



Kansas Hospital Association

De-escalation Webinar Series: Sticks and Stones and
Getting Along: Controlling Conflict with
Communication

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Funding Acknowledgment

This webinar series is provided in partnership with the Hospital Improvement Innovation Network.



Sticks and Stones and Getting Along: Controlling Conflict with Communication



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Conflict: A Communication Perspective

Conflict may be described as:

- An expressed struggle...
- between at least two interdependent parties...
- who perceive incompatible goals....
- and interference from the other party in achieving their goals.

Unique Conditions for Conflict

Common situations that healthcare professionals have to deal with contribute significantly to the potential conflicts from patients and family members. Situations include:

- Treating people that are in pain, frightened and / or irrational.
- Dealing with patients and clients that suffer from behavioral disorders or under the influence of alcohol, medications or controlled substances.
- Giving poor prognosis, imposing physical limitations or providing other “bad news” to emotionally unstable patients or those without sufficient coping mechanisms when such information is shared.
- Denying narcotics or other controlled substance prescription demands or refusing to categorize a client’s diagnosis based upon their request due to disability claims, insurance reimbursement or other purposes.
- Misplaced blame for financial situation resulting from charges incurred from medical treatment and / or related services (labs, X-ray, etc.).

What is De-escalation?

De-escalation, or soft self-defense, consists of verbal, psychological, and non-verbal techniques for diffusing potentially dangerous situations and preventing violence.

The goal of de-escalation is to build a rapid rapport with a would-be violent subject in order to reduce the likelihood of a physical confrontation and to calm the subject so that productive communication can occur.

De-escalation and conflict resolution techniques are vital to healthcare providers safety due to the overwhelming number of workplace violence incidents in the healthcare and social service settings.

What Constitutes Workplace Violence

Workplace violence can be defined as “any behavior which creates a work environment that a reasonable person would find intimidating, threatening, violent, or abusive, regardless of whether the behavior may affect a person’s psychological or physical well being.” Types of incidents can include:

- Intimidation
- Verbal Abuse
- Threats /Harassment
- Stalking
- Assault and Battery
- Sexual Assault
- Hate Crimes
- Suicides
- Homicides
- Active Assailants

NOTE: Active Assailant / Active Shooter situations are the rarest form of workplace violence, yet are typically the most deadly and require specialized training and response.

