Disruptive and Aggressive Patient Behavior

Policy Number: 86100-PRE-042

PURPOSE:

1. The goal of this policy is to support patient rights and responsibilities and promote the safety of patients and caregivers.

2. Outline intervention and escalation methodology for the patient with disruptive and/or aggressive behaviors.

APPLIES TO:

This policy applies to all personnel of Providence Health & Services Southwest Washington Service Area (SWSA) Providence St Peter Hospital (PSPH) delivering care, treatment, or services to any inpatient or outpatient at PSPH and its off-campus sites.

POLICY STATEMENT:

1. Patients have a responsibility to:
   A. Support mutual consideration and respect by maintaining civil language and conduct with hospital caregivers.
   B. Be considerate and follow hospital instructions, rules, and policies, to support quality care for patients and a safe environment for all individuals in the hospital.
   C. Use hospital property and equipment only for intended purposes.

2. Providence is committed to providing compassionate and empathetic care and to respect the patients' right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience or retaliation by caregivers.

3. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a caregiver, or others and at the earliest possible time is discontinued in accordance with PSPH Restraint and Seclusion policy.

4. When a patient's behavior becomes disruptive, threatening, and/or demonstrates a danger to self or others, Providence caregivers will employ the intervention and escalation procedures identified in this policy.
5. Appropriate precautions will be taken to protect caregivers’ safety; medical care is not withheld from patient's exhibiting disruptive/aggressive behavior.

**OBSERVATION & SAFETY FACTORS:**

See Procedure 1-B3; 1-D5; 1-F4

**PROCEDURE:**

1. Intervention Levels
   
   **A. Level One -**
   
   1. Patient uses obscene, aggressive, insulting, abusive language or gestures.
   2. Patient disrupts the ability of the Employee to serve others.
   3. Patient leaves the facility and returns without permission.
   4. Patient refuses all reasonable care.

   **B. Action**
   
   1. Attempt to de-escalate behavior. Refer to "Value-Based Customer Service Standards and Behaviors" attachment.
   2. Engage interdisciplinary care team to help address patient needs and de-escalate behavior (may be done by phone).
   3. If a patient's behavior is the result of cognitive impairment due to a medical condition (e.g., hypoglycemia, dementia, schizophrenia) engage interdisciplinary care team and develop strategies and interventions to care for patient in order to minimize distress (for patient and caregiver) and behavioral problems.
   4. If no improvement and behaviors are not due to cognitive impairment, develop a behavioral agreement (see "Behavior Contract template" attachment) specific to the behaviors exhibited with consequences. Charge Registered Nurse (RN) and bedside RN, together, discuss the behavioral agreement with the patient. Ask the patient to sign the agreement. If the patient refuses, note their refusal on the agreement with date and time.
   5. Consult with interdisciplinary care team (in-person) to determine how best to meet needs of the patient. The team will review the Providence Clinical Ethics: Guidelines (see attachment) for consideration of each plan.
   6. If behavior remains disruptive, review PSPH Patient Rights and Responsibilities policy and Patient Rights and Responsibilities brochure with the patient and advises them that they may be discharged.
   7. If the patient refuses and behavior continues, or patient violates behavioral expectations, follow discharge against medical advice (AMA) procedure found in PSPH Discharge Patient Procedure policy.
   8. The treatment team may prescribe outpatient medications and other treatments per their discretion.
   9. If the patient is to remain hospitalized, engage interdisciplinary care team (in-person) to develop a plan of care for managing patient medical and nursing needs while minimizing behavioral problems.
10. Explain plan to patient and document in the plan of care.

C. **Level two**—
   1. Patient threatens injury or damage to another life, psychological well-being, or property.
   2. Patient displays physical, verbal, or veiled threats.
   3. Patient misuses or damages hospital or caregiver property.
   4. Patient possession and/or use of illicit substances or medications other than those prescribed and dispensed by the care team.

D. **Action**
   1. Call Security or Code Gray (see PSPH Code Gray policy).
   2. Notify Unit Manager, Director, and Administrative Supervisor.
   3. If a caregiver wants to press charges, contact Security to facilitate contact with Law Enforcement. Administrative Supervisor or designee will call law enforcement in the event of any credible threat of violence or destruction of property.
   4. If the patient behavior is a result of cognitive impairment engage interdisciplinary care team to develop strategies and interventions to care for the patient to minimize distress (for patient and caregiver) and behavioral problems.
   5. If the patient behavior is not a result of cognitive impairment, consult with interdisciplinary care team (in-person) to determine if the patient will be discharged. The team will review the Providence Clinical Ethics: Guidelines (see attachment) for consideration of each plan.
   6. If the patient refuses and behavior continues, or patient violates behavioral expectations, follow discharge against medical advice (AMA) procedure found in PSPH Discharge Patient Procedure policy.
   7. The treatment team may prescribe outpatient medications and other treatments per their discretion.
   8. If the patient is to remain hospitalized, engage interdisciplinary care team (in-person) to develop a plan of care for managing patient medical and nursing needs while minimizing behavioral problems.
   9. Explain plan to patient and document in the plan of care. Inform the patient that law enforcement may be (or has been) engaged and threatening behaviors are not tolerated.

E. **Level Three**—
   1. Patient displays assaultive behavior (with or without injury).
   2. Patient brandishes a lethal item as a weapon.

F. **Action**
   1. Call Security or Code Gray (see PSPH Code Gray policy).
   2. Notify Unit Manager, Director and Administrative Supervisor.
   3. If a caregiver wants to press charges, contact Security who will facilitate contact with Law Enforcement. Administrative Supervisor or designee will call law enforcement in the event of any assault to notify them of the event.
4. If the patient behavior is a result of cognitive impairment engage, interdisciplinary care team to develop strategies and interventions to care for the patient to minimize distress (for patient and caregiver) and behavioral problems.

5. If the patient behavior is not a result of cognitive impairment, consult with interdisciplinary care team (in-person) to determine if the patient will be discharged. The team will review the Providence Clinical Ethics: Guidelines (see attachment) for consideration of each plan.

6. If the patient behavior continues to violate behavioral expectations and patient is determined to be a high risk for causing harm to caregivers or other patients; notify law enforcement and follow discharge against medical advice (AMA) procedure found in PSPH Discharge Patient Procedure policy.

7. The treatment team may prescribe outpatient medications and other treatments per their discretion.

8. If the patient is to remain hospitalized, engage interdisciplinary care team (in-person) to develop a plan of care for managing patient medical and nursing needs while minimizing behavioral problems.

9. Inform patient that Law Enforcement may be (or has been) engaged and threatening behaviors are not tolerated.

2. Safety Guidelines
   
   A. All employee will review and follow PSPH Discharge Patient Procedure policy.
   
   B. All employees will complete a Violence Prevention Training Module on HealthStream. Additional Violence Prevention training will be offered to all employees on an ongoing basis.
   
   C. Physical Violence:
      
      1. An employee who is physically assaulted or threatened is encouraged to notify law enforcement.
      
      2. The employee is required to notify the Administrative Supervisor and attending LIP immediately.
      
      3. Primary RN or Charge RN will complete a Unusual Occurrence Report (UOR).
   
   D. An employee who is involved with patient’s aggressive behavior will have an opportunity to debrief and will be offered follow-up support.

AGE-RELATED CONSIDERATIONS:

N/A

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVAL:

- Behavioral Health
- Security
- Compliance
- Nursing
DEFINITIONS:

• **Interdisciplinary Care Team**: charge RN, primary RN, Administrative Supervisor attending LIP, and. If needed engage other members such as AOC, care managers, manager, security, designated mental health professional (DMHP), psychiatry, infection prevention, ethics, spiritual care, or any discipline that may have an influence on the patients care and the situation. Include AOC in any situation in which discharge of patient is being considered. Include CMO and CNO as needed.

• **Threat**: when a person puts another in the apprehension of harm whether or not the actor intends to inflict or is incapable of inflicting that harm.

• **Disruptive behavior may include**:
  - Leaving the unit without Employee permission or escort
  - Yelling, fighting or arguing
  - Verbal or physical threats, aggression or intimidation
  - Verbal or physical assault
  - Interference with patient care or with employee/employees performance of their duties
  - Property theft, damage or destruction
  - Engagement in any illegal activities on site
  - Use of illicit substances or medications other than those prescribed and dispensed by the care team
  - Use of medications administered in the hospital in any manner other than that for which they were prescribed
  - Tampering with IV lines or IV tubing for the purpose of self-administering any substance
  - Recording without consent

ATTACHMENT:

• Value-Based Customer Service Standards and Behaviors
• Behavioral Contract template
• Disruptive Patient Behavior Flowchart
• Guidelines for Processing Potentially Traumatic Events
• Providence Clinical Ethics: Guidelines to Consider

OWNER:

Director, Acute Care Nursing

REFERENCE:

• [PSPH Restraint and Seclusion Policy](http://phs-wapsph.policystat.com/policy/3424953/)
• [PSPH Patient Rights and Responsibilities Policy](http://phs-wapsph.policystat.com/policy/3424953/)
• Patient Rights and Responsibilities brochure
• [PSPH Code Gray Policy](http://phs-wapsph.policystat.com/policy/3424953/)
• [PSPH Discharge Patient Procedure policy](http://phs-wapsph.policystat.com/policy/3424953/)
• [Corrective Actions - Integrity, Compliance, Privacy or Security, PROV-HR-422](http://phs-wapsph.policystat.com/policy/3424953/)
• [PSPH Workplace Violence Contingency Plan Policy](http://phs-wapsph.policystat.com/policy/3424953/)
• Discharge Patient Procedure
• HealthStream
## ADMINISTRATIVE APPROVAL:

Chief Nursing Officer/VP of Operations, SWSAVP / Quality, SWSA

All revision dates:

| Behavioral Contract template |
| Disruptive Patient Behavior Flowchart |
| Guidelines for Processing Potentially Traumatic Events |
| Providence Clinical Ethics: Guidelines to Consider |
| Value-Based Customer Service Standards and Behaviors |

### Attachments: