The Upset and Potentially Violent Patient: A Practical Approach to Seemingly Impossible Situations

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Date: 4/30/25

Time: 9am CST

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Goals & Purpose

This activity describes the regulatory guidance, indications, contraindications, best practice in the approach to the upset and potentially violent patient and highlights the role of the interprofessional team in the management of their patients.

Target Audience

This **LIVE** activity is designed to meet the educational needs of healthcare professionals who diagnose and treat patients including nurses, residents, student nurses, and physicians' assistants.

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3. Complete the LIVE educational activity.

4. Complete the activity evaluation/assessment on COPIC's LMS platform.

It is estimated that this activity will take approximately 1.0 hours to complete.

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Objectives:

Identify the patterns of interactions that cause the greatest difficulty with upset patients.

Develop a toolkit of appropriate responses to angry and potentially violent patients.

Create a safety plan for potentially violent patients.

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In the News

"Violence Escalates against Surgeons and Other Healthcare Workers"

American College of Surgeons October 2024

"Amid growing attacks, top cop's message for doctors: Be prepared"

AMA JULY 2023

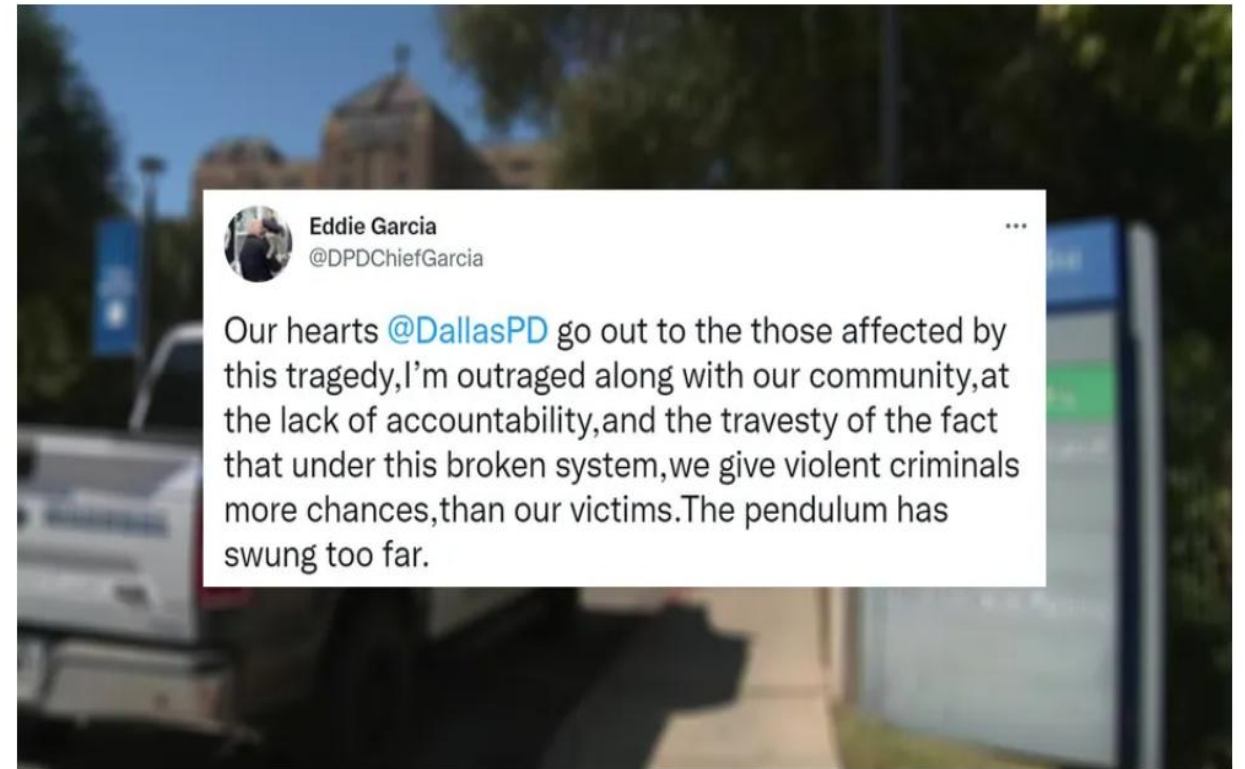**One in four doctors attacked, harassed on social media**

Northwestern Now January 2021

Who Carries this to Work?