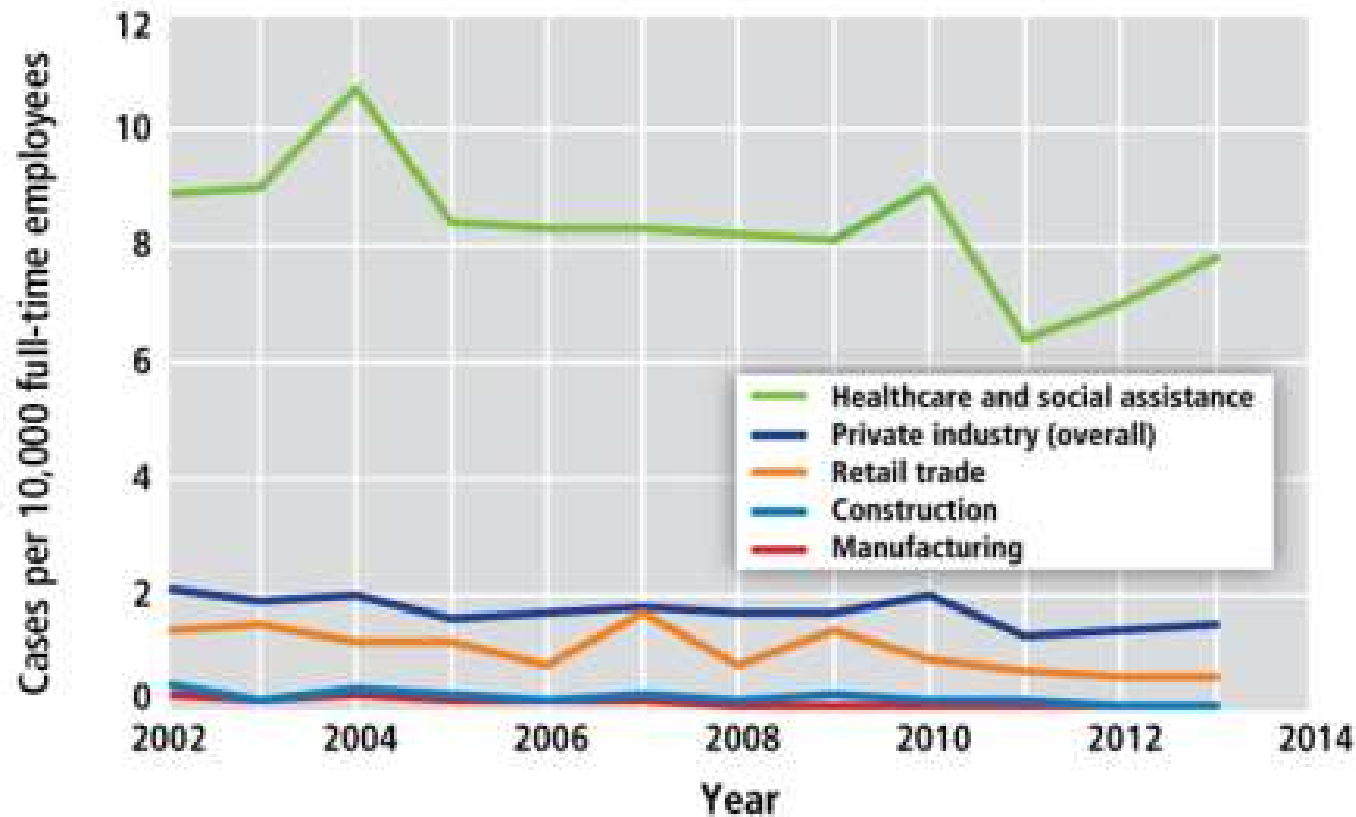
OSHA 3826 and Workplace Violence

In early 2016, OSHA 3826, “Workplace Violence in Healthcare – Understanding the Challenge” was released to supplement previous OSHA documents on the subject. Among its findings:

- From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average.
- In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees (see graph below). Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees.

OSHA 3826 Injury Rate Data

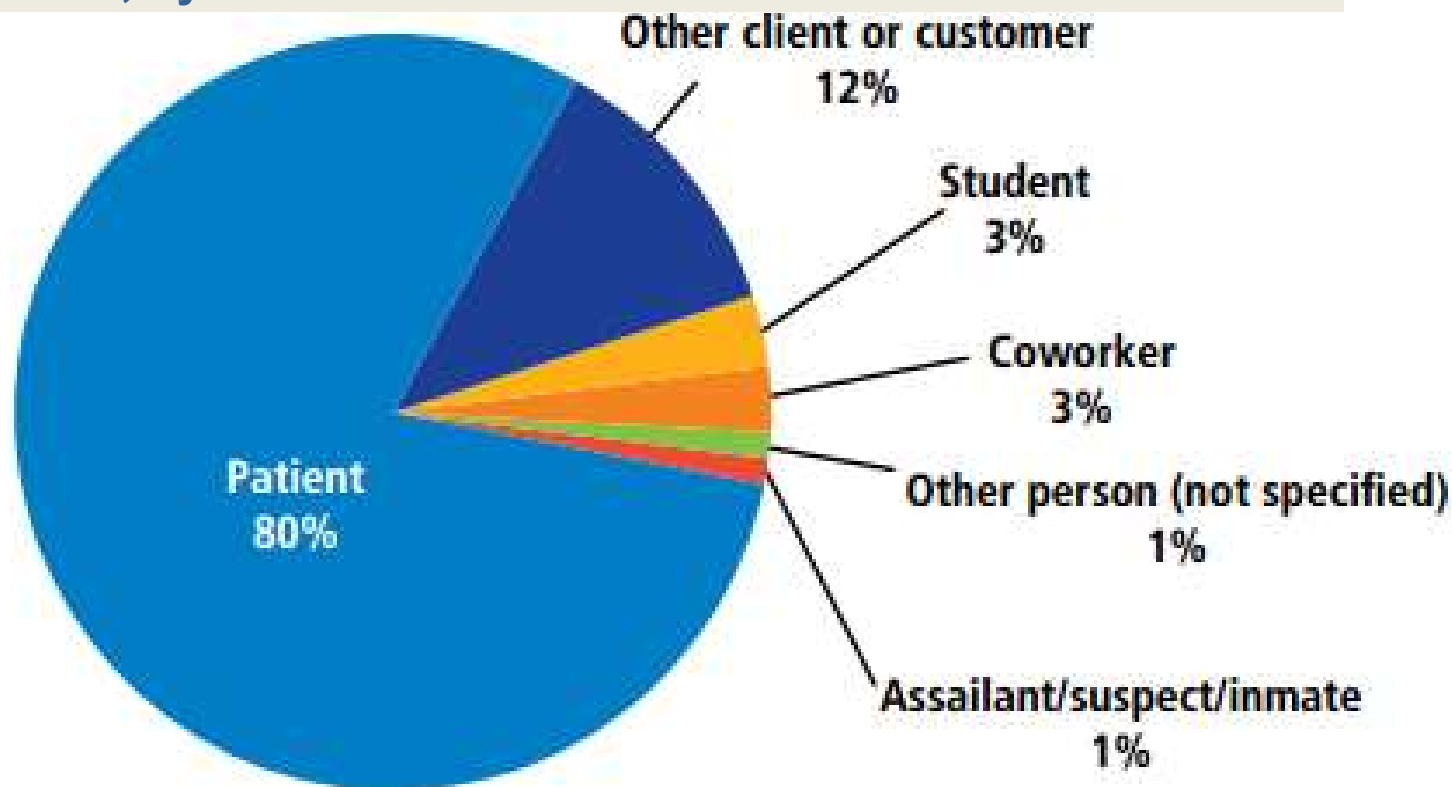
Violent Injuries Resulting in Days Away from Work, by Industry, 2002-2013



