Dealing with Disruptive Residents and Family Members – What is a Provider to Do?

2023 Spring Conference

Pennsylvania Coalition of Affiliated Healthcare & Living Communities

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- Focuses his practice in the defense of physicians, hospitals, and long-term and post-acute care facilities in medical professional liability litigation, often involving complex medical and legal issues
- Dedicated to assisting the senior care services industry in developing risk mitigation strategies, tools, and policies to reduce adverse events and claims
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Practice Areas

- Senior Care Services
- Healthcare Litigation and Mitigation

Education

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- Bates College, B.A., magna cum laude, Phi Beta Kappa, 2005

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Practice Areas

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Education

- University of Pittsburgh School of Law, J.D., with a Certificate in Health Law
- University of Texas at Austin, Bachelor of Journalism

- Advises long-term care providers on various regulatory and compliance matters, and she has extensive experience in survey and enforcement appeals pertaining to a wide range of federal and state regulatory agencies
- Assists in appealing sanctions and remedies from the Pennsylvania Department of Health, the Pennsylvania Department of Human Services and the Centers for Medicare and Medicaid Services
- Handles regulatory and licensure matters, survey and enforcement, end of life issues, admission agreements and fair housing compliance matters
- Counsels on legal implications that arise when addressing powers of attorney, advance health care directives, and end-of-life decisions

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- Over 14 years of work experience in legal consulting and over 30 years in the healthcare field with expertise in organizational psychology, clinical care, clinical research, managed care, and administration
- Provides management communication, leadership excellence, and service excellence coaching
- Coaching focuses on conflict resolution, understanding the emotional influence on patient safety, respectful crisis management, teamwork, and leadership strategies that facilitate increased staff productivity
- Also serves as Interim CEO for facilities needing coverage during extended leave of absence and/or during CEO searches

Practice Areas

- Senior Care Services
- Healthcare Litigation and Mitigation

Education

- York College, Nursing Home Administrator Courses for NHA License, 2002
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Session Learning Objectives

- Explore hypothetical situations involving the disruptive behaviors of residents and family members and the legal implications to be considered from a risk management perspective.
- Review the regulatory provisions governing transfer and discharge in the nursing facility and personal care settings as well as the statutory provisions governing termination in the residential living setting.
- Discuss best practices and strategies to address the disruptive conduct of a resident or family member and outline proactive steps that providers can implement to reduce the risk of potential litigation.

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Nursing Facilities

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Nursing Facilities

Admission Considerations

- 42 CFR §483.15(a)(6) – A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.
- Can the facility meet the necessary needs and provide the care and services required by a potential resident?

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES FOR LONG TERM CARE (“LTC”) FACILITIES

Relevant Definitions: Appendix PP of State Operations Manual

- Transfer and Discharge – Includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.
- Specifically, transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility.
- Discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

Relevant Definitions Cont.: Appendix PP of State Operations Manual

- Facility-Initiated Transfer or Discharge – A transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences.
- Resident-Initiated Transfer or Discharge – Means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment).

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

Regulatory Limitations on Transfers and Discharges (42 CFR §483.15(c)(1)(i))

- The Facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:
  - The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
  - The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
  - The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Regulatory Limitations on Transfers and Discharges (42 CFR §483.15(c)(1)(i)) Cont.
  - The Facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:
    - The health of individuals in the facility would otherwise be endangered;
    - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
    - The facility ceases to operate.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

Regulatory Limitations on Transfers and Discharges (42 CFR §483.15(c)(1)(ii))

- The facility may not transfer or discharge the resident while the appeal is pending when a resident exercises his or her right to appeal a transfer or discharge notice from the facility unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.
- The facility must document the danger that failure to transfer or discharge would pose.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

Required Documentation (42 CFR §483.15(c)(2))

- When the facility transfers or discharges a resident pursuant to 42 CFR §483.15(c)(1)(i), the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
- Documentation in the resident's medical record must include:
  - Basis for the transfer
  - In the case of a transfer or discharge pursuant to §483.15(c)(1)(i)(A), the specific resident need(s) that cannot be met, facility attempts to meet the resident need(s), and the service available at the receiving facility to meet the need(s).

