

**Patient/Family/Visitor Code of Conduct: Responding to Disrespectful,
Discriminatory, Disruptive, or Harassing Behaviors**

POLICY:

1. Patients and family/visitors are expected to speak and behave in a respectful manner to all members of the MGH community (i.e., workforce members, other patients, family members and other visitors).
2. Patient and family/visitor who engage in disrespectful, discriminatory, disruptive, or harassing behavior(s) and or language (oral or written) directed at any member of the MGH community (i.e., workforce members, other patients, family members and other visitors) will not be tolerated. Examples of such behavior include, but are not limited to:
 - Derogatory or offensive remarks about a workforce member's race, color, accent/language, national origin, ethnicity, religious creed, sex, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or active military status, or immigration status.
 - Requests or demands for a specific type of workforce member based on the workforce member's characteristics listed above
 - Yelling or swearing
 - Verbal threats or threatening gestures
 - Physical assault or attempted assault
 - Spitting, throwing objects or other violent behaviors
 - Sexual remarks, gestures, or physical contact
 - Unwanted communication with a clinician or other staff member not related to clinical care
 - Refusal to follow unit or practice-specific policies or guidelines that guide the patient's care and treatment.
 - Disrupting another patient's care or experience.
3. Patient or family/visitor who make discriminatory requests or demands for a specific type of clinician or workforce member based on a characteristic(s) (as listed above) of the clinician/workforce member will not be accommodated.
 - a. View all requests with the lens of trauma-informed care to determine the appropriateness of the request ([Appendix A](#)).

- b. Non-discriminatory requests for a specific type of clinician or workforce member may be considered based on, including but not limited to, the following characteristics:
 - i. gender (e.g., female patient requests a female clinician);
 - ii. language (e.g., Limited English Proficient patient requests a clinician who speaks their native language);
 - iii. members of historically marginalized groups who have experienced health disparities (e.g., a Black patient requests a Black clinician);
 - c. The ability to accommodate a non-discriminatory request is influenced by many factors including clinician availability. If unable to accommodate a non-discriminatory request, consider providing a chaperone, engaging a medical interpreter, etc., as a way to ensure quality and equity of care.
4. Use the SAFER Model in Procedure Section 1 to address unacceptable patient/family/visitor comments and/or behavior(s).
- a. Workforce members who witness or hear such comments or behavior targeted at another workforce member will assist in addressing the situation and provide support to the targeted individual.
 - b. A team approach (i.e. colleagues and/or leadership) will be used to address the situation and to assist with setting behavioral expectations for the patient/family/visitor.
 - c. Emergency care must be provided under the Emergency Medical Treatment and Labor Act (EMTALA).
 - d. If a family member/visitor does not adhere to behavioral expectations set by the staff, they will need to leave.
 - e. If a patient does not adhere to behavioral expectations set by the staff and they do not need further treatment, they may be discharged.
 - f. If a patient does not adhere to behavioral expectations set by the staff and they need further treatment, staff should escalate the situation up the chain of command to senior leadership including the Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Office of General Counsel (OGC) for direction and decision-making regarding discharge.
5. Documentation and hand off communication between areas is important to addressing unacceptable patient/family/visitor behavior. It is strongly recommended that an acute care plan be developed to ensure communication of any issues across encounters/admissions.

SCOPE: This policy applies to all areas of the MGH/MGPO.

DEFINITIONS:

- Workforce member: clinicians, employees, volunteers, vendors, and students.
- MGH Community: workforce members, patients, family members, visitors.
- Workforce Member Characteristics: race, color, accent/language, national origin, ethnicity, religious creed, sex, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or active military status, or immigration status.
- Care Team: clinicians and non-clinicians who care for and/or interact with patients, family members and visitors.
- Targeted workforce member: the individual who is the victim of the discriminatory behavior which is the subject of this policy.
- Bystander: any workforce member who witnesses or hears (includes being confided in by a targeted workforce member) a patient/family/visitor's discriminatory/disruptive/harassing/disrespectful comments and/or behavior which is the subject of this policy.

PROCEDURE:

1. When a patient, family member or visitor speaks or behaves in a disrespectful, disruptive, discriminatory, or harassing manner directed at any member of the MGH community, any workforce member (including the targeted workforce member, bystander, and manager/leader) who experiences, witnesses or hears about this inappropriate behavior can use the following framework to address the behavior:

SAFER Model	
Step	Sample Actions
S	<p>Speak up: address the situation with the patient/family/visitor.</p> <p>Support the targeted workforce member during and after the interaction using a team approach:</p> <ul style="list-style-type: none"> • inform and request support from the appropriate manager/supervisor/director/attending/chief, a co-worker, or other hospital resource such as the Employee Assistance Program. • manager/supervisor/director or attending/chief will intervene on the workforce member(s) behalf as necessary • both peers and others should support the affected workforce member after the interaction, acknowledging the patient's behavior and its potential impact on the workforce member. • a change in clinical/work assignment may be offered if available and desired by the workforce member.