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

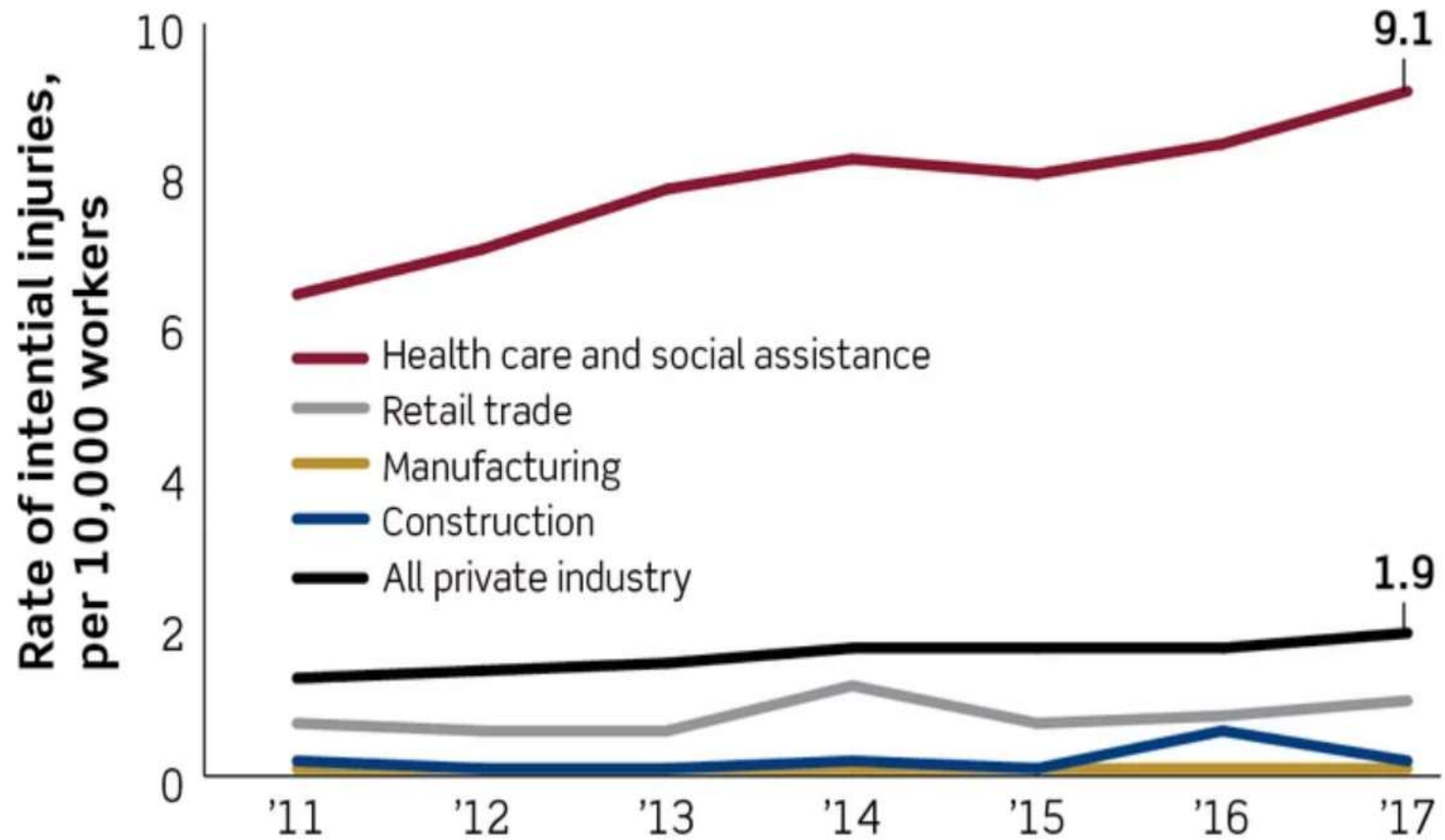
OSHA 3826 Injury Rate Data

Healthcare Worker Injuries Resulting in Days Away from Work, by Source



Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.

