

# Sharp Grossmont Hospital's Disruptive Behavior Algorithm



## Disruptive Behavior Algorithm

The RN will assess daily the patient/family for their ability to cope with the hospitalization and if she/he has concerns, the RN should contact the social worker for a complete evaluation and action plan. Any behaviors reaching level 1, 2 or 3 activate the disruptive behavior algorithm and follow the steps listed for the appropriate level.

Behavior Level 1	Behavior Level 2	Behavior Level 3
<ul style="list-style-type: none"> <li>Increasing staff demands which may be unrealistic / care team unable to make patient/family happy</li> <li>Patient/family refusing discharge</li> <li>Information is not shared accurately among family members, family communicates visiting restrictions of some family members, and/or family seeks out different caregivers with the same questions</li> <li>Patient/family does not follow through with requests for an identified spokesperson</li> <li>Family/patient appear confused about plan of care</li> <li>Family actively declines to be involved</li> <li>5150 Danger to self or others</li> <li>Family appears overwhelmed and unable to take part in decision making</li> </ul>	<ul style="list-style-type: none"> <li>Patient/family very angry about "everything"</li> <li>Family and/or visitors interfere with patient care or refuse to leave room when requested to do so</li> <li>Family member or visitor appears "under the influence"</li> <li>Excessive worry or unusual concerns expressed by family members</li> <li>Lawsuit threats are made</li> <li>Visible discord amongst patient and/or family</li> </ul>	<ul style="list-style-type: none"> <li>Violent behavior observed including raising voice, threatening gestures, verbal threats, invading personal space</li> <li>Staff feels threatened and/or does not feel safe to enter the room alone</li> <li>History of code green called during this hospitalization</li> <li>Assaultive behavior to others during this hospitalization</li> </ul>
<b>RN Action</b> <ul style="list-style-type: none"> <li>Contact Unit Manager / AL after hours</li> <li>Assess need for Behavioral Treatment Plan</li> <li>Report at Reliability Huddle</li> <li>Social Worker completes assessment</li> </ul>	<b>RN Action</b> <ul style="list-style-type: none"> <li>Contact Unit Manager / AL (after hours) who will then contact Director</li> <li>Assess need for Behavioral Treatment Plan</li> <li>Report at Reliability Huddle</li> </ul>	<b>RN Action</b> <ul style="list-style-type: none"> <li>Contact Unit Manager/AL (after hours) who will then contact Director; Director will contact CNO/COO or Admin on Call</li> <li>Requires Behavioral Treatment Plan</li> <li>Assess need for a security sitter or security "Show of Concern"</li> <li>Report at Reliability Huddle</li> </ul>

"Management will refer to Process Flow Chart for Disruptive Behavior for guidance"

Revised February 2017  
Sharp Grossmont Hospital

# Sharp Hospital's Disruptive Patient Treatment Plan

## Disruptive Patient Treatment Plan

Patient Name \_\_\_\_\_ Legal Status: 5150 14D 30D PCON

### Patient Expectations

- ☐ Compliant with Plan of Care including \_\_\_\_\_
- ☐ Follow safety precautions including \_\_\_\_\_
- ☐ Respect personal space of others
- ☐ Respectful to staff including no yelling, profanity
- ☐ No threatening or violent behavior
- ☐ Maintain in Hospital gown & foot wear

Consequences for noncompliance include: \_\_\_\_\_

### Activity

- ☐ Mobility/Chair Expectations: \_\_\_\_\_
- ☐ Diversion Activities: \_\_\_\_\_

### Restraints/Sitters

- ☐ Indication for Restraints: \_\_\_\_\_
- ☐ Restraint Type: \_\_\_\_\_
- ☐ Sitter Type: Male Female Security Other \_\_\_\_\_

### Belongings

- ☐ Remove all potentially harmful belongings
- ☐ Remove all belongings
- ☐ Other: \_\_\_\_\_

**Document Daily** for belongings removal: "Removal of belongs is exercised to prevent injury to the patient, others, or facility if there is no less restrictive way to protect those interests"

### Medications

- ☐ Medicate using the following medication regimen per MD order:
  - ☐ Medication Name: \_\_\_\_\_
  - ☐ Frequency: \_\_\_\_\_
  - ☐ Route: \_\_\_\_\_
  - ☐ Indication: \_\_\_\_\_
  - ☐ Hold for: \_\_\_\_\_
  - ☐ Assess for effect of medication: \_\_\_\_\_

