Managing and Understanding “Challenging” Patients/Encounters

Cally McKinney, MS, APN, PMHCS-BC; Catherine Johnson, MS PSL; Deborah Spangler, MSN, APRN, PMHNP-BC; Charles Hebert, MD; Jay Behel, PhD; Edward Ward, MD, MPH, FACEP; Jean Silvestri, MD; Nicole Siparsky, MD, FACS; Cathy Dimou, MD; Kathleen Delaney, PhD; Erin Bagwell, LCSW; Ramandeep Kaur, MD; Sarah Gutierrez, MSW, LCSW; Kathleen Egan, MSW, LCSW, ACM; Nancy Reid, LCSW, C-ASWCM; Office of Risk Management

BACKGROUND: WHY THIS IS IMPORTANT

Patients and families exhibiting challenging behaviors are considered (or labeled) to be demanding, unreasonable, or offensive – because their actions are perceived, or actually are, rude, manipulative, and/or aggressive.

Our ED experienced more of these situations due to long waits and patient suffering.

Seminars developed and facilitated by behavioral health and other professionals focused on recognizing the attitudes and behaviors, on both sides, that contribute to challenging encounters. The training focused on communication tools to develop relationships and has resulted in improved patient satisfaction scores.

AIM: Improve ‘Staff Cared About YOU as a Patient’ survey response

Patient and provider attitudes and behaviors contribute to challenging encounters.

METHOD: ENGAGE HEARTS AND MINDS

A before and after research study was used to measure impact of interactive seminars for Emergency Department personnel on the patient satisfaction survey question ‘degree to which staff cared about you as a person’.

A multi-disciplinary team which included skilled facilitators developed seminars featuring simulation videos of actual patient experiences to encourage reactions to ineffective, effective and adaptive approaches for resolving conflict.

Sessions focused on creative problem solving through self-reflection, understanding patient needs, coaching and debrief.

RESULTS

Three Months Post Intervention

The mean score for the Press Ganey question ‘degree to which staff cared about you as a person’ rose 2.5 from 83.8 to 86.3 and saw a 20 point increase in Vizient percentile rank.

COURSE CONTENT:

• Recognize and learn to control central nervous system reactions, (fight, flight, freeze)
• Understand drivers of patient behaviors
• Team problem solving and coaching
• Debrief after challenging encounters

NEXT STEPS

Attendee survey responses were positive regarding suggestions for changing practice style.

1. Training to become part of ED Orientation
2. Do a follow up survey of attendees to understand what practices they have changed.
3. Add six month follow up.
5. Roll out to all nursing units, Housestaff and Grand Rounds.

Vizient - Physician encounters are rated as “difficult” by physicians involved.

A 2016 study of house staff found 42% more diagnostic mistakes for patient’s with disruptive behaviors than with neutral behaviors.

Difficult encounters result in unmet patient expectations, higher utilization rates, and greater patient and physician dissatisfaction.

Patients emerging from these encounters are less satisfied, have lower trust, a greater number of unmet expectations and are more likely to have worsening of their presenting symptoms.

Physician burnout: in 2011 = 45%; by 2014 = 54%.

Nurse burnout: About 17.5% of new nurses leave their first job within 1 year of starting their jobs.

Three additional points to consider: use of disruptive behaviors, lower trust, and worsened symptoms.

As many as 15% of patient-physician encounters are rated as “difficult” by the physicians involved.

Women are more likely than men to view encounters with patients as difficult.

Research has shown that men are more likely to use aggression than women.

Patients experiencing more of these situations due to long waits and patient suffering.

Seminars developed and facilitated by behavioral health and other professionals focused on recognizing the attitudes and behaviors, on both sides, that contribute to challenging encounters. The training focused on communication tools to develop relationships and has resulted in improved patient satisfaction scores.

AIM: Improve ‘Staff Cared About YOU as a Patient’ survey response

Patient and provider attitudes and behaviors contribute to challenging encounters.

METHOD: ENGAGE HEARTS AND MINDS

A before and after research study was used to measure impact of interactive seminars for Emergency Department personnel on the patient satisfaction survey question ‘degree to which staff cared about you as a person’.

A multi-disciplinary team which included skilled facilitators developed seminars featuring simulation videos of actual patient experiences to encourage reactions to ineffective, effective and adaptive approaches for resolving conflict.

Sessions focused on creative problem solving through self-reflection, understanding patient needs, coaching and debrief.

RESULTS

Three Months Post Intervention

The mean score for the Press Ganey question ‘degree to which staff cared about you as a person’ rose 2.5 from 83.8 to 86.3 and saw a 20 point increase in Vizient percentile rank.

COURSE CONTENT:

• Recognize and learn to control central nervous system reactions, (fight, flight, freeze)
• Understand drivers of patient behaviors
• Team problem solving and coaching
• Debrief after challenging encounters

NEXT STEPS

Attendee survey responses were positive regarding suggestions for changing practice style.

1. Training to become part of ED Orientation
2. Do a follow up survey of attendees to understand what practices they have changed.
3. Add six month follow up.
5. Roll out to all nursing units, Housestaff and Grand Rounds.

Vizient - Physician encounters are rated as “difficult” by physicians involved.

A 2016 study of house staff found 42% more diagnostic mistakes for patient’s with disruptive behaviors than with neutral behaviors.

Difficult encounters result in unmet patient expectations, higher utilization rates, and greater patient and physician dissatisfaction.

Patients emerging from these encounters are less satisfied, have lower trust, a greater number of unmet expectations and are more likely to have worsening of their presenting symptoms.

Physician burnout: in 2011 = 45%; by 2014 = 54%.

Nurse burnout: About 17.5% of new nurses leave their first job within 1 year of starting their jobs.