HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Networks 7, 13, 15, 17

Anticipating Violent Behavior and De-Escalation Techniques

Patient Services Department
Health Services Advisory Group (HSAG)
End Stage Renal Disease (ESRD) Networks 7, 13, 15, 17

The End Stage Renal Disease (ESRD) Networks

https://www.esrdncc.org/en/ESRD-network-map/

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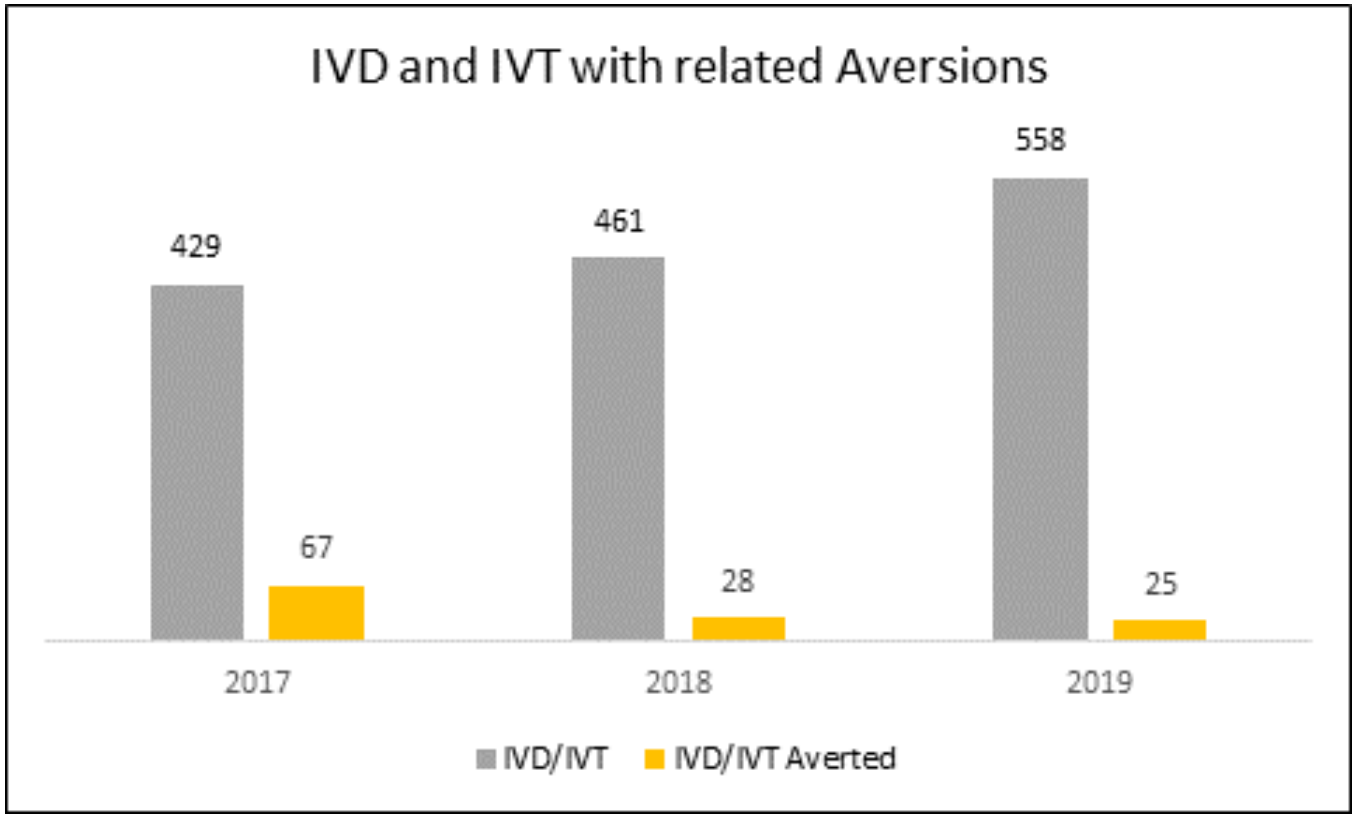
Objectives

