



St Vincent's
**ETHOS
PROGRAM**

Building a
culture of safety
and respect

**ETHOS
PROCEDURE**

Inspired to
Shine



ST VINCENT'S
HEALTH AUSTRALIA



CONTENTS

Background	1
Purpose	2
What is an Ethos Message?	4
What is the triage team?	4
1. Making a report using the Ethos reporting tool	5
1.1 Internal report – from a staff member, volunteer or student	5
1.1.1 What kind of behaviour can be reported?	6
1.1.2 When should I use the Ethos reporting tool?	7
1.1.3 Anonymous reporting	8
1.2 Internal report – from a patient via the patient complaints process	9
1.3 Internal report – from Human Resources	9
1.4 External report – from an external organisation	9
2. The triage process	10
2.1 Report is assessed by the triage team	10
3. Assign	12
3.1 Positive reports	12
3.2 Negative reports	12
4. Respond	14
4.1 Level 1 reflect	14
4.2 Level 2 alert	16
4.3 Level 3 account	18
4.4 Level 4 sanction	18
4.5 The report is closed	18
4.6 Timelines	18
4.7 Reporter protection	21
4.8 Vexatious reporting	21
5. References	21

BACKGROUND

The pressures of modern healthcare often reduce complex, intimate, care giving relationships into a series of demanding tasks performed under severe time and financial constraints. Even under these conditions, the vast majority of our staff continue to live our Values every day and in turn, deliver excellent patient care.

However, we know there are times at SVHA when staff are not treated with respect or worse, are treated with disrespect including emotional abuse, bullying, learning by humiliation, fear, intimidation, ignoring, isolating, yelling, put-downs and humour at others' expense. These behaviours undermine a culture of safety, contribute to unreliable systems and interfere with healthcare professionals' and hospitals' ability to achieve positive clinical outcomes.

Safety efforts such as clinical care bundles, checklists, procedures, protocols and guidelines; staff programs such as well being programs, work health and safety initiatives, and improvement efforts, have achieved a measure of success but not the degree anticipated because, without addressing behaviour, improved systems alone do not optimise safety. There is a growing body of evidence of the link between behaviour and clinical outcomes including:

- Surgeons who had a high number of patient complaints also had a 14% higher rate of complications following surgery^[1]
- Diagnostic performance was lower for clinical teams exposed to rudeness^[2]

- Poor compliance with hand washing accounts for the development of healthcare associated infections^[3]
- Disruptive behaviours have negative effects on staff (stress, reduced teamwork, loss of concentration) and result in reduced patient satisfaction and increased medical errors and adverse events.^[4-6]

Achieving safe, reliable, high quality care requires well designed systems and well-functioning teams. External scrutiny of the health sector has indicated that the sector is failing to respond effectively to entrenched cultures and behaviours that put the health and safety of staff and patients at risk. In order to address this, SVHA has committed to a program that acknowledges and rewards staff that live our values, but also responds quickly, equitably and consistently when staff exhibit behaviours that fail to meet the expectations of our organisation.

The Ethos program is not intended to replace or vary existing disciplinary procedures – which will continue to be fully and properly implemented where any disciplinary outcome is possible.

Rather, the Ethos program recognises that an early, non punitive intervention can achieve positive behavioural outcomes. The Ethos program, through an informal intervention known as an Ethos message, provides staff with an opportunity to reflect on their behaviour which may reduce the likelihood of their involvement in a formal complaints or disciplinary process in the future.

1. Cooper W et al. Use of Unsolicited Patient Observations to Identify Surgeons with Increased Risk for Postoperative Complications *JAMA Surg.* Feb 2017
2. Riskin A et al. The Impact of Rudeness on Medical Team Performance: A Randomised Trial. *American Acad. Paed.* June 2015.
3. Marimuthu K et al. The effect of improved hand hygiene on nosocomial MRSA control. *Antimicrobial resistance and infection control.* 3:34 Oct 2014.
4. Johnson, C., *Bad blood: doctor-nurse behavior problems impact patient care.* *Physician Executive*, 2009. 35(6): p. 6-11.
5. Saxton, R., T. Hines, and M. Enriquez, *The Negative Impact of Nurse-Physician Disruptive Behavior on Patient Safety: A Review of the Literature.* *Journal of Patient Safety*, 2009. 5(3):p. 180-183.
6. Rosenstein, A.H. and M. O'Daniel, *Disruptive Behavior & Clinical Outcomes: Perceptions of Nurses & Physicians.* *The American Journal of Nursing*, 2005. 105(1): p. 54-65.

PURPOSE

The Ethos program aims to result in a safe, gentle and more accountable healthcare system and is built on the principle; that all staff and patients should feel welcome, valued and safe (Figure 1).

Figure 1: The Ethos program is underpinned by three principles



The Ethos program allows us to:

- Recognise staff who exhibit positive behaviour and/or are exceptional role models
- Remove barriers to speaking up and make it easier and safer for people to speak up
- Respond quickly and fairly to incidents of behavior that undermine patient and staff safety

The Ethos program has been developed based on the experience of Vanderbilt University Medical Centre. Their research and over a decade of experience in more than 70 health care settings across the United States indicates that implementing a graduated consistent and transparent intervention process to address inappropriate behaviour:

- Led to behavior change when individuals were given feedback about their behavior from a peer in a non punitive way ^[1,2]
- Resulted in improved compliance with hand washing ^[3]
- Resulted in reduced health care associated infections

The Ethos program also includes the development of relationships between health services as well as regulatory and professional bodies across the health sector, recognising that cultural change of this magnitude cannot be undertaken in isolation.

The Ethos model consists of a pathway to respond to reports of behaviours that:

- Positively impact our culture (Figure 2);
- Negatively impact our culture (Figure 3 and Figure 4).

Figure 2: Pathway to respond to reports of behaviours that positively impact our culture

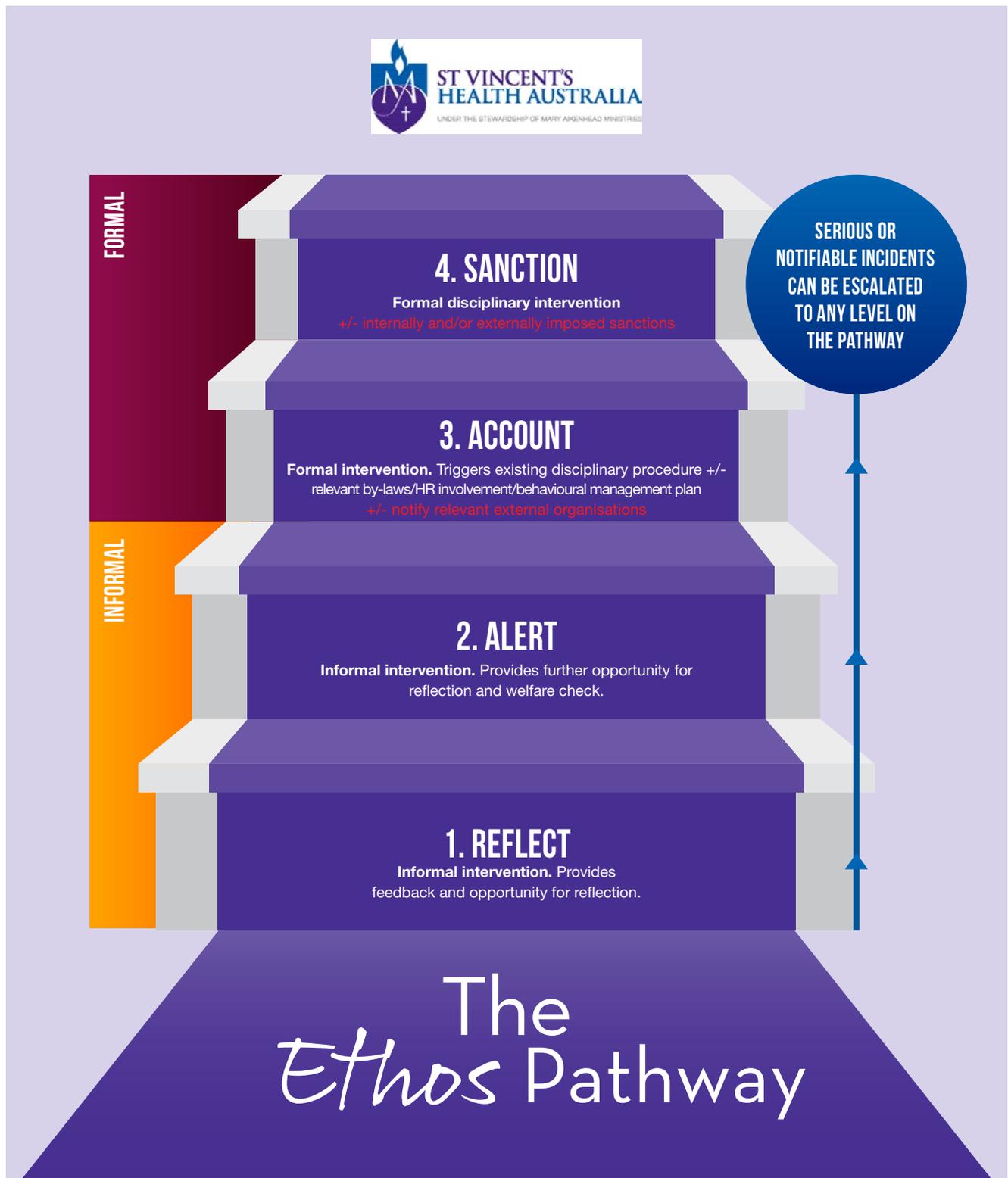


Figure 3: Pathway to respond to reports of behaviours that negatively impact our culture





Figure 4: The Ethos accountability pathway





WHAT IS AN ETHOS MESSAGE?

An “Ethos Message” is an informal and non-punitive message delivered to a staff member by a trained peer – known as an “Ethos messenger”. A staff member will receive an “Ethos” message when another person has made a report about their behaviour in the Ethos reporting tool where:

- the reported behaviour is assessed as undermining patient or staff safety; but
- does not warrant disciplinary action.

The Ethos message is non-punitive, informal, respectful and confidential and aims to provide staff with the opportunity to reflect on their behaviour and self regulate when necessary. It is designed to promote self-awareness and behavioural accountability.

An Ethos Messenger is a peer or colleague, with no hierarchical or personal relationship to the recipient of the message. The delivery of the Ethos message by someone who is neither senior nor junior to the recipient, emphasises the informal nature of the Ethos message. The term “Messenger” is used because the Ethos Message is a ‘one way’ interaction – the person receiving the Ethos Message is not required to respond to it, and there is no further action taken in relation to the matter.

Ethos Messengers are selected according to demonstrated behaviour against a set of criteria and trained to undertake the role.

WHAT IS THE TRIAGE TEAM?

The Triage Team are a small group of judiciously selected senior staff who review and triage all reports made via the Ethos reporting tool. The Triage Team consists of 3-4 people with an emphasis on a clinical background. e.g. a triage team may consist of a senior doctor, a senior nurse, a senior allied health professional and a clinical risk manager. Members of the triage team must be able to demonstrate:

- A strong commitment to staff and patient safety and building a culture of accountability
- A high degree of maturity and resilience
- Discretion and respect for sensitive issues
- A high degree of emotional intelligence
- A knowledge and understanding of the organisation
- Be widely respected and regarded by peers
- Capacity to take on this additional role

1

Making a report using the Ethos reporting tool

Reports about staff behaviour that are perceived as potentially undermining patient or staff safety can be received from a variety of sources including:

- Internal sources:
 - Staff members, volunteers or students
 - A patient via the patient complaints process (note: patients cannot access the Ethos reporting tool directly)
 - Human Resources (HR)
- External sources:
 - External organisations (i.e. such as AHPRA or RACS)

1.1

Internal report – from a staff member, volunteer or volunteer

Staff, volunteers or students can report positive or negative behaviour using the Ethos reporting tool.

The Ethos reporting tool is used for positive reports so that the report can be sent to the line manager of the staff member named in the report (Figure 2).

