

Community/Ambulatory Care

ISMP Medication Safety Alert!®

Educating the Healthcare Community About Safe Medication Practices

Addressing **disrespectful behaviors** and creating a respectful, healthy workplace

In early 2022, ISMP conducted a survey on disrespectful behaviors in community and ambulatory healthcare. Any behavior that discourages the willingness of staff or patients to speak up or interact with an individual because they expect the encounter will be unpleasant or uncomfortable, fits the definition of disrespectful behavior. More than 600 practitioners spoke up and exposed the ongoing tolerance of disrespectful behaviors in community and ambulatory care settings. In our July 2022 newsletter, we published the results of our survey, which revealed widespread disrespectful behaviors that were seen among all disciplines, genders, and ranks. Tragically, not only do disrespectful behaviors negatively impact the targets of the behaviors, but the stubborn strength of this problem also lies in its ability to undermine critical conversations and adversely impact patient safety.

Most of the survey respondents were not satisfied with organizational efforts to address disrespectful behaviors, often reporting that the behaviors had been ignored. Furthermore, a deep sense of frustration was evident in respondents' comments, suggesting that now is the time for action. In this article, we provide recommendations to help address this problem and develop a healthy workplace, defined as a work culture that provides the freedom to work without fear, and with no risk of embarrassment, rejection, or punishment for speaking up. Please keep in mind, disrespectful behaviors in healthcare have been a longstanding problem for which there is no simple solution. For this reason, several approaches to the problem are recommended, and a list of additional resources that can help address this problem is provided. Disrespectful behaviors in healthcare are not too complex to reverse, but it requires deliberate, intentional, and persistent actions to start the process.

Addressing Disrespectful Behaviors in Healthcare

SET THE STAGE |

Create the foundation for a healthy workplace. The conditions that allow disrespectful behaviors to occur and thrive are deeply rooted in the organizational culture. Thus, cultural transformation is key to combating disrespectful behaviors and creating a supportive and nurturing environment built upon shared values. Several key factors facilitating this cultural transformation are implementing a fair and Just Culture (www.ismp.org/node/24787, www.ismp.org/node/670, www.ismp.org/node/18547), respectful management of serious adverse events (www.ismp.org/ext/857), and transparency so staff feel safe speaking up about disrespectful behaviors without fear of reprisal. Another factor is visible leadership commitment to a respectful culture, which requires leading by example. Leaders should set the tone with an attitude of mutual respect for the contributions of all staff; remain open to questions and new ideas; maintain an ongoing dialogue with the entire organization to help ensure that a commitment to a respectful culture is not fleeting; and reward outstanding examples of collaborative teamwork, respectful communication, and positive interpersonal skills.

Commission a mixed-composition steering committee. Establish a steering committee from all ranks and disciplines in the organization dedicated to maintaining

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SAFETY briefs



Confusion among the many Humira products. A specialty pharmacy reported concerns with look-alike packaging with the many presentations of HUMIRA (adalimumab). Humira is used for nine different autoimmune indications in both pediatric and adult populations. The manufacturer produces 20 different prefilled syringe and pen carton configurations. There are 11 different starter packs based on the patient population (e.g., pediatric, adult), indication, dose, and number of doses contained within each pack. The starter packs are designed to provide a larger initial dose required for some indications. Also, certain configurations are available in citrate-free formulations to reduce injection site pain.

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Figure 1. Six similar looking Humira products are stored near one another in a specialty pharmacy refrigerator.

REMINDER: Please take our survey on tall man letters!

We are asking for your input so we can update our list of tall man letters. Please take our survey and submit your responses by **Friday, December 2, 2022**, online at: www.ismp.org/ext/1014.

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a healthy workplace and ensuring respectful behaviors are exhibited among staff. Since organizational leaders might be the offenders, staff will be keenly aware of the conflict-of-interest with an all-leadership steering committee. A steering committee comprising all ranks (e.g., leaders, managers/directors, frontline staff) and disciplines (e.g., physicians, pharmacists, nurses, other healthcare professionals, human resources) brings the advantages of multiple perspectives and credibility. Have the committee educate itself about disrespectful behaviors, define the behaviors, list examples of the many forms it can take, and establish an action plan that specifies how to identify disrespectful behaviors, respond to them, and measure the success and sustainability of organizational efforts.

Prohibit retaliation against reporters. Establish a “no retribution” policy for those who report disrespectful behaviors. To promote reporting, this policy must be established at the very onset of organizational efforts to reduce disrespectful behaviors.

