

# Safeguarding Our Staff: a Systematic Approach to Addressing Patient and Visitor Misconduct

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## BACKGROUND

Healthcare workers face a surge 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 workers<sup>1</sup>. 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 abuse<sup>2</sup>. A 2022 systematic review found the following factors contribute to the rise in misconduct:

- Frontline staff (patient complexity)
- Governance and administration (change management)
- Operations management (workforce challenges)
- External influences (regulations and community attitudes)<sup>3</sup>

Mayo Clinic in Rochester, Minnesota is not immune from these factors. In 2023, staff reported 1,772 cases of patient and visitor misconduct, an increase of more than 700 cases 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 increase in cases, the institution created a framework to manage patients or visitors who exhibit misconduct (any verbal, nonverbal, written, or physical aggression directed towards an employee)<sup>4</sup>. 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.
- 3) Empower staff to report and address concerning behavior in real time.

## CONTACT

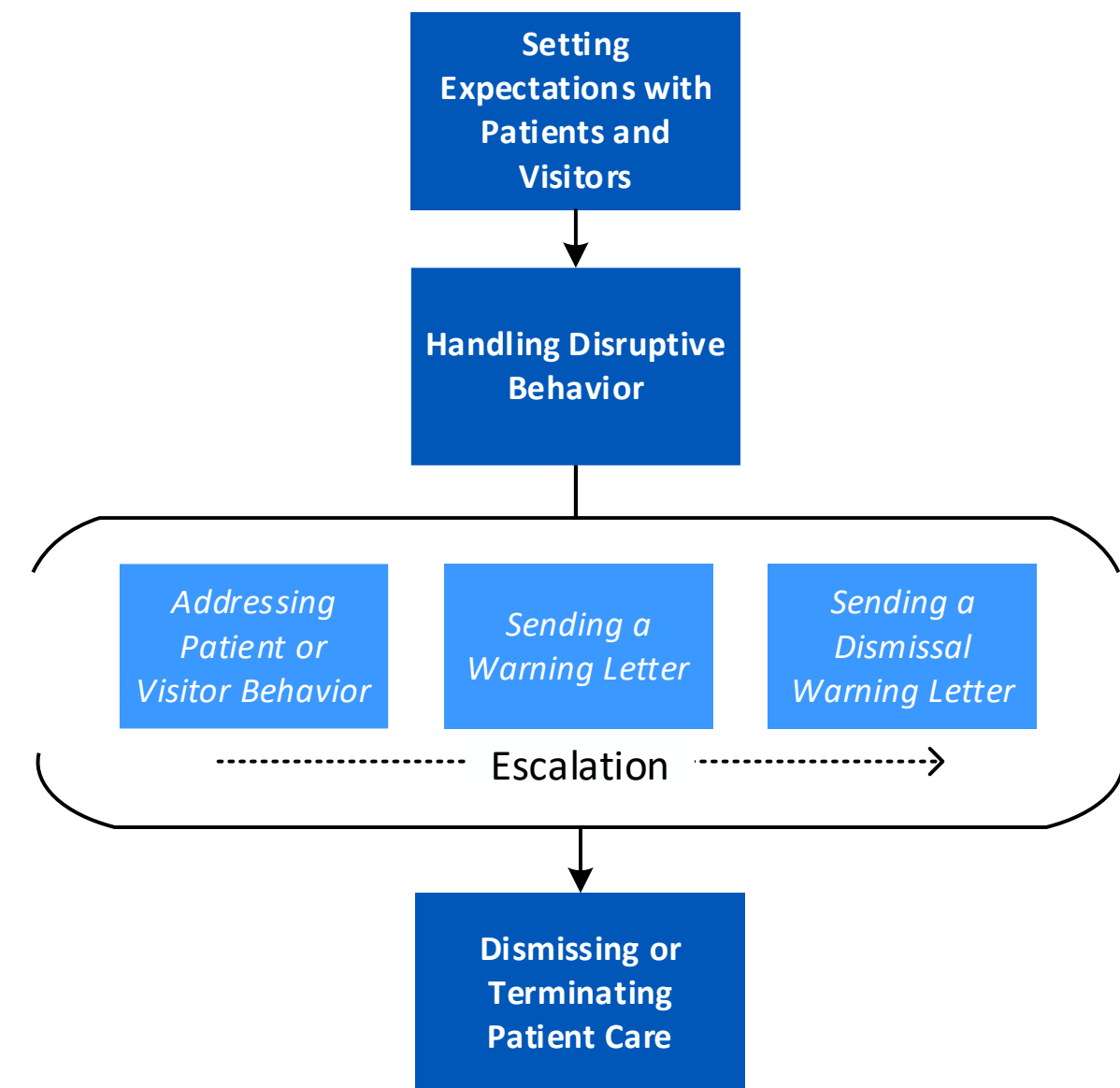
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## METHODS

