Dealing with Disruptive Patients

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- 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?"
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.”
"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