

Note Disclaimer: This CRG is not intended to give the reader details on the specific policies and procedures and competencies used at Broward Health Facilities nor replace Work Place Violence Training (WPVT)

Introduction	<p>What is considered a Challenging Patient?</p> <ul style="list-style-type: none"> • A patient that goes far beyond the behaviors you generally encounter, someone whose behavior crosses personal, ethical, & professional boundaries may be considered a Challenging Patient. • This type of patient requires you to address the behaviors that have crossed over to unacceptable behaviors. It's very important that ALL Team members be aware of the acceptable, unified, TX Interventions to use with the challenging patient's behaviors. <ul style="list-style-type: none"> • Be informed & educated • ALL STAFF should huddle & discuss strategies (Team TX Planning) • Recognize escalating behavior • Use appropriate interventions • Use AIDET 	<p>What is the role of Security?</p> <ul style="list-style-type: none"> • Respond to emergency situation • Assess the scene safety • Obtain information from Nurse in charge is patient related • If patient related, assist nurse as needed. The nurse in charge will be responsible for the instructions. • If non patient related, utilize de-escalation techniques to resolve the situation
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		Safety Starts with You		
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Starts with You	<p>Safety</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Communicate between ALL staff members</td> <td style="width: 50%;">Challenging patients may try to "split" staff</td> </tr> <tr> <td>Discuss situations with management, so everyone agrees</td> <td>The care of challenging patients may need additional resources, e.g. sitter, security walk through, counseling, etc.</td> </tr> <tr> <td>Do Not take it personally</td> <td>Remember, everyone has their own beliefs, issues, background</td> </tr> <tr> <td>Do Not become emotional</td> <td>You cannot think & act clearly when you are upset</td> </tr> <tr> <td>Engage patient's support system</td> <td>Sometimes family or friends may assist you with the patient</td> </tr> <tr> <td>Know who you are dealing with</td> <td>Some patients have other issues, e.g. substance abuse, mental illness, etc.</td> </tr> <tr> <td>Set clear, understandable boundaries</td> <td>Let the patient know what you can & cannot do referencing treatment.</td> </tr> <tr> <td>Talk about behavior</td> <td>Explain their behaviors may interrupt your ability to provide treatment/care for them</td> </tr> <tr> <td>Take care of yourself</td> <td>Use your personal coping skills to handle challenging patients</td> </tr> <tr> <td>Use simple, concrete language to explain your care</td> <td>Patients sometimes calm down when they understand what is happening</td> </tr> </table>	Communicate between ALL staff members	Challenging patients may try to "split" staff	Discuss situations with management, so everyone agrees	The care of challenging patients may need additional resources, e.g. sitter, security walk through, counseling, etc.	Do Not take it personally	Remember, everyone has their own beliefs, issues, background	Do Not become emotional	You cannot think & act clearly when you are upset	Engage patient's support system	Sometimes family or friends may assist you with the patient	Know who you are dealing with	Some patients have other issues, e.g. substance abuse, mental illness, etc.	Set clear, understandable boundaries	Let the patient know what you can & cannot do referencing treatment.	Talk about behavior	Explain their behaviors may interrupt your ability to provide treatment/care for them	Take care of yourself	Use your personal coping skills to handle challenging patients	Use simple, concrete language to explain your care	Patients sometimes calm down when they understand what is happening
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<p>Behavior Influences Behavior</p> <ul style="list-style-type: none"> • The manner in which we interact with another person effects how the person interacts with us. • There are phases or stages to this interaction • Staff Behaviors: both verbal & physical influence another person's behaviors • Appropriate staff interactions at each phase is critical 	<p>It's not what you say, but how you say it</p> <ul style="list-style-type: none"> • Elements of speech: <ul style="list-style-type: none"> ○ Tone, volume, rate/rhythm • Body Language: <ul style="list-style-type: none"> ○ The process of communication nonverbally through conscious or unconscious gestures & movements ○ Examples are: facial expressions, movement (eyes/head), arm placement, others? 	<p>Don't take it Personally</p> <ul style="list-style-type: none"> • Being non-judgmental • Know your triggers & breaking point • Be in control of your behavior • De-personalize the situation • Understand that the person brought the issues with them • Remember, It's Not About You!!!!
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Reporting	<p>Follow the P & P, specifically EOC-002-035, Threat of Violence. Highlights of the policy include:</p> <ul style="list-style-type: none"> • Follow the Threat of Violence flowchart <ul style="list-style-type: none"> ○ Immediate threat ○ Non-immediate threat - 24/7 <ul style="list-style-type: none"> ▪ TOV Hotline 954-369-5635 ○ Document in a HAS Report ○ Contact Protective Services, if appropriate ○ Contact Regional Human Resources Department, if appropriate 	<ul style="list-style-type: none"> • Regional Human Resources <ul style="list-style-type: none"> ○ BHMC 954-355-5048 ○ BHN 954-786-6900 ○ BHIP 954-776-8680 ○ BHCS 954-344-3010 ○ Corporate, Spectrum & Satellite Sites 954-847.4455 	<ul style="list-style-type: none"> • Regional Protective Services <ul style="list-style-type: none"> ○ Capt. Tony Frederick 954-473.7501 ○ BHMC 954-355-5350 ○ BHN 954-786-6688 ○ BHIP 954-776-8719 ○ BHCS 954-344-3046 ○ Spectrum 954.473.7552
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Phases of Escalating Behaviors

1. Anxiety Phase

- May be shown as:
 - Drawing people into a power struggle
 - Energy changes
 - Fidgeting
 - Sudden changes in affect
 - Verbal or conversational changes

2. Resistance Phase

- Identify signs that the patient is escalating into possible behavioral crisis
 - Beginning of loss of control
 - Challenging
 - Change in tone & volume of voice
 - Increasing physical activity
 - Increasing resistance to requests
 - Loud self-talk
 - Questioning
 - Refusal
 - Swearing to self
- **Note:** If the patient's behavior is frequently in this escalating phase, a Team Treatment Planning is suggested to prevent further escalation!!!!

