



Keeping Violent Behavior In Check

Specialized risk management programs can play important roles in making nursing facilities and other senior living communities safer.

AS SENIOR LIVING COMMUNITIES and nursing facilities accept more residents with dementia, psychiatric disorders, and other conditions often associated with challenging behaviors, they are increasingly seeing incidents in which residents attack other residents and staff, according to the U.S. Special Committee on Aging.

This ongoing rise in resident violence is the direct result of changing demographics of senior living populations, according to the National Center for Health Statistics. In recent years, changes to the reimbursement systems, increased long term care options, deinstitutionalization of psychiatric hospitals, and other factors have forced nursing facilities to market their services to other populations, the center says. As a result, facilities are admitting more patients who present behavioral or psychiatric challenges.

In fact, according to the Cowles Research Group, a research company that customizes information extracted from health databases, nearly half of all nursing facility patients now suffer from dementia, with nearly one in five having a psychiatric diagnosis and one in three displaying some behavioral symptoms.

And it isn't just nursing facilities. Senior living communities of all types—including assisted living residences—are finding that more of their residents demonstrate behavioral problems.

But despite these statistics, there are a number of steps providers can and should take to better ensure patient safety.

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Four Steps To Safety

For many senior care residences, the answer can be found in a four-step process. By implementing all of these steps together, providers can set in motion the basic elements of a violence-mitigation program that addresses the unique challenges found in a senior living environment.

■ *Evaluate and improve current staff training.* Virtually every nursing facility and assisted living residence already has an initial orientation and training program designed to teach staff how to provide basic nursing care for residents. More often than not, however, these programs don't begin to address the problems presented by aggressive behavior. Therefore, it is essential to determine whether staff have the rudimentary knowledge and skills to deal with behavioral challenges such as resistance to care, agitation, and out-and-out violence.

The first step is to evaluate all staff, including management and caregivers, to determine whether they have the experience and capacity to work with

people with behavioral issues. This can generally be done by examining whether staff members have attended training seminars or workshops designed specifically to address strategies for handling the most common behavioral problems presented by seniors.

It is equally important to determine whether current training identifies diagnoses and associated behavioral symptoms that are common in a senior care setting and presents effective strategies for addressing them. Many available behavioral training programs are ineffective because they provide only a didactic review of theoretical or academic information, such as biological bases or useful medications, rather than stressing practical skills for managing behavioral challenges.

For example, a training program must provide guidance for responding to patients who resist care by grabbing or striking out at the caregiver. Such behaviors are typical of seniors with behavioral issues, but are less common in a traditional health care setting.

■ *Conduct an environmental analysis.* It is vital to assess the overall safety of the work environment with respect to behaviorally challenging residents. For starters, there should be an effective security system in place to keep patients with dementia or certain psychological disorders from exiting the facility unsupervised or wandering into less-supervised areas where they might

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harm other patients. Sharps and other potentially dangerous materials or objects like cleaning supplies should be safely stowed out of patients' reach, and things like pictures, electrical cords, and fire extinguishers should be secured. Providers should make a checklist of potential dangers.

There are other strategies that can help mitigate the potential for violent confrontations. For instance, it is important to evaluate whether there is sufficient room in public areas to keep one patient from invading another patient's personal space. The importance of this 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 the attacks by a wayward glance at another resident or by violating another individual's personal space.

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 resident's routine, caregivers can positively influence residents' reactions to conditions that may otherwise provoke violent confrontation.

■ *Evaluate referral and admissions process.* Often, individuals with psychiatric or behavioral issues are admitted to nursing facilities because prior environments lacked the necessary controls to properly care for them.

Before admitting such patients, providers must carefully evaluate whether their own facilities offer the necessary environmental controls and staff training to care for a particular patient.

A key step, then, is to evaluate how decisions are made regarding the appropriateness of a prospective resident and how thoroughly behavioral screening is conducted during the admissions process. It is vital that preadmission screeners look beyond medical issues to address behavioral issues as well.

Admissions coordinators can often improve the initial and subsequent clinical assessment processes by evaluating each resident's behavioral risk. This can be determined by documenting historical and current clinical characteristics.

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 to manage risky*

behavioral symptoms 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. Providers cannot afford to wait until a crisis occurs to decide how to respond.

Policies addressing intensive supervision, environmental safety, and many more are becoming essential components to safe operation.

Assessment and treatment planning must begin to go beyond basic monitoring, calming approaches, returning later, and redirection strategies com-

monly outlined as interventions to address behavioral issues. Interdisciplinary treatment teams need to analyze the behavior of residents more rigorously to develop proactive interventions that will preclude the occurrence of violent behaviors and, possibly, promote alternatives.

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

Developing risk management programs similar to those existing for other common conditions like falls and pressure ulcers 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 more intensive and immediate reporting mechanisms to capture contemporaneous information about an incident. That way, providers can be assured that they have the accurate and comprehensive information needed to evaluate whether the risk management program led to a successful outcome.

Also, additional quality indicators should be identified and measured, and tracking systems resulting in summary data and trend analyses should be implemented with regular and intensive reviews by special "behavioral rounds" committees to constantly reevaluate and improve a provider's overall approach to behavioral risks. ■

For More Information

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