

## 2012 Negley Awards for Excellence in Risk Management

# An Integrated Approach to Staying Safe in an Acute Care Setting

David Lawrence Center - Winner of the Chairman's Award

Incidents of violence may be preventable, and David Lawrence Center has been committed to creating a safe environment, implementing best practices as related to risk assessment, and developing and implementing risk reduction measures, especially as related to aggression and violence. The growth trend in the Acute Care setting has demonstrated an increase in admission rates by 13.22% and a 17.78% increase in incidents of aggression in the past year, suggesting increased risk of actual injury related to violence. Recognizing this increase, David Lawrence Center has taken an integrated approach in the development of violence risk reduction initiatives with focus on Assessment, Community Collaboration, Intervention, Treatment and Therapeutic Environment. It is notable that staff injuries associated with client aggression have been minimal with "0" lost work days. The Risk Management Committee continues to monitor effectiveness of these initiatives.

### ASSESSMENT

The Acute Care setting at David Lawrence Center includes the Adult Crisis Stabilization Unit and the Childrens Crisis Stabilization Unit. Every individual admitted to the Acute Care setting is assessed for risk of violence as part of the Clinical Assessment, Nursing Assessment, and Psychiatric Evaluation which are all completed for every admission. Examples of questions on the Assessment that prompt for assessment of violence include: "History of physical aggression? Recent physical aggression? and Access to weapons?" Risk factors considered in the assessment process include: gender, previous violence, history of childhood trauma, demographics (*i.e.* socioeconomic status), diagnosis to include Axis II antisocial behaviors, presence of command hallucinations to hurt others, violent thoughts and presence of anger.

Access To Means - As part of the Center's standards for assessment, treatment and discharge planning, policies are in place that require inquiry by the assessing Clinician, Psychiatrist, and Discharge Planning Clinician as to access to any means of harming self and/or oth-

ers. In addition, local law enforcement officers implement removal of weapons and document this practice routinely in their involuntary documentation statements during a law enforcement initiated admission. Additionally, throughout treatment, the Discharge Planning Clinicians are required to further address risk and access to means, including obtaining collateral information via caretakers, family members, and/or other involved parties, assisting to evaluate safety in the home and community with a special focus on access to weapons. The practices include documenting the safety plan and actions taken to ensure any access to weapons has been eliminated prior to discharge, and this is included as an indicator that is part of the Discharge Summary progress note template (Attachment #1).

### COMMUNITY COLLABORATION

Collier County shares a very special and effective partnership with local law enforcement with a formal commitment to ensuring the safety of the community. The local law enforcement agency has representation on the David Lawrence Center Board of Directors and participates in quarterly meetings to address best practices for assessing and reducing risk as related to violence/aggression among other factors. Since 2007, David Lawrence Center has partnered with NAMI and local law enforcement in the development and implementation of a proven model of a Crisis Intervention Training (CIT) certification of law enforcement officers. (Attachment #2). Since 2008, David Lawrence Center has hosted 17 CIT training site visits and provided well over 100 hours of specialized mental health training to law enforcement officers as part of this program. David Lawrence Center's role in the training includes signs and symptoms of mental illness, signs and symptoms of substance abuse, Baker Act (Florida Mental Health Act), and Community Resources training (Attachment #3). Through this collaborative process, the agency recognizes the role of CIT trained officers as first responders in situations where aggression and violence due to mental health and substance abuse issues

require a specialized approach. When indicated, a trained CIT liaison is part of the treatment team for specialized community-based clinical staffing, assisting to ensure the safest and most therapeutic approach to clients with histories of violent/aggressive behaviors. In addition, CIT liaisons and Supervisors share emergency contact numbers and have direct access to one another 24/7 for safety planning and integrated approaches to address safety concerns. The details and testimony to the effectiveness of this process is shared in the letter provided in Attachment #4.

### INTERVENTION

Risk Reduction Strategies and Safety Planning: The Center's practices and policies recognize that including and addressing treatment team observations and input is critical. These practices include behavioral health technicians, nursing, clinician and psychiatrist provision of daily and ongoing assessment, recognizing that client statements versus behaviors observed in the milieu are critical in the assessment process. A prior history of aggression, violence towards others, substance abuse/co-occurring problems, and anti-social personality traits are all key indicators which are incorporated into the various agency assessment tools. Risk Reduction interventions also include scheduling family/significant other meetings with both the psychiatrist and discharge planning clinician. Appropriate prescribing of medications and stressing the benefits of medication treatment, risk of noncompliance and risk associated with inappropriate use of medications are all part of the treatment planning process. David Lawrence Center best practices also recognize that there is greater risk for aggression and violence when a co-occurring diagnosis is present. Additionally, consistent and persistent education of the client and significant others as to the identified risk factors, and specifically the safety concern(s) associated with aggression and violence are clearly and directly discussed with all appropriate parties and documented, along with the recommendations from the team as to

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how to reduce and address these risks and concerns. David Lawrence Center's best practices for discharge planning include addressing the specific recommendations, clarifying the essential services, safety planning, caretaker involvement, crisis support, and both telephone and face to face outreach via short term resource coordination/case management. Also included are wellness checks post discharge, provided on the same day and/or as needed, sometimes daily, until the follow up outpatient appointment. Wellness checks may include having a trained CIT officer go to the client's home for support and further observation and to ensure the safety of the client and others and include communication with CIT officers regarding history of aggression/violence.

