



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: PROBLEMATIC PATIENT BEHAVIOR**

**Policy No.: B512**  
**Supersedes: May 9, 2016**  
**Revision Date: September 12, 2022**  
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### **DEFINITION:**

Problematic patient behavior can threaten the health, safety, and well-being of patients, staff and visitors. This behavior may manifest itself in noncompliance and resistance to medical treatment, nursing care, and the rehabilitation program or hospital policies. It can range from passive resistance to aggressive/assaultive behavior. The causes of problematic behavior are extremely varied and may include personality factors, cognitive impairment, medical or psychiatric illness, substance abuse, or other situational factors. Noncompliance and other problematic behaviors need to be identified, documented, and addressed on an individual basis, with a goal to promote the patient's health and safety, as well as the safety and well-being of others.

### **PURPOSE:**

This policy is intended to direct and guide staff in addressing problematic patient behaviors and noncompliance. This policy will address three levels of this behavior:

- Level I** - Passive or Active Resistance
- Level II** - Verbally Aggressive Behavior
- Level III** - Physically Aggressive Behavior

### **POLICY STATEMENT:**

The rights of all patients include: the right to a dignified existence, to self-determination, **to refuse treatment**, and to communicate with and have access to persons and services inside the facility. The facility staff has the right to be safe in the course of providing care. The hospital has a duty to provide a safe atmosphere and to protect the rights of both patients and staff. The employee has the right to press charges should criminal acts occur and may do so by contacting the Sheriff's Department. These rights are not mutually exclusive.

### **KEY POINTS:**

Whenever possible, the Central Admissions & Referral Office (CARO) Physician Advisor and/or Community Liaison Nurse will complete a thorough assessment of the patient's behavior at the referring facility to determine any potential issues before admission. Any past behavior problems that occurred while the patient was previously at Rancho can also be evaluated. These could include extreme problems with the patient/family cooperation with discharge. If current or prior behavioral

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

issues are noted, the appropriate clinical staff will meet to develop a plan to address the patient's behavior prior to admission when possible, or as soon after admission as possible.

Patients will be properly informed of Medical Center and unit policies as well as of their rights and responsibilities (see Policy No. B509 "Patient Rights and Responsibilities").

When it becomes necessary to implement corrective plans, the plan will be progressive in nature, beginning with the least restrictive approach and progressing to more restrictive measures as needed. **All actions must be supported by the treatment team's documentation in the medical record.**

Clinical staff will consider appropriate issues such as depression, lack of motivation, acting out, and hostile behavior within the context of the individual patient's medical diagnosis, adjustment to disability and hospitalization experience in developing an individual treatment plan.

Administration will work with clinical staff to safely discharge patients who are extremely disruptive and/or assaultive or whose behavior cannot be altered with appropriate therapeutic interventions to an appropriate level of care.

The patient will be offered the services of the Patient Advocate or Staff will contact the Patient Advocate whenever there is an indication that the patient believes that hospital staff are inappropriately restricting the patient's rights.

Further delineation and assistance in interpretation of this policy may be found in the Administrative Policy and Procedure Manual (Policy No. B807, Management of Patient Substance Abuse, and B711, Management of Violence, Threats, and Possession of Weapons By Patients or Visitors)

### **DEFINITIONS:**

#### **CORE IDT (Interdisciplinary Team)**

The core IDT consists of a Physician, a Nurse, and any or all of the following: a Physical Therapist, an Occupational Therapist, a Speech Pathologist, a Social Worker, a Psychologist, a Recreation Therapist, and others as needed. Psychiatry may be included in the IDT when he or she is treating the patient. At minimum, when addressing behavioral issues the CORE IDT should include, a physician, a nurse, a psychologist, and/or a social worker.

#### **BEHAVIOR RESPONSE TEAM** (see policy and procedure B814 - Restraint and Behavior Response Team)

Attending Physician (Monday - Friday 8:00 a.m. to 4:30 p.m.) or On-Call Physician (4:30 p.m. to 8:00 a.m., or weekends and holidays)  
Nurse Manager, Assistant Nurse Manager or designee  
L.A. County Sheriff (unarmed officer)  
Other clinical staff in the location as designated by the Response Team Leader

**POST INCIDENT CONSULTATION TEAM**

Psychologist  
Social Worker  
Patient Advocate  
Risk Manager  
Other appropriate staff

**PATIENT ADVOCATE**

The Patient Advocate's role is to advocate for the patient and to assess and report the patient's concerns to the clinical team as appropriate.

**GUIDELINES:**

When an individual makes a credible threat of violence or commits an act of violence, the office of the L.A. COUNTY SHERIFF should be called immediately (TELEPHONE # 551. Refer to Administrative Policy and Procedure A258 - Violence in the Workplace Threat Management and B711 - Management of Violence, Threats, and Possession of Weapons by Patients or Visitors)

It is important that expectations regarding the patient's participation in care planning, treatment and adherence to unit policies, are clarified with the patient, guardian and/or significant other before or at the time of admission.