### Visitors

- ☐ Visitor Restrictions: Supervised Unsupervised
- ☐ Other \_\_\_\_\_

**Document daily** for any visitor restriction: "Visitation may be restricted or denied if there is risk of harm to the patient or treatment of the patient, or the visitation infringes on the rights of others"

### Staff Expectations

- ☐ Environment: \_\_\_\_\_
- ☐ Dietary Restrictions: \_\_\_\_\_
- ☐ Rounding Frequency: \_\_\_\_\_
- ☐ Staff Assignment requirements: \_\_\_\_\_
- ☐ Security Show of Concern: \_\_\_\_\_

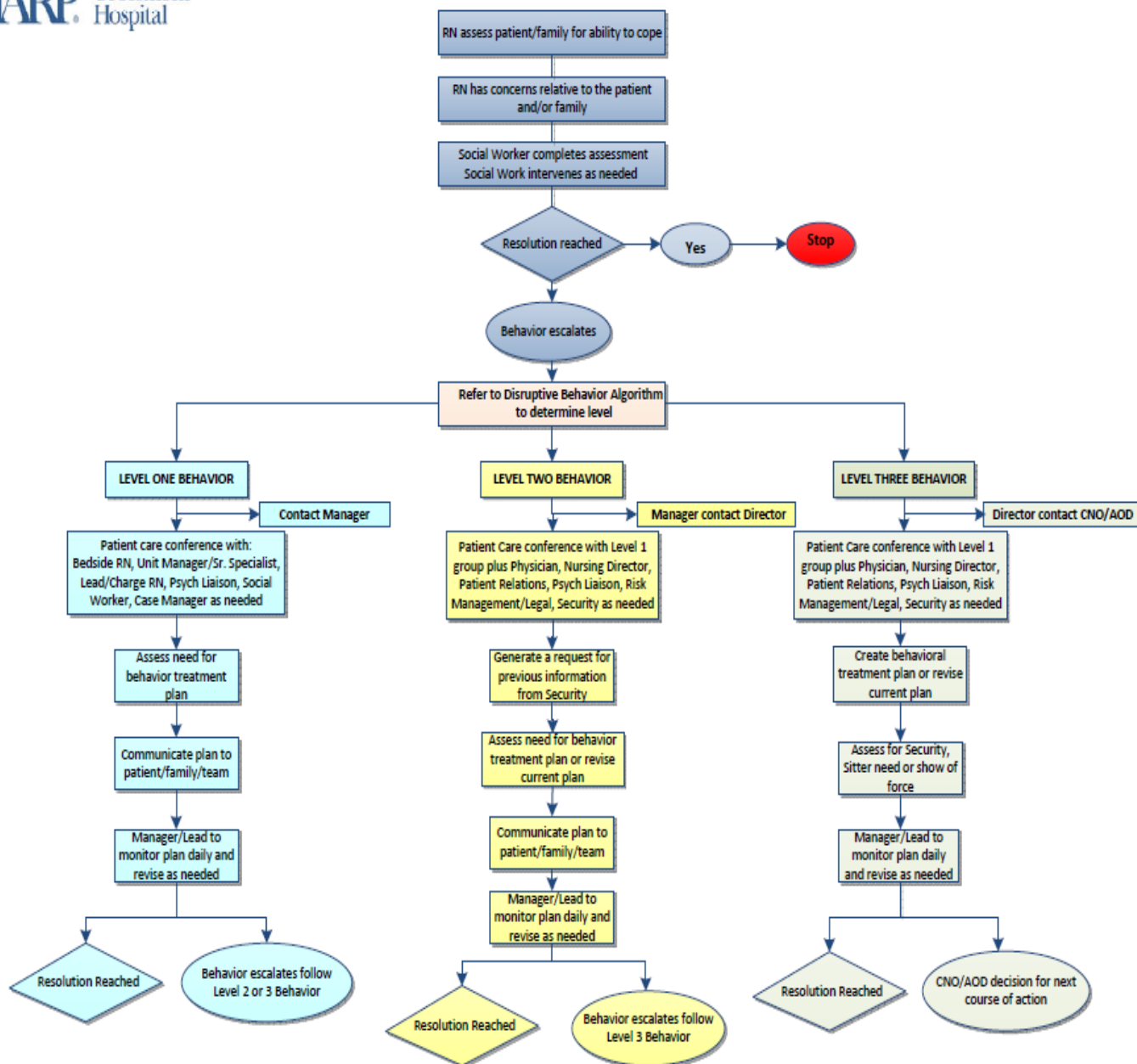
Communicate plan of care between providers and escalate all changes in behavior to Clinical Lead or Manager

