

THE HIDDEN THREAT: NURSING HOME VIOLENCE AND WORKERS COMPENSATION COSTS

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The challenges facing the senior care profession are well documented. Many nursing homes and other senior care residences are struggling to remain successful in the face of diminishing reimbursement rates and growing costs. Most people with an interest in senior care are aware of these challenges.

There is, however, an additional senior care issue that has little public awareness: the growing problem of workplace violence in nursing homes. As a result of escalating violence, nursing homes face unprecedented workers compensation costs. Equally onerous are the many work hours lost to workplace injuries and the expense of replacing staff who have had enough and moved on. The costs are overwhelming. Every year, the nation's nursing homes and other senior-living residences pay more than billion dollars towards workers compensation premiums and claims.

When examining the numbers, it's easy to see why workers compensation costs are soaring. Nursing homes have the third highest rate of workplace injuries among all U.S. industries. Last year alone, nearly a quarter of a million nursing home employees suffered workplace injuries. In fact, according to OSHA, working in a nursing home is more dangerous than working in a paper mill, a steel mill, a warehouse, or even a coal mine. A nursing home employee is more than twice as likely to be injured on the job as a coal miner, and 50 percent more likely that a worker operating a blast furnace or working in a steel mill.

Traditionally, nursing home management has been most concerned about lifting injuries among employees. Nursing aides and other senior care staff spend much of their days lifting residents from beds or chairs, or picking up and moving equipment and other materials necessary for the care of seniors. Given the nature of the work, it follows that lifting injuries are a significant problem for nursing homes and their employees.

Today, however, workplace violence is becoming just as important an issue as lifting in terms of safety and injury prevention. Over the past decade, the senior living profession has seen a dramatic increase in violence in nursing homes. As nursing homes accept more residents with Alzheimer's disease, psychiatric disorders, and other conditions often associated with challenging behaviors, there are more incidents in which residents attack staff. This increase in violence has contributed to a spike in workers compensation claims at many nursing homes, and it is a contributing factor in staff turnover, a problem that is so acute that some nursing homes experience 100 percent staff turnover every year.

SHIFTING DEMOGRAPHICS

The proliferation of workplace injuries caused by resident violence is the direct result of the changing demographics of nursing home populations. Traditionally, nursing homes had cared for frail, elderly residents who could no longer live independently because of their medical needs. Seniors needed someplace to live where they could be safe and could receive the day-to-day care that they couldn't get at home.

In recent years, however, changes to the reimbursement systems, increased long-term care options, deinstitutionalization of psychiatric hospitals, and other factors have led nursing homes to market their services to other populations. As a result, nursing homes have been forced to admit more people with behavioral or psychiatric problems, some of whom present with such complicated diagnosis as acquired brain injury, development disability, Huntington's disease, and other diagnosis. Often, these troubled residents are prone to striking out at a fellow resident and caregivers. According to the Cowles Research Group, nearly half of all nursing home residents now suffer from dementia with nearly one in five having psychiatric diagnosis and one in three displaying some behavioral symptoms.

So what do these numbers mean? They mean that, more than ever, people with

behavioral disorders are living in an environment that wasn't designed for them. In the past, nursing homes were only required to offer basic resident, nursing care, and medical services. Typically, this meant providing three meals a day, helping with basic hygiene, and supplying medications and first-aid assistance as necessary.

Today, caregivers must respond to resident behaviors that are becoming increasingly complex. The most dramatic and potentially dangerous of these behaviors is resident attacks upon fellow residents or staff members.

CAREGIVERS AT RISK

Caregivers can be particularly vulnerable because their jobs require them to put the welfare of residents ahead of their own. When violence breaks out, a caregiver often has to rush in quickly, shielding victims from attackers or intervening with attackers before they can injure themselves or others. This can lead to a variety of injuries that can range from minor to debilitating.

As one might expect, muscle injuries are particularly common. Caregivers who intervene with attackers or shield residents from assault can be susceptible to serious muscle pulls or deep bruises. In the worst of cases, injuries can be serious and can require long periods of rehabilitation. The risk of fractures or severe contusions is also acute and can lead to incapacitating injuries. Disability associated with such injuries can put a further strain on staffing, increasing the risk for coworkers.