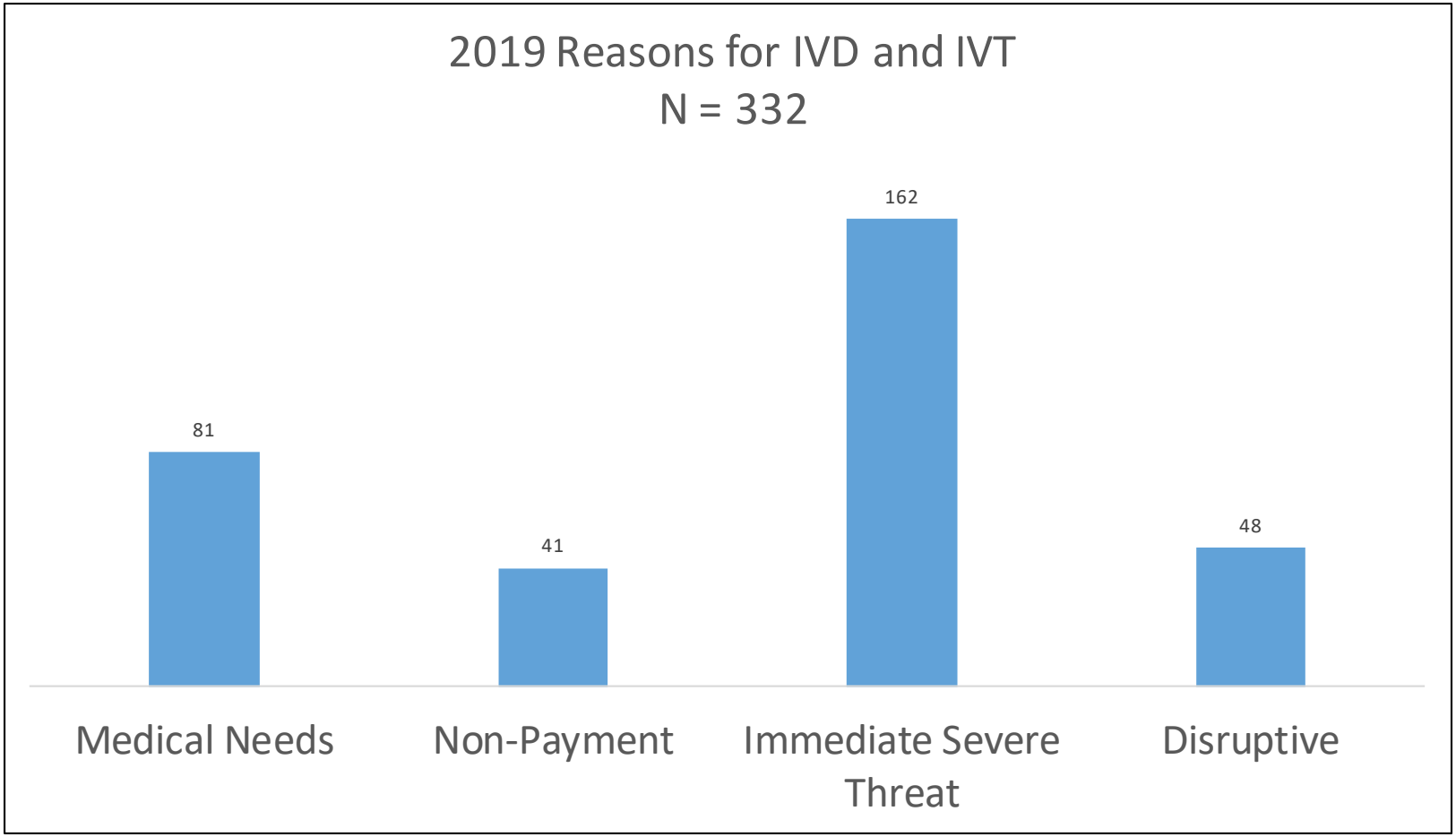
- Identify contributing factors and indicators that reveal patients or caregivers who may become difficult or violent.
- Identify measures, techniques, and effective communication skills to decrease the likelihood of violent behavior from occurring and to de-escalate or defuse an explosive situation.
- Develop a plan to improve staff knowledge and skill in communicating with and caring for difficult and/or potentially violent patients or caregivers.

IVD/ IVT and Aversions; 18 U.S. ESRD Networks, 2017–2019*



IVD = Involuntary discharge
IVT = Involuntary transfer

Reasons for IVD/IVT 2019: 18 U.S. ESRD Networks*



Dialysis Is a Unique Community*

The dialysis community is one in which:

- There is a "fishbowl effect":
  - —Patients and families are often watching, listening, theorizing, and worrying.
- Rules and expectations need to be clearly communicated with patients and staff:
  - —Proactively, when possible.
  - —Ongoing, not just at admission or at time of hire.

*Pugh A. *Dialysis: Creating a Culture of Safety.* July 17, 2019. Grievance-related presentation for NW 17 Clinics.

Dialysis Is a Unique Community* (cont.)

- How things appear are important. (Wear your "We got this!" face.)
- Definitions of roles and the grievance process must be clearly defined and disseminated.
- There must be consistent care plan implementation and processes for dealing with difficult situations.
- It is important to harness and build on the power of each other and the interdisciplinary team.
- Boundaries between staff members and patients must be clear/set: "We are friendly but not friends."

*Pugh A. *Dialysis: Creating a Culture of Safety.* July 17, 2019. Grievance-related presentation for NW 17 Clinics.

Let's Talk About Some Negative Impacts of Fear*

- Fear can contribute to or cause:
  - "Fight or flight" reactions.
  - Medical and judgment errors.
  - Impaired memory.
  - Staff turnover or refusals to care for patients.
  - Distrust or lack of engagement with staff members/patients who are intimidating.

