A Cost-Effective Plan for Managing Violence in the Kidney Care Setting
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Healthcare workers face an increased likelihood of being a victim of workplace violence, as compared to workers in other industries. According to the Occupational Safety and Health Administration, (“OSHA”), the increased risk factors stem from:

1. the prevalence of handguns and other weapons among patients, their families or friends,
2. the availability of drugs or money at hospitals, clinics and pharmacies, making them likely robbery targets, and
3. isolated work with clients during examinations or treatment.

Healthcare facilities, including kidney care facilities, must have procedures in place to train staff on proper responses to such disturbances to reduce the risk of violence, injury and even death to staff members and patients. As clinicians and healthcare executives, we are responsible for reducing and mitigating these events. As clinical leaders and executives, we must also make decisions that are economically responsible and in the best interest of the facility.

Often times, the initial reaction of many facilities is to contract with a security firm or hire a consultant to conduct an assessment and provide an action plan and recommendations. However, retaining these experts may be cost prohibitive, and much of the information needed to develop a program to address these risks are available through federal and state government resources at no cost.

This paper identifies strategies and tools for managing security risks with minimal associated costs. This discussion will review the utilization of resources already available to you, often at no additional cost. Once implemented, a safety program will dramatically improve your organization’s awareness of risks and the underlying factors of volatile incidents, allowing you to implement practical solutions which should further reduce the likelihood of a violent act occurrence.

Communication

It comes as no surprise that many incidents of violence in the healthcare setting are caused by a disgruntled patient or family member. Many of these individuals have no previous history of violence or threatening behavior. Many times, these types of individual’s actions originated from a perceived slight by the facilities staff; such as feelings of being ignored, waiting endlessly without being updated, feeling the physician disrespected them or minimized their feelings or as a reaction to painful news. There are many more reasons for such behavior, but many times, an incident evolves from a stressful situation with a patient or family member.

There are already processes available within our organizations to assist staff in responding to these moments. Many organizations have active, on-going educational programs that educate the clinician about how best to communicate with an agitated patient or family member. Program topics may include “disclosure” (communicating an adverse outcome to patients and family members), “managing the agitated patient” and “communication repair with the patient”. While these programs are not thought of as “security” training, they have all the elements of an effective training program to help employees identify escalating situations and to implement communication tools to de-escalate them.

These training programs should be considered for all staff members, not just clinicians. As a result of the changing healthcare regulatory environment, there have been few situations in recent history where the general public is more concerned, frustrated or angry because of the confusion in changes in the healthcare system.

Utilizing Hospital Resources

Many kidney care facilities are physically attached to an acute care organization, and some kidney care organizations are pursuing Joint Commission accreditations independently.

The Joint Commission Standards require that organizations comply with established security management standards. The standards are specifically defined in the “Environment of Care” and “Leadership” standards. If the kidney care center is physically part of the acute care organization, then access to a Security Director’s expertise is relatively simple.

If the kidney care center is in the same community as the acute care facility, a relationship should still be initiated. The Joint Commission Standards also require the acute care organizations
establish and integrate their own emergency preparedness program with community health care organizations. Through this relationship, the kidney care center can request a security review, or request that one of the two required emergency preparedness drills involve a shooting or violence scenario that takes place at the kidney center and involves the transportation of drill victims to the hospital.

Another security risk where guidance and expertise from an acute care facility may be available, and compliance is also directed by the Joint Commission, is defined in Leadership Standard LD.03.01.01. This standard requires a facility to have a code of conduct that defines acceptable, disruptive and inappropriate behavior. This standard is not directed at patients, but addresses lateral violence; staff on staff, bullying, threatening or otherwise agitating behavior by staff members that might lead to a violent situation. Work with a hospital for guidance on their compliance with Leadership Standard LD.03.01.01. This effort will provide excellent direction in developing a safety policy within the kidney center.

Quality Resources at No Cost
Giving responsibility to an individual or committee is a practical place to start when implementing a safety program. The next step is to review information already in the public domain; such as the OSHA document, “Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers”, which can be accessed at https://www.osha.gov/Publications/OSHA3148/osha3148.html. This document contains useful information about structuring a security management program for healthcare workers.

The next, potentially expensive, step is staff training. Again, hiring a consultant or security firm is one route to take, but may result in significant costs. An alternative that does not compromise quality is the National Institute for Occupational Safety and Health (“NIOSH”) training program for healthcare workers. This is an excellent resource and is available at no cost. This program involves 13 and 15 minute units (CE’s are available). The program can be accessed at http://www.cdc.gov/niosh/topics/violence/training_nurses.html.

As the safety program develops and the organization begins to focus on specific risks, “the active shooter” scenario must be considered. Active shooter procedures are often referred to as “Code Silver” in acute care organizations. An excellent resource for developing an active shooter response plan is provided by the State of California at no cost. This detailed document is available at: http://www.callhospitalprepare.org/post/hospital-code-silver-activation-active-shooter-planning-checklist. The document provides detailed processes an organization should implement to ensure that staff is educated and trained on proper responses to a Code Silver.

It is important to structure the safety processes into an overall emergency preparedness program. The Centers for Medicare and Medicaid Services, (“CMS”) provides another excellent resource at no cost. The document, “A Guide for Chronic Dialysis Facilities” can be found http://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDNetworkOrganizations/downloads/emergencypreparednessforfacilities2.pdf. This document provides a comprehensive emergency management overview and planning resources for dialysis centers.

Conclusion
Seemingly random acts of violence are likely to continue to occur. Healthcare facilities are a target for these events because of the high-stakes nature of the outcomes of care as well as being a location where people gather. Reviewing and implementing some or all of the program recommendations discussed in this paper will provide the first steps for establishing a safety program to address violence at your facility. There are no additional costs to the organization, other than the time of those staff dedicated to the project. We will continue to provide more details on specific program components as your plans continue to develop.

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About the Author

John K. Walpole, Area Senior Vice President, has 20 years experience focused exclusively on the provision of risk management services to the healthcare industry. John, is recognized for his expertise in integrating the Risk Management function into a healthcare organization’s clinical and operational processes.

John has worked closely with the American Hospital Association and The Joint Commission in standards development and compliance.

John developed and implemented a broad range of risk management products and services ranging from clinical and operational consultations to educational programs/seminars to publishing. In addition to providing consultations to healthcare organizations around the country John has served as faculty on numerous ASHRM, AHA, JCAHO and ASHE sponsored events.

John is currently responsible for oversight of all client risk programs. These services include but are not limited to: clinical consultations, operational consultation, accreditation support and mock surveys, regulatory compliance, seminars and conferences, carrier relations and the overall management of the myriad of healthcare risk exposures.

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