## TREATMENT

**Special Procedures:** From the time of initial client assessment and engagement, staff are trained to identify prior history and/or current risk factors for aggression. This often begins with official communication from CIT/local law enforcement officers that a client has a history or is currently exhibiting aggressive behaviors and/or making threats to hurt others. Communication from local law enforcement prior to admission, while on the way to the mental health receiving facility, are among the effective practices that have been formalized through collaboration with the local law enforcement. Through the assessment and communication process, staff may implement special precautions among the following levels of observation: one to one, line of site, 15-minute face to face observations, assault precautions or close observations (Attachment #5). Staff receive communication of the special precautions through physician orders and written and visible alerts are placed on the client information/communication board and walking rounds/observation logs, which are easily visible to staff. Additionally, verbal and written hand-off communication is utilized from shift to shift. Another important practice is that nursing staff considers history and presenting symptoms/behaviors in the determination of appropriate room assignments. Clients with a history of violence/aggression may require more specialized care such as a private room to decrease stimulation and timely offering of appropriate medications. These practices are all part of the existing standards of care.

**Special Training Programs** - David Lawrence Center has developed a training program that is uniquely designed to target the needs of the population served with the goal of preventing episodes of aggression and improving safety for staff and clients. The training program, C.A.R.E.S. (Communication, Assistance, Respect, Empowerment and Safety) consists of the following components: Basic, Comprehensive, Residential Strategies, Special Treatment Procedures (Seclusion, Restraint, Medical Risks) and Sexual Abuse and Trauma. Training compliance rates have consistently exceeded the established target of 90%. C.A.R.E.S. training content is described in Attachment #6.

**Safety alerts** - David Lawrence Center utilizes "Safety Alerts" as a means of communicating potential threats to staff or persons on the property of David Lawrence Center. Safety alerts include information about the individual, photo when available, as well as the safety plan including notification of 911. Safety alerts are shared through the collaboration with law enforcement which would provide enhanced law enforcement presence on the property in case of an actual event.

## ENVIRONMENTAL

David Lawrence Center believes that environmental factors are considered a critical component of violence reduction and that a safe environment can also appear warm, inviting and therapeutic. Access to care and the admission process for individuals in crisis have been designed with the understanding that individuals presenting for services are potentially going to exhibit aggression and violent behaviors. Therefore, the Center remodeled its Emergency Services and Involuntary admission department to include the designation of a distinguished entryway and admission area that also offers enhanced security and privacy. All assessment and admission areas have visibility so staff or clients are not outside line of vision of other staff. Other environmental enhancements have included use of antiligature plumbing, lighting fixture coverings, and appliance coverages to reduce availability of items that could be used as weapons. State of the art furnishings include rounded edge furniture and tamper proof hardware (Attachment #7). In addition the safety practices relating to search and contraband were enhanced during the last year to include use of hand held metal detector devices and a walk through metal

detector is currently being installed (Attachment #8). The camera I surveillance system was also expanded with enhanced software to allow desktop monitoring and history files available to Supervisory staff for safety monitoring and incident investigation purposes. Other environmental enhancements include implementation of an emergency alarm system that is available in office locations and portable radios used to facilitate back up from staff from other areas as needed.

**Related State Laws / Duty to Protect / Alternative Outpatient** - According to Florida Statute 394, The Florida Mental Health Act, information from the clinical record may be released in the following circumstances: "When a patient has declared an intention to harm other persons. When such declaration has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient."

Prior to making the determination that notification of threat should be made, a clinical multi-disciplinary staffing involving licensed healthcare providers with physician input takes place to outline the criteria and reasons why notification is justified. The client is made aware of the concerns and the notifications and why these are taking place, in addition to evaluating the client's response. Factors that are taken into consideration include prior history, collateral information, intent, means, co-occurring diagnosis, prior legal consequences to violence, client insight, judgment, support systems, and existence of coping skills.

In conclusion, we believe that this collaborative and integrated approach to "staying safe" in an acute care setting has been effective in reducing client and staff injuries relating to violence. A case presentation is available as evidence of the effectiveness of this integrated approach to staying safe in an Acute Care setting (Attachment #9). ❖

**About David Lawrence Center:** Since 1968, DLC has served Southwest Florida as a 501(c)(3) organization whose mission is to restore and rebuild lives by providing compassionate, highly skilled, affordable mental health and substance abuse services. CEO is David Schimmel. For attachments and/or more information, contact: Melba Arthur (melbaa@dclmh.com) or 239-354-1440. The Center also received the very first Negley Award in 1991!