



Safety Matters Newsletter

HSHS WWD

Sacred Heart
St. Joseph's

October 9, 2017

Situational Awareness is Critical with Violent Patients/Visitors

What happened?

Situation:

Patient became upset with the provider, yelling and using profanity. Security was called and escorted patient out of the building. The patient's behavior escalated as he was exiting the building. Patient requested the chance to apologize to the provider and be allowed back in the hospital; however, due to the patient's escalating behavior and unwillingness to leave the property, the patient was not allowed back on the premises. The Police Department was called.

Background:

Patient was being seen for complaint of nausea, vomiting, and diarrhea. This patient had been seen earlier in the evening at another local hospital. Testing at both hospitals was negative. When provider went into patient's room to discuss treatment options (IV fluids, anti-nausea medication) the patient began to get upset with the provider. After leaving the building, patient was rummaging around in vehicle before trying to come back in. Security would not allow reentry because of escalating behavior and the risk that a weapon was retrieved from the vehicle.

What went well? Staff followed proper procedure to call Security for assistance. When patient began to further escalate, not wanting to leave the facility, the Police Department was called.

What could have gone wrong?

Assessment:

This incident involved an escalation of violence in a patient with potential for that violence to progress. During event analysis, colleagues reported feeling that it is their duty to take care of patients, even when they are violent. Many clinicians feel reluctant to refrain from helping, even at the risk of endangering themselves.

What are we doing?

Recommendation:

1. Sacred Heart/St. Joseph's Hospitals have zero tolerance for disruptive/violent behavior. Refer to the WWD policy "Disruptive/Violent Patient/Visitor Conduct" and the HSHS policy "Workplace Violence" in the online policy manual for guidance.
2. Look for escalating behavior – **Be Situationally Aware**. Call Security early for help or for a visual presence. Do not assume that the person will be responsive or agreeable. Assumption can dull the edge and diminish the danger in your mind.
3. If patient/visitor has escalated to violence, ***don't do it alone***: Call Security, other colleagues (if appropriate), and, if needed, 911 for assistance. Attempt verbal de-escalation when appropriate while being aware of your body language.
4. Do not put yourself in peril. Even if the patient is suffering from an illness (mental or otherwise), they do not have the right to mistreat you. Call team members to your side. Keep yourself safe by making sure that the violent person is not between you and an exit.
5. Be prepared to run (evacuate), hide, or fight (as a last resort). If necessary, instruct patients, visitors, and others to run (evacuate), hide, or fight (as a last resort).
6. Participate in de-escalation training provided by the WWD Security Department every year. Classes are scheduled through November 2017. Colleagues self-schedule for a class (Crisis De-escalation) via HealthStream.

Contact SafetyMatters@hshs.org with questions or feedback