



2012 Negley Award Submission—Keeping Clients and Employees Safe

Every day in the United States, 12 people go to work and never come home; during that same period, 3.3 million people suffer from a workplace injury from which they never recover. These are preventable tragedies that “disable our workers, devastate our families and damage our economy,” according to Secretary of Labor, Hilda Solis. Safety is a fundamental right and essential component for the attainment of health, peace, justice and well-being for all individuals, particularly those with significant mental health issues.

At Grafton Integrated Health Network (GIHN), a key performance indicator (KPI) focusing on safety was identified to minimize risks and to protect the health and well-being of employees as well as clients served in our care. One of our company-wide KPIs is to improve our client safety factor as measured by the “Safety Seven.” A client is considered to have been safe when the following seven safety factors are in place:

1. Not left unsupervised
2. Not involved in an unwarranted physical restraint or seclusion
3. Not involved in a vehicle accident, caused by a GIHN driver
4. Not involved in an actual medication error, made by a GIHN employee
5. Not the victim of peer to peer aggression
6. Not the victim of a substantiated mistreatment, abuse or neglect incident by a GIHN employee
7. No self-injurious behavior that resulted in injury requiring external medical attention.

The above seven factors are reviewed and analyzed within the company and a client safety rating formula is calculated for the company using the following two steps each month:

Step 1--The number of clients served minus the number of clients involved in a KPI related incident equals the number of clients considered safe (i.e. not involved in an incident).

Step 2--The number of clients considered safe is divided by the total number of clients which results in a percentage of clients considered to have been safe.

The chart below demonstrates our client safety rating for FY2010 as well as results through September 2011. This information is made available on a monthly basis to management teams across the organization to monitor client safety within their respective facilities.

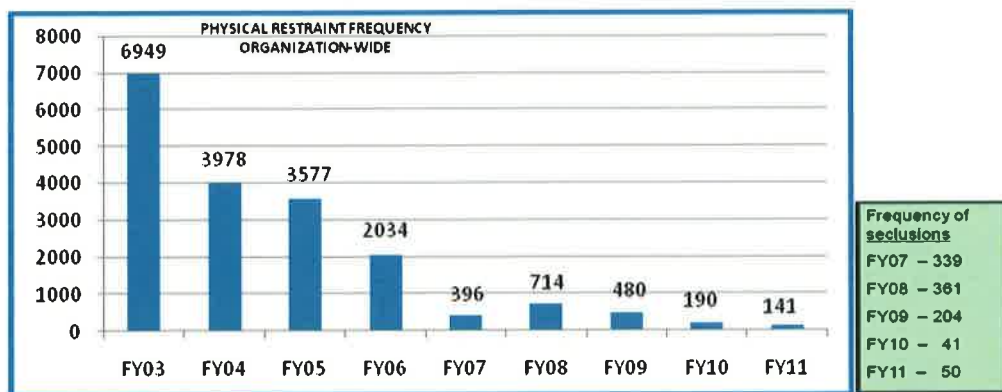
CLIENT SAFETY EXPECTATION -- September 2011									
Goal: Must achieve year-end average of 85% or above	Berryville			Richmond			Winchester		
	# Clients Safe	Total Served	Safety Rating	# Clients Safe	Total Served	Safety Rating	# Clients Safe	Total Served	Safety Rating
FY2010 Results	694	820	84.6%	841	928	90.6%	1469	1681	87.4%
FY2011 Results	736	870	84.6%	825	904	91.3%	1511	1709	88.4%
July 2011	60	70	85.7%	68	75	90.7%	128	142	90.1%
August 2011	57	72	79.2%	61	74	82.4%	134	146	91.8%
YTD Totals	117	142	82.4%	129	149	86.6%	262	288	91.0%

Client Safety Factor 1—Not left unsupervised

Training on health and safety is provided as part of the GIHN’s pre-service curriculum. This initial training is provided before the employee even enters the treatment milieu and before they are assigned to work with clients. A portion of the training focuses on employees providing “adequate supervision” to those served. This requires that employees are continually aware of the following: Which clients are you responsible for supervising ? Where are the clients you are assigned to? What activities are they engaged in?

Client Safety Factor 2—Not involved in an unwarranted physical restraint or seclusion

All employees receive annual training on extraordinary blocking, a technique developed at GIHN that has produced some remarkable results in minimizing restraints and seclusions across the company (see graph below).



