

PATIENT SAFETY COMMITTEE RECOMMENDATIONS

Below are recommendations from the Patient Safety Committee based on our Proactive Risk assessment of Safety on Outreaches.

STAFF CORE COMPETENCIES

The Committee's greatest concern is ensuring staff's ability to assess "personal safety." Consequently, the Committee is recommending that all staff who conduct or supervise outreaches is able to demonstrate core competencies on an ongoing basis. The following is a list of recommended core competencies identified by the Committee:

- Assessment of dangerousness and suicidality
- Assessment of the environment
- Appropriate attire
- Staff positioning in relationship to client
- Developing skills for non-violent crisis intervention and de-escalation
- Competency on completing a mental status exam
- Cultural competency
- Defensive driving; specific to driving a large vehicle
- When transporting children; proper use and instillation of child safety seats
- Agency procedures in the event of an emergency/vehicle accident

For new staff, the Committee is recommending that outreach programs adopt the training and staff orientation model developed by PESP. This includes a period during which the new staff member shadows a current employee on a typical outreach. PESP employees may serve as the best models for shadowing.

For ongoing staff, the Committee is recommending that the supervisors monitor and evaluate staff competencies in an ongoing basis. Should a supervisor identify a staff member who cannot demonstrate the aforementioned core competencies, that supervisor may recommend that staff member be assigned to shadow a more competent staff member.

IMPROVEMENTS TO OUTREACH PROCEDURES

The Committee recommended that the steps in conducting an outreach be standardized and adapted across the agency regardless of type of program. The Committee recommends the following for each department to implement as a standardized process when conducting an outreach:

Information Gathering

The information gathering process is necessary to obtain sufficient information to make a reasonable assessment of the potential risk for conducting the outreach. Due to the variations in programs, the committee suggested that each department implement a set of *standardized criteria* assessing risk of

outreaches, instead of a *standard form* to implement for the Outreach Programs. This decision was based on the fact that we need to establish agency policy that reinforces safety without limiting the programs to a set form.

The minimum criteria needed to be collected upon initial contact of the client are as follows:

- Current and history of dangerousness to self, others, and property (i.e. suicide attempts/gestures/ideation, threats/violence towards others and destruction to property)
- Self-mutilating behavior
- Military/Martial Arts Training
- Current pets and/or other animals in the environment
- Accessibility to weapons (ex. gun, swords, attack dog)
- Signs of decomensation
- Active substance use/abuse
- Awareness of medical conditions
- Environmental risks (i.e. facilities issues, infestations, type of neighborhood)
- Dangerousness of co-habitants

Pre-outreach Phone Screen

The Committee recommends implementing a pre-outreach phone screen procedure to follow so that safety of the immediate outreach can be assessed and to minimize risk. This step involves contacting the client directly by telephone prior to conducting the outreach. This allows staff to confirm the appointment, assess the mental status of the client and to obtain current information or clarify any questions. Refer to the following for a specific outline of the Committee's recommendations regarding the pre-outreach phone screen.

Procedure:

- Contact the client on the same day and prior to the scheduled outreach. During the contact, staff will conduct an abbreviated mental status exam. For easy access, the members discussed including an abbreviated mental status exam on employee identification badges. In addition, step by step instructions will be provided for staff competency.
- The Committee recommends consulting available information, as well as conferencing a clinical supervisor to determine the appropriateness of an outreach.
- Emergency numbers should be made available at any given point of the outreach.

Staffing the Outreach

For new clients, a decision must be made to appropriately assign a staff member to conduct the outreach based on the previous steps.

For active clients, the assigned staff must determine if there is reasonable basis for changing the planned outreach with regard to staffing, setting, client presentation and/or scheduling based on information gathered from the previous steps. If there is any indication of a risk or the sufficient information could not be obtained, the Committee recommends that the staff arrive with police, a second staff member, or reschedule the outreach.

Supervisors may reserve the right to not staff an outreach or instruct staff to conduct an outreach at an alternate location.

Preparing for the Outreach

This step pertains more to vehicle safety. This includes staff performing a quick check of equipment and resources to ensure the vehicle is prepared for the outreach. This includes the following steps:

- Quick walk-around of the vehicle to ensure that the lights work, tires are inflated, and no body damage that may inhibit the vehicle performance.
- Other safety concerns need to be addressed upon entering the vehicle regarding loose objects, debris, cleanliness, and fuel.
- If transporting a child, the staff will ensure that the child seat is up to date and properly installed.
- In inclement weather, staff should ensure that the vehicle is equipped for the weather conditions including properly working windshield wipers and snow tires. The Committee further recommends that as older vehicles are retired, they are replaced by vehicles with all-wheel/four-wheel drive.

Conducting the Outreach

The primary concerns on conducting the outreach are the aforementioned staff competencies. The committee focused on equipment and available resources to staff in the event of a breakdown while conducting the outreach.

Communications

- Cell phone failure:
 - Charging: the Committee recommends utilizing a universal hub/cell phone
 - Service Dead Zone: the Committee recommends moving to an area with greater reception; obtaining maps of dead zones from Verizon; as well as updating the phone via *228
 - Missing: the Committee recommends having a sign in/out procedure in every department.
 - Every department orientation should include a section on cell phone policy
- Agency phone failure:
 - The Committee recommends utilizing fax lines as a means to communicate with clients.
 - Use agency cell phones.

Vehicle

Vehicle breakdown can result from mechanical failure, or traffic accident. Therefore, staff need available a breakdown step by step of procedure to follow; follow safety of vehicle driving (wearing seat belts etc.)

- Program emergency numbers into all agency cell phones
- The Committee recommends storing a first aid kit in each vehicle
- The Committee recommends that each vehicle have an accident report form available