

POLICY AND REGULATIONS MANUAL

TITLE: MANAGEMENT OF DISRUPTIVE PATIENTS AND VISITORS BEHAVIOR

PURPOSE: To set forth guidelines for managing patients and visitors who engage in violent or disruptive behavior.

POLICY STATEMENT:

Harris Health System (Harris Health) is committed to providing a safe and secure environment for its patients and their families, visitors, and Workforce members. Harris Health shall use the procedures and guidelines herein for managing disruptive behavior of patients and visitors that impact the safety of Workforce members and other patients or visitors.

POLICY ELABORATIONS:

For patients that are experiencing a psychiatric emergency, please see Harris Health System policy 4202 Psychiatric Emergency Response Team (PERT) - Code Green.

I. DEFINITIONS:

- A. **ATTENDING PHYSICIAN:** A physician selected by or assigned to a Harris Health patient, who has primary responsibility for the patient’s treatment and care.
- B. **DIRECT CARE STAFF:** Persons having direct patient contact or who interact with patients and visitors. Their roles require them to often work in patient care areas where patients and visitors may be present and/or provide assistance to or interact with patients and visitors.
- C. **DISMISSED PATIENT:** A patient, who is discharged from receiving health care services at a particular health center, by a particular provider, or within a particular service line because of Disruptive Behavior exhibited by the patient that impacts the health or safety of the patient or other patients, Harris Health Workforce members, and/or visitors or health care delivery or operations. The triggering event may be either a pattern (multiple occurrences within a short period of time), or egregious enough in nature to warrant dismissal.

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D. DISRUPTIVE BEHAVIOR: For the purposes of this policy:

1. Behavior by patients or visitors at Harris Health facilities that is intimidating, threatening, or dangerous and that may pose an immediate threat to the health or safety of the patient or other patients, Harris Health Workforce members, and/or visitors at the facility;
2. Behavior that interferes with, interrupts, or impedes the delivery of safe medical care to the patient or other patients at the facility;
3. Behavior that impedes the operations of the facility.
 - a. Specific examples of Disruptive Behavior include, but are not limited to:
 - i. Verbal abuse, such as derogatory name-calling;
 - ii. Racial or ethnic epithets;
 - iii. Sexual harassment;
 - iv. Sexual assault;
 - v. Terroristic threat;
 - vi. Loud or profane language;
 - vii. Direct, indirect, or implied threats;
 - viii. Physical abuse (*e.g.*, bumping, shoving, slapping, striking, or inappropriate touching);
 - ix. Unwanted approaches toward or contact with others;
 - x. Possession or brandishing of weapons;
 - xi. Persistent or intense outbursts; or
 - xii. Behavior that interferes with the ability of other patients to access medical care.
 - b. Disruptive Behavior may be exhibited in a personal encounter or deployed in any media, including telephone calls or messages, email, website postings, social media, video, or in written or printed form; and
 - c. Disruptive Behavior does not include Non-Adherent Behavior.

E. ELECTRONIC INCIDENT REPORTING SYSTEM (eIRS): An online system enabling Harris Health Workforce members to quickly and easily report incidents such as an accident, injury, or situation that results in an adverse outcome or injury to a patient, employee, volunteer, vendor/contractor, affiliate,

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or visitor. All Harris Health Workforce members are considered “users” and responsible for entering these type of incidents into the eIRS.

- F. **NON-ADHERENT BEHAVIOR:** Behavior exhibited by a patient, which is characterized by failing to comply with agreed upon treatment recommendations from a health care provider.
- G. **PATIENT RECORD FLAG (PRF):** A clinical tool that facilities may use to mark or “flag” a patient’s electronic medical record (EMR) to alert clinical Workforce members that the patient’s behavior or medical status may pose an immediate threat to either the patient’s health or safety or the health or safety of other patients, visitors, or Workforce members.
- H. **TERMINATED PATIENT:** A patient that is discharged from receiving health care services at Harris Health facilities because of serious or egregious Disruptive Behavior exhibited by the patient that poses an immediate threat to the health or safety of the patient or other patients, Workforce members, and/or visitors or health care delivery or operations.
- I. **WORKFORCE:** Harris Health Board of Trustees, employees, medical staff, trainees, contractors, volunteers, and vendors.