As resident demographics continue to shift, reflecting the increase in residents with behavioral or psychiatric illness, there continues to be a concurrent rise in injuries from workplace violence. The problem has become so serious that the U.S. Senate Committee on Aging recently convened hearings to address the situation. Additionally, some states are mandating that nursing homes and other senior living residences do more to identify residents who are likely to have behavioral problems and put programs in place to handle situations before they lead to injury.

FOUR STEPS TO REDUCE VIOLENCE

What can nursing homes do to mitigate violence that results in staff injuries? Nursing homes can significantly reduce violence by evaluating their existing training efforts and implementing programs that retain the most successful components of existing programs, while rectifying their shortcomings. We will discuss four basic steps to this process.

Evaluate and Improve Current Staff Training

Virtually every nursing home and assisted-living residence already has some form of orientation training program designed to teach staff how to provide basic nursing care for residents. More often than not, however, these programs are based on traditional notions of nursing home care and don't begin to address the problems presented by aggressive residents. There, it is essential to determine whether staff has the rudimentary knowledge and skills to deal with behavioral challenges such as resistance to care, agitation, and violence.

The first step in making this determination is the evaluation of all staff, including management and caregivers, to determine whether they have the experience and capacity to work with people and behavioral issues. This can generally be done by examining whether staff members have had formal education or training about seniors with behavioral issues, or whether they have attended training seminars or workshops designed specifically to address strategies for handling the most common behavioral problems presented by seniors.

It is not enough for staff to have simply received training in senior care. Training must be specifically revolve around the behaviors presented by residents with psychiatric or behavioral diagnoses. In most instances, existing training programs are entirely inadequate in this regard. For instance, residents with history of schizophrenia, despite being aged, may still exhibit significant paranoid, hallucinatory, or delusional behavior. Educating staff to the fact that these are likely behaviors to occur may be an important element of an orientation program, along with training about what to do if and when these behaviors do occur. In addition, given the increasing presence with psychiatric disorders, staff should be trained in the different skills

required to handle these behaviors. Behaviors associated with psychiatric disorders may appear similar to those associated with dementia, but might require different responses.

It is equally important to determine whether current training identifies diagnoses and their associated behavioral symptoms that are common in a senior care setting, and whether training includes effective strategies for addressing these behaviors. Many of the behavioral training programs currently available are ineffective because they don't focus on behaviors that are senior-specific. Another failure of many current training programs is that they provide only a didactic review of theoretical and academic information-biological bases, useful medications, etc.- rather than practical skills for managing behavioral challenges. For example, many programs don't offer guidance about everyday occurrences, such as how to respond to a resident who shows resistance to care by grabbing or striking out. Such behaviors are becoming more typical of seniors, but may be less common in a traditional health-care setting. These types of behaviors, as well as appropriate responses by staff are often omitted in orientation and training programs offered to long-term care staff. Worse yet, some staff may have learned behavior management skills which are inappropriate, too rigorous, and potentially abusive to use with fragile elderly residents.

Conduct an Environmental Analysis

The next step in a violence reduction program is to assess the overall safety of the work environment with respect to behaviorally challenging residents. The place to start is with the obvious. For instance, is there some security system in place to keep people from wandering from the facility, or frequenting less supervised areas? Are all possible sharps and other dangerous objects and materials properly secured? Are pictures, furnishings, electrical cords, and even fire extinguishers secured? Asking questions like the can help avoid some of the most common safety problems found in nursing homes and other senior living communities.

There are other environmental considerations, however, that can help predict the potential for violent confrontations. For instance, it is very important to evaluate whether

there is sufficient room in public areas to keep residents from being in each other's space and provoking violence.

The importance of sufficient space was established in a recent study reported in *The Journal of the American Medical Association* which found that many residents who are victims of violence inadvertently trigger attacks by giving a wayward glance at another resident to by violating another resident's personal space. Other studies confirm this and identify additional environmental features strongly correlated with challenging behaviors, such as the nature of exits, the presence of personal possessions, and walkways.

