient/family/visitor/research participant behavior. It is strongly recommended that an acute care plan be developed to ensure communication of any issues across encounters/admissions.

DEFINITIONS:

- Workforce member: clinicians, employees, researchers, volunteers, vendors, and students.
- MGH Community: workforce members, patients, family members, visitors, research participants.
- Workforce Member Characteristics: race, color, accent/language, national origin, ethnicity, religious creed, sex, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or active military status, or immigration status.
- Care Team: clinicians and non-clinicians who care for and/or interact with patients, family members and visitors.
- Targeted workforce member: the individual who is the victim of the discriminatory behavior which is the subject of this policy.
- Bystander: any workforce member who witnesses or hears (includes being confided in by a targeted workforce member) a patient/family/visitor/research participant's discriminatory/disruptive/harassing/disrespectful comments and/or behavior which is the subject of this policy.

PROCEDURE:

1. When a patient, family member, visitor or research participant speaks or behaves in a disrespectful, disruptive, discriminatory, or harassing manner directed at any member of the MGH community, any workforce member (including the targeted workforce member, bystander, and manager/leader) who experiences, witnesses or hears about this inappropriate behavior can use the following framework to address the behavior.
2. Ensuring the safety of workforce members while providing care is an important consideration when addressing patient/family/visitor unacceptable behaviors. Workforce members should consider the context in which the behavior is occurring and use judgment about how best to respond, including implementation of the following model.

SAFER Model	
Step	Sample Actions
S	<p>Speak up: address the situation with the patient/family/visitor.</p> <p>Support the targeted workforce member during and after the interaction using a team approach:</p> <ul style="list-style-type: none"> • inform and request support from the appropriate manager/supervisor/director/attending/chief, a co-worker, or other hospital resource such as the Employee Assistance Program. • manager/supervisor/director or attending/chief will intervene on the workforce member(s) behalf as necessary • both peers and others should support the affected workforce member after the interaction, acknowledging the patient's behavior and its potential impact on the workforce member. • a change in clinical/work assignment may be offered if available and desired by the workforce member. • hospital resources such as the Employee Assistance Program (EAP), Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, the Child Protection Team and Police and Security are available to help support the targeted workforce member and/or assist with responding to the inappropriate behavior. Training such as Management of Aggressive Behavior (MOAB) is also available.
A	<p>Assess the situation and the circumstances in which the inappropriate comment and/or behavior has occurred:</p> <ul style="list-style-type: none"> • if the patient is not physiologically/psychologically stable, clinicians provide needed care. • if the patient has altered mental status or disability, this model may not be appropriate. See Procedure Section 2 below. • if the workforce member(s) receives a specific discriminatory request or demand for a specific type of workforce member, acknowledge and clarify the reason for the request/demand. <p>Address the behavior:</p> <ul style="list-style-type: none"> • ask for assistance from a co-worker/peer, colleague, and/or nurse or physician leader. • for discriminatory request/demand, explain the hospital's: <ul style="list-style-type: none"> ○ commitment to a non-discriminatory environment. ○ reliance on our talented workforce members to provide the highest quality health care and services.

	<ul style="list-style-type: none"> ○ assurance that the workforce member is qualified and best positioned to provide the needed care/service to the patient/family. ● contact Police and Security when the patient's/family members'/visitor's behavior is disruptive or violent or creates an unsafe situation. ● if unable to resolve at the local level and the patient continues to require treatment, the situation may be escalated to senior leadership up to and including the CMO, CNO and OGC. <ul style="list-style-type: none"> ○ Consider discharge as an option. <p>Access resources as needed:</p> <ul style="list-style-type: none"> ● unit-based such as a colleague, nurse or physician leader ● hospital resources such as the Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, Employee Assistance Program, the Center for Diversity and Inclusion and the Office of Equity and Inclusion, Police and Security may be engaged as appropriate. <ul style="list-style-type: none"> ○ In addition, for children under our care whose parents/guardians are acting inappropriately, a number of additional support services may be indicated to assist, including the Child Protection Team and the Office of General Counsel. ○ If a patient or visitor is the target of the unacceptable behavior, consider contacting the Office of Patient Advocacy.
F	<p>Focus on Mass General values:</p> <ul style="list-style-type: none"> ● state the hospital's expectation regarding respectful treatment of all members of the MGH community. ● review the Patient Rights Notification and/or Visitor policies with the patient, family member or visitor (see related links at top of page) ● review the Inpatient/Ambulatory/Research Patient/Family/Visitor Code of Conduct handouts/posters (see Appendix B).
E	<p>Explain behavioral expectations and set boundaries with the patient, family member, visitor or research participant. Examples of actions that may be taken to set behavioral expectations for the patient and/or visitor include:</p> <ul style="list-style-type: none"> ● explain that such comments and/or behaviors are inappropriate and will not be tolerated. ● discuss options with the patient/family/visitor and health care team. ● discuss implications of care/service refusal. ● provide clinical care and support to the patient/family/visitor while next actions are being determined.