The Ethos reporting tool is used for negative reports because sometimes staff may feel ill-equipped and/or unable to speak up when they witness or in some way experience behaviour that they consider to undermine patient or staff safety. The barriers to speaking up are well known and include:

- Belief that the reported behaviour will not be addressed
- Distrust of management to manage complaints about behaviour
- Fear of repercussions
- A high degree of normalisation and acceptance of inappropriate behaviour

The Ethos reporting tool provides a safe avenue for all staff to report behaviours that they perceive as undermining staff or patient safety. Staff are required to register before they can access the tool. The tool is confidential and safe. To make a report in the Ethos reporting tool, the staff member needs to know the name of the person they are reporting.

What kind of behaviour can be reported?

Table 1 outlines the types of positive and negative behaviours that can be reported using the Ethos reporting tool. However this is not an exhaustive list and each report will be considered individually by the triage team.

Table 1: Positive and negative behaviours that can be reported using the Ethos reporting tool

Positive behaviours	Negative behaviours
<p>Behaviours that:</p> <ul style="list-style-type: none"> • Are consistent with and promote our Mission and Values • Create a collaborative and safe environment (promoting teamwork, acknowledging the contribution of colleagues, being open to new ideas, providing and receiving feedback in a constructive way) • Display respectful interactions at all times with patients, families and colleagues • Support organisational improvement efforts • Hold ourselves and others accountable for achieving performance expectations 	<p>Behaviours that:</p> <ul style="list-style-type: none"> • Interfere with our ability to achieve excellence • Are inconsistent with our values • Create intimidating, offensive or unsafe work environments • Undermine or are inconsistent with effective teamwork • Contravene our agreed policies and procedures including safety checks and processes

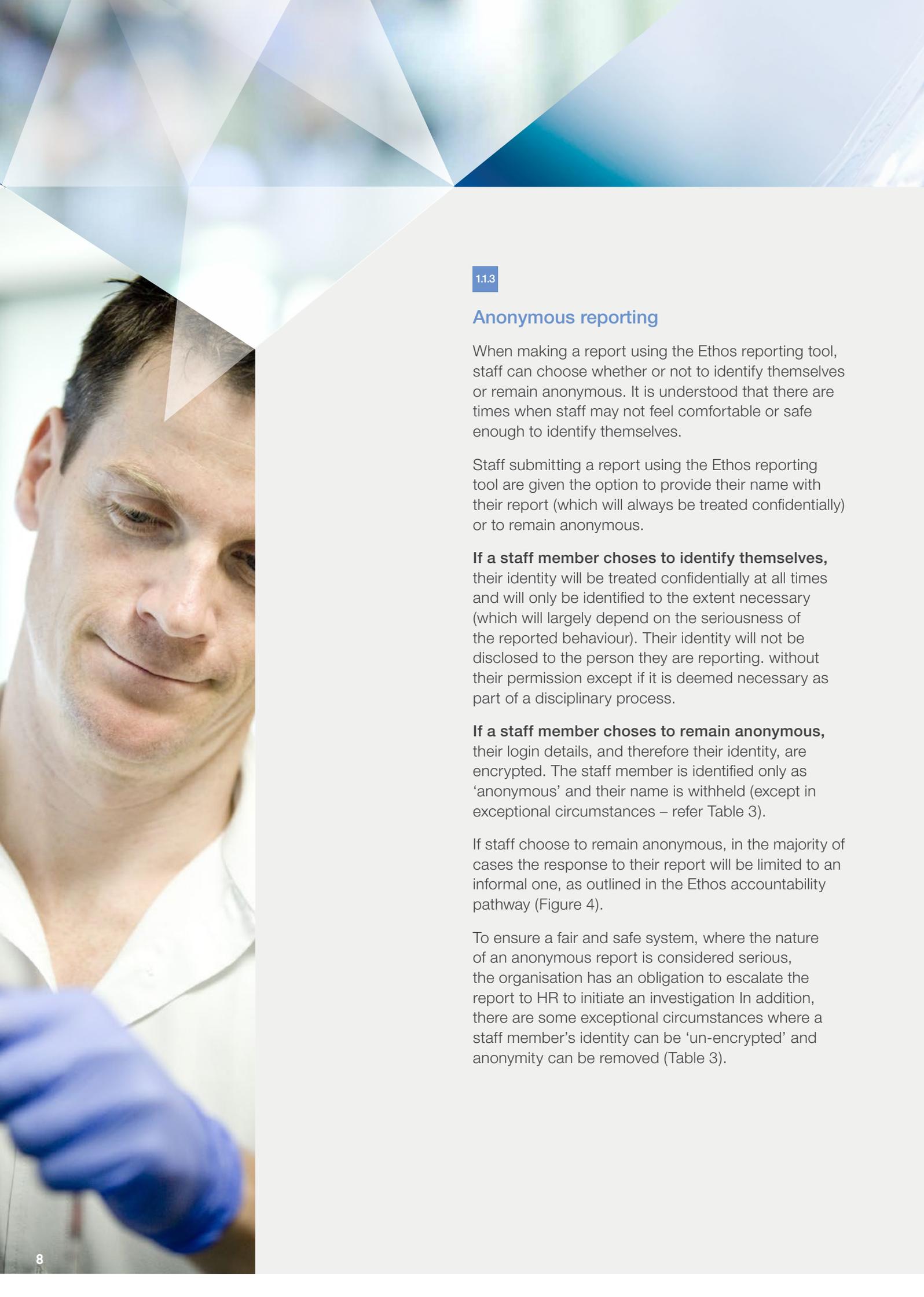
1.1.2

When should I use the Ethos reporting tool?

There are a number of different pathways that can be used to report unsafe behaviour. Table 2 guides the selection of the most appropriate pathway.