3. Combative Phase

- Crisis (Risk of harm to self, others, or environment, or seriously disruptive behavior)
 - Explosive behavior
 - Hurting self
 - Kicking, hitting, scratching, choking, biting
 - Physical aggression to self or others
 - Swearing at people
 - Threats of aggression
 - Using objects to hurt self or others
 - Using threatening gestures to others or self

Staff Interventions

1. Acknowledge Behavior; Be Supportive,

- Modify environment to meet needs
 - Be empathetic
 - Encourage talking
 - Educate on the care process
 - Increase positive feedback, offer choices
 - Use calming approaches for self & patient, e.g. deep breathing
 - Use distraction & environmental accommodation, e.g. reduce noise stimuli, increase personal space
- **Examples**
 - *"Mr. Williams is there something I can assist you with?"*
 - *"Ms. Johnson let's discuss your treatment so we can clarify any questions"*
 - *"Mr. Smith, I have placed a call to the doctor & I'll let you know when he calls back"*
 - *"Ms. Hendricks why don't we discuss your discharge plans with your family"*

2. Be Directive

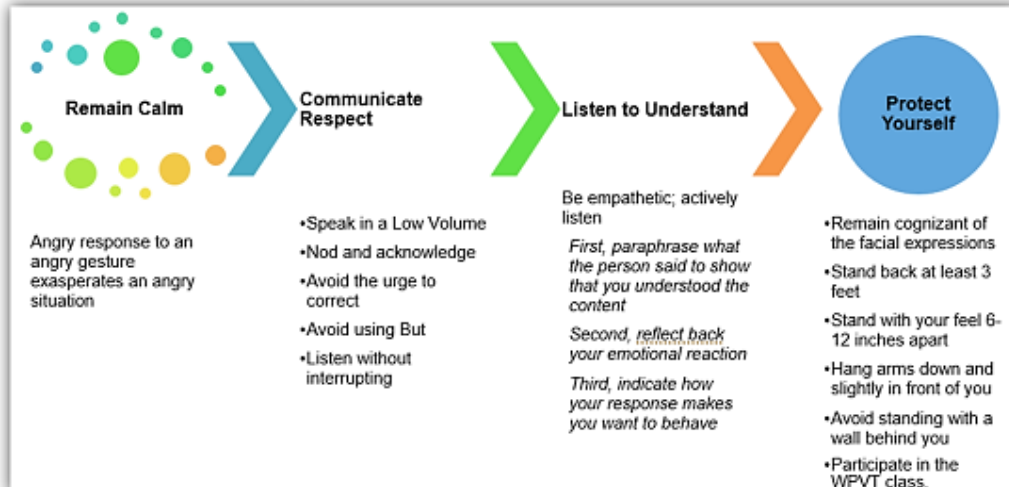
- (Use verbal direction & modeling), continue to modify environment to meet needs & ensure safety)
 - Describe what you see, not your interpretation of it
 - If the patient is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious) provide answers to questions, state facts, ask short clear questions
 - For a non-verbal patient, adjust responses to him/her
 - Reassure, discuss past successes, show understanding
 - Use verbal intervention techniques, **set limits**, remember distance. Use visual aids, if helpful
- **Examples**
 - *"Mr. Williams please stop shouting. It's disturbing others. I will call the Doctor when you have calmed down."*
 - *"John we can discuss your medications when you stop screaming at staff. If this behavior continues, we will notify your physician."*
 - *"Mr. Smith, "I have explained your ordered medications, the times are written on your board. Your behavior is preventing staff from providing you care."*
 - *"Ms. Hendricks, if you continue to scream at staff, use racial slurs & swear loudly, security will be contacted."*
 - *"Tammy your team including your doctor will meet to discuss how your behavior is affecting your treatment and care."*

3. Use Safety Strategies

- Phone 9-1-1 for off sites
 - Ensure your own safety, safety of others and safety of the individual
 - Everyone should agree on a plan for what happens at the time of a crisis and the follow-up
 - Get assistance to keep safe
 - Remove potentially harmful objects
 - Use clear, short, calm and slow statements
 - Use personal space and supportive body position
 - Use violence response strategies
 - Reassure the patient that they are safe and you are there to help.

MANAGING COMMUNICATION CHALLENGES

De-escalation Techniques



MANAGING COMMUNICATION CHALLENGES

Know what to say and do

Never use excuses	Call the patient by name whenever possible	Isolate, listen and tone down	Resolve & Act
<p>No one likes to hear them!</p> <ul style="list-style-type: none"> • "Sorry, we were busy" • "Sorry we don't have enough staff" • "Sorry, I wasn't here yesterday – it's not my fault" 	<p>This simple act makes a connection.</p> <ul style="list-style-type: none"> • Eliminate terms like sir, madam, love, honey, and mommy 	<p>Find a private area.</p> <ul style="list-style-type: none"> • makes them feel special • allows you to provide undivided attention • Eliminates disruptive environment for other patients • Say "Sorry about what happened, I understand and if I was in your situation, I'd feel the same" 	<p>Tell them what action you will take.</p> <ul style="list-style-type: none"> • Use "I" • Then do it!