

# Leadership and the Pursuit of Professionalism and a Culture of Respect

**Gerald B. Hickson, MD**

Joseph C. Ross Chair in Medical Education & Administration

Professor of Pediatrics

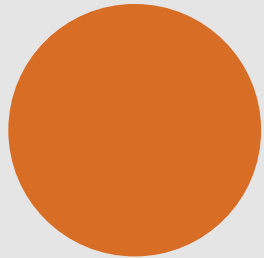
Founding Director, Vanderbilt Center for Patient & Professional Advocacy



@VUMC\_CPPA

# Pursuing the Right Balance

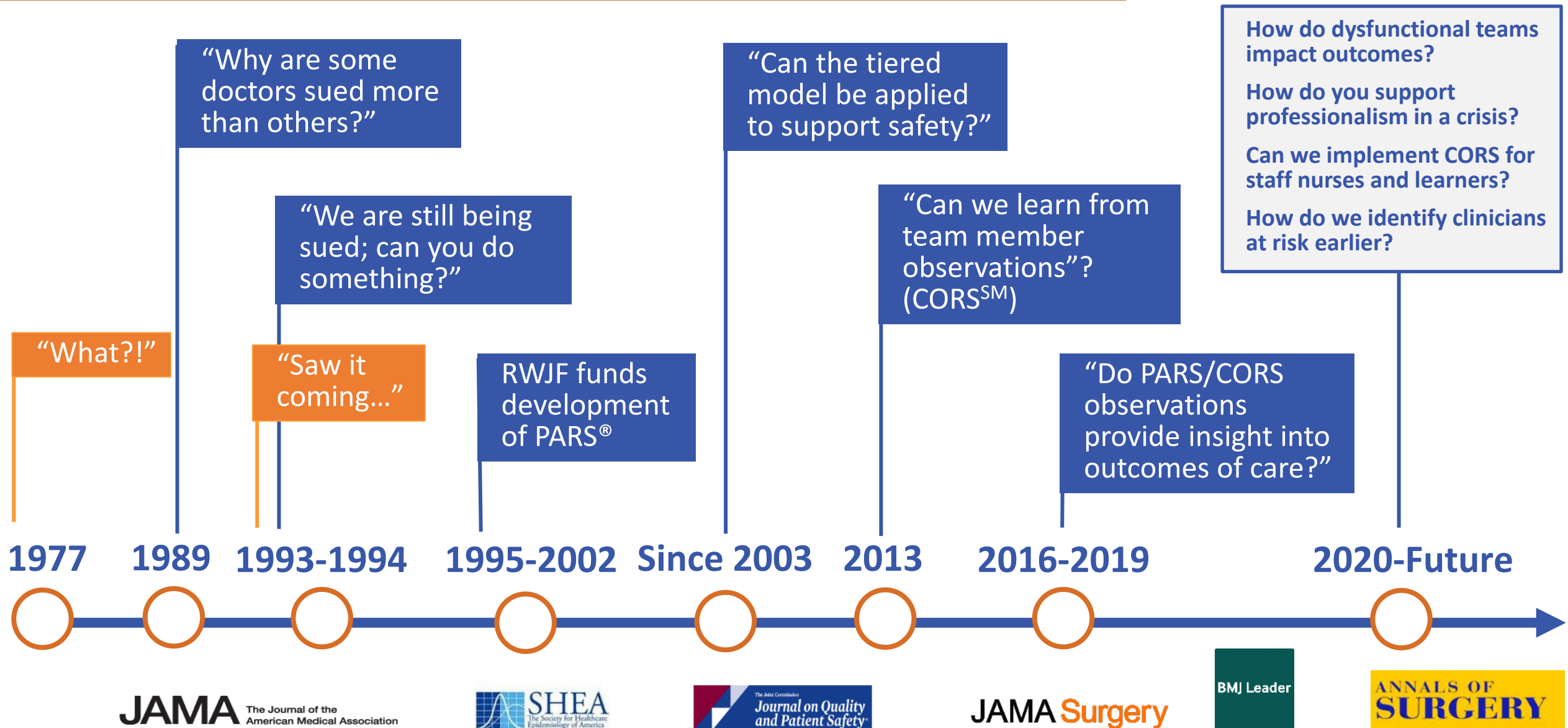
Intentionally  
Designed Systems



Professional  
Accountability



# CPPA Timeline



# Case: Glenn



- Priority recruit.....
- A nurse reports:

“Dr. Glenn ate my apple...I left it on the breakroom table ...when I came back, he was eating it. I said that is my apple.....”

**What did I just hear?**

**A safety report involving an apple?**

**As a leader, do I have the report  
delivered?**

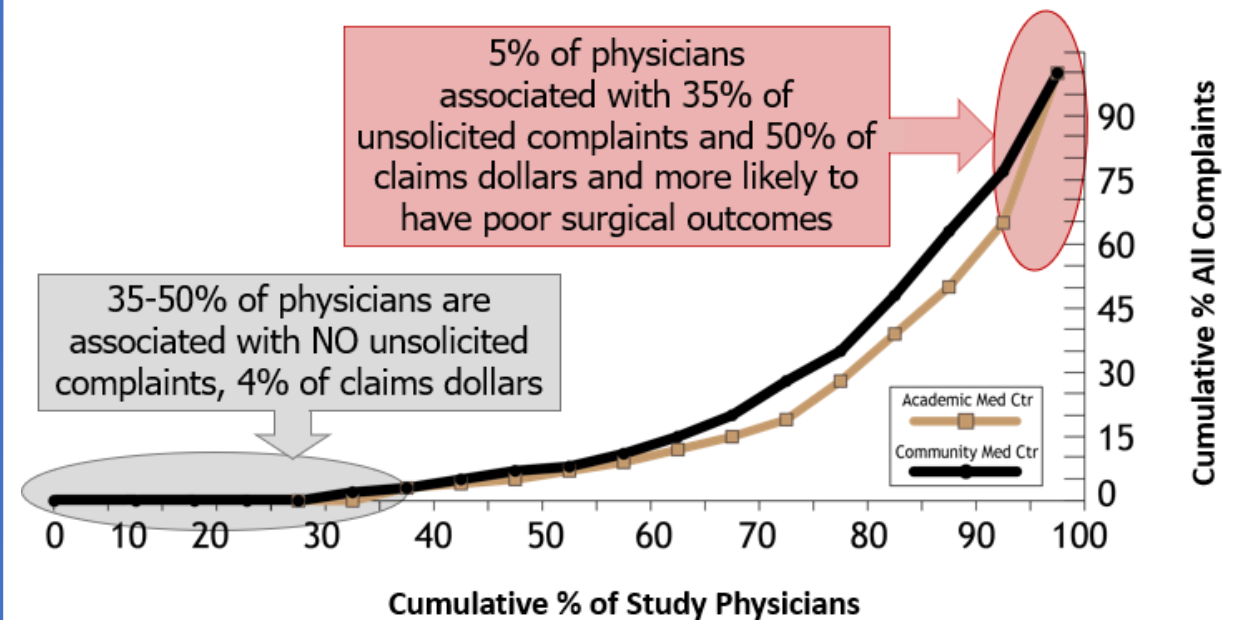
## Patient Complaints

*“While asking Dr. XX about my diagnosis, responded that my questions were annoying...”*