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Required Documentation Cont. (42 CFR §483.15(c)(2))
  - The documentation in the resident's medical record must be made by:
    - The resident's physician when transfer or discharge is necessary under §483.15(c)(1)(i)(A) or (B):

(A) Transfer or discharge is necessary for resident's welfare and resident's needs can't be met in facility.

(B) Transfer or discharge is appropriate because resident's health has improved and resident no longer needs services provided by facility.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- The documentation in the resident's medical record must be made by:
  - A physician when transfer or discharge is necessary under 42 CFR §483.15(c)(1)(i)(C) or (D):

(C) Safety of individuals in facility is endangered due to the clinical or behavioral status of the resident.

(D) Health of individuals in facility would otherwise be endangered.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Required Documentation Cont. (42 CFR §483.15(c)(2)(iii))
  - Information provided to the receiving provider must include a minimum of the following:
    - Contact information of the practitioner responsible for the care of the resident
    - Resident representative information including contact information
    - Advance Directive information
    - All special instructions or precautions for ongoing care, as appropriate
    - Comprehensive care plan goals
    - All other necessary information, including a copy of the resident's discharge summary and any other documentation, as applicable, to ensure a safe and effective transition of care

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Notice Before Transfer (42 CFR §483.15(c)(3))
  - Before a facility transfers or discharges a resident, the facility must:
    - Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. ***The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.***
    - Record the reasons for the transfer or discharge in the resident's medical record.
    - Include in the notice the items described in 42 CFR §483.15(c)(5).

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Timing of Notice (42 CFR §483.15(c)(4))
  - Except as specified below and except as specified under §483.15(c)(8) (regarding facility closure), the notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged.
  - Notice must be made as soon as practicable before transfer or discharge when:
    - The safety of individuals in the facility would be endangered;
    - The health of individuals in the facility would be endangered;
    - The resident's health improves sufficiently to allow a more immediate transfer or discharge;
    - An immediate transfer or discharge is required by the resident's urgent medical needs; or
    - A resident has not resided in the facility for 30 days.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Contents of Notice (42 CFR §483.15(c)(5))
  - A written notice of transfer or discharge must include the following:
    - The reason for transfer or discharge.
    - The effective date of transfer or discharge.
    - The location to which the resident is transferred or discharged.
    - A statement of the resident's appeal rights, including the name, address (mailing and email) and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.
    - The name, address (mailing and email) and telephone number of the Office of the State LTC Ombudsman.

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OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Contents of Notice Cont. (42 CFR §483.15(c)(5))
  - A written notice of transfer or discharge must include the following:
    - For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000.
    - For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

OVERVIEW OF REGULATORY PROVISIONS GOVERNING TRANSFERS AND DISCHARGES

- Changes to Notice (42 CFR §483.15(c)(6))
  - If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as possible once the updated information becomes available.
- Orientation for Transfer or Discharge (42 CFR §483.15(c)(7))
  - A facility must provide and document sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.

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HYPOTHETICAL

- The Demanding Resident
- Miss Smith is the relative of a staff member. She was admitted to the SNF unit and quickly settled into a pattern of demands, expressions of unhappiness and complaints. Staff were frustrated, her relative was frustrated and the resident was unhappy. The resident was eventually placed on a behavioral contract. In the end she decided to stay at the facility, seemed more content and has favorite staff who she enjoys working with them proving her care.

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SERVICE EXCELLENCE FOR NURSING

- **Service Excellence:**

- During our last nursing meeting, the group agreed to embrace these best practices for service excellence related
- to *introductions* and *greetings*. All nurses will be partners in the professional commitment and we will hold each other accountable.

- Within ten feet of someone, nod or smile acknowledging them. Within five feet, we will say “Hello”, “How are you doing?” or “How is it going?” etc...
- For meeting residents and family for the first time – introduce yourself (“Hi, I am Jane and I will be your nurse for the shift. It is a pleasure to meet you”).
- Each shift – thank one team member for something they did that you appreciated.