*Pugh A. *Difficult Dialysis Situations and IVD: Creating a Culture of Safety*. October 26, 2017. Annual Social Work Meeting, Satellite Healthcare.

Let's Talk About Some Negative Impacts of Fear* (cont.)

- Fear can contribute to or cause:
  - Mental health issues, including:
    - Post-traumatic stress disorder (PTSD), burnout, compassion fatigue, depression, anxiety.
  - Situations that escalate to violence that may not have otherwise.
  - Retaliation and blaming of others.

*Pugh A. *Difficult Dialysis Situations and IVD: Creating a Culture of Safety*. October 26, 2017. Annual Social Work Meeting, Satellite Healthcare.

Fear Can Make Staff Members and Patients Vulnerable*

- Fear may be:
  - Addressed, examined, and managed.
  - Adaptive and beneficial.
  - Rational or irrational.
  - Paralyzing.
- Influences include:
  - Personal histories (mental health; cultural background; experiences with trauma, abuse, sexual harassment, violence, drug abuse, etc.).
  - Previous experiences within the healthcare system, and/or the workplace.
  - Environmental factors.

*Pugh A. *Difficult Dialysis Situations and IVD: Creating a Culture of Safety*. October 26, 2017. Annual Social Work Meeting, Satellite Healthcare.

Violence and Universal Behavioral Precautions—Definitions

Violence

- "Actual, attempted or planned injury of other people, as well as any communication or behavior that causes people to reasonably fear for their health or safety.
- It is intentional, non-consenting, and without lawful authority."

Universal Behavioral Precautions

- There is the potential for any patient or visitor under extreme duress to become verbally or, in rare cases, even physically abusive.

Food for Thought

- No single response will work in every situation.
- Not all violence can be de-escalated or prevented.
- In some situations, the best response may be to look after your own safety, run away, and/or hide.*

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project. BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

Violence Prevention in the Workplace

- Five Key Components:
  - Management commitment and worker participation
  - Worksite analysis and hazard identification
  - Hazard prevention and control
  - Safety and health training
  - Recordkeeping and program evaluation

* Occupational Safety and Health Administration (OSHA). Workplace Violence in Healthcare. Available at https://www.osha.gov/Publications/OSHA3826.pdf.

Guiding Principles for Mitigating Workplace Violence*

- Violence can and does happen anywhere.
- Healthy work environments promote positive patient outcomes.
- All aspects of violence—including those involving patients, families, and colleagues, must be addressed.
- A multidisciplinary team is needed to address workplace violence.

*AONE and ENA Develop Guiding Principles on Mitigating Violence in the Workplace. Journal of Emergency Nursing and Journal of Nursing Administration. 41(4): 278–280. Available at: https://www.jenonline.org/article/S0099-1767(15)00211-1/abstract

Guiding Principles for Mitigating Workplace Violence* (cont.)

- Everyone is accountable.
- Healthcare team is obligated to address issues.
- Intention, commitment, and collaboration of the healthcare team = culture shift.
- Addressing workplace violence may improve nursing practice and patient care.

*AONE and ENA Develop Guiding Principles on Mitigating Violence in the Workplace Journal of Emergency Nursing, July 2015. 41(4): 278–280.

Case Scenario: Background, Setting the Stage

- Door closed between the lobby and the clinic floor.
- Previously, patients were allowed to come in and sit in their chairs and wait to be put on dialysis.
- Non-enforced facility policy
- No advance notice given to patients
- Early morning incident (first shift); Few staff members were on the premises.

Case Scenario: The Incident

- Patients were surprised and upset at the clinic door being closed and begin to grumble.
- One patient was brought into the treatment floor early. Other patients noticed the change.
- Staff members did not realize the brewing discontent in the lobby.

Case Scenario: The Incident (cont.)

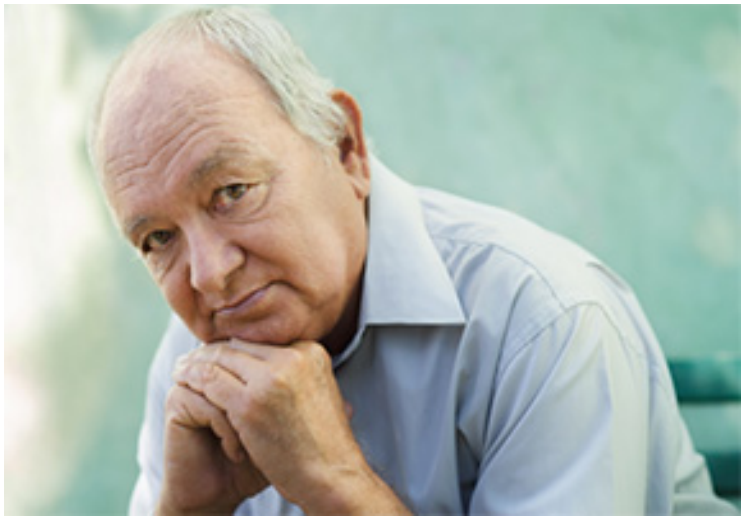
- One patient that saw the other patient going in before him and accused the staff loudly of favoritism and discrimination.
- The nurse said, “Relax. The door closure has always been the facility’s policy!”
- The patient tried to hit the nurse twice with his fist and then threw his water bottle at her.