1) Leave in chart until discharge.  
2) Not Part of the Permanent Record  
3) Revised 5/22/17  
Sharp Grossmont Hospital

# Sharp Grossmont Hospital's Process Flow for Disruptive Patients



Process Flow Chart for Disruptive Behavior



(Rev. 4-2017)

# Sharp Grossmont Hospital's Security Sitter Assessment

---



## Security Sitter Assessment

When a patient is assessed at a behavior Level 3, an assessment to determine if a need for a security sitter is required. Patients meeting one or more of the criteria on the list below require a discussion with unit leadership (manager, lead, charge nurse), the assigned nurse, the AL, and the security manager or lead.

- ☐ Undirectable behavior
- ☐ Attempting to leave while on 5150/5250
- ☐ Exhibiting violent (threatening gestures, verbal threats, invading personal space) and/or assaultive behavior
- ☐ Staff feel threatened and/or do not feel safe entering the room
- ☐ Employee injury during this hospitalization
- ☐ Previous history of code green during this hospitalization
- ☐ Previous history of assaultive behavior in this hospital
- ☐ Previous history of security sitter need
- ☐ Previous history of code green in this hospital

All the above criteria are triggers for discussion regarding the need for a security sitter and do not constitute a requirement for a security sitter. Assignment of a security sitter will occur only after the discussion between unit leadership, the AL and security leadership determines the necessity based on the needs of the patient, staff, and/or visitors. Reevaluation of the continued need for a security sitter will occur every 12 hours. Any patient requiring a security sitter will have a behavioral Treatment Plan in place.

# Sharp Grossmont Hospital's Sitter Duties



## Sitter Duties at Sharp Grossmont Hospital

### **Safety Sitter:**

A safety sitter is placed on a patient that has been deemed to be confused, agitated, impulsive, pulling on lines/tubes and all other safety interventions have failed. See sitter algorithm.

### **Patient Hold:**

A hold is placed on a patient that has been deemed to be a danger to others, a danger to themselves, or gravely disabled. They are involuntarily detained for evaluation and treatment.

### **Role and Responsibilities of the assigned sitter:**

1. Obtain report from primary RN to include- patient assessment and plan of care in place. Can patient eat or drink? Can they use restroom if accompanied by you?
2. Provide continuous observation of patient to include presence during bathroom privileges. Patients are not allowed to leave the unit. Ensure an appropriate "relief" is available in the room before leaving for all breaks. Never leave the patient unattended. Report patient safety concerns to primary RN
3. Confirm with nursing staff that all potentially harmful objects have been removed. Belongings are secured following hospital policy as appropriate, including all new belongings coming in via visitors.
4. Your personal belongings are secured in the lounge or locker room. No personal telephone calls, texting, books, magazines, or portable electronic usage during work time.
5. Direct all visitors to check in with the primary RN and be approved for visitation prior to entry into the room (hold patients only).
6. Sitter will accompany the patient to procedural areas and stay with the patient unless otherwise directed by unit charge nurse or procedural area leadership.
7. Observe for and report to primary RN:
  - a) Active pulling of lines, tubes, and catheters.
  - b) Escalating behaviors, restlessness, raising of voice, profanity, pacing, anxiousness, or any other change in behavior.
  - c) Any time you are uncomfortable or having difficulty with the patient
8. Assist in management of patient behaviors by:
  - a) Responding to behavior with a calming voice, using short and clear direction.
  - b) Positioning self with back to door opening to allow easy exit from room.
  - c) Obtaining additional assistance, as needed ensuring own personal safety at all times.
  - d) Assuring patients remain undressed and in a gown, no shoes, only hospital provided nonskid slippers.
  - e) Continually reassessing the environment and removing any objects that could be used by patient to harm self or others. Removing excess clutter to allow clear access around room (chairs, equipment, etc.)
  - f) Engage with patient and family, making a personal connection as appropriate.
9. Specific to patients at risk for danger to self/suicidal ideation
  - a) Remove all additional linens in room
  - b) Patient to wear gown/slippers-no street clothes
  - c) Only one trash bag per trash can
  - d) Monitor visitor belongings and ensure in sight of sitter at all times
  - e) Disposable trays and utensils