One of the inherent messages prevalent in GIHN’s training is that it is possible to manage emergency safety situations without utilizing restraint or seclusion. We have found that changing this paradigm requires on-going awareness, energy, commitment and practice. Here, too, training plays an important part.

Each incident of restraint and seclusion is reviewed and is given a disposition of warranted, warranted with learning or unwarranted. A disposition of warranted is given when the restraints or seclusion was appropriate for the situation. In other words, all possible

alternatives were exhausted or the event happened so quickly and was so dangerous that no other alternative was possible.

Restraint or seclusion in this instance was absolutely and unquestionably necessary to protect the person or others from harm.

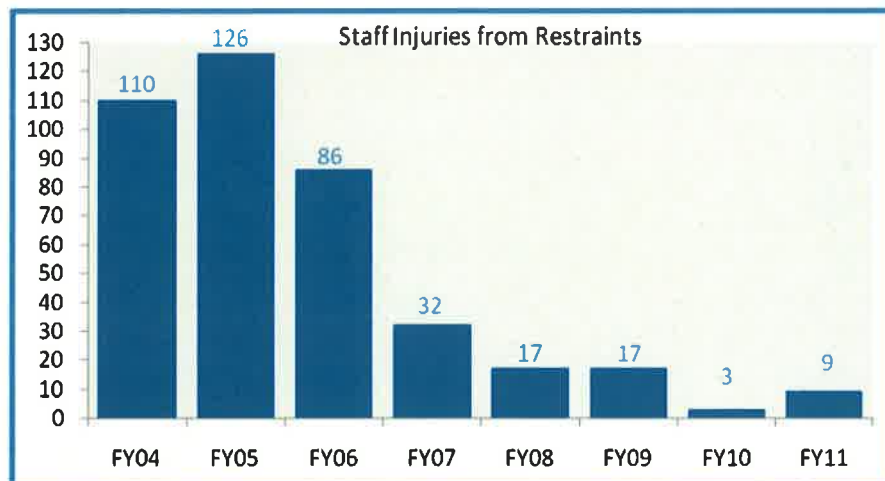
A disposition of unwarranted with learning is given when restraint or seclusion was purposeful and requires additional investigation.

Similar to unwarranted, however, we recognize that there must be an alternative, perhaps not one we already know, but one we could learn or develop. A disposition of unwarranted is given when restraint or seclusion was preventable and action steps are required. The follow up action items may be additional training for the staff, a comprehensive assessment for the client or an adjustment in the client's treatment plan.

PHYSICAL RESTRAINTS -- WARRANTED vs. UNWARRANTED						
	FY09	FY10	FY11	July	Aug	Sept
Berryville						
Warranted:	336	72	85	0	16	2**
Warranted w/Learning	43	19	23	8	11	**
Unwarranted:	15	4	4	0	1	**
Richmond						
Warranted:	51	77	14	0	1	3
Warranted w/Learning	0	2	0	1	0	0
Unwarranted:	4	0	1	0	0	0
Winchester						
Warranted:	29	11	12	0	0	0
Warranted w/Learning	1	2	2	0	0	0
Unwarranted:	1	3	0	0	0	0

Data as depicted by the chart above is collected and presented on a monthly basis to the executive team, management teams and client's multidisciplinary teams to continually ensure that each incident of restraint and seclusion is reviewed.

An unwarranted determination causes us to account for our past actions and push ourselves toward the future goal of implementing alternatives that will result in minimizing restraint and seclusion and ultimately, improving the health and safety of employees and clients, not to mention numerous positive outcomes and significant fiscal savings for the organization.



As a result of monitoring and oversight, one significant positive outcome has been the reduction in employee injuries as a result of restraint (see chart above).

Client Safety Factor 3—Not involved in a vehicle accident, caused by a Grafton driver

Information about vehicle safety is provided through regular training with employees. In addition, following a vehicle accident a processing meeting is held with those involved.

Client Safety Factor 4—Not involved in an actual medication error, made by a Grafton employee

On a monthly basis, the regional management teams review and analyze data that identifies medication errors. This data present information not only by client, but also by location, time of day and employee(s) involved and allows for additional precautions to be implemented as needed. In one location, for example, the nurse was on-site to ensure that the clients received the right medications at the right time.