How Should This Situation Have Been Handled/Prevented?

- Facility Interventions
  - Inform patients about changes ahead of time, verbally, and in writing.
  - All staff members should keep waiting patients updated and reassure them.
  - Staff were reminded to:
    - Avoid educating patients when they are too upset to listen.
    - Only have 1 staff member speak at a time with an upset patient.
    - Avoid saying "Relax," "It is clinic policy," or "It's against the rules" when patients are upset.
- Can you think of any others?

How Do You Handle This Situation? What Are Some Patient-Oriented Interventions?

- Patient Interventions
  - Allow the patient to calm down and apologize for how the change was handled. Ask if ready to proceed.
  - Acknowledge the patient's concerns and begin grievance documentation.
  - Review the rules, patient rights, responsibilities, and the grievance procedure with the patient.



How Do You Handle This Situation? What Are Some Patient-Oriented Interventions? (cont.)

- Patient Interventions
  - Evaluate for possible IVD.
  - Write a letter of concern to the patient and/or hold a behavior meeting with the patient and management.
  - Mark the patient unstable.
  - Perform a root cause analysis.

Escalating Behaviors: De-Escalation Techniques

When Patients, Families, or Visitors Are Hostile to Staff*

- They are probably communicating their feelings of:
  - Vulnerability.
  - Frustration.
  - Emotional overload.
  - Fear.
  - Helplessness.
  - Powerlessness.

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

Assessing a Potentially Volatile Situation

- Signs of escalation can include:
  - Louder voice.
  - Fidgeting and/or verbal sounds.
  - Build-up of energy.
- If a situation continues to escalate without intervention or is handled poorly, it may become dangerous.
- Note: As emotions increase, auditory processing abilities decrease.*

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

Displaced Anger*

- What is anger?
  - Anger is a response to feeling threatened, afraid, frustrated, or hurt.
- Why anger?
  - Anger could be a response to a perceived lack of control. Patients may be upset that they are in the "patient" role.
- Where anger?
  - People frequently displace their anger on a "safe target." Patients may displace their anger on those who are providing their care.

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

Focus on the Patient, Not the Rules*

- Patient perception of his/her needs being met is important.
- Patients, families, and visitors do not care about regulatory rules.
- Phrase issues based on their purpose, not because of a rule or policy.

CMS = The Centers for Medicare & Medicaid Services

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

10 Domains of De-Escalation*

- Respect personal space while maintaining a safe position.
- Do not be provocative.
- Establish verbal contact.
- Be concise; keep the message clear and simple.
- Identify wants and feelings.

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project. BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

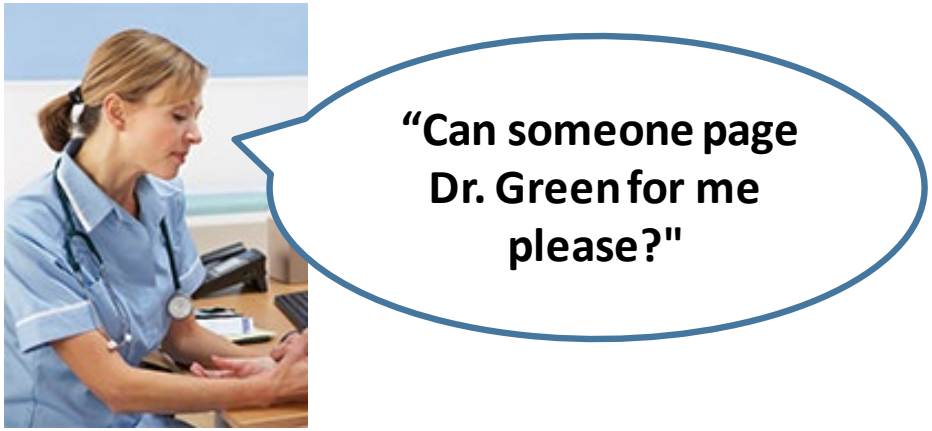
10 Domains of De-Escalation* (cont.)

- Listen closely to what the person is saying.
- Agree or agree to disagree.
- Set clear limits and expectations.
- Offer choices and optimism.
- Debrief the patient and staff.

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

There Is No Shame in Asking for Help*

- Get help from someone who is neutral or has a different approach to de-escalate the patient.
- Do not hesitate to call 911, if necessary.
- Consider creating a "call 911" code that RNs can use to avoid causing panic on the clinic floor.



* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

Fear of Retaliation

- Patients fear that after “losing control” they will be rejected.
- Reassure patients, families, or visitors of your ongoing desire to help, as long as they can respect the safety guidelines of the facility.
- Discuss the grievance procedure and need for the staff members and patients to address frustrations before things get out of hand.

