

TITLE: 1.80 Disruptive Patient Policy	DEPT./SECTION: Risk Management 1.80
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AFFECTS: All Staff	DATE APPROVED: 11-14-18 DATES REVISED:

Disruptive Patient Policy

Purpose: To provide guidelines to all YCHC providers and staff when faced with an uncooperative patient/client. It is the intent of YCHC that we provide the highest quality of care possible and at no time should a staff member be at undo risk while providing medical care.

Responsibility: All staff including contractors are responsible to provide quality care and services and to avoid any situation that could put either party at risk for injury or poor quality of care.

Guidelines:

1. All patients/clients will be treated with the utmost respect and dignity and care will be rendered with cultural sensitivity using professional judgment and within Standards of Care for the specific discipline.
2. There will be no discrimination based on race, religion, age, sex or sexual orientation.
3. Patients have the right to refuse care and departments are responsible to document such occurrences.
4. Physical or chemical restraint will not be used, especially in the care of a child under the age of 16 without the explicit and preferably written consent of the parent or legal guardian except under emergency conditions.
5. If a patient or client is uncooperative, it is recommended that after a reasonable attempt to get the individual's cooperation that the care is terminated for that day and guidelines followed as noted in Section 8 of this policy.
6. Whenever possible try to get the individual to talk to someone before leaving and aim for resolution of the concerns; however it is unproductive to spend time arguing or coercing a patient/client. Threatening a patient/client is unacceptable. Offer whatever resources may be available to diffuse the situation, including the Behavioral Health Counselor, RN Case manager, and/or Administration.
7. Staff are to document on an Incident Report any untoward event, disruptive behavior and/or refusal of care by a patient/client and submit the report to Quality Improvement and their Department Manager within 24 hours of the event.

QI will input an 'Alert' in the EHR. Alerts will be labeled 1st, 2nd or 3rd offense.

The EHR must contain the documentation of the incident, behavior noted and outcome of the event. For example, nurse attempted to start IV, patient suddenly started crying, and yelled at the nurse "I will not put up with this and left the room."

8. Unacceptable behavior from any patient, family member or visitor will not be tolerated. Unacceptable behavior includes, but is not limited to, the following:
 - a. Verbal or physical threats in person or on the phone
 - b. Use of foul language in person or on the phone
 - c. Patient not following directives of medical staff such as refusal to leave the facility, loitering, etc.

If at any time the behavior of a patient poses a severe risk to the safety of YCHC staff and patrons or commits any offense that may be deemed grievous, the Executive Health Director (EHD) has the authority to authorize an immediate suspension of all services at YCHC for 30 days. The patient will be given a list of options for health care services while on suspension. The EHD will immediately report this action to the Health Board

Progressive Discipline For Unacceptable Behavior:


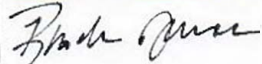
If unacceptable behavior has occurred the following documented protocol will be required:

1. A warning letter to the patient is to be sent, from QI, within 72 hours of the *first* incident with the purpose of explaining our policy and consequences should the behavior persist.
2. At minimum, a letter to the patient is to be sent signed by the Medical Director, within 72 hours of the *second* incident notifying the patient that any further incidents of unacceptable behavior will be grounds for suspending their ability to receive any direct health care service at YCHC for a period of at least 30 days.
3. If a third incident occurs, the patient will be referred to the *Executive Health Director* to *suspend direct health care services*. *They may however be seen in urgent care during the suspension. Should disruptive behavior be observed in urgent care, the patient will not be allowed to receive any BMWC services for at least 30 days.*
4. *The Health Board will be immediately notified of actions taken by the Chief Executive Officer for suspension of services. The patient has the right to grieve this action by submitting a grievance to the Chair of the Health Board within 7 days of the action. The Health Board will act as a "Grievance Board" for the patient to review actions taken by YCHC staff, documentation and patient actions leading to suspension if necessary. The patient will be notified as soon as a decision is reached by the Health Board and will be considered final.*

If the EHD approves a suspension for direct health care, the person who committed the unacceptable behavior will retain their Purchased and Referred Care eligibility (if applicable). All Purchase and Referred Care guidelines will be followed during the suspension period. The patient will be notified, in writing, by either the Chief Executive Officer or by the Health Board of their status.

The patient/client may resume receiving full services after the 30 day suspension. Should unacceptable behavior continue after the first 30 day suspension, the Executive Health Director and Health Board will discuss the best options to address the situation.

9. All staff are required to be familiar with the organizational Bill of Rights and Responsibilities for YCHC patients.

APPROVED BY:	
 Medical Director FNP-BC	11-15-2018 Date
 Executive Health Director	11-15-18 Date