In 2017, Mayo Clinic implemented a Patient & Visitor Conduct Policy, prompting the establishment of a specialized team, 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.

This behavioral management process is designed for non-violent behavior only and was introduced as a method to correct inappropriate behavior before it escalates. Employees are trained to rally support, secure their safety, and contact security any time they experience violence or threats of violence.

FIGURE 1 – Behavior Management Process Flow



Generalized process for handling patient & visitor behavior, pertains to non-physically violent behavior

## CASE STUDY

A study of misconduct cases in the Rochester Division of Family Medicine from September 2020 to October 2023, found that only 8% of patients/visitors who exhibited misconduct, required more than one response, such as discussions or warning letters.

Among those who had a discussion with management or were issued a warning letter, the **initial discussion or warning letter was effective in 92% of cases.**

## METHODS (CONTINUED)

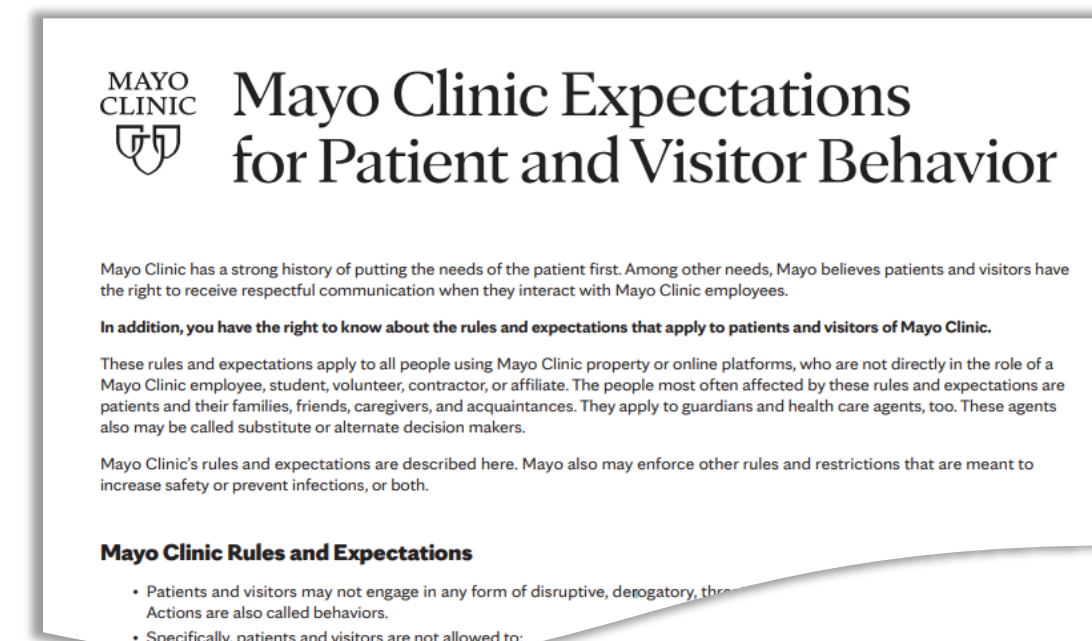
Behind this process is a team and resources which include templated letters for issuing warnings or termination of care, checklists for department managers and extensive educational modules.