Staff is encouraged to clarify misunderstandings and to accommodate reasonable requests made by the patient/guardian/significant other or surrogate decision maker. If the behavior is due to cognitive dysfunction, the Interdisciplinary Team (IDT) should tailor the patient's treatment program to meet the specific needs of the patient.

The Patient Advocate's role and contact information should be explained to each patient. When requested by the patient or staff, the Patient Advocate will communicate with and obtain necessary information from appropriate IDT members. This information will be used in making recommendations for resolution.

When resistant, nonviolent behavior occurs, the patient's Psychologist, Social Worker and/or Psychiatrist should be consulted so that the resistance can be explored in depth with the patient and efforts made to improve the behavior. A psychiatry consult may be obtained if indicated. It may also be necessary to involve hospital administration if additional support or direction is required to address the issues.

When appropriate, and with the patient's permission, family/significant others should be included in the IDT's efforts to improve the patient's behavior/compliance and this involvement should be documented in the patient's medical record.

**PROCEDURES: IN-PATIENT**

**LEVEL I - Passive and Active Resistance**

**DEFINITION:**

Passive Resistance - The patient agrees with policies and program requirements but does not comply with policies and/or participate in the program.

Active Resistance - The patient does not agree with unit policies and the program requirements, and continues to refuse therapy, treatments, or medications, after expectations have been clearly stated.

**PROCEDURE**

- A. The IDT will discuss the situation as a group and communicate with the patient via the designated team representative. The team will formulate a plan of intervention and reassess the outcome weekly. The physician or the designated team member must document the IDT discussion, plans, and outcome.
- B. If the team's attempts to improve the patient's behavior fail, the patient will be informed of the services of the Patient Advocate.
- C. If the situation is unresolved, the patient may be offered alternative treatment (i.e., discharge, outpatient program, home care, future readmission), following reevaluation of the patient's motivation for treatment. In some cases, the social worker or psychologist will complete a Behavior Alert Form (see attached) and assure that it is provided to the Psychology Department. The goal of the Clinical Social Work Director and Chief of Psychology will be to make recommendations to ensure patient and staff safety and improve provision of care. The Psychology Department will enter the appropriate information into the Orchid Clinical Circumstances, and Behavior field. This will alert clinical and CARO staff to be aware of the past behavior when planning future clinical appointments or inpatient admission. This will be done through use of the Complex Care Plan powerform within Orchid. **(See Administrative Policy and Procedure B512.1, Pre Admission/Clinic Visit Planning For Patients Who Have Behavior Issues)**
- D. If the patient refuses discharge, the IDT leader will notify the Case Manager and Administrator (Administrator on Duty, evenings, nights, weekends or holidays).
- E. The Administrator or Administrator on Duty will then identify, in collaboration with other appropriate staff, actions, which are necessary to manage the patient's behavior and ensure the safety of all individuals until discharge occurs (see policy and procedure B826.3, Non Voluntary Discharge of Patient).

**LEVEL II - Verbally Aggressive Behavior**

**DEFINITION:**

The patient exhibits behavioral changes that may include agitation, irritability, increased reactivity to stimuli, negativism, etc. This behavior may manifest itself in use of profanity, screaming, or intimidating language.

**PROCEDURE**

- A. When there is a change in behavior, suggesting possible substance abuse, obtain a physician's order and collect a urine/serum sample. Unless it is determined that the situation is an emergency, the patient's consent must be obtained to collect a urine specimen for drug testing (see policy and procedure (B 807, Management of Substance Abuse)). Depending on the severity of the problem, the immediate management of the patient may range from bed rest to hard restraints, always considering the least restrictive measures to protect the patient from harming self and others. Refer to B 806 & B 806.1 if patient requires hospitalization for dangerousness to self or other (5150).
- B. The Nurse Manager or designee will be immediately notified.
- C. Two staff members will approach and calmly inform the patient of the behavioral and/or physical changes that were noted and request the patient's compliance with appropriate behavior.
- D. The IDT will be notified of the observed behavior on the day of occurrence, or next business day. If the event occurs on a Friday Evening, Weekend or Holiday, a preliminary plan will be developed and implemented by the meeting involving the On-call Physician, Administrative Nursing Supervisor, and Assistant Nurse Manager or designate, in collaboration with the Administrator on Duty (by phone), and the on call Psychologist and on call Social Worker as appropriate (may be by phone). The IDT Team will review, and modify the plan as appropriate on the next business day.
- E. The IDT will discuss the incident, taking into consideration the employee's observation, the patient's perception, and the impact of the noncompliance on the patient's treatment. This should be done at the earliest possible time.
- F. The attending physician or IDT designee will remind the patient of the unit policies, program requirement, and the consequences of noncompliance.
- G. The patient will be given one warning (first offense) and may be offered a behavioral agreement to sign indicating his or her agreement to comply with specific behavior expectations. It is important that the contract is enforceable.
- H. The Patient Advocate and the Team Attending Physician, Nurse Manager or designate, and Administrator will be contacted if noncompliance persists, or the patient requests the services of the Patient Advocate.

