MISSOURI HOSPITAL ASSOCIATION

S.A.F.E.R. Initiative Update

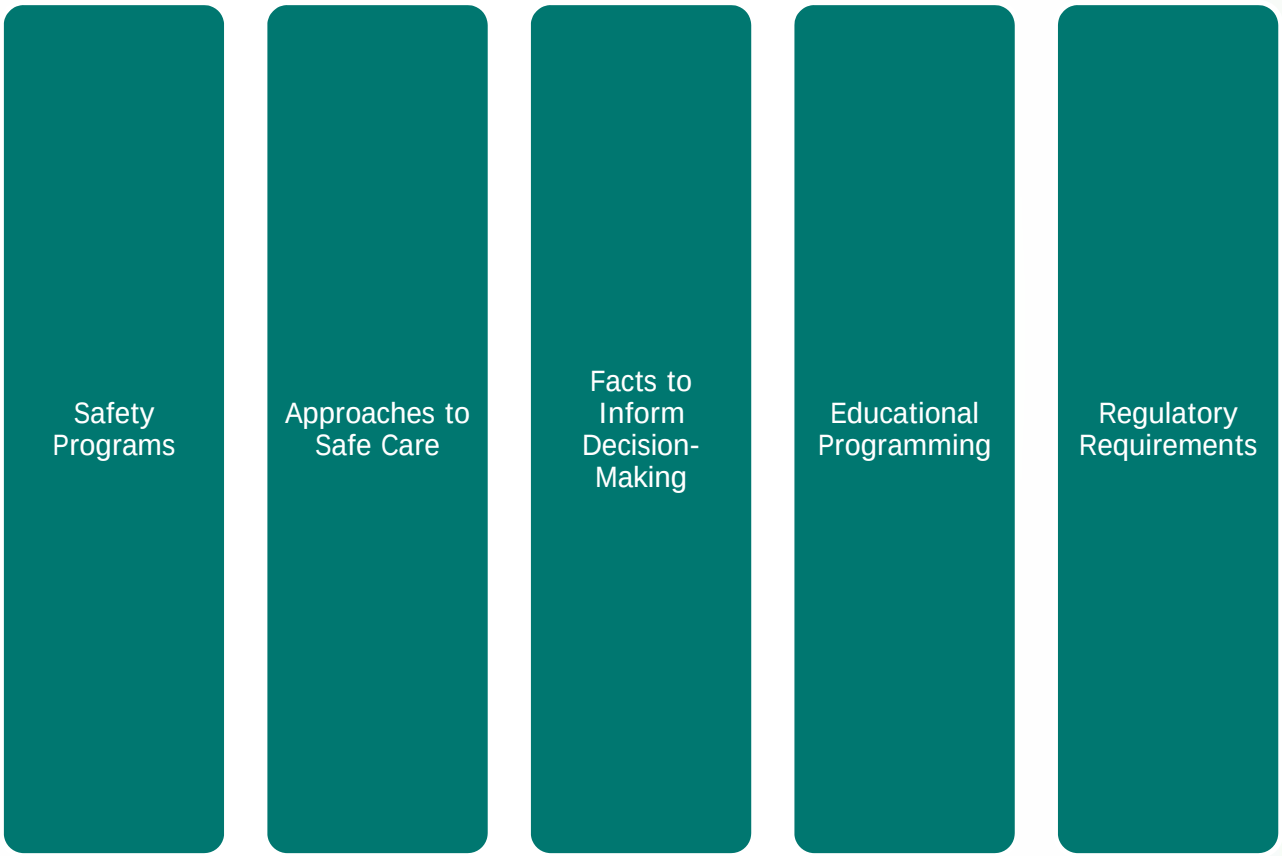
November 16, 2017

Welcome

S.A.F.E.R. Initiative

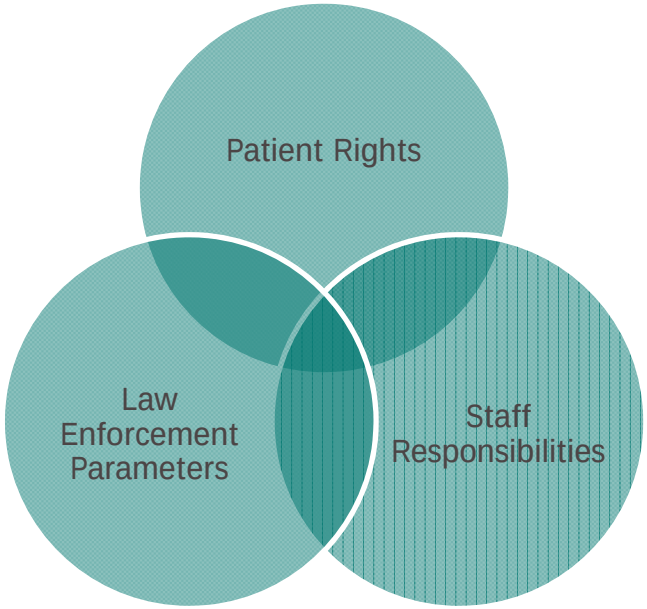
- Focused on resiliency
- Support and services for personal, organizational, community and patient safety
- Education, training, tools and technical assistance
  - Workplace and community violence
  - Emergency preparedness
  - Quality of care
  - Population/community health
  - Opioid crisis

S.A.F.E.R. Aims to Provide Resources Under Five Pillars



Initial Focus

