Recommendations for the Management of

Disruptive and Abusive Patients

PURPOSE

The purpose of these recommendations is to help providers of dialysis care address the growing number of incidents of disruptive and abusive behavior in the dialysis setting. These are recommendations and not a standard or regulation! These recommendations are advisory in nature, informational in content and intended for use by facilities seeking a safe and therapeutic environment for patients and staff. These recommendations are not a substitution for facility policies, nor do they supercede, affect or seek to interpret federal, state, local, civil or criminal law. The Network of New England assumes no liability for use of this document.

RECOMMENDATIONS

1. Rules of Conduct

Written rules of conduct for staff and patients should be established in every facility. Keep these points in mind:

- Rules apply to everyone, at all times.
- Rules will be applied to everyone in the same equitable manner.
- Rules should be reasonable and justified.
- Rules should indicate ZERO TOLERANCE for violence or threats of violence.
- Clearly state consequences, if rules are violated.
2. Establish Policy

The Network recommends that every dialysis facility have a written policy that addresses disruptive and abusive patient behavior. This policy should be developed and in place before a response to a specific incident is required. Staff and patients should be educated about the policy to ensure understanding and the expectation of consistent application. The policy should contain a prioritized list of action steps to be taken in the event of violent or threatening behavior. All threats or acts of violence should be taken seriously and consideration given to police notification. Remember: a criminal act is criminal regardless of the location in which it occurs, as we have learned in cases of domestic violence. In some instances, out-of-control patients may need to be escorted away from the premises or require the presence of a security guard during the balance of treatment. Assess the wisdom of initiating a dialysis treatment on a patient who presents as violent, aggressive or threatening. To prevent weapons being brought into the facility by anyone, post appropriate public notices: “No Weapons Allowed.”

It is strongly recommended that facility policy regarding the management of disruptive and/or abusive behavior be reviewed by an attorney prior to implementation.

3. Agreement of Expectations

When indicated, an “Agreement of Expectations” should be entered between staff and patient. This document should state what is expected to occur between patient and staff. Responsibilities of each partner should be clearly stated in writing, read aloud, verbally agreed to, and signed. Once initiated, the agreement should be reassessed annually. Sample “Agreement of Expectations” may be requested from the ESRD Network office.

4. Action Plan and Physician Involvement

If various members of the care team observe disruption or aggression by a particular patient, or a pattern of escalating behavior is noted, continue to document carefully and refer the patient to appropriate sources of assistance. Refer and document attempts to refer, even if the patient refuses or ignores the referral. By this point in the process, the patient’s physician
should be closely involved. Make attempts at conflict resolution, problem solving and various intervention strategies. Explore all options consistent with restoration and habilitation of the therapeutic relationship.

5. **Termination of Services**

The ESRD Network of New England has no formal policy regarding termination of services to disruptive or abusive patients. Providers of ESRD care are guided by Federal Regulation Section 405.2138 {b} {2} which states that patients may be transferred or discharged for the following reasons only:

- Medical reasons
- The patient’s welfare or that of other patients
- Non-payment of fees (except as prohibited by Title XVIII of the Social Security Act)

The ESRD Network of New England endorses ethical concepts in the American College of Physician’s Ethics Manual, which states, in part, that under exceptional circumstances the physician or facility may discontinue the professional relationship by notifying the patient, provided that adequate care is available elsewhere and the patient’s health is not jeopardized in the process. Continuity of care must be ensured to the best of the physician’s ability.

**Terminating services to a patient is the option of the last resort!**

If all forms of interventions have been explored and exhausted the care team may decide to terminate services to the patient. This should occur only when there has been a complete loss of the therapeutic relationship. Facility and/or physician termination of services, especially if the patient is acutely ill, should be undertaken judiciously. Before proceeding, the facility should SEEK LEGAL COUNSEL and have the following documentation in the patient’s file:

- Specific behaviors causing disruption or abuse (charted in clinical terms) and events (date, time, location, staff, others involved, etc.)
- Impact of disruption in the operation of the clinical setting, impact on other patients and staff.
- List of interventions undertaken to resolve problem.
- Patient’s observed responses to the problem and interventions.
The ESRD Network of New England will continue to provide education to facility staff and patients, develop resource material, and serve as consultant to all inquirers.