Client Safety Factor 5—Not the victim of peer to peer aggression

Client-specific training is provided to employees to help them gain a better understanding of underlying symptoms for co-occurring psychiatric diagnoses. For those clients that present high risk-taking behaviors, additional questions such as the following may be considered including: 1) Does the client have a history of running away, aggressive outbursts, self-injurious behaviors? 2) Is anything going on with a client that might trigger an attempt to run away, injure oneself or others? 3) Has the client made threats to engage in high-risk behaviors? and 4) Are there precautions that need to be taken to keep the client safe? Employees may also use body positioning and environmental modifications to monitor clients who are experiencing difficulties with one another. Adjustments in a client's treatment plan may identify additional precautions or interventions that need to be put in place to maximize safety within the milieu.

Client Safety Factor 6—Not the victim of a substantiated mistreatment, abuse, or neglect incident by a Grafton employee

Grafton Integrated Health Network employs a trauma informed care model with those served. Trauma informed care has many principles, all of which involve developing healing, professional relationships and positive, comforting interventions that take into account an individual's past traumatic experiences in an effort to promote physical, spiritual and psychological healing. At the most basic level, trauma informed care involves the provision of services and interventions that do not harm—e.g., that do not inflict further trauma on the individual to heal (Hodas, G, 2006).

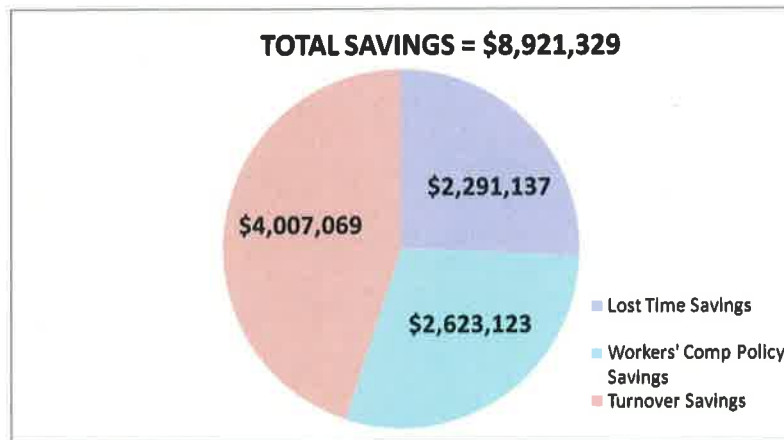
There are several procedures put in place to ensure that clients are not the victim of mistreatment, abuse or neglect including surprise visits to the facility, on-going training and the presence and support of managers within the treatment milieu. Training reiterates that it is every employee's responsibility to ensure that a client is not the victim of mistreatment or abuse and that all employees are mandated reporters.

Client Safety Factor 7—No self-injurious behavior that resulted in injury requiring external medical attention

When a client injures himself, it is important to determine the function of the behavior and develop customized treatment strategies to support the client. This includes identifying triggers and developing precautions for the client. We believe people inherently want to do well, and those with disabilities are no exception. When we see an individual with a disability struggling, it is our responsibility to figure out **why** and teach the skills necessary for achieving success.

Tangible and Intangible Return on Investment

GIHN's return on Investment which includes lost time savings, workers' compensation policy savings and turnover savings has been \$8,921,329 (see chart below).



GIHN's results can easily be replicated in other behavioral healthcare facilities and improve the quality of care and yield significant positive, sustainable outcomes for clients, employees and the health of the organization. One of the key implementation issues that must be addressed is how to overcome a corporate culture that is lacking or even negative toward risk management practices.

Industry Recognition

Over the past few years, GIHN has received national and international recognition for developing innovative ways to improve treatment and care for individuals with co-occurring disabilities. Earlier this year, Substance Abuse and Mental Services Administration (SAMHSA) recognized GIHN's clinical best practices in restraint and seclusion reduction in Issue Brief #4 of "Promoting Alternatives to the Use of Seclusion and Restraint." In March 2011, GIHN was a finalist for the first annual Virginia Healthcare Innovators Awards (VAHCI). VAHCI recognizes Virginia organizations that have developed innovative ways to improve healthcare quality and efficiency. GIHN has also been approached by national as well as international organizations to replicate their best practices in minimizing the use of restraint and seclusion.