Intersection of rights and responsibilities between the hospital, staff, patients and law enforcement officials in regulated environment



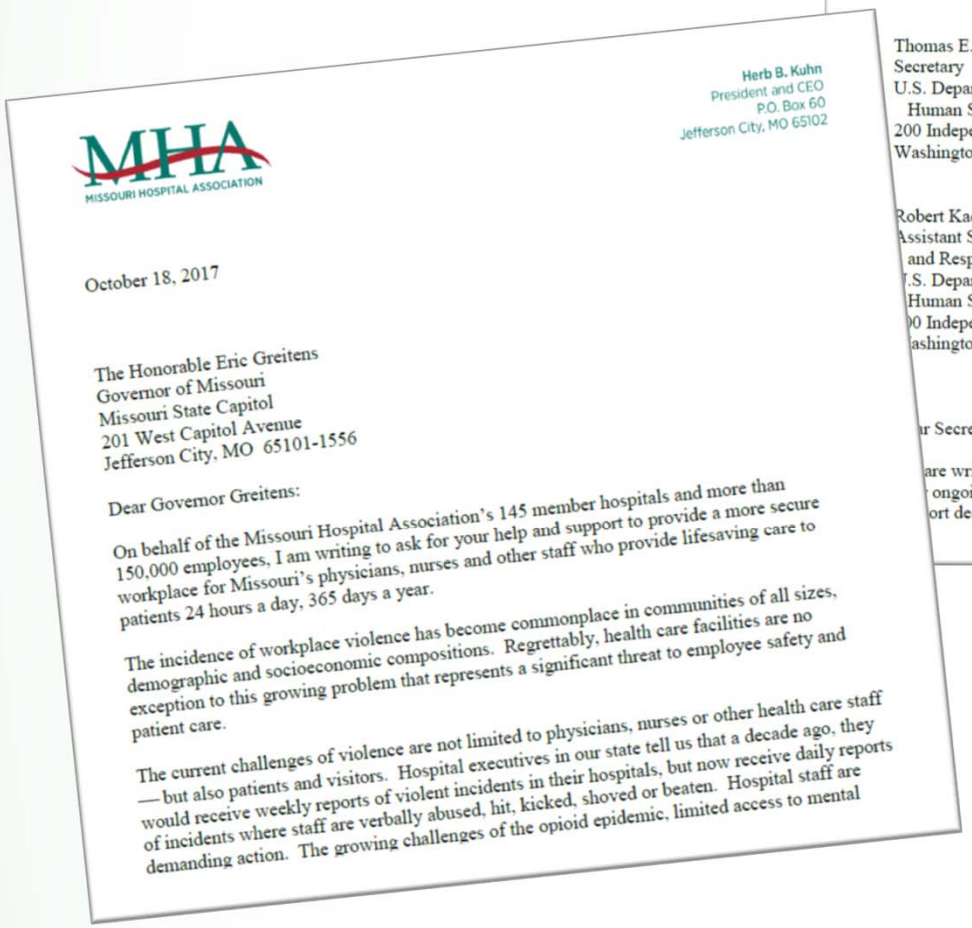
Goal

Synthesize concerns surrounding violence, criminal behavior, behavioral health and interactions with law enforcement to provide hospital policy makers and front-line staff with education, training and technical tools to manage complex and stressful situations in a safe, legally compliant manner

Today's Objectives

- Review MHA activities and initiatives to date
- Summarize listening tour findings
- Outline forthcoming education, resources and partnership engagement