Case Scenario

- At treatment start, the patient accuses the patient care technician (PCT) of being rough with needle insertion.
  - The patient has made multiple complaints that he is being disrespected by dialysis staff members.
- The clinic management declines to speak to the patient directly that day.
- At the next clinic treatment, the patient:
  - Sees the same staff person near his dialysis chair.
  - Shouts that he does not want this PCT to put in his needles.
  - Says that the person does not know what they are doing and that he wants a more seasoned staff member to care for him.
- What would you do?
  - As a nurse? As a facility administrator? As a PCT? As a social worker (SW)?

What Would You Do?

Choose one of the following answers:

A. Ignore him.
B. Remain quiet.
C. Discuss the situation with other patients.
D. Approach the situation calmly to see what the patient would like to occur.

Resources for Clinic Use with Patients and Staff

Workers Have the Right to:

- A workplace free of hazards that cause or are likely to cause death or serious physical harm.
- Receive information and training (in a language and vocabulary the worker understands) about:
  - Workplace hazards.
  - Methods to prevent hazards.
  - Occupational Safety and Health Administration (OSHA) standards that apply to their workplace.
- Review records of work-related injuries and illnesses.*

*OSHA. Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers. Available at: https://www.osha.gov/Publications/osha3148.pdf. Accessed on May 22, 2020.

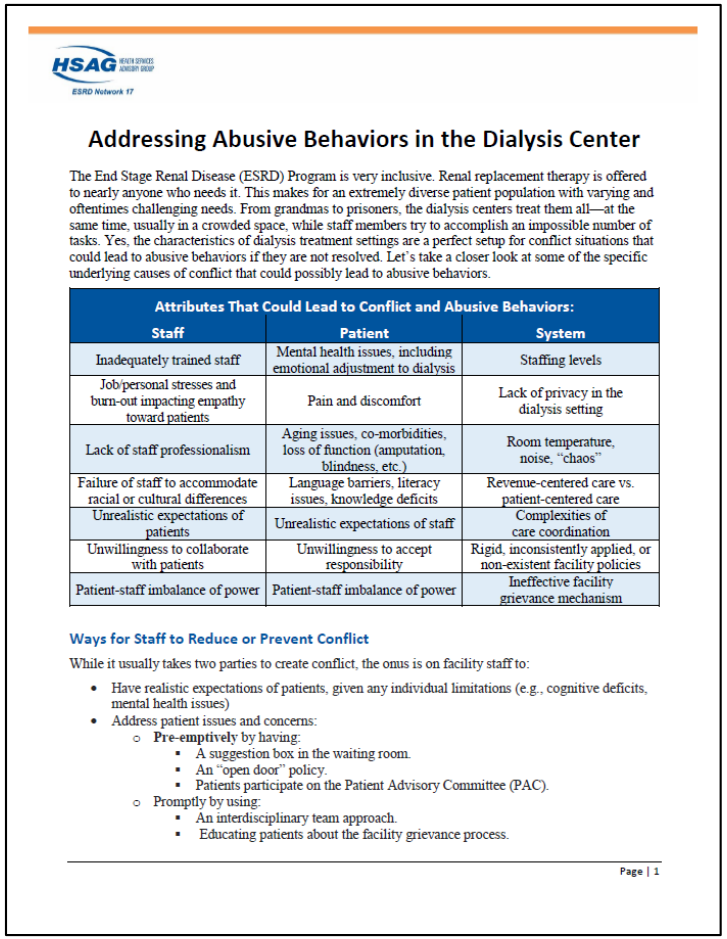
Dialysis Patient-Provider Conflict (DPC) Toolkit

- CMS-funded initiative to produce conflict training resources specific to dialysis
  - Group training manual intended on 9 separate modules
  - Interactive CD for self-paced individual training
- DPC resources (and more) available at Network 17's website: www.hsag.com/NW17IVD
- HSAG Universal Behavioral Precautions presentation: https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

ESRD Network Support

- Call your Network's Patient Services Department for a situation-specific consult!
  - ESRD National Coordinating Center: Directory of ESRD Network Organizations: https://esrdncc.org/contentassets/e36cb2ac872141428d01d2a3a703a592/jan2020directoryesrdorgs508.pdf
- ESRD Health Services Advisory Group Network17: https://www.hsag.com/en/esrd-networks/esrd-network-17/
  - Professionalism Inservice (21 mins): https://hsagonline.webex.com/webappng/sites/hsagonline/recording/57df9cd701e34979915db251255017af
  - Slide deck: https://www.hsag.com/contentassets/20db849b688b4c5abd5dc86bd1cd2489/nw71517profptexp508.pdf
  - Tools to Improve the Facility Grievance Process and Patient Satisfaction: https://www.hsag.com/en/esrd-networks/esrd-network-17/for-providers/grievance-process/
  - IVD: https://www.hsag.com/en/esrd-networks/esrd-network-17/for-providers/involuntary-discharge/

