



MOUNT SINAI HEALTH SYSTEM POLICY & PROCEDURE

Mount Sinai Beth Israel
Mount Sinai Brooklyn
Mount Sinai Hospital
Mount Sinai Morningside
Mount Sinai Queens
Mount Sinai West
New York Eye & Ear Infirmary

POLICY TITLE:	MSHS Responding to Racist and Discriminatory Patient Behavior		
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I. POLICY

At the Mount Sinai Health System (MSHS), we strive to provide care that is safe, compassionate and equitable. All individuals within our organization are entitled to safety, courtesy and respect. We are committed to creating a safe environment free from all forms of racism, bias and discrimination for all who enter our doors both virtually as well as physically. Any behaviors that undermine this commitment will not be tolerated. This policy will be enforced based on the impact of the discriminatory behavior or speech, not the intention.

Consistent with federal, state and city law, it is the policy of the Mount Sinai Health System that the hospitals, ancillary areas, medical practices, and the Icahn School of Medicine will not tolerate hateful, discriminatory, racist, bigoted or abusive speech or behavior of any kind on the basis of age, color, disability, gender, gender identity, immigration status, marital or partnership status, military service, national origin, pregnancy, race, religion/creed, sexual orientation or any other status protected by law.



This statement of policy not only applies to the MSHS workforce which includes our faculty, staff (including all clinical as well as non-clinical staff), residents, fellows, postdoctoral appointees, nurses, student employees, students, volunteers and vendors but is also extended to our patients as well as their family members and visitors. It is the expectation of The Mount Sinai Health System that our staff, managers, educators, mentors and leadership support any individual who encounters racist, discriminatory and/or bigoted behavior or speech while continuing to honor its commitment to providing compassionate, equitable, safe and high-quality care.

This policy was created by the Work Group Responding to Racist and Discriminatory Patient Behavior.

II. SCOPE

Any patient, family member or visitor who displays racist, biased or discriminatory behavior in any way towards any member of the MSHS workforce, learning community or another patient/ family member or visitor.

III. DEFINITIONS

“Racist” behavior includes but is not limited to any verbal denigration or physical harassment or intimidation, violence, or threat of violence because of a person’s race or ethnicity.

“Antiracism” is the policy or practice of opposing racism and promoting racial tolerance.

“Antiracist behavior” is behavior that moves beyond being “not racist” and instead takes action when faced with racism. It describes someone who supports antiracist policy through their actions or the expression of antiracist ideas.

“Discriminatory” behavior includes but is not limited to language, requests or behaviors targeting workforce members based on their personal characteristics which include and are not limited to age, color, disability, gender, gender identity, immigration status, marital or partnership status, military service, national origin, pregnancy, race, religion/creed, sexual orientation.

IV. ESCALATION AND REPORTING OF RACIST AND DISCRIMINATORY BEHAVIOR:

The following sections contain concrete steps to take when racist or discriminatory behavior is encountered. The urgent medical needs of the patient will be the most important guide in decision making, which also includes determination of capacity. When racist or discriminatory behavior is exhibited in any way, we must prioritize antiracist and anti-discriminatory behavior as a reaction. Accordingly, the person exhibiting the offending behavior must be informed that we will not tolerate any such behaviors and that the targeted individual(s) and their welfare are a priority,

If a patient, family member or visitor exhibits discriminatory, racist, bigoted and/or abusive speech or behavior, the staff member, learner/trainee should report the incident to the care



team and/or Nurse Administrator, and when possible, the Patient Relations. If the patient's family member(s) or visitor(s) are exhibiting the inappropriate behavior related to this policy, the family member(s) visitation may be limited, and in extreme cases, visitation may be prohibited.

****The policy does not advocate that a staff member should refuse treatment of patients in critical or unstable condition.***

A. Process

The following general process should be followed in all instances:

1. Patient's medical condition must be evaluated.
 - a. If the patient's condition is emergent, then the patient must be treated in as effective way as possible.
 - b. If the patient is stable, capacity must be assessed.

Capacity¹ should be determined by a physician and when appropriate, Psychiatry. The team will determine whether the offender's problematic behavior is the direct result of a clinical impairment, such as psychiatric, neurologic disease or medication side effects/substance abuse. The care team may choose to take this into account in addressing the behavior.

