SAMPLE DE-ESCALATION POLICY

DE-ESCALATION POLICY

PURPOSE
To guide the actions of employees in the event of a disturbance by patients, visitors, vendors or staff, within the organization's property or on the phone

PRINCIPLE
The guiding principles of de-escalation are: emotional and physical safety of our employees and patients; and dignified and respectful treatment of everyone involved.

POLICY
It is the policy of the organization to provide a safe and therapeutic environment for its employees, patients and vendors. This is accomplished by focusing on preventing anger outbursts. When prevention has failed, de-escalation is the next intervention, in order to re-establish a safe and secure environment.

WHO IS RESPONSIBLE
This policy is to be implemented by all employees, including on-site or phone-based contractors or vendors.

POLICY REVIEW
Executive leadership will be responsible to develop, educate, implement and evaluate the policy and work instruction for de-escalation.

PREVENTION OF ESCALATION
It is the policy of the organization to focus on ***prevention*** of escalation. Proactive addressing of patients who demonstrate or state their unhappiness often prevents most higher-level conflicts.

- Prevention can and should be the responsibility of all employees regardless of role or job description.
- Prevention happens before an individual has raised his/her voice or indicated unhappiness or upset in anyway

Preventative Measures include:

- Greeting all patients as soon as they walk in the door, with a salutation, before any transactional direction *('Hello!' or 'Buenas Dias!' before 'sign in' or 'do you have an appointment')*
- Introducing self by name, in person or on the phone, and using patient names when known. *('Hello! I'm Brenda' and 'Hi Mr. Gomez!)*
- Engaging patients in connecting talk when possible. Connecting talk involves exchanges outside of the business transaction, and let's patients know we see them as human. *('It is really pouring out there!' or 'Hello (to a child) what is your name?' or 'I like your purse!' or 'How are you today?')*
- Keeping the waiting room, back office and exam rooms tidy and clean. Unkempt environments are often interpreted as a lack of care, or disrespect, which is a driver of escalations
- Apologizing quickly and sincerely for hold times, wait times, or other difficulties patients experience in the system. (when picking up a phone line that has been on hold: *'Hello! This is Brenda. I'm so sorry you were on hold for so long. Thank you for waiting.' Or 'I apologize for the wait you've had today…'*
- Offerings of any kind. This can include water, offering for a patient to wait outside or in their car, offering snacks for children, coloring books or other positive distractions for children, or other. Offerings can indicate thoughtfulness and kindness, both of which are protective of escalations
- Shaping expectations about wait times, for example when patients check in, letting them know an approximate wait time (erring on the side of longer).
- Checking in with patients who have waited over 15 minutes in the waiting room, to apologize, ask how they are, update them on approximate continued wait times. In the back office, checking in on patients who have been in exam rooms with no contact, for over 5 minutes, apologize, ask how they are and update them with approximate continued wait times.
- All employees returning all phone calls within the time stated to the patient. Not returning phone calls when stated is a risk factor for escalations
- Manage magazines and books in the waiting room, to ensure there are no old magazines, or materials in dis-repair *(old and damaged reading material can be interpreted by patients as a lack of care or disrespect, a driver of escalations)*
- Ensure there are no 'command signs' are present in clinic, front or back office *('NO smoking' NO cell phones' 'NO food or drink')*

See 'EM Consulting's Environmental Empathy Assessment for more prevention strategies

EARLY INTERVENTION

Early Intervention means as soon as a patient, visitor or vendor states or demonstrates a low level of unhappiness, anger, irritability or unrest with an issue (for example loud sighing, pacing in the waiting room), the staff member who sees or hears this takes action.

- When a patient shows any of the above signs of being irritable or unhappy, it is very important not to ignore this. The first employee to notice this will take action, or alert another staff to take action.