Suspect charged with murdering 2 healthcare workers at Dallas hospital has a long criminal history

By FOX 4 Staff | Updated October 24, 2022 9:05am CDT | Dallas | FOX 4 |

Eddie Garcia
@DPDChiefGarcia

Our hearts @DallasPD go out to the those affected by this tragedy,I'm outraged along with our community,at the lack of accountability,and the travesty of the fact that under this broken system,we give violent criminals more chances,than our victims.The pendulum has swung too far.

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Do We Carry These Fears?

TRUE CRIME

Disturbing new details emerge in case of Tennessee surgeon killed by patient, as family breaks silence

Larry Pickens, 29, was arraigned Thursday on one count each of first-degree murder and aggravated assault

By **Rebecca Rosenberg** · **Fox News**

Published July 13, 2023 2:38pm EDT

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Violent Patients are a Reality in Healthcare

-Risk is present in all settings

-Fears are increasing

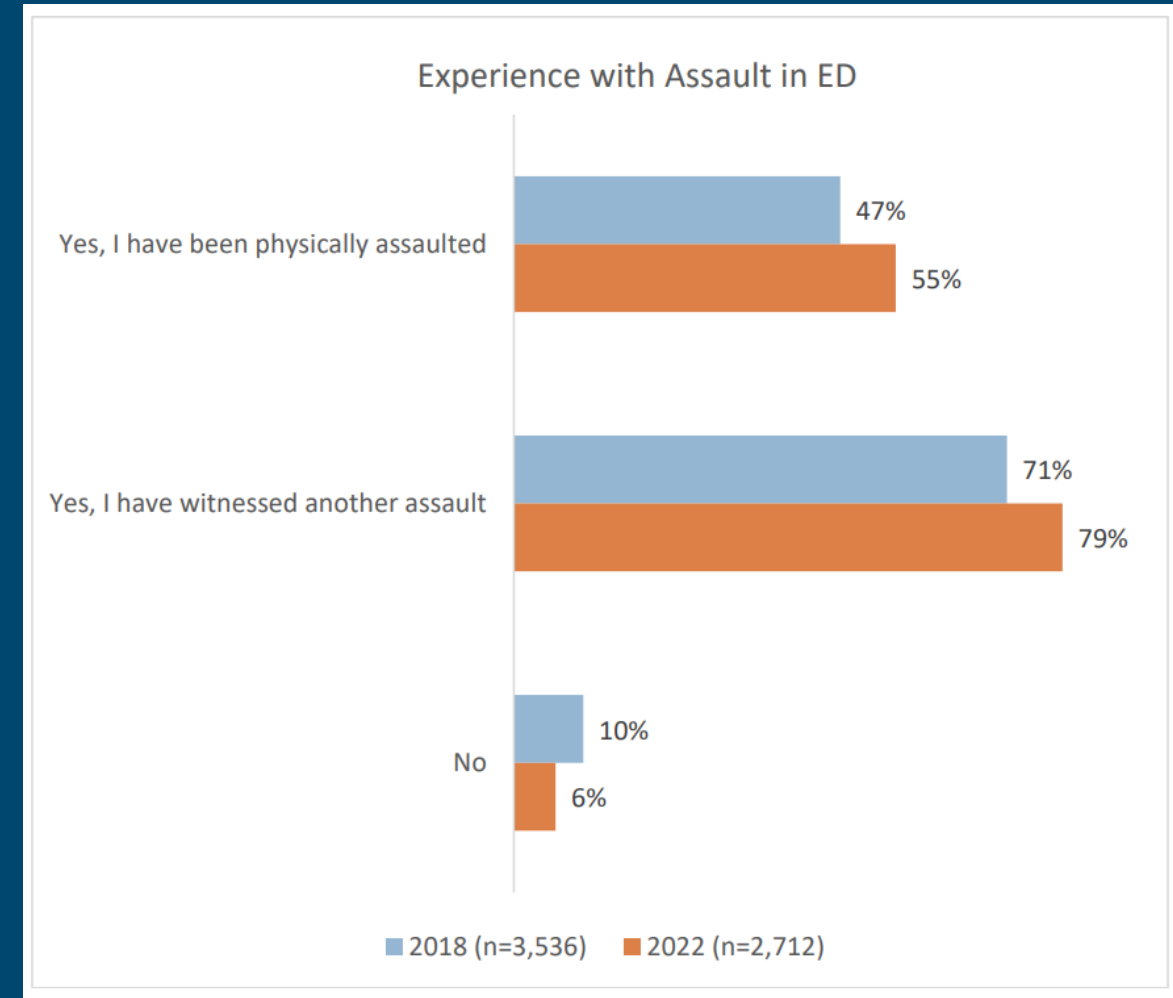-There is hope to reduce risk and to respond effectively when occurs

