

LEADERSHIP/PLANNING

In 2018 we conducted our first Culture of Safety Survey. While analyzing our results, a strategic plan was developed to address staffs concerns. During the implementation of the plan, a breach of security occurred in the facility leading to an unsafe environment for patients, staff and visitors. Leadership was committed to providing a safer environment. Executive team combined with leaders from each department met to determine a plan of action. Appropriate Patient Safety Work activity was started. Leadership was instrumental in ensuring that all necessary resources were secured for the project. Regular meetings occurred between the executive team and leadership to ensure that the PDCA process was moving forward. The executive team communicated with hospital staff at Town Halls on the progress of the project.

PROCESS OF IDENTIFYING NEED

- Lovelace Westside Hospital had 2 security incidents in Jan/Feb 2019 leading to multiple changes in the facility.
- Alleged Sexual Assault in ED of patient upon patient resulting in surprise survey by accrediting body and national coverage.
 - Patient dropped off by APD with no handoff; Patient went through facility vandalizing property and eventually causing a workplace violence incident.
 - Employee culture of safety survey revealed staff feeling unsafe

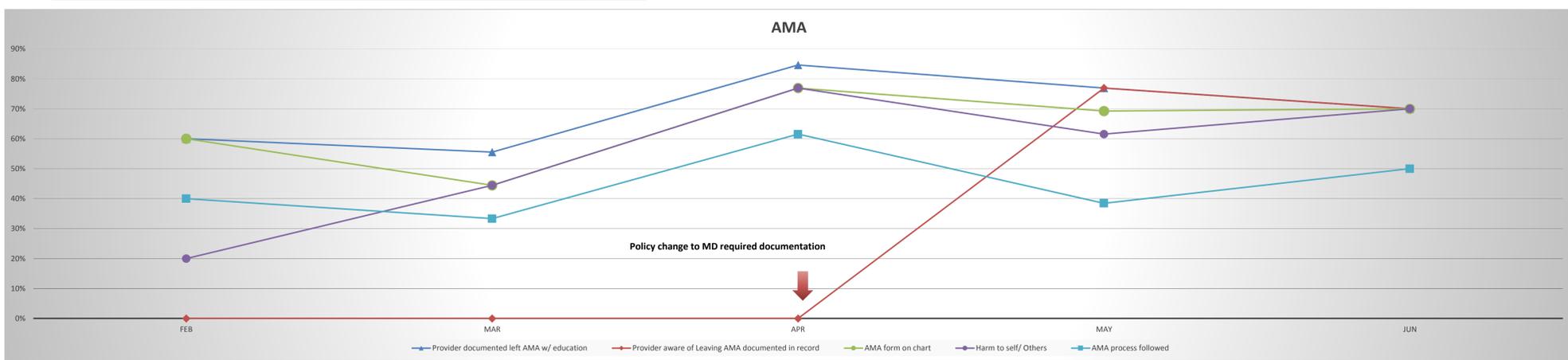
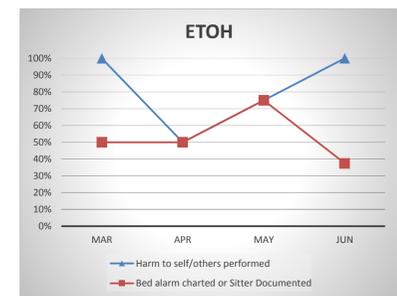
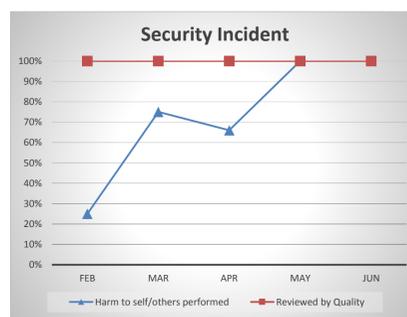
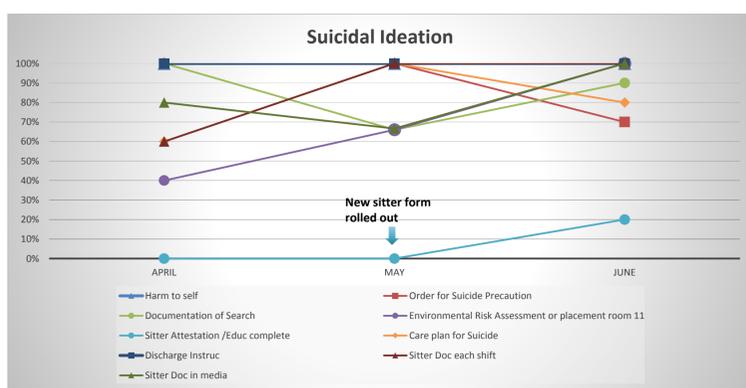
PROCESS IMPROVEMENT METHODS