See examples in the table below:

Proactive Steps
Address the patient who is demonstrating unhappiness or unrest Some examples are: • Greet the patients, say their name and ask how they are doing. • Ask the patient if they would like to wait in an exam room or another room • Offer the patient water • Ask the nurse or behavioral health provider if they can talk with the patient. • Try to remove the patient from others, by offering to talk with them outside, or in an office • Demonstrate empathy with facial expressions and body posture
Acknowledge patient's feelings and experience by repeating the feeling back and validating and normalizing *'I can hear you are frustrated- I would be too.* *This is so frustrating, I hear you'* *'I can understand why you are upset, anyone would be'* *'This is really hard.*
Apologize *'I'm so sorry this is so frustrating'* or *'I apologize for the mixed messages you received'* or *'I am really sorry you haven't received a call back'*

Offer more talking/interaction when indicated

'This is very worrisome to me to hear this. I would like to have someone who can sit with you and take all of this down. Can you wait while I get a supervisor?"

or

"can we go into an office so I can take down all of this? It is important' (note: this is an early intervention strategy, not for middle or late stage escalations)

Take action (only after the above strategies have been engaged) to solve the problem that seems to be causing the distress. Caution: do not take action to fix the problem unless validation, empathy/appreciation for the patient's feelings has happened first. Action before empathy is the gap where escalations occur

For example:

- Call the MA to find out how long the wait is
- Call medical records supervisors to discuss patient's paperwork problems.
- Walk patient to reception and assist them in making an appointment.
- Offer patient options (rescheduling etc.)

MID-STAGE INTERVENTIONS, WHEN PATIENT IS MODERATELY TO HIGHLY ESCALATED

COMMUNICATION

Communication with each other is paramount for safety. When a person becomes escalated, the supervisor or staff should inform all employees in the area/ clinic that there is a disturbance, and that staff and providers be aware of the location in order to keep patients and other staff away. For example:

- If there is a disturbance at the front desk, medical assistants should not send patients who just finished their visit back out to the front.
- Care should be taken not to flood the scene of the disturbance with untrained staff. This will not provide assistance, and will likely escalate the individual. Avoid having staff/ providers who are aggressive themselves in the face of anger come to the scene. At all costs these employees should avoid involvement in escalated situations, as evidence is clear that meeting anger with anger increases escalations. In addition, staff members who have difficult/traumatic pasts may want to avoid these situations as well.

FIND SKILLED PERSON TO ASSIST

Find the person on site who has the most skill at dealing with these situations, and call them to the location.

- The difference between having an employee who is skilled in these situations and one who is not will make a significant difference in the outcome.
- It does not matter who the individual states he/she is angry at, or why; the person who should interact with them is the one who has the most skills in this area.

RESPONSE GUIDANCE

1. The skilled employee should introduce him/herself to the escalated individual, and ask how they can help. ("Hello Mr. Smith, my name is Elizabeth, what can I do to help?")
2. Avoid arguing or threatening the individual (threats of calling the police tend to escalate patients, trying to be 'right' or explaining our position tends to escalate angry people); do not engage in provoking non-verbals, such as shrugs, lack of eye contact, eye rolls, etc.
3. Do ask someone else to call the police/security early in the process if the patient has made threats, continues to escalate, or will not move when asked to come into an office or out of the clinic.
4. Do not touch the person.
5. Do not stand in front of exits or doors; do not attempt to keep the individual from leaving. ***This is one of the desired outcomes.***

CONTROL OF THE ENVIRONMENT AND PATIENT SAFETY

If an individual is escalated in the waiting room or another location where other patients are present, and when asked, does not move from the area, it is important to ask the other patients in the same area to leave the area, and direct them where to go (for example, bring all waiting room patients in to the back office). When an angry/upset person is asked to move to another place and refuses or doesn't answer, this is a clear indication of their high level of escalation, and the police/security should be called by a member of the team while the other members of the team continue to work on de-escalation.