II. PRFs AND OTHER INTERVENTIONS:

- A. Other interventions should first be used, if possible, to manage patients that exhibit Disruptive Behavior. Such interventions should be individualized and narrowly tailored to address the patient’s Disruptive Behavior and to avoid undue interference with the patient's care and should be determined on a case-by-case basis, taking into consideration the severity of the incident, whether anyone was injured, prior history of incidents, diagnoses, and other relevant psychological factors. These interventions include, but are not limited to:
 - 1. Warning letters to patient;
 - 2. Counseling of patient; or
 - 3. Clinical intervention (*e.g.*, assigning new care providers, assigning Workforce member of a different gender, requiring the presence of two (2) Workforce members during patient care encounters, etc.).

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- B. Harris Health shall use PRFs to identify patients, who are high-risk for violent or Disruptive Behavior. PRFs will be shared across all known Harris Health treating facilities.
- C. A PRF shall alert Workforce members of patients whose behavior, medical status, or characteristics may pose an immediate threat either to that patient's safety, the safety of other patients, visitors, or Workforce members; or may otherwise compromise the delivery of safe health care in the initial moments of the patient encounter.
- D. PRFs intended to alert Workforce members of immediate threats or risks should be assigned as soon after the triggering event(s), as feasible.
- E. A PRF shall not be used in the absence of a clear risk to safety.
- F. The use of a PRF shall be limited to addressing immediate clinical safety issues.
- G. The presence of a PRF in a patient's medical record shall not, by itself, constitute grounds for refusing admission or services to a patient seeking care in a Harris Health facility or program.
- H. A PRF shall not be automatic grounds for discharging a patient from a program to which the patient is entitled and for which the patient is clinically appropriate.
- I. The use of a PRF shall be strictly limited to information that is immediately needed for the delivery of safe and appropriate health care.
- J. A PRF shall never be used for law enforcement purposes (*e.g.*, flagging of fugitive felon status, outstanding arrest warrants, etc.).
- K. PRFs shall be displayed during the patient look-up process. Each PRF shall include a narrative that describes the reason for the flag and may include some suggested actions for Workforce members to take when encountering the patient.
- L. A PRF shall be accorded the same confidentiality and security as any other part of the patient's medical record.

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- M. A PRF shall remain in the patient's medical record for six (6) months and shall be reviewed at the six (6) month interval for renewal or removal.

III. RESPONSE TO DISRUPTIVE BEHAVIOR:

- A. Workforce Members shall utilize de-escalation techniques to address current Disruptive Behavior and to prevent future Disruptive Behavior.
- B. If a patient or visitor exhibits Disruptive Behavior, which escalates to violence, Workforce members shall seek safety and contact Harris Health's Department of Public Safety (Security) or law enforcement immediately.
- C. Workforce members shall never approach a patient or visitor brandishing or threatening to use a weapon. Workforce members shall contact Security or law enforcement immediately.
- D. If the patient makes a complaint or grievance, Workforce members shall handle the complaint or grievance in accordance with Harris Health System Policy 4200, Patient Complaints and Grievances.

IV. EDUCATION AND TRAINING:

All Direct Care Staff shall be trained on how to identify and manage Disruptive Behavior.

REFERENCES/BIBLIOGRAPHY:

Harris Health System Policy and Procedures 7.02, Restraint and Seclusion

Harris Health System Policy and Procedures 3001, Abuse, Neglect, and Exploitation of Patients Occurring at Harris Health System Facilities

Harris Health System Policy and Procedures 4150 Patient Rights and Responsibilities

Harris Health System Policy and Procedures 4151 Psychiatric Patient Rights

Harris Health System Policy and Procedures 4200 Patient Complaints and Grievances

Harris Health System Policy and Procedures 4205 Patients Leaving or Refusing Treatment Against Medical Advice

Harris Health System Policy and Procedures 4202 Psychiatric Emergency Response Team (PERT) - Code Green

Harris Health System Policy and Procedures 3.66 Weapons

APPENDICES/ATTACHMENTS:

Appendix A Disruptive Patient and Visitors Management Procedures

Appendix B Incident Reporting Requirements for Behavioral Events

Appendix C Disruptive Patient and Visitors Management Procedures

Appendix D Requirements for Requests to Review Notice Letters

Attachment A Harris Health Patient Dismissal Request Form

Attachment B Harris Health Patient Termination Request Form



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Board Motion No: 17.01-03

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Department of Public Safety

Harris Health System Department of Nursing

Harris Health System Medical Staff

Harris Health System Patient Relations

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
	1.0	Approved 07/12/2016	Structure and Organizational Standards
		Approved 08/11/2016	Nursing Policy Procedures Committee
		Approved 08/30/2016	System Nurse Executive Council
		Approved 09/05/2016	LBJ Medical Executive Committee
		Approved 09/13/2016	BTH Medical Executive Committee
		Approved 9/27/2016	ACS Medical Executive Committee
		Approved 10/27/2016	Interdisciplinary Clinical Committee
01/26/2017		Approved 01/26/2017	Board of Trustees (Board Motion No. 17.01-03)

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APPENDIX A DISRUPTIVE PATIENT AND VISITORS MANAGEMENT PROCEDURES

I. PROCEDURES:

- A. All significant behavioral events must be entered into eIRS and should meet all component requirements as outlined in **Appendix B**.
- B. Upon occurrence of a disruptive behavioral event, service recovery will be initiated in an attempt to de-escalate the situation. If behavior improves and the issue is successfully resolved, no further action is necessary. If the attempt to de-escalate is unsuccessful and there is potential impact to safety of Workforce members or other patients, contact Security and Center Administration for further assistance. For any subsequent disruptive behavioral events, refer to the attached. Harris Health System Process for Handling a Disruptive Patient (**Appendix C**).
- C. Scheduled patient, family, or visitor meetings, as appropriate, should include the following discussion points:
 1. Review of disruptive behavioral event(s);
 2. Expectations of patients and visitors, as applicable;
 3. Expectations of Harris Health and its Workforce Members;
 4. Review of Patient Rights and Responsibilities (provide copy to patient);
 5. Review of Notice letter (provide original to patient); and
 7. Review of possible actions if any future behavioral events.
- D. Patient Customer Relations will facilitate review of PRFs at the six (6) month interval and submit to Executive Leadership.
- E. Dismissals:
 1. If multiple incidents occur with the same patient within six (6) months, the incidents will be reviewed by the facility Chief Nursing Officer (CNO), Chief of Staff and Executive Vice President (EVP) (and other individuals as may be determined by the facility EVP) to determine if it is appropriate to dismiss the patient from a particular health center, a particular provider, or a particular service line.
 2. Upon determination that the patient should be dismissed from the hospital, health center, department or provider, the Patient Dismissal Request Form (see **Attachment A**) will be completed and submitted for approval to the following individual(s), prior to processing:

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- a. For Inpatient: Pavilion (EVP); and
- b. For Outpatient: Ambulatory EVP and Vice President (VP).

*Note: The patient will be reconsidered for receiving services at a particular health center, with a particular provider, or within a particular service line after six (6) months from the date of dismissal if requested by the patient or on the patient's behalf.

F. Termination:

1. Incident(s) will be reviewed by the facility CNO, Chief of Staff and EVP (and other individuals as may be determined by the facility EVP) to determine if it is appropriate to terminate the patient from receiving services at Harris Health; and
2. Upon determination that the patient should be terminated from Harris Health, the Patient Termination Request Form (see **Attachment B**) will be completed and submitted to the ACS or Pavilion EVP and Harris Health's President/Chief Executive Officer (CEO) for approval prior to processing. **The ACS or Pavilion EVP shall confer with the Harris County Attorney's Office and Compliance regarding termination.**

*Note: The patient will be reconsidered for receiving services at Harris Health after one (1) year from the date of termination if services are requested by the patient or on the patient's behalf.

II. ASSOCIATED PRFs:

The following flags will be "view only" within the Epic system under "Patient FYT":

A. Disruptive Patient:

1. Outpatient:
 - a. May be added only by Center Manager/Director or Nurse Manager; and
 - b. Requires approval from Center Manager/Director and Nurse Manager.
2. Inpatient:
 - a. May be added only by Program Manager or Nursing Clinical Manager/Director of Nursing; and
 - b. Requires approval from Administrative Director of Nursing.

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B. Dismissed Patient:

1. Outpatient:

- a. May be added only by Center Manager/Director or Nurse Manager; and
- b. Requires approvals from ACS EVP and VP.