Op-Med
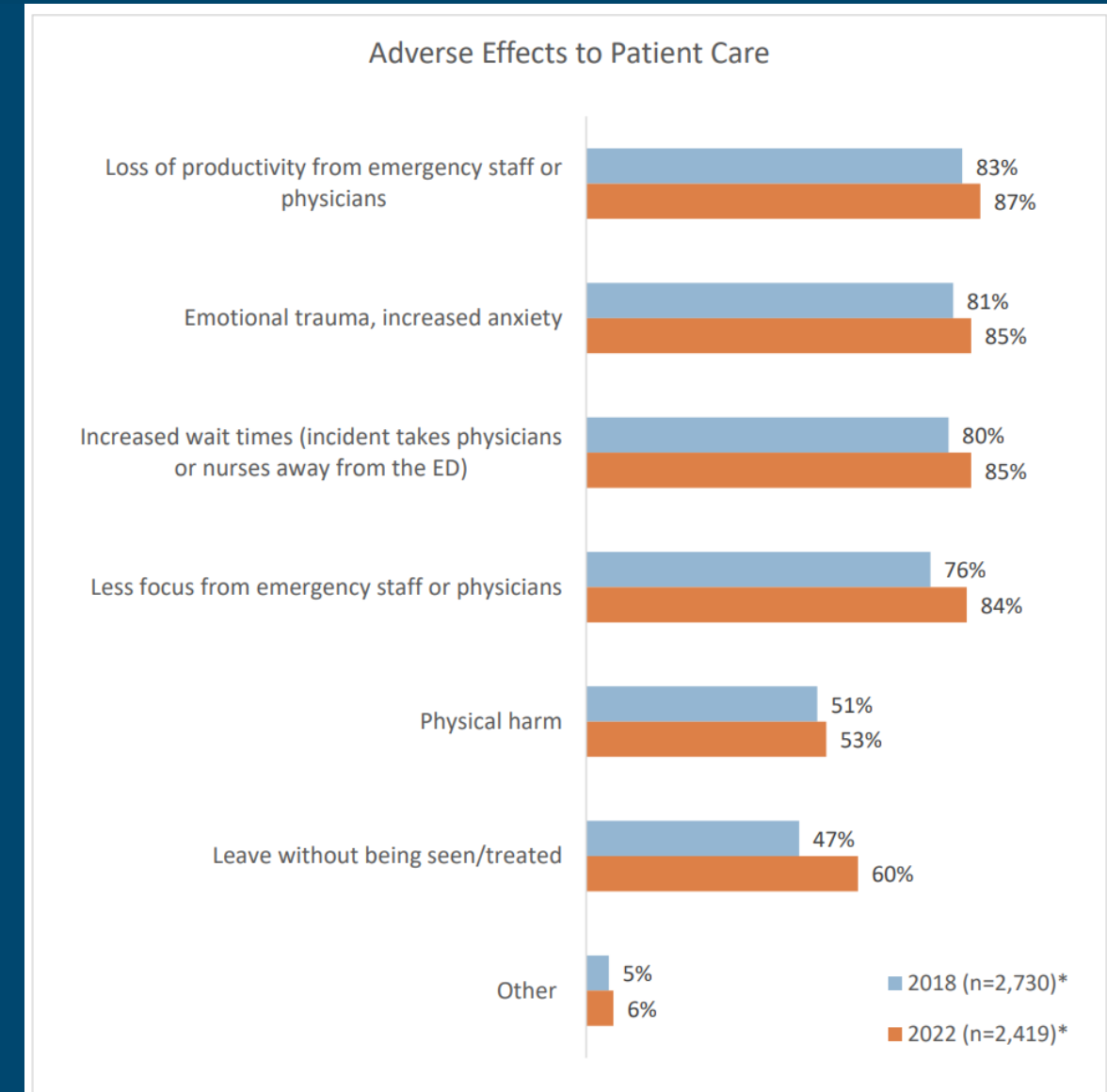Dec 5

I Did Not Sign up to Be Assaulted as Part of My Job

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Assault is Common: Did You Know This Prior to Entering Healthcare?

- ACEP poll of EM physicians.
- **Only 6%** have not witnessed or experienced assault at work!

Experience with Assault in ED

Yes, I have been physically assaulted — 47%, 55%

Yes, I have witnessed another assault — 71%, 79%

No — 10%, 6%

■ 2018 (n=3,536) ■ 2022 (n=2,712)

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Does Assault or Risk of Violence Impact Your Team's Performance?

- Reduced productivity
- Emotional trauma carries into professional and personal life
- Errors?