- **Nursing Core Values:**
- Communication Excellence
- Care Excellence
- Compassion
- Integrity
- Accountability
- Safety
- Teamwork

Service Excellence:

Gratitude- “We all should have an attitude of gratitude for each other and the residents!”
No Gossip or BAW (Belly Aching & Whining) - Speaking ill of a team member or complaining brings the team down. We should be looking for solutions and supporting our team members with help.

What is a Resident?

- Our Residents are the most important people, either in person or otherwise.
- Our Residents are not dependent on us. We are dependent on them.
- Our Residents are not an interruption of our work; they are the purpose of it. We are not doing them a favor by serving them, they are doing us a favor by giving us an opportunity to do so.
- Our Residents are not outsiders to our business; they are a part of it.
- Our Residents are not cold statistics – a name on a filing card or a ledger sheet. They are flesh and blood human beings with biases, prejudices, feelings and emotions like our own.
- Our Residents are not people to argue with. Nobody ever won an argument with a resident.
- Our Residents are people who bring us their wants. It’s our job to fill their needs and serve them.

Assignment is to express appreciation to other department staff for their contribution, service and care for our residents. (Please thank housekeeping, laundry, dining services, maintenance and other departments serving our residents at least twice a week. Helping our team members feel valued for their service is appreciated and makes them feel good. You will feel good too as you make another feel valued and appreciated. It is contagious!)

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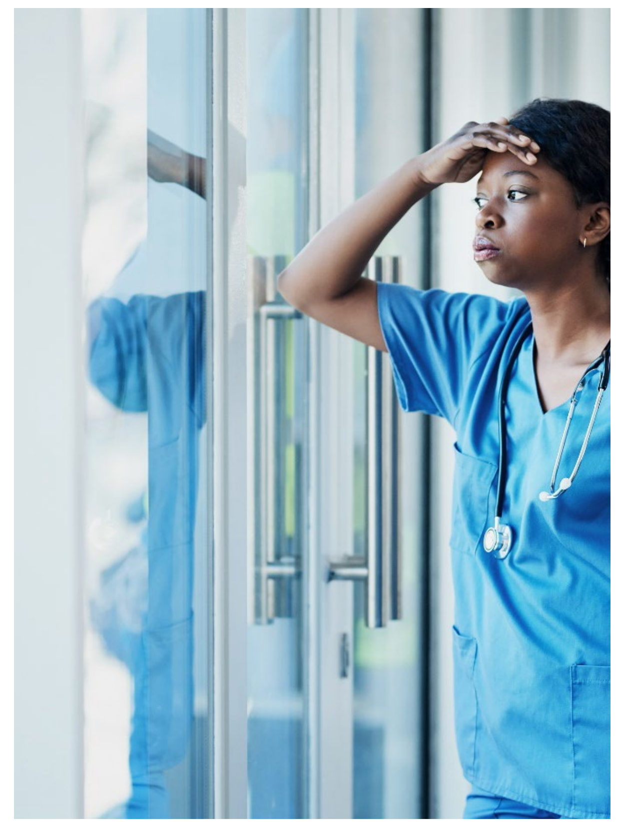
"RETHINK"

Conflict Management

- Recognize when you're angry. Learn how to help yourself relax.
- Explain the situation from the other person's point of view.
- Think - How am I contributing to the problem?
- Hear - Listen to what the person is really saying (active listening).
- Include "I" Statements [Describe emotion/behavior, Explain why, Suggest compromise].
- Negotiate - Try to work things out to everyone's satisfaction.
- Kindness - Show kindness even when you're angry.



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HYPOTHETICAL

- Difficult POA
  - Mr. Davis is the health care power of attorney for his mother who resides at Cherry Farm Nursing Home. The resident lacks capacity and she has been prescribed a puree diet due to her dysphagia. During one of his visits, Mr. Davis attempted to give the resident a brownie which was contrary to her prescribed diet. Staff immediately intervened and educated Mr. Davis regarding his mother's diet restrictions and explained the potential risks to her health and safety for failing to comply with her prescribed diet. Despite such education, however, Mr. Davis was observed on another occasion trying to give his mother a snack which was contrary to her prescribed diet.

