

Category: SAFETY & SECURITY / HEALTH & SAFETY	Page 1 of 9	Policy # SFTY 06.0008 Version: 1.0
Title: BIASED PATIENT BEHAVIOR TOWARD STAFF	Revision of: NEW	Effective Date: 02/08/2021
		Next Review: 02/08/2026

SCOPE: Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> NM – Northwestern Memorial Hospital	<input checked="" type="checkbox"/> NM – Lake Forest Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group	<input checked="" type="checkbox"/> NM – Central DuPage Hospital
<input checked="" type="checkbox"/> NM – Regional Medical Group	<input checked="" type="checkbox"/> NM – Delnor Hospital
<input checked="" type="checkbox"/> NM – Kishwaukee Hospital	<input checked="" type="checkbox"/> NM – Valley West Hospital
<input checked="" type="checkbox"/> NM – Marianjoy Rehabilitation	<input checked="" type="checkbox"/> NM – Home Health & Hospice
<input checked="" type="checkbox"/> NM – Huntley / <input checked="" type="checkbox"/> NM – McHenry / <input checked="" type="checkbox"/> NM – Woodstock Hospitals	
<input checked="" type="checkbox"/> NM – System Functions / NMHC Employees	
<input type="checkbox"/> NM – Other **See “Scope/Persons/Areas Affected” Section below**	

I. PURPOSE:

- A. To establish the reporting process and response of employees, volunteers, medical staff, house staff, students, and contracted staff (“Staff”) when witnessing or experiencing bias, discrimination, harassment, and or/mistreatment by patients, family members, companions, caregivers and/or Legal Substitute Decision Makers (“Patients”).
- B. The goal is to ensure that Northwestern Memorial HealthCare (NMHC) facilities provide a safe and respectful environment for patients and staff.

II. POLICY STATEMENT:

- A. NMHC does not tolerate offensive behaviors from Patients toward Staff. NMHC leaders support and guide Staff in responding to inappropriate requests, actions, comments or behaviors.
- B. NMHC is a community of caregivers who welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and military or veteran status.
- C. Staff are encouraged to report concerns regarding harassment or discrimination from any source, and may always do so without fear of retaliation ([Harassment and Retaliation Policy](#)).
- D. Background
 - 1. Patients are advised of their Responsibilities in the [Patient Rights and Responsibilities Brochure](#) to:
 - a. Treat staff members with courtesy and respect.

- b. Show respect and consideration for caregivers, other patients and families by controlling noise and disturbances, refraining from [smoking](#) and respecting others' property.
 - c. Respect that we are an equal opportunity employer and that we reserve the right to assign a competent caregiver with skills that match your clinical needs; it is our policy that staff and their work environment be free from all forms of discrimination and harassment.
2. As outlined in the guideline, [Patient Caregiver Preference/Refusal of Care by Trainees or Caregivers](#), NMHC does not accommodate requests to refuse or request care from Staff of a particular race, color, national origin, religion, culture, physical or mental disability, age, sexual orientation, gender identity or expression, or other characteristics not relevant to the delivery of high quality, safe care.
- E. Examples of Biased Behavior
1. Patient requests Staff of a certain race, gender, or other protected characteristics.
 2. Patient uses an offensive word, with or without realizing that it is offensive (e.g., outdated term or insult).
 3. Patient uses a racial slur or makes a bigoted comment to staff.

III. SCOPE/PERSONS/AREAS AFFECTED:

Staff employed, contracted, privileged or affiliated by/with NMHC and its subsidiaries and affiliates in locations including outpatient and off-site programs.

IV. PROCEDURAL RESPONSIBILITIES:

- A. Staff should report Patient bias incidents in NETS and/or EIR using the following as a guide:
1. Patient incidents should be reported in NETS (exception: behaviors that are due to a patient's medical condition, where it is up to the clinician's discretion – if in doubt, do report). These incidents are reviewed by Risk Management and routed for additional review as needed.
 2. Engage the local Patient Relations team if helpful in managing the Patient's concerns or dissatisfaction. Patient Relations will document in NETS Feedback.
 3. If Staff has been physically or emotionally harmed by a Patient, complete an Employee Incident Report (EIR), and the manager will arrange for appropriate and timely support for the Staff. These incidents are reviewed by the Workforce Health & Safety Team.
- B. Patients have the right to communicate any complaints and grievances that arise in the provision of their care, without threat of retaliation ([Patient Rights and Responsibilities](#) and [Patient Complaint and Grievance Management](#)).
- C. For clinically relevant needs or religious concerns, NMHC will make reasonable efforts to accommodate a Patient's preference for sex and/or to provide a chaperone of the Patient's own sex for examinations, but will explain to Patients that the most qualified Staff will be provided and may not always meet the requested sex ([Patient Caregiver Preference/Refusal of Care by Trainees or Caregivers](#)).

