

Addressing Workplace Practice & Conduct

Summary for NH Medical Staff Leaders Series

B Booklet

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Table of Contents

PROFESSIONALISM AND A RESPECTFUL WORKPLACE:	2
WHAT IS PROFESSIONALISM?	2
HAS THE IDEA OF PROFESSIONALISM CHANGED OVER TIME? WHAT IS THE CURRENT CONTEXT FOR PROFESSIONALISM?	2
HOW HAS THE CONCEPT OF PROFESSIONALISM BEEN DEFINED AND IMPLEMENTED?	2
WHERE CAN I FIND MORE INFORMATION ABOUT MEDICAL PROFESSIONALISM?	3
WHAT IS THE WAY FORWARD REGARDING PROFESSIONALISM IN THIS COMPLEX PRACTICE ENVIRONMENT?	3
WHAT ARE THE ELEMENTS OF A RESPECTFUL WORKPLACE?	3
WHAT ARE THE EXPECTATIONS OF MEDICAL STAFF FOR A RESPECTFUL WORKPLACE?	3
WHO CAN I GO TO FOR GUIDANCE ON THESE POLICIES IF I'M NOT SURE WHAT TO DO?	3
HOW CAN I ACCESS OR ARRANGE FOR RESPECT IN THE WORKPLACE TRAINING?	4
REFERENCES	4
RELATED LEGISLATION, POLICIES AND GUIDELINES	4
NH MEDICAL STAFF COMPLAINTS PROCESS:	5
WHAT IS THE PURPOSE OF THE COMPLAINTS PROCESS?	5
WHAT ARE THE PRINCIPLES OF THE COMPLAINTS MANAGEMENT PROCESS?	5
WHAT ARE COMPLAINTS?	5
WHAT TYPE OF BEHAVIOUR BY A MEDICAL STAFF MEMBER CAN LEAD TO A COMPLAINT?	5
WHO IS RESPONSIBLE FOR REPORTING, OR WHO CAN REPORT, COMPLAINTS?	5
HOW ARE COMPLAINTS REPORTED?	5
HOW ARE COMPLAINTS MANAGED AND INVESTIGATED?	6
WHAT ARE MY RESPONSIBILITIES AS A MEDICAL STAFF LEADER REGARDING COMPLAINTS?	6
WHAT CAN/SHOULD BE DISCLOSED AS PART OF THE INVESTIGATION AND RESOLUTION OF A COMPLAINT?	6
WHEN IS SECTION 51 IMPLEMENTED REGARDING COMPLAINTS? WHAT NEEDS TO BE REVIEWED?	7
HOW DOES THIS PROCESS RELATE TO THE NH RESPECT IN THE WORKPLACE POLICY?	7
WHO CAN I GO TO IF I NEED HELP WITH INVESTIGATING AND/OR RESOLVING A COMPLAINT?	7
RELATED LEGISLATION, POLICIES AND GUIDELINES	7
REFERENCES	7
WORKING WITH THE NH PATIENT CARE QUALITY OFFICE (PCQO):	8
WHAT ARE COMPLAINTS? WHAT IS A 'CARE QUALITY COMPLAINT'?	8
WHAT IS THE ROLE OF THE PATIENT CARE QUALITY OFFICE (PCQO)?	8
HOW DOES THE PCQO RECEIVE COMPLAINTS?	8
HOW DOES THE PCQO MANAGE AND INVESTIGATE COMPLAINTS?	9
WHAT ARE MY RESPONSIBILITIES AS A MEDICAL STAFF LEADER REGARDING PCQO COMPLAINTS?	9
HOW WILL THE NH PCQO COMMUNICATE WITH ME ABOUT A COMPLAINT?	9
WHAT CAN/SHOULD BE DISCLOSED AS PART OF THE PCQO COMPLAINTS PROCESS?	9
WHO CAN I GO TO IF I NEED HELP WITH INVESTIGATING AND/OR RESOLVING A PCQO COMPLAINT?	10
WHAT IS THE ROLE OF THE PATIENT CARE QUALITY REVIEW BOARD?	10
RELATED LEGISLATION, POLICIES AND GUIDELINES	10
REFERENCES	10

