



SAFEGUARDING OUR STAFF: A SYSTEMATIC APPROACH TO ADDRESSING PATIENT AND VISITOR MISCONDUCT

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BACKGROUND: Healthcare workers face a rising tide of patient and visitor misconduct. At the height of the COVID-19 pandemic, 73% of all nonfatal workplace violence in the United States targeted healthcare workers¹. Disturbingly, the numbers continue to rise. According to the American Hospital Association, a staggering 44% of nurses reported experiencing physical violence, while a concerning 68% faced verbal abuse². A 2022 systematic review of factors contributing to workplace violence found the following: frontline staff (patient complexity), governance and administration (change management), operations management (workforce challenges), and external influences (regulations and community attitudes) contribute to the complex interplay of factors driving the rise in misconduct³.

Mayo Clinic in Rochester, Minnesota is not immune from these factors. In 2023, staff reported 1,772 cases of patient and visitor misconduct which is an increase of 706 reported cases when compared to 2021. Addressing the root causes of misconduct is paramount, as early intervention allows for diffusion and common expectation setting. Mayo Clinic's integrated healthcare model, spanning primary care to inpatient hospital stays, presents a unique opportunity to address patient and visitor misconduct early in the continuum of care.

OBJECTIVES: In response to the rise, the institution created a framework to manage patients or visitors who exhibit misconduct (any verbal, nonverbal, written, or physical aggression directed towards an employee)⁴. By implementing this framework (dedicated staff, streamlined process, supportive resources, and tools to manage), the institution sought to 1) understand frequency and severity of events 2) establish clear boundaries and expectations of patient and visitor behavior and 3) empower staff to report and address concerning behavior in real time.

PLANNING AND IMPLEMENTATION: In 2017, Mayo Clinic implemented a Patient and Visitor Conduct Policy, prompting the establishment of a specialized unit, Patient & Visitor Conduct (PVC). The PVC team is dedicated to enhancing existing protocols, developing new procedures and guidelines, and equipping staff to address inappropriate behaviors. This is accomplished through a comprehensive support framework empowering all staff to respond and report instances of patient and visitor misconduct. Several resources were developed including a standardized behavior management process, templated letters for issuing warnings or termination of care and extensive educational modules.

Prior to these efforts, employees impacted by misconduct used individual approaches resulting in inconsistencies across the institution. Work unit supervisors and managers bore the responsibility of reaching out to various groups including security, compliance, and legal to assist in the behavior management process. The creation of the policy and the PVC team resulted in a consistent response and reporting process across all units, regions, and sites.

RESULTS: This systematic approach enables ongoing surveillance of volumes and trends and as such, these efforts have resulted in the following:

- a **66% increase in reported cases** of patient/visitor misconduct from 2021 to 2023
- an **18% increase in behavior management responses** (discussion and/or letter) from 2021 to 2023
- a **decrease in termination of care of patients** with reported misconduct from 2% in 2021 to 0.9% in 2023

Moreover, in a comprehensive case study analyzing instances of misconduct reported in the Rochester, Division of Family Medicine, between September 2020 – October 2023, a mere 8% of patients/visitors involved in reported misconduct necessitated more than one behavioral management response, encompassing discussions and or warning letters. The effectiveness of the initial discussion or warning letter was assessed only among those who could engage in further misconduct but chose not to do so, suggests that the **discussion/letter was effective in 92% of the cases**.

LESSONS LEARNED: The combination of policy, centralized tracking, an expert team, and full leadership support are the elements necessary to create an effective organizational response to manage patient and visitor misconduct in today's environment. The results also emphasize the efficacy of employing formal warnings as a proactive and successful strategy in managing and mitigating behavioral issues within the patient and visitor population.

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