Adverse Effects to Patient Care

Category	2018 (n=2,730)*	2022 (n=2,419)*
Loss of productivity from emergency staff or physicians	83%	87%
Emotional trauma, increased anxiety	81%	85%
Increased wait times (incident takes physicians or nurses away from the ED)	80%	85%
Less focus from emergency staff or physicians	76%	84%
Physical harm	51%	53%
Leave without being seen/treated	47%	60%
Other	5%	6%

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Healthcare Violence Reduction Efforts are Costly

- $151 BILLION per year- *Nursing, 2022*

- Cone Health System- $3 Million for 120 unarmed officers and 35 police

- Scripps Health- $12 Million on security

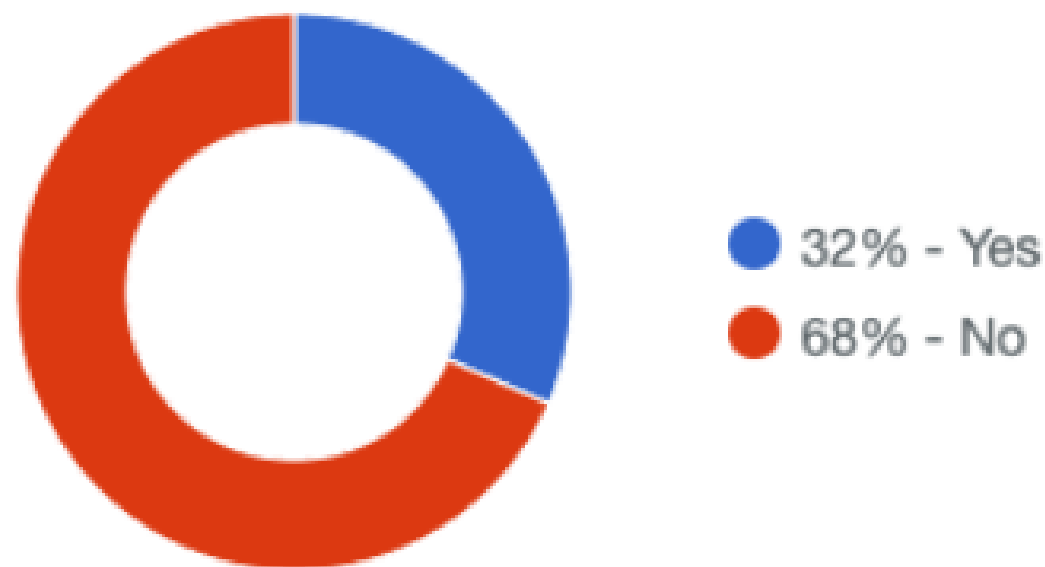- 31% reduction in violence at Scripps and Cone- *Modern Healthcare, 2025*

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Do Providers Feel Supported? Do You Feel Supported?

Do you feel your employer's response was appropriate?

68% - No

32% - Yes

● 32% - Yes

● 68% - No

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What Would ED's (and the rest of us) Like to See?

Ranked Importance of Ways to Increase Safety in Emergency Departments	2018		2022	
	Mean	Rank	Mean	Rank
Increase security (security guards, security cameras, security for parking lots, metal detectors, screen all visitors)	2.00	1	2.06	1
Establish, communicate, and enforce clear policies	3.32	2	3.37	2
Report incidents to the police	3.48	3	3.51	3
Increase staff in the emergency department	3.85	5	3.55	4
Reduce the number of areas in the emergency department that are open to the public	3.54	4	3.70	5
Offer training in self defense	5.22	6	5.34	6
Other	6.59	7	6.48	7

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How Do You Create Culture of Nonviolence?

All threats or incidents of violence are a priority.

Leaders **foster a culture** of nonviolence

- create psychological and physical safety for the workforce, patients and visitors