PROFESSIONALISM AND A RESPECTFUL WORKPLACE: SUMMARY FOR NH MEDICAL STAFF LEADERS

This summary is one of a series developed for NH Medical Staff Leaders and should be used in conjunction with the following information provided:

- ✓ B1 - *Professionalism and a Respectful Workplace*
- ✓ B2 - Medical Staff Complaints Process
- ✓ B3 - Working with the Patient Care Quality Office (PCQO)

What is professionalism?

- In the context of medicine, professionalism means that a physician will place the interests of patients above their own, even when it is difficult.^{1,4}
- Professionalism is the basis of medicine's contract with society.^{1,4}
- The Canadian Medical Protective Association⁴ writes:
"An important part of professionalism is appropriate behaviour with patients, colleagues, providers and administrators. The absence of positive and constructive behaviour can have a detrimental impact on patient safety and team-based care."

Has the idea of professionalism changed over time? What is the current context for professionalism?

- No, the core elements of professionalism have not changed over time.
- However, the context in which medicine is practiced has shifted from a 'traditional model' of independent practice to more integrated, team-based models of healthcare service delivery.^{2,4}
- This shift - along with changing expectations from society and patients, increased access to health information, technological advances and funding and human resources constraints - means that medical staff are practicing in a complex and constantly changing environment.^{2,4}

How has the concept of professionalism been defined and implemented?

- Several organizations and associations outline principles, standards and guidelines regarding professionalism.
- The *Medical Professionalism Charter for Physicians*¹ identifies some fundamental principles and professional responsibilities:
 - Principles:
 - Primacy of patient welfare
 - Patient autonomy
 - Social justice
 - Responsibilities include commitment to:
 - Professional competence
 - Honesty with patients
 - Patient confidentiality
 - Maintaining appropriate relationships with patients
- The Canadian Medical Association (CMA) emphasizes three main aspects of medical professionalism³:
 - Ethics of care
 - Clinical independence
 - Self-regulation
- Similarly, the Canadian Medical Protective Association (CMPA) outlines 4 elements that "support medical professionalism, enhance safer care, and reduce medico-legal risk":
 - Clinical competence
 - Responsiveness
 - Engagement
 - Integrity

- The professional colleges support these core values of professionalism and promote them through various papers and other publications (see resources noted below), as well as through their *Code of Ethics*.

Where can I find more information about medical professionalism?

- *Medical Professionalism in the New Millennium: A Physician Charter*
 - ABIM Foundation, ACP Foundation, European Federation of Internal Medicine. (2004). [Medical Professionalism in the New Millennium: A Physician Charter](#).
- Doctors of BC
 - BC Medical Association (BCMA; Doctors of BC). (September 2013). [Medical Professionalism in British Columbia - Working Together: An Exploration of Professional Relationships in Medicine. A Policy Paper by BC's Physicians](#).
- Canadian Medical Association
 - Canadian Medical Association. (2005). [Medical Professionalism](#). CMA Policy.
- Canadian Medical Protective Association
 - Canadian Medical Protective Association (CMPA). (October 2012). [Why Medical Professionalism Matters - Special Edition](#). CMPA perspective 4(4).

What is the way forward regarding professionalism in this complex practice environment?

- The CMPA, CMA and Doctors of BC^{2,4,5} all see this complex and changing practice environment as an opportunity to re-commit to the principles of professionalism.
- These associations recommend placing an emphasis on good, respectful working relationships to uphold the tenets of professionalism (doctor-patient, doctor-colleague, doctor-health authority) in an integrated, team-based practice environment.
- Upholding the core values of professionalism means creating a respectful workplace.

What are the elements of a respectful workplace?