Advocacy



MISSOURI HOSPITAL ASSOCIATION

Herb B. Kuhn
President and CEO
P.O. Box 60
Jefferson City, MO 65102

October 18, 2017

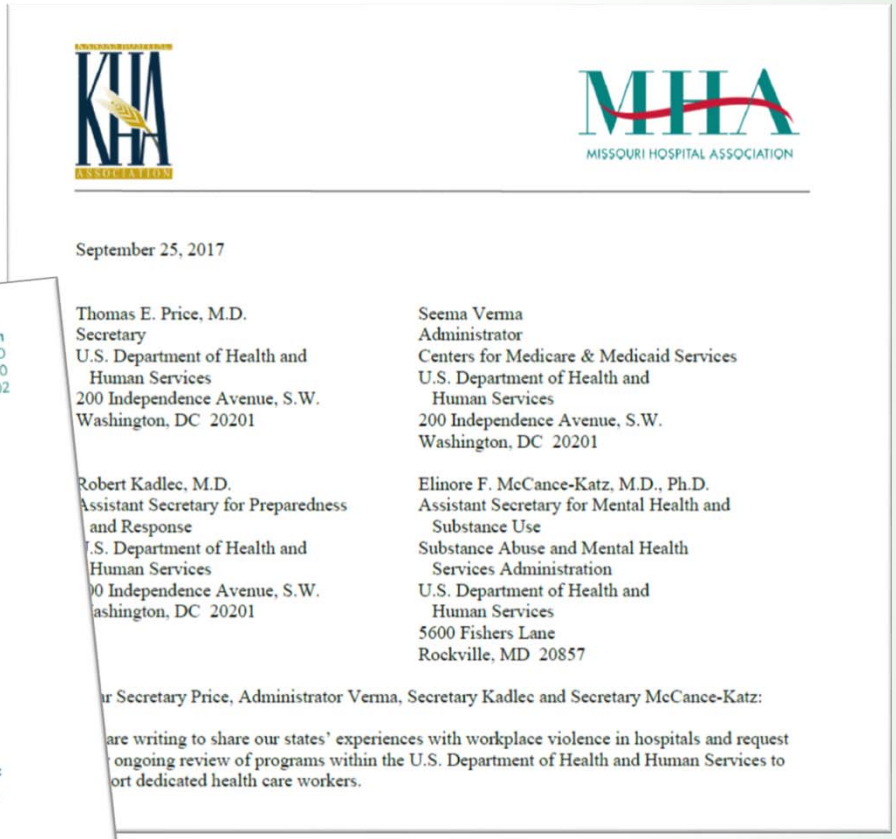
The Honorable Eric Greitens
Governor of Missouri
Missouri State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-1556

Dear Governor Greitens:

On behalf of the Missouri Hospital Association's 145 member hospitals and more than 150,000 employees, I am writing to ask for your help and support to provide a more secure workplace for Missouri's physicians, nurses and other staff who provide lifesaving care to patients 24 hours a day, 365 days a year.

The incidence of workplace violence has become commonplace in communities of all sizes, demographic and socioeconomic compositions. Regrettably, health care facilities are no exception to this growing problem that represents a significant threat to employee safety and patient care.

The current challenges of violence are not limited to physicians, nurses or other health care staff —but also patients and visitors. Hospital executives in our state tell us that a decade ago, they would receive weekly reports of violent incidents in their hospitals, but now receive daily reports of incidents where staff are verbally abused, hit, kicked, shoved or beaten. Hospital staff are demanding action. The growing challenges of the opioid epidemic, limited access to mental



MISSOURI HOSPITAL ASSOCIATION

September 25, 2017

Thomas E. Price, M.D.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Robert Kadlec, M.D.
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
0 Independence Avenue, S.W.
ashington, DC 20201

Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

r Secretary Price, Administrator Verma, Secretary Kadlec and Secretary McCance-Katz:

are writing to share our states' experiences with workplace violence in hospitals and request ongoing review of programs within the U.S. Department of Health and Human Services to ort dedicated health care workers.

Listening Tour

Listening Tour Objectives

Rank Issues

- Impact to operations
- Those requiring or benefiting from technical support

Identify Resources

- Validate policies for compliance
- Front-line education topics

Demographics

- Population density
- Hospital size
- Executive or front-line staff
- Clinical or operational, as defined by current role

Listening Tour Participants

- August 30 – Strategic Quality Advisory Committee
- September 6 – What's Up Wednesday Quality Briefing
- September 7 – Psychiatric Network
- September 26 – MSHHRA (HR professionals)
- September 29 – Physician's Executive Group
- October 5 – Workplace Violence Reduction Immersion Project Huddle (Target: Security)
- October 12 – Emergency Preparedness and Safety Conference
- October 18 – St. Louis Workforce Advisory Committee
- Fall District Council meetings

