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 interferes with the delivery of safe medical care to other patients at the practice.
- 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.
- Unwanted approaches toward or contact with others.
- Possession or brandishing of weapons.
- Persistent or intense outbursts.
- 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
- 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
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
Why are they upset?

- Anxiety about the out-of-pocket costs
- Billing issue not being resolved
- 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
- Cultural and religious differences
- 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
- Be vigilant throughout the encounter.
- Don’t isolate yourself with a potentially violent person.
- Always keep an open path for exiting
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
- Avoid any behavior that may be interpreted as aggressive
- 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 _______ 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?"
Situation escalates ..... 

- **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. Let’s try to work together”  
- “Please keep in mind we are trying to help you.”

![Image of a person speaking on a phone]

Impasse

- "It doesn't seem as though we are making any headway. I feel really bad that I couldn't help you. Maybe we can talk again soon.”  
- “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
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?

Keep your staff safe

- Controlling access
- Calling 911
- Safety and comfort for other patients
- Action plan
- Evacuation Meeting place
- Prevention plan
Prevention

- Coordinating with patients therapists, psychologists, psychiatrists and other clinicians
- 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 physical barriers to private areas
- Have signage
Administrative Controls

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.
- Restrict the movement of the public
- Develop a system for alerting Practice Managers, Physicians, or security personnel (if you have them) when violence is threatened

Summary

- Prepare providers schedule
- Use the right phrasing
- Train your staff
- Prepare your location
- Have enough staff
- Have a plan