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## Violent Disruptive Behavior, 699.95.00

Document Type: Procedure

### PURPOSE:

Provide Kadlec Regional Medical Center (KRMC), Kadlec Clinics (KC) and off-site locations with a means of addressing workplace violence. Aims to reduce or eliminate caregiver exposure to violent conditions that lead to injury by implementing proactive security measures, work practices, systems, procedures, and training. The policy provides action guidelines in the event of a workplace violence incident, and reference to additional Kadlec policies and procedures for consideration.

### POLICY:

Kadlec is committed to providing a safe, therapeutic environment for patients, visitors and staff members. This policy sets forth guidelines for patients, visitors, and/or caregivers who engage in disruptive behavior that may adversely impact patient, visitor and staff safety. KRMC has zero tolerance of violent or aggressive patient/visitor behavior toward caregivers and other bystanders.

### DEFINITIONS:

"Disruptive behavior" is any inappropriate behavior by a patient and/or visitor(s) that may be disruptive to the patient's own care; the care of other patients; the safety of patients, visitors or caregivers; or the general operation of the hospital. These situations can include the following:

**Intentional Assault:** An act with intent to cause harm by a person in control of their faculties. Includes intentional damage to hospital property.

**Non-Intentional Assault:** An act without intent to cause harm or by one who does not have control of faculties (i.e., head injury/combatative, medication/sedation, disease process).

**Verbal Abuse:** Making noise that unreasonably disrupts the facility.

**Non-Intentional Verbal Disruption:** Causing disruption without intent to do so or by one who does not have control of faculties (dementia, developmentally delayed pts., etc.).

**Threat of Harm:** A statement of intent to inflict harm by one who has the ability to formulate the intent to commit an act. Threat of harm can be received via telephone, written form, MyChart and other modalities.

## PROCEDURE:

### Physical Disruption

I. **Intentional Assault (RCW 9A.36.031)** – *An act with intent to cause harm by a person in control of their faculties. Includes intentional damage to hospital property.*

a. **Hospital**

- i. Remove yourself and others from immediate harm
- ii. Provide clear direct commands
- iii. Press emergency duress button (where applicable) to alert law enforcement
- iv. Call 911 Immediately
- v. Call a Code Gray dial 4444 and give the operator the location
- vi. Document in EMR
- vii. Implement safety plan (violent/disruptive patient checklist)
- viii. Notify the Lead Nurse, Patient Care Coordinator (PCC)/ Manager
  1. PCC will include the violent incident on the administrative report and flag patient chart.
- ix. Submit a QRR as soon as possible
- x. If caregiver injury occurred, notify your core leader and complete a *Leaves & work injuries* electronic report
- xi. If patient requests to leave against medical advice ensure Release for Leaving Hospital Against Medical Advice, 0221 is completed
- xii. If behavior continues a huddle should be called with Lead RN, PCC and/or unit Manager, Security, Risk and Case Management (if available) to determine next steps and safe discharge plan.
- xiii. If incident involves a visitor, contact Security to consider a KRMCM Trespass Admonishment form

b. **Clinic/Off-site locations**

- i. Remove yourself and others from immediate harm
- ii. Provide clear direct commands
- iii. Press emergency duress button (where applicable) to alert law enforcement
- iv. Call 911 Immediately
- v. Notify clinic manager and/or designee of incident
- vi. Clinic Manager or Designee will contact the PCC
  1. PCC will include the violent incident on the administrative report and flag patient chart.
- vii. Submit a QRR
- viii. If caregiver injury occurred, notify your core leader and complete a *Leaves & work injuries* electronic report
- ix. If incident involves a visitor, Clinic Manager to contact Security to issue a KRMCM Trespass Admonishment form

**II. Non-Intentional Assault – An act without intent to cause harm or by one who does not have control of faculties (i.e., head injury/combative, medication/sedation, disease process).**

**a. Hospital**

- i. Remove yourself and others from immediate harm
- ii. Provide clear direct commands
- iii. Call a Code Gray dial 4444 and give the operator the location
- iv. If necessary administer chemical/soft restraints as ordered
- v. Implement safety plan (violent/disruptive patient checklist)
- vi. Document event in EMR

**b. Clinic/Off-site locations**

- i. Remove yourself and others from immediate harm
- ii. Provide clear direct commands
  1. If successful with verbal redirection continue clinic specific activity
  2. If unsuccessful with verbal redirection
    - a. Press emergency duress button (where applicable) to alert law enforcement
    - b. Call 911
- iii. Notify Clinic Manager and/or designee of incident
- iv. Document event in EMR
- v. Submit a QRR
- vi. If caregiver injury occurred, notify your core leader and complete a *Leaves & work injuries* electronic report