Table 2: Pathways for reporting unsafe behaviour, clinical incidents and work health and safety incidents

Pathway	Clinical incidents reported in incident management system (RiskMan/VHIMS)	Work Health and Safety incidents reported in incident management system (RiskMan/VHIMS)	Behaviours that undermine staff or patient safety reported in Ethos reporting tool	Behaviours that breach the code of conduct or HR policies and procedures to be reported to line manager or Human Resources
When to use it	For clinical incidents or adverse events (or near misses) that put patients at risk of harm	For work health and safety incidents (or near misses) that put staff at risk of harm	For behaviours that are perceived to undermine staff or patient safety or wellbeing and the individual is unable to speak up at the time or discuss with their line Manager	For serious misconduct or notifiable incidents
Examples	<ul style="list-style-type: none"> • Medication errors • Patient fall • Pressure injuries • Needlestick injury • Wrong site surgery • Retained surgical instrument • Unexpected death 	<ul style="list-style-type: none"> • Lost time injuries • Serious near misses 	Behaviours that may: <ul style="list-style-type: none"> • Interfere with our ability to achieve excellence • Be inconsistent with our Values • Create intimidating, offensive or unsafe work environments • Undermine or be inconsistent with effective teamwork • Contravene our agreed policies and procedures including safety checks and processes 	<ul style="list-style-type: none"> • Notifiable incidents • Sexual harassment either physical or verbal • Destruction of property • Making threats • Direct patient harm requiring escalation of care • Theft
Response	Response may include (depending on severity/type of incident) <ul style="list-style-type: none"> • Team based review • In depth case review • Root cause analysis • Risk reduction plan 	Response is outlined in the SVHA Incident Investigation Procedure attached to the SVHA Work Health and Safety Policy	Response determined by the Ethos accountability pathway and may include: Non-disciplinary intervention: <ul style="list-style-type: none"> • “Ethos” message from Ethos messenger • “Alert” conversation with manager Disciplinary process: <ul style="list-style-type: none"> • Investigation • Behaviour management plan • Written warnings • Suspension • Dismissal 	Response outlined in the Human Resources discipline policy



1.1.3

Anonymous reporting

When making a report using the Ethos reporting tool, staff can choose whether or not to identify themselves or remain anonymous. It is understood that there are times when staff may not feel comfortable or safe enough to identify themselves.

Staff submitting a report using the Ethos reporting tool are given the option to provide their name with their report (which will always be treated confidentially) or to remain anonymous.

If a staff member chooses to identify themselves, their identity will be treated confidentially at all times and will only be identified to the extent necessary (which will largely depend on the seriousness of the reported behaviour). Their identity will not be disclosed to the person they are reporting, without their permission except if it is deemed necessary as part of a disciplinary process.

If a staff member chooses to remain anonymous, their login details, and therefore their identity, are encrypted. The staff member is identified only as 'anonymous' and their name is withheld (except in exceptional circumstances – refer Table 3).

If staff choose to remain anonymous, in the majority of cases the response to their report will be limited to an informal one, as outlined in the Ethos accountability pathway (Figure 4).

To ensure a fair and safe system, where the nature of an anonymous report is considered serious, the organisation has an obligation to escalate the report to HR to initiate an investigation. In addition, there are some exceptional circumstances where a staff member's identity can be 'un-encrypted' and anonymity can be removed (Table 3).



Table 3: Exceptional circumstances for removing anonymity

<p>If you are reporting behaviour which is illegal, may be subject to mandatory reporting under law, or is of such seriousness that disciplinary action is required</p>
<p>If your report indicates concerns for your safety and confidential follow up is necessary</p>
<p>If a pattern of reporting suggests a vexatious intent by the reporter</p>

Under the circumstances outlined in Table 3, your organisation’s nominated authority has the authority to ‘un-encrypt’ the staff member’s identity and confidentially contact them to discuss next steps.

1.2

Internal report – from a patient via the patient complaints process

There is facility within the Ethos reporting tool to receive reports from a patient via the organisation’s patient complaints process. If a patient complaint refers to a specific staff member by name, the consumer liaison officer (or equivalent role or delegate) can enter the details of the patient complaint into the Ethos reporting tool using the **Consumer Liaison view**. The reporting tool will clearly indicate that the report has been entered by Consumer Liaison.

1.3

Internal report – from Human Resources

There is facility within the Ethos reporting tool to receive reports from a staff member via the organisation’s Human Resources (HR) department. If a staff member makes a complaint to HR about the behaviour of another staff member that meets the criteria for behaviour that undermines patient or staff safety (Table 1) then HR can enter the details into the Ethos reporting tool using the HR view. The reporting tool will clearly indicate that the report has been entered by HR.

1.4

External report – from an external organisation

With the agreement of SVHA, a delegated member of an external organisation (e.g. Australian Health Practitioner Regulation Agency (AHPRA) / Royal Australasian College of Surgeons (RACS) can forward a complaint about an SVHA staff member through the Ethos reporting tool. The reporting tool will clearly indicate that the report has been entered by an external organisation and will identify the organisation.

The triage process

All reports submitted via the Ethos reporting tool are reviewed by the triage team. The triage team members will receive an email alert when a report is submitted.

Report is assessed by the triage team

Upon receiving an alert, a member of the triage team logs into the Ethos reporting tool and assesses the following elements of the report:

- Is the report un-actionable (where un-actionable includes reports where the information provided is inadequate for assessment or the reported behavior is assessed as frivolous)? If yes – close the report with no further action.
- Does the report meet the criteria for ‘serious’ or ‘notifiable’ incidents (Table 4 and Table 5). If yes - the triage team will action immediately and appropriately according to the Ethos accountability pathway (Figure 3).
- Is the report anonymous? If yes and the report meets the criteria for removing anonymity (Table 3) then the super administrator will be asked to ‘unlock’ the reporter’s identity

The triage team will verify the identity of the subject of the report.

Once the person identified in the report has been successfully verified, the triage team will review any previous reports associated with the same individual and determine the appropriate intervention according to the Ethos accountability pathway.

The triage team may meet via phone or in person to review the report and related information and agree on a response.

The triage team will meet regularly to review all reports and ensure that the appropriate response has been triggered and also to ensure consistency and reliability in triaging practices.

Table 4: Criteria for serious incidents

Reported incidents that should be considered serious include (but are not limited to):

- Inappropriate physical contact
- Obscene behaviour or derogatory language
- Destruction of property
- Direct patient harm requiring immediate escalation of care
- Making threats
- Sexual harassment either physical or verbal or other types of harassment
- The reported person is a medical, nursing, allied health or other training supervisor of junior staff or students
- An incident that the triage team determine to be serious

Table 5: Criteria for notifiable incidents

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Health practitioners and their employers, as well as education providers, also have mandatory reporting responsibilities under the National Law and must report 'notifiable conduct' as outlined below.

