The Integration of Worker and Patient Safety
“We Share 4 Safety”

Today’s Topic:
Aggressive Behavior Member Highlight

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Agenda

- Hospital Data Aggregate Review
- Kelly Austin – HARP Training
- Member Highlight: Wilson Memorial Hospital
  - Sue Neumann, Director Quality / Risk Management
- Member Highlight: Southern Ohio Medical Center
  - Christy Timberlake, Director of Safety Services
  - David Hall, Security Manager
- Questions
- Next Steps
# Data Aggregate Review Snapshot

## ALL Hospitals - Combined

<table>
<thead>
<tr>
<th></th>
<th>Baseline Data</th>
<th>Performance Data</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Incidents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Claims</td>
<td>1,158</td>
<td>1,154</td>
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<td>Frequency Rate</td>
<td>3.42</td>
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<td><strong>Total Claims</strong></td>
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## Patient Handling Incidents

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<td><strong>Total Claims</strong></td>
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<td><strong>Frequency Rate</strong></td>
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<tr>
<td><strong>Severity Rate</strong></td>
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<td>$67</td>
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## Aggressive Patient Incidents

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<th>Baseline Data</th>
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<tr>
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<td><strong>Total Claims</strong></td>
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<tr>
<td><strong>Frequency Rate</strong></td>
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<tr>
<td><strong>Severity Rate</strong></td>
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<td>$101</td>
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## Slips, Trips, Falls

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<th>Baseline Data</th>
<th>Performance Data</th>
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<td><strong>Severity Rate</strong></td>
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<td>$80</td>
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|                      | $4,777        | $3,581          | $139 | $80  | $24  |
Kelly Austin – HARP Training Overview
Hospital Assault Response and Prevention Training (HARP)

Kelly L. Austin, PsyD
Vice President – Training/Senior Risk Manager
Agenda

• Key goal: Share best practices
  – Kelly
    • Importance of training in reducing assaults
    • KLA Risk Consulting’s Training
      – Hospital Assault Response and Prevention (HARP)
  – 3 hospitals today
    • WPV Program training and other effective WPV measures
      – Wilson – Sue
      – SOMC – Christy
      – Mercer - Jenny
Eliminating Assaults on Staff
The Training Component
Eliminating Assaults

• Reminder of prevention and response tactics
  ✓ Zero tolerance WPV policy
    – WPV committees
    – Training on policy
    – ORC 2903.13 signs posted
    – Reporting procedures
      » No fear of reprisal for reporting
  ✓ De-escalation training (annually)
    – Some defense skills
  ✓ Process to code aggressive patients
Eliminating Assaults

- And the list continues...
  - Prevention and Response Tactics
    - Code violent response team
    - Behavioral health response team
    - Security presence
    - Panic buttons
    - Metal detectors
    - Safe room(s)
    - Facility design

KLA Risk Consulting
Risk Management & Safety
Eliminating Assaults

• **Common Reality**
  – With WPV strategies in place, staff still being
    • Assaulted
    • **Sustaining injuries from assaults**
      – Physical – many injuries are *severe*
      – Psychological
      – Physiological
Eliminating Assaults

• Most Common Solution (in Response to Major Assault Event)
  – “We’ve added security.”
Eliminating Assaults

• **Common Issues**
  – You may **not** have needed more security
  – You may not **only** need more security
  – Environmental services is your security
    • Often not trained in reasonable responses or control
    • Not part of written job description
    • Increased potential for injury and claims/lawsuits
Eliminating Assaults

• Look at your training: Common training gaps
  – No distinction between patient and aggressor
  – Staff lack effective defend-exit skills within the critical 1-10+ seconds of an assault
  – Not enough time to practice defend-exit skills
  – Staff not given specific guidelines in how to respond reasonably to different types and different levels of patient assault
Eliminating Assaults

• Training that closes those gaps
  – Reduces risk of staff excessive use of force
  – Reduces likelihood for staff injury
  – Reduces potential for liability claims/lawsuits
    • On part of employee
    • On part of patient
Eliminating Assaults

• Training that closes those gaps
  – Increases Admin comfort level that staff will respond reasonably in assault situations
• Empower employees to make decisions
  – Faster response
  – Less escalation
  – Less injury

Training can absolutely make a difference...
Hospital Assault Response and Prevention Training (HARP)
HARP Training

• Follows OSHA and Cal OSHA
  – OSHA Recommendations
    • Training
  – Cal OSHA Code: Title 8, Section 3342
    • Strategies to avoid physical harm
    • Refresher training at least annually
HARP Training

- HARP Training
  - Stand-alone
  - Compliments other training – fills the gaps
    - CPI’s NVCI/APT
    - NAPPI
HARP Training

• HARP Training
  – Combination of:
    • **Experiences** of hospital staff
    • **Expertise** of KLA Risk staff
      – Three former hospital ees (HR Exec 34 yrs)
      – Risk management experience range: 11-31 yrs
    • Continual review of volumes of **research**: all aspects of assaults on hospital staff
      – Aggressive patient behavior
      – Effective WPV strategies
      – Affects of assaults on staff and hospital
HARP Training

• HARP Training Outline
  – The Reality of Assaults
  – Assault Response
  – Assault Prevention
  – Post-Assault Considerations
HARP Training

• Assault Response
  – The Critical 1-10+ Seconds©
    • “Risk Management Driven” Important Definitions
    • Patient or Aggressor?
      – Define
      – Mindset different with each
    • Mental Preparation
      – Objectivity is key
      – Inhibits under responding (sustain injuries)
      – Inhibits over responding (excessive use of force)
HARP Training

• Assault Response
  – The Critical 1-10+ Seconds©
    • Defend-Exit Principles and Skills Practice
      – PRACTICE SKILLS: 45% of day
    • Reasonable Response Continuum©
      – Guides staff in responding reasonably in assault situations
      – Empowers staff to reasonably protect themselves
HARP Training

• **Assault Prevention**
  – **Knowledge** is critical for prevention
    • Catalysts/Situations that ↑ the Probability of Assault
    • Early Behavioral Cues to Assault
      – Three behavioral cues of patients who always assaulted staff
HARP Training

- **Assault Prevention**
  - Knowledge is critical for prevention
    - Causes of Patient Aggression
      - Including staff behavior
    - LOWLINE (De-escalation)
HARP Training

• Post-Assault Considerations
  – 20% assaulted nurses have symptoms of PTSD
  – 12% assaulted nurses have PTSD
  – Recognize potential affects from assault
    • Physical (usually obvious)
    • Psychological (not as obvious)
    • Physiological (rarely thought about)
• Post-Assault Considerations
  – Staff must heal from assault in all areas
  – Not healing leads to
    • Lower job productivity
    • Injuries to staff
    • Compromised patient care
      – Medication errors, Increased LOS
    • This list goes on...
Where do we go from here?
• **Remember...Let’s keep it simple**
  – Process this 6 months = process as slips/trips/falls
    • You **send materials** regarding WPV and assaults
    • KLA will review
      – Determine the 10 WPV gaps for our focus
  • The process will continue...
Question...

• Let’s keep it simple
  – By May 31: E-mail to Kelly and Courtney
    • Your WPV materials for review
      – WPV program
      – SOPs (code violet, report/document, post-assault process)
      – Education/other committee meeting notes
      – Data on past year or two of assaults on staff
      – Copies of signs/flyers regarding assaults/violence
      – Training materials
        » If not materials, main topics in training
      – Other important materials
Question...

• Let’s keep it simple
  – HARP training
    • Kelly to send an e-mail
      – Training details
    • Your response
      – Interested in scheduling HARP or not
    • We will work together to schedule training
      – Flexibility beyond 6 months of aggressive patient behavior
• Any questions?

• Kelly’s e-mail: kaustin@klaconsulting.com
• Courtney’s e-mail: culrich@riskcontrol360.com
Aggressive Behavior Training /Prevention: Wilson Memorial Hospital
“Keeping Everybody Safe”

Worker Safety through Prevention of Violent Encounters

Sue A Neumann MS, RNC, CPHRM, CPPS
Director, Quality/Risk Management

WILSON HEALTH
Caring Without Limits
Wilson Health’s Journey in Worker Safety

- Ongoing Crisis Prevention Institute (CPI) training
- October 2015: Joined OHA HEN *(Hospital Engagement Network)*
- January 2016: OHA HEN releases definition of “Near Miss Aggressive Patient/Visitor”
- March 2016: Management meeting presentation “Near Miss Aggressive Patient/Visitor” definition
- June 2016: Escaping Violent Encounters for the Healthcare professional training attended by 15 employees
- December 2016: Completion of NIOSH survey *(The National Institute for Occupational Safety and Health)*
Wilson Health’s Journey in Worker Safety

- June 2016: Escaping Violent Encounters for the Healthcare professional training attended by 15 employees

- August 2016: Received Coverys Patient Safety Grant for the KES project *(Keeping Everybody Safe)*

- December 2016: Completion of pre-training NIOSH survey *(The National Institute for Occupational Safety and Health)*

- January, February, March 2017: Completed 3 HARP training sessions for ED, Behavioral Health and Security for 31 employees
Lessons Learned on Our Journey (so far)

Quality/Risk

To get data you need:

- A definition
- Stories
- Convey to staff that you care and data “counts”
  - data submission is not a “black hole”
- Communicate, communicate, communicate

⇒ “Thanks for submitting your report! We are gathering as much as we can to determine trends to better identify actions that will make a difference.”
Wilson Health’s Journey in Worker Safety

Lessons Learned on our Journey (so far)

- Training helps increase awareness
  - Awareness increases safety

- Employees appreciate knowing they have tools in their toolbox to avoid an initial assault
  - Uncooperative patient and reasonable actions
  - Support avoidance of harm - EXIT Strategy
Wilson Health’s Journey in Worker Safety

Next Steps

- Post-training NIOSH survey
- Encouragement for continued data reporting
- Identify methods to keep training “fresh”
Questions?
Aggressive Behavior Training / Prevention: Southern Ohio Medical Center
Patient Aggression: The Journey to Reduction

David Hall, Security Manager
Christy Timberlake, Director of Safety Services
What is the Problem?

• Assaults are on the rise across the Nation:

• Risk for assaults at SOMC are on the rise:
  – We have added a 15 bed Inpatient Psychiatric Facility
  – We have added a 12 bed Medical Withdrawal Program
  – Portsmouth, Ohio is known as the Heroin / Drug Capital in the Nation
  – Maternity Unit has 2 – 7 newborns in special nursery for acute withdrawal on a daily basis
  – The Emergency Department has seen a significant increase of medical hold and psychiatric patients in recent years:
    • On average, there are 5 Medical Holds in the ED
What have we done at SOMC?

• We are a VPP Star designated site by OSHA since 2008

• May 2016: 24 employees from the Emergency Department, Social Work and Security completed OHA’s training by Kelli Austin.

• September 2016: During our Safety Fair, 1800 + employees completed a brief one on one de-escalation training using the same techniques from initial training.

• December 2016: We implemented a new reporting system enterprise wide. We included in this system an icon for “workplace violence” reporting.
Make Reporting Easy:

- Patient ID/Documentation/Consent
- Provision of Care
- Restraints
- Tube/Drain
- Workplace Violence
What have we done at SOMC?

2017:

- **Increased Focus on De-escalation:**
  - Currently a team is working on developing a Behavioral Response Team (BRT). Go Live is set for June 2017
  - Inpatient Psychiatric Facility and Inpatient Medical Withdraw program have completed additional de-escalation training within their departments.

- **Increase Access Control:**
  - The Maternity Unit has implemented Locked Door procedures and Access Control Visitor Badges are now issued.
  - We have increased locked doors throughout the hospital to decrease visitor pathways and access.
What have we done at SOMC?

2017:

• Increased Security:
  – Increased security rounding by Officers
  – Increased number of cameras installed throughout the organization
  – Increasing areas that utilize E-Panic:
    • Previously had 2 departments utilizing
    • Now have multiple departments that are implementing
What have we done at SOMC?

2017:

• A Workplace Violence Task Force has been developed to implement OSHA’s guidelines for preventing workplace violence in healthcare.

• The Security Manager has completed 24 site based workplace violence assessments using OSHA’s checklist/ risk assessments.

• The Security Manager has coordinated corrections or improvements in all areas in which he has completed the OSHA risk assessments.
What have we done at SOMC?

2017:

- The Security Manager has revised new employee orientation to include hands on active shooter training.

- We have sought input from our Safety Champions:
  - 126 Safety Champions attended March’s quarterly meeting
  - Brainstormed ideas for safety improvements
  - The Results were:
    - 82 ideas brainstormed
    - 9 out of the Top 10 prioritized by ranking ideas were directly related to improving security / reducing workplace violence
    - 32 of the 82 ideas overall were to improve security
  - We are working with leaders to implement as many of these suggestions/improvements as we can. Several have already been implemented.

- June’s Safety Champion meetings will focus on Workplace Violence prevention.
Safety ◆ Quality ◆ Service ◆ Relationships ◆ Performance

Any Questions?

Southern Ohio Medical Center

very Good things are happening here
Next Steps

- Upcoming Events:
  - Data Submission #7: May 15th
    - Claims 1/1/16 – 4/30/17; Hours Worked: month of April
  - Webinar #7: July 7th “Aggressive Behavior Member Highlight”
    - OHA Annual Meeting: June 12th – 14th
  - Aggressive Behavior Information Submission: May 31st
    - Due to Kelly Austin and Courtney Ulrich
  - STF Action Plans – monthly reviews of progress
    - Continue to reach out to each other for additional help on gaps
Thank You For Attending & All You Do To Keep Ohio’s Healthcare Workers, Patients, Visitors & Communities Safe!