V. PROCEDURE:

- A. Please refer to Appendix A for sample scripting and Appendix B for key questions to consider.
 1. Bias from Patient
 - a. Patient demonstrates biased behavior toward Staff, such as an offensive term or slur (reference Policy Statement for definition).
 - b. Staff can inform patient that the question or comment expressed is uncomfortable for them to respond to and that their manager will follow-up further to discuss.
 2. Immediate Support
 - a. Manager provides immediate support to Staff and engages resources as needed (e.g., HR Business Partner (HRBP), Employee Assistance Program (EAP), and/or evening administrator, such as HOA). If the incident occurred with a resident or fellow, notify their residency or fellowship program director immediately. If it occurred with a student or trainee, notify the clerkship director immediately.
 - b. If the manager is not available, follow the appropriate chain of command (e.g., charge nurse, supervisor, etc.).
 3. Evaluation
 - a. Evaluate whether this is due to a Patient's medical condition (e.g., brain injury).
 - b. If a Patient's behavior is due to a medical condition, the physician and other clinicians (e.g., Psych, Social Work) may be engaged to evaluate the Patient and offer strategies for responding to the Patient.
 - c. The manager may also consider talking to the Patient's Legal Substitute Decision Maker to identify tips for addressing behavior.
 4. Leadership Engagement
 - a. Manager discusses next steps and has a conversation with the Patient about their behavior. If the Patient's request is not due to an exception (e.g., request of a certain sex due to sexual violence), the request will not be granted. If the Patient disagrees that we do not reassign based on a characteristic not related to providing safe, quality care, the Patient may be given the option to proceed with care at NMHC or to discontinue care if clinically appropriate.
 - b. Determine whether the comment harmed or bothered Staff, or if there was emotional or psychological harm to Staff (see Reporting). In either case, the manager or attending physician is encouraged to have a conversation with the Patient.
 - c. If Staff is not comfortable continuing to care for the Patient, the manager should consider alternatives.
 - d. **If Staff are at immediate physical risk, Contact Security and follow de-escalation process. If Staff are not at immediate physical risk but Patient is escalating, start local BERT/SPRINT process if applicable.*
 5. Reporting
 - a. Report Patient bias incidents in NETS and any follow-up actions taken (e.g., support from HRBP), as well as in EIR if there was emotional or psychological harm to Staff. For additional detail, see Procedural Responsibilities.
 6. Documentation
 - a. Document incident in EMR if relevant to the provision of care for the Patient ([Behavioral and Special Clinical Alerts in the Electronic Medical Record](#)).
 7. Debrief and Ongoing Support

- a. Manager is encouraged to discuss in team huddle, debrief, and reinforce policy and commitment to Staff.
 - b. Manager or Staff should engage EAP and peer support as needed.
 - c. Reference Support in section 3 for additional information.
- B. Support: Support for difficult situations Staff and managers may encounter:
1. Human Resources
 - a. HRBP supports Staff and manager to identify resources to address their needs (e.g., EAP).
 - b. HRBP can investigate issue if there is no resolution.
 - c. Diversity and Inclusion can be consulted for additional support needs.
 2. Patient Engagement
 - a. Provide in-services and training on handling difficult Patient interactions.
 - b. Facilitate dialogue within the team to debrief and discuss difficult interactions.
 3. Patient Relations
 - a. Assist with Patient communication and serve as third party for Patient meetings or phone calls.
 - b. Assist in setting boundaries related to future visits or care.
 - c. Serve as Patient advocate and assist in Service Recovery.
 - d. Document Patient complaints and incidents in Patient Relations documentation system.
 4. Risk Management
 - a. Provide coaching and guidance for appropriate dialogue and documentation for these incidents.
 - b. Answer questions related to Risk issues.
 - c. Support NMHC Patient dismissal and other clinical or care policies.
 5. Office of General Counsel
 - a. Support HR, Patient Relations, and Risk Management in handling difficult situations with patients
 - b. Serve as a reviewer for Patient behavioral agreements, as necessary, and for patient dismissal review

VI. **DEFINITIONS:**

- A. **Harassment:** Harassment means verbal or physical conduct that denigrates or shows hostility toward an individual because of that individual's race, color, religion, age, sex, sexual orientation, gender identity, gender expression, marital status, national origin, disability, veteran status or any other protected status under applicable laws, and that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
- B. **NETS:** Northwestern Event Tracking System (located on NM Interactive (NMI)) - The system which serves as the central repository for complaint/grievance tracking.
- C. **Legal Substitute Decision Maker:** Those individuals who have the legal authority to consent on behalf of the patient under Illinois law, including: (1) parent or guardian of a minor patient, so long as the minor is not married, pregnant, or legally emancipated; (2) guardian of an adult patient; (3) agent as specified in a health care power of attorney under the Illinois

Power of Attorney Act; (4) health care surrogate under the Illinois Health Care Surrogate Act; (5) attorney-in-fact under the Illinois Mental Health Declaration Act

VII. POLICY UPDATE SCHEDULE:

This policy is reviewed or updated every five (5) years or more often as appropriate.

VIII. RELEVANT REFERENCES:

- A. Ackerman-Barger, Kupiri, PhD, RN & Jacobs, Negar. (2020). The Microaggressions Triangle Model: A Humanistic Approach to Navigating Microaggressions in Health Professions Schools. Academic Medicine, Advance on-line publication.
- B. HHS Office for Civil Rights in Action. (2020, July 20). Bulletin: Civil Rights Protections Prohibiting Race, Color and National Origin Discrimination During COVID-19. Retrieved September 24, 2020, from <https://www.hhs.gov/sites/default/files/title-vi-bulletin.pdf>
- C. Whitgob EE, Blankenburg RL, Bogetz AL. The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees. Acad Med. 2016 Nov;91(11 Association of American Medical Colleges Learn Serve Lead: Proceedings of the 55th Annual Research in Medical Education Sessions)

IX. APPENDICES:

- A. [Appendix A: Sample Scripting](#)
- B. [Appendix B: Key Questions to Consider](#)

X. APPROVAL:

Responsible Party: Alison Bodor
Program Director, Diversity and Inclusion

Reviewers: NMHC VP Quality
NMHC Office of General Counsel
NMHC VP Security
Regional Patient Relations Managers
Regional Risk Management Managers
Dean for Medical Students
McGaw Designated Institution Official
Director, HR Compliance and Policy
Director, Workforce Health and Safety


Committee: NMHC Quality Management Committee, 12/14/2020

Approval Party: Carol Lind
Senior Vice President, Administration NMHC
Electronic Approval: 01/22/2021

XI. REVIEW HISTORY:

Written: 02/08/2021

APPENDIX A – SAMPLE SCRIPTING

 <h2 style="margin: 0;">Sample Scripting to Address Patient Bias</h2> <p style="margin: 0;">The following are sample responses using the acronym ACTION to navigate conversations with Patients who are demonstrating biased behavior towards Staff. Please use this as a guide and use your discretion with how to phrase your questions and comments to Patients.</p>		
A	Ask a clarifying question	<ul style="list-style-type: none"> • “You seem surprised. Are you surprised?” • “Why? What concerns you?” • “I am not sure I understand your comment. What did you expect your ____ to look like?”
C	Come from curiosity, not judgment	<ul style="list-style-type: none"> • “We are here to provide you with the best care. Can you help me understand your request?” • “I am not sure I understand your comment. It does make me uncomfortable though. Can you explain to me what you mean?”
T	Tell what you observed, factually	<ul style="list-style-type: none"> • “Being in the hospital can be scary. I did not notice you were concerned when ____ was caring for you earlier.”
I	Impact exploration (impact of offensive term)	<ul style="list-style-type: none"> • “I am sure you did not intend to be offensive. However, that is an outdated term, and we don’t talk to or about people this way at Northwestern Medicine. I believe you want to talk to Aidan right?” • “That doesn’t make me feel good when you say _____. If you feel strongly about having someone else, I can have ____ discuss this request further with you.”
O	Own your thoughts about what happened	<ul style="list-style-type: none"> • “Our priority is providing you with the best care and to keep you safe. We will provide you with someone who can take care of your clinical needs and is competent. That person is _____.” • “Our priority is providing you with the best care and to keep you safe. We will provide you with someone who can take care of your clinical needs and is competent. We do not assign care based on race or skin color.” • “I would trust _____ to take care of my own children. What other concerns do you have?”
N	Next steps	<ul style="list-style-type: none"> • “This is an uncomfortable situation for us both right now. My goal is to provide you with expert care without delay. Now, can we discuss what brought you here?” • “We will do our best to meet your request, but our priority is providing you with the best care and to keep you safe, so if a female caregiver is not available, a male caregiver may provide care.”

