The challenge of violent patients, hospital mergers

Q Two nurses with whom I work have recently been physically hurt by a patient. Are there any best practices out there?

Once considered safe havens, today’s healthcare institutions are confronted with steadily rising rates of violence that require increased awareness of protective strategies for nurses, physicians, and security personnel. One of the professional organizations that has been taking the lead in implementing a violence prevention program infrastructure is the Emergency Nurses Association (ENA). Your organization can start by utilizing the ENA workplace violence toolkit, which includes resources such as a workplace violence survey tool, staff education materials, policies and procedures, and project plans.1

Establish a multidisciplinary team to provide recommendations for the following:

- physical plan improvements to create more restrictive access to the ED patient treatment area
- review of policies addressing visitors, care of the violent patient, staff training requirements and competencies, security procedures, and the use of restraints, seclusion, and sitters
- development of patient-care treatment protocols for patients identified as being at risk for violent behavior
- explicit signage to inform patients and visitors of your hospital’s zero-tolerance policy regarding violent/disruptive behavior
- internal alert for patients at risk for potential violence
- crisis intervention training program
- community resource list
- trained response team
- preemptive orders for all testing to provide consistent medical clearance criteria
- tools for staff to help identify patients at risk for violence and commonly used medications for intervening when a patient becomes increasingly agitated or shows the potential for violence
- post-incident debriefing

Starting with your ED as the optimum site to implement improved employee safety protocols will produce recommendations that are applicable throughout the care continuum.

REFERENCE


Q We recently merged with another hospital. Our hospital was doing well financially before the merger, but now everything is an economic challenge. Why would senior administration take on such an economic loss?

You may have a positive bottom line today, but in the future your standalone hospital could potentially encounter significant reimbursement challenges ranging from the financial costs of an electronic medical record (EMR), meeting the meaningful use requirements, and providing a continuum of care to pay-for-performance quality and patient satisfaction outcomes. All employees need to be aware that your hospital is facing the challenge of a patient population with significant healthcare issues who are underinsured or uninsured, a shortage of specialty physicians, and the continued governmental requirements for healthcare facilities to deliver low-cost, high-quality services based on reported outcomes.

First, I recommend that you understand the long-term benefits of the merger. You need to pose the following question to administration: How much will our hospital benefit from the merger? The potential benefits may include the expansion of healthcare programs, such as prevention screening that can provide access for the community within your geographical area; integration of an EMR; a system leverage approach for purchasing technology, equipment, and supplies; access to physician subspecialties; and sharing of best practices.

Clearly communicate to all key stakeholders that your hospital now has access to a much larger network of physicians and additional resources, which translates into better care and lower costs, making this merge a necessity for the future success of your hospital.