Finally, administrators should evaluate whether there are sufficient cues and routines to let residents know what to do, when to do it, and where to go in certain situations. By making these cues part of each residents' routine, senior care professionals can positively influence residents' reactions to conditions that might otherwise provoke violent confrontations.

Evaluate Referral and Admissions Processes

Often, individuals with psychiatric or behavioral issues are admitted to nursing homes because of lack of appropriate admission criteria and controls, which take into account the facility's capabilities, environment, training and competencies. The third step, then, is to evaluate how decisions are being made about the appropriateness of a prospective resident, and how thoroughly a behavioral screening is being conducted during the admissions process. It should also be determined whether preadmission screeners need to look beyond medical issues to assess risk factors or predictors of behavioral issues.

Admissions coordinators can often improve the initial and subsequent clinical assessment processes by evaluating each resident's "behavioral risk" profile. This can be determined by documenting historical and current clinical characteristics. For instance, research has implicated several factors correlated with increased rates of agitation and aggression, such as impaired communication, presence of psychotic symptoms, increased cognitive impairments, and history of psychiatric hospitalization.

Develop Strategies, Protocols, and Programs to Manage Behavioral Risks

The final step is to ensure that policies, procedures, and protocols have been outlined to provide staff and management with appropriate actions should behavioral risks occur. Management shouldn't wait for a crisis to decide how to respond. Many residences have no, up to this point, adequately implemented policies and procedures to provide guidance for dealing with dangerous behaviors. For instance, policies addressing intensive supervision, environmental-behavioral safety, and related factors are quickly becoming essential components to safe operation.

Assessment and treatment planning must go beyond the basics such as monitoring. Calm approaches, returning later, redirection, and other common strategies outlined as interventions to address behavioral issues. Interdisciplinary treatment teams need to begin analyzing the behavior of residents more rigorously with a goal of developing proactive interventions that preclude the occurrence of violent behaviors.

As part of this step, staff should not only analyze reported and observed behavioral incidents, but should also take a much closer look at challenging behaviors that go unreported. Resident violence may go unreported either because staff has "habituated" to it, or because staff doesn't detect a possible role of resident-to-resident violence in observance falls, bruises and other injuries.

Developing risk management programs similar to those existing for other common condition (e.g., "Fall Risk Program") should lead to the implementation of enhanced assessment tools, established behavioral protocols, specialized training modules, and the development of monitoring systems and devices.

Such a program should employ intensive and immediate reporting mechanisms to capture contemptuous information about any violent incident. Capturing data about incidents will ensure that management has accurate and comprehensive information for evaluating whether the risk management program led to a successful outcome. Additional quality indicators should be identified and measured, and tracking systems resulting in summary data

and trend analyses should be implemented. These tracking programs should be bolstered by regular and intensive reviews by special "behavioral rounds" committees to constantly re-evaluate and improve the overall approach to be behavioral risks. Analyzing such factors as the location, context, time, personnel, and other variables associated with repetitive behavioral incidents may provide invaluable information. With this information, a management team may be able to conduct more focused analyses (e.g., if a particular time of day seems to stand out), identify systems concerns (e.g., staff movements, activities, schedules), and implement facility-wide prevention to reduce violence.

A STRATEGIC APPROACH TO REDUCING VIOLENCE

Resident aggression and violence is an increasingly problematic fact of life for most nursing homes throughout the United States. Violence is one of the primary reasons with nursing homes are among the most common places for workplace injuries to occur.

Part of the problem is that even those residences are nursing homes that already address safety and injury prevention generally don't have programs that revolve around senior-specific behavioral issues or teach practical skills strategies for behavioral management. However, by evaluating current programs and reorienting them so they address the unique challenges that have become a routine part of caring for seniors, residences can dramatically reduce resident aggression and violence. While such a program won't entirely eliminate workplace injuries, it can have an important and significant impact.

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