



Dealing with Disruptive Patients

Jed Beaulier

Dealing with Disruptive Patients

- ▶ What is Disruptive behavior
- ▶ Types of Disruptive Patients
- ▶ Why are they upset?
- ▶ Patient behavior expectations
- ▶ Training staff
- ▶ When to intervene
- ▶ Prevention



What is disruptive behavior?

- ▶ Disruptive behavior is not limited to just patients.
- ▶ Behavior that is intimidating, threatening, dangerous or that may pose a threat to the health or safety of other patients or employees
- ▶ Behavior that impedes the operations of the practice



Examples:



- ▶ verbal abuse such as name-calling, racial or ethnic epithets, sexual harassment, loud or profane language
- ▶ direct, indirect, or implied threats; physical abuse (e.g., bumping, shoving, slapping, striking, or inappropriate touching);
- ▶ unwanted approaches toward or contact with others;
- ▶ possession or brandishing of weapons;
- ▶ persistent or intense outbursts; or disruptive behavior to such a degree that it interferes with the ability of other patients to access care
- ▶ Excessive emotion



Types of Disruptive patients

- ▶ Manipulative Patients
- ▶ Frequent Flyers
- ▶ Grieving Patients
- ▶ Somatizing Patients
- ▶ Angry, Defensive, frightened or resistant patients



Risk factors for a disruptive patient

- ▶ Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- ▶ Working when understaffed-especially during meal times, closing times, after hours
- ▶ Long waits for service
- ▶ Overcrowded, uncomfortable waiting rooms
- ▶ Working alone
- ▶ Poor environmental design
- ▶ Inadequate security
- ▶ Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- ▶ Drug and alcohol abuse - I'm sure everyone of you has patients who are alcoholics or abuse drugs
- ▶ Access to firearms - depending upon state and local laws. I worked in Vermont where there are little to no gun laws. If your practice is private property you can have a no firearms policy
- ▶ Unrestricted movement of the public
- ▶ Poorly lit corridors, rooms, parking lots, and other areas creating opportunity



Why are they upset?

- ▶ Anxiety about the out-of-pocket costs
- ▶ Billing issue not being resolved - including being sent to collections
- ▶ Missed their appointment and need to reschedule
- ▶ Long wait times
- ▶ Disagree with diagnosis or treatment
- ▶ Might not feel like they are being listened to



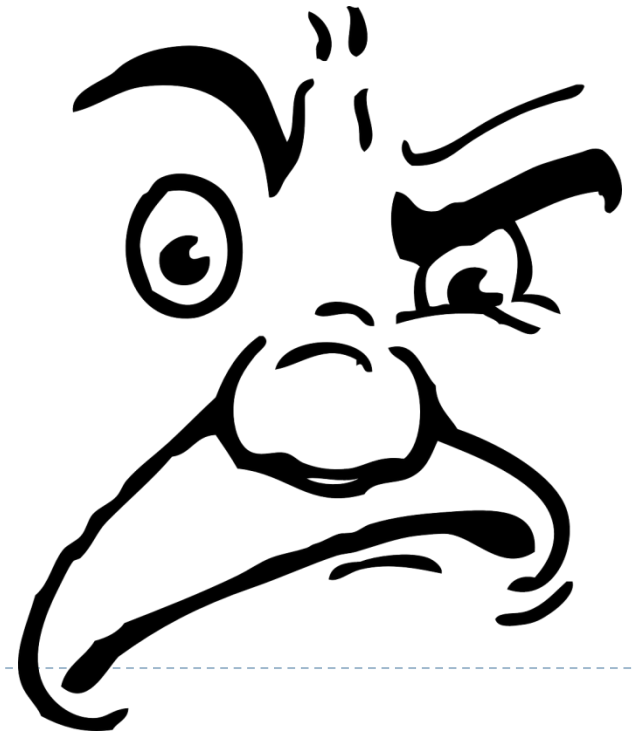
Situational Factors

- ▶ **Language and literacy issues**
- ▶ Multiple people in the exam room
- ▶ Time constraint



Patient behavior expectations

- ▶ Every practice should have a patient's rights and responsibilities document posted in a visible place
- ▶ Protocol for services which everyone follows
- ▶ Protocols for showing up for appointments on time
- ▶ Zero tolerance
- ▶ Incident reports
- ▶ Listen to your staff
- ▶ Documentation in patient chart



Training staff

- ▶ Customer Service Training
- ▶ Hire good people
- ▶ Train them in your particular plan
- ▶ Make sure staff knows when to get you involved
- ▶ Make sure staff knows when and how to contact the authorities



Be alert:

- ▶ Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- ▶ Be vigilant throughout the encounter.
- ▶ Don't isolate yourself with a potentially violent person.
- ▶ Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.