2018 Update Injury Rate Data



SOURCE: U.S. Bureau of Labor Statistics

Federal Legislative Changes –HR 7141

- In November of 2018, bill HR 7141 was introduced that would set a deadline for OSHA to issue the first national standard requiring comprehensive workplace violence prevention plans.
- The bill is aimed at protecting direct patient care staff and other healthcare personnel from aggressive and violent behavior while on the job.
- Provisions include that employers must develop and implement a Workplace Violence Prevention Plan tailored to the relevant hazards in the specific facility to include security, staffing, and training on de-escalation techniques.

Update HR 1309, February 2019

- On February 19th, 2019, this bill (now known as HR 1309, “Workplace Violence Prevention for Health Care and Social Service Workers Act”) was introduced to the 116th U.S. Congress.
- It requires the Department of Labor to address workplace violence in the health care and social service sectors and promulgate an occupational safety and health standard that requires employers in these sectors to develop and implement a comprehensive plan for protecting health care workers, social service workers, and other personnel from workplace violence.

KHA Whitepaper on Violence – April 2019

Published in April 2019, the KHA Workplace Violence Whitepaper “Assessing the Challenges and Creating Safety Focused Solutions” provides many valuable key findings regarding Kansas Hospitals.

46.2%

said patients, visitors or others commit acts of workplace violence at least 1-3 times a year. Some reported more frequent occurrences:

- 1-3 times per month: 21.3%
- 1-3 times per week: 12.7%
- At least once daily: 6.6%

66.7%

said incidence of workplace violence has remained about the same during the last 12 months.

89.7%

found no pattern to the day of the week in which workplace violence occurs, and 72.3% found no pattern in time of day.

72.7%

said patients most often initiate workplace violence in their facilities.

83.8%

said verbal threats are most common though other types of threatening behavior are also prevalent:

- Physical: 71.2%
- Emotional: 65.2%

35.9%

said only one in four (or fewer) workplace violence incidents are reported.

KHA Types and Sources of Violence

Types of Workplace Violence

83.8%

Verbal threats

71.2%

Physical assaults

65.2%

Emotional violence

Most Frequently, Patients Initiate Workplace Violence

Who has initiated violence
in your facility most often?

