

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: PATIENT BEHAVIOR MANAGEMENT AND MODIFICATION

Policy No.: B808

Supersedes: January 8, 2020

Review Date: June 22, 2023

Origin Date: November 1, 1996

Revision Date:

PURPOSE:

This policy is to provide guidelines for the management of patients with behavior problems and to delineate the philosophy of behavior management and modification that must underlie all other hospital policies related to behavior issues.

POLICY:

Patient behavior management/modification or behavioral plan is implemented to ensure patient, staff, and visitor safety. When the treatment team staff finds it necessary to initiate a behavioral modification plan to reduce or to eliminate unsafe behaviors with safe and positive ones, the Psychology Department, Social Work Department, and/or the Psychiatry Service should be consulted. Behavior Management Modification Programs will be under the direction of the patient's attending physician with consultation from the Department of Psychology or Social Work, or the Psychiatry Program. **Patients' rights will be protected** at all times.

DEFINITIONS:

Behavioral Issues: This may include but not limited to loud and or verbally aggressive or threatening behavior, physical abuse towards staff, leaving the unit without notifying staff, use or possession contrabands or weapons.

Clinical Team: This may include but not limited to primary care physician, nursing, psychologist, psychiatrist, social worker, therapist, etc.

Behavioral Care Plans: These are actions developed to assist staff in managing the patient's behavioral issues and to ensure the patient receives optimal care while staying in the hospital.

PROCEDURE:

1. Clinical team shall meet and discuss the patient's unsafe or negative behavior and actions to address the behavior.
2. Clinical team shall formulate a realistic behavioral plan that must be adhered to by all staff at all time.
 - a. Use of aversive conditioning techniques in such programs is prohibited in the medical center.
 - b. Utilization of tangible or consumable reinforces must not be medically contraindicated and should avoid potential negative health effects.
 - c. Denial of basic needs including food, shelter, or clothing is prohibited.
 - d. Use of restrictive procedures to change unsafe or negative behaviors should be implemented only when necessary for the safety of the patient or when other positive non-restrictive procedures, manipulation of environmental factors, or reinforcement of adaptive behaviors have been unsuccessful.

Revised: 1/04, 11/09, 5/16, 1/20

Reviewed: 1/04, 11/09, 5/16, 1/20, 6/23

Approved By:

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- e. Time outs should be avoided or when used less than thirty (30) minutes.
3. Psychologist or primary care physician shall discuss the behavioral plan with the patient. Patient's disagreement or refusal to comply with behavioral care plan shall not be a deterrent to the implementation of the plan by staff.