2. Inpatient:

- a. May be added only by Program Manager or Nursing Clinical Manager/Director of Nursing; and
- b. Requires approval from Pavilion EVP.

C. Terminated Patient:

1. Outpatient:

- a. May be added only by Center Manager/Director and Nurse Manager; and
- b. Requires approval from Harris Health President/CEO and ACS EVP and VP.

2. Inpatient:

- a. May be added only by Center Manager/Director and Nurse Manager; and
- b. Requires approval from Harris Health President/CEO and Pavilion EVP.



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APPENDIX B

INCIDENT REPORTING REQUIREMENTS FOR BEHAVIORAL EVENTS

The purpose of this document is to ensure complete and appropriate documentation in the Harris Health E-Incident Reporting System (eIRS) for Behavioral Events involving patients and/or visitors that impact the health and safety of the patient and other patients and Workforce Members.

Person(s) Involved:

- Patient/Visitor Name
- DOB
- MRN
- Eligibility Status
- Phone Number

General Incident Details:

- Type of Incident
- Date of Incident
- Time (24 hr.)
- Location Involved
- Director
- Security Staff Involved:
 - Harris Health DPS
 - Houston Police Department
 - Harris County Sherriff's Office
 - Harris County Constable's Office
- Responding Officer(s)
- Security Reporting Attached? (Y/N)
- Case/File #

Specific Incident Details:

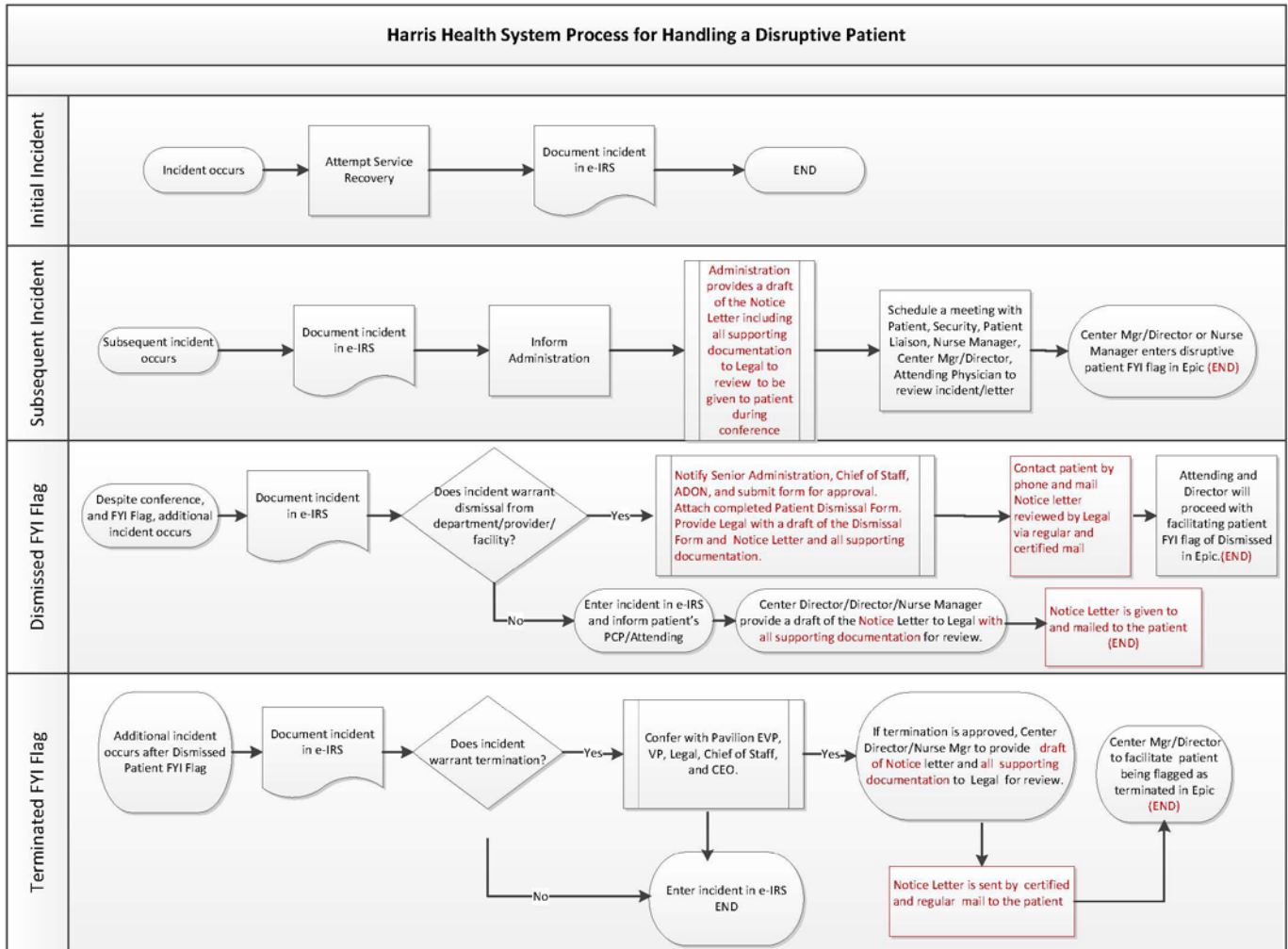
- Type of egregious behavior exhibited
 - Physical Innuendos
 - Physically Aggressive
 - Confrontational
 - Profanity
 - Shouting/Screaming
 - Assaultive
 - Pushing/Shoving
 - Combative
 - Other (Please elaborate)
 - Sexual harassment or sexually inappropriate communication/contact
- Specific Location and Time of Incident
- Harris Health Workforce members Involved, if any
- Specific Incident Details – State Only the “Facts”
- Inpatient - Nursing Clinical Manager, Program Managers, Directors of Nursing and Administrative Directors of Nursing
- Outpatient - Operations Manager/Director or Nurse Manager Authorizing eIRS Documentation
- Additional Leadership Notified