202 Respondents

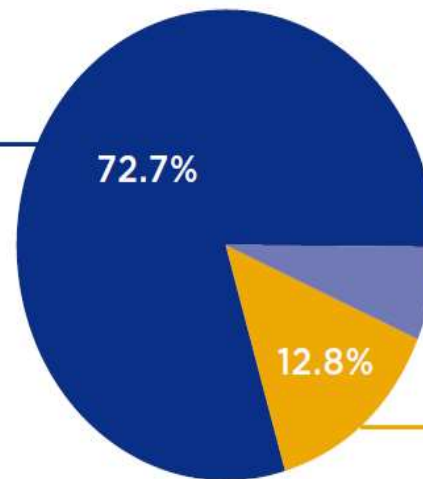
Patient
initiated

72.7%

12.8%

Family member

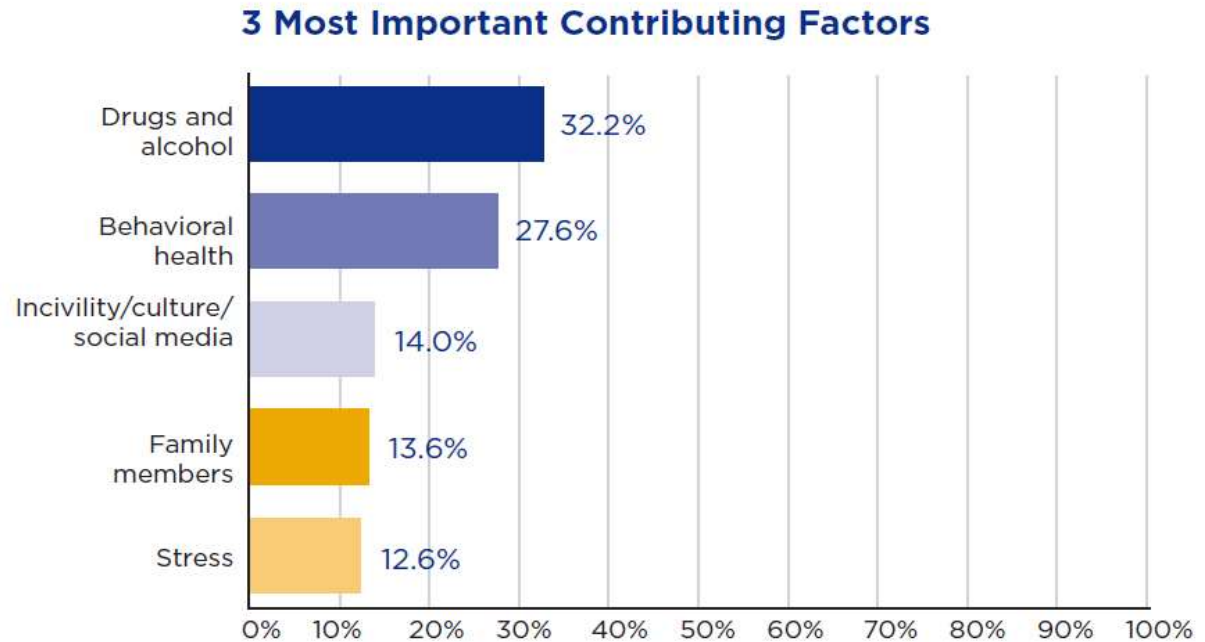
Other 5.9%



Contributing Factors to Violent Behaviors

In your opinion what are the 3 most important contributing factors to violence in your workplace?

156 Respondents



Perception of Workplace Safety

Concerning workplace violence, do you think your facility is...?

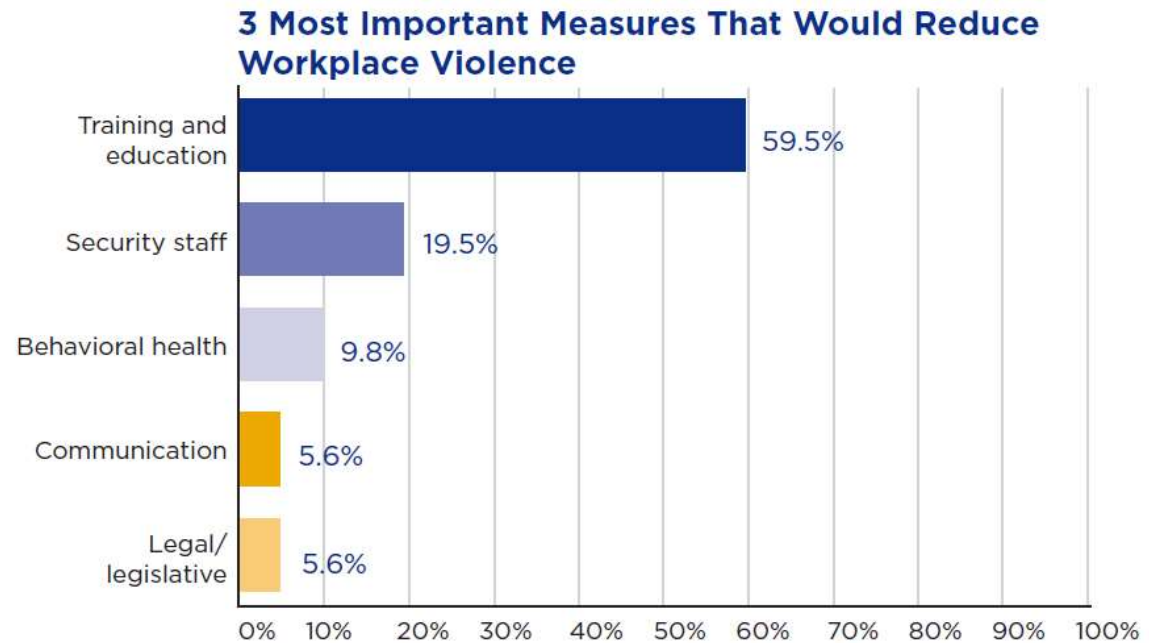
212 Respondents



What Measures Should Be Taken?

In your opinion what are the 3 most important measures that would reduce violence in your workplace?

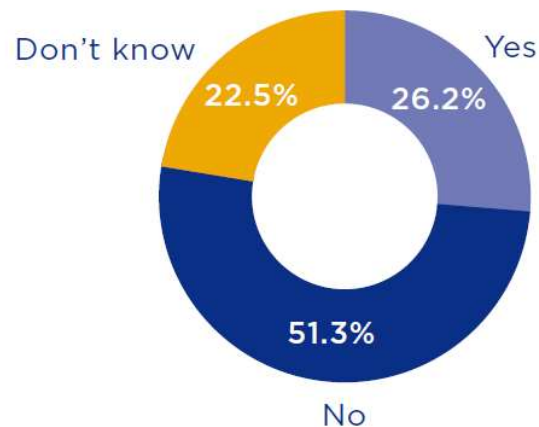
147 Respondents



Does your facility have a process or method to identify patients, family or visitors with a history of aggressive behavior or violence?

187 Respondents

Violence Prevention



Joint Commission Sentinel Event Alert #59

Released on April 17th, 2018, TJC Sentinel Event Alert # 59, “Physical and Verbal Violence Against Healthcare Workers” offers a wealth of information regarding the detection and prevention of workplace violence.

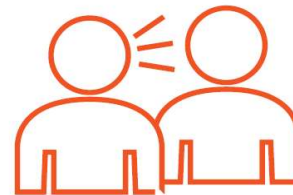
Take a stand: No more violence to health care workers

Forms of violence to health care workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving



- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling



- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Violence against health care workers is grossly underreported

Only **30 percent** of nurses report incidents of violence



Only **26 percent** of emergency department physicians report violent incidents



Health care workers

- think that violence is “part of the job”
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Joint Commission Quick Safety # 47

Released on January 28th of 2019, TJC Quick Safety newsletter 47, “De-escalation in Healthcare” provides even more references and resources as the issue with behaviors of concern from customers continues to grow.

Quick Safety

Issue 47 | January 2019

De-escalation in health care

Issue:

The need for using de-escalation techniques has become more prevalent as violence in health care settings increases. De-escalation is a first-line response to potential violence and aggression in health care settings.¹ The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants.² A three-year study in the *American Journal of Nursing* noted that 25 percent of nurses reported being assaulted by patients or the patient’s family members. Statistically, higher rates of health care violence are reported to occur in the emergency department (ED), geriatric and psychiatric settings.²

The purpose of this Quick Safety is to present some de-escalation models¹ and interventions for managing aggressive and agitated patients in the ED and inpatient settings. There are many different de-escalation techniques; this Quick Safety is intended to guide health care professionals to resources for more information and training.

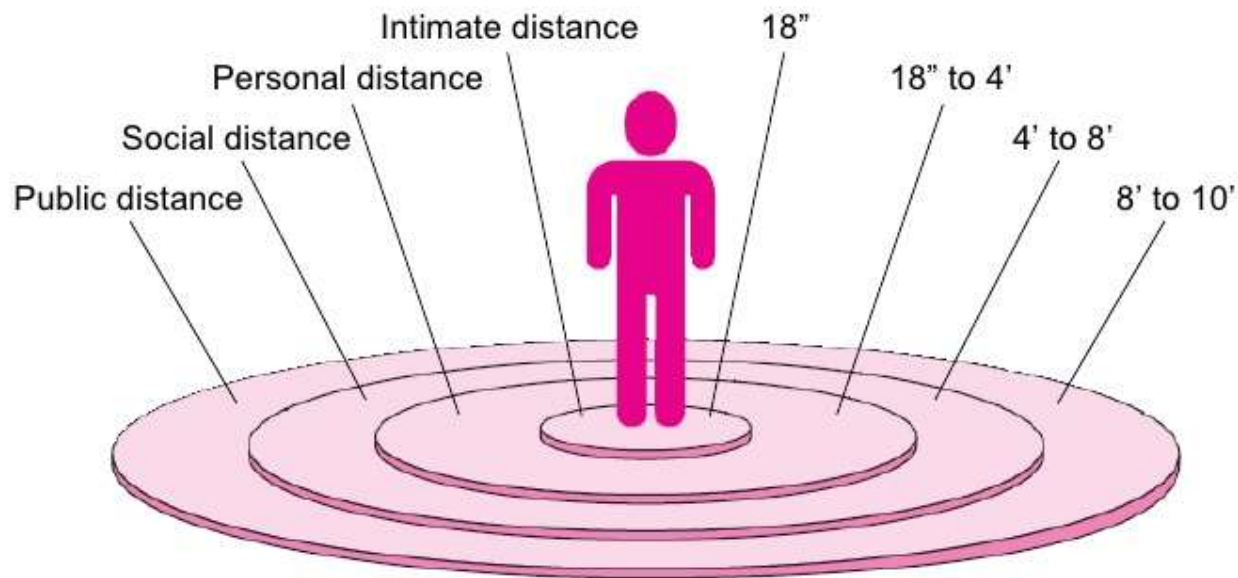
De-escalation Training

Many times in order not to injure him/herself, an angry person will attempt to 'win' a confrontation or verbal dispute through the use of words and/or aggressive and intimidating body language and gestures. Some external changes to watch for include:

- A flushed face
- Hand waving and finger pointing
- Clenched fists
- Direct, prolonged eye contact
- Deep and rapid breathing
- Person moves into your personal space (closer than three feet in the United States, but this can vary based upon cultural norms)

Personal Space in the U.S.

Personal Space in the U.S.



Adapted from Figure 7-3: Personal Space Categories for Those in the United States

Aggressive Communicators

Some people, regardless of their environment or situation, can be best described as aggressive communicators. They are often loud, brash and often have some of the following common qualities:

- They do not listen well to others, even in the best of circumstances.
- They interrupt others frequently and talk over them.
- They constantly demand attention and care little about others' issues.
- They have emotional outbursts for little or no reason.

When dealing with such people, some strategies include defining the actual issue and staying on topic, separating them from others (if safe to do so) to deny them an audience, allow them to express themselves but set reasonable guidelines and time limits and be prepared for personal insults and other such distractions if they do not get their way.

Verbal Aggression

At this stage, the aggressor is testing you. Some strategies for handling verbal aggression and intimidation at this point include:

- Let them vent.
- Be assertive in your verbal communication.
- Use their name frequently when addressing them.
- Try and remain composed, use a firm but steady, even-toned voice. Set and enforce reasonable limits (“Please move away from the desk and sit down.”).
- If possible, redirect their anger to by using the substitution technique (e.g., “I can’t solve this problem, but let me check with Mr. Jones.”). Your subsequent call to ‘Mr. Jones’ can then actually a call for assistance.

Remember When Speaking

- Watch the tone of your voice. You do not want to seem too harsh or demanding, as this might actually escalate the situation.
- Also be mindful of the pitch of your voice, as it tends to rise when you get upset or fearful or anxious.
- The speed of your words can send a message of their own. Slow down and think about the message you are trying to convey.

There are a number of verbal strategies that need to be practiced, such as the use of positive wording and descriptive language while avoiding confusing jargon or language that might seem unclear.

Remember, meaning in the mind of the listener and their perceptions could be altered due to anxiety, pain, medication or behavioral health issues. Speak slowly, not to be condescending, and use clear and easy to understand phrases and instructions in your communication.

Remember When Listening

- Use empathy and mentally place yourself in their situation. Many people can over react when the unexpected happens to them.
- Do not be judgmental or say anything about why the situation is their fault. Nothing makes a bad situation worse than guilt.
- Use reflection and restatement to clarify any vague responses or information that might cause miscommunication.

When actively listening to an upset person, listen not just for meaning but also for feeling. Clarify any statements that you didn't understand and try to appear positive when being criticized ("Yes, I'll work on that" or "I can see why you might feel this way").

It may take a little longer, but by showing that you are ready to listen to an upset person (even if you do not share their views) this can allow them to vent their emotions in a non-physical manner.

Non-Verbal Communication

Your body language and the way in which people perceive your interest level in their communications is a critical part of de-escalation and this is easy to forget in an emotional situation. Issues to remember about body language and non-verbal cues include:

- Use an open posture (when safe to do so) and do not pace your hands inside your pockets or behind your back. This gives an impression that you are “hiding something” and it puts you at a disadvantage should the situation become physical.
- Make sure that your verbal and non-verbal communications match one another, for example telling someone that you agree while shaking your head “No” or rolling your eyes in an exaggerated way.
- Again, be mindful of your distance from the person and be very cautious about any physical contact until the de-escalation appears to be successful.

L.E.A.P.S.

L = Listen to what they are saying

E = Empathize with their point of view

A = Ask reflective questions

P = Paraphrase what you heard

S = Summarize

Physical Violence Precursors

Knowing the “Fight or Flight” warning signs and pre-planning are critical factors in dealing with potentially violent subjects. Warning signs of potentially violent behavior can include:

- Rapid, Deep Breathing
- Clenched Teeth or Fists
- Rapid Pacing, or Other Nervous Physical Movements
- Total Lack of Response to Verbal Commands
- A Defensive/Offensive Stance
- Searching for an Exit, or a “Weapon of Opportunity”
- Direct Physical or Verbal Threats

Use of a Code Word or Phrase

If you need to summon assistance right away when physical warning signs present themselves consider the use of a code word or phrase that only you and your teammates know the meaning of. If it is used, this means “I need help” and to contact either local police or security right away and have them respond immediately to the site.

- The code word or phrase should be simple and easy to remember
- It should not be something that can be confused for another issue
- All staff should learn this code word as part of their initial orientation to the work environment and it should be reinforced periodically at staff meetings and other educational and information sharing sessions
- The name “**NORA**” (**N**eed **O**fficers **R**ight **A**way) is a good example, or “**EDNA**” (**E**mergency **D**eveloping, **N**eed **A**ssistance)

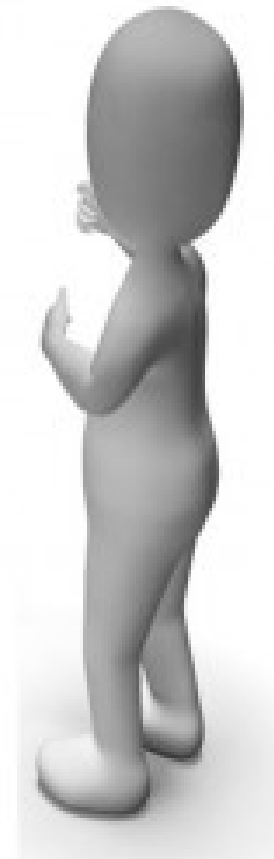
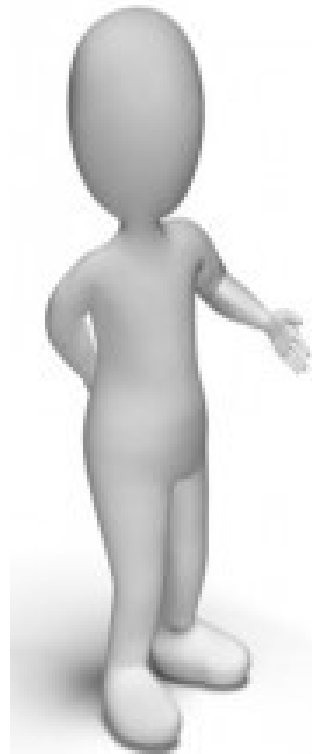
Managing Physical Aggression

Should de-escalation prove unsuccessful or you feel that the person is becoming overly physically aggressive and violence is about to occur, your first and best option is to leave the area and get help as quickly as possible. If this is not an immediate option, remember the following:

- Unlike previous techniques, once physical violence is imminent, use loud positive commands, not only to demonstrate that you are not willing to be a victim but also to draw attention and summon help.
- Simple and forceful verbal commands such as “Get Back” or “Drop that IV pole NOW” are good examples. Remember to keep moving while talking and try not to get cornered in a room.
- Rather than an open and caring posture, consider a more defensive stance when you suspect a person is becoming violent.

Defensive Stance

- Reactionary Gap of 4' or More (Social Space)
- Hands Up & Out
- Feet Shoulder Width Apart
- Knees Slightly Bent
- Attention on the Other Persons Movements (Especially the Hands)



Distraction Techniques

You should also consider distraction techniques to interfere with the person's plans and attempt to disrupt their thought process, such as:

- Make as much noise as possible and try to summon help from others. Use plain language to get your message across.
- Throwing an object or tossing it towards them to force them to move to one side, possibly giving you an escape route.
- Moving while you are talking. Never just stand still, always move and use the environment to your advantage.
- Use furniture to block the others person's movements if possible while attempting to gain access to an exit.
- Be prepared to defend yourself if necessary using whatever means are available and consider additional educational classes in topics such as how to effectively escape grabs, choke holds, etc.

De-escalation Overview

In review, there are several non-verbal and verbal principles involved in de-escalating a situation when confronted with a potentially violent subject:

- Project a Calm and Confident Demeanor
- Treat the Other Person with Respect
- Use Proper Techniques When Speaking & Listening
- Determine the Level of Resistance
- Control the Encounter and Assume Proper Positioning
- Exit the Area and Get Help If Able to Do So
- Be Prepared to Defend Yourself If Required

Resources / References

- 2019 The Joint Commission De-Escalation in Healthcare
 - https://www.jointcommission.org/assets/1/23/QS_Deescalation_1_28_18_FINAL.pdf
- 2018 Joint Commission Sentinel Event Alert #59 – Physical and Verbal Violence
 - https://www.jointcommission.org/sea_issue_59/
- 2016 OSHA #3148 – Workplace Violence Prevention for Healthcare Workers
 - <https://www.osha.gov/Publications/osha3148.pdf>
- 2018 OSHA 3826 – Understanding the Challenges of WPV in Healthcare
 - <https://www.osha.gov/Publications/OSHA3826.pdf>
- 2019 Workplace Violence Prevention for Health Care & Social Service Workers Act
 - <https://www.congress.gov/bill/116th-congress/house-bill/1309>
- 2019 KHA Whitepaper – Workplace Violence in Kansas Hospitals
 - <https://www.kha-net.org/CriticalIssues/HealthCareWorkforce/Resources/151933.aspx>

Discussion