Findings: Demographics

- 225 participants
- Community: 60 percent rural
- Hospital size: equal distribution
- Organizational structure: equal distribution
- Position by function: 75 percent operational

Identified Threats in Ranked Order

1. Behavioral health patient boarding in non-psychiatric facilities (more prevalent in rural settings)
2. Violent patient encounters
3. Law enforcement drop-offs that create holding and/or elopement concerns
4. Search and confiscation of narcotics
5. Search and confiscation of weapons
6. Law enforcement presence to execute warrants of patients/visitors on site

Policy Awareness

- Stronger confidence in understanding of behavioral health and violent patient encounter policies
- Policies pertaining to narcotics, weapons, warrants and elopement had equal distribution of responses, to include “no policy”
- Overwhelming “strong” response to ranking of working relationship with law enforcement
- Uncertainty pertaining to hospitals reporting patients to law enforcement for assault to staff

Thematic Outcomes

- Identification and dissemination of “best-practice” policies related to:
  - Warrantless blood draws
  - Use of security/law enforcement worn body cameras
  - Appropriate and permissible use of TASERs (Thomas A. Swift’s Electric Rifle)
  - Reporting violent incidents to law enforcement
- Development of criteria to evaluate different de-escalation training programs

Thematic Outcomes

- Development of education and training related to:
  - De-escalation programs for different patient and visitor profiles
  - Management of substance-related encounters with patients and their visitors
  - Prevention of sexual violence against health care employees
  - Incorporating security personnel into the care team
- Data to monitor trends and evaluate initiatives

Proposed Approach

Program Development

- Criteria to evaluate safety programs
- Policy repository
- Resources to integrate and empower security personnel
- Data collection for benchmarking of de-escalation programs

Education

- Webinars
- Presentations to targeted groups
- On-demand education for front-line staff

Collaboration

- Regional meetings with law enforcement for shared education
- Engage with statewide public safety leaders
- Multi-disciplinary summit

Warrantless Blood Draws

- Issue brief made available fall 2017
- MHI Warrantless Blood Draw webinar recording available on mhanet.com
- Policy validation

Behavorial Health

- Best practices
  - Behavioral Emergency Response Teams
  - Department of Mental Health – Crisis Intervention Training Councils
  - Policy validation
- 9th Annual Behavioral Health Conference – April 19-20, 2018

Narcotics and Weapons

- Despite lower ranking on threat scale, confidence in understanding policy was mixed
- Develop consistent, validated policies for document repository
- Provide education using case studies

Hospital Security Programs

Environmental Scan

- 50 percent (66 hospitals) reported internal violence in their top three risks on hazard vulnerability analysis
- 65 percent (84 hospitals) employ security workforce as hospital personnel
- 28 percent (36 hospitals) provided dedicated security in the ED 24/7
- 36 percent (47 hospitals) have armed security officers
  - 40 percent (24) firearm
  - 48 percent (29) TASER
  - 31 percent (19) pepper spray
  - 42 percent (26) baton
- 86 percent (111 hospitals) don't use metal detectors

Hospital Security

- Education and policy development
  - Body cameras in the care setting
  - Use of TASERs
  - Professional presence – uniforms
  - Crisis Intervention Training

De-escalation Training

- 82 percent (106 hospitals) have a formal de-escalation program
  - CPI
  - STARR
  - Safe Approach
  - SMART
- Provide action steps for hospitals to launch and/or evaluate existing safety and security program, regardless of vendor-based product
- Evaluate on-demand, generic de-escalation training for hospitals without formal programs

Partnership Engagement

- Pending pilot initiative with St. Louis County to accelerate education for law enforcement
- Request to Gov. Greitens for a multi-disciplinary action summit
- Opportunity to facilitate health and medical track of 2018 All-Hazards SEMA Conference — August 21-24 (incorporating violence/opioids)

Next Steps

- Advocate for balance and alignment of regulations and enforcement between the Occupational Safety and Health Administration and CMS
- Work with Missouri state officials to partner with emergency medical services and law enforcement to coordinate care and support a “zero tolerance” environment
- Identify and facilitate adoption of “best practice” policies, procedures and education to protect staff and mitigate violent incidents

Upcoming Educational Opportunity

Promoting Safe Environments of Care Webinar

Brian Uridge, MPA, CPP

11:00 a.m., December 14, 2017

Back by popular demand,
following a keynote presentation delivered at
MHA's Emergency Preparedness and Safety Conference

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