Zero-tolerance framework

-clearly defines what acts the organization considers to be violent behavior
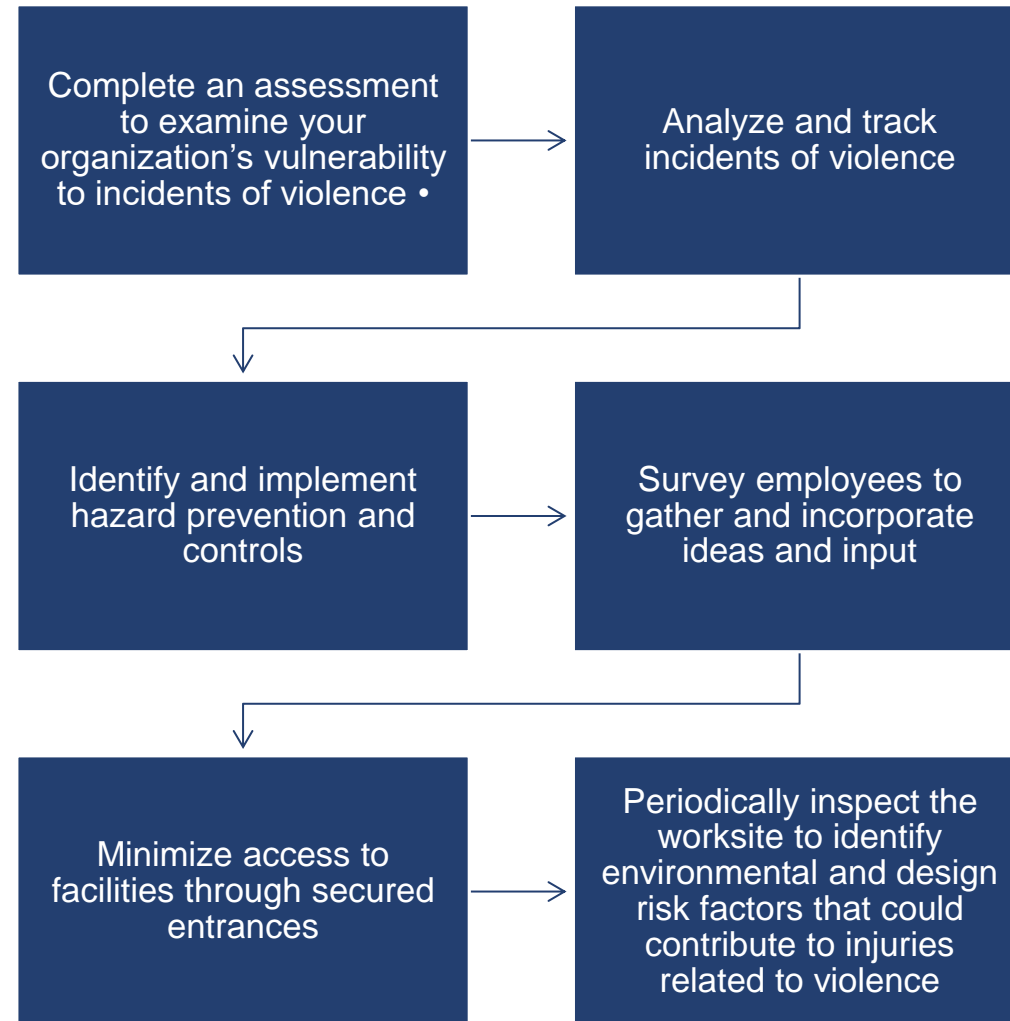
-consequences will ensue if the policy is broken.

Why A Positive Company Culture Matters

NEX

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How can workplace violence hazards be reduced?

Resources:

- **American Society for Healthcare Risk Management-** Workplace Violence Risk Assessment Tool

- **AHA's-** Hospitals Against Violence and the International Association for Healthcare Security and Safety Creating Safer Workplaces Guide (2021)

- **OSHA's eTool**- Workplace Violence Checklist and Forms; Components of a successful WPV prevention program

ROAD MAP

Complete an assessment to examine your organization's vulnerability to incidents of violence • → Analyze and track incidents of violence

Identify and implement hazard prevention and controls → Survey employees to gather and incorporate ideas and input

Minimize access to facilities through secured entrances → Periodically inspect the worksite to identify environmental and design risk factors that could contribute to injuries related to violence

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May Start With Common Difficult Patient Challenges

- The laundry list
- Paperwork hater
- Co-pay refuser
- The internet search
- Demanding an unnecessary test
- Controlled substance seeker
- Unexpected outcome

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How do You Set the Tone at **<u>Every</u>** Contact?

- **Anxiety, fear, and loss of control** is often part of healthcare.

- In a **positive and friendly manner**
  - welcome patients by their name, introduce yourself
  - let them know how you will assist them.

- **Look the patient in the eye and stop what you are doing**
  - If possible, stand up when you greet the patient.

- **Calm comfort** provides confidence in the quality of your organization and increases trust.

- **Paperwork is frustrating** to patients.
  - **Explain** each form to the patient and why it is important to complete
  - If necessary, help the patient complete the forms.

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Can You and Your Team Get Better? YES!!!

- Communicating with patients is a clinical skill

- Clinical skills need deliberate/purposeful practice

- A "coach", "teacher", or workshops can help improve techniques around communication

- Patient-provider communication is a process

Practice: What do you say/how do you respond to potentially triggering situations?