Open the dialogue. Survey staff anonymously and confidentially to assess their perceptions about the workplace culture, the prevalence of disrespectful behaviors, and how the culture and disrespectful behaviors have impacted them, their patients, and the organization. Incorporate questions about disrespectful behaviors into safety rounds. Hold focus groups during which frank discussions can be held with objective facilitators to keep the conversation productive. Also use the data gathered from complaints, unscheduled employee absences, and exit interviews to identify problems and monitor progress. Despite being uncomfortable, dialogue on this issue is crucial to the development of more effective and respectful ways of interacting with each other. Show staff that their feedback is taken seriously by using the results of collected data to inform the development of supportive programs and resources.

Establish a standard communication strategy. Develop a standard process for staff who must convey important information to a colleague. Utilizing a standard communication process to aid in clinical communication can streamline the process and limit the opportunity for disrespectful behaviors. TeamSTEPPS (www.ismp.org/ext/861), an evidence-based teamwork system to improve communication and teamwork skills, describes many communication techniques. Examples include the following:

- **SBAR or ISBAR:** **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation/**R**quest; the adapted tool, ISBAR, includes **I**dentify of the caller, receiver, and patient
- **DESC Script:** **D**escribe what you observed, heard, or perceived; **E**xpress concerns using “I” statements and nonjudgmental terminology; **S**pecify or inquire about an alternate course of action; discuss positive and negative **C**onsequences
- **I-PASS:** **I**llness severity, **P**atient summary, **A**ction list for the new team, **S**ituation awareness and contingency plans, and **S**ynthesis and ‘read-back’ of the information
- **I PASS the BATON:** **I**ntroduction, **P**atient information, **A**ssessment, **S**ituation, **S**afety concerns, **B**ackground of the patient, required **A**ctions, **T**iming, **O**wnership, and **N**ext (plan, anticipated changes)
- **GRRRR for Great Listening:** **G**reeting, **R**espectful listening, **R**eviewing, **R**ecommending/**R**equesting, and **R**ewarding

Establish an escalation policy to manage conflicts. An escalation policy must be established to manage conflicts, including conflicts about the safety of an order, when the standard communication process fails to resolve an issue. Staff must know whom to call for assistance to reach a satisfactory resolution. Be sure the process provides an avenue for resolution outside the typical chain of command in case the conflict involves a subordinate and their supervisor.

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Many Humira products share product and packaging similarities that can increase the risk of medication errors. For example, multiple products are available in the same concentration, some with the same mg strength (e.g., 40 mg/0.8 mL, 40 mg/0.4 mL). Also, many of the product cartons look similar with either a blue or maroon color scheme. Humira products are stored in the refrigerator. As a result, the different formulations, concentrations, and package configurations often end up stored near one another (**Figure 1**, page 1).

To intercept product mix-ups, scan each carton during production instead of scanning one carton multiple times. Ideally, pharmacy computer systems will prompt or require each product’s barcode to be scanned. Enhance the computer system to alert the pharmacist during product verification if barcode scanning was bypassed during production. If space permits clearly label and separate storage locations or bins for the different Humira presentations. Consider organizing and separating the different Humira products by age groups and indications. Explore ways to differentiate the products (e.g., apply auxiliary labels, circle the dosage form and/or indication) when they are received from the supplier. Educate staff on the different Humira products and the potential to mix them up.

Please note that multiple adalimumab biosimilars are expected to become available in 2023. This means that pharmacies, because of different payor formularies and requirements, may need to store even more adalimumab products. With these products having overlapping strengths/concentrations and nonproprietary names that only differ by the added biosimilar suffix, the opportunity for mix-ups will likely increase.

In anticipation of additional biosimilar medications coming to market, we are working to develop risk-reduction strategies to share with our readers and members. We would be interested to learn what steps your pharmacy is planning to take to reduce the risk of errors with biosimilars. Please share your thoughts and strategies with us by sending an email to: ismpinfo@ismp.org.

