

# UCSF Health Risk Management Bulletin

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EDITOR: Eliza Busch, MBA

FROM EXECUTIVE DIRECTOR  
KIMBERLY DIMINO, MSN, JD

As we welcome 2026, we wanted to share with you some information about policies and processes we have at UCSF to support you and help keep you safe while at work. Following the tragic death of our Social Worker at ZSFG Ward 86, I heard more than once that tolerating or being subjected to abusive or harassing behavior from patients and families is “part of the job” and that they “just need to deal with it.” Although dealing with challenging or difficult personalities may *come along* with the job, as you care for patients/families when they are most vulnerable, frustrated, or scared, accepting/tolerating abusive or harassing behavior is not the expectation. ~Kim

## A TMT? What’s that?

Did you know that we have a **Threat Management Team** here at UCSF? The team is led by Dr. John Brown (FSAP) and includes representatives from UCSF Legal Affairs, LER, UCPD, UCSF Risk Management (Campus and Health), and Safety/Security. This multi-disciplinary team meets weekly and on an ad hoc basis to review any situation where there has been a threat articulated against one of our people—co-worker to co-worker, patient/family to healthcare provider, patient/family to UCSF Health staff member.

**What does the TMT do?** The TMT uses a multidisciplinary approach to identify potential threats to our community and attempt to prevent violence in our workplace. If violence has already occurred, the threat management team’s role is to assist in mitigating the effects by coordinating University resources.

**When to reach out to the TMT?** If you experience an ongoing fear of physical violence, threats of violence, physical aggression, or evidence of stalking.

**How to effectively engage the TMT?** First please **contact UCPD** to ensure your immediate safety and for an investigation to take place. Contact your partners in Risk Management. Make sure your supervisor is aware of the situation.

These steps are crucial for your safety and for the facts to be gathered which the TMT will need to assess any potential ongoing threat.

You may reach the TMT for consultation at [ThreatManagementTeam@ucsf.edu](mailto:ThreatManagementTeam@ucsf.edu).

## Do I have to still see that patient???

**Resources for managing patient and family behavior that is disruptive, inappropriate or outright threatening at UCSF Health**

Patients and families have always been free to voice dissatisfaction with care, ask questions and share any concerns they have about their medical care/treatment. But in recent years, the tone of some complaints and efforts at self-advocacy have changed, and are at times abusive, harassing, inappropriate, or even threatening. Know that it is not expected that you accept this as part of your work. Keep reading for more information about how to manage this difficult situation.

UCSF’s **Management of Behavior that Disrupts the Environment of Care** policy (6.07.19) contains a workflow for handling everything from verbally abusive and/or threatening behavior, to noncompliant behavior, a patient who frequently no-shows, and/or sends excessive MyChart messages. There is also guidance for managing situations when patients try to dictate their own care.

Behavior is categorized into one of three levels and the suggested response will vary based on the type of behavior: **Level 1** behavior is when patients voice frustration with care, dissatisfaction with care, or ask excessive questions about care; **Level 2** behavior is behavior that is verbally abusive; **Level 3** behavior is something that threatens harm to staff, is physical abuse/assault, or other acts of violence such as destruction of UCSF property/equipment.

For **Level 1 and 2** behaviors, the first step is a verbal advisement, or discussion, with the patient to set expectations. These conversations are best done in real time, leading with empathy and listening to concerns while reinforcing UCSF’s expectations for behavior (calm and respectful communications without profanity or derogatory language). Ignoring the behavior and giving patients/families “a pass” will not avoid further conflict and may make things worse.

It is important that both the behavior and the verbal advisement be documented in the patient’s record. For some, a verbal advisement about the inappropriate nature of the conduct is all that is needed to improve things. If the behavior recurs after the verbal advisement a written advisement letter should be sent. Again, ignoring the behavior is not the answer. The written advisement memorializes your prior conversations with them and may help them to better understand the expectations. Risk Management should review and sign off on all written advisements before they are sent. There is templated language for both verbal and written advisements on the Risk Management website, [Patient Advisement Communications | UCSF Health Risk Management](#) and we also have some ready to go letter templates.

If the behavior continues despite the verbal and written advisement, and the challenging interactions are occurring in an outpatient setting, the patient may be discontinued from care in that clinic. The process for discontinuation of care is outlined in UCSF’s **Discontinuation of Care** policy (6.03.03). Please contact Risk Management to discuss all discontinuation of care situations prior to initiating. We want to ensure that the groundwork for dismissal is there should the patient try to claim you abandoned them.

For **Level 3** behavior, UCPD and Security should be called immediately and any applicable codes called (i.e. Code Grey, Code Silver). Risk Management should be notified after the situation has been stabilized and everyone is safe. Patients who exhibit this type of behavior are eligible for immediate discontinuation of care, depending on the situation. Risk Management will discuss next steps with you. (See information on the TMT)

What about patients who are abusive, disruptive or threatening and are hospitalized? The same steps and efforts to set limits set forth in our policy equally apply to in-patient care within our hospitals. And while we cannot immediately discharge a patient, there are steps that can be taken to help keep you safe and supported while providing care.

## I’ve experienced Workplace Violence or Stalking from a Patient. What now?

1. If you feel threatened, notify UCPD immediately.
2. If you are injured, seek medical help immediately.
3. Notify department leadership and Security services.
4. Enter an Incident Report under Safety/Security/Workplace Violence.
5. Notify the Threat Management Team. There may be legal avenues to provide additional protections for you (such as a Work Place Violence Restraining Order -WVRO.)
6. Notify Risk Management.
7. Ensure that the patient event is objectively documented in EPIC. If documenting the event raises concerns for your own safety, consider not sharing that note with the patient. This is an allowed exception to sharing of the note.
8. Reach out to FSAP, Care for the Caregiver or other resources, as needed, for support.
9. Work with your department leadership should you feel you need to take time off work as a result of the event.