**Verbal Disruption**

**I. Intentional Verbal Disruption – Threat of Harm (RCW 9A.50.020) – A statement of intent to inflict harm by one who has the ability to formulate the intent to commit an act. Threat of harm can be received via telephone, written form, MyChart and other modalities.**

**a. Hospital**

- i. Call 911 Immediately
- ii. Call a Code Gray dial 4444 and give the operator the location
- iii. Provide Statement to law enforcement officers
- iv. Document in EMR
- v. Notify Lead Nurse, PCC/Manager
  1. The PCC will include the violent incident on the administrative report and flag patient chart
- vi. Submit a QRR
- vii. If incident involves a visitor, contact Security to consider a KRMC Trespass Admonishment form

**b. Clinic/Off-site locations**

- i. Call 911 Immediately

- ii. Provide Statement to law enforcement officers
- iii. Document in EMR
- iv. Notify Clinic Manager and/or Designee of incident
- v. Clinic Manager and/or Designee will call PCC
  - 1. PCC will include the violent incident on the administrative report and flag patient chart
- vi. Submit a QRR
- vii. If incident involves a visitor, contact Security and/or Risk Management to consider a KRMC Trespass Admonishment form

**II. Non-Intentional Verbal Disruption – *Causing disruption without intent to do so or by one who does not have control of faculties (dementia, developmentally delayed pts., etc.).***

**a. Hospital/Clinic/Off-site locations**

- i. Provide clear direct commands
- ii. Document event in EMR
- iii. Continue providing care to patient while attempting to minimize auditory disruptions for other patients.

**III. Verbal Interference with Healthcare Operations (RCW 9A.50.020) – *to willfully or recklessly interfere with access to or from a health care facility or willfully or recklessly disrupt the normal functioning of such facility***

**a. Hospital**

- i. Call a Code Gray dial 4444 and give the operator the location
- ii. Notify the Lead Nurse, Provider, and PCC
  - 1. The PCC will include the violent incident on the administrative report and flag patient chart
  - 2. Implement Behavior Contract
- iii. Document event in EMR
- iv. Submit a QRR

i. If behavior continues, implement safety plan (violent/disruptive patient checklist)

i. **A huddle should be called with Lead RN, PCC and/or unit Manager, Security, Risk and Case Management (if available) to determine next steps and safe discharge plan**

ii. If incident involves a visitor, Security to issue a KRMC Trespass Admonishment form

**a. Clinic/Off-site locations**

- i. Call 911 Immediately
- ii. Provide Statement to law enforcement officers
- iii. Document in EMR
- iv. Notify Clinic Manager and/or Designee of incident
- v. Clinic Manager and/or Designee will call PCC
  - 1. PCC will include the violent incident on the administrative report and flag patient chart

- vi. Submit a QRR
- vii. If incident involves a visitor, contact Security and/or Risk Management to consider a KRMC Trespass Admonishment form

### **Documentation**

- I. Patient care staff are to document the disruptive behavior (including the date and time), as well as record that the patient was informed that such behavior is inappropriate and must cease.
- II. Instances of inappropriate or persistent non-compliant conduct should be documented to establish a pattern of repetitive disruptive behavior or non-compliance or otherwise inappropriate conduct.
- III. Document all efforts to establish and maintain a satisfactory hospital/patient or clinic/patient relationship.
- IV. Incidents of patient disruptive behavior must be submitted to Risk Management through a QRR. The incident report must include an accurate description of the situation, quotes (if possible), and actions taken.
- V. If caregiver injury occurred, notify your core leader and complete a *Leaves & work injuries* electronic report.
- VI. Contact PCC to flag patients chart if applicable in above workflows.
  - a. This flag will remain on the record until the patient has been event free for one year. Risk Management will be able to remove the flag with the approval of the Violent Disruptive Committee.
  - b. Flag will include date of incident, type of incident, and any other pertinent information for future visits.

### **Administrative Discharges or Clinic Dismissals**

#### **I. Hospital Administrative Discharge**

- a. The patient's repeated unacceptable behavior may be considered evidence that the patient's intent is to terminate the hospital/patient relationship. In these circumstances, the hospital may consider an administrative discharge if a patient refuses to cooperate or exhibits continued unacceptable behavior, and the patient's medical condition permits such discharge.
  - i. Risk Management must be involved in the decision to administratively discharge a patient along with attending physician.
  - ii. A QRR report must be submitted.
  - iii. Administrative discharge may be pursued only if there is documentation of the patient's disruptive behavior and the attempts of hospital staff to counsel the patient about his/her behavior.
  - iv. The attending or treating physician must determine and document that based on their clinical judgment, the patient's medical condition is such that discharge is not likely to result in serious physical harm to the patient.
    1. The attending physician must document the patient's physical and mental condition prior to discharge.
    2. The attending physician must explain to the patient that the patient's repeated behavior evidences the patient's intent to terminate the hospital/patient relationship. The physician must explain the patient's current medical condition, the type of care which should be sought by the patient, and the time frame within which such care should be obtained.