- Respectful workplaces⁵:
 - Celebrate and acknowledge different perspectives and ways of being
 - Address conflict in a way that focuses on issues and behaviours
 - Encourage better patient care and support physician and staff retention

What are the expectations of Medical Staff for a respectful workplace?

- Medical and non-medical staff are responsible for⁵:
 - Acting in a way that respects the dignity and value of others
 - Addressing concerns they have with other people directly
 - Seeking assistance when necessary
- As a Medical Staff Leader, you are also responsible for⁵:
 - Assisting colleagues to resolve disputes with one another and NH staff members
 - Addressing problematic behaviour with colleagues
- All medical and non-medical staff are expected to act in this manner. A respectful workplace is everyone's responsibility.

Who can I go to for guidance on these policies if I'm not sure what to do?

- For BC Human Rights Code, Respect in the Workplace and WorkSafeBC information:
 - [NH Organization Development](#)
- For Medical Staff Complaints related information:
 - HSDA Medical Director
 - Chief Medical Officer
 - VP Medicine

How can I access or arrange for respect in the workplace training?

- Contact [NH Organization Development](#)

References

- ¹ ABIM Foundation, ACP Foundation, European Federation of Internal Medicine. (2004). [Medical Professionalism in the New Millennium: A Physician Charter](#).
- ² BC Medical Association (BCMA; Doctors of BC). (September 2013). [Medical Professionalism in British Columbia - Working Together: An Exploration of Professional Relationships in Medicine. A Policy Paper by BC's Physicians](#).
- ³ Canadian Medical Association. (2005). [Medical Professionalism](#). CMA Policy.
- ⁴ Canadian Medical Protective Association (CMPA). (October 2012). [Why Medical Professionalism Matters - Special Edition](#). CMPA perspective 4(4).
- ⁵ Northern Health Organization Development. (November 2013). [Respectful Workplace Interactions](#). Summary for Medical Affairs.
- ⁶ Northern Health Organization Development. (November 2013). [WorkSafeBC Bullying and Harassment Policy](#).
- ⁷ WorkSafeBC (2013). [Backgrounder: Workplace Bullying and Harassment](#).

Related Legislation, Policies and Guidelines

- [BC Human Rights Code](#)
- [WorkSafeBC Bullying and Harassment Policy; Workers Compensation Act](#)
- [Patient Care Quality Review Board Act](#)
- [NH Medical Affairs. \(September 2013\). NH Complaints Regarding the Conduct or Professional Practice of Members of the NH Medical Staff - Decision Support Tool](#).
- [NH Organization Development. \(August 2009\). Respect in the Workplace - Decision Support Tool](#).
- [NH Human Resources. \(October 2005\). Discipline- Decision Support Tool](#).

NH MEDICAL STAFF COMPLAINTS PROCESS: SUMMARY FOR NH MEDICAL STAFF LEADERS

This summary is one of a series developed for NH Medical Staff Leaders and should be used in conjunction with the following information provided:

- ✓ B1 - Professionalism and a Respectful Workplace
- ✓ B2 - *NH Medical Staff Complaints Process*
- ✓ B3 - Working with the NH Patient Care Quality Office (PCQO)

What is the purpose of the complaints process?

- To prevent problems.
- To facilitate an expeditious and effective resolution of a complaint.
- To understand, identify and correct systematic problems to inform change.

What are the principles of the complaints management process?

- Customer focus to satisfy complainants' and respondents' needs.
- System focus in using patient complaints to improve quality of care.
- Absence of a 'blame' culture in the handling of complaints.
- Appropriate involvement and empowerment of staff members who handle complaints.
- Systematic documentation of complaints data in the Patient Safety Learning System (PSLS).
- Appropriately trained staff in relevant skills areas such as conflict resolution and complaints management.
- Commitment from senior management in leading and using patient complaints to improve quality of care.

What are complaints?

