

(Sample) Policy and Procedure **Disruptive or Dangerous Patients**

OMIC thanks Ellen Adams, Chief Compliance Officer of Ophthalmic Consultants of Boston (OCB), for developing and allowing OMIC to use and distribute the OCB policy and procedure on handling disruptive or dangerous patients.

This sample policy and procedure assumes there is a practice compliance officer and compliance committee. However, in some offices the manager or the physician will be the de facto “compliance officer”. Therefore, it is assumed that duties and responsibilities in the sample policy will be assigned to meet the needs of the practice.

Policy Name: Disruptive or Dangerous Patients

Purpose: To educate and protect staff members from patients who behave in a disruptive or threatening manner.

Staff Affected: All Doctors and Employees

Introduction: Our practice has a mission of providing high quality eye care in a caring setting. In order to achieve our mission, the managers of our practice strive to maintain a caring and safe clinical environment. Management cannot completely control completely control patient behavior. This policy addresses those rare instances when patients behave in an inappropriate way that disrupts a positive clinical setting.

Procedures:

For All Situations:

1. A quiet area needs to be used to speak to a disruptive person. Ideally a conference room or other common area can be used; if not, a counseling room, lane or administrative office may be used. Managers should plan in advance what room can be used for this purpose.
2. The manager involved should always consider his/her safety, and either leave the door open or have a second person (HR, manager, director or Compliance Committee member) present during interviews.
3. The manager should never position him/herself so the angry patient can block the door from the room.
4. If there are no security personnel at the location, calling 911 in a dangerous situation is the correct response to protect yourself, other staff members, and other patients.

Disruptive Patients

1. If a patient is being disruptive by raising his/her voice or using profanity, the staff member will speak in a calm voice and attempt to determine the cause of the patient’s behavior.
 - a. If a patient is on the telephone and behaving inappropriately, the staff member should attempt to determine the cause of the anger. The staff member can advise the patient that the call will be terminated if the patient continues to use inappropriate language. After warning the patient, the call should be terminated if the inappropriate patient behavior persists.
 - b. If the patient is in the clinic, the staff member should call a manager to assist as soon as possible. The manager should escort the patient to a quiet area to discuss the problem, as long as the patient is not behaving in a threatening manner (see #4, below).
 - i. If the patient does not become calm, the manager should ask the patient to leave the clinic for the day, and politely suggest they resolve the issues then next business day.
 - c. If a patient mails a letter of complaint to the practice, it should be forwarded to the Compliance Officer. The Compliance Officer will assume responsibility for follow up.
2. The manager will contact the patient the following day to attempt to resolve the issue. If on follow up call the patient is still behaving unreasonably, the manager will terminate the call after advising the patient that someone will contact him/her within the week. The manager will then contact the Compliance Officer. The Compliance Officer will pull the patient chart, interview all staff members involved in the incident, and

assume control of the situation.

- a. If the patient has no history of unacceptable behavior and the incident was patient-induced (e.g. unprovoked patient insulting a staff member appearance, making unreasonable statements regarding staff members, etc) the Compliance Officer will send a letter to the patient by regular mail. The letter will request the patient refrain from using inappropriate language while in the clinic. (OMIC website may have sample letters.)
 - b. If the patient behavior seems to have resulted from a practice policy, billing statement, or employee behavior, the Compliance Officer will call the patient and attempt to resolve the issue. If the patient is not immediately available by telephone, the Compliance Officer will send a letter to the patient with an apology and a proposed resolution, as appropriate.
 - c. If the patient continues to behave unreasonably after the manager and Compliance Officer's attempts to resolve the underlying issue(s), the Compliance Office will discuss discharging the patient with all practice doctors involved in the patient's care. (OMIC website may have sample letters.)
3. In the unlikely event that a patient uses verbal or actual threats of physical harm, or is behaving in a completely irrational or unreasonable manner, the staff member must be careful to not be hurt.
- a. DO NOT approach the patient. Keep a safe distance. If in a confined area (e.g. exam lane), leave the room as soon as possible and contact a manager.
 - b. Speak in a calm voice. DO NOT argue with the patient. Do not threaten the patient, or make any sudden movements.
 - c. Signal to a coworker to call 911 immediately. If a coworker is not available, ask the patient permission to leave the area to "get a manager". Call 911 as soon as possible.
 - d. If any weapons are ever displayed, stay calm and be sure an observer calls 911 immediately. Do not make sudden moves.
4. A Variance Report for any incident involving disruptive patient behavior must be completed and forwarded to the Compliance Officer as soon as possible.
- a. The Compliance Officer will contact the practice malpractice insurance company for guidance when necessary.

Conclusion/Outcome: A safe environment for all staff members and all patients of our practice, where mutual respect is recognized and supported by management, staff and patients.

For Use by Compliance Committee Only:

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Originated By:

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