3. Although the current hospital/patient relationship may be terminated, the patient must be advised that he/she will not be denied emergency medical care in the future.

## II. Clinic/Off-site locations Dismissal

- a. The patient's behavior may be considered evidence that the patient's intent is to terminate the clinic/patient relationship. In these circumstances, the clinic may consider an administrative discharge if the patient refuses to cooperate or exhibits continued unacceptable behavior.
  - i. Risk Management must be involved in the decision to dismiss a patient along with the patient's provider and the Clinic Manager.
  - ii. Clinic dismissal may be pursued only if there is documentation of the patient's disruptive behavior and the attempts of hospital staff to counsel the patient about his/her behavior.
    1. Although the current clinic/patient relationship may be terminated, the patient must be advised that he/she will not be denied emergency medical care in the future.
  - iii. Clinic Manager may contact Security to assist in issuing a KRMC Trespass Admonishment form.

## Additional Considerations for Patient and Staff Safety

- I. Efforts should be made to achieve compliance from the patient and/or visitor in order to protect the safety to all patients and staff. All efforts to de-escalate and/or achieve compliance should be documented in the medical record if applicable to the direct care of the patient.
  - a. A team huddle may be organized and conducted to develop a Risk Management Patient Safety Plan. The team may include, but is not limited to, Risk Management, the Primary Nurse or Unit Lead Nurse, the PCC, Security, Medical Provider, and Case Management/Social Worker.
  - b. Hospital caregivers may institute policy #1910, Admission of Patients with Substance Misuse, to help reinforce the safety of the patient and caregivers.
  - c. Patients will be provided with the Patient's Responsibilities and Code of Conduct.
  - d. At least two (2) members from the team should meet with the patient. The patient, his/her family or others involved in the patient's care are counseled. The counseling focus is on the patient's responsibilities, the Safety Plan for the patient, the need for compliance and the consequences of continued inappropriate behavior. Provide behavioral contract and place within the medical record.
  - e. If incident involves a visitor security will issue a KRMC Trespass Admonishment form.
- II. Any caregiver can identify a patient and/or visitor as a possible risk to staff or other patients.
  - a. History of violence toward staff/patients
  - b. Credible verbal threat of harm
  - c. Possession of weapon or objects used as weapons
- III. **Denying Patient Visitors:** A patient has a right to receive visitors or have a visitor accompany them but this right may be limited or restricted when it interferes with the patient's own care, the care of other patients, or the safety of patients, visitors or KRMC caregivers.
  - a. KRMC and Kadlec Clinics may exclude a visitor if the visitor engages in disruptive, threatening or violent behavior of any kind.
  - b. KRMC and Kadlec Clinics may exclude a visitor if the visitor is providing, or there is reasonable suspicion that he/she is providing, a patient with alcohol or illegal drugs.

- i. In the **hospital** setting, Security will ask the visitor to leave the hospital. If needed, Security may contact local law enforcement at their discretion.
- ii. In the **clinic/off-site location** settings, clinic caregivers or Clinic Manager may ask the visitor to leave the clinic. If needed, the Clinic Manager or designee may contact local law enforcement at their discretion.
- c. If necessary, Security will issue a KRMC Trespass Admonishment form to visitor(s). For clinics, Clinic Manager may contact Security to assist in issuing a KRMC Trespass Admonishment form.

## Attachments

- [A\\_Violent Disruptive De-Escalation Techniques.docx](#)
- [B\\_Kadlec Main Campus Addendum De-Escalation Techniques.docx](#)
- [C\\_Violent Disruptive Patient Safety Plan Checklist.9.15.20.docx](#)
- [D\\_Kadlec Main Campus Behavioral Contract.9.15.20.docx](#)
- [E\\_Kadlec Main Campus Violent Patient Flow Chart 1.5.pdf](#)
- [F\\_Kadlec Clinic\\_Off-site locations Patient Behavioral Agreement.pdf](#)
- [G\\_Kadlec Clinic\\_Off-site locations Visitor Behavioral Agreement.pdf](#)
- [H\\_Kadlec Clinic Physical Assault Algorithm.pdf](#)
- [I\\_Kadlec Clinic Verbal Assault Algorithm.pdf](#)
- [J\\_Kadlec Clinic Weapons in Clinic Algorithm.pdf](#)

## Approval Signatures

Approver	Date
Kirk Harper: CNO	09/2020
Heather Shipman: Executive Assistant	09/2020

## Applicability

WA - Kadlec Regional Medical Center