- I. The involved staff must complete event notification online through Safety Intelligence and complete a Security Incident Report (SIR) Form. For further consultation, Risk Management may be contacted by telephone call (Ext. 7842 or 7900). If a non-employee is the witness of the behavior, the Nurse Manager/designee or appropriate support staff or therapy supervisor is to initiate the event notification (depending upon the location in which the behavior occurred and is reported).
- J. If an involuntary discharge is deemed necessary, the following conditions will be met (see policy and procedure B826.3, Non-Voluntary Discharge of Patient):
  - patient is medically cleared
  - discharge placement is determined
  - discharge arrangements completed
- K. If discharge is not possible, then the Attending Physician, Nurse Manager or designate, and Administrator will be contacted and will implement a plan to ensure the safety of staff and others.
- L. Consider initiating Golden Hand if appropriate.

Additional medical treatment may be limited to an outpatient basis. The Administrator will send a memo to the Office of L.A. County Sheriff and to the Director of Ambulatory Care, outlining the plan of action for the patient's follow-up. (i.e., "Psychological Evaluation Required, Behavioral Contract Required or Contact Social Work for Team Discussion and Care Planning.

- M. See Level I, C - Process for Orchid Flagging for behavioral concerns.

### **LEVEL III - Physically Aggressive Behavior**

#### **DEFINITION:**

The patient exhibits violence, physical threats of bodily harm, or extreme hostile behavior including achievable verbal threats of violence.

- A. When physically aggressive behavior is exhibited, the safety of the staff and others will be considered first. Staff is to remain calm and not argue with the patient. A Code Gold (Mental health Behavioral response or Code Gray or emergency call to L.A. County Sheriff at Ext 551 will be made if the clinical team members present at the location do not believe they can safely manage the patient's behavior and that there is risk of harm to the patient or others.
  - 1. If the behavior appears to be related to the patient's medical or clinical condition (brain injury, delirium, mental disorder, or other cognitive disorder, etc.) a Code Gold should be called so that appropriate clinical response can be initiated.
  - 2. If the behavior appears to be volitional on the part of the patient and the patient appears to understand his/her intent to threaten or carry out harm to others, a Code Gray for the L.A. County Sheriff should be called at Ext. 551 (Police Emergency)

- B. As soon as any immediate safety measures have been taken, the employee is to notify his or her supervisor and complete an online event notification through Safety Intelligence.
- C. The incident is documented in the patient's medical record by the healthcare provider who observed the behavior or received the verbal report from a non-employee.
- D. The supervisor of the employee who witnessed the behavior will notify the Nurse Manager/designee Or Administrative Nursing Supervisor, Patient Advocate, and the Attending Physician. If the involved employee is not a member of the clinical team, then the supervisor is to report this to the Nurse Manager or designee of the patient's assigned unit or clinic.
- E. When another patient, staff or visitor is the victim of an assault by a patient, any staff member has the responsibility to notify the Office of Safety L.A. County Sheriff.  
**Note: Assault may be verbal as well as physical. Both verbal threats of violence as well as physical threats of violence should be reported to the L.A. County Sheriff.**
- F. After the situation is secured, a physician's order should be obtained and a urine/serum sample will be collected from the patient in order to identify possible substance abuse. Unless the situation is determined to be an emergency, the patient's consent must be obtained in order to collect a urine specimen for drug screening.
- G. The Nurse Manager/designate or Administrative Nursing Supervisor, Attending Physician or On-Call Physician, in collaboration with the Administrator or Administrator on Duty (by phone) and the Patient Advocate (by phone if not during business hours) will meet to review the incident and to plan appropriate action. The IDT members will be notified immediately or on the next business day of the action plan.
- H. The plan will be discussed with the patient by the Attending Physician, Nurse Manager/designate and other appropriate staff.
- I. Follow Level I, C and Level II, H- M of this policy and procedure.
- J. The staff, patient, or visitor who encountered the threat will be offered emotional support in the form of a debriefing and assessment by H3, social work or psychology with appropriate assistance and referrals given.