- c. If the patient lacks capacity, the resolution should be decided on a case- by- case basis.
2. If the patient has capacity, the reason(s) for the behavior, or request to change providers based on the provider's perceived identity, must be understood. In the rare instances when the reasons are clinically and ethically appropriate, an accommodation may be considered. After a determination of capacity has been made, efforts should be made, led by the care team and Nursing Administration, to address any behavioral issues (*see section V for guidance*). If the speech or behavior persists, additional efforts to resolve the inappropriate behavior prior to discharge include:
 - a. A behavior plan,
 - b. Change in the provider or other adjustment to the care team depending on the comfort level of the provider involved
 - c. Restrictions on patient privileges²
 - d. Hospital security involvement

If the patient does not abide by the guidelines as per the behavior plan and the patient is in an out-patient location (ambulatory, medical practices, etc.), the patient may be asked to leave the premises. In extreme cases, the patient's access to the medical practice may be restricted for a given amount of time, or permanently. If the patient does not abide by the guidelines as per the behavior plan and the patient is in inpatient care, the patient may be discharged from the hospital. Please note: patients cannot be restricted from access to Emergency Rooms.

¹ Capacity is defined as the patient's ability to make decisions and to understand the benefits and risks to their behavior.

² Patient privileges can relate to visitation,

B. Discharge Protocol: Inpatient

Once appropriate steps have been taken up to and including a meeting with the patient (and representative, if applicable) and a behavioral agreement that has been properly explained to the patient (and representative, if applicable) and documented in the patient's medical record, a patient may be discharged.

Patient will receive the discharge notice (IDP), and discharge instructions will be reviewed with the patient. The care team will provide all necessary prescriptions needed for discharge. If needed, equipment and home care needs should be in place and follow-up appointments/referrals will be made on the patient's behalf. If necessary, security may escort the patient off the unit. At no time should Mount Sinai personnel remove a patient unless that patient is posing an immediate danger to others on the unit.

If police involvement becomes necessary, the following steps should be taken prior to police removing the patient from the unit:

- a. Security and/or Engineering should be called to control the elevator (an elevator must be designated for the sole use of this activity).
- b. All of the patient's belongings must be gathered and discharged with the patient.
- c. It should be determined whether the Nurse Manager and/or designee should escort the patient with Security/police during removal.

C. Discharge Protocol: Outpatient

1. A discharge letter must be mailed (certified) to the patient and include:
 - a. Thirty-day notification from the date of the letter that patient will be discharged from the ambulatory practice.
 - b. At least three appropriate referrals to outside facilities/physicians.
 - c. Letter must inform patient of their right to utilize the Emergency Room at any time.
2. If a patient's behavior is felt to be so egregious or their actions of such a threatening or harmful nature that immediate discharge from the practice is warranted prior to a meeting or behavioral agreement, a discharge letter may be issued as follows:
 - a. Immediate notification from the date of the letter that patient will be discharged from the ambulatory practice.
 - b. At least three appropriate referrals to outside facilities/physicians. Letter must inform patient of their right to utilize the Emergency Room at any time.

D. Requests to Change Providers Based on Perceived Identity of the Clinician:

Any requests for change in provider, other staff person or learner/trainee based upon any of the protected classes delineated above will not be honored, except in rare cases related to the distinctive clinical needs of the patient as determined by the care team. Additionally, patient requests for room changes based on their roommate's personal characteristics related to protected classes will be treated similarly. Exceptions will be considered on a case-by-case basis and may include, cognitive dysfunction, past trauma that may be linked in a patient's mind to personal characteristics or gender preferences relating to modesty issues. These exceptions will be considered by the care team and/or Nurse Administration on the unit in

conjunction with Patient Services (during normal business hours). PFEC is always available for consultation. In complex cases where special concerns arise, Legal and the Ethics Committee may be consulted.

If the incident occurs outside of regular business hours, the care team, Nurse Administration and/or resident on call can convene to decide whether there is any basis to honor the request. Patient Services should be notified of the incident during normal business hours. All incidents should be appropriately logged in the patient's medical record.

E. Referral to the Patient Family Engagement Committee (PFEC)

The Mount Sinai Health System Patient and Family Engagement Policy (PFEC 2017) supports the staff and learners in the event a patient and/or family member(s) engages in inappropriate, harmful and/or disruptive behavior. The Patient Family Engagement Committee is available to review and make recommendations regarding the management of racist and discriminatory behavior.

