Welcomes You To

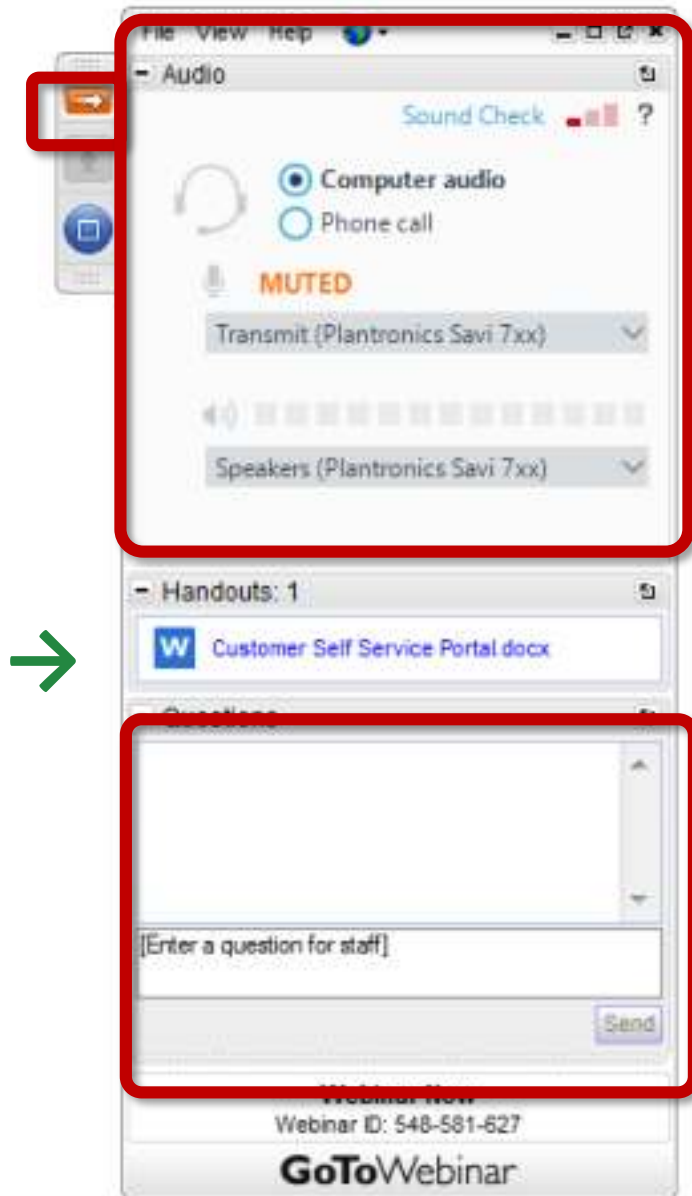# Disruptive Patients & Violence in the Healthcare Setting

Presented by:

Ed Howard, CHSS, CPO, CHPP

May 16, 2019

9:30 a.m. – 11:00 a.m.

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Disruptive & Violent Patients In the Healthcare Setting

Ed Howard, VP Corporate Director of Healthcare Security

Violence in the Healthcare Setting

How Does Staff Learn About Violence?

◈ How does staff learn about violence in the healthcare setting?

◈ Are there formal classes taught about the type and amount of violence in healthcare?

◈ Medical physician's school

◈ Nursing school

◈ Certified Nursing Assistant's school

◈ Medical assistant school

◈ Public health school

◈ Social work school

◈ There are NO healthcare related classes in formal education today that teach about violence in the healthcare setting!

◈ Healthcare workers learn about violence on the job! Unprepared and surprised.

Why is there so much Violence?