	<ul style="list-style-type: none"> • limit unacceptable conduct and set behavioral expectations. • continue to refer to this policy as well as the Patient Rights Notification and Visitor Policies (see related links at top of page). • Consider discharge.
R	<p>Report the interaction and the plan including</p> <ul style="list-style-type: none"> • the care team and/or other workforce members • document in the patient's record • complete a Safety Report. The manager will work with the targeted workforce member or bystander to file a Safety Report as necessary. • debrief with care team/colleagues <p>Reinforce behavioral expectations.</p> <ul style="list-style-type: none"> • if the patient, family, visitor or research participant affirms that they understand the rationale and need for the comments and/or behavior to stop and indicates an ability to act appropriately, then clinical care and other interactions will continue, with reminders regarding the requirement for respectful behavior provided as needed.

Adapted from Mayo Clinic SAFER Model found in Warsame and Hayes, AMA J Ethics, 2019

- 1.1. An algorithm that depicts the SAFER Model is included in [Appendix C](#).
- 1.2. Suggested strategies and scripting that help implement the SAFER Model are included in the Patient/Family/Visitor/Research Participant Code of Conduct: Strategies and Scripting Guideline (see related link at top of page).

3. Patients Unable to Be Held Accountable for Their Behavior

If the patient has temporary or permanent, limited or impaired capacity due to intoxication, infection or other medical condition(s) (e.g., delirium, dementia) or disability (e.g., Tourette Syndrome), the patient may not be able to be held accountable for their disrespectful comments or behaviors.

Provide care and re-evaluate the patient's behavior once the patient regains capacity (if appropriate). "Clustering care" may be as an intervention to minimize exposure to the patient's inappropriate behavior.

4. Support for Targeted Workforce Member(s)

In all situations, support will be provided to the targeted workforce member, acknowledging the patient's behavior and its potential impact on the workforce member.

- A change in clinical/work assignment may be offered if available and desired by the workforce member.
- Hospital resources such as the Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, Employee Assistance Program, the Center for Diversity and Inclusion and the Office of Equity and Inclusion, Police and Security are available to help support the targeted workforce member and/or assist with responding to the inappropriate behavior.
- Sample scripting that can be used to help support the targeted workforce member is included in the Patient/Family/Visitor/Research Participant Code of Conduct: Strategies and Scripting Guideline (see related link at top of page).

5. Linkage to Existing Policies

This policy also reinforces existing policies (see Related Links at top of page) including:

- a. Weapons
- b. Firearms
- c. Smoking
- d. Visitor
- e. Patient Rights and Responsibilities
- f. Photography, Audio, Video Recording, and Interviewing of Patients for Non-clinical and non-research purposes not otherwise permitted or required by the privacy rule
 - i. Patients/family/visitors are not allowed to take photographs or audio/visual recordings; exceptions may be made if the activity is of clinical benefit or reasonable and it does not violate the privacy rights of others.

6. Handouts/Posters (this section will be added at a later date when translation is complete)

Appendix B contains a Code of Conduct handout in English that may be used in inpatient, ambulatory, and research areas. NOTE: the handout is in the process of being translated into other languages and will be added when complete.

Approved by:	Clinical Policy & Record Committee (CP&R)	02/26/21
Approved by:	Medical Policy Committee (MPC)	03/24/21

Appendix A: Trauma-Informed Care

What is trauma?

The Substance Abuse and Mental Health Service Administration (SAMHSA) states that “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

What is a trauma-informed approach to care?

Trauma-informed approaches to care shift the focus from “*What’s wrong with you?*” to “*What happened to you?*”

SAMHSA’s description of a trauma-informed approach states that, “A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. *Seeks to actively resist re-traumatization.*”

Six key principles that can help guide care include:

- Safety;
- Trustworthiness and transparency;
- Peer support;
- Collaboration and mutuality;
- Empowerment, voice and choice; and
- Cultural, historical, and gender issues.

Definitions of these key principles and other information can be found at:

<https://www.samhsa.gov/nctic/trauma-interventions>

Additional resources:

Center for Health Care Strategies

http://www.chcs.org/media/ATC_whitepaper_040616.pdf

U.S. Department of Health and Human Services: Centers for Disease Control and Prevention

<https://www.thenationalcouncil.org/topics/trauma-informed-care/>

Appendix B: In-Patient and Ambulatory Posters/Handouts



Patient, Family, Visitor and Research Participant Code of Conduct

Our Code of Conduct is intended to maintain a safe and caring environment for all patients, staff, family, visitors and research participants at MGH.

