MANAGING DISRUPTIVE SITUATIONS

“The achievements of an organization are the results of the combined effort of each individual.”

-Vincent Lombardi
To view navigation controls or any attachments associated with this course, please view the “Navigation Controls” or “Attachment” tabs in the upper right hand corner of the player window. As illustrated in the screenshot below.
Welcome to the Managing Disruptive Situations module! This program will outline:

1. Identify methods employed to de-escalate disruptive situations.
2. Locate the UPMC “Tool Kit” for resolving disruptive situations involving patients and visitors.
3. State the expectations of staff for a violation of the patient or visitor code of conduct.

Disclaimer: Staff should be aware of, and comply with all UPMC policies, as it relates to information contained in this modules. The UPMC policies can be found on the InfoNet.
Some patients and visitors come to our facilities with personal issues and challenges unrelated to UPMC, but cause them to be disruptive in our facilities.

The goal is to provide optimal care in a therapeutic environment, involving the patient/family in the plan of care. The patient/family/visitors in turn are expected to adhere to a code of conduct.
What is an example of a Disruptive Patient or Visitor?

- Examples of inappropriate behavior are:
- Profanity towards staff
- Verbal arguments/physical violence
- Raised, hostile, loud voices
- Rude, racist, culturally offensive remarks
- Interference with patient care
• Threats of physical harm, intimidation, or coercive behavior
• Displaying weapons
• Intoxication and behaviors suggesting drug/alcohol abuse
• Use of alcohol, illegal drugs, or tobacco in a clinical environment
• Unlawful/inappropriate behaviors: selling illegal drugs, sexual relations, physically assaulting staff, patients, or visitors in the clinical setting
Examples continued....

- Refusal to cooperate with medical plan of care such as diet, medications, activities, monitoring, and treatment recommendations
- Refusal to participate in the planning process
- Refusal to comply with UPMC smoking policy
- Leaving against medical advice
- Refusing to be discharged
Dealing with a situation is better than ignoring it.
Allowing disruptive behavior to distract you from your clinical duties leads to risk.
Labeling patients and/or families may allow missed opportunities to add value to their situation.
We cannot effectively communicate with a patient/visitor if we do not understand the root cause of the conflict.
Why do patients/visitors behave in a disruptive manner?

• Personal Issues: fear, self esteem, shame, substance abuse, lack of education.

• Health Care Reasons: fear of error, vulnerability.

• UPMC reasons: We failed to meet their expectations previously or during this admission which compromised their trust.
Clarify why patients/visitors behave in a disruptive manner.

- Clarify the root cause of the behavior. Communication is important to understand the cause of the behavior.
- Utilize communication techniques when addressing difficult situations.
- Utilize institutional tools to guide the process (i.e., UPMC Toolkit).
Communication techniques

- Treat everyone with dignity and respect
- Value different backgrounds and communication styles.
- Do not assume the patient/visitor knows the situation or policy.
- Do not judge...listen.
- Have a plan prior to beginning the communication process.
Communication techniques

• Introduce yourself. Speak in a calm, clear tone and avoid confrontation.
• Be polite. Offer to help solve the problem.
• Seek “win-win” situations. Present alternatives that the patient/visitor can save face. Stay focused.
• Set clear limits and be transparent about behavioral expectations.
• Know when to disengage. Know when to get help.
• Notify security when needed.
Verbal Communication

- Approach patient carefully, use a soft voice.
- Acknowledge the patient’s grievance.
- Acknowledge the patient’s frustration, acknowledge their feelings of fear, anger, or grief.
- Engage patient: shift focus to discussion of how to solve the problem and how they can help.
- Emphasize common ground.
- Focus on the big picture.
- Find ways to make small concessions.
Nonverbal communication

- Maintain a safe distance.
- Stay near the door.
- Do not stare; convey sincerity in your gaze.
- Do not touch the patient.
- Avoid sudden movement.
- Attempt to stay at the same height as the patient.
Toolkit

- UPMC has created tools that assist staff in the process of dealing with the difficult patient.
- An algorithm has been developed to be utilized when the situation arises.
To Access Toolkit

- Go to the UPMC Quick Links: http://forms.infonet.upmc.com/
- Go to Print on Demand Forms: http://printondemand.upmc.com/Default.aspx
- Select Nursing Forms
- Scroll down to Universal Admission Packet Folder
  - The tools are listed alphabetically in that folder
• Chain of command
• Informed consent procedure/forms
• Family meetings
• SBAR
• Risk Management
• Patient rights and responsibilities handbook
• Difficult patient and family process flowchart
• Notice of non-compliance
• UPMC patient and visitor code of conduct
• Patient behavior contract
• Medical record documentation
Disruptive Patient Algorithm

Disruptive Patient Behavior or Difficult Patient Situation Identified

Notify Risk Management

Physician team determines medical stability for discharge
Explore alternative care delivery methods

Consider developing Behavioral Contract for patient (resources for development include Facility Medical Director, Department of Ethics, Legal Counsel, Psych Liaison)
Schedule Patient Care Conference with patient and/or family to review contract

Did Situation Resolve?

Direct care giver documents facts and action steps taken to resolve situation in Medical Record

Department Chain of Command Designee contact will notify physician of record and review plan of care.

Department Chain of Command Designee will notify additional staff as deemed appropriate: social worker, care manager, patient relations, mid level provider, etc and review plan of care.

Plan of care will be reviewed with patient

Did Situation Resolve?

Review plan of care with patient as team
Issue Notice of Non Compliance

Place Copy of Notice of Non Compliance in Medical Record

Did Situation Resolve?

Notify Risk Management
Physician team determines medical stability for discharge
Explore alternative care delivery methods.

Consider developing Behavioral Contract for patient (resources for development include Facility Medical Director, Department of Ethics, Legal Counsel, Psych Liaison)
Schedule Patient Care Conference with patient and/or family to review contract

Situation Resolved with patient or patient discharged or situation remains unresolved

Document facts, actions and outcomes in Medical Record. Provide patient with a copy of behavioral contract
Use SBAR when communicating the situation to other healthcare team members

• **S - Situation** - A patient’s mother has been demanding additional pain medication for her son. While the physicians have granted those requests some have become uncomfortable. She has also been complaining a great deal to nursing staff about her son’s treatment.

• **B - Background** - The patient suffers from chronic illness and had been a patient on a pediatric unit. He was admitted to an adult unit in another hospital after he became twenty-one. Part of the mother’s complaint was that things were very different at the other hospital.

• **A - Assessment** - The handoff between the two hospitals contributed to the confusion. The situation was not handled well. Now, the patient’s mother wants more control.

• **R - Recommendation** - Conduct a family meeting
Intervention for a violation of the Patient Code of Conduct

- Provide the Patient’s Rights and Responsibilities brochure.
- Use chain of command.
- Department head or designee will inform patient of the behavior interfering with care, review the patient rights and responsibility brochure, and notify the attending physician.
Intervention for a violation of the Patient Code of Conduct

- A multidisciplinary patient team care meeting is organized to develop a plan of care.
- Access Toolkit to print a “Notice of Non-compliance” form. Complete form and place in record.
- Determine and document medical stability of patient.
- If situation remains unresolved, notify Risk Management and explore alternative care delivery methods.
- If the safety of patients, staff, or visitors is threatened, initiate a Condition M (SHY-PUH) or follow your facility protocol as outlined in the policy.
Intervention for a violation of the Patient Code of Conduct

- If the patient continues to engage in inappropriate behavior, the department head will report the matter to the administrator on call to obtain additional support. Security should be notified.
- Consider consulting with relevant caregivers such as psychiatry, social work, pastoral care, pain service, palliative care, medical ethics, or others.
- When the patient is discharged, the attending MD will contact Risk Management if the MD considers terminating the physician-patient relationship.
Expectations for Staff and Security

- Staff immediately report suspected or actual illegal and/or inappropriate behavior to Security.
- Security reports to the location, attempts to resolve conflict as appropriate.
- Security shall report criminal activities/behaviors to police/authorities.
- UPMC may remove anyone from the premises upon reasonable suspicion that a person engaged in unlawful behavior.
- Those removed may not return without permission from Administration.
- Staff should report incidents as required by UPMC policy.
Violation of Visitor Code of Conduct

- The department head/designee will inform the visitor of the inappropriate behavior and notify the attending MD.
- A staff member alerts their immediate supervisor and security or follow facility protocol.
- Report the facts to the multidisciplinary care team to determine ongoing visitation plan.
- Security will be present when the department head explains the visitation terms.
Document all aspects of the process

- Who? Identify the person assessing the patient/or visitor and determining course of action.
- What? What was ordered or done?
- Why? What motivated the treatment?
- When? When was the treatment or intervention provided?
- Use direct quotes when necessary.
- Do not include anything that you would not want to be seen in front of a judge.
What plan can be made for this case?

- A 45 year old female, admitted for a R/O MI for chest pain and chronic back pain. Over the years she has been on high doses of morphine for chronic back pain. Her PCP has been titrating down the dosage of morphine in the months previous to this admission. She rates her pain as a “10” and describes it as “awful”. She often appears sedated during the day. A ‘friend’ has reported to the nurses the patient was seen smoking marijuana and exchanging needles with visitors on the street. After she had a visitor, she was found unresponsive and a condition C was called. When she was more responsive she started screaming in pain, demanding more narcotics.
Case Study

- S Patient admitted with R/O MI, chronic back pain, demanding more pain meds and threatening to hurt self.
- B Hx chronic back pain s/p several surgeries, long term narcotic and benzodiazepine use.
- A Screaming in pain, often asks for meds prior to next dosing time, appears sedated during the day, returns after smoke breaks disoriented and sedated.
- R Meet with patient (MD, Nurse) discuss common goal of pain management. Outline plan of pain medication regimen. Review Code of Conduct/Patient Responsibilities.
Methods employed for this intervention:

- Provide the Patient Rights and responsibility brochure to the patient.
- Notify department head or designee.
- Department head will inform patient of the behavior interfering with care, review patient rights and responsibility brochure, and notify the attending physician.
Methods employed for this intervention:

- A multidisciplinary patient team care meeting is organized to develop a plan of care.
- Access Toolkit for needed forms
- If situation remains unresolved, notify Risk Management and explore alternative care delivery methods.
- If the safety of patients, staff, or visitors is threatened, initiate Condition M (SHY-PUH) or follow your facility protocol.
- If the patient continues to engage in inappropriate behavior, the department head will report the matter to the administrator on call and notify Security.
References


• Gillette, R. (2000). “Problem Patients: A Fresh Look at an Old Vexation Every practice has at least one. Here's how to reduce irritation and improve outcomes”, Family Practice Management.

Instructions

The passing score for this module is 80%.

Click the "Next" button below to continue.