- The *College of Physicians and Surgeons* indicates that complaints can be filed for "inappropriate treatment or care of a medical condition [or] inappropriate or unprofessional conduct."³
- The *NH Medical Staff Complaints* policy addresses two types of complaints: a) patient complaints, and b) staff complaints. The procedure outlined here and in the Decision Support Tool (DST) applies to both types of complaints.

What type of behaviour by a Medical Staff Member can lead to a complaint?

- "Words or action which cause members of the team to feel intimidated, belittled, disrespected, ignored or frightened may be considered inappropriate or disruptive and potentially damaging to relationships and healthcare delivery."¹

Who is responsible for reporting, or who can report, complaints?

- Anyone, patient or staff member can file or report a complaint.

How are complaints reported?

- Complaints are reported in a number of ways:
 - Directly to a Medical Staff member, either in writing or orally.
 - Complaints received orally are to be transcribed into a written format by the individual receiving the complaint. The content of the document is to be confirmed and agreed upon by the complainant.
 - Through the Patient Safety Learning System (PSLS)
 - The person reporting the event identifies an appropriate individual to follow-up on the complaint/event.
 - Directly to the NH Patient Care Quality Office (PCQO)
 - The PCQO Regional Manager will follow-up and report the complaint to the appropriate HSDA Medical Director.

- Refer to *Working with the Patient Care Quality Office* summary for details on the PCQO process for addressing patient complaints.
- The individual (Medical Staff member) receiving and/or identified to follow-up on the complaint should report it immediately to the appropriate Medical Staff Leader (usually the Department Head or Chief of Staff).
- Depending on the severity of the complaint, the Department Head will bring it forward to the Chief of Staff, and/or the Chief of Staff will bring it forward to the Health Services Delivery Area (HSDA) Medical Director or appropriate delegate.

How are complaints managed and investigated?

- All reported complaints are considered carefully. They are reviewed for their validity as soon as possible.
- Communication to confirm receipt and review of the complaint will be done within a reasonable time, normally within two weeks.
- The Hospital Act outlines the authority to manage disruptive physician behaviour, as well as to discipline the Medical Staff member, under the Hospital Act Regulations.
- The procedure to manage complaints follows a staged approach “with the intention of remediation.”¹
 - Stage One Interventions are warranted for first time complaints perceived as being of low severity.
 - Stage Two Interventions are warranted for complaints that are of moderate severity and/or where stage one intervention has been ineffective.
 - Stage Three Interventions are warranted for complaints that have continued despite previous interventions and/or where their concern about self injury or harm to others.
 - Crisis Intervention is required in the event of the sudden appearance of a complaint or behaviour that it too egregious for a staged response.
- All interventions will be documented, regardless of how informal the process.
- A respondent has the right to appeal the decision of the Discipline Subcommittee, initiated through written notice to the NHMAC within 15 days of the decision.
 - The Discipline Subcommittee is a subcommittee of the Northern Health Medical Advisory Committee (NHMAC) and may be required to review complaints at Stage Two or Stage Three interventions.¹

What are my responsibilities as a Medical Staff Leader regarding complaints?

- HSDA Medical Directors are responsible for the Medical Staff complaints process within their respective HSDAs. They may delegate the investigation and resolution of complaints.
- Chiefs of Staff accountable to the HSDA Medical Director are typically responsible for the investigation of complaints and development of action plans.
- If a complaint is severe, the Department Head (if in place) should bring it forward to the Chief of Staff, and/or the Chief of Staff should bring it forward to the HSDA Medical Director.
- If it involves operational issues, the Senior Medical Staff Leader should work with the appropriate Health Services Administrator or Chief Operating Officer on a resolution.
- Complaints should be addressed consistently, equitably and in a timely manner. Both parties (complainant and respondent) should be treated with courtesy, respect and dignity at all times.

What can/should be disclosed as part of the investigation and resolution of a complaint?

- Confidentiality will be maintained to the degree permitted by law.
- Names and statements may be disclosed in the event of a legal process.

When is Section 51 implemented regarding complaints? What needs to be reviewed?

- The recommendation from the Health Care Protection Program is to implement Section 51 for most incidents.
- HPCC indicates that this includes “all occurrences, events or adverse outcomes that give rise to significant quality of care concerns”³ and are “reviewed for the purposes of examining the quality of care by health care professionals.”²
- Section 51 can be removed during the course of a review if appropriate.

How does this process relate to the NH Respect in the Workplace Policy?

- Medical Staff are required to conduct themselves in accordance with the Respect in the Workplace Policy (RITW policy).¹
- “Where the RITW policy is not observed and where the matter is not pursued under the RITW policy, the matter will be addressed as outlined [according to the procedure to manage complaints].”¹

Who can I go to if I need help with investigating and/or resolving a complaint?

- Chief of Staff
- Medical Director
- Chief Medical Officer
- Vice President Medicine

Related Legislation, Policies and Guidelines

- Northern Health. (September 2013). *NH Complaints Regarding the Conduct or Professional Practice of Members of the NH Medical Staff* - Decision Support Tool.
- *Hospital Act and Hospital Act Regulation*
- *NH Medical Staff Bylaws & Medical Staff Rules*
- *NH Respect in the Workplace Policy*
- Northern Health. (October 2005). *NH Discipline Policy & Procedure* - Decision Support Tool.

References

- ¹ Northern Health Medical Affairs. (September 2013). *NH Complaints Regarding the Conduct or Professional Practice of Members of the NH Medical Staff* - Decision Support Tool.
- ² Health Care Protection Program. (January 2011). *Section 51 of the Evidence Act: Supplement to the Toolkit for Health Care Agencies*. (Brochure).
- ³ College of Physicians and Surgeons. (2014). *Reasons for Complaints*. Website. Accessed on January 31, 2014 at: <https://www.cpsbc.ca/for-public/file-complaint>.

WORKING WITH THE NH PATIENT CARE QUALITY OFFICE (PCQO): SUMMARY FOR NH MEDICAL STAFF LEADERS

This summary is one of a series developed for NH Medical Staff Leaders and should be used in conjunction with the following information provided:

- ✓ B1 - Professionalism and a Respectful Workplace
- ✓ B2 - NH Medical Staff Complaints Process
- ✓ B3 - *Working with the NH Patient Care Quality Office (PCQO)*

What are complaints? What is a 'care quality complaint'?

- The Health Association of BC defines a complaint in the following way:
 - "A complaint is an expression of dissatisfaction when an expectation is not met. Although it may appear trivial from a health organization's perspective, it is a very real problem to the complainant and should be taken seriously. Complaining is a patient/resident/client/customer's right and the health care organization has the responsibility to inform its customer how to complain."¹
- Care Quality Complaint: "refers to a complaint about the quality of any health care service that a patient/client/resident received, or expected but did not receive, from a health authority."²
- A complaint must pertain to:
 - "The delivery of, or failure to deliver, health care;
 - "The quality of health care delivered;
 - "The delivery of, or failure to deliver, a service relating to health care;
 - "The quality of any service relating to health care."¹

What is the role of the Patient Care Quality Office (PCQO)?

- Central PCQOs in each health authority in BC were established in 2008 by the *Patient Care Quality Review Board Act* in order "to receive, investigate and respond to patient care quality complaints."¹
- Patients are encouraged to voice questions or concerns at the local level (where the care was received) to either the person who cared for them or that person's manager. The PCQO is there in case a patient does not feel comfortable talking to a manager, or if they are unhappy with how their concerns were handled locally.³
- The PCQO is there to help resolve care quality complaints.³
- The PCQO is also responsible for "tracking and trending complaints so that quality improvements may be made."¹

How does the PCQO receive complaints?

- Complaints are received by the PCQO via email, phone, fax, mail, or in person.³
- A patient or representative can report a complaint to the PCQO.

How does the PCQO manage and investigate complaints?

- The PCQO is responsible for working with other NH staff members to facilitate a timely and satisfactory resolution for the complaints they receive. PCQO processes and timelines are determined through related legislation and regulations.
- Complaints must be investigated by all parties involved within 30 business days. If this is not possible, an extension must be requested.²
- A complaint may involve one or more individuals from different departments within Northern Health (nursing, pharmacy, housekeeping, etc). The PCQO follows-up with each department separately to resolve the complaint.
- It is possible for one complaint to be investigated and resolved through different, parallel processes. Even if a complaint is resolved at the local level, it may also be reported to the PCQO.
- The PCQO must acknowledge the complaint, regardless of whether it has already been dealt with through a local process, and draft a response with the help of NH administration and others involved.
- Each complaint is different and each complainant usually wants a different, specific resolution to their complaint - from an apology, to assurances that the same event will not happen again, to requests for action (i.e. quality improvement).

What are my responsibilities as a Medical Staff Leader regarding PCQO complaints?

- First, work to resolve a complaint at the local level (one that hasn't come through the PCQO) using existing policies and processes (Refer to the *Medical Staff Complaints Process Summary for Medical Staff Leaders*).
- If the complaint cannot be resolved at the local level, work with local administration, and ensure patients know they are able to redirect the complaint to the NH PCQO.
- Work with the NH PCQO to resolve the complaint in a timely manner.
 - This involves: following-up on action requests received through PSLs, providing fulsome answers to the questions posed by the complainant and, ideally, identifying what is being done to ensure it doesn't happen again (i.e. any actions taken or quality improvement efforts made or planned).
- If the complaint has been reported to the PCQO there is a limited amount of time within which to respond.
 - Complaints must be investigated by all involved parties within 30 business days.
 - If this is not possible, an extension from the PCQO must be requested.

How will the NH PCQO communicate with me about a complaint?

- You will receive an action request from the PCQO through the Patient Safety and Learning System (PSLS) (from BCPSLS noreply@bcpsls.ca). You must login to PSLS to see the request.
- This is currently the only way to communicate confidentially regarding a request for assistance and response to a complaint.
- Using PSLS also helps the NH PCQO track action items and the status of responses to complaints (i.e. to ensure the NH PCQO is compliant with mandatory timelines).

What can/should be disclosed as part of the PCQO complaints process?

- Confidentiality will be maintained to the degree permitted by law.
- Names and statements may be disclosed in the event of a legal process.

Who can I go to if I need help with investigating and/or resolving a PCQO complaint?

- NH PCQO Regional Manager
- NH Risk Management Regional Manager
- Medical Director
- Chief Medical Officer
- Vice President Medicine

What is the role of the Patient Care Quality Review Board?

- Complainants can request a review by a Patient Care Quality Review Board if they are not satisfied with how the health authority's Patient Care Quality Office (PCQO) handled their complaint or the response they received, or if they have not received a response from the PCQO within 40 business days. The PCQRB will review and resolve the complaint and may make recommendations to the health authority.²

Related Legislation, Policies and Guidelines

- Province of BC. (2008). *Patient Care Quality Review Board Act*.
- Northern Health. (September 2013). *NH Complaints Regarding the Conduct or Professional Practice of Members of the NH Medical Staff* - Decision Support Tool.
- *Hospital Act and Hospital Act Regulation*
- NH Medical Staff Bylaws & Medical Staff Rules
- NH Respect in the Workplace Policy

References

- ¹ PHSA. *Patient Care Quality Office Resource Guide*.
 - Accessed at: http://www.phsa.ca/NR/rdonlyres/CF2CFA45-A2FC-45C6-920C-F775C740CA03/64611/PCQOResourceGuideMoHS_PHS2012.pdf
- ² Patient Care Quality Review Board (2013). *Frequently Asked Questions*.
 - Accessed at: <http://www.patientcarequalityreviewboard.ca/faqs.html#Q1>.
- ³ Northern Health PCQO. *Patient Care Quality Office Brochure*.