

# Safety in General Practice

- The content is current at the time of recording – January 2019



We acknowledge the Aboriginal and Torres Strait Islander Peoples as the Traditional Owners of the lands. We wish to pay our respects to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within our community.



This webinar has been developed by Eastern Melbourne PHN on behalf of the Victorian and Tasmanian PHN Alliance, which is a collective platform for the seven PHNs in Victoria and Tasmania.

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General practice – A safe place

A guide for the prevention and management of patient-initiated violence

Melbourne: The Royal Australian College of General Practitioners, 2015



## Objectives

- Describe the role of effective communication in de-escalating aggressive behaviour
- Identify issues regarding safety within the general practice and strategies to minimise risk to the practice team
- Recognise the importance of developing and implementing policies and procedures regarding aggressive or violent behaviour



# RACGP General practice – A safe place



*General practice – A safe place*

**A guide for the prevention and management of patient-initiated violence**



# What is patient initiated violence?

- An incident that makes a person feel threatened or causes psychological or physical harm
- Includes incidents where staff are abused, threatened or assaulted in circumstances related to their work
- Covers a wide spectrum of behaviours including:
  - Verbal aggression
  - Intimidation and threats
  - Abusive letters, phone calls and emails
  - Threatening or inappropriate body language
  - Destruction of property
  - Stalking and loitering



# Prevalence

## Lifetime prevalence of patient-initiated violence in general practice\*

Type of aggression	GPs/general practice registrars	Other practice staff
Verbal or written aggression from patients	50%	33%
Property damage and theft	37%	20%
Sexual harassment	19%	14%
Physical assault	16%	11%
Stalking	11%	6%

\*Source: General practice – A safe place  
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# Risk factors for patient-initiated violence

- Staff Demographics
  - Younger GPs
  - Female GPs
  - International Medical Graduates
- Time of day
- Geographic location
- Patient demographics
- Practice size and staffing



## Impact on the practice team

- High levels of anxiety
- Stress related illness
- Absenteeism
- High staff turnover



# Factors that may increase the risk of a patient becoming violent

- Emotional issues
- Pain or an underlying medical condition
- Communication or cultural issues
- Past history of difficult encounters with health services
- Previous violent behaviour
- Mental illness
- Alcohol and other drugs or withdrawal

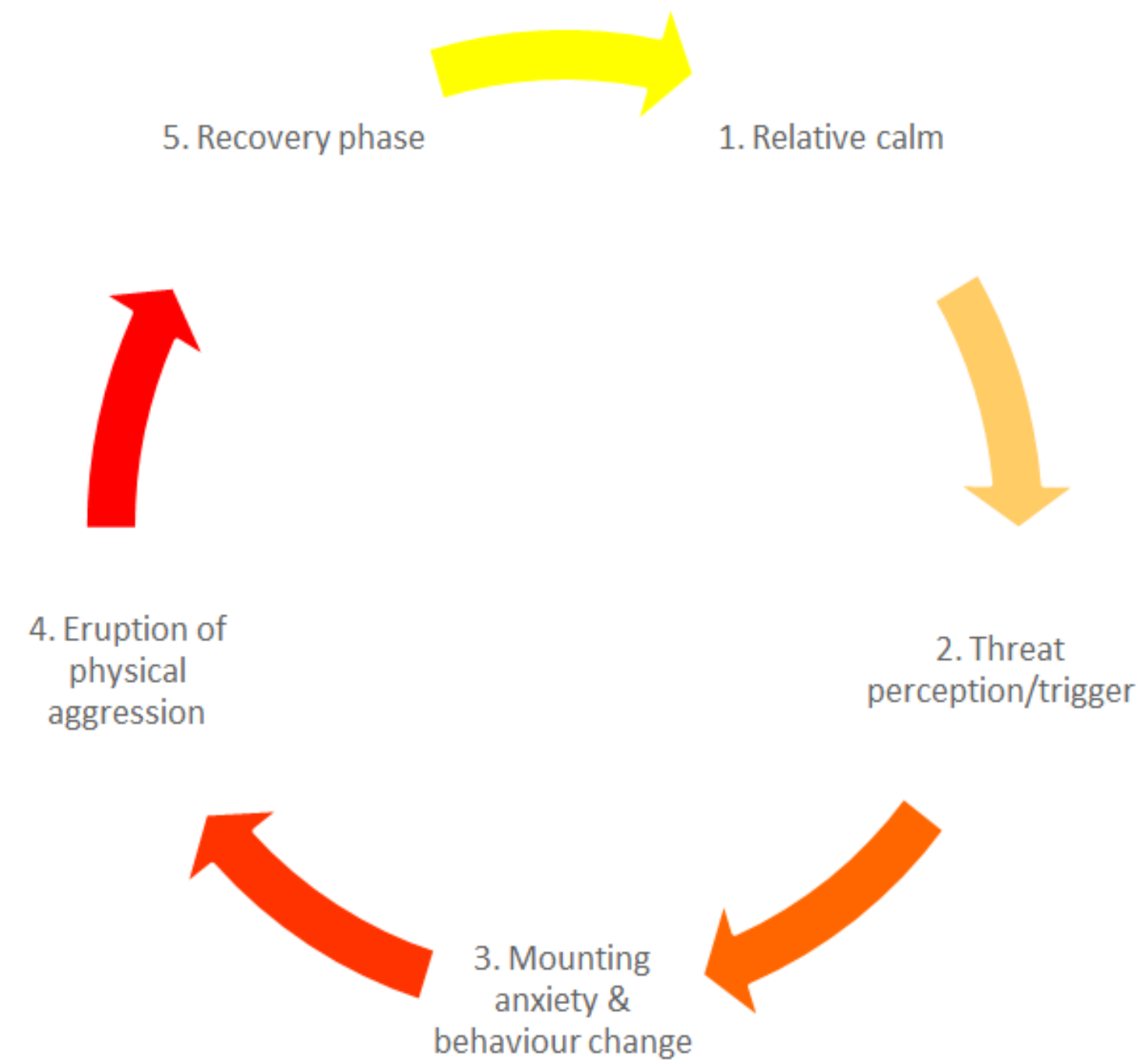


# Warning signs of escalating aggression

- Indirect or blatant threats
- Outbursts of irrational anger
- Violent gestures
- Intense staring or avoiding eye contact
- Increased psychomotor activity
- Refusal to communicate
- Warning signs displayed at previous episodes of aggression



# Cycle of aggression



# Early intervention to de-escalate aggression

- Manage expectations
- Display policies openly
- Consider alerting the GP



# Zero tolerance



**HELP US MAKE OUR  
CLINIC A SAFE PLACE  
FOR EVERYONE**

TREAT EVERYONE WITH RESPECT

Anyone who yells or otherwise threatens  
the safety of others will be asked to leave.

[www.racgp.org.au](http://www.racgp.org.au)



# De-escalating difficult behaviour

- Be calm, respectful, self-controlled and confident
- Use reflective questioning
- Watch the way you speak
- Watch your body language
- Embrace silence





# Communication techniques to help de-escalate conflict

- Portray your actions as being in the patient's best interest
- Use a series of "yes" questions
- Maintain a solution focus



## Requesting support

- Another person may be enough to diffuse a threatening situation
- Consider options such as:
  - a code word or phrase to signal a need for assistance from the team
  - a telephone extension reserved for distress calls
  - computer pop-up messages – activated at the press of a button
  - duress alarms



# Emergency response policy

## Practices should have a written policy

- Who responds?
- What is the signal?
- Roles and responsibilities of staff
- Who is the leader or coordinator?
- Activation of duress alarm or signal
- Police involvement
- Evacuation protocol
- Documentation or incident reporting
- Immediate action after an incident
- Incident investigation



# Emergency response policy

- Staff training and orientation of new team members
- Protocols for what happens after an event
  - Provide opportunity to debrief and review
  - Discuss issues openly
  - Support colleagues



# Incident reporting

- Criteria for reporting incidents:
  - what should be reported?
  - how should it be documented?
  - who is the report given to?
- Risk register or incident log can monitor prevalence and patterns
- Review
  - what happened?
  - what were the triggers?
  - was it preventable?
- Consider improvements



# Creating a safe practice environment

- Waiting area
- Layout of furniture
- Secure storage
- Potential weapons
- Physical barriers
- Reception counter
- Consultation rooms at night or weekends
- Car park
- Staff working alone
- Heating/cooling
- Distractions and noise



# Flagging patient health records

## Have clearly defined criteria in the policy

- Which files and why
- Purpose
- How it's recorded
- Who has access
- Review



## Warnings

- Consider a formal warning for inappropriate patient behaviour
- Meet with patient and have a witness
- Explain that their behaviour is unacceptable
- Outline acceptable behaviour & consequences of a future incident
- Follow up in writing
- Document in patient's record
- Consider a behaviour contract





## Discontinuing care

- May result from concerns for the safety of practitioner, staff or other patients
  - inform patient
  - propose alternatives for care
  - include any conditions on future contact
  - explain transfer of records
- Record in patient's health record
- Inform staff and agree on actions if conditions are violated
- Patient must be treated in an emergency



## Legal implications

- Research your legal and ethical obligations
  - anti-discrimination
  - defamation
  - negligence
  - Privacy
  - Medical Board code of conduct
  
- Consider consulting a practitioner's professional indemnity insurance company
  
- Consider having a practice indemnity policy



# Summary

Safety of all is paramount

Zero tolerance

Recognise behaviours

Do not let it escalate

Review incidents and implement changes as appropriate





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