

DISRUPTIVE BEHAVIOR GUIDELINES - ASSESSMENT, INTERVENTION, DOCUMENTATION

PURPOSE:

To provide guidelines to assist staff with risk assessment and management of patients who are engaging in disruptive behavior, with the goal of maintaining a safe environment for staff and patients.

DEFINITION OF DISRUPTIVE BEHAVIOR:

For the purpose of these guidelines, "disruptive behavior" means any conduct or behaviors including forms of improper behavior which

- interfere or are inconsistent with a safe working environment;
- inhibit the ability to provide safe and effective patient care; or
- constitute the physical or verbal abuse of others involved with the patient or the care being provided.

Examples include:

Threatening and/or abusive language or a display of hostility directed at staff or other patients (e.g. belittling, berating and/or threatening another individual).

Degrading or demeaning comments regarding staff or other patients.

Profanity or similarly offensive language while speaking with staff.

Inappropriate or intimidating physical contact or threat of physical contact with another individual.

RECOMMENDATIONS FOR MANAGEMENT OF DISRUPTIVE BEHAVIOR:

NOTE: IF THE PATIENT'S BEHAVIOR POSES RISK OF VIOLENCE, ASSAULT, OR OTHER DISRUPTIVE ACTS THAT THREATEN THE INTEGRITY OF THE ENVIRONMENT OF CARE, OR WHICH MAY RESULT IN INJURY TO PATIENTS, STAFF OR OTHERS IN THE IMMEDIATE AREA, IMPLEMENT (CALL CODE) FOR THE "STANDARDIZED RESPONSE TEAM."

When treating a patient who is engaging in disruptive behavior, interventions should be used to reinforce a safe environment for the patients and staff.

1. Notify Lead/Manager of the behavior.
 - a. Lead/Manager to provide support to staff as needed (mentoring, training, EAP support, etc.).
 - b. Lead/Manager to assess staff's ability to manage the behavior; keeping in mind that staff's response to the patient may escalate/de-escalate the behavior or may discourage/reinforce the behavior.
 - c. If patient demonstrates an unresolved pattern of behavior, it may be appropriate for Lead/Manager to assemble a multidisciplinary team (patient's physician, administrative liaison, unit manager, representatives from patient safety, patient relations, security) for problem solving and discussion of potential interventions including behavioral modification measures and a behavioral contract.
2. Determine root cause of behavior
 - a. Does patient have justifiable anger? If so, show empathy and willingness to help.

- b. The patient's caregivers [nurse(s) and physician(s)] should assess the patient's clinical condition (e.g. pain, dementia, psychiatric diagnosis, etc.) to determine if this is a causal factor.
 - c. Identify any situational/environmental factors and triggers (visitors, noise, medication, etc.) and attempt to eliminate or modify to the extent possible and reasonable.
3. Address the inappropriate behavior when it occurs
 - a. Maintain professionalism; utilize de-escalation techniques (active listening, empathy, setting limits).
 - b. Leave the room or walk away if the patient becomes verbally abusive or threatening. Notify Lead/Manager.
 - c. Identify the disruptive behavior and inform patient the behavior is unacceptable, interferes in the ability to provide safe and efficient care, and will not be allowed (see scripting).
 - d. Instruct patient as to behavior that is expected.
 - e. When available and appropriate, enlist the assistance of patient's family member(s).
 - f. Consult and partner with the patient's physician and/or a multidisciplinary team (*patient's physician, administrative liaison, unit manager, and representatives from patient safety, patient relations, security*). If appropriate, the physician may request a psych consult, adjust medications, or order other treatment modalities such as counseling.
4. Consider a behavioral contract with the patient. The following elements may be included:
 - a. Advise the patient that s/he is compromising his/her own care and the caregiver's ability to help.
 - b. Explain expectations.
 - c. Identify consequences of continued disruptive behavior
 - i. Behavioral modification measures (no television, phone, etc.)
 - ii. Advise the patient that his/her repeated unacceptable behavior evidences the patient's intent to terminate the hospital/patient relationship
5. The hospital **will not** engage in the following tactics:
 - a. The denial of the patient's basic needs, such as the denial of a nutritious diet and water.
 - b. The denial of essential, safe clothing.
 - c. The use of corporal punishment (i.e. deliberate infliction of pain for the purpose of disciplining).
 - d. The use of fear-eliciting techniques.
 - e. The use of mechanical restraint and seclusion, except for patients who exhibit intractable behavior that is severely self-injurious or injurious to others and who have not responded to less restrictive interventions. See Restraint Policy.
6. **Thoroughly document** patient's behavior (specifically and objectively), behavioral interventions, and patient's response to interventions in the patient's medical record. This will be valuable evidence if/when needed for CDPH, law enforcement, discharge of patient, etc.
7. Communicate the disruptive behavior and steps taken during report and hand-offs.
8. When disruptive behavior continues despite well documented efforts to resolve:

- a. Consult with patient's physician to determine if/when patient is stable for discharge/transfer. If patient is stable for discharge but refuses to leave, consult with security and hospital Legal Counsel.
- b. Trespass, eviction, termination of provider/patient relationship, etc. should only be considered as last resort in extreme circumstances. **Consult with hospital Legal Counsel.**