*“Asked to sign a consent... for another patient (same last name).”*

*“...patient reported that Dr. YY never washes his hands...”*

## Cumulative Distributions of Physicians by Patient Complaints



# CORS<sup>sm</sup> : Co-worker Observation Reporting System

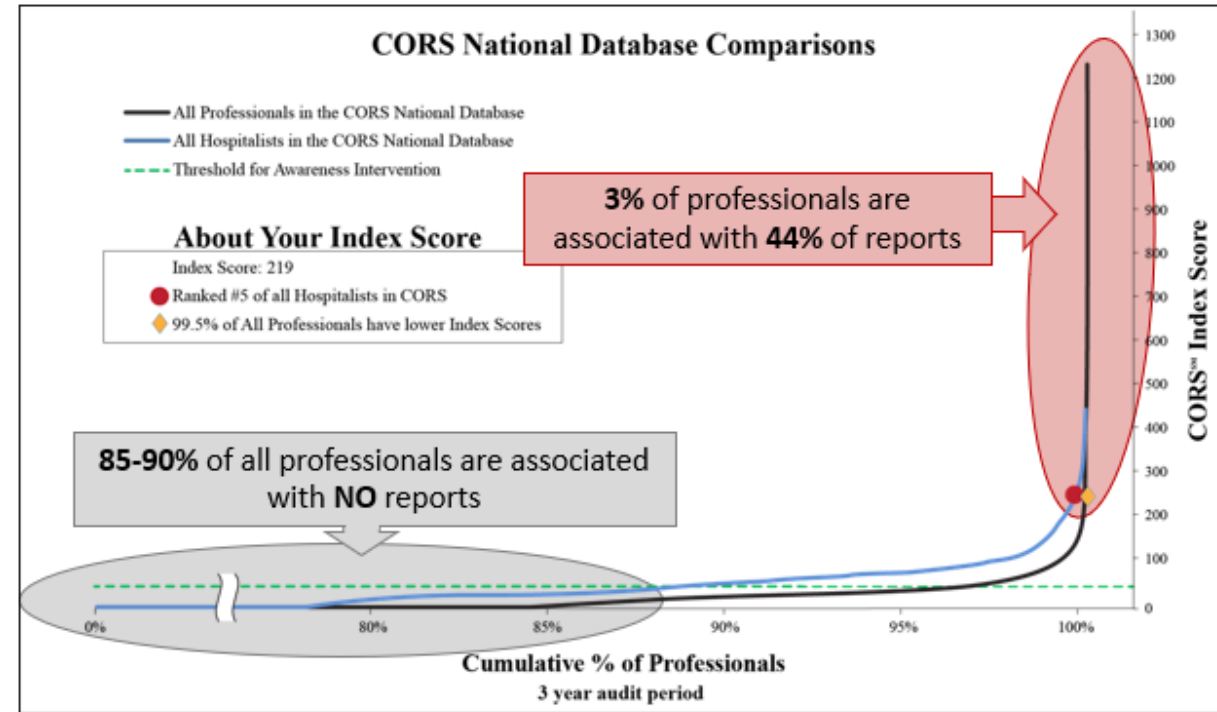
## Co-worker Concerns

*“Dr. XX did not pause to foam in...I asked Dr. XX...Dr. XX replied, “Don't start with that...the HH police are everywhere...”*

*“Attempted to remind Dr. YY to mark the appropriate site he responded, ‘I stopped coloring in kindergarten’”*

*“I called Dr. ZZ about a critical lab, she responded, ‘So?’ and hung up.”*

## Co-Worker Report Distribution



# Physicians who model disrespect account for:

50-70% of your organization's malpractice claims experience and cost

## And if you personally need care:

You are 20-30% more likely to have a surgical site infection

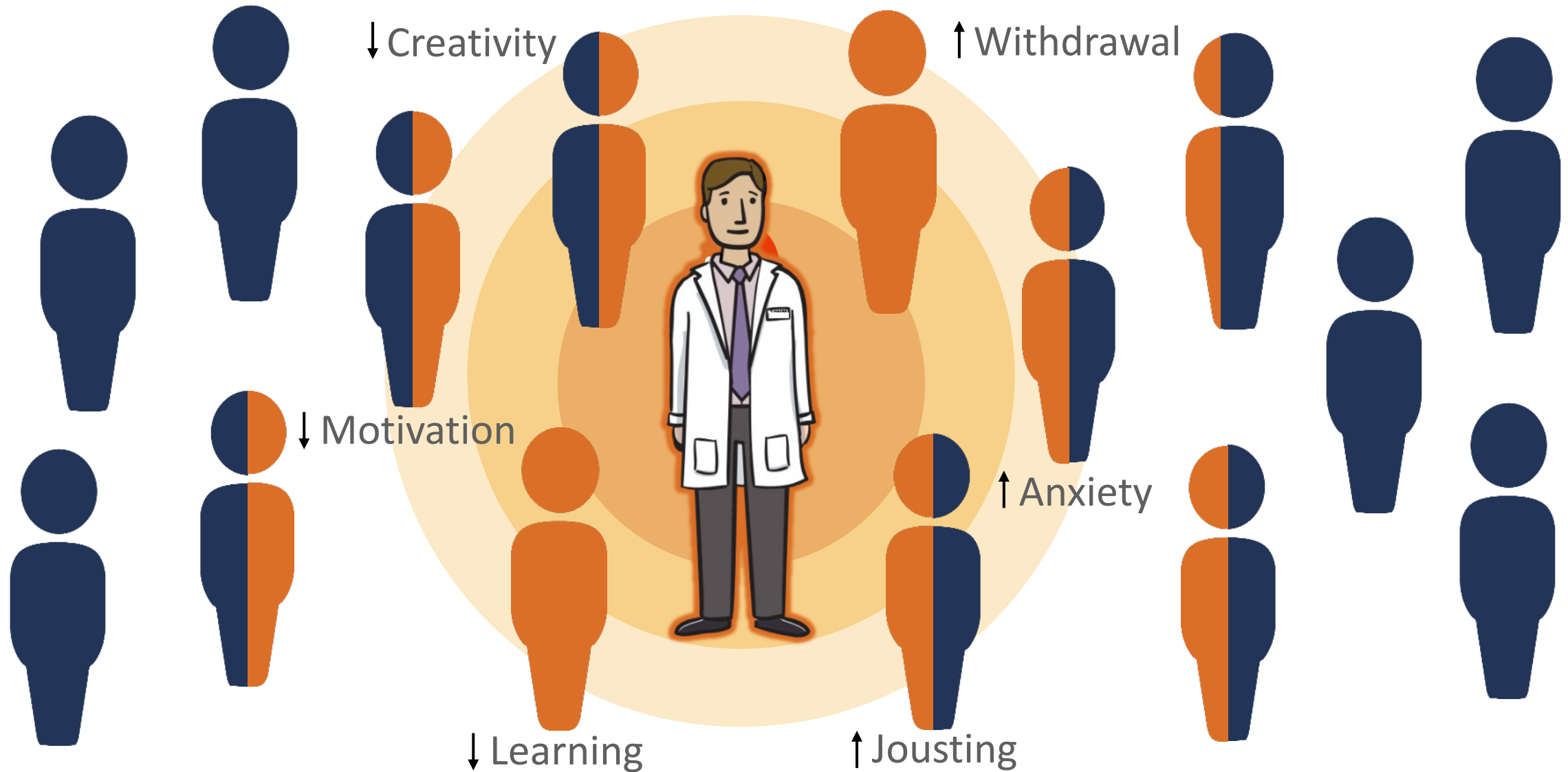
You are 20-40% more likely to develop Sepsis

You are 24-30% more likely to die if you require trauma care

\*Includes surgical site infections, wound disruptions, and medical complications (e.g. pneumonia, embolism, stroke, MI, UTI)