- Very Consistent
- Unexpected
- Escalating
- Aggressive
- Anger
- Violent
- Hostile
- Nasty
- Personal
- Hurtful
- Scary

The Healthcare Setting

- Unique
- Emotional
- Dynamic
- Unpredictable
- High Energy
- Stressful
- Tension
- Violent
- Non-compliance
- Dangerous

High Risk Profession

◈ Healthcare workers are similar to law enforcement as it is a recognized dangerous profession

◈ Many studies have shown that violence in the Healthcare setting is steadily increasing year after year

◈ You have chosen a profession in which your exposure to violence is high

◈ Regulatory agencies (TJC, CMS, OSHA) have identified violence in the healthcare setting as a known risk

◈ Known risks have to be mitigated and managed

◈ Violence is so prevalent now that plans to manage it is required and expected

◈ CA/OSHA, landmark legislation focusing of healthcare violence

High Risk-Violence Healthcare

IN 2013

HEALTHCARE WORKERS

REPORTED AN ESTIMATED

9,200 WORKPLACE VIOLENCE INCIDENTS
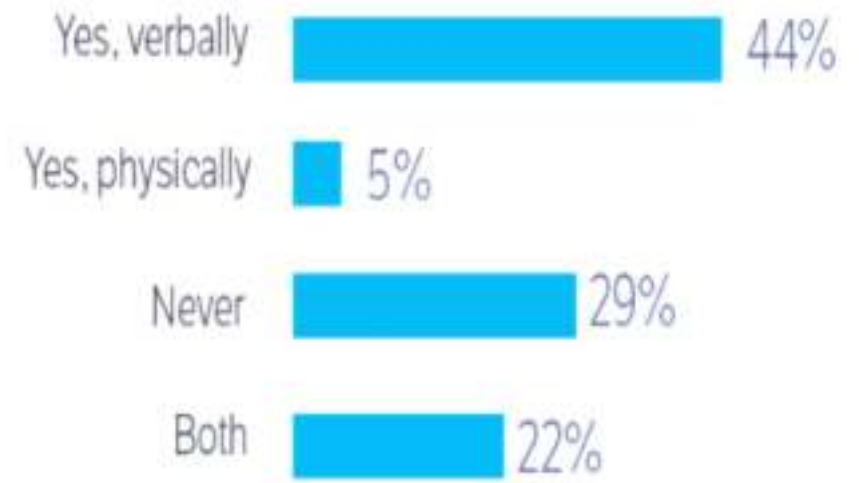
REQUIRING TIME AWAY FROM WORK TO RECOVER

MAJORITY OF THESE PERPETRATED BY PATIENTS OR THEIR FAMILY MEMBERS

FRIDAY SAFETY FACT

PRESENTED BY **INTELEX**

Have you ever been assaulted by a patient?

Yes, verbally — 44%

Yes, physically — 5%

Never — 29%

Both — 22%

SERMO Physician poll • Fall 2014 • 2,236 votes • blog.sermo.com

Effects From Exposed Violence

◈ What impact does violence in the healthcare setting workplace have on staff that have been exposed?

◈ Disruption of productivity

◈ Impaired concentration

◈ Lower staff morale

◈ Post traumatic stress disorder symptoms/physical & mental trauma

◈ Affect relationships outside of work with friends and family

◈ Dissatisfaction with the job

◈ Increased absenteeism

◈ Loss of motivation and willingness to perform at a high level

◈ Reduction of quality and focus on providing quality care for patients

◈ Violence contributes to negative outcomes

Cal/OSHA WPV Regulations

◈ Title 8, California Code of Regulations, Section 3342

◈ Hospitals, Skilled Nursing, Care Facilities, Home Health, Hospice

◈ Required Workplace Violence Plan

◈ Required Staff & Employee Training-Initial and Specialized

◈ Required Training Records

◈ Mandatory Documentation (Violent Incident Log)

◈ Reporting Requirements for Workplace Violence Incidents

◈ On-Line Reports to Cal/OSHA

◈ 24 and 72 hour mandatory reporting of incidents

◈ Mandatory Reporting to Law Enforcement

Adventist Castle WPV Stats

- 2015: *342* WPV incidents (non-assaults)

- 2015: *61* Assaults on staff

- 2016: *311* WPV incidents (non-assaults)

- 2016: *70* Assaults on staff

- 2017: 260 WPV incidents (non-assaults)

