

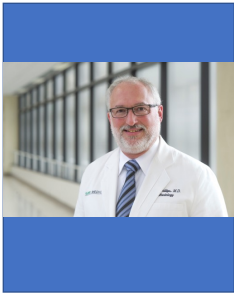


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SAMBA 2024 Annual Meeting

May 2-4, 2024



Disruptive Patient or Family Member

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Disclosures

- I have nothing to disclose

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Objectives



- List actions and behaviors a disruptive patient or family member may exhibit
- Identify de-escalation strategies to use with disruptive patients and family members
- Recognize the importance of an emergency plan to deal with disruptive patients and family members and the importance of training for preparedness for these occurrences

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Scope of the Problem



- Healthcare workers are 20% more likely to be victims of workplace violence than other workers
- 25% of nurses report being physically assaulted by a patient or patient's family member
- According to OSHA, approximately 75% of nearly 25,000 workplace assaults occurred in health care or social service settings
- Episodes of workplace violence are underreported

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Examples of Disruptive Behavior



- Verbal abuse
- Racial or ethnic epithets
- Sexual harassment
- Loud or profane language
- Terroristic threats
- Direct, indirect or implied threats
- Physical abuse
- Possession or brandishing of weapons
- Persistent or intense outbursts

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Factors Associated with Healthcare Violence



- Altered mental status- dementia, delirium, intoxication, decompensated mental illness
- Patients in police custody
- Patients receiving bad news about a diagnosis
- Gang activity
- Domestic disputes
- Understaffing
- Long wait times

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Factors Associated with Healthcare Violence

- No access to emergency communication such as cell phone or call bell
- Unrestricted public access to healthcare facilities
- Lack of training and organizational policies to recognize and deescalate hostile and assaultive behaviors

OSHA

- General duty clause of the Occupational Safety and Health Act states employers need to provide a place of employment free from recognized hazards that are causing or are likely to cause serious harm or death
- Therefore employers need to implement a workplace violence prevention program combined with training, engineering and administrative controls

Triggers

- What you say- giving patient bad news, reprimanding the patient, failing to give the patient choices
- How you say it- being sarcastic, rude, hostile, patronizing, untruthful, arguing with the patient, interrupting the patient
- What you withhold- limiting or prohibiting visitors, making the patient wait, failing to follow through with promises
- How you behave- using negative or aggressive body language, getting too close or touching a patient with boundary issues approaching a patient with a needle or other medical device

Triggers

- Patient environment- too noisy, crowded, hot or cold
- Gender or ethnicity that the patient dislikes
- Triggering day- birthday or date of importance to the patient

Triggers



- Substance abuse- intoxication or withdrawal
- Psychotic
- Low functioning autism
- Pain

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Signs of Possible Impending Violent or Disruptive Behavior



- Body movements
 - Pacing
 - Gesturing in an exaggerated manner
 - Assuming a boxer's stance
 - Opening and closing fists
 - Trembling
 - Shaking
 - Invading personal space

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Signs of Possible Impending Violent or Disruptive Behavior



- Facial expressions
 - Jaw clenching
 - Scowling
 - Sneering
- Voice signals
 - Speaking loudly
 - Chanting
 - Talking to themselves

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Signs of Possible Impending Violent or Disruptive Behavior



- Physiological changes
 - Flushing
 - Pallor
 - Sweating
 - Rapid breathing
 - Pupillary dilation

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Preventing Disruption



- Proactive not reactive
- Communication with patient and family members
- Having someone round in the waiting room

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Staff Education



- Education and training are key elements of a workplace violence protection program
- Education should be tailored to the specific patient population and facility
- In an OR setting, preadmission registration, preoperative areas and waiting rooms are at higher risk of disruption than the OR proper
- Volunteers, such as those in waiting areas should also receive training

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Training



- Safety protocols
- Physical security of facility
- Techniques to escape and evade physical assault that minimize risk to both employee and those engaged in violence
- How to de-escalate verbally

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Training



- Research has shown the ability to feel empathy for the aggressor is key to effectively managing a disruptive situation
- Mindful, nonjudgmental, objective
- Don't take the behavior personally
- Goal is to understand the root cause of the behavior and what the unmet need is

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Goals in Working with an Agitated Person



- Ensure safety of patient and staff and visitors
- Help patient regain control of their behavior
- Avoid coercive interventions that escalate the situation

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De-escalation



- A psychological intervention which should be used as the first line response to violence and aggression

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De-escalation Strategies



- Respect personal space while maintaining a safe position
- Do not be provocative
- Establish verbal contact
- Be concise, keep message clear and simple
- Identify wants and feelings
- Listen closely

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De-escalation strategies



- Agree or agree to disagree
- Lay down the law and set clear limits
- Offer choices and optimism
- Debrief patient and staff

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Situations Particular to ASC's



- Don't have a security department like a hospital
- Lack of physical security measures
- This emphasizes the need for a protocol to deal with disruptive patients and family members