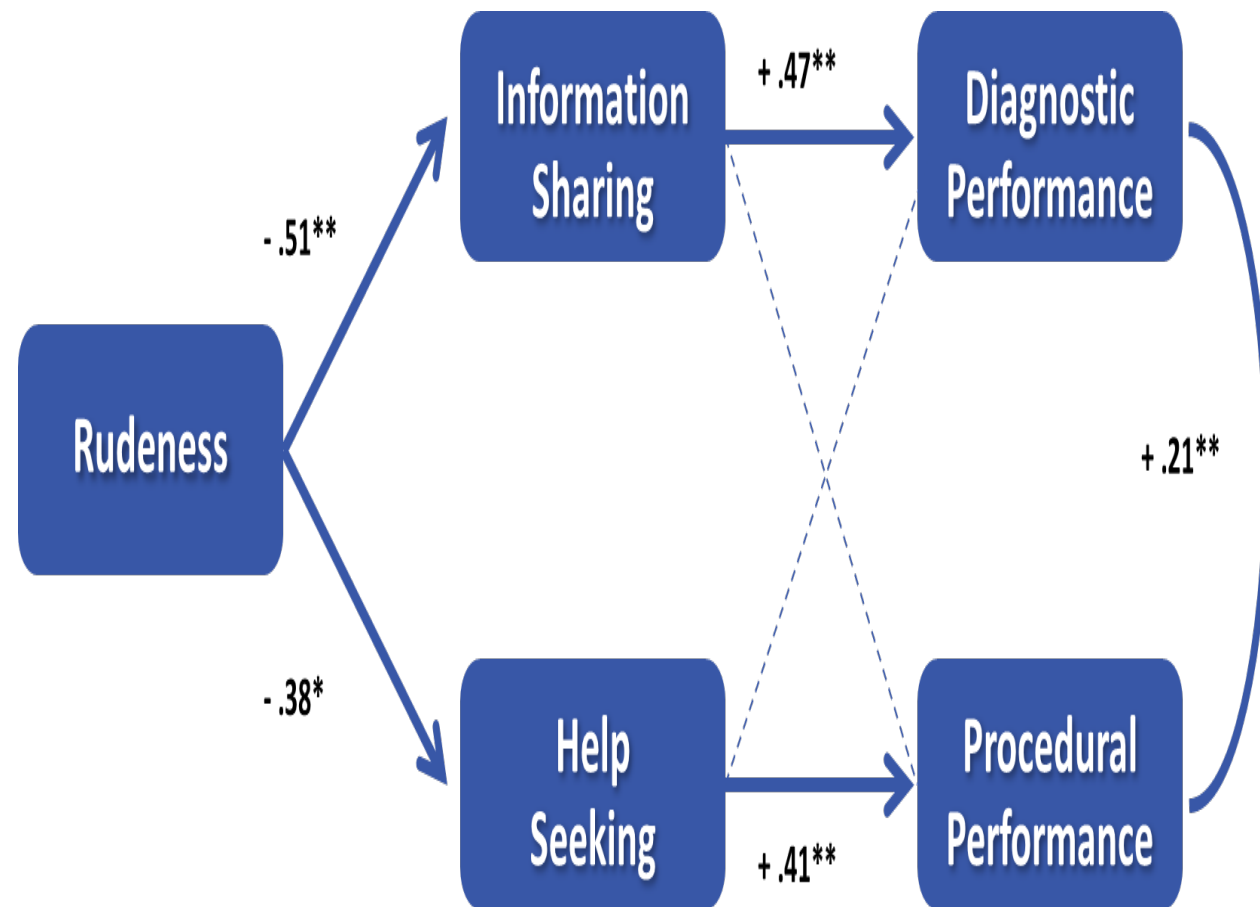
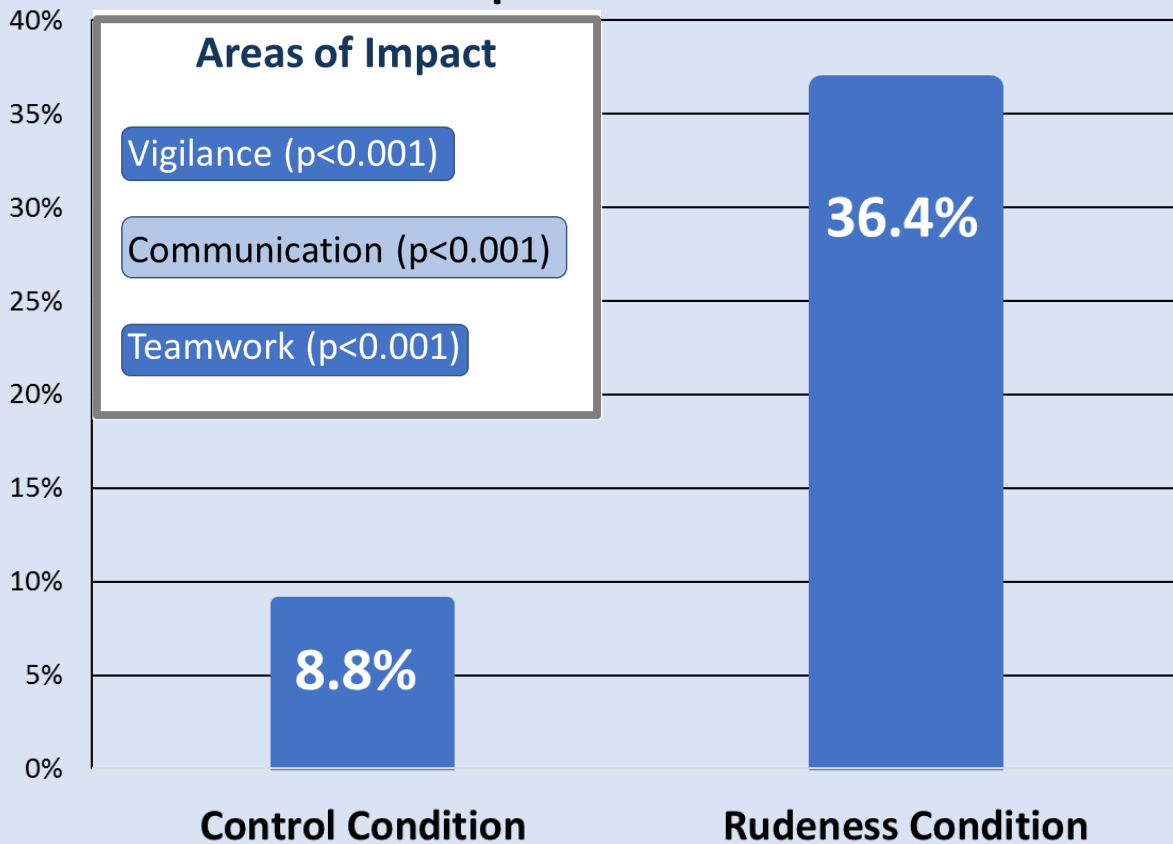


# Disrespectful Colleague: Impact on Others



# The Impact of Rudeness on Individual & Team Performance

Residents Who Performed Below Expected Level



# Pursuit of Accountability and Reliability Requires an Infrastructure



## PEOPLE

- 🔍 *Committed Leadership*
- 🔍 Project Champions
- 🔍 Implementation Teams



## ORGANIZATION

- 🔍 Clear Goals and Values
- 🔍 Policies and Procedures
- 🔍 Sufficient Resources
- 🔍 Tiered Intervention Models



## SYSTEMS

- 🔍 Tools, Data and Metrics
- 🔍 Reliable Review Process
- 🔍 Training



## Mission:

- We improve...through **DISCOVERY** and **TRANSLATION** of the best science into clinical practice and education; to **DELIVER** the **HIGHEST QUALITY** patient care and **PREPARE** the next generation...

## Core Values:

- Accountability
- Compassion
- Quality
- Collaboration
- Integrity
- Diversity
- Creativity

# Promoting Professionalism Pyramid

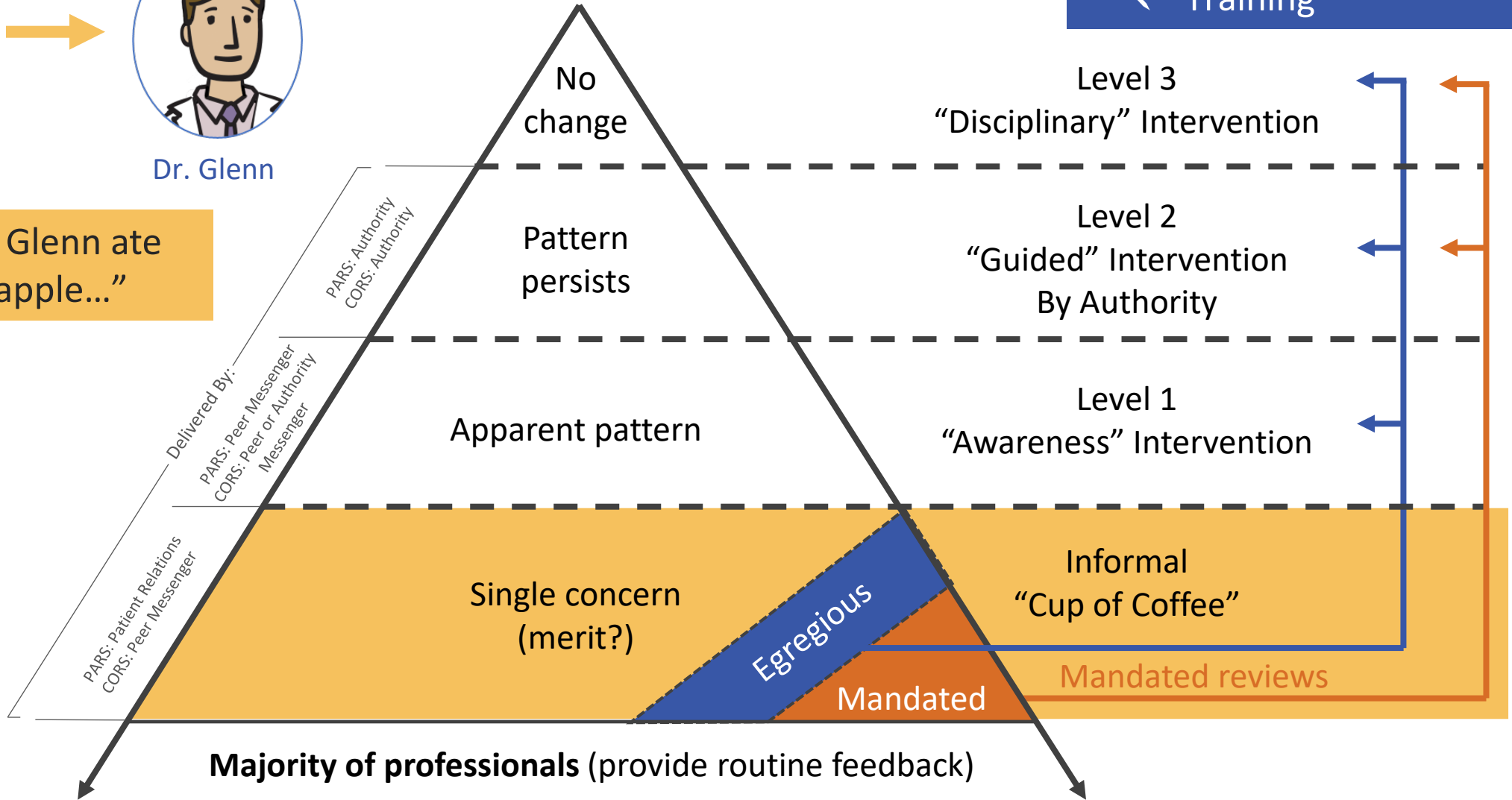


Messenger



Dr. Glenn

“Dr. Glenn ate my apple...”



