Challenging Behaviour in Renal patients

Update on Meeting hosted by Guys & St Thomas
Introduction by DJ O’Donoghue

- Dealing with a cohort of disadvantaged patients – loss of opportunities
  - Excess of depression
- Remit for Services to provide Quality care
  - Safety
  - Patient experience
- Gap between expectations and reality – raised by political comment
  - Choice
  - Personalised care
Julia Jones, Barts & Royal London

- Renal second to A&E in reported incidence of abusive and violent patient behaviours
  - Under-reporting is likely
- Reported on a 2 year study (first empirical study) due to complete 31/03/09
  - Aims to identify factors that contribute to...or predict disruptive patient behaviours
  - Qualitative and quantitative
• 74 incidents in a 12 month period
  – 26 patients, 6 relatives, 1 staff member
  – Repetitive behaviour
    • 1 patient – responsible for 21 incidents
    • 2 patients – account for 38% of incidents
  – 71/74 involved verbal aggression
    • Offensive/swearing
    • Derogatory
    • Threats of violence
  – Excess on a M/W/F, around times of shift change
  – Transport a key trigger
  – ‘Loss of control’
Legal Aspects (England & Wales)

- Statutory duty to provide/commission health care (NHS Act 2006)
  - Discretion as to how to use resources
    - Cost-effectiveness
    - Affordability, extent of provision
- Equality legislation
- Human Rights Act
- Health & Safety at Work Act
Staff entitlement

Ability to personally withdraw from caring for an aggressive patient

- Safe working environment
- Respect and dignity
- Protection from Harassment Act – for an individual (Civil prosecution)
- Hospital Entitlement to exclude aggressive patients
- *Lack of clarity as to how to resolve the absolute requirement to deliver health care against absolute right of individual staff members to not deliver it*
G&T’s Experience

- Security
  - Importance of recording incidents
  - Training and support for Staff
    - V&A; conflict resolution
  - Modifying behaviour, Setting limits
    - Patient information, choice
    - Handing back control
  - Risk Assessment
  - Contracts
    - “this is what we will provide”
    - “this is what we expect”
  - Use of isolation areas
    - Removing the audience
    - Improving security
  - Panic alarms/CCTV/Audio
• Communication Training
  – Interaction between Health professional and patient
    • Exploring patient concerns
    • Listening skills
    • Explaining skills
    • Checking understanding
    • Ability to respond to cues
    • Empathetic response
    • Giving feedback

• This is an area that all (medical, nursing, AHP, clerical) Staff in Renal units would probably benefit from increased and regular training
Psychological support

• Role of Psychological Assessment
  – At start/routine follow-up – ‘normalising’ psychological support
  – How to handle the information?
  – Needs adequate resource

• National agenda
  – All units should have access to appropriate clinical psychology. (National Renal Workforce Planning Group 2002)

• Role of Peer support; ?expert patient programme

• Giving staff adequate training
  – Dealing with deaths, cardiac arrests etc
Staff support

• Education – mandatory
  – Courses – communication, V&A
  – Adequate skills

• De-briefing, psychological support
  – Expectation that there is a discussion after a particular episode involving violence/aggression

• Morale

• Funding of this…
Strategies

• Documentation vital
• Communication
  – Handover – patients use other Depts
  – Consistency
  – Patient involvement in their care
• Intervene early
• Range to deal with range of behaviours

Single episode of aggression
  From a distressed, anxious
  Patient acting out of character

Sustained violent or threatened
  Violent behaviour from a patient
  acting entirely within character
Identify and Assess Risk
- Involve Clinical Team
- Relevant Consultants
- Psychiatrist behavioural; full capacity
- V&A Officer
- Security/Police
- Document

At Risk
Hospital Staff
Other Patients/visitors
Transport drivers
Security staff
Primary care contacts
External bodies
Council housing

Where at risk
Work
Community

Complete Risk Assessment
- Clinical/Medical report
- Psychiatric report
  - illness -vs- behavioural
- V&A Report
- Risk register
- H&S Divisional Risk Assessment
- Involve Social Work
- Involve local/community Police
- Include previous criminal history if relevant

Report to + Involve Key Players
- Involve Senior Mx ? DoN/CEO
- Health Board/local Government
- CLO
- HR / Staff side
- Occupational Health
- Community
  - Police
  - Housing
  - GP / SW / SACRO
- Consider Expert Opinions
  - Legal, external
  - State Mental Hospital
- Implement pt controls.
  - Action/consequences
  - Close all avenues of threat
  - Feedback to staff/educate to understand process
  - Document

Flow chart managing Challenging Behaviour
Edinburgh 1/09

Short Term Mx
- Complete Risk Assessment
- Environment
  - Staff
  - Patients
- Safety
  - training
  - Occ Health Counselling
  - Staff side/HR
- monitor situation/document
- involve Security /Police / SW
- Consider patient transport
- Health Workers Act

Medium Term Mx
- R/V Risk Regularly/document
- R/V Environment
  - Isolation
  - Alarms
  - Safety
- Involve Security / Police
- Ongoing staff training/support
- Monitor situation
- CLO draw up "local agreements"
- Consider Court Interdicts
- Consider ASBO
- Document

Long Term Mx
- R/V local agreements
- R/V legal agreements/Interdicts
- Open communication with
  - Police, prison, local authorities
  - Full support of Health Board
  - Local govt/National govt
- Consider respite transfer to (or help from) other Health Board(s)
- Document