

# Violence and Home-Based Care: How Should We Navigate This Risk?

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## Learning Objectives

- Identify the challenges of caring for patients with a history of violence in home-based settings
- Describe some of the ethical considerations at the intersection of home-based care and violence
- Outline some principles for creating a process to navigate the risk of violence in home-based care

## Case

A patient was being transferred to Hospital at Home (HaH) when the HaH nurse voiced concerns about safety but was unable to articulate specific reasons for her concern. She was advised to contact the bedside nurse from the brick-and-mortar hospital where the patient was admitted to ask if the current nurse had any concerns about safety. No concerns were reported. Ongoing uneasiness led the HaH nurse to search for information online where she discovered that the patient had been convicted of rape twenty years ago. There were no other criminal convictions found. The HaH nurse communicated this discovery to the rest of the care team. The HaH nurses and medics expressed that they did not consider it safe to provide care alone in the home to this patient, and staffing limitations did not allow for more than one team member at a time at all home visits. The patient was transferred back to the brick-and-mortar hospital to complete his inpatient care.

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## Impact

The case study of a Hospital at Home patient with a remote criminal history describes some of the ethical challenges in home-based care. As medical care increasingly moves to the home, the safety of staff delivering the care in the home is paramount. However, concerns for staff safety need to be balanced with the rights of patients. Programs need guiding principles that maximize patient opportunity while supporting safety of the care team.

### Suggested Guiding Principles:

- Trust the clinical intuition of team members
- Recognize intuition may reflect bias
- Develop processes to ensure safety for the care team and equity for patients such as equitable, consistent approaches to patient screening
- Define parameters for refusing to transfer a patient to HaH
- Create approaches to enhance staff safety such as having paired visits, which could include clinician with clinician, clinician with non-licensed team member, or clinician with virtual clinician as well as enabling GPS tracking

## Conclusion

Violence is increasing in the healthcare environment, and home-based care has specific concerns for team members. To improve staff safety, programs should develop screening protocols, evaluation processes, and staffing models that anticipate safety concerns while also supporting team members. These approaches need to be carefully considered to ensure both team members' safety and the rights of patients. As home-based models of care like HaH grow, they need to support health equity and the well-being of the health workforce.

