LEADING AGE NJ 2019 ANNUAL MEETING

WORKPLACE VIOLENCE: UNIQUE CHALLENGES IN THE SENIOR CARE SPACE

June 12, 2019 (1:45 p.m. – 3:00 p.m.)

Presented by:
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WHAT IS WORKPLACE VIOLENCE?

- Offensive language
- Threats
- Homocide
EFFECTS

- Insurance Claims
- Staffing Issues
- Damage to People/Property
- Legal Expenses
- Licensure Implications
August 24, 2017

TO: Secma Venza, M.P.H.
    Administrator
    Centers for Medicare & Medicaid Services

FROM: Daniel R. Levinson
    Inspector General

SUBJECT: Early Alert: The Centers for Medicare & Medicaid Services Has Inadequate Procedures To Ensure That Incidents of Potential Abuse or Neglect at Skilled Nursing Facilities Are Identified and Reported in Accordance With Applicable Requirements (A-01-17-00504)

The purpose of this memorandum is to alert you to the preliminary results of our ongoing review of potential abuse or neglect of Medicare beneficiaries in skilled nursing facilities (SNFs). This audit is part of the ongoing efforts of the Office of Inspector General (OIG) to detect and combat elder abuse. The objectives of our audit are to (1) identify incidents of potential abuse or neglect of Medicare beneficiaries residing in SNFs and (2) determine whether these incidents were reported and investigated in accordance with applicable requirements.

We are communicating these preliminary results to you because of the importance of detecting and combating elder abuse. Also, according to Government Auditing Standards, "early communication to those charged with governance or management may be important because of their relative significance and the urgency for corrective follow-up action."2

RESPONSIBILITIES FOR REPORTING AND INVESTIGATING INCIDENTS OF POTENTIAL ABUSE OR NEGLECT

There are a variety of ways that incidents of potential abuse or neglect may be reported to appropriate law enforcement and regulatory authorities. In general, responsibility to report

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1 We use the term “potential” because actual abuse or neglect cannot be definitively determined until a thorough and formal investigation has been completed. Accordingly, we acknowledge that the actual number of Medicare beneficiaries whose injuries were the result of confirmed abuse or neglect could be less than we identified. However, we maintain that such potential cases of abuse or neglect should be treated as a probable case of abuse or neglect until a thorough and formal investigation is completed to ensure the health and safety of the beneficiaries.

2 Chapter 5, 78.
April 15, 2019
By: Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Ensuring Safety and Quality in America’s Nursing Homes

CMS is charged with developing and enforcing quality and safety standards across the nation’s health care system, a responsibility we consider a sacred trust. While we support and promote the private sector’s critical role in our health care system, CMS’ duty to monitor the safety of the nation’s hospitals, nursing homes, and other providers, is a unique governmental task which lies at the core of government’s role in health care. This duty is especially important when it comes to the care provided for some of the most vulnerable in our society, Americans residing in nursing homes.
PLAYERS

Staff

Patients

3rd Parties
SCENARIOS

- Staff-Staff
- Patient-Patient
- Staff-Patient
- 3rd Party-Patient
- 3rd Party-Staff
- 3rd Party-3rd Party
CULTURE OF SAFETY

- Mutual Respect
- Zero Tolerance
- Close Calls/Errors
- Communication
“The actual incidence of violence is likely higher than reported . . . victims under-report incidents out of fear of reprisal, isolation and embarrassment.”

Source: N.J.S.A. 26:2H-5.17 ("Violence Prevention in Health Care Facilities Act")
N.J.S.A. 26:2H – 5.17

request accompaniment when caring for a patient who previously assaulted them, or they may ask to be reassigned. Employers must keep detailed incident records and must report assaults to authorities within 24 hours (with some exceptions).

**New Jersey (P.L. 2007, Chapter 236)**

Who is covered: Hospitals and nursing homes

Penalties for perpetrators: Yes

New Jersey’s law requires a violence prevention committee to conduct an annual risk assessment and develop a violence prevention plan. At least half of the committee must be direct caregivers. The assessment must consider the facility’s layout, crime rate in surrounding areas, lighting in surrounding areas, communication and alarm devices, and staffing; it must include a records review and a review of existing policies. The plan must specify risk reduction strategies and must establish a post-incident response system. Employees must receive annual training in identifying precipitating factors of violence and appropriate responses. Records of violent events must be kept for five years.
VIOLENCE PREVENTION PROGRAM

Purpose  Charges  Members
PHYSICAL CONTROLS

- Lighting
- Alarms and Surveillance
- Guards
- Controlled Access
- Signage
- Visitor Policy
THE PLAN

- Prevention Policies
- Risk Assessment
- Incident Handling
- Recordkeeping
- Follow-up
TRAINING PROGRAM

- Length of time
- Methods
- Content
- Risk Factor Review
- Diversity Issues
INCIDENT REPORTING

POLICE:
Criminal/potentially
criminal = IMMEDIATELY

DOH:
IMMEDIATELY
Telephone, then written
within 72 hours
LICENSURE IMPLICATIONS

- Peer Reporting
- Tipsters
- Self-reporting
- Other
NEW JERSEY LICENSURE IMPLICATIONS (cont’d)

- Physicians
- Social Workers
- Nurses