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| PREVENTION |

Establish a code of conduct. A necessary first step involves establishing a code of conduct (or code of professionalism) that declares an organization's intolerance of disrespectful behaviors and serves as a model of interdisciplinary collegial relationships (different but equal) and collaboration (mutual trust and respect that produce willing cooperation). The code of conduct should:

- Validate that mutual respect regardless of rank or status is an organizational core value
- Assert the organization's commitment to providing a safe and healthy workplace
- Describe the standard of mutually respectful behaviors expected of all staff, as well as prohibited disrespectful behaviors—don't assume staff know this, so be specific, and provide examples of both expected and prohibited behaviors
- Specify that the code of conduct applies to all
- Outline the responsibility for all to report workplace disrespectful behaviors (witnessed or experienced) and the steps to do this

Another crucial factor to consider—all staff must believe in the code of conduct. Addressing disrespectful behaviors must start with an absolute belief by all staff that no one deserves to be treated with disrespect, even in the wake of a harmful error. Furthermore, the code of conduct should not allow any exemptions. If staff with rank or those who generate the most revenue are excused from accountability for their disrespectful behaviors, the code of conduct will have little impact.

Provide mandatory awareness-raising education. Provide mandatory organization-wide education for all staff about disrespectful behaviors on an annual basis. The purpose of the mandatory education is to raise awareness of disrespectful behaviors and the problems they create; communicate mutual respect as an organizational core value; motivate and inspire staff to help create a healthy workplace; articulate the organization's commitment to achieving this goal; and to create a sense of urgency around doing so. Also, do not forget to include labor union representatives, if applicable, in the awareness-raising education so they can agree on the code of conduct and help create a healthy workplace. Consider the following key topics for the awareness training:

- Defining disrespectful behaviors and why they happen
- Characteristics of offenders and statistics about targets
- Negative impact of disrespectful behaviors on targets (emotional, social, physical) and those who witness them
- Negative impact of disrespectful behaviors on patient safety and the organization, and how it threatens the quality of care
- Organizational code of conduct and leadership support for the core value of respect and creating a healthy workplace
- Relationship and team building
- Behavioral techniques to confront and address disrespectful behaviors, including standard communication and conflict resolution processes
- Duty to report disrespectful behaviors confidentially, steps for reporting, and a "no retribution" policy
- Organizational policies on investigation of complaints and interventions to address disrespectful behaviors

| ACCOUNTABILITY |

Encourage confidential reporting. Implement a confidential reporting program for disrespectful behaviors, which may be submitted by staff who have experienced or witnessed the behaviors or by a labor union representative, if applicable, on behalf of a staff member. Both a formal reporting program and an informal process for unwritten reports should be offered and detailed in reporting policies and proce-

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Look-alike QUETiapine containers.

Bottles of QUETiapine extended-release 400 mg and QUETiapine 400 mg, as well as QUETiapine extended-release 300 mg and QUETiapine 200 mg tablets, from Accord Healthcare look alike. The design elements such as the color lines above and below the drug names, colors used to highlight the dosage strengths, and color of the bars next to the manufacturer's name increase the similarities of the bottles (**Figure 1**). These products will also likely be stored near one another on pharmacy shelves.

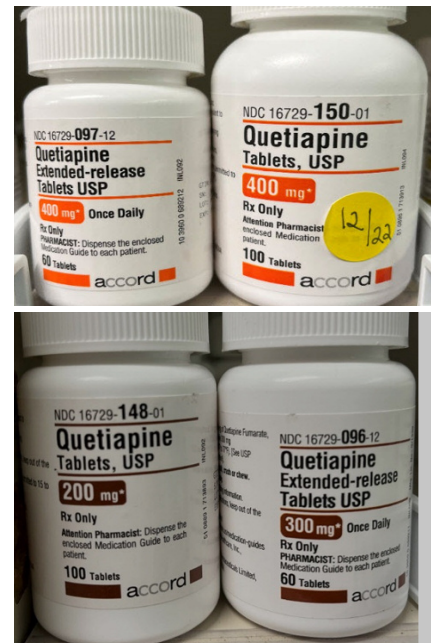


Figure 1. Look-alike bottles for QUETiapine and QUETiapine extended-release tablets from Accord Healthcare.

Explore purchasing some of these medications and strengths from different manufacturers. If you currently have these products, consider separating them; make sure staff is aware that they have been separated. Ensure barcode scanning during production is utilized to intercept selection errors. ISMP has asked the manufacturer to better differentiate these products.



Expanded access to adult vaccines.

Starting in 2023, the Inflation Reduction Law (www.ismp.org/ext/969) specifies that adult vaccines recommended by the Advisory Committee on Immunization Practices (www.ismp.org/ext/1053) will be available for free (without copays or out-of-pocket expenses) for Medicaid and Medicare Part D beneficiaries. Please share this information with patients to promote immunization.

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durers. The report should be handled confidentially, and the privacy of reporters should be ensured. The “no retribution” policy for reporting should be well known to staff and upheld. Periodic updates should be provided to reporters about addressing disrespectful behaviors, but details should remain confidential.

Investigate all reports. Reports of disrespectful behaviors should be taken seriously. As soon as the reports are received, assigned members of the steering committee should assess the situation thoroughly and confidentially in a way that is fair and sensitive to the targets of disrespectful behaviors, witnesses, and the accused offender(s). For example, you may want to talk to the reporter first to learn more about the event, how the disrespectful behaviors made them feel, and what they think might help resolve the problem. Keep in mind that it might be difficult for the reporter to talk about an event, especially if they are upset about what they have experienced or witnessed, the disrespectful behaviors have happened repeatedly, or they are worried about the consequences of reporting the disrespectful behaviors. You may also want to determine upfront if the alleged disrespectful behaviors are potential legal infractions (e.g., sexual harassment, unlawful discrimination), which might require a different process for investigation. Talk to any witnesses of the disrespectful behaviors and the accused offender to fully understand the event. The steering committee members might consider the evidence they have at this point to determine if the complaint is substantiated, how serious the allegations are, and whether the disrespectful behaviors seem to be intentional or repeated. Keep a record of the investigation, and do not forget to update the person who reported the disrespectful behaviors about the status of the submission.

Establish and implement interventions to address disrespectful behaviors.

While disrespectful behaviors may not be intentional and there may be other explanations for the lapse in respectful behaviors, all substantiated events should be consistently addressed. Unfortunately, there is no one-size-fits-all intervention. Even adopting a zero-tolerance policy in organizations with a history of disrespectful behaviors is doomed to be ineffective, according to the Workplace Bullying Institute (WBI) (www.ismp.org/ext/756, page 20). Individuals have to unlearn disrespectful behaviors that have been practiced and rewarded for years. The WBI suggests that offenders should be given a chance to try, fail, and do it right the next time. Learning requires patience, education, and coaching.

Thus, a graded response to disrespectful behaviors should be determined by the seriousness and frequency of the event. Consider treating first-time infractions much like an at-risk behavior, with assessment and coaching of the individual so they clearly see the risk associated with their behavior, offer education to offset deficiencies in speaking up and listening skills, and request a commitment to respectful behavior in future conduct. Repeated episodes of disrespectful behaviors might be managed similar to a reckless behavior, with progressive disciplinary sanctions imposed as needed. Behavioral constraint, not personality changes, and long-term correction of the conduct should be the goal of any intervention. The importance of a consistent, prompt, and appropriate response to disrespectful behaviors cannot be overemphasized.

Make needed system changes. Because disrespectful behaviors in the workplace often occur as a result of systemic factors, prevention and mitigation efforts should address any system issues that promote and perpetuate them. Common system problems that lead to disrespectful behaviors include staffing shortages, excessive workloads, power imbalances, subpar management skills training, inequities in resource allocation, communication breakdowns, physical hazards, and environmental stressors.

Develop a surveillance system. Measure staff compliance with the code of conduct, and make sure any disrespectful behaviors previously addressed have actually stopped. However, to be clear, no organization should assume that the absence of

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Your Reports at Work



New ready-to-use vaccine presentation does not require reconstitution. We

were pleased to see that the US Food and Drug Administration (FDA) recently approved a new ready-to-use **MENVEO** solution for intramuscular (IM) injection (www.ismp.org/ext/1033) (Figure 1). Menveo, which is used to prevent disease caused by meningococcal bacteria serogroups A, C, Y, and W, has historically only been available as a two-component product that requires the reconstitution of MenA lyophilized powder with the vial containing MenCYW-135 liquid (Figure 2) prior to IM administration. The **ISMP National Vaccine Errors Reporting Program** (ISMP VERP) has received multiple reports over the years where the MenCYW-135 liquid

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Figure 1. The new Menveo ready-to-use vial (pink cap) does not require reconstitution.



Figure 2. The two-component Menveo presentation requires the reconstitution of the MenA lyophilized powder vial (orange cap) with the MenCYW-135 liquid vial (gray cap).

Employment opportunity

ISMP is seeking a full-time pharmacist with at least 5 years of experience in the community and specialty pharmacy practice settings. In addition, 3 years of experience in managing performance improvement projects and writing articles and proposals are required. This **Medication Safety Specialist** position will support our membership services initiative. For more information and to apply for the position, please visit: www.ismp.org/node/20395.

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reports of disrespectful behaviors means they are not occurring. Other means of surveillance to identify disrespectful behaviors should be employed, which include feedback from patients and families, staff and patient surveys, focus groups, informal dialogue, peer and team evaluations, and direct inquiries at routine intervals. Surveys appear to be a reliable surveillance tool. Also ensure that targets, witnesses, and accused offenders are being treated fairly.

| SUPPORT |

Establish a support system. Experiencing, witnessing, or being accused of disrespectful behaviors can have a harmful impact on staff and their colleagues. To ensure their wellbeing and offer them support while a complaint is being investigated and addressed, involved staff should be encouraged to access available resources such as an employee assistance program, dignity advocates, or cultural ambassadors. Labor unions can also provide support for these individuals. Additionally, some organizations have trained and mobilized specific staff support crisis teams, which respond to the targets, witnesses, and offenders of the behavior. Functioning much like a trained rapid response team, experts on the management of disrespectful behaviors in healthcare triage staff in severe emotional distress and provide support to those afflicted. Access to, or utilization of, a support crisis team may be key to the sustainability of a respectful, healthy workplace.

Additional Resources

■ Website

- Workplace Bullying Institute: www.workplacebullying.org

■ Books

- Curry L. *Beating the Workplace Bully: A Tactical Guide to Taking Charge*. New York, NY: American Management Association, AMACOM. 2016.
- Namie G, Namie R. *The Bully at Work: What You Can Do to Stop the Hurt and Reclaim Your Dignity on the Job*. 2nd ed. Naperville, IL: Sourcebooks. 2009.
- Namie G, Namie R. *The Bully-Free Workplace: Stop Jerks, Weasels, and Snakes from Killing Your Organization*. Hoboken, NJ: Wiley. 2011.

■ Videos, Podcasts, and Webinars

- Workplace Bullying Institute. Various videos, podcasts, and webinars, including survey results, illustrative cases, tutorials, implementation strategies, and news stories. YouTube. 2012-2022. www.ismp.org/ext/859

■ Recent Survey Results

- Workplace Bullying Institute. 2021 WBI U.S. workplace bullying survey: the fifth national scientific WBI study: Zogby Analytics, pollster. 2021. www.ismp.org/ext/756
- ISMP. Survey results: practitioners speak up about the persistence of disrespectful behaviors in healthcare. *ISMP Medication Safety Alert! Community/Ambulatory Care*. 2022. 21(7):1-4.
- American Pharmacists Association, National Alliance of State Pharmacy Associations, Alliance for Patient Medication Safety. Pharmacy workplace and well-being reporting. 2022. www.pharmacist.com/pwwr

■ Guidance Documents and Tools

- Acas. Handling a bullying, harassment or discrimination complaint at work. 2021. www.ismp.org/ext/860
- American Medical Association. Bullying in the health care workplace. A guide to prevention and mitigation. 2021. www.ismp.org/ext/757
- Cooper CL, Swanson N. Workplace violence in the health sector: state of the art. Geneva, Switzerland: International Council of Nurses; World Health Organization; 2013. www.ismp.org/ext/760
- NHS Employers. Bullying in healthcare: resources and guidance to help build a positive culture and a supportive environment. Guidance from the NHS Staff Council's Health Safety and Wellbeing Partnership Group (HSWPG). 2019. www.ismp.org/ext/758

Your Reports at Work

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conjugate vaccine component was given by itself (www.ismp.org/node/260). The new one-vial presentation is a significant improvement because it prevents this possibility. The Menveo one-vial presentation will become available in mid-2023. However, since the new presentation is for individuals 10 through 55 years, the two-component presentation will still be available for patients as young as 2 months (www.ismp.org/ext/1034). Organizations should develop transition plans for the introduction of the new Menveo product.

ISMP would like to acknowledge those who reported concerns with the two-component Menveo vaccine and encourage organizations to continue to provide feedback to us so we can work with the FDA and manufacturers to improve the safety of product labeling and packaging.

Special Announcement

Donate to the Cheers Awards

You can help honor this year's blockbuster Cheers Award winners by making a donation. Your participation helps bring attention to safety advances and enables ISMP to continue the core of its lifesaving work—preventing medication errors. To make a donation and/or register for the dinner, please visit: www.ismp.org/node/34185.

To subscribe: www.ismp.org/node/126



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Report medication and vaccine errors to ISMP:

Call 1-800-FAIL-SAFE, or visit www.ismp.org/report-medication-error. ISMP guarantees the confidentiality of information received and respects the reporters' wishes regarding the level of detail included in publications.

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