Disruptive Behavior Resources



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ESRD Network 17

Addressing Abusive Behaviors in the Dialysis Center

The End Stage Renal Disease (ESRD) Program is very inclusive. Renal replacement therapy is offered to nearly anyone who needs it. This makes for an extremely diverse patient population with varying and oftentimes challenging needs. From grandmas to prisoners, the dialysis centers treat them all—at the same time, usually in a crowded space, while staff members try to accomplish an impossible number of tasks. Yes, the characteristics of dialysis treatment settings are a perfect setup for conflict situations that could lead to abusive behaviors if they are not resolved. Let's take a closer look at some of the specific underlying causes of conflict that could possibly lead to abusive behaviors.

Attributes That Could Lead to Conflict and Abusive Behaviors:		
Staff	**Patient**	**System**
Inadequately trained staff	Mental health issues, including emotional adjustment to dialysis	Staffing levels
Job/personal stresses and burn-out impacting empathy toward patients	Pain and discomfort	Lack of privacy in the dialysis setting
Lack of staff professionalism	Aging issues, co-morbidities, loss of function (amputation, blindness, etc.)	Room temperature, noise, "chaos"
Failure of staff to accommodate racial or cultural differences	Language barriers, literacy issues, knowledge deficits	Revenue-centered care vs. patient-centered care
Unrealistic expectations of patients	Unrealistic expectations of staff	Complexities of care coordination
Unwillingness to collaborate with patients	Unwillingness to accept responsibility	Rigid, inconsistently applied, or non-existent facility policies
Patient-staff imbalance of power	Patient-staff imbalance of power	Ineffective facility grievance mechanism

Ways for Staff to Reduce or Prevent Conflict

While it usually takes two parties to create conflict, the onus is on facility staff to:

- Have realistic expectations of patients, given any individual limitations (e.g., cognitive deficits, mental health issues)
- Address patient issues and concerns:
  - **Pre-emptively** by having:
    - A suggestion box in the waiting room.
    - An "open door" policy.
    - Patients participate on the Patient Advisory Committee (PAC).
  - Promptly by using:
    - An interdisciplinary team approach.
    - Educating patients about the facility grievance process.

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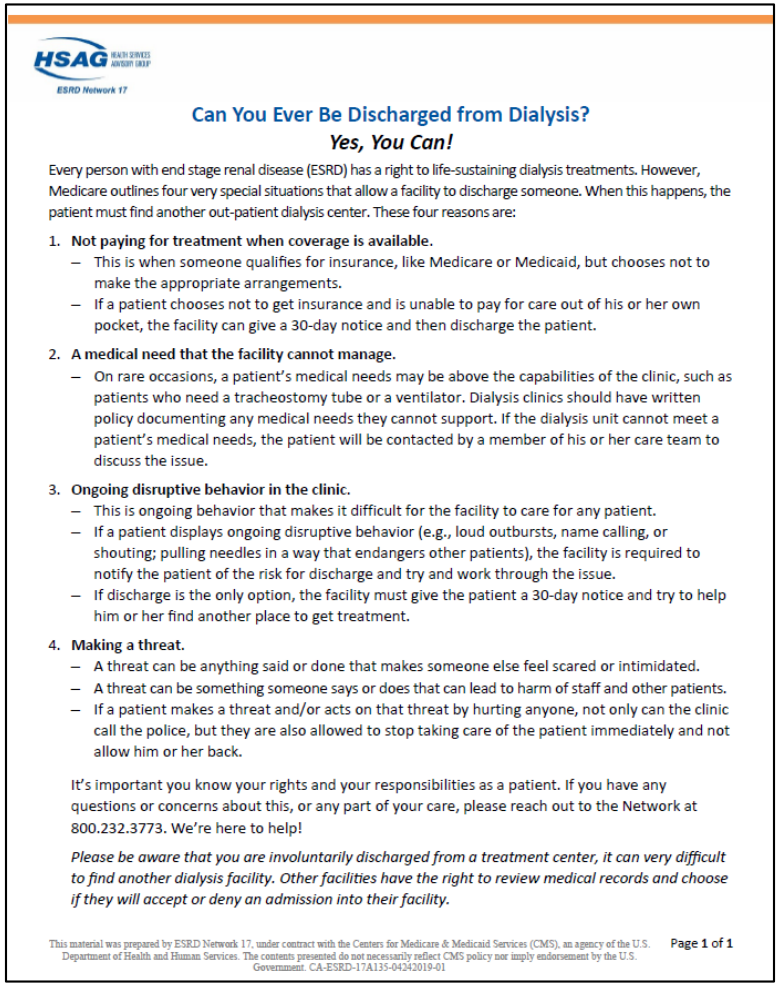
- Addressing Abusive Behaviors in the Dialysis Center: https://www.hsag.com/contentassets/2b0dc0d06fd54931bd47e17bcfc8cb15/nw17addressabusivebehaviors508.pdf

IVD Resources



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ESRD Network 17

Can You Ever Be Discharged from Dialysis?

Yes, You Can!

Every person with end stage renal disease (ESRD) has a right to life-sustaining dialysis treatments. However, Medicare outlines four very special situations that allow a facility to discharge someone. When this happens, the patient must find another out-patient dialysis center. These four reasons are:

1. **Not paying for treatment when coverage is available.**
   - This is when someone qualifies for insurance, like Medicare or Medicaid, but chooses not to make the appropriate arrangements.
   - If a patient chooses not to get insurance and is unable to pay for care out of his or her own pocket, the facility can give a 30-day notice and then discharge the patient.
2. **A medical need that the facility cannot manage.**
   - On rare occasions, a patient's medical needs may be above the capabilities of the clinic, such as patients who need a tracheostomy tube or a ventilator. Dialysis clinics should have written policy documenting any medical needs they cannot support. If the dialysis unit cannot meet a patient's medical needs, the patient will be contacted by a member of his or her care team to discuss the issue.
3. **Ongoing disruptive behavior in the clinic.**
   - This is ongoing behavior that makes it difficult for the facility to care for any patient.
   - If a patient displays ongoing disruptive behavior (e.g., loud outbursts, name calling, or shouting; pulling needles in a way that endangers other patients), the facility is required to notify the patient of the risk for discharge and try and work through the issue.
   - If discharge is the only option, the facility must give the patient a 30-day notice and try to help him or her find another place to get treatment.
4. **Making a threat.**
   - A threat can be anything said or done that makes someone else feel scared or intimidated.
   - A threat can be something someone says or does that can lead to harm of staff and other patients.
   - If a patient makes a threat and/or acts on that threat by hurting anyone, not only can the clinic call the police, but they are also allowed to stop taking care of the patient immediately and not allow him or her back.

It's important you know your rights and your responsibilities as a patient. If you have any questions or concerns about this, or any part of your care, please reach out to the Network at 800.232.3773. We're here to help!

Please be aware that you are involuntarily discharged from a treatment center, it can very difficult to find another dialysis facility. Other facilities have the right to review medical records and choose if they will accept or deny an admission into their facility.

This material was prepared by ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. CA-ESRD-17A135-04242019-01

- Can You Ever Be Discharged From Dialysis?: https://www.hsag.com/contentassets/a2161af09b1249e197b40e9afc433490/nw17caringaboutyourcare508.pdf

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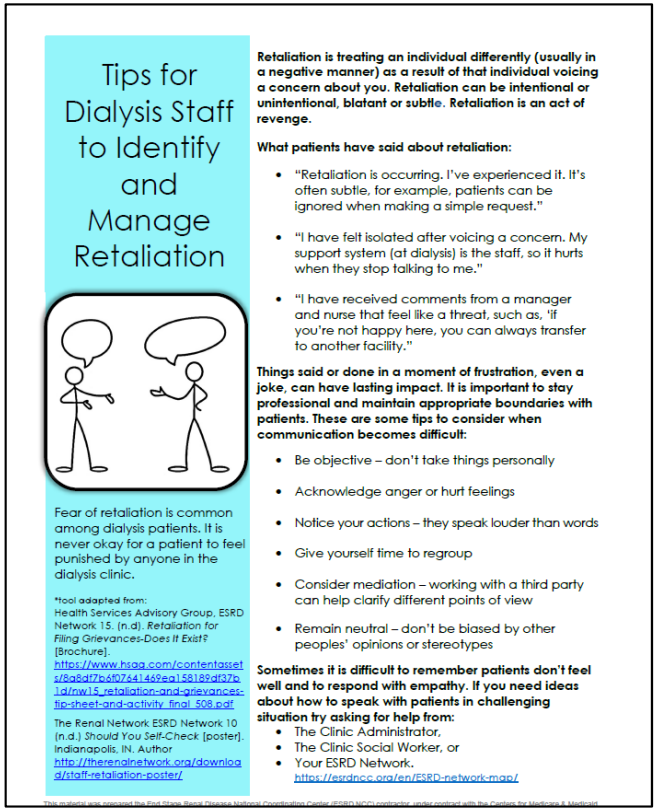
Retaliation Resources for Patients and Staff Members

- https://esrdncc.org/en/resources/patients/



Tips for Dialysis Staff to Identify and Manage Retaliation

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel punished by anyone in the dialysis clinic.

*tool adapted from:
Health Services Advisory Group, ESRD Network 15. (n.d). *Retaliation for Filing Grievances-Does It Exist?* [Brochure]. https://www.hsag.com/contentassets/8a8af7be1076414692ea158189af37b1d/nw15_retaliation-and-grievances-tip-sheet-and-activity_final_508.pdf

The Renal Network ESRD Network 10 (n.d.) *Should You Self-Check* [poster]. Indianapolis, IN. Author http://therenalnetwork.org/download/staff-retaliation-poster/

Retaliation is treating an individual differently (usually in a negative manner) as a result of that individual voicing a concern about you. Retaliation can be intentional or unintentional, blatant or subtle. Retaliation is an act of revenge.