- Project Champions
- Implementation Teams
- Tiered Intervention Models
- Training

# Lesson from Harry



Dr. Glenn

I was visited by...told me I had been bad...  
eaten a nurse's apple...an apple! I was  
hungry. What I can't believe is the nurse  
entered a safety report! This is unbelievable!

Thank you for sharing...Work is important and  
confidential...I was unaware ...I am sure your peer  
shared our commitment to safety and  
wellbeing...Thank you for meeting with your peer  
and reflecting as that is what we ask of each other...



Leader

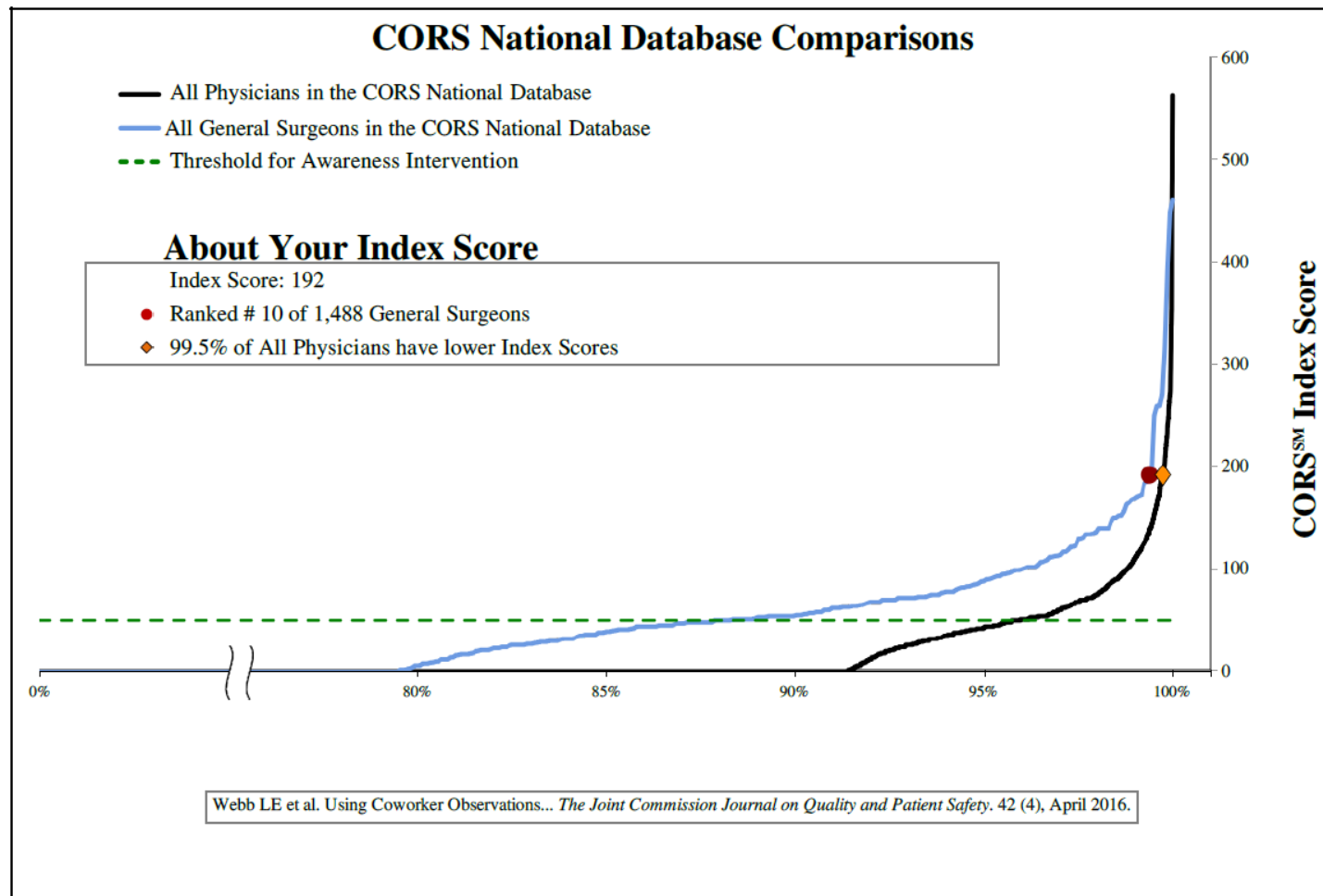
# Dr. Glenn generates additional reports...

- Tools, Data and Metrics
- Reliable Review Process

Nurse reported: "...needed timeout before incision. Dr. Glenn mumbled, 'You're a bossy, cow.'"

Learner reported: "I had the scissors upside-down...Dr. Glenn then said "What's wrong with you!? Acting like you just walked in off the street?""

Learner reported: "Dr. Glenn said, 'You must have been the first person in your family to go to college...I bet they are so proud.'"



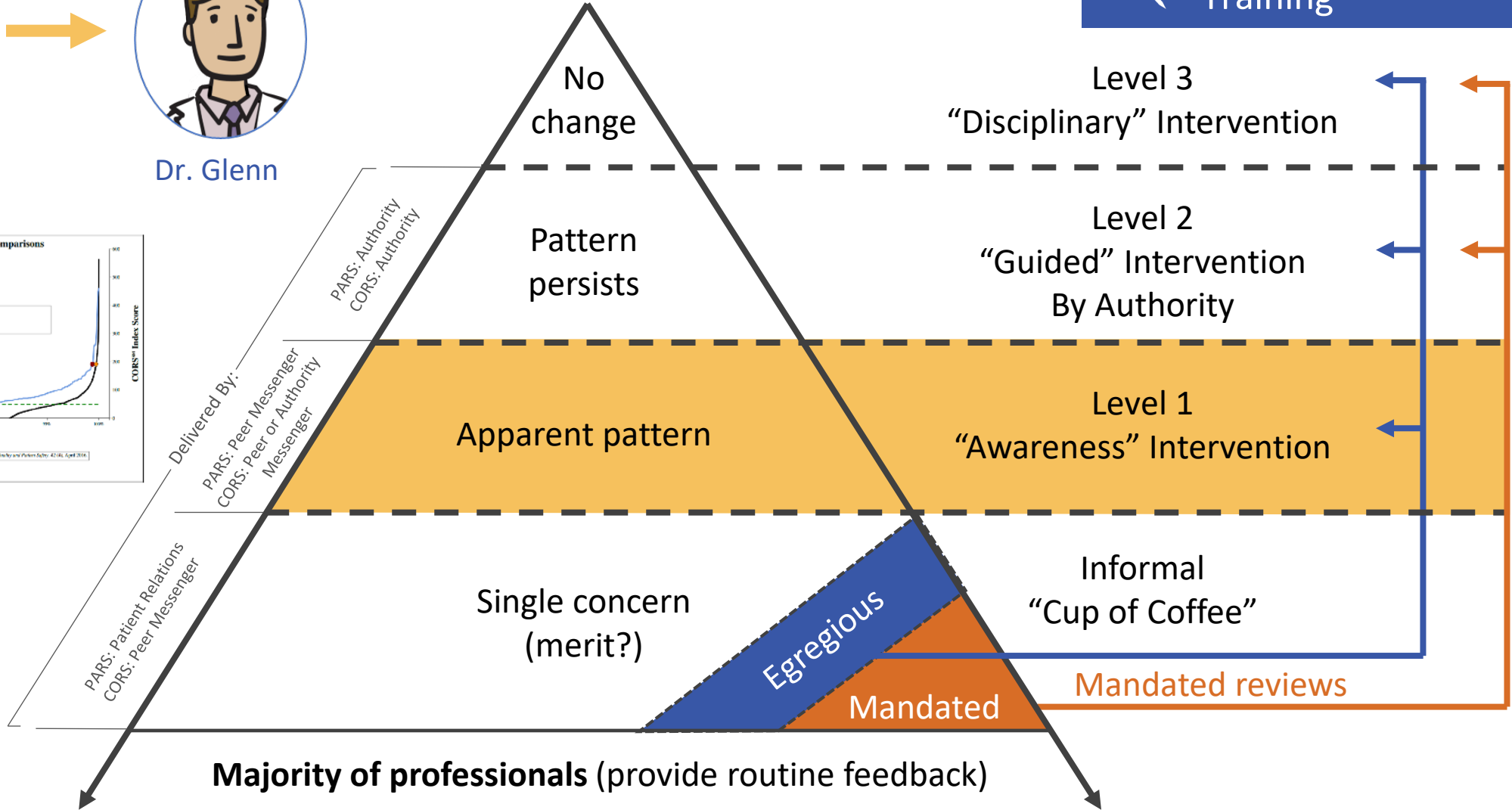
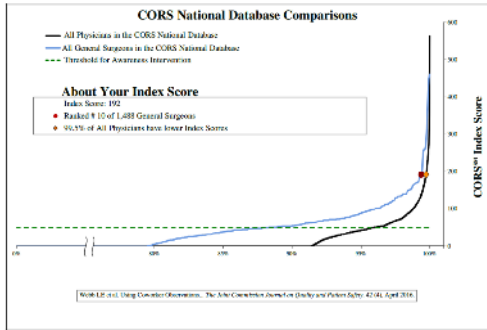
# Promoting Professionalism Pyramid



Messenger



Dr. Glenn



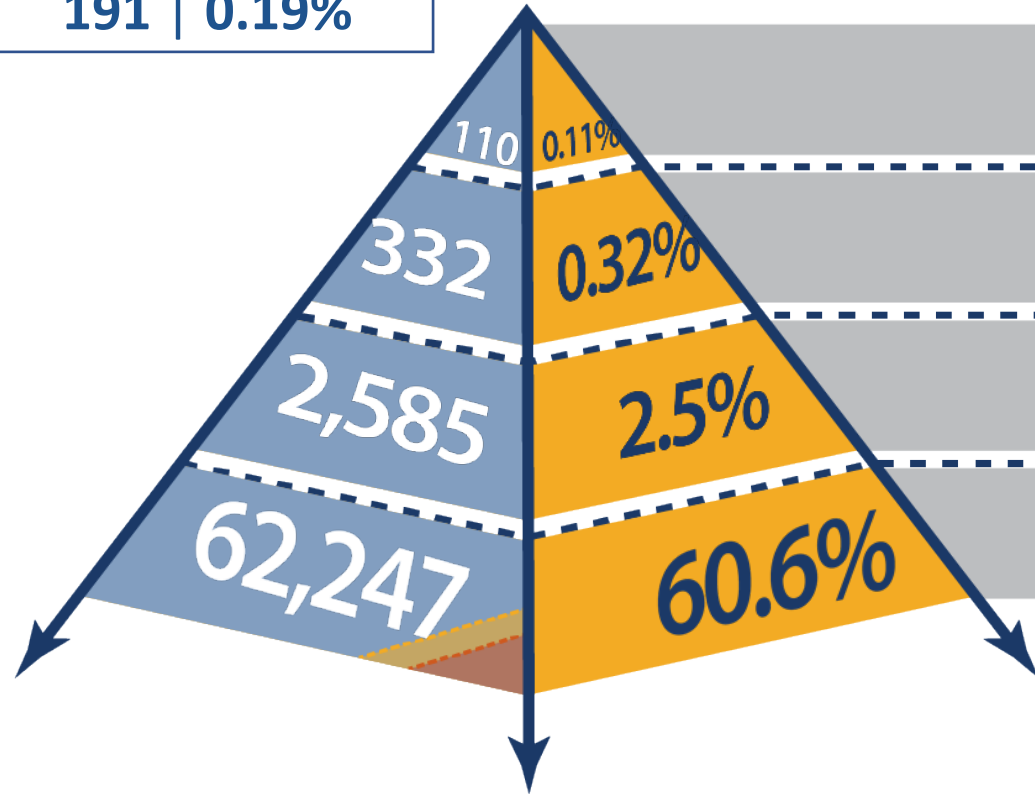
- Project Champions
- Implementation Teams
- Tiered Intervention Models
- Training



# CPPA National Experience

Depart Unimproved

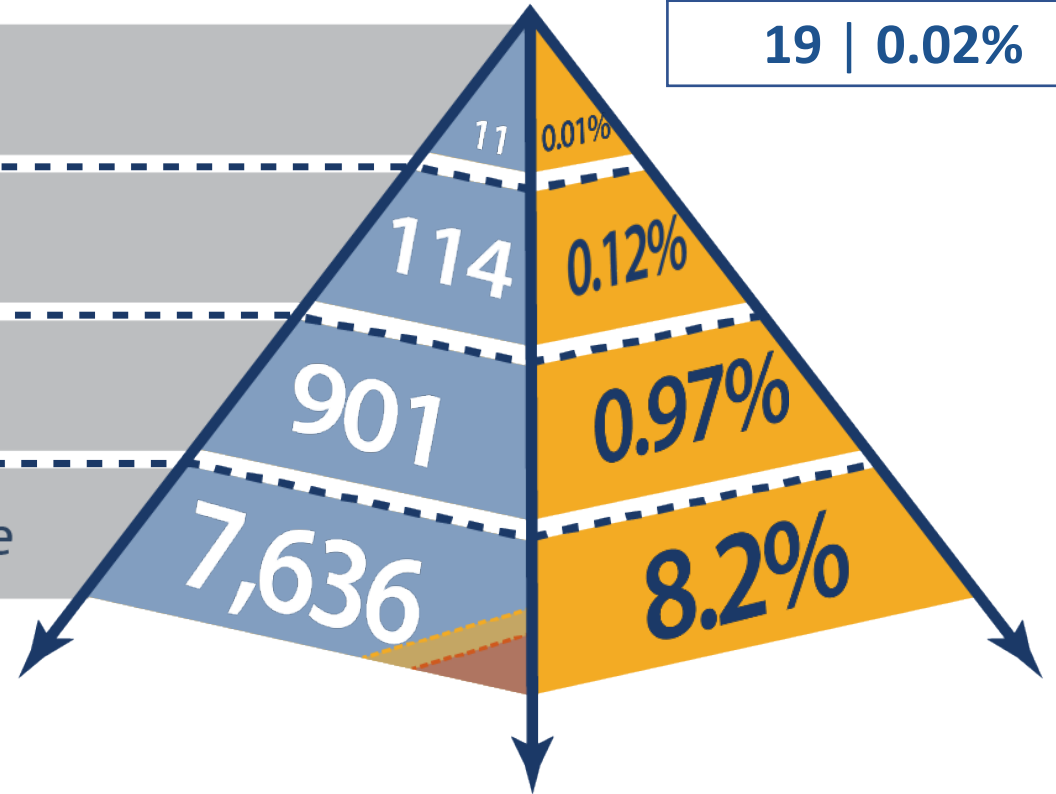
**191 | 0.19%**



**102,744** Physicians in the  
**PARS** National database

Depart Unimproved

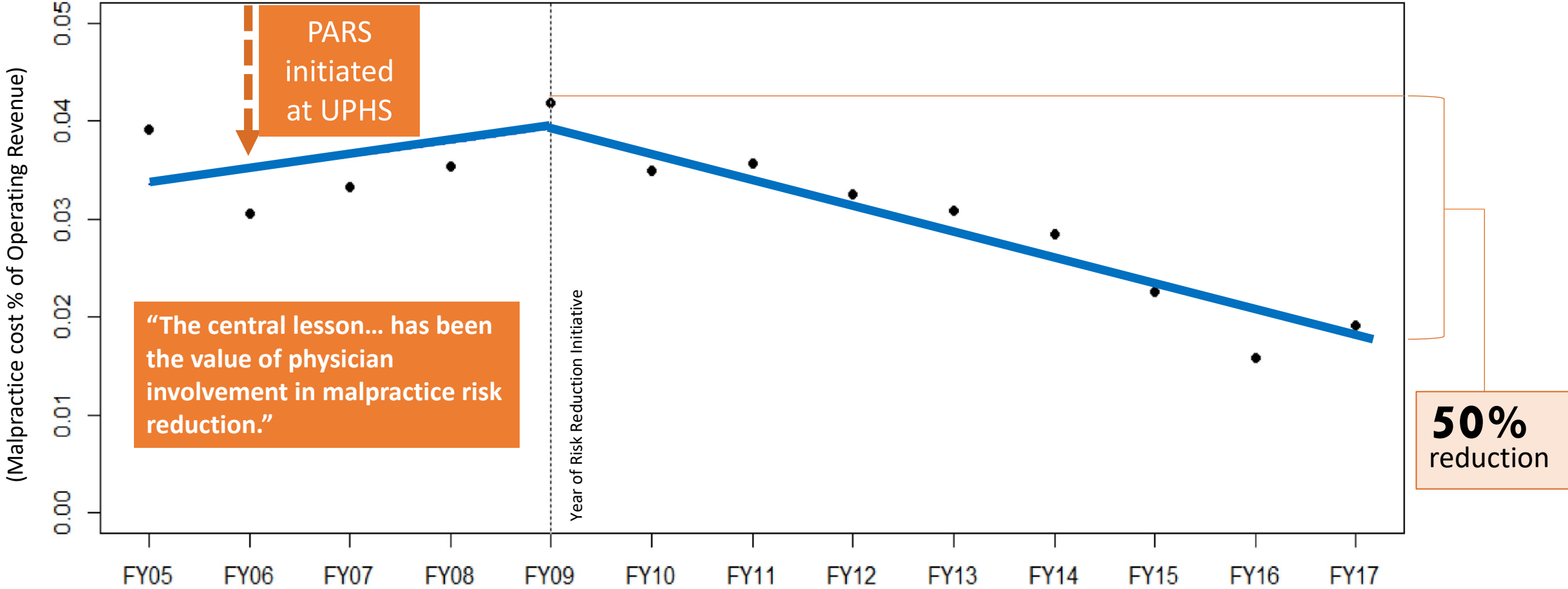
**19 | 0.02%**



**93,050** Professionals in the  
**CORS** National database

# Malpractice Risk Reduction: A UPHS Case Study

Malpractice Cost % of Total Operating Revenue (FY 2005 to FY 2017)



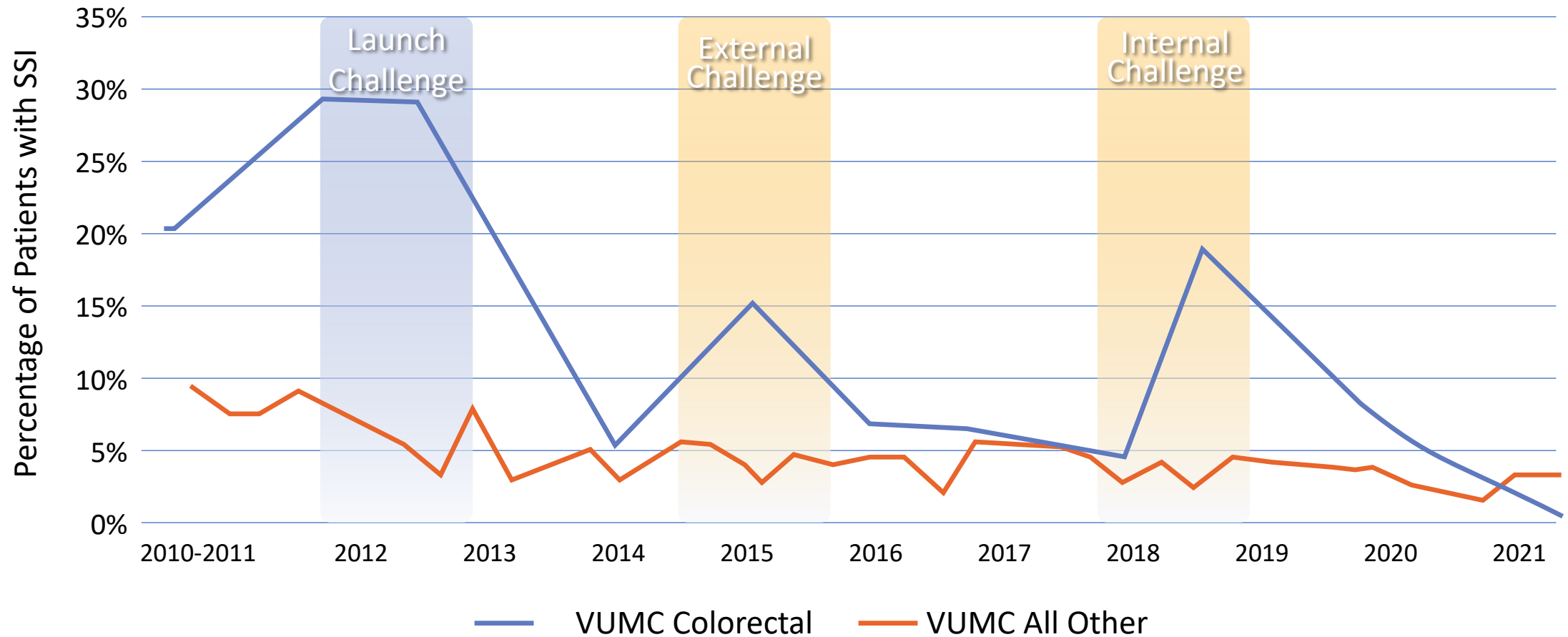
Adapted from:



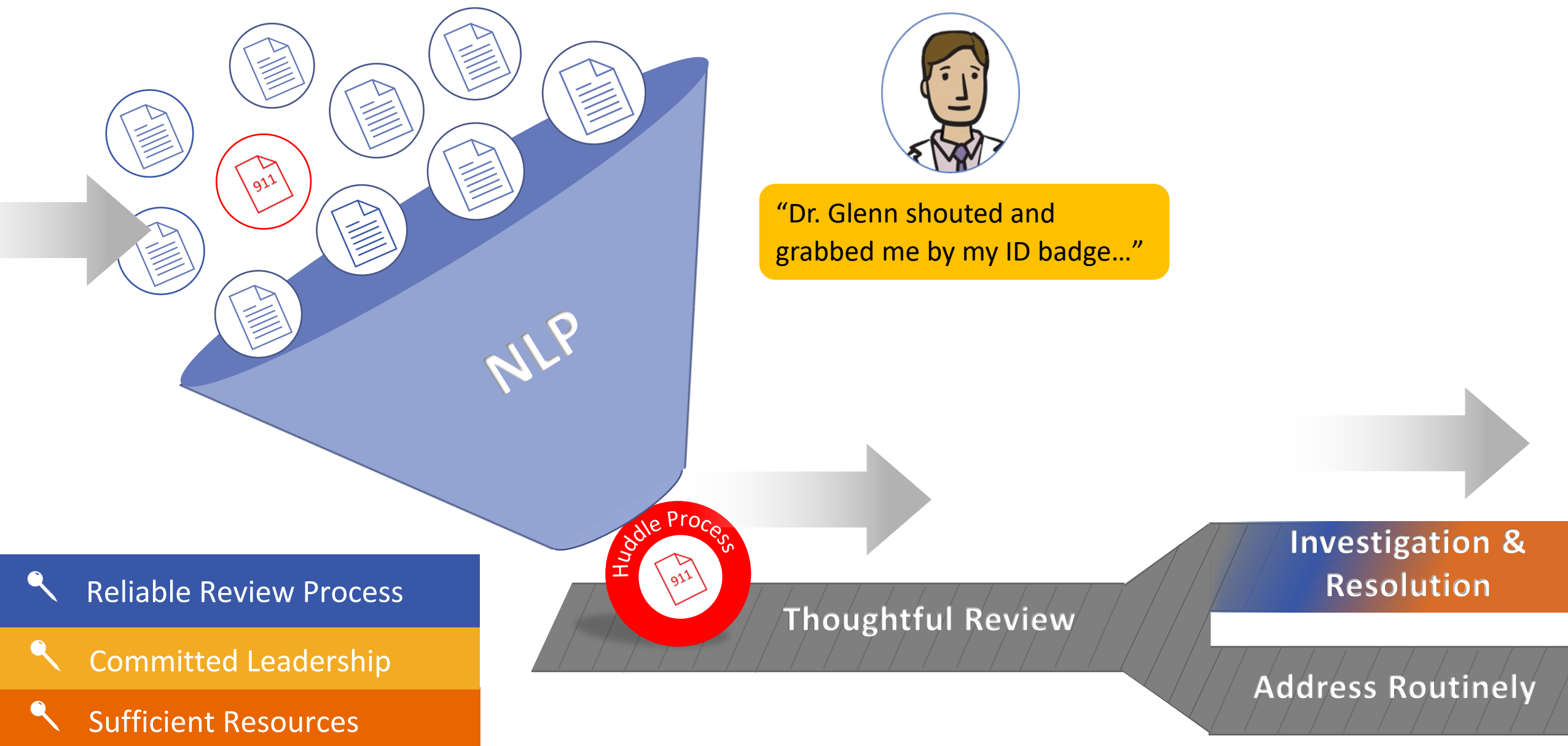
Diraviam, SP et al. 2018; 44:605-613

# Colorectal Bundle Progress

## VUMC Colorectal vs VUMC All Other Surgical Site Infections July 2010 – July 2021

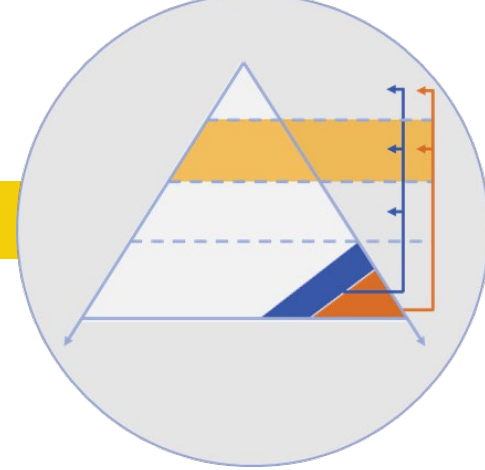


# Identification of Reports Requiring Investigation



# Reports identified for investigation?

2017 - 2022



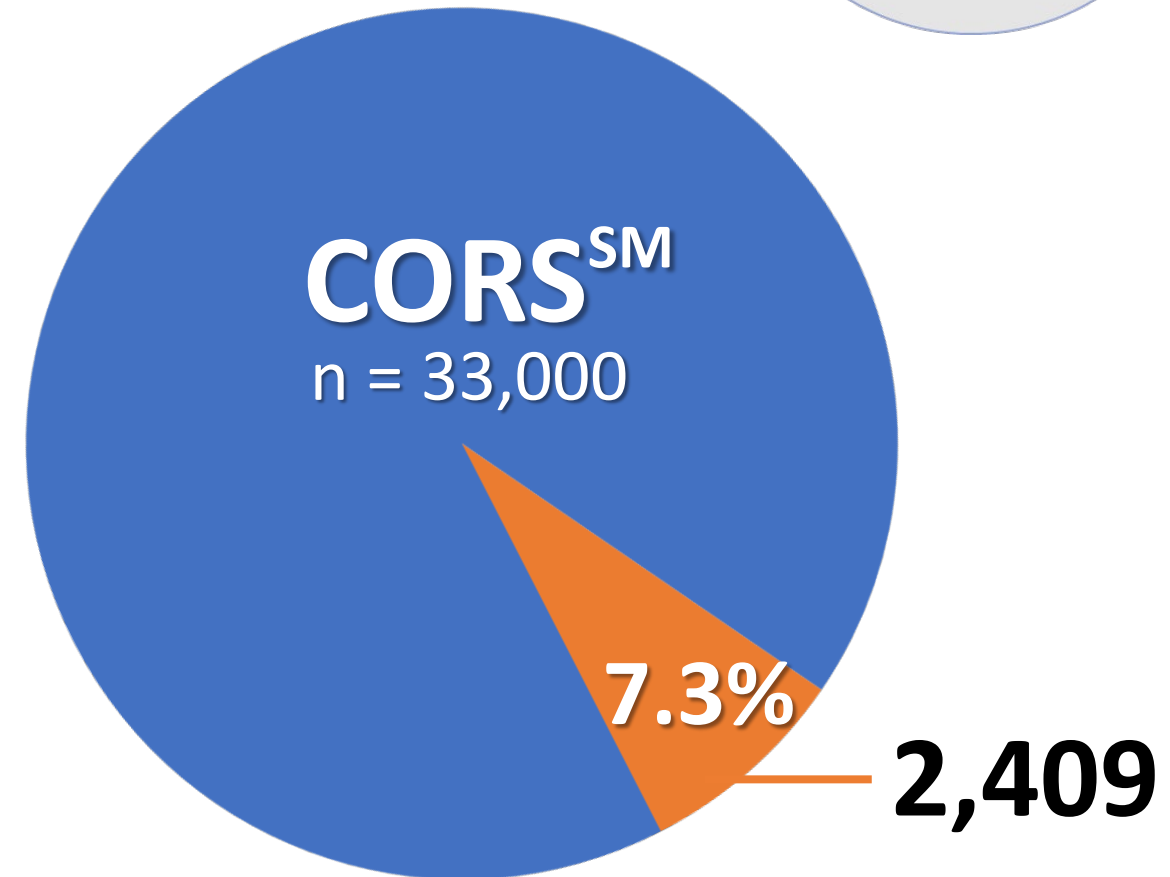
Culture 48.3%

Aggressive/Violent 23.9%

Boundary Issues 14.5%

Integrity 11.4%

Impairment 1.9%



# Created a Huddle Process

- Committed Leadership
- Reliable Review Process
- Policies and Procedures

## CPPA PARS/CORS Huddle Procedure & Script

For Internal Use Only

### Purpose

To facilitate a huddle with VUMC leadership for review of potentially egregious reports (Including behavior mandated to be investigated by law, regulation, or policy), and to coordinate appropriate next steps.

### Pre-Huddle:

- Determines if a huddle should be scheduled
- Schedules conference call or in person meeting as soon as possible with a minimum of 3 appropriate leaders (CMO, VPMA, Human Resources, GME, Faculty Affairs, Legal Affairs, Risk Management, etc.).
- Distributes report as a protected document:
  - Transmits un-redacted report and/or pertinent information to huddle participants securely (e.g., using encryption or password).
  - Document cites relevant law - e.g., peer review or quality improvement statute(s) - related to privilege and confidentiality.

### Huddle Script:

Huddle facilitator follows the huddle script to ensure fidelity of the huddle process:

- "Please confirm who is on the call."
- "Did anyone not receive the report to be discussed?"
- "The purpose of today's huddle is to assess whether report # \_\_\_\_\_ appears to warrant further investigation."
- "Is anyone aware of any action that has already been taken on this report?"
- "Would each person on the call provide his/her perspective on whether the report might warrant further investigation and, if so, by whom?"
- Provides information on whether there have been previous reports for the professional involved.
- Seeks consensus from participants on whether the report may warrant further investigation.
- "Who else needs to be made aware of the report and/or action that needs to be taken?"
- "Is there any concern about this clinician's ability to safely practice at this time?"
- "Is there any concern about the clinician's well-being at this time?"
- "Is there any concern about the reporter's well-being at this time?"
- Summarizes the recommended actions of the group and confirms the individuals accountable for any follow up action.

### Post-Huddle:

Huddle facilitator

- Records all huddle actions and accountabilities in '911 huddle log'.
- Forwards un-redacted report to officials evaluating the report for investigation and redacted report\* to department/service line official as determined (Note: Privacy of reporter's name should be protected, except for those who are asked to review the report for further investigation).
- Follows up with those accountable for further review of the report to document the disposition of the report and inform huddle call members of the status of the investigation.

© 2019 Vanderbilt Center for Patient and Professional Advocacy

Medical Staff

Service Chief

Nurse Admin

Risk


HR

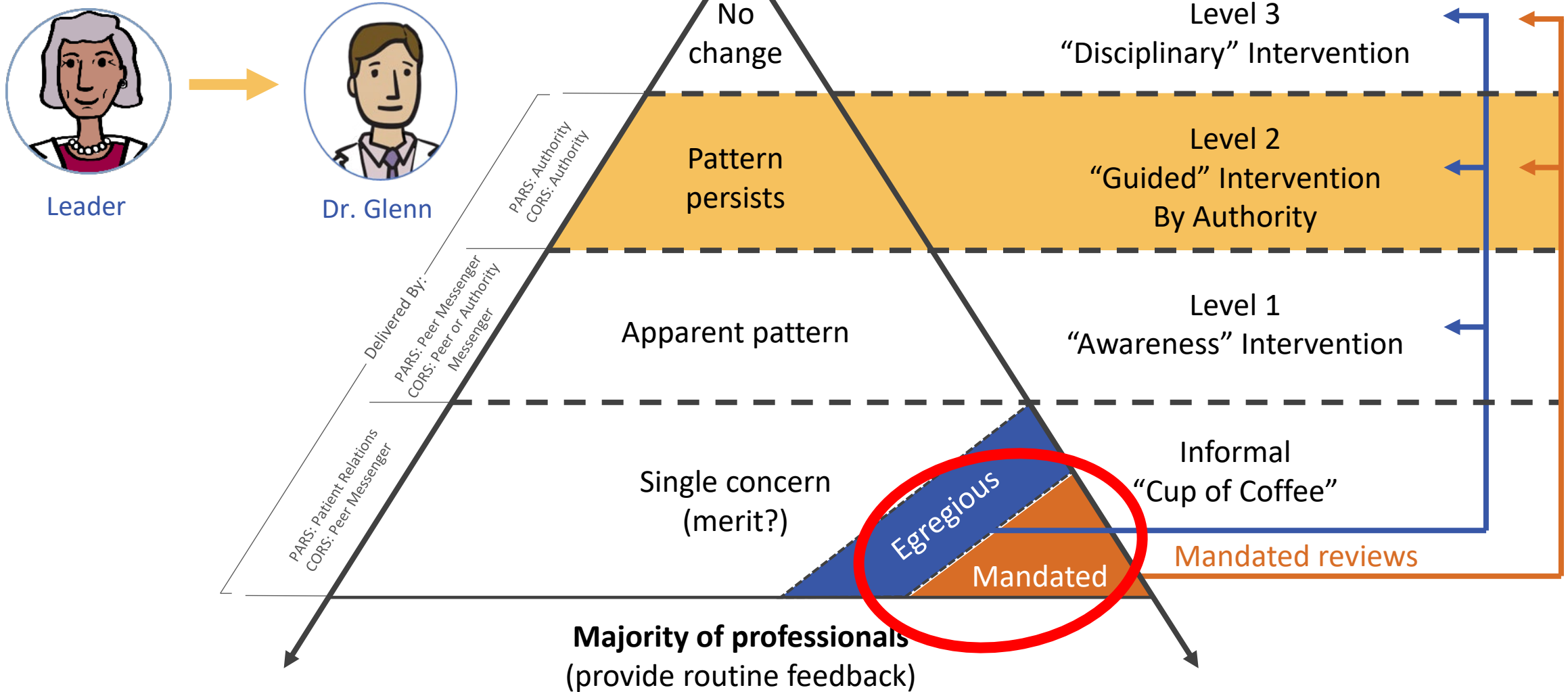
Prof Committee

1. Purpose: Does the report **warrant investigation** and by **what office**?
2. **Who** is accountable for follow up and **when**?
3. **Who** notifies the **local leader**?
4. Are there **concerns** about:
  - a. *The reported individual and their ability to **continue to work today**;*
  - b. *The **reporter** and **team's wellbeing**;*
  - c. *The **patient***



# Promoting Professionalism Pyramid

-  Project Champions
-  Implementation Teams
-  Tiered Intervention Models
-  Training



# Best Practices to Support the Non-Responder



Design Game Plan



Determine Policies and Procedures



Understand Professionalism Standards



Engage Leaders (including end around strategy)



Identify Wellness Resources



Access to System and Individual Data



Plan for Refusal to Cooperate



Screening reveals Dr. Glenn has been under stress at home. His wife has been diagnosed with gastric cancer and is in treatment. Glenn and his wife have three young children and he's struggling.

**And you and I would be struggling too...**

- 🔍 Committed Leadership
- 🔍 Sufficient Resources
- 🔍 Policies and Procedures
- 🔍 Training
- 🔍 Tools, Data and Metrics

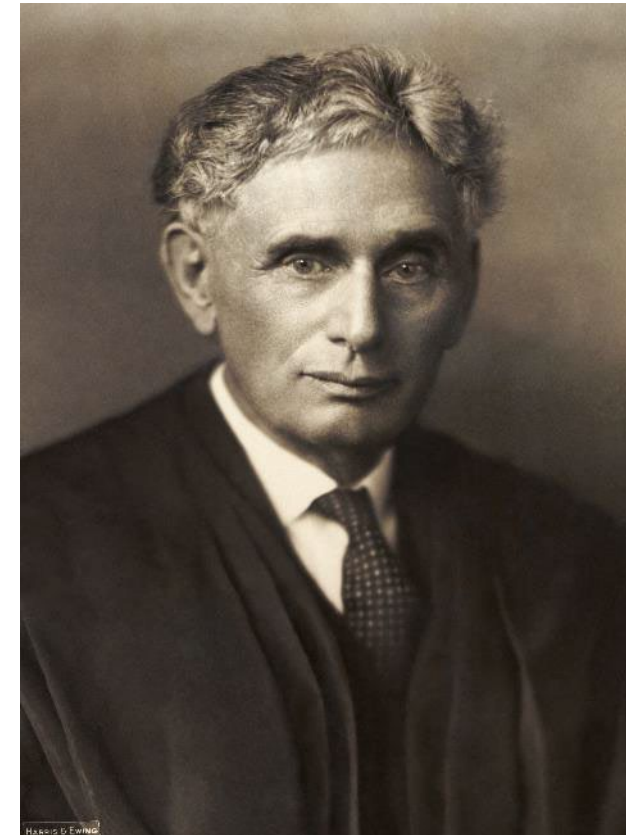


# Three Characteristics Define a Profession: Justice Louis Brandeis

Body of knowledge that is owned by the profession;  
distinguished from mere skill.

Occupation pursued largely for others; financial return  
not the accepted measure of success.

Obligation for self regulation. (*group regulation too*)



# Center for Patient and Professional Advocacy

VANDERBILT  UNIVERSITY  
MEDICAL CENTER

## *Thank you*

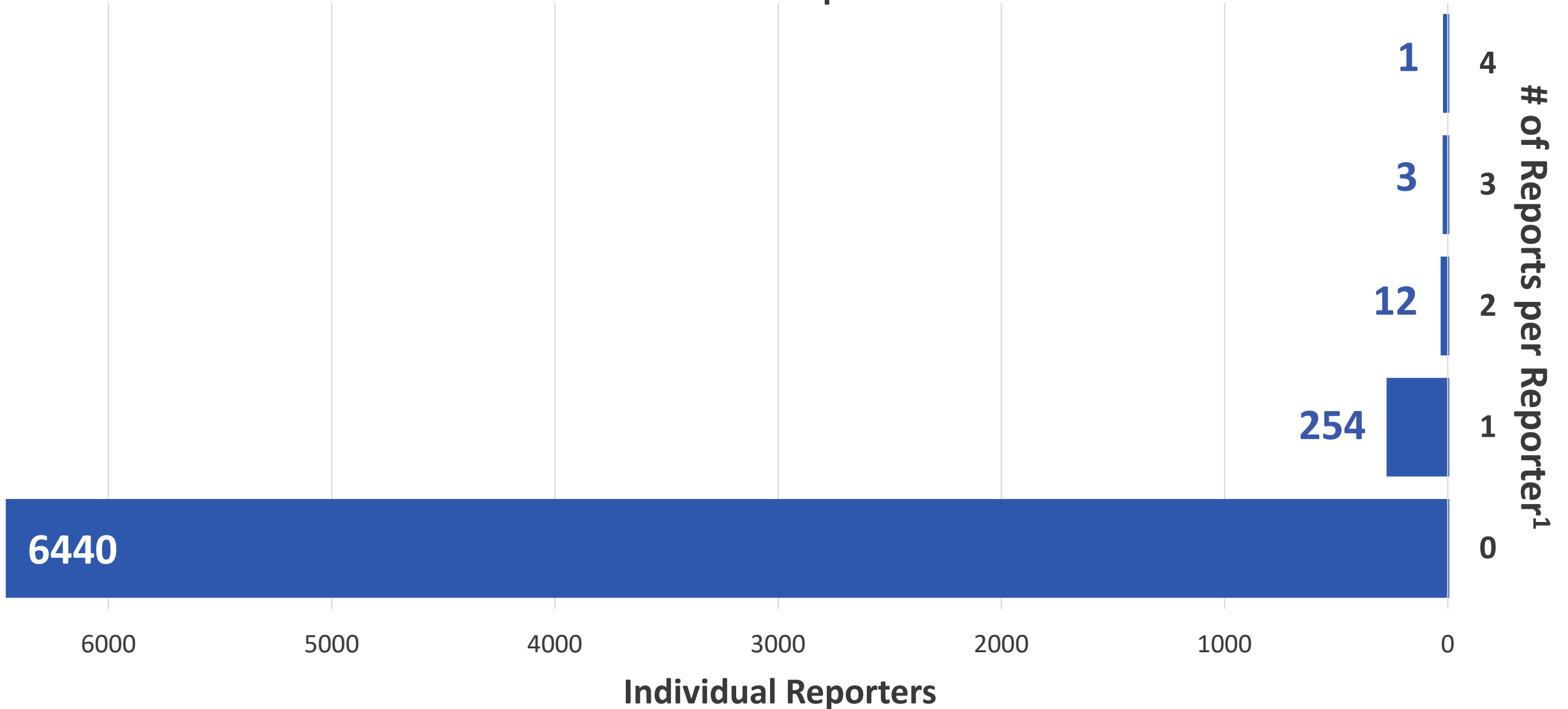


Or visit: [vumc.org/patient-professional-advocacy](http://vumc.org/patient-professional-advocacy)

## Let Us Hear Your Comments and Questions

# Distribution of Reporters: Nursing Staff

FY19 VUMC CORS Reporters



<sup>1</sup>CORS reports only counted that were sent to messengers from CPPA