- CEO, CNO/COO, CFO, Quality, Plant Ops, ED, FBC, Med/Surg, Radiology, Security Manager, Admitting were all involved in the process. Methodology used was the PDCA cycle.
- Request 24/7 Security presence in the ED; Deep dive of security incidents to justify change; Required approval to change total number of FTEs for security; Hiring and training new security staff
- Use of sitter or bed alarms on all intoxicated patients; Audit charts (AMA, SI, ETOH) for presence of sitter or bed alarm documented and completion of questionnaire on Harm to Self/Others.
- Segregate intoxicated patients – eventually determined that this would not work due to design of facility, cost of remodel and increased patient load.
- Review all security incident reports. Develop a Corrective Action Plan as needed. This is an ongoing process. Multiple CAPs have been started as a result.
- Review all policies related to security. Developed new policy with input from legal on Search. Audited process of Security search/wandering process. Developed new policy on Handoff from Law Enforcement. Auditing security logs for contraband removed and search/wandering conducted. Auditing the process for warm handoff from APD.
- Met two times with Community Law Enforcement to discuss issues including: Police response to calls, contraband checks (weapons, drugs), handoffs, safety tours for input assistance, visitor identification
- Revamped lock down capability and reviewed internal floor plan for addition security needs. This included changing entrances open after hours, evaluating lock down of each unit, improving the door lock mechanisms of each area
- Updated Cameras, employee lanyards for security alarms, panic buttons and revised/developed forms to better track incidents and to improve required reporting elements
- Developed a process for Visitor Identification after hours including: sign in all visitors with ID badging and scripting for contraband concerns
- Developed better scripting for contraband at admission for all patients.
- Revised after-hours discharge process.
- Secured supply closets.
- Improved signage for the facility on contraband items and ordered cabinet to hold contraband items securely
- De-escalation training planned for all staff in designated high risk departments
- Multiple drills on Active Shooter conducted. i.e. security with small groups specific to department – where to hide, closest exit, what to use as weapon to distract/defend; Hospital-wide with provider participation
- Streamlining processes for SI, AMA, ETOH using LEAN methodologies.
- Visual Audits of Sitter compliance to policy
- Consistent education on the units at huddles, staff meetings and real time elbow support to improve documentation



RESULTS

- Identified need for improved security processing of patients leading to improved monitored environment.
- Identified need for more security officers and resources and resulted in increased contraband collection.
- Identified internal hospital vulnerabilities resulting in decreased public access to hospital sensitive areas.
- Identified weakness in handling/documenting AMA, ETOH and SI patients resulting in improved monitored and safer environment
- Identified need for community involvement in the handoff of patients in the above conditions.
- Identified need for ongoing education which has resulted in increased documentation compliance and care requirements.
- Identified need for visitor accountability has resulted in safer environment
- Identified need for policy review/change that has lead to streamlined processes with fewer gaps in care



LESSONS LEARNED/SUSTAINABILITY

- Hospital has the duty to make the facility as safe as possible by providing appropriate manpower, and resources.
- Importance of consistent actions and knowledge of staff to promote a safe atmosphere.
- Culture in Albuquerque is changing: increased drug and alcohol use with limited resources with resulting increase in workplace violence
- If someone is intent on harming another, we cannot prevent all incidents but we can decrease the likelihood of that event.
- We are seeing a large number of contraband items that we would not have seen without wandering/searching or asking about contraband.
- Staff are more engaged in ensuring a safer facility because of our focus on security and keeping staff informed on our work, asking for their input, and ensuring they know of leadership's ongoing commitment to a culture of safety.
- Due to changes in the law, ambulances will be bringing the intoxicated patients to our EDs – not the police. Ambulance teams do not search patients prior to arrival at ED.
- There needs to be a consistent communication and education between the auditors and the staff documenting the required elements and quick implement on changes to ensure results.
- Community outreach and partnership leads to improve communication and a higher degree of safety for all entities.