What patients have said about retaliation:

- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- "I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments from a manager and nurse that feel like a threat, such as, 'if you're not happy here, you can always transfer to another facility."

Things said or done in a moment of frustration, even a joke, can have lasting impact. It is important to stay professional and maintain appropriate boundaries with patients. These are some tips to consider when communication becomes difficult:

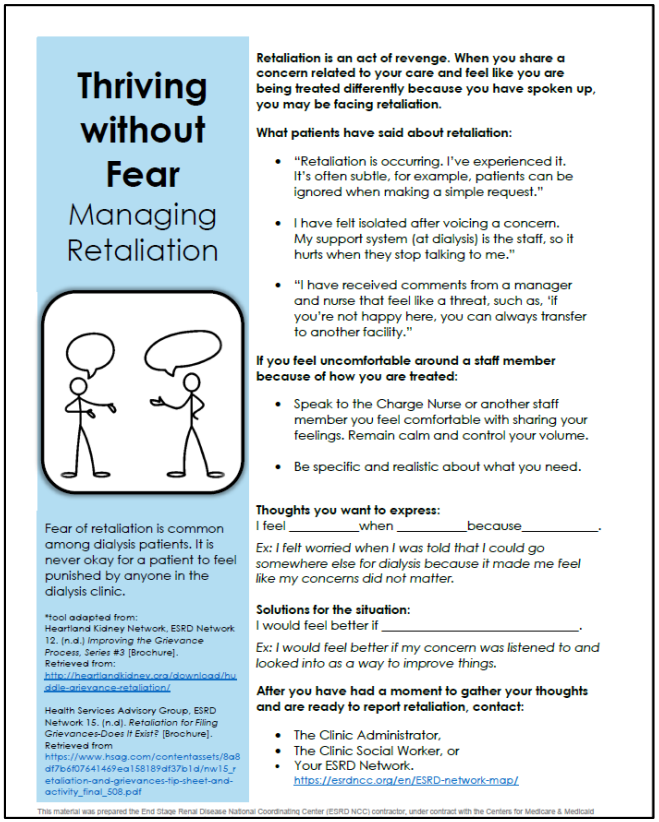
- Be objective – don't take things personally
- Acknowledge anger or hurt feelings
- Notice your actions – they speak louder than words
- Give yourself time to regroup
- Consider mediation – working with a third party can help clarify different points of view
- Remain neutral – don't be biased by other peoples' opinions or stereotypes

Sometimes it is difficult to remember patients don't feel well and to respond with empathy. If you need ideas about how to speak with patients in challenging situation try asking for help from:

- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network.
  https://esrdncc.org/en/ESRD-network-map/

This material was prepared the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid

https://esrdncc.org/contentassets/7653276a11944bc2b9ec2daa5a400923/managing-retaliation-staff-resourcecmsfinal508.pdf



Thriving without Fear Managing Retaliation

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel punished by anyone in the dialysis clinic.

*tool adapted from:
Heartland Kidney Network, ESRD Network 12. (n.d.) *Improving the Grievance Process, Series #3* [Brochure]. Retrieved from: http://heartlandkidney.org/download/huddle-grievance-retaliation/

Health Services Advisory Group, ESRD Network 15. (n.d). *Retaliation for Filing Grievances-Does It Exist?* [Brochure]. Retrieved from https://www.hsag.com/contentassets/8a8af7be1076414692ea158189af37b1d/nw15_retaliation-and-grievances-tip-sheet-and-activity_final_508.pdf

This material was prepared the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid

Retaliation is an act of revenge. When you share a concern related to your care and feel like you are being treated differently because you have spoken up, you may be facing retaliation.

What patients have said about retaliation:

- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments from a manager and nurse that feel like a threat, such as, 'if you're not happy here, you can always transfer to another facility."

If you feel uncomfortable around a staff member because of how you are treated:

- Speak to the Charge Nurse or another staff member you feel comfortable with sharing your feelings. Remain calm and control your volume.
- Be specific and realistic about what you need.

Thoughts you want to express:
I feel _____when _____because_____.

Ex: I felt worried when I was told that I could go somewhere else for dialysis because it made me feel like my concerns did not matter.

Solutions for the situation:
I would feel better if _____.

Ex: I would feel better if my concern was listened to and looked into as a way to improve things.

After you have had a moment to gather your thoughts and are ready to report retaliation, contact:

- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network.
  https://esrdncc.org/en/ESRD-network-map/

https://esrdncc.org/contentassets/f7c9f1fba7bd4f6ca9e1faba900cdceb/thriving-without-fear-managing-retaliation-patient-resource-cmsfinal508-002.pdf

Supplementary Resources

- OSHA.gov. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. Available at: https://www.osha.gov/Publications/osha3148.pdf
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