- *"I need you to address all of these issues today…"*

- *"I read everything online and I need…"*

- *"I need that prescription and if you don't give it to me…"*

- *"You never told me this could happen…"*

- *?Others?*

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Why does practicing communication matter?

- Patient satisfaction
- Health outcomes
- Adherence/compliance
- Personal satisfaction
- May reduce escalation

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What do you say/how do you respond once recognize situation?

- FIRST, you have to recognize something is wrong here (not too difficult)

- Identify the emotion

- In naming the emotion, "upset" is better than "angry"

- Pt responds- "You bet I am…" or "No, I am not…"

- Anger is almost always a secondary emotion

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Early On, You are More Likely to be Successful. What do You do Early On?

- Use open ended questions
  - *So, tell me about it…*
- Try not to interrupt
- How long do pts talk? (< 1 minute)
- What's the longest a pt will talk?
  - 5,000 interviews studied
  - 10 people > 1 minute

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Where do Nonverbal Skills Matter?

- The majority communication is non-verbal!

- Lobby, Reception, MA, Exam Room

- Stay engaged, eye contact, be aware or facial expressions, lean in and listen

- Video analysis is invaluable for feedback

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Scripting for those 0.2% long talkers

"Brian, let's pause here, you have given me quite a bit of information, and my tank is full for the moment; let me summarize what I heard, and I will have you correct me if I have something wrong"

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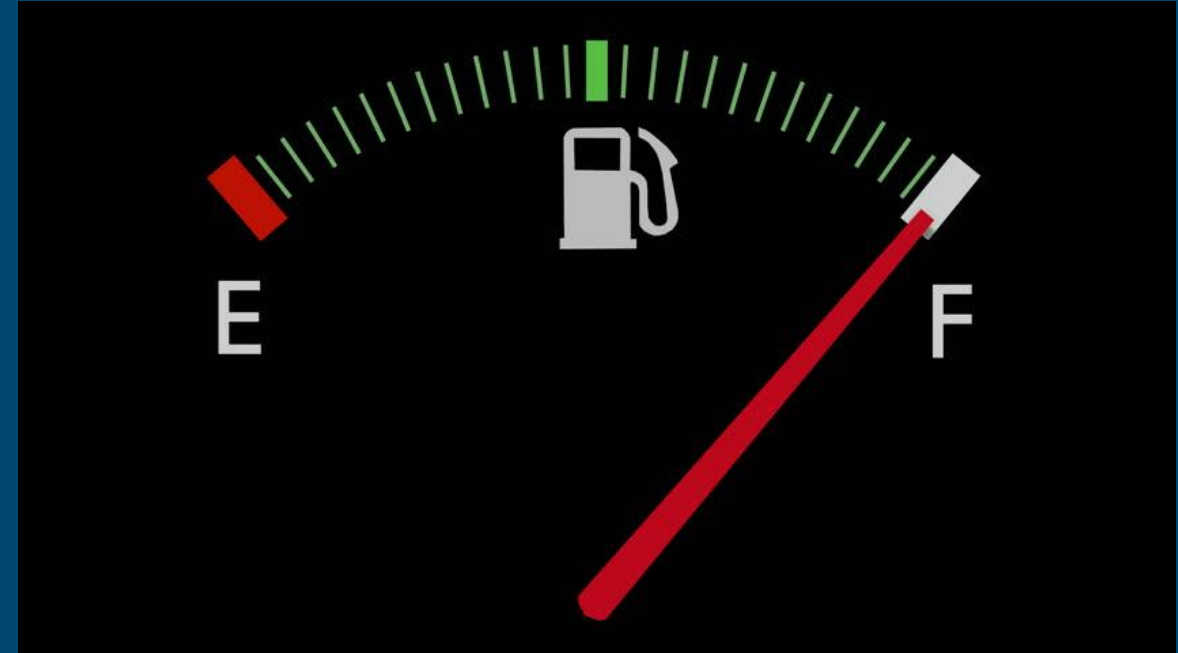
Practicing Active/Reflective Listening is Crucial

- Summarize what you are hearing
- If your agenda is different, explain your rationale
- Own the problem
- Seek agreement in a plan while maintaining boundaries

How to improve your communication skills
- Become an active listener
- Articulate your point of view
- Provide feedback
- Observe and learn
- Develop presentation skills
- Study and practice writing

indeed

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What is in Your Toolkit of Phrases?