Watch for signals that may be associated with impending violence:

- ▶ Verbally expressed anger and frustration
- ▶ Body language such as threatening gestures
- ▶ Signs of drug or alcohol use
- ▶ Presence of a weapon or history of weapon use



What to look for:

- ▶ Documented acts of repeated violence against others
- ▶ Credible reports of verbal threats of harm against specific individuals, or other patients
- ▶ Reports of possession of weapons or objects used as weapons
- ▶ Documented history of repeated nuisance, disruptive, or larcenous behavior
- ▶ Documented history of repeated sexual harassment toward patients or staff



Maintain behavior that helps diffuse anger:

- ▶ Present a calm, caring attitude.
- ▶ Don't match the threats.
- ▶ Don't give orders.
- ▶ Acknowledge the person's feelings (for example, "I know you are frustrated").
- ▶ Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).
- ▶ Try to move the patient to a more private area if not already in one.



How to talk to the disruptive patient

- ▶ **Use a statement of understanding** "I understand you're upset you can't be seen right now."
- ▶ **Add a statement of empathy,** "I would be upset too if I drove all the way here from Stafford and can't be seen"
- ▶ **Offer a potential solution with an question back,** "do you want me to see if I can get you in the next available time?"



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- ▶ **Remain calm but be assertive** "You have continued to be very loud and it is inappropriate. Please bring down the level of your voice"
 - ▶ "I understand you are upset however this behavior cannot continue."
 - ▶ "Please keep in mind we are trying to help you."



Impasse

- ▶ "It doesn't seem as though we are making any headway. I feel really bad that I couldn't help you. I think it is time for you to leave."
- ▶ "If you do not leave we will need to contact the police." "We are contacting the police" Direct someone to call 911



Keep your staff safe

- ▶ Controlling access:
- ▶ Calling 911
- ▶ Safety and comfort for other patients
- ▶ Action plan
- ▶ Evacuation Meeting place



Prevention

- ▶ Coordinating with clinicians and recommending amendments to patient treatment plans to reduce patient risk of violence
- ▶ · Making recommendations about and following up with appropriate psych care
- ▶ · Collecting and analyzing incidents of patient disruptive, threatening, or violent behavior
- ▶ · Assessing the risk of violence in individual patients · Identifying system problems, as well as training needs, related to the prevention and management of disruptive behavior
- ▶ Document disruptive behavior in the patient chart.



Environmental Designs

- ▶ Develop emergency signaling, alarms, and monitoring systems.
- ▶ Install security devices such as metal detectors to prevent armed persons from entering the practice.
- ▶ Install other security devices such as cameras, motion detectors and good lighting in hallways.
- ▶ Provide security escorts to the parking lots at night.
- ▶ Design waiting areas to accommodate and assist visitors and patients who may have a delay in service.
- ▶ Design the triage area and other public areas to minimize the risk of assault



Administrative Controls

- ▶ Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.
- ▶ Restrict the movement of the public in hospitals by card-controlled access.
- ▶ Develop a system for alerting security personnel when violence is threatened



After the confrontation: What do you do with that patient?

- ▶ **Continue to treat the patient?**
 - ▶ Time to set expectations moving forward
 - ▶ Maybe additional help such as counseling
- ▶ **Discharge the patient?**
 - ▶ Continuation of care
 - ▶ Alert the patient about risk of not continuing care
 - ▶ Reasonable notice
- ▶ **Police action?**
 - ▶ Pressing charges?
 - ▶ Restraining order?



Summary

- ▶ Prepare your schedule
- ▶ Train your staff
- ▶ Prepare your location
- ▶ Have enough staff
- ▶ Have a plan