THREATS OF VIOLENCE

It is important to note that if an individual is threatening you or you feel as if violence may occur:

1. YOU MUST REMOVE YOUR SELF FROM THE IMMEDIATE AREA AND CALL SECURITY/911 FOR POLICE SUPPORT.
2. THEN HUDDLE WITH YOUR CO-WORKERS TO AND ADVISE THEM OF THE SITUATION.
3. ENSURE THAT PATIENTS ARE MOVED AWAY FROM THE THREATENING PERSON

COMBATIVE MINORS OR DEPENDENT ADULTS

In terms of prevention, a separate mention of minors (or dependent adults) who are escalated is important.

- It is the organization's policy that minors who may be combative or escalated in regards to immunizations or other treatments, should not be forcibly restrained by staff members. The risk of injury to the patient and staff members is of paramount consideration, as are the ethics of forceful restraint. Read 'immunization policy' for more information

IDENTIFYING THE NEED FOR, AND REQUESTING HELP IN DE-ESCALATION

Currently, in each clinic and/or department, at least 3 people must be identified as skilled in de-escalation. These three employees are formally identified to their colleagues as such. In the case of a de-escalation event it will be the responsibility of the employees that are involved with the individual to identify the need to alert the skilled staff members. This might be supervisors and behavioral health provider, it might be a nurse, or at smaller clinics and corporate offices it maybe a provider or another skilled staff member to ask for assistance. The most important consideration is not the job title or class of the employee, but who has the most skills in these situations.

Examples of when a staff member would inform others of the need for support:

- If the employee feels scared
- If the patient's upset or anger is visibly increasing.
- If the patient appears impaired
- If the patient is making or implying threats
- If the patient does not decrease in anger from the initial early interventions of empathic reflection, acknowledging, apologizing, offering and activating to fix if possible.
- If the patient is disturbing other patients (yelling at children, or on a cell phone for example)

DOCUMENTATION, DEBRIEF & PATIENT FOLLOW UP

All incidents that demand de-escalation should be documented in (inset document or data base here). While it is not feasible to document every unhappy patient or unpleasant interaction, it is extremely important that there is record of de-escalations that warranted skilled staff to intervene. All documented incidents from each clinic/department will be reviewed by the safety committee quarterly, for learning purposes, and to strengthen effective prevention strategies and provide training and other support to clinics/ departments that are in need.

Any incident that causes distress for employees or patients should be followed by a de-brief on the same day whenever possible. The de-brief should match in formality to the level of distress experienced. More formal debriefing by skilled employees should occur after incidents that were very distressing and/or effected many staff. More informal debriefing, between the effected staff and their supervisor, for example, may be more appropriate for lower distress incidents. The primary goal of de-briefing is to first provide support and comfort to employees. The secondary goal of de-briefing is for learning purposes, to explore what might have been done differently, if anything, to avoid the escalation. See related 'Incident de-brief' form for guidelines.

In all cases where patients have witnessed unpleasant or distressing incidents, a designated employee must follow up with the patient(s) who witnessed the escalation, within 48 hours, in person or by phone, to apologize and provide acknowledgement.

When an incident is considered severe (above a 3 on the critical incident form), it needs to be forwarded to an executive leadership member (COO, CEO, for example) within 24 hours.

Escalated patient follow up:

After the incident is over, has been documented and any necessary de-briefing has been completed, the critical incident report is forwarded to the identified employee who will call the patient, or meet them next time they come in. These follow up conversations are by necessity, very skillful, and only the identified employee should engage in these.

Patients are informed that they have crossed a limit of the organization, by verbally abusing/ raising their voice/swearing at/other at an employee. Patients are informed that if this occurs again, they will again be called and warned. If it happens a third time, patient will be referred to their health plan to find another assigned primary care organization.

While the content of the call is above, the form the call takes is empathic, conversational and kind. If the patient shares struggles or conditions which contributed to the escalation, the employee can assist the patient with obtaining help for this.

Note: This policy is designed for situations that are not life threatening.