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HYPOTHETICAL

- The Thanksgiving Test
- Mr. Jones's wife is a dementia resident in our dementia unit. She has been with us for 2 years. Our staff had multiple opportunities over the two years to interact with this couple and experienced the husbands form of advocacy for his wife. One Thanksgiving he arrived to find his wife not ready to leave for a Thanksgiving dinner with her Daughter in the Daughters new home. We discovered he has not completed the request for leave form indicating his wife was going out for Thanksgiving. His hope was to intimidate staff to get his wife to the Thanksgiving Dinner and spend the night at her Daughter's new home. Oh, what to do?

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DEPARTMENT: Nursing
SECTION: Nursing Administration

SUBJECT: POA / VISITORS Distressing Behaviors / Actions and Reactions

Approved by: V.P. of Health Services: Dr. C. Lynn Ruppersberger-Swisher, NHA

POLICY: Date of Origin: 3/13/17 **Date of Last Review:** 1/2021

Moravian Manor provides residents with a safe environment. To this end, every effort is made to identify stressful POA/Visitor interactions and/or communication that is upsetting to the resident and staff. Behaviors from the POA/Visitors that are distressing and/or disrespectful of staff will require address and a plan for future communication. (The POA/Visitor Behavioral Interventions Pathway will be followed for the identified course of action).

PROCEDURE: Date of Origin: 3/13/17 **Date of Last Review:** 1/2021

1. The staff will use the chain-of-command in reporting concerns about POA/Visitor distressing behavior. *
2. Every effort will be made by the unit team to practice communication excellence with POA's/Visitors and to meet the needs of POA's/ Visitors and Residents whenever possible and such is in accordance with ethical, legal and best practice and in as timely a fashion as is possible.
3. Social Service should be made aware of the POA/Visitor concern. (CARE Plan updates, Office of Aging notification will and can be used and the Ombudsman can be notified.)
4. The resident's medical doctor will participate in communication with the POA/Visitor relative to medications, disease processes and/or prescribed treatments when clarification from the unit charge nurse does not adequately address the POA/Visitors questions.
5. Next steps on the POA/Visitor Behavioral Intervention Pathway will be followed. Documentation will be reviewed.
6. The Ethics Committee can be used in such cases where Pathway Interventions are not being successful. Recommendations from the committee will be presented to the treatment team for consideration and adoption if deemed appropriate.
7. Resident CARE plan will be updated if applicable.
8. Documentation of events and plans will be noted in the resident's EMR.

* Documentation of POA/Visitor distressing behavior will be documented in the resident record.

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POA/Visitor Behaviors

- **Episode #1** POA/Visitor Behavior, POA/Visitor Education, Resident Education (if applicable) & redirection * Responsible Party: Unit Charge Nurse/Social Worker (If applicable)

- **Episode #2** POA/Visitor Behavior, POA/Visitor & Resident Re-education – Identify any learning deficits the POA/Visitor may have. Update resident care plan. Responsible Party – Unit charge nurse, supervisor and social worker. MD Updated.

- **Episode #3** POA/Visitor Behavior ,POA/Visitor mtg with Responsible Parties: Nsg. Supervisor, DON & Social Worker. Issuing POA/Visitor a Behavior Plan/Contract. Visitor restriction next step notice. Update resident care plan. MD Updated.

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POA/Visitor Behaviors

- **Episode #4** POA/Visitor Behavior. POA/Visitor meeting with DON, Social Worker, NHA and Nsg Supervisor. Letter of restriction for visitation. MD Updated. Resident notification of restriction (if applicable)

- **Episode #5**. POA/Visitor Behavior: Letter banning POA/Visitor on property. Office of Aging/Ombusdman/DOH) notified from Episode #3 on.

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PERSONAL CARE HOMES

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Overview of personal care home regulatory provisions governing transfers and discharges

- Resident Right (55 Pa. Code §2600.42(u))

  - A resident has the right to remain in the home, as long as it is operating with a license, except as specified in §2600.228 (relating to notification of termination).

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Overview of personal care home regulatory provisions governing transfers and discharges

- Grounds for Transfer or Discharge (55 Pa. Code §2600.228(h))
  - The only grounds for discharge or transfer of a resident from a personal care home are for the following conditions:
    1. The resident is a danger to himself/herself or others.
    2. The legal entity chooses to voluntarily close the home, or a portion of the home.

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Overview of personal care home regulatory provisions governing transfers and discharges

- Grounds for Transfer or Discharge Cont. (55 Pa. Code §2600.228(h))

  3. The home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/mental retardation program or drug and alcohol program, for assistance. The administrator shall also contact the Department of Human Services' personal care home regional office.

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Overview of personal care home regulatory provisions governing transfers and discharges

- Grounds for Transfer or Discharge Cont. (55 Pa. Code §2600.228(h))

4. Meeting the resident's needs would require a fundamental alteration in the homes' program or building site, or would create an undue financial or programmatic burden on the home.

5. The resident has failed to pay after reasonable documented efforts by the home to obtain payment.

6. Closure of the home is initiated by DHS.

7. Documented, repeated violation of the home rules.

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Overview of personal care home regulatory provisions governing transfers and discharges

- Timing of Notice of Transfer/Discharge (55 Pa. Code §2600.228(b))
  - If the home initiates a discharge or transfer, or if the legal entity chooses to close the home, the home shall provide a 30 day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer.
  - A 30 day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or DHS.

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Overview of personal care home regulatory provisions governing transfers and discharges

- Documentation (55 Pa. Code §2600.228(e))
  - The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.
- Relocation Assistance (55 Pa. Code §2600.228(a))
  - At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

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HYPOTHETICAL

- Challenging Resident

  - Mr. Jones is a personal care home resident at Sunnydale. Sunnydale has a home rule which prohibits the use of alcohol on its premises. Within the past week, Mr. Jones has become aggressive towards other residents and staff. One resident and a few staff members have reported smelling alcohol on Mr. Jones' breath and empty bottles of alcohol have been found in his trash can by housekeeping.

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HYPOTHETICAL

- Disruptive Family Member

  - Mr. Smith's wife resides at River Side Personal Care Home. Mr. Smith constantly complains about the care provided to his wife despite the home addressing his questions and concerns. During his most recent visit, he was yelling at and harassing staff, using profanity and approaching staff in a belligerent and threatening manner.

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RESIDENTIAL LIVING

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OVERVIEW OF CCRC STATUTORY PROVISIONS GOVERNING TERMINATION

- Termination of Residency Agreement (40 P.S. §3214(d))

  - No agreement for care shall permit dismissal or discharge of the resident from the facility providing care prior to the expiration of the agreement, without just cause for such a removal. "Just cause" shall include, but not be limited to, a good faith determination in writing, signed by the medical director and the administrator of the facility, that a resident is a danger to himself or others while remaining in the facility.
  - If a facility dismisses a resident for just cause, the facility shall pay to the resident any refund due in the same manner as if the resident's agreement was terminated pursuant to this act.

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OVERVIEW OF CCRC STATUTORY PROVISIONS GOVERNING TERMINATION

- Review residency agreement to determine other grounds for “just cause” to terminate which may include:
  - A default in payment
  - The submission of any materially false information in the admission application documents
  - The failure of the resident to abide by the Community’s rules, regulations, policies and procedures
  - A breach of any of the other terms of the residency agreement

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OVERVIEW OF CCRC STATUTORY PROVISIONS GOVERNING TERMINATION

- Notice of Termination (40 P.S. §3214(a)(7))
    - Agreement may be canceled upon the giving of notice of cancellation of at least 30 days by the provider or the resident. If an agreement is canceled because there has been a good faith determination in writing, signed by the medical director and the administrator of the facility, that a resident is a danger to himself or others, only such notice as is reasonable under the circumstances shall be required.

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HYPOTHETICAL

- Abusive Resident
  - Mr. Miller and Mrs. Miller reside in a cottage at Longville Retirement Community. Mrs. Miller recently had knee surgery and after her hospitalization, she was admitted to the short-term rehab unit of Longville's skilled nursing facility. During one of Mr. Miller's visits with his wife, they began to argue and Mr. Miller slapped his wife across the face as witnessed by a staff member who happened to be walking by the room at the time.

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HYPOTHETICAL

- Disruptive Resident
  - Mr. Williams resides in an apartment at Crestville Retirement Community. A few female residents have recently complained that Mr. Williams has made sexually inappropriate comments to them and one female resident indicated that Mr. Williams followed her to her apartment and tried to kiss her.

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Helpful Tools/Resources

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MANUAL: Nursing
SECTION: Nursing Administration

SUBJECT: Interdisciplinary Resident Care Management

Approved by: Vice President, Health Services __*Dr. C. Lynn Ruppersberger-Swisher, NHA*__

POLICY: Date of Origin: Unknown **Date of Last Edit:** 10/2/2020 **Date of Last Review:** 1/2021

1Moravian Manor utilizes a Resident Care Management System that is designed to assure a systematic comprehensive approach to assessing, planning for, and meeting the needs of individual residents. Resident Care management is directed toward achieving and maintaining optimal resident status at the least restrictive level of care.

2Resident Care Management activity is implemented by members of an interdisciplinary team and is designed to assure coordinated participation of all appropriate Health Care professionals.

3Resident Care Management activity begins with an interim plan of care developed upon admission by Nursing Services to meet the immediate need of the resident. A comprehensive assessment (MDS) is completed within 14 days of admission by qualified personnel representing the Medical, Nursing, Dietary, Therapeutic Recreation, Social Services and other services as appropriate. Upon completion of the assessments, which helps to determine the needs of the resident, an individual care plan for each resident is developed.

4The comprehensive plan of care is reviewed by the Interdisciplinary Team at a Resident Care Conference no later than one (1) week after completion of the comprehensive assessments. Resident and/or family is invited to participate in the development and review of the plan of care. Documentation of resident and/or family attendance is the responsibility of the RNAC.

5The Interdisciplinary Plan includes:

aA profile of the medical, nursing, and psychosocial needs of the resident as identified in the comprehensive assessment (MDS) and through observation and assessment of resident needs.

bGoals which are reasonable and measurable.

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Interdisciplinary Care Plan

DATE	PROBLEM / NEED	GOAL	TARGET DATE	DATE	APPROACHES	DISCP.	DC'd
	Resident is exhibiting aggression or agitation as evidenced by: ____ physical aggression towards staff ____ Physical aggression towards residents or family members ____ Verbal abuse of staff ____ Verbal abuse towards other residents or family members ____ Wandering/pacing the units with purpose to leave	Residents will have a decrease in aggression or agitation as evidenced by a calm demeanor Resident will have no or minimal side effects from psychoactive meds			1. Move resident to a quiet area when agitated 2. Avoid actions that are known to trigger resident 3. Provide 1:1 as needed 4. Remove objects from resident that could be thrown as needed 5. Approach resident slowly and calmly from the front 6. Acknowledge feelings 7. Psych. Eval as indicated 8. Crisis Intervention as needed 9. Monitor for side effects of meds 10. Administer medications as ordered	Nsg. Act. SS ALL ALL ALL ALL ALL NSG SS NSG SS NSG NSG	

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SECTION I: (Must be completed by Ethics Committee)

Report of Conduct Date: ______________________

Facility: ____

Committee Chairperson: ____

- **Behavior Risk Identified**: (Describe behavior risk, occurrence or situation with an existing or potential negative impact). *Provide supportive data, if applicable.

  ____

  ____

  ____

- **Behavior Risk Severity**: (Select one)
  - ☐ High
  - ☐ Medium
  - ☐ Low

  Explain: ____

  ____

- **Behavior Risk Frequency**: (Select one)
  - ☐ High (Daily or 4 or more occurrences)
  - ☐ Medium (2-4 occurrences)
  - ☐ Low (Rarely/Only 1 time)

  Explain Behavior Frequency: ____

  ____

- **Risk Cost Impact**: (Select one)
  - ☐ High (Potential life threatening, litigation, loss of staff)
  - ☐ Medium (Potential loss of staff, possible litigation)
  - ☐ Low (No staff loss, no threat of litigation)

  Explain: ____

  ____

- **Sources of Information**:
  - ☐ Direct observation (Witness name/contact info.)
  - ☐ Reported (2nd party) Behavior Incident
  - ☐ Loss trend
  - ☐ Other (Specify)

  ____

  ____

  ____

- Has Ethical Violation Occurred? ☐ Yes ☐ No (Describe) * Cite specific policy/bylaw/ethics code violated.

  ____

  ____

- Recommendation of Ethics Committee:
  - ☐ Copy of Investigation Findings to: ☐ PSO, ☐ HR, ☐ Other (Specify) ______________
    - ☐ Forward to Saxton & Stump
  - ☐ Findings of No Merit

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SECTION II:

S&S Behavior Analysis
Committee Review: ______________________________ Review Date: ______________________________

- **Behavior Risk Matrix Analysis**: (Number Evaluation) Risk Matrix Number:____________________________

  Rational: ____

  ____

- **Identified Risk Analysis**: (Risk identified and source)

  Explain: ____
  ____

- **Further Assessment/Information Necessary:** (What information is needed, who will request the information, & timeline for reporting to Ethics Committee or S&S Behavior Analysis Committee)

  ____
  ____

- **Recommended/Suggested Action Plan**:

☐ Guideline (Develop, Revise or Expand)	☐ Progressive Discipline
☐ Policy (Develop, Revise or Expand)	☐ Impaired Professional Referral
☐ Facility Improvement (specify) ___________	☐ Professional Staff (PSO) Action
☐ Education (Staff, Patient, Other-specify)	☐ Saxton & Stump Action
☐ Committee Action (specify) ____________	☐ Provider Insurance Company Action
☐ Hospital/Facility Insurance Company Action	☐ EEOC

  ☐ Other (specify) ____
  Specific Action: ____
  ____

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Behavioral Analysis

SECTION III: Final Resolution of Behavior Risk

☐ Behavior Risk/Concern Resolved
☐ Behavior Risk/Concern Unresolved

Status: ____

____

____ ____________________
Ethics Committee Chairperson Date

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BEHAVIOR GUIDELINE RANGE & BEHAVIOR RISK MATRIX

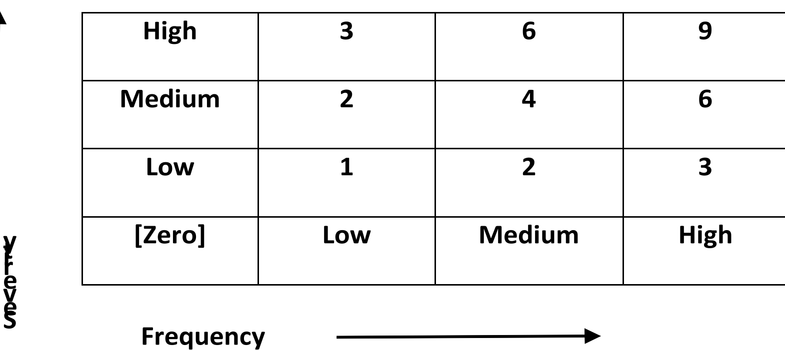
Behavior Ranges

Low: Verbal Sarcastic
Verbal Raised Voice
Verbal Sexual Suggestive Comment 1x and Stops on Redirection

Mod: Sexual Comment After 1x Warning
Sexual Touch That Stops After 1x Warning
Verbal Raised Voice Accompanied by Threat That Stops After 1x Warning
Person Specific Sarcastic Comments

High: Raised Voice and Threat That Continues After Warning
Sexual Touching After Redirection
Hitting
Screaming at Staff
Cursing at Staff Member in Front of Peers/Others
Throwing Medical Equipment at Staff

Behavior Matrix



High	3	6	9
Medium	2	4	6
Low	1	2	3
[Zero]	Low	Medium	High

Frequency

Behavior Risk Severity

High (Immediate jeopardy; actual harm)
Medium (Actual harm; no immediate jeopardy)
Low (No actual harm; minimal or no jeopardy)

Behavior Risk Frequency

High (5 or more times or 1 time after a High Severity)
Medium (3 to 4 times)
Low (Rarely/1 or 2 times)

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Questions?

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