Regulatory Agency	Definition of 'notifiable conduct' (including voluntary notification grounds)
<p>Australian health practitioner regulatory agency</p>	<p>Notifiable conduct by registered health practitioners is defined as:</p> <ul style="list-style-type: none"> • practising while intoxicated by alcohol or drugs • sexual misconduct in the practice of the profession • placing the public at risk of substantial harm because of an impairment (health issue); • placing the public at risk because of a significant departure from accepted professional standards; • conduct which is or may be of a lesser standard than that which might reasonably be expected of a practitioner; • a deficiency in the knowledge, skill or judgement which falls below the standard reasonably expected of a practitioner; • the practitioner seeking to be a fit or proper person to be registered in the profession including if they suffer from an impairment or fail to hold appropriate registration <p><i>Source: Health Practitioner Regulation National Law Act 2009</i></p>
<p>Work Safe Australia</p>	<p>A 'notifiable incident' is:</p> <ul style="list-style-type: none"> • the death of an employee or contractor while at work • a 'serious injury or illness' of an employee or contractor while at work, or • a 'dangerous incident' arising out of the conduct of a business or undertaking at a workplace.



3

Assign

3.1

Positive reports

Positive reports will be assigned to the subject's line manager who will share the report with their team member (the report subject). If the facility has a 'reward and recognition' program, reports can also be incorporated into this program.

Figure 2: Pathway to respond to reports of behaviours that positively impact our culture

Positive report submitted through Ethos reporting tool

The subject of report verified by Ethos triage team

The report sent to the subject and subject's line manager

The report can also be brought to the attention of the facility's reward and recognition program where one exists

3.2

Negative reports

The triage team assigns the appropriate response according to the Ethos accountability pathway. Firstly the triage team assign a severity level from column 1 of table 6 and then allocate an intervention from the corresponding row of column 2 of table 6.

Table 6: Severity level and corresponding allocation of intervention

Severity level options	Allocation options
Un-actionable	No further action
Level 1 reflect (for 1st, 2nd, and 3rd level 1 reports)	Allocated to Ethos messenger
Level 2 alert – apparent pattern (for 4th level 1 report)	Allocated to line manager
Level 2 alert – serious event	Allocated to line manager
Level 3 account – ongoing pattern (for 5th level 1 report)	Allocated to line manager and/or Allocate to Human Resources
Level 3 account – serious event	Allocated to line manager and/or Allocate to Human Resources
Level 3 account – notifiable event	Allocated to line manager and/or Allocate to Human Resources
Level 4 sanction – failure to respond at previous levels	Allocate to Human Resources and/or Allocate to external agency
Level 4 sanction – serious event	Allocate to Human Resources and/or Allocate to external agency
Level 4 sanction – notifiable event	Allocate to Human Resources and/or Allocate to external agency

When allocating the report to an Ethos messenger, the triage team selects the most appropriate Ethos messenger to undertake the intervention taking into consideration the availability of Ethos messengers, the location of the intervention, and ensuring no conflict of interest.

4

Respond

The following provides guidance for the triage team when assigning a severity level and outlines the response according to the Ethos accountability pathway.