**IF AN AGREEMENT WITH THE PATIENT CANNOT BE REACHED (This applies to all levels)**

When the IDT agrees that the **inpatient** program is not meeting the patient's medical and rehabilitation needs, they will provide documentation in the medical record to support this finding for action related to any Level of Behavior (I, II, or III). Discharge arrangements will include recommendations for readmission and/or follow-up and a medical management plan.

- A. Physicians will consider discharging the patient before completion of the treatment program if:

1. All efforts made by the team to work with the patient toward improving his or her behavior have failed. Must be documented in the progress notes and on the Team kardex notes.
  2. The patient is medically stable.
  3. Appropriate discharge planning has been done, and appropriate medical follow-up has been arranged.
- B. For patients who cannot be discharged or refuse discharge:  
The Attending Physician, Nurse Manager/designate, Case Manager, Administrator, and Patient Advocate, Psychologist, and Social Work as appropriate will evaluate the situation and make recommendations for interim patient management. Risk Management will be consulted appropriately.
- C. Initiating Golden Hand.
- D. Office of L.A. County Sheriff will be informed that the patient has chosen to no longer participate in his or her rehabilitation or medical program, and cannot be discharged; appropriate security measures will be taken.

**PROCEDURE: OUT PATIENT**

**LEVEL I - Passive and Active Resistance** - Follow Inpatient steps beginning on page 4.

**LEVEL II - Verbally Aggressive Behavior**

**DEFINITION:**

The patient exhibits behavioral changes that may include agitation, negativism, irritability, increased reactivity to stimuli, etc. This behavior may manifest itself in the use of profanity, screaming, or intimidating language.

**PROCEDURE**

- A. When such behavior is encountered, two staff members will approach the patient and calmly inform the patient of the behavior noted.
- B. If successful in calming the patient, the employee who witnessed the behavior will notify his or her supervisor and the incident will be documented in the patient's medical record by the healthcare provider who observed the behavior.
- C. If unsuccessful in calming the patient, follow procedures for Level III below.

**LEVEL III - Physically Aggressive Behavior**



**DEFINITION:**

The patient exhibits violence, physical threats of bodily harm, or extreme hostile behavior which includes achievable verbal threats of violence.

**PROCEDURE:**

- A. When physically aggressive behavior is exhibited, the safety of other patients, the staff and visitors will be considered first. Staff is to remain calm and not argue with the patient. A staff member will be assigned to immediately call a code gold for inpatient (“Behavioral Response”) or a code gray for outpatient (“Combative Person”) and the L.A. County Sheriff will be notified (Ext. 551). In both circumstances Sheriff’s will be notified.
- B. After immediate safety measures have been taken, the employee will notify his or her supervisor and the incident is to be documented in the patient's medical record by the healthcare provider who observed the behavior.
- C. The supervisor of the employee who witnessed the behavior will notify the Manager Clinical Operations/designee, Physician, and Patient Advocate.
- D. When another patient, staff, or visitor is the victim of an assault by a patient, any staff member has the responsibility to notify the Office of L.A. County Sheriff.
- E. The Manager Clinical Operations/designate will notify the Administrator and Patient Advocate.
- F. Once an incident is under control, medical personnel must triage the patient. **At no time will a patient be asked to leave or be escorted off County property without first being medically cleared.** If the patient refuses to wait for a medical evaluation, a physician must be notified immediately, and appropriate documentation completed. It may be necessary to refer to policy B824, "Patients Who Sign Out Against Medical Advice."
- G. Complete an online event notification through Safety Intelligence.
- H. **Inpatient Level I, C should also be completed (Orchid, Behavior Process)**

**INPATIENT AND OUTPATIENT**

**DOCUMENTATION:**

Health care providers who observed the patient’s behavior, or who participated in the actions taken to resolve the behavior must complete documentation. The documentation will be individual progress notes or joint progress notes, and documentation in the Care Plan.

- A. Each time an incident occurs, documentation should be made in the progress notes which should include a description of the behavior/incident, and staff response. All efforts to improve the patient's behavior must be documented.

- B. The patient's Physician/IDT designate will document the plan from the team discussion and the patient's response to the plan and all actions taken, on an ongoing basis in the IDT Weekly Progress Note.
- C. A summary note of each meeting held to address the patients behavior should be documented in the progress notes or Team Meeting/Kardex Notes.

**POST OCCURRENCE PROCEDURE**

- D. The treatment team will complete a summary of the patient's behavior issues, and the plan for future care which should include any IDT recommendations and/or conditions for future admissions, in the patient's progress notes at the time of discharge. The Team will assure that a Behavior Alert Form has been completed and provided to the Psychology Department. The Psychology Office will assure that the appropriate information has been entered into Orchid Clinical Circumstances, Patient Behavior Field.

NOTE: Please reference Administrative Policy and Procedure B512.1, Pre-Admission/Clinic Visit Planning For Patients Who Have Behavior Issues