F. Report and Review

Racist and/or discriminatory behavior by a patient or family member towards another patient or family member, or towards any member of the MSHS workforce, learning community or another patient/family member or visitor should be reported by a entering it into the *Safety Net* database, which can be accessed via the desktop or the application launcher. Any events involving racial or discriminatory bias not perpetrated by a patient, family member or visitor, but rather by staff should be reported to the compliance hotline. Requests to change providers should be documented appropriately in the patient's chart.

The Workgroup on Racist and Discriminatory Patient Behavior will review this data on a regular basis.

V. SUGGESTED MESSAGING TO PATIENTS

If the staff or learner/trainee is comfortable speaking to the patient and/or family member(s) about their inappropriate speech and/or behavior, the scenarios below may provide guidance.

1. Patient makes a discriminatory comment or uses to a group of staff members/staff member, learner/trainee. Response should be similar to any patient, family member or visitor who is using profanity or abusive language:
 - a. "Please do not use that type of language as it is offensive to others and not acceptable at Mount Sinai Health System."
 - b. "Here at The Mount Sinai Health System, we have a no tolerance policy for inappropriate behavior or offensive comments. Please refrain from making such remarks."
 - c. "MSHS supports and upholds values of antiracism. We believe in supporting those targeted by racist or discriminatory behavior. Our policies are enforced not on the basis of intention but on the impact of one's inappropriate behavior."
 - d. "Your comments have no place in this hospital. Our staff are well-trained and very capable of providing high quality care; all are professionals and we expect that you will treat them with respect."

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- e. "You will be cared for by another clinician. The current clinician is no longer comfortable treating you based on your offensive behavior/comments."
 - f. "We are committed to providing the very best care to all. Your behavior is preventing us from providing this care. We ask that you please stop (describe the behavior) so that we may help you to the best of our ability."
2. Patient or patient's family member makes a request to change a staff assignment or learner/trainee based on the perceived identity of the care provider, and the request is denied.
 - a. "It is not our policy to make staff changes based on race, ethnicity, religion, gender identity, or sexual orientation of the care provider. Our staff/learners/trainees are well- trained and extremely competent."
 - b. "Our policy is to staff our hospitals with care providers without bias or discrimination based on race, ethnicity, religion, age, sexual orientation, gender identity or gender expression, disability or any other bias. Our staff/learners/ trainees are well-trained and extremely competent."
 - c. "We will not make changes based on the comments you have provided. We treat all of our patients, staff, and learners/trainees with respect, and we expect the same from our patients."
 - d. "Your request has been denied. You will continue to be cared for by [provider's name]. All of our staff are well-trained in providing the highest quality of care. If you are not comfortable, you are welcome to leave the facility."
 - e. "Based on your behavior and/or discriminatory comments, we specifically denied your staff change. However, we will assign you a new clinician because your current clinician is no longer comfortable providing you treatment."
 3. Patient or patient's family member make a request to change room assignment based on the perceived identity of the roommate or the roommate's visitors, and the request is denied.
 - a. "It is not our policy to make room changes based on race, ethnicity, religion, gender identity, or sexual orientation of your roommate."
 - b. "Our policy is to provide safe and appropriate room assignments to all patients regardless of race, ethnicity, religion, age, sexual orientation, gender identity or expression, disability or any other bias."
 - c. "We assign room assignments at random and do not plan roommates based on race, ethnicity, religion gender identity, or sexual orientation."
 - d. "Your request has been denied. We do not make room assignments based on race, ethnicity, religion, age sexual orientation, gender identity, or expression or disability when making room assignments."
 - e. "We do not make room assignments that discriminate based on race, ethnicity, religion, gender identity, or sexual orientation, but we will have to change your room if your behavior toward your roommate concerning one of these personal characteristics makes them uncomfortable."

VI. SUGGESTED MESSAGING TO TARGETED STAFF MEMBER/LEARNER

1. Patient makes a discriminatory comment to a group of staff members/staff member. Response should be similar to any patient or family member who is using profanity or abusive language. Remember to always check-in with the targeted staff or learner

- first.
- a. "I am so sorry this happened to you. Would you like to tell me more about it? What do you need to feel safe, here?"
 - b. "It upsets me that this happened to you. I want you to know that you have the right to refuse to care for this patient. We want to make sure that you feel supported and have the agency to make this decision for yourself."
 - c. "You are completely entitled to express your feelings. I support your decision to continue to work with this patient, or to have them reassigned."
2. Patient or patient's family member makes a request to change a staff assignment based on the perceived race, ethnicity, religion, gender identity or sexual orientation, etc. of the care provider, and the request is denied. Such requests will not be honored, except in rare cases determined by the care team or Nurse Administration.
- a. "I am so sorry this happened to you. At the Mount Sinai Health System, our policy is not to honor any requests that are of a discriminatory, racist or bias nature, and it is my responsibility to you to support you."
 - b. "You are entitled to request an assignment change. Your fellow staff members and I are here to support you. However, you may also choose to remain on this assignment. The choice is yours."
 - c. "I understand you want to continue working with this patient. Would it be helpful if I joined you in addressing this patient in an educational manner to defuse the situation?"
3. Patient or patient's family member makes a request to change room assignment based on the race, religion, or sexual orientation of roommate or visitors, and the request is denied. Such requests will not be honored, except in rare cases determined by the care team or Nurse Administration.
- a. "Would it be helpful if I joined you in working to address this issue with this patient in an educational way?"
 - b. "You have the authority to tell the patient that their request is denied. If you require additional support, please let me know."
 - c. We do not make room assignments that discriminate based on race, ethnicity, religion, gender identity, or sexual orientation."
 - d. "The patient is being inappropriate, and we do not indulge this behavior. However, I can help you find a new room for this patient if their roommate feels uncomfortable with their behavior."

VII. SUGGESTED MESSAGING TO TARGETED PATIENTS, FAMILIES, OR VISITORS

1. Patient, family member, or visitor has had discriminatory language or behavior directed toward them by another patient, family member, or visitor. Always check in with the targeted person first.
 - a. "I am so sorry this happened to you. Would you like to tell me more about it? What do you need to feel safe here?"
 - b. "It upsets me that this happened to you. You have every right to feel the way you do. I want you to know that your care team is here to support you. We will explore how to respond to this situation and recommend accommodations to provide you with the best care."



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- c. "You are completely entitled to express your feelings, and your care team is here to listen. I want you to know that Mount Sinai does not support this behavior, and our responsibility is to protect you.
- d. "I apologize that this happened to you and want you to know that the Mount Sinai Health System does not support or tolerate this behavior. If you are comfortable, please feel free to share your feelings with us, as we are here to best support you, and we are happy to intervene."

VIII. PATIENTS' RIGHTS AND RESPONSIBILITIES

Your Responsibilities as a Patient at the Mount Sinai Health System

This statement of Patient Responsibilities was designed to demonstrate the mutual respect and cooperation that are basic to the delivery of safe, compassionate and equitable health care delivery.

Demonstrate Respect and Courtesy:

Patients along with their family members and visitors, are expected to recognize and respect the rights of other patients, visitors, staff and learners/trainees.

Consistent with federal, state and city law, it is the policy of the Mount Sinai Health System that the hospitals, ancillary areas, medical practices, and the Icahn School of Medicine will not tolerate hateful, discriminatory, racist, bigoted or abusive speech or behavior of any kind on the basis of age, color, disability, gender, gender identity, immigration status, marital or partnership status, military service, national origin, pregnancy, race, religion/creed, sexual orientation or any other status protected by law.

Any threats of violence, disrespectful communication or harassment of any kind will not be tolerated.

Furthermore, any requests for change in provider or other staff person or learner/trainee based upon their race, ethnicity, religion, sexual orientation or gender identity will not be honored, except in rare cases related to the distinctive clinical needs of the patient determined by the care team. Additionally, patient requests for room changes based on their roommate's race, ethnicity, religion, sexual orientation or gender identity will similarly not be honored except in the event that the request is ethically and clinically appropriate.

IX. EDUCATION

Advance knowledge and training about this policy will better prepare staff to assess the appropriate course of action in these challenging situations. Accordingly, this policy should be included regularly in workforce and learner/trainee education.

REFERENCES:

1. Kendi, I. (2019). *How to Be an Antiracist*. Random House.
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3. Oluo, I. (2018). *So You Want to Talk About Race*. Seal Press.
4. Reynolds, Kimberly L., Cowden, John D., Brosco, Jeffrey P., Lantos, John D. (2015). When a Family Requests a White Doctor. *Pediatrics* 2015; 136;381. DOI: 10.1542/peds.2014-2092. <https://pediatrics.aappublications.org/content/136/2/3>



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REVIEW/REVISION HISTORY

<i>Reviewed</i>	<i>02/21</i>							
<i>Revised</i>	<i>02/24</i>							

- *Policy developed*

* *System policy*



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