	<ul style="list-style-type: none"> hospital resources such as the Employee Assistance Program (EAP), Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, the Child Protection Team and Police and Security are available to help support the targeted workforce member and/or assist with responding to the inappropriate behavior. Training such as Management of Aggressive Behavior (MOAB) is also available.
<p>A</p>	<p>Assess the situation and the circumstances in which the inappropriate comment and/or behavior has occurred:</p> <ul style="list-style-type: none"> if the patient is not physiologically/psychologically stable, clinicians provide needed care. if the patient has altered mental status or disability, this model may not be appropriate. See Procedure Section 2 below. if the workforce member(s) receives a specific discriminatory request or demand for a specific type of workforce member, acknowledge and clarify the reason for the request/demand. <p>Address the behavior:</p> <ul style="list-style-type: none"> ask for assistance from a co-worker/peer, colleague, and/or nurse or physician leader. for discriminatory request/demand, explain the hospital's: <ul style="list-style-type: none"> commitment to a non-discriminatory environment. reliance on our talented workforce members to provide the highest quality health care and services. assurance that the workforce member is qualified and best positioned to provide the needed care/service to the patient/family. contact Police and Security when the patient's/family members'/visitor's behavior is disruptive or violent or creates an unsafe situation. if unable to resolve at the local level and the patient continues to require treatment, the situation may be escalated to senior leadership up to and including the CMO, CNO and OGC. <ul style="list-style-type: none"> Consider discharge as an option. <p>Access resources as needed:</p> <ul style="list-style-type: none"> unit-based such as a colleague, nurse or physician leader hospital resources such as the Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, Employee Assistance Program, the Center for Diversity and Inclusion and the Office of Equity and Inclusion, Police and Security may be engaged as appropriate.

	<ul style="list-style-type: none"> ○ In addition, for children under our care whose parents/guardians are acting inappropriately, a number of additional support services may be indicated to assist, including the Child Protection Team and the Office of General Counsel. ○ If a patient or visitor is the target of the unacceptable behavior, consider contacting the Office of Patient Advocacy.
F	<p>Focus on Mass General values:</p> <ul style="list-style-type: none"> ● state the hospital's expectation regarding respectful treatment of all members of the MGH community. ● review the Patient Rights Notification and/or Visitor policies with the patient, family member or visitor (see related links at top of page) ● review the Inpatient or Ambulatory Patient/Visitor Code of Conduct handouts/posters (see Appendix B).
E	<p>Explain behavioral expectations and set boundaries with the patient, family member or visitor. Examples of actions that may be taken to set behavioral expectations for the patient and/or visitor include:</p> <ul style="list-style-type: none"> ● explain that such comments and/or behaviors are inappropriate and will not be tolerated. ● discuss options with the patient/family/visitor and health care team. ● discuss implications of care/service refusal. ● provide clinical care and support to the patient/family/visitor while next actions are being determined. ● limit unacceptable conduct and set behavioral expectations. ● continue to refer to this policy as well as the Patient Rights Notification and Visitor Policies (see related links at top of page). ● Consider discharge.
R	<p>Report the interaction and the plan including</p> <ul style="list-style-type: none"> ● the care team and/or other workforce members ● document in the patient's record ● complete a Safety Report. The manager will work with the targeted workforce member or bystander to file a Safety Report as necessary. ● debrief with care team/colleagues <p>Reinforce behavioral expectations.</p> <ul style="list-style-type: none"> ● if the patient or family/visitor affirms that they understand the rationale and need for the comments and/or behavior to stop and indicates an ability to act appropriately, then clinical care and other interactions will continue, with reminders regarding the requirement for respectful behavior provided as needed.

- 1.1. An algorithm that depicts the SAFER Model is included in [Appendix C](#).
- 1.2. Suggested strategies and scripting that help implement the SAFER Model are included in the Patient/Family/Visitor Code of Conduct: Strategies and Scripting Guideline (see related link at top of page).

2. Patients Unable to Be Held Accountable for Their Behavior

If the patient has temporary or permanent, limited or impaired capacity due to intoxication, infection or other medical condition(s) (e.g., delirium, dementia) or disability (e.g., Tourette Syndrome), the patient may not be able to be held accountable for their disrespectful comments or behaviors.

Provide care and re-evaluate the patient's behavior once the patient regains capacity (if appropriate). "Clustering care" may be as an intervention to minimize exposure to the patient's inappropriate behavior.

3. Support for Targeted Workforce Member(s)

In all situations, support will be provided to the targeted workforce member, acknowledging the patient's behavior and its potential impact on the workforce member.