1. You look really upset…
2. Tell me about it (open-ended questions)…
3. I can imagine that must feel…
4. Thank you for sharing…
5. What would you like me to do to help you…
6. Here's what I suggest we do next…
7. Here is what I heard you say…

What do Aggressive Behaviors Look Like?

- Verbal and non-verbal- makes you feel uncomfortable

- Invade personal space

- Speak loudly

- Intrusive eye contact

- Gestures- finger pointing/wagging, fist shaking, foot stomping, hands slashing, pacing

- Posture- erect and leaning towards person

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If Feel Stress: Ask if De-Escalation is Possible

- Acting to improve the situation

- Highly variable

- These can be practiced and learned
  - Stay calm with even tone
  - Stay safe distance
  - Remove self from situation if persists or escalates
  - Assistance from staff/behavioral rapid response team

![COPIC logo]
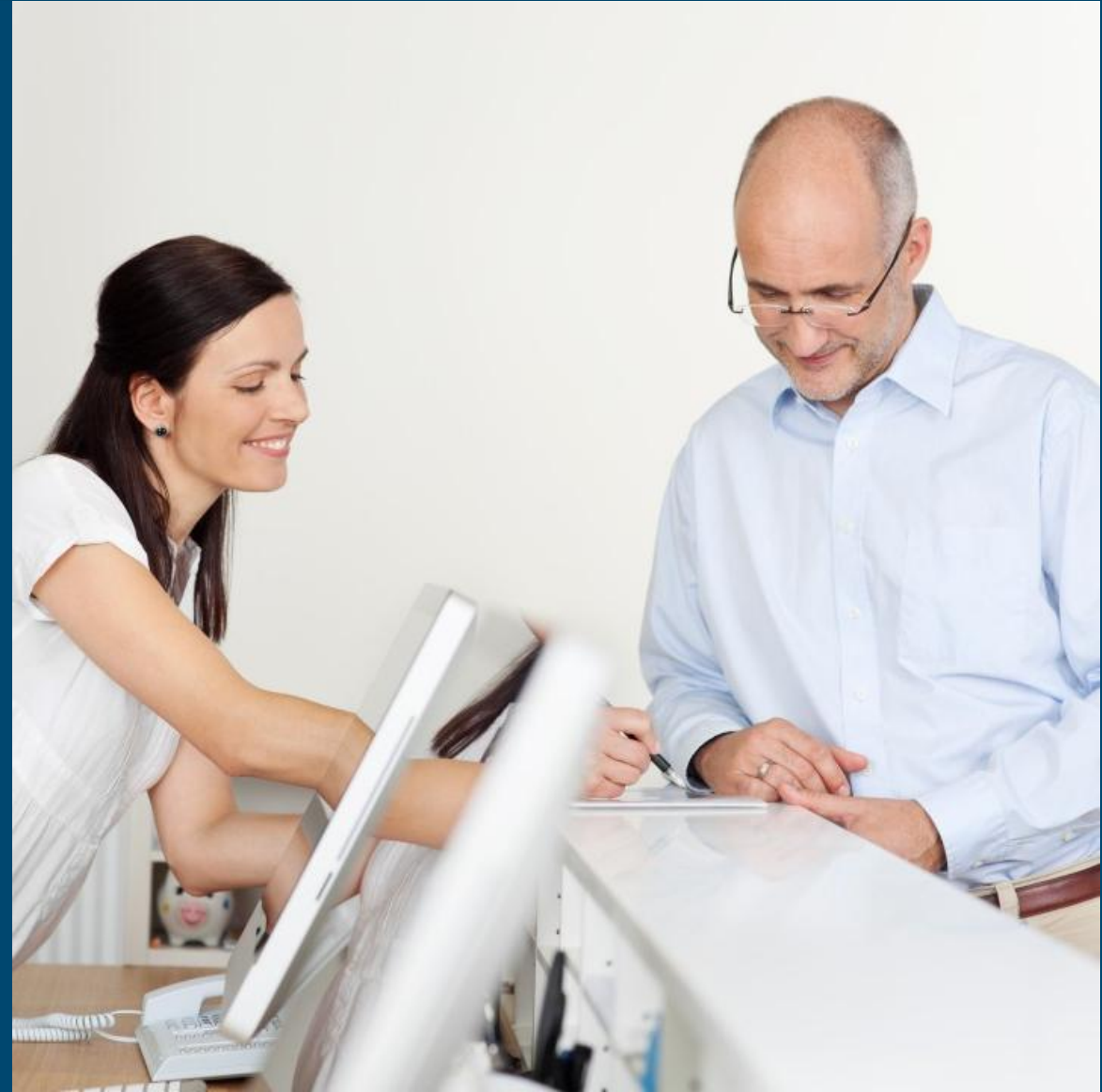
Three Levels of Intensity, Have Plan for Each

1. **Verbal level**

   Anger; belligerence; abusive language; insults; demands; threats.

2. **Physical level**

   Assault/battery; unwanted touching; physical intimidation.

3. **Weapons level**

   Deadly weapon; active shooter

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Does Your Organization Have an Abusive Patient Policy?

Purpose

> E.g., "To provide a safe environment for patients, visitors and staff…"

Definitions

> E.g., "Harassment, abusive, disrespectful, disruptive, derogatory, discriminatory, hostile, threatening, intimidating, unsafe, violent…"

Sanctions, consequences

> E.g., "Discussion, warning, asked to leave, security or law enforcement response, dismissal from care…"

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ACEP Checklist

Prevention Plans

- [ ] 1. Protocols are in place for handling violent episodes (both physical and verbal assaults) from patients, patient families, or other visitors, and coordinated with local law enforcement.

- [ ] 2. Staff are made aware of and familiar with these protocols as part of new employee onboarding and reinforcement in periodic trainings.

- [ ] 3. Protocols are in place for violence from other health care workers/staff.

- [ ] 4. Policies have been implemented to ensure firearms and/or other weapons are appropriately secured outside the ED.

- [ ] 5. The hospital/facility/system has a mechanism in place to flag potentially violent patients, patient families, or other visitors.

- [ ] 6. Easily accessible processes are in place that empower staff to report incidents.

- [ ] 7. Staff are surveyed regularly and/or offered mechanisms to provide anonymous feedback.

- [ ] 8. The hospital/facility/system administration acknowledge potential threats or workplace safety challenges.

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When Would You Use Physical Elements of Self-Defense?

- Reasonable belief imminent harm

- Appropriate force, including deadly force

- You are not being the aggressor

Have You Seen Stalking? Is It Stressful?

1. Make a credible threat; **and**

2. In connection with that threat, repeatedly approach, contact, communicate with, or follow that person or that person's immediate family member or intimate partner;

- OR -

1. Repeatedly follow, approach, contact, communicate with someone or that pe[rson's] intimate partner,

2. In a manner that would cause a reaso[nable person] emotional distress, and

3. Such person actually does suffer serious emotional distress.

Credible threats can be made in-person or by:
- phone,
- email,
- text,
- written or typed letter,
- gestures,
- actions,
- or any other means of communication

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Do You Have Dismissal as Part of "Zero-Tolerance"? Any Challenges with This?

- Draft a succinct termination letter
  - Emergency care
  - Non-controlled prescriptions
- Be aware of termination that may be viewed as discriminatory
  - Gender, race, ethnicity, age or disability
- Offer resources to patient
  - May be less likely to trigger if don't feel abandoned without options

Use our helpful 'How to Write a Patient Dismissal Letter' template.

DOWNLOAD SAMPLE

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Safety is in the Interest of All

- Your [facility] is responsible for protecting you

- You have the right to defend yourself

- You have the right to file charges with the police

You have a right to be SAFE

Your guide to safety

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Safety Education Resources

Resources:

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

- Workplace Violence Prevention Training Course for Nurses

Administration for Strategic Preparedness and Response

- Incorporating Active Shooter Training into Healthcare Facilities Emergency Operations Plan report (2014)

Cybersecurity and Infrastructure Security Agency

- Action Guide for Hospitals and Healthcare Facilities: Security Awareness for Soft Targets and Crowded Places

FBI Active Shooter Resources

- Run. Hide. Fight. Surviving an Active Shooter Event

Crisis Prevention Institute

- De-escalation top 10 tips (2022)

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Workplace Violence Prevention Toolkits

Virginia Hospital and Healthcare Association

- Hospital Workplace Violence Prevention Toolkit (2022)

Tennessee Hospital Association

- Developing a Workplace Violence Prevention Program Toolkit (2021)

Oregon Association of Hospitals and Health Systems

- Workplace Violence in Hospitals: A Toolkit for Prevention and Management (updated in 2020)

Nebraska Hospital Association

- Addressing Workplace Violence in our Hospitals: A Toolkit for healthcare professionals (2020)

Massachusetts Health & Hospital Association

- Developing Healthcare Safety & Violence Prevention Programs Within Hospitals Toolkit (2019)

Alaska State Hospital Association & Nursing Home Association and Washington State Hospital Association

- Preventing Health Care Workplace Violence Toolkit (2017)

Thank You for Attending!

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