Promoting Safety and Security

- No Weapons
- No Illegal or dangerous items
- No Alcohol, no drugs, smoking or vaping
- No Photography and video/audio recording

Communicating and Acting in a Respectful Manner

The following are not acceptable behaviors: Discriminatory, disruptive, disrespectful or harassing behaviors or language (oral or written) including, but not limited to:

- Offensive remarks about race, color, accent/ language, national origin, ethnicity, religion, sex, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran/active military status, or immigration status.
- Requests or demands for a clinician or other staff member based on the above characteristics
- Yelling or swearing
- Spitting or throwing objects
- Any physical or attempted assault
- Sexual or vulgar remarks or behaviors
- Refusal to follow unit or practice specific policies or guidelines that guide the patient's care and treatment
- Disrupting another patient's care or experience
- Family/Visitor refusal to follow inpatient staff requests related to the need to provide direct patient care
- Unwanted communication with a clinician or other staff member not related to clinical care

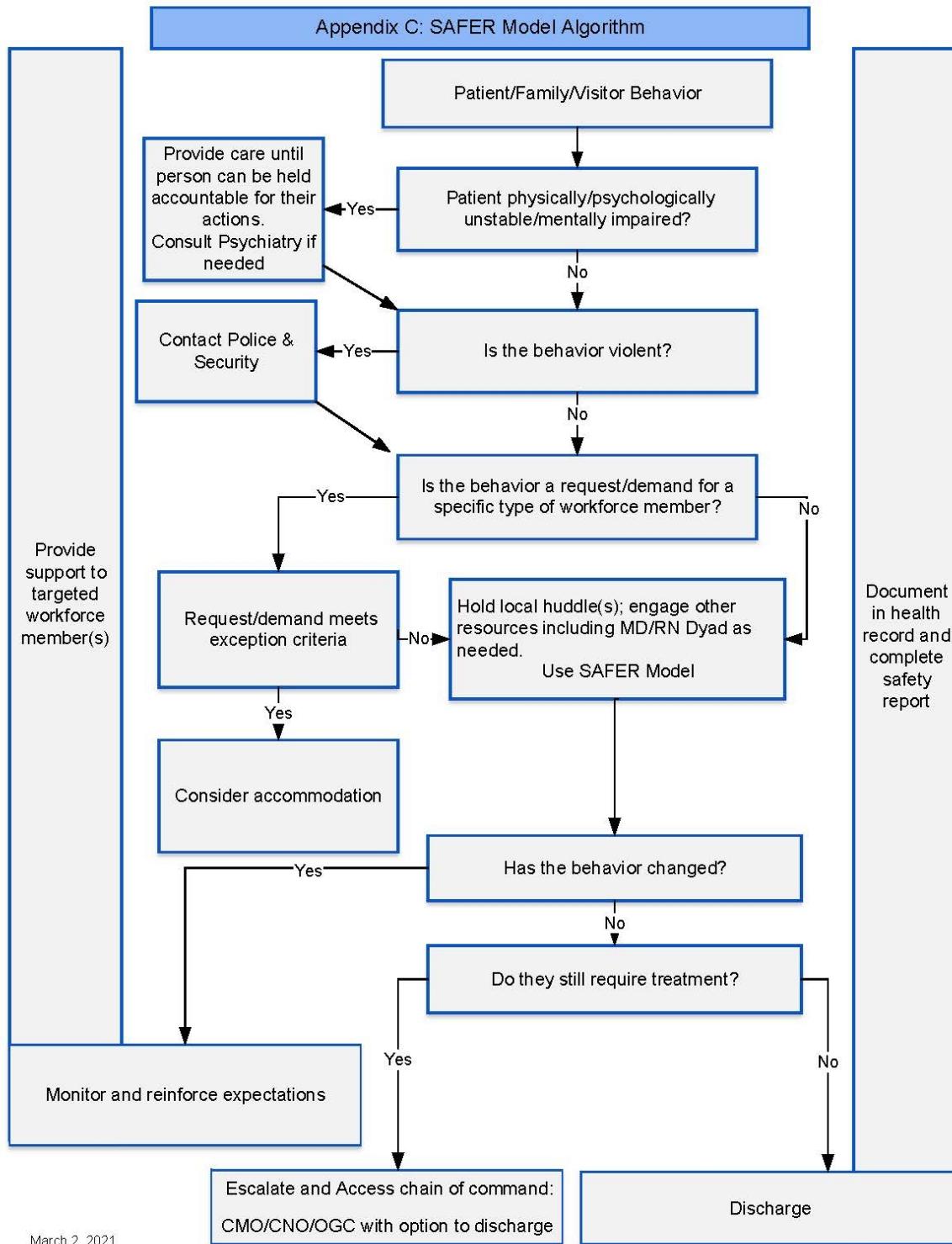
Code of Conduct Violations

- If you are a patient, you may be discharged and you may not be able to receive care in the future at Mass General (Does not apply to emergency treatment under EMTALA)
- If you are a family member or visitor, you will be asked to leave the premises and future visitation may be restricted.

If you are a patient, family member, visitor or research participant and are the target of any of these behaviors, please report your concerns to a staff member.

4/27/2021

Appendix C: SAFER Model Algorithm



March 2, 2021