- A change in clinical/work assignment may be offered if available and desired by the workforce member.
- Hospital resources such as the Office of Patient Advocacy, Center for Specialized Services, Spiritual Care Department, Social Services, Employee Assistance Program, the Center for Diversity and Inclusion and the Office of Equity and Inclusion, Police and Security are available to help support the targeted workforce member and/or assist with responding to the inappropriate behavior.
- Sample scripting that can be used to help support the targeted workforce member is included in the Patient/Family/Code of Conduct: Strategies and Scripting Guideline (see related link at top of page).

Keywords/search terms: Patient, family, color, visitor, behavior, disruptive, disrespectful, discriminatory, discrimination, harassment, harassing, violent, bigotry, bigot, racist, racism, sexist, sexism, homophobia, homophobic, transphobia, transphobic, xenophobia, xenophobic, Islamophobia, Islamophobic, anti-Semitic, anti-Semitism, ageist, ageism, ableist, ableism, bias, biased, intolerance, intolerant.

Approved by:	Clinical Policy & Record Committee (CP&R)	
Approved by:	Medical Policy Committee (MPC)	

Appendix A: Trauma-Informed Care

What is trauma?

The Substance Abuse and Mental Health Service Administration (SAMHSA) states that “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

What is a trauma-informed approach to care?

Trauma-informed approaches to care shift the focus from “*What’s wrong with you?*” to “*What happened to you?*”

SAMHSA’s description of a trauma-informed approach states that, “A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.”

Six key principles that can help guide care include:

- Safety;
- Trustworthiness and transparency;
- Peer support;
- Collaboration and mutuality;
- Empowerment, voice and choice; and
- Cultural, historical, and gender issues.

Definitions of these key principles and other information can be found at:

<https://www.samhsa.gov/nctic/trauma-interventions>

Additional resources:

Center for Health Care Strategies

http://www.chcs.org/media/ATC_whitepaper_040616.pdf

U.S. Department of Health and Human Services: Centers for Disease Control and Prevention

<https://www.thenationalcouncil.org/topics/trauma-informed-care/>

Appendix B: In-Patient and Ambulatory Posters/Handouts



MASSACHUSETTS
GENERAL HOSPITAL

Patient, Family and Visitor In-Patient Code of Conduct

Our Code of Conduct is intended to maintain a safe and caring environment for all patients, staff, family/visitors at MGH.

Promoting Safety and Security

- No Weapons
- No Illegal or dangerous items
- No Alcohol, no drugs, smoking or vaping
- No Photography and video/audio recording

Communicating and Acting in a Respectful Manner

The following are not acceptable behaviors: Discriminatory, disruptive, disrespectful or harassing behaviors or language (oral or written) including, but not limited to:

- Offensive remarks about race, national origin, ethnicity, religion, sex, gender, gender identity or expression, sexual orientation, age, disability, military or immigration status
- Requests or demands for a clinician or other staff member based on the above characteristics
- Yelling or swearing
- Spitting or throwing objects
- Any physical or attempted assault
- Sexual or vulgar remarks or behaviors
- Refusal to follow unit or practice specific policies or guidelines that guide the patient's care and treatment
- Disrupting another patient's care or experience
- Family/Visitor refusal to follow staff requests related to the need to provide direct patient care
- Unwanted communication with a clinician or other staff member not related to clinical care

Code of Conduct Violations

- If you are a patient, you may be discharged and you may not be able to receive care in the future at Mass General
**Does not apply to emergency treatment under EMTALA*
- If you are a family member or visitor you will be asked to leave the premises and future visitation may be restricted.

If you are a patient or family member/visitor and are the target of any of these behaviors, please report your concerns to a staff member.



Patient, Family and Visitor Ambulatory Care Code of Conduct

Our Code of Conduct is intended to maintain a safe and caring environment for all patients, staff, family/visitors at MGH.

Promoting Safety and Security

- No Weapons
- No Illegal or dangerous items
- No Alcohol, no drugs, smoking or vaping
- No Photography and video/audio recording

Communicating and Acting in a Respectful Manner

The following are not acceptable behaviors: Discriminatory, disruptive, disrespectful or harassing behaviors or language (oral or written) including, but not limited to:

- Offensive remarks about race, national origin, ethnicity, religion, sex, gender, gender identity or expression, sexual orientation, age, disability, military or immigration status
- Requests or demands for a clinician or other staff member based on the above characteristics
- Yelling or swearing
- Any physical or attempted assault
- Sexual or vulgar remarks or behaviors
- Disrupting another patient's care or experience
- Refusal to follow unit or practice specific policies or guidelines that guide the patient's care and treatment
- Unwanted communication with a clinician or other staff member not related to clinical care

Code of Conduct Violations

- If you are a patient, you may be discharged and you may not be able to receive care in the future at Mass General
**Does not apply to emergency treatment under EMTALA*
- If you are a family member or visitor you will be asked to leave the premises and future visitation may be restricted.

If you are a patient or family member/visitor and are the target of any of these behaviors, please report your concerns to a staff member.

Appendix C: SAFER Model Algorithm