4.1

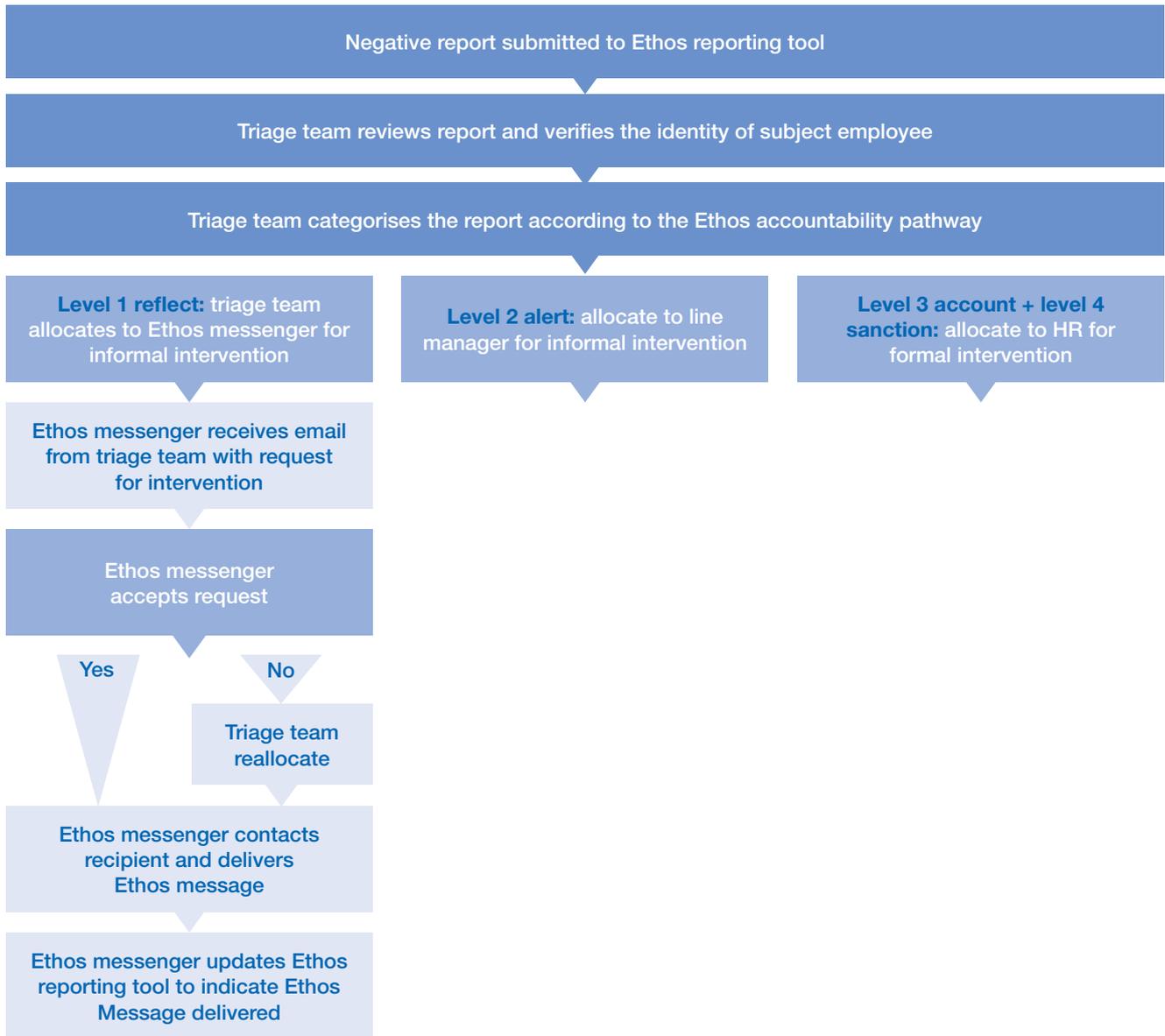
Level 1 Reflect

This is an informal intervention by an Ethos messenger who delivers an Ethos message aimed at providing information about the perceived impact of the recipient's behaviour on others and an opportunity for reflection. The level 1 reflect intervention is chosen when one of the following conditions are met:

- This is an employee's first, second or third negative report; and
- The report does not meet the criteria for a serious or notifiable incident; or
- The reporter has chosen to remain anonymous and an informal intervention is appropriate.

Following this intervention, the Ethos messenger records in the Ethos reporting tool that the Ethos Message has been delivered, but does not record any other information (Figure 5).

Figure 5: Process for Ethos messenger intervention





4.2

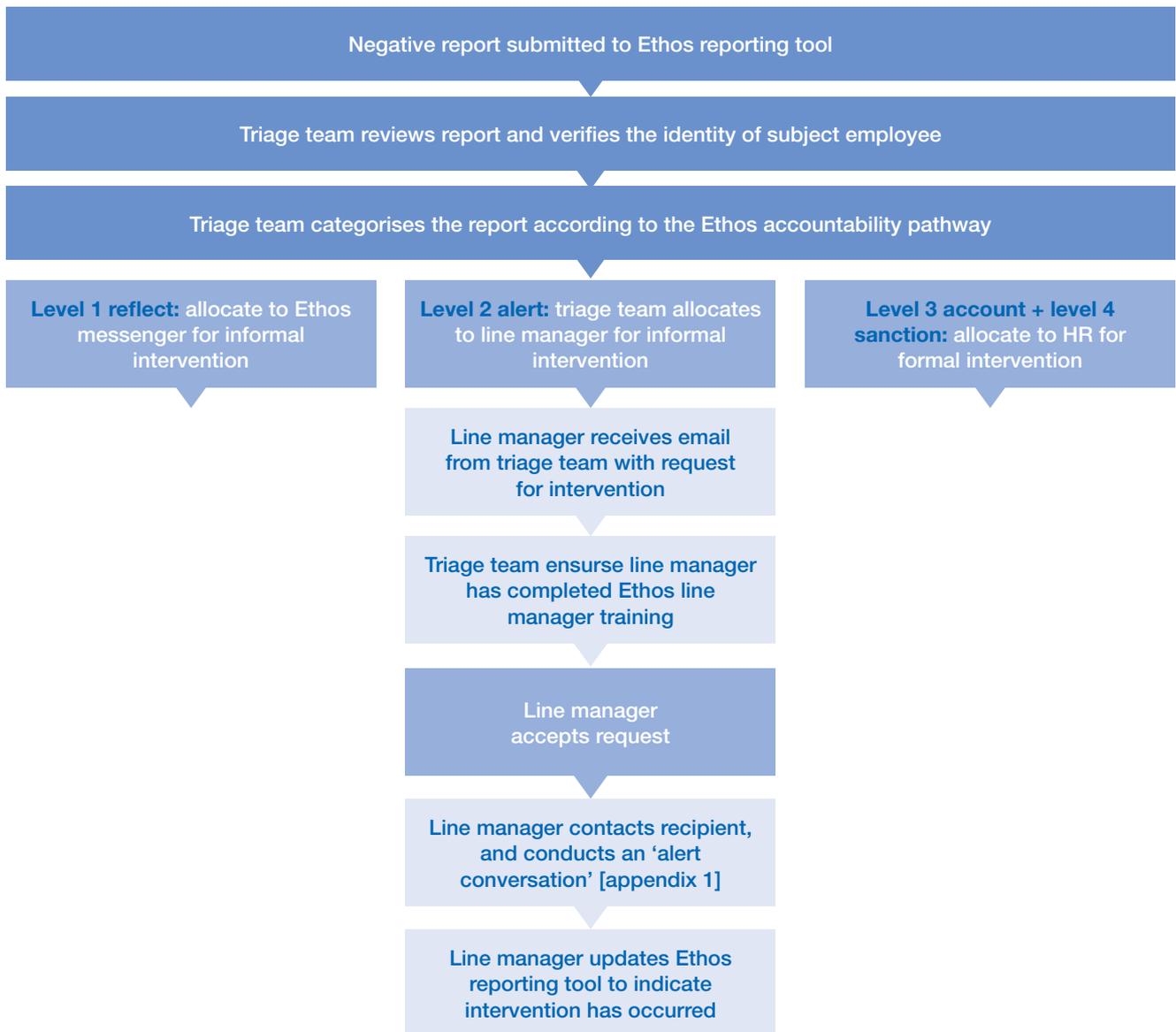
Level 2 Alert

This is an informal intervention which is a scheduled conversation with a line manager who will provide further opportunity for reflection and may include a welfare check. The level 2 alert intervention is chosen when one of the following conditions are met:

- This is the employee's fourth report indicating an apparent pattern of behavior. The line manager will inform the staff member of the nature of the report and the perceived impact of their behaviour. The line manager will have information about the number of previous reports but will not have access to the content of any previous reports. They will inform the staff member that if a further report is received it may trigger the disciplinary process. The content of prior reports will not be taken into account as part of a disciplinary process; or
- The report meets the criteria for a serious incident which, according to the triage team assessment, warrants this level of intervention but is not sufficiently serious to warrant disciplinary action.