FIGURE 2 – Resource Repository



Image of internal website highlighting available resources

FIGURE 3 – Behavior Expectations Document



This document is shared publicly and outlines expectations for patient and visitors. It was developed and is maintained by the Patient & Visitor Conduct team<sup>5</sup>.

## RESULTS

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

FIGURE 4 – Staff Reporting Cases of Misconduct

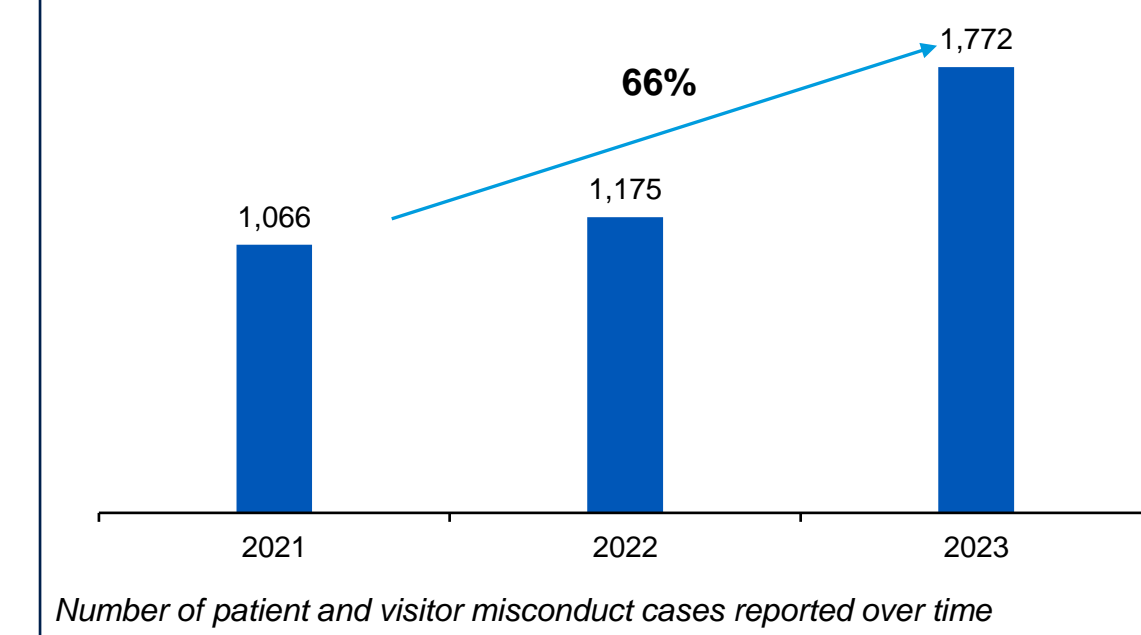


FIGURE 5 – Cases Resulting in Termination of Patient Care

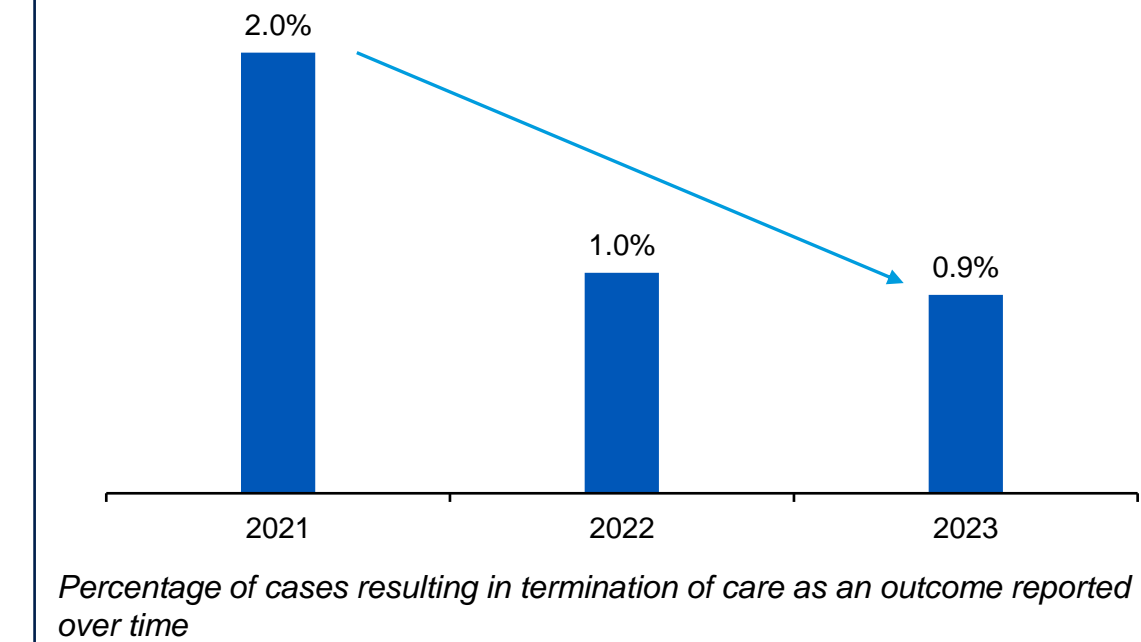
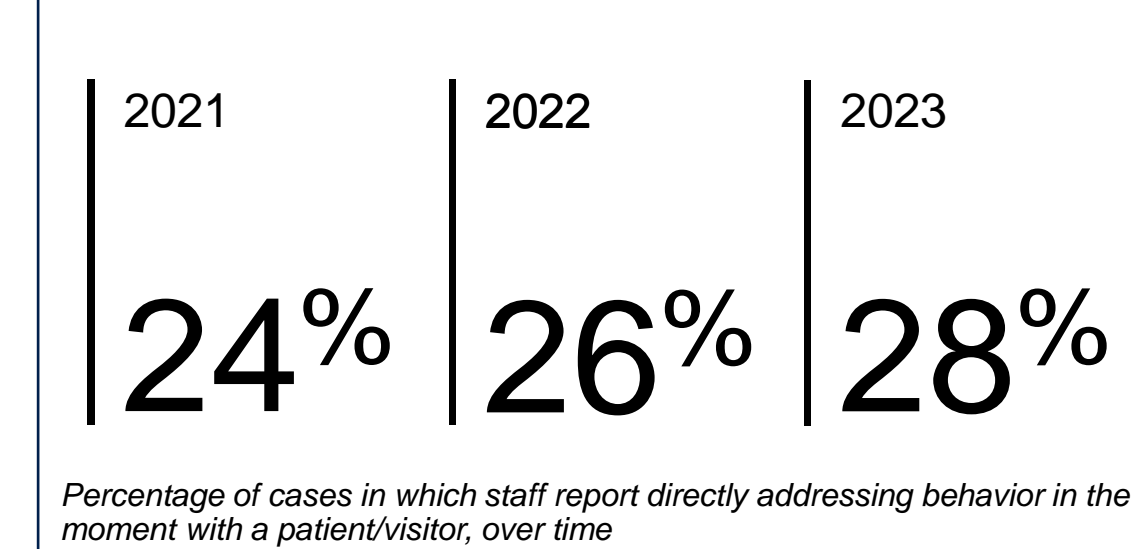


FIGURE 6 – Staff Addressing Misconduct In the Moment



## KEY CONSIDERATIONS

Patient & visitor conduct is an administrative discipline. At crucial points of concern, consider involving additional expertise such as legal, compliance, risk management, security services, etc., to help mitigate risk to operations, reputation and most importantly an organization's workforce.

### PATIENT CENTERED APPROACH

- Can the behavior exhibited be attributed to a **disability or diagnosis**? If so, have reasonable efforts been made to **offer accommodations**?
- If the patient is a **minor** or a **vulnerable adult** are guardians/alternate decision makers involved in behavior management discussions?
- How will your team **manage care** for a minor or vulnerable adult whose caregiver is exhibiting unacceptable behavior?
- In the event of a significant change in health status, does the policy allow for **reevaluating the patient for future care**?
- Are there **local or state regulations** or policies that need to be considered as part of implementation?

## CONCLUSION

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.

## REFERENCES

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