**A Termination of Services packet containing guidance and sample materials may be requested from the Network office.**

**EDUCATION**

The ESRD Network of New England recommends a vigorous educational program as a preemptive measure for avoidance of disruption in the dialysis setting. Here is a partial list of educational interventions you may want to consider implementing in your facility.

**For patients, provide education about:**

- Rights and responsibilities
- Consequences of disruptive behavior
- Policy statements related to expectation of appropriate behavior (i.e., Rules of conduct)
- Explanation about ZERO TOLERANCE and why it is necessary

**For staff, provide education about:**

- Patient assessment; organic causes of aggression versus behavioral choices
- Physiological effects of chronic illness, i.e., uremia - is ability to process information compromised?
- Conflict resolution and de-escalation techniques
- Cultural diversity training
- RESPECT for self and others
- Rights and responsibilities
- Facility policies related to expectations of appropriate behavior

**GRIEVANCE PROCEDURES**

Federal regulation requires all dialysis facilities to have both written statements of patient's rights and responsibilities and a written grievance procedure. ESRD Networks are mandated by Medicare/HCFA to evaluate and process patient grievances as well. The ESRD Network of New England has a written grievance
procedure, which is followed when patients contact our office. Information about BOTH the facility and the Network grievance procedure must be made available to patients and patient caregivers. It is strongly recommended that notices about both policies be posted in an area readily accessible to patients. If a patient chooses to file a grievance with the ESRD Network, they must be provided with appropriate contact information.

**WORKPLACE VIOLENCE PREVENTION PROGRAM**

The Occupational Safety and Health Act (OSHA) of 1970 mandated that all employers have a legal duty to provide their employees with a workplace free from recognized hazards likely to cause death and harm (US Dept. of Labor, 1996). Employers can be cited for violating the General Duty Clause if there is a recognized hazard of workplace violence in their establishment and they do nothing to prevent or abate it. It is suggested that workplace policies indicate a zero-tolerance for violence of any kind.

The Network recommends that each facility establishes, implements and maintains a written Workplace Violence Prevention Program (WVPP) in order to focus on the prevention of incidents before they occur. Employees should receive specific training concerning WVPP’s content and implementation, along with a written copy of the “zero-tolerance” policy. A procedure for reporting incidents of violence or threats of violence should be developed. A violence prevention program may consist of the following components:

- Staff education; i.e., define “violence” and “threat”.
- Establish a professional relationship with local law enforcement to serve as liaison in specific situations and as general consultant to help identify potential hazards and/or opportunities to avoid problems.
- Make reporting violence or threats mandatory.
- Provide staff with a safe, confidential environment in which to express their concerns for personal safety.
- Work diligently to keep the waiting room defused and remove known stresses like delayed treatment start times.
- Assess patients carefully for history of violence or behavioral escalation indicators.
- Use case management time effectively to discuss and reinforce prevention programs, provide support for direct care staff and brainstorm for creative solutions.
Explore the potential for “patient sharing” to help avoid burnout and the opportunity to disperse emotional build-ups.

Provide counseling for staff following a violence incident.

OSHA provides a free consultative service in some states to assist employers who would like assistance in implementing a WVPP. For information on this service and availability in your area, contact:

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<td>Division of Occupational Safety and Health Connecticut Department of Labor 200 Folly Brook Boulevard Wethersfield, CT 06109 (860) 566-4550</td>
<td>Onsite Consultation Program New Hampshire Division of Public Health Services 6 Hazen Drive Concord, NH 03301-6527 (603) 271-2024</td>
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<td>Division of Industrial Safety Maine Department of Labor State Home Station Augusta, ME 04333 (207) 624-6460</td>
<td>Division of Occupational Health Rhode Island Department of Health 3 Capitol Hill Providence, RI 02908 (401) 222-2438</td>
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<td>7(C)(1) Consultation Program Division of Industrial Safety Massachusetts Department of Labor and Industries 1001 Watertown Street West Newton, MA 02165 (617) 727-3982</td>
<td>Division of Occupational Safety and Health Vermont Department of Labor and Industry National Life Building, Drawer #20 Montpelier, VT 05602 (802) 828-2765</td>
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Providers are encouraged to read “Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers”. Copies can be obtained from the OSHA Publications Office, P.O. Box 37535, Washington, DC, 20013-7535 or from the Network office.

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