- 2017: 55 Assaults on staff

- 2018: 390 WPV incidents (non-assaults)

- 2018: 57 Assaults on staff

- 2015/2016/2017/2018 year totals: 1,303 WPV incidents & 243 assaults on staff

Adventist Health System Wide

◇ 2015: *3661* WPV incidents (non-assaults)

◇ 2015: 373 Assaults on staff

◇ 2016: 2365 WPV incidents (non-assaults)

◇ 2016: 479 Assaults on staff

◇ 2017: 2573 WPV incidents (non-assaults)

◇ 2017: 349 Assaults on staff

◇ 2018: 3101 WPV incidents (non-assaults)

◇ 2018: 539 Assaults on staff

◇ 2015/2016/2017/2018 year totals: 11,700 WPV incidents & 1740 assaults on staff

External Risk Factors

- Drug abuse/drug seeking
- Alcohol use
- Behavioral health patients (increasing)
- Involuntary (no choice)
- Lack of health insurance
- ER used as primary care services
- Gang activity
- Language barriers
- High crime rates
- Insufficient funds/poverty

External Risk Factors

◈ Lack of social services

◈ Firearms, illegal carry and legal concealed carry

◈ Domestic violence

◈ Dangerous instruments/weapons

◈ Contraband, illegal drugs

◈ Homelessness

◈ Trespassers

◈ Terrorism

Internal Risk Factors

◇ Long waits for service

◇ Failing to explain processes

◇ Failing to provide duration and time frames

◇ High emotions/fear/anxiety

◇ Death occurring

◇ Poor customer service/interactions

◇ Overcrowding/lack of space

◇ Poor visitor management controls

◇ Poor physician interactions

◇ Decrease staff/short staffed

"The doctor will see you now — I can't promise that he'll talk to you, but he'll see you."

HELLO
my name is
Anxiety

Internal Risk Factors

◈ Access control lacking

◈ Complicated registration processes

◈ Communication barriers

◈ Priority medical conditions

◈ Police arrested patients for medical clearances

◈ Dissatisfied patients/family members

◈ Correctional inmate patients

◈ Poor physical design of waiting areas/lobbies

◈ Poor or no medical patient surge plans

◈ High patient volumes

Specific Contributing Factors

◈ These specific contributing factors are known in a healthcare setting:

◈ **Unrealistic Expectations**: Belief that they will be in and out very quickly, have unrealistic expectations of service or what they believe will occur

◈ **Anxiety and Fear**: Fear based on negative past experiences, nervous about what will happen

◈ **Finance**: Money and finances (how to pay for medical services) are significant factors that contribute to stress

◈ Insecurity: Patients or other people feel they have no control or are being controlled.

Patient Satisfaction & Violence

◈ There is a direct connection between positive <u>patient satisfaction</u> and the <u>reduction of violence</u> in the healthcare setting.

◈ Studies have shown that high patient satisfaction scores is directly connected to less violence.

◈ High patient satisfaction leads to a less violent environment because typically there is:

◈ Less stress and anxiety

◈ More information

◈ More communication

◈ More caring

◈ Positive staff and patient interaction

◈ More satisfied patient family members

◈ Strong and positive physician-patient relationship

Physical Contact Injuries

◇ 98% of physical injuries to healthcare workers are committed by **patients.**

◇ Most common physical contact involves:

    ◇ 49% Pulling and grabbing

    ◇ 41% Punching/slapping

    ◇ 36% Spitting

    ◇ 28% Pushing/shoving

    ◇ 26% Kicking

    ◇ 20% Scratching

Locations of Violence

◈ In the healthcare setting violence occurs in many locations, the most common locations where physical violence occurs are:

◈ **Patient's Room**- over 75% of the time.

◈ Staff deal with patients in their assigned rooms

◈ Confined space

◈ Only one exit way out

◈ Isolated from others

◈ Unknown weapons or items patient may have to hurt you

◈ Need to approach patient, working in close proximity

◈ Equipment/furniture can be used as weapons

Locations of Violence

- **Hallways/Elevators/Stairwells**

- Eloping

- Against Medical Advice (AMA)

- Wanting to smoke

- Confused or altered

- **Triage/Admitting/Nurses Stations**

- Unknown or unpredictable actions/behaviors

- Upset family members

- Suspect visitors

Locations of Violence

- **<u>Lobbies/Waiting Room Areas</u>**

- Open areas, publicly accessed

- Can be emotional, high anxiety, agitation

- Bad news from medical staff

- Domestics/arguments

- Long waits for service

- Gang interactions

- Furniture and other items used as weapons

- Homeless/loitering/trespassing

- Overcrowding

Non-Physical Violence

❖ Many studies and surveys have shown that non-physical violence occurs over 90% of the time by <u>patients</u>, however a growing number of violent incidents including physical assaults are being committed by <u>family members</u> against healthcare workers.

❖ Verbal violence (non physical) frequently occurs consisting of:

- ⬦ Threatened violence
- ⬦ Sexual innuendos
- ⬦ Threatened legal
- ⬦ Name calling
- ⬦ Cursed/sworn
- ⬦ Yelled at

Anger and Aggression

◇ **ANGER**: A normal response emotion or **feeling**. A response to feeling hurt, threatened or scared.

◇ **AGGRESSION**: Is not a feeling but a **behavior**. Displayed aggression usually starts at verbal name calling, verbal threats, swearing, yelling and becoming violent which can lead to physical assault.

Aggressor Patient Types

◈ Aggressor patients typically tend to be males

◈ **The most Aggressive Patients** are known to be:

   ◇ Under the influence of alcohol

   ◇ Under the influence of drugs or are seeking drugs (withdrawal)

   ◇ Mental or behavioral health

   ◇ Geriatric

   ◇ Trauma (high levels of pain)

   ◇ Pediatric

   ◇ Arrested in custody (law enforcement)

   ◇ These types of patients are known as HIGH RISK patients

Aggressor Non-Patient Types

◈ Non-patients can also be aggressors who commit non-physical violence and physical violence of assault. Who are they?

◈ Family members

◈ Ex-family members

◈ Acquaintances

◈ Friends & visitors

◈ Co-workers

◈ Other employees

◈ Physicians

◈ Contractors & vendors

◈ Persons with no legitimate reasons to be on property

Types of Threats

◈ **<u>INDIRECT</u>**: "You are going to pay for this."

◈ **<u>VEILED</u>**: "I have a sharp knife with me."

◈ **<u>CONDITIONAL</u>**: "If you don't give me what I want, you will be hurt."

◈ **<u>DIRECT</u>**: "I'm going to break your neck."

◈ **REPORT ALL THREATS, NO MATTER WHAT TYPE!**

◈ If the threat is not reported, nothing can be done. Serious direct threats require a <u>threat assessment</u>.

Report

Report

Spectrum of Aggression

◈ The spectrum of aggression shows a **pattern of escalation** of violence

◈ **INTIMIDATION**- Intentional behavior, verbal attacks and attempts to humiliate

◈ **OFFENSIVE LANGUAGE-** Intentional behavior showing disrespect to another

◈ **VERBAL ABUSE**- Intentional behavior using words to cause verbal harm to another

◈ **VERBAL ASSAULT-** Intentional behavior of threats expressing the intent to cause injury or harm

◈ **PHYSICAL ASSAULT-** An intentional act of harmful contact of another

Communicating

◈ Be open, sincere and honest

◈ Deal with situations in a timely manner

◈ Don't ignore the problem, clarify the concerns

◈ Commit to a solution together

◈ Provide verbal encouragement

◈ Use "I" and "We" statements instead of "You"

◈ Focus on behaviors and keep your responses on point

◈ Monitor your verbal and non verbal cues

◈ Actively listen and maintain eye contact

◈ Don't be judgmental or minimize the situation by interrupting

Are you listening?

Communicating

◈ The manner in which you communicate can determine how effective the communication and understanding

◈ Be clear and direct

◈ Use calming words like, "I understand"

◈ Use a calm tone

◈ Do not talk down to them

◈ Use a slow and steady pace when talking

◈ Explain your actions

◈ Answer questions

◈ Be patient and smile

"I know exactly how you feel."
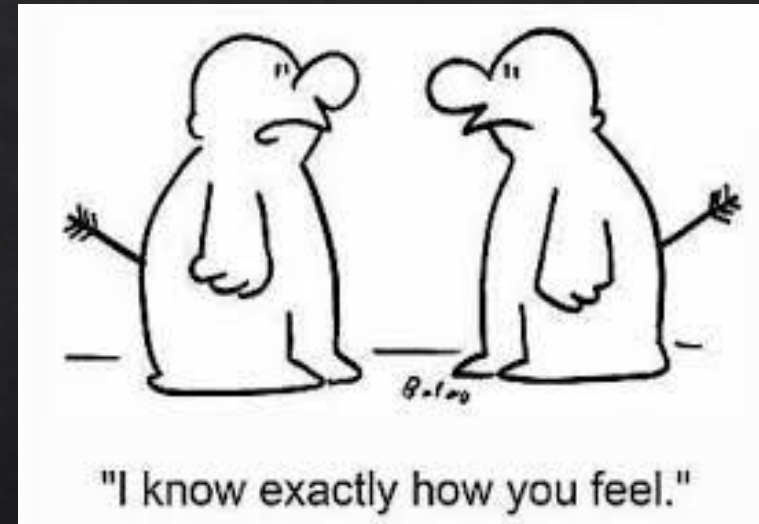
Body Language of Agitation

◈ Pay close attention to their body language

◈ Pay attention to your body language

◈ Constant movements and fidgeting is a sign of agitation

◈ Pay attention to facial expressions

◈ Pay attention to eyes, eyes locked on you are a sign of agitation

◈ Look at the lips, quivering with stress or puckered with anger

◈ Arms folded, hands open, hidden or clinched

◈ Legs crossed or flexed

◈ Being observant and aware of your patient's emotions, this can help you assess situations of anger and agitation

Can I Pet That Dog?

- Ears back
- Growling
- Teeth showing
- Aggressive barking
- Eyes focused on you
- Hair standing up
- Tail down
- Attack mode stance
- Would you pet these dogs?
- RECOGNIZE the signs

Patient Care & Personal Safety

- **Patient care** and **personal safety** for healthcare workers clash. Why?
- Caregivers mindset does not recognize threats.
- Trained to provide care for others first.
- Mindset is not protective in nature.
- Cautious approaches and situational awareness is not always recognized.
- Training/mindset/culture is to help others first before worrying about themselves.
- Compassionate and caring attitude.
- Does not have protective attitude.
- Personal safety not top of mind.
- Rarely in a protective mode, places self at risk.

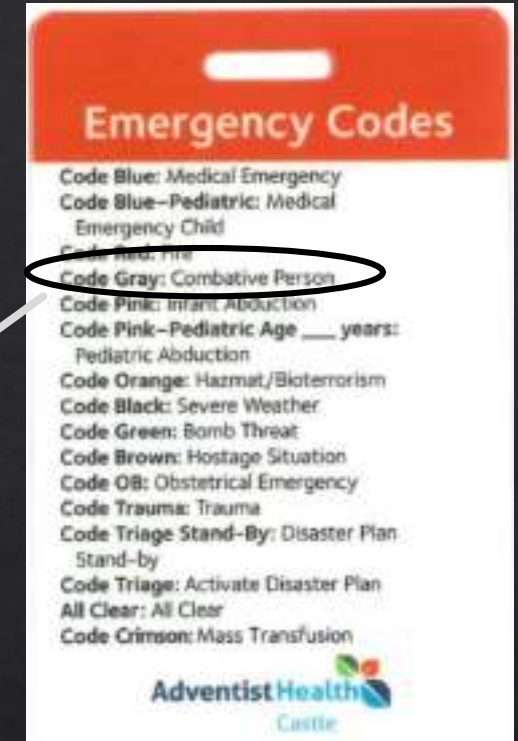Personal Safety

Communicating with the Angry

⬦ There are effective strategies that you can use when communicating with a person who is angry or agitated:

⬦ Use "I" words that convey understanding

⬦ Respect their space

⬦ Find the reason for their anger to help calm

⬦ The anger may be justified

⬦ Use positive terms and phrases

⬦ Look for positive outcomes

⬦ Always watch their body language

⬦ Call for additional assistance

Protective Strategies

◈ Understand that the environment you work in is violent

◈ Understand that people you may deal with are unpredictable

◈ Understand the many risk factors that contribute to violence

◈ Know who are your most high risk patients

◈ Know that patient care and personal safety clash (work smarter/safer)

◈ Signs of agitation get a "security stand by"

◈ Historical knowledge of violence, agitation or non-compliance, plan for the worse

◈ Code Grays are protective tools, use them

◈ Hardwire Code Gray response processes, rehearse, practice and drill

◈ Don't believe that all patients want your help

◈ Know where your exit is at all times

◈ Be situationally aware at all times

Emergency Codes

Code Blue: Medical Emergency
Code Blue–Pediatric: Medical
  Emergency Child
Code Red: Fire
Code Gray: Combative Person
Code Pink: Infant Abduction
Code Pink–Pediatric Age ___ years:
  Pediatric Abduction
Code Orange: Hazmat/Bioterrorism
Code Black: Severe Weather
Code Green: Bomb Threat
Code Brown: Hostage Situation
Code OB: Obstetrical Emergency
Code Trauma: Trauma
Code Triage Stand-By: Disaster Plan
  Stand-by
Code Triage: Activate Disaster Plan
All Clear: All Clear
Code Crimson: Mass Transfusion

Adventist Health
Castle

Protective Strategies

- Strategically place yourself in a position to escape and exit
- Don't go into an enclosed space with a patient that has a history of violence or shows signs of agitation
- Non-compliance is the first sign of steps toward potential violence
- Recognize "red flags"
- Follow your gut/instincts
- Get formal de-escalation training to include "hands on" defensive techniques
- Threat assessments, protective measures and retreat plans
- Work close with security to help manage aggressive behaviors
- Create a process to always communicate violence issues that have occurred and can be expected.
- Must have management of aggressive behavior response plans for patients

Protective Strategies

◈ Situational awareness starts with knowing who are your "high risk" patients

◈ Retreat plans for confined office areas and work spaces

◈ Make sure there are no items freely available to patients to use as a weapon against you

◈ Sturdy clipboards are good defensive tools to block with

◈ Law enforcement intervention, calling 911

◈ Don't accept that being exposed to violence is part of the job

◈ Report ALL workplace violence incidents

◈ Security needs to be aware so proper management can be deployed

◈ Work as Teams to manage escalating violence

◈ If security is not present, must create response teams and processes that manage violence

◈ Don't expect Security to manage it all. Communication, planning and teamwork

Universal Precautions for Aggression

◈ EVERYONE CAN DO THIS!

◈ <u>Anticipate Aggression</u>- Recognize the Signs

◈ <u>Prepare for Aggression</u>- Plan and Practice

◈ <u>Avoid Aggression</u>- Create a Safer Work Environment

◈ <u>Counteract Aggression</u>- Act Quickly with Confidence

◈ **You see this when you walk into a patient's room,**

    what are you going to do?

Key Components for Staff

◈ Complete personal safety training-de-escalation and self protection

◈ Ensure there are protocols to manage the "at-risk" patient

◈ Ensure there are practiced concepts of team work and working confidently together

◈ Have the empowerment to take ownership over your work environment

◈ Know and understand by all that there are times when personal safety FIRST leads to better patient-focused care.

Class Presenter

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Questions?

Type your questions into the Questions tab of your Control Panel.

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Adventist Health/Jones Lang LaSalle

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On behalf of the Healthcare Association of Hawaii and
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thank you for attending today's webinar:

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