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APPENDIX C

HARRIS HEALTH SYSTEM PROCESS FOR HANDLING A DISRUPTIVE PATIENT

Harris Health System Process for Handling a Disruptive Patient



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APPENDIX D

REQUIREMENTS FOR REQUESTS TO REVIEW NOTICE LETTERS

Below is a description of the information to be provided to Legal to review regarding disruptive patients when requesting a letter to dismiss or terminate:

1. Documentation from the medical record, if any, regarding the alleged incident(s);
2. eIRS reports, if any;
3. Harris Health DPS reports, if any;
4. Police reports, if any;
5. Witness statements, if any;
6. Any other written documentation to support the alleged incident(s) or corrective action taken regarding previous incidents;
7. Documentation of prior corrective action taken, if any;
8. Patient's financial classification;
9. Draft of letter to be sent to the patient. (The draft of the letter should include specific details of the alleged incidents (including dates) and any corrective action previously taken.);
10. Copy of Harris Health Patient Dismissal Request Form or Harris Health Patient Termination Request Form, as applicable;
11. Written approval of the ACS or Pavilion EVP for the dismissal or termination; and
12. Written approval of Harris Health President/CEO for termination.



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ATTACHMENT A
HARRIS HEALTH
PATIENT DISMISSAL REQUEST FORM

Requestor Name & Title		Date Submitted	
Approver Name & Title		Date Processed	

Reason for dismissal must be one of the following options from Epic:

1. Patient Provider Conflict
2. Disruptive//Threatening Behavior

Dismissal may be from Center, Department, or Provider. Complete the appropriate section below:

Center Name	Reason for Dismissal	Date of Dismissal

Department Name	Reason for Dismissal	Date of Dismissal

Provider Name	Reason for Dismissal	Date of Dismissal

EVP Signature: _____ VP Signature: _____

Date: _____ Date: _____

Comments:



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ATTACHMENT B
HARRIS HEALTH
PATIENT TERMINATION REQUEST FORM

Requestor Name & Title		Date Submitted	
Approver Name & Title		Date Processed	

Reason for termination must be one of the following options from Epic:

1. Patient Provider Conflict
2. Disruptive/Threatening Behavior

(These options do not exist in EPIC.) Complete the appropriate section below:

Center Name	Reason for Termination	Date of Termination

Department Name	Reason for Termination	Date of Termination

Provider Name	Reason for Termination	Date of Termination

VP Signature: _____

Date: _____

Pavilion EVP Signature: _____

Date: _____

President/CEO Signature: _____

Date: _____

Comments: