

 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> Quality Healthcare for All</p> <p><b>PROCEDURE</b></p>	<p><b>Department:</b></p> <p>Human Resources</p>	<p><b>Procedure No.</b></p> <p><b>HR 0029B</b></p>
		<p><b>Supersedes Procedure No.</b></p> <p><b>ADM 0032B</b></p>
<p><b>Subject:</b></p> <p><b>Workplace Disruptive Behavior No-Tolerance</b></p>	<p><b>Approved By:</b></p> <p><i>Linda Rosen</i></p> <p>By: Linda Rosen, M.D., M.P.H. Its: President &amp; CEO</p>	<p><b>Approved Date:</b></p> <p>January 27, 2022</p> <p><b>Last Reviewed:</b></p> <p>October 22, 2021</p>

**I. PURPOSE:**

To establish procedures to administer Hawaii Health Systems Corporation's Workplace Disruptive Behavior No-Tolerance Policy.

**II. PROCEDURES:**

**A. Reporting Process**

Any employee, practitioner, patient, or visitor who observes Workplace Disruptive Behavior by HHSC employees, patients and residents, non-employees working or present on HHSC property (e.g., vendors, contractors, independent practitioners, Corporate or Regional Board members, volunteers, and students), and the general public that appears to disrupt the operation of HHSC or jeopardize patient care shall immediately report the incident verbally to his or her supervisor, Chief Human Resources Officer, or Facility Administrator, with a follow up written report with documentation of the Workplace Disruptive Behavior, within the shift of the incident, if possible. If the immediate supervisor is unavailable, report to the next supervisor in the department's chain of command. Such reports shall be submitted without fear of retaliation or repercussion.

HHSC's Workplace Disruptive Behavior policy also allows for submission of anonymous reporting. Anonymous reports may be submitted through the HHSC Compliance hotline or similar available process.

**B. Investigation Process**

Reports of Workplace Disruptive Behavior shall be investigated by Human Resources, Risk Management, the hospital management and/or the hospital medical staff, or their designees, as appropriate. Reports which are not founded may be dismissed, and the person initiating the report so apprised. Reports that are confirmed will be addressed as appropriate, consistent with no tolerance for confirmed instances of Workplace Disruptive Behavior, taking into consideration the circumstances and nature of the event(s) and the parties involved, as well as any prior incidents involving the same person(s).

**C. Documenting Workplace Disruptive Behavior**

Documentation of Workplace Disruptive Behavior is critical, as disciplinary action is frequently based on an observed pattern of conduct. The documentation shall include:

- a. The date and time of the Workplace Disruptive Behavior;
- b. Whether the Workplace Disruptive Behavior was in the presence of a patient or affected or involved a patient in any way, and if so, the name of the patient;
- c. The circumstances which precipitated the situation;
- d. A description of the questionable Workplace Disruptive Behavior limited to factual, objective language as much as possible;
- e. The perceived consequences, if any, of the Workplace Disruptive Behavior as it relates to patient care or personnel or operations;
- f. The names of witnesses, if any; and
- g. Any action taken, including date, time, place, action, and name(s) of those intervening.

The report shall be submitted to the appropriate immediate supervisor, department head or chief of staff. Where investigation findings reflect a pattern of disruptive conduct, the individual shall be monitored for improvement and necessary intervention, which shall be documented in writing.

#### **D. Reports of Retaliation**

Reports of retaliation against an individual who has made a complaint of Workplace Disruptive Behavior, has provided information related to such complaints, is a witness to instances of Workplace Disruptive Behavior, or participated in an investigation of Workplace Disruptive Behavior, shall be made in accordance with the reporting procedures in Section A above.

#### **E. Responsibilities**

1. It is the responsibility of all employees to exhibit Acceptable Behavior at all times. All employees shall eliminate any action or behaviors that a reasonable person may consider to be Workplace Disruptive Behaviors.
2. It is also the responsibility of all HHSC employees, patients and residents, non-employees working or present on HHSC property (e.g., vendors, contractors, independent practitioners, Corporate or Regional Board members, volunteers, and students), and the general public to maintain an environment that promotes healing and quality medical care and which is free from Workplace Disruptive Behavior.
3. All levels of management are responsible for enforcing HHSC policies related to Workplace Disruptive Behaviors, and all employees are responsible for adhering to them. Any employee who has knowledge of Workplace Disruptive Behaviors shall report it through his or her supervisor, Chief Human Resources Officer, or Facility Administrator.
4. Administrative Responsibility. The Corporate/Regional Human Resources Office and/or Regional CEO's/Facility Administrator's Office shall administer this policy to ensure that it is consistently applied throughout HHSC's operations.

### **III. ATTACHMENT(S):**

None