APPENDIX A:
 Sample Scripting

Alison Bodor
 Program Director, Diversity and Inclusion

Effective Date: 02/08/2021

REVIEW HISTORY:
 Written: 02/08/2021

APPENDIX B – KEY QUESTIONS TO CONSIDER

Biased behavior can take many forms and have different impacts on those involved. The below table outlines examples of considerations to take into account, when determining how to respond to a patient who is demonstrating biased behavior.

If you answer “yes” to a below question, review the “Recommended Next Steps” column. If you answer “no,” proceed to the next row. Note, references to “manager” include the Staff’s manager or other appropriate chain of command (e.g., charge nurse, supervisor, HOA).

*These next steps are intended to serve as a directional guide; managers can use their discretion with how to proceed as needed.

Key Questions	Recommended Next Steps*
Is the Patient’s behavior due to a medical condition?	<ul style="list-style-type: none"> <input type="checkbox"/> Manager engages physician and other clinicians for assistance in evaluating the Patient. <input type="checkbox"/> Manager provides affirming support to Staff, engaging resources as needed. <input type="checkbox"/> Manager may also talk to the Patient’s Legal Substitute Decision Maker to identify tips for addressing behavior. <input type="checkbox"/> Staff or manager reports the incident in NETS, if necessary.
Did the comment harm or bother Staff? Or, are Staff at risk of emotional/psychological harm?	<ul style="list-style-type: none"> <input type="checkbox"/> Staff responds, using scripting examples from Appendix A as a guide, and talks to their manager. <input type="checkbox"/> Manager provides affirming support to Staff, engaging resources as needed. <input type="checkbox"/> Manager and/or attending physician talks to the Patient, using scripting examples from Appendix A as a guide. <input type="checkbox"/> Ideally attending physician remains involved in Patient communications if appropriate, especially if potential outcome is patient dismissal (termination of physician-patient relationship). <input type="checkbox"/> Staff or manager reports incident in NETS and EIR.
Are Staff at immediate physical risk?	<ul style="list-style-type: none"> <input type="checkbox"/> Manager contacts Security and follows relevant Security processes. <input type="checkbox"/> Manager provides affirming support to Staff, engaging resources as needed. <input type="checkbox"/> Staff or manager reports incident in NETS and EIR.
Is Patient behavior escalating, but staff are not at immediate physical risk?	<ul style="list-style-type: none"> <input type="checkbox"/> Staff and manager follow local de-escalation process (e.g., BERT or SPRINT) if applicable. <input type="checkbox"/> Patient may be given the option to proceed with care at NMHC or to discontinue care if clinically appropriate. Manager should engage local Risk Management to discuss patient dismissal.
If you answered “no” to all of the above questions	<ul style="list-style-type: none"> <input type="checkbox"/> Staff responds, using scripting examples from Appendix A as a guide, and talks to their manager. <input type="checkbox"/> Manager provides affirming support to Staff, engaging resources as needed. <input type="checkbox"/> Manager and/or attending physician talk to Patient, using scripting examples from Appendix A as a guide. <input type="checkbox"/> Staff or manager report the incident in NETS. <input type="checkbox"/> Manager discusses at Team Huddle to reinforce policy and commitment to Staff.

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APPENDIX B:
Key Questions to Consider

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Program Director, Diversity and Inclusion

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