The informal intervention with the line manager may include a welfare check i.e. checking in on the staff member for any distress or stressors affecting their capacity or ability to cope at work. Following the intervention the line manager records the completion of the intervention in the Ethos reporting tool but does not record any additional information (Figure 6).

Figure 6: Process for line manager intervention



4.3

Level 3 account

This is a formal intervention which is chosen by the triage team if there is a persistent ongoing pattern in their behaviour; or the report meets the criteria for a serious incident.

The level 3 intervention is a formal process delivered by the employee's line manager with support and/or involvement from HR. The formal process will follow the existing disciplinary policy and procedure. The content and nature of related reports in the Ethos reporting tool cannot be referred to as part of a formal process as these reports were managed in an informal manner and do not form part of an employee's record.

The triage team, in conjunction with input and support from HR, may assess and notify external agencies such as professional college or AHPRA where required.

4.4

Level 4 sanction

This is a formal disciplinary process which may invoke HR disciplinary intervention. A level 4 intervention is chosen by the triage team if the report meets the criteria for a serious incident (refer table 4) which, according to the triage team assessment, warrants this level of intervention. The level 4 intervention is a formal process and will follow the existing disciplinary policy and procedure.

4.5

The report is closed

Whoever the report is allocated to for intervention (Ethos messenger, line manager, HR) will be responsible for indicating in the Ethos reporting tool that they have completed the intervention. Once the Ethos messenger, line manager or HR have indicated that their intervention is complete they will no longer have access to the report in the Ethos reporting tool. When all interventions are complete, the report can be closed at the discretion of the triage team.

4.6

Timelines

The timelines for Ethos messenger level 1 reflect intervention are outlined in Figure 7. The timelines for line manager level 2 alert intervention are the same as for an Ethos messenger (Figure 8).

Note that a line manager does not have the option to decline a request for intervention but can request assistance from another line manager or the Ethos team.

Figure 7: Indicative time lines for Ethos messenger level 1 reflect intervention

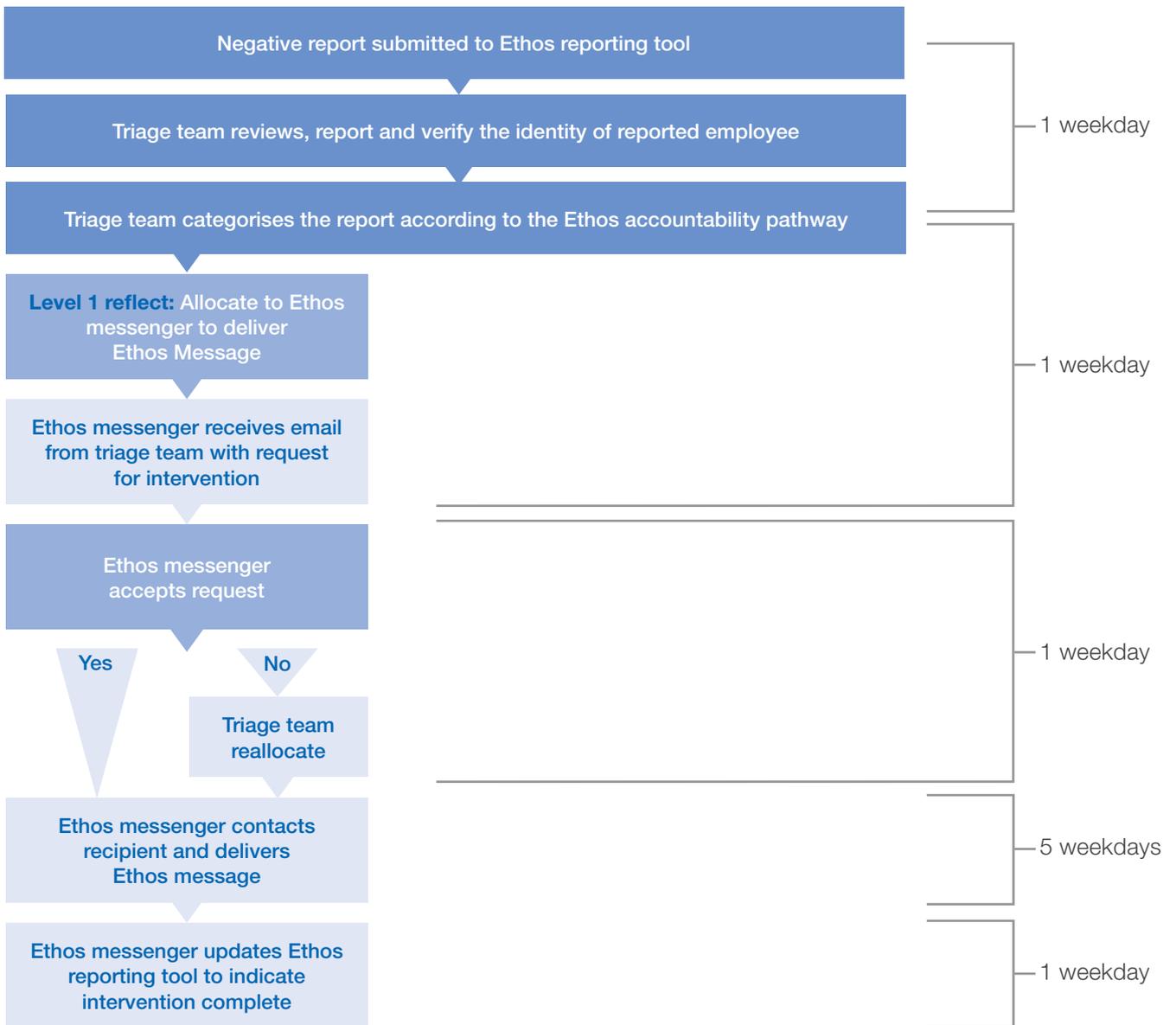
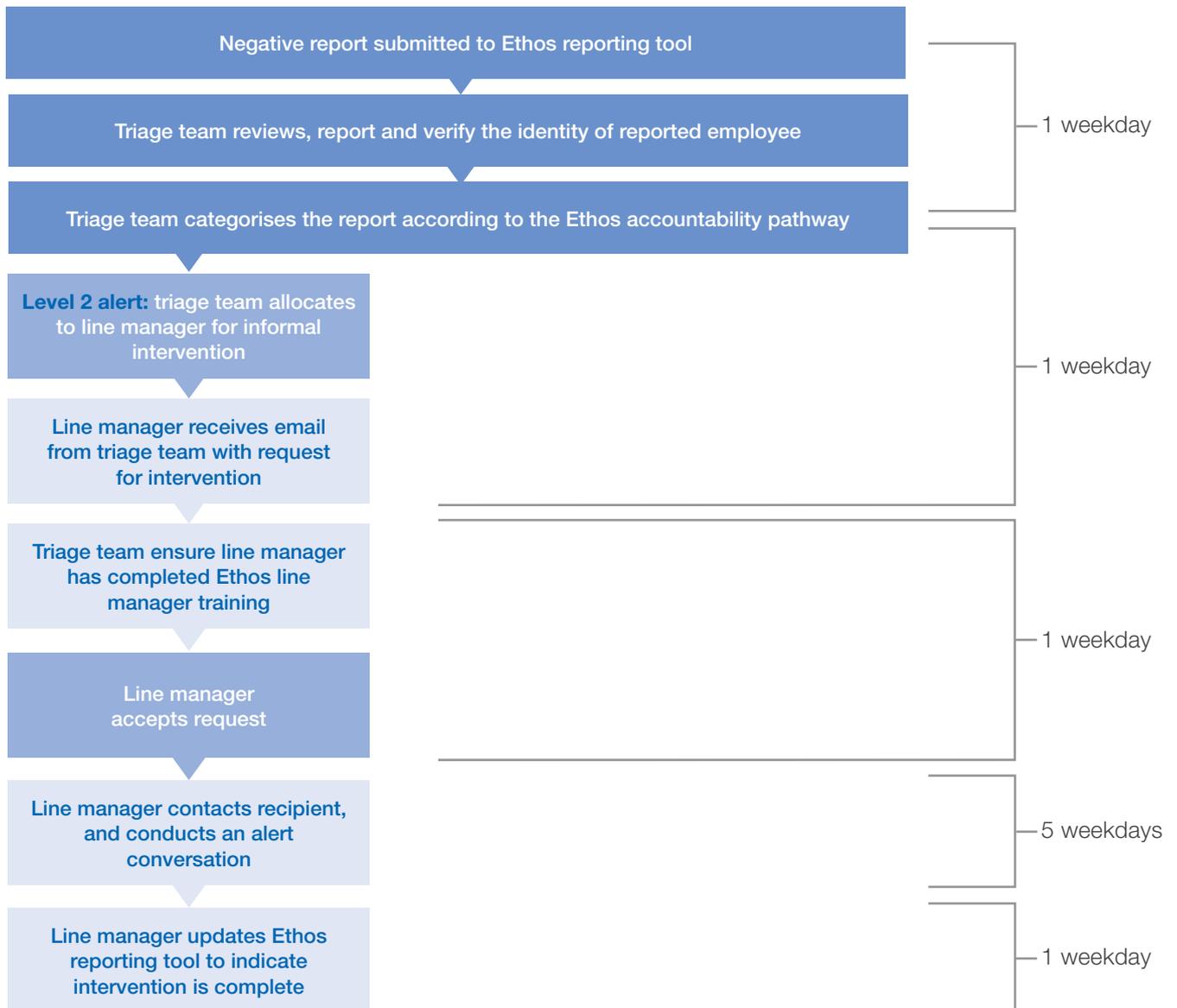


Figure 8: Time lines for line messenger level 2 alert



4.7

Reporter protection

If a staff member identifies themselves when making a report, their identity will be treated as confidentially as possible. If the report is assessed by the triage team as requiring an informal response, the reporter's identity will not be disclosed to the subject of their report without permission.

SVHA prohibits retaliation against any person who reports behaviour that undermines our culture. In the event of retaliation against a reporter the matter will be treated as potential misconduct and the disciplinary process will apply. Examples of retaliation include but are not limited to:

- Approaching an employee who is known or suspected to have reported the behaviour
- Threatening to terminate, deny promotion, transfer or suspend an employee who has made a report
- Harassing, discriminating against or treating unfavourably an employee who has made a report
- Threatening to take any action outlined above against an employee who has made a report

When staff submit a negative report in the Ethos reporting tool, they are reminded that any instances of retaliation, including being approached about making a report, should be reported. Any report of retaliation will be treated seriously.

When a staff member receives an Ethos message, they are reminded that they are not to attempt to contact or approach any person who they suspect may have reported them. Any attempt at retaliation, including approaching someone about making a report, will be treated seriously. This reminder is also included on the 'Ethos card' which is provided to all recipients of an Ethos message.

4.8

Vexatious reporting

Reports that are malicious or vexatious can be difficult to assess. A vexatious report is one that aims to cause annoyance, or to harass or subdue another person.

The Ethos reporting tool was designed to identify unusual patterns of reporting by tracking the number and nature of reports made by a single individual. Even if an individual chooses to remain anonymous, reports made by the same anonymous person can be tracked without revealing the identity of the reporter. Unusual patterns of reporting, i.e. a higher than normal frequency of reporting or multiple reports about the same individual, can be investigated and actioned if required.

If an anonymous report is suspected of being vexatious, i.e. a pattern of reporting suggests a vexatious intent by the reporter, the triage team can request that the identity of the anonymous reporter is 'un-encrypted' and the anonymity removed by the organisations nominated authority. If a report is found to be vexatious, the employee concerned will be referred to HR for potential disciplinary action.

5

References

1. Pichert, J.W., et al., An Intervention Model That Promotes Accountability: Peer messengers and Patient/Family Complaints. *Joint Commission Journal on Quality and Patient Safety*, 2013. 39(10): p. 435-446.
2. Webb L.E., et al. Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals. *Joint Commission Journal on Quality and Patient Safety*, 2016. 42(4)
3. Talbot T.R., et al. Sustained Improvement in Hand Hygiene Adherence: Utilizing Shared Accountability and Financial Incentives. *Infection Control and Hospital Epidemiology*, 2013 34(11) pp.1129-1136.



ST VINCENT'S
HEALTH AUSTRALIA