




Creating a Culture of Safety

Proactive Strategies to Engage/Support Colleagues

Created by Paula Steck

Hartford HealthCare 

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Housekeeping Reminders

- All attendees are on mute
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NARA
The National Association of
Rehabilitation Providers and Agencies

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Disclaimer

The information shared in today's presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

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Personal Biography

Paula J. Steck currently serves as a Program Manager for Public Safety and Emergency Management for Hartford HealthCare. She is considered the Workplace Violence Subject Matter Expert for the organization and has developed several workplace violence and safety training programs. Recognizing that workplace violence training is not a one size fits all, she custom designs training to address the specific issues which occur within the different areas of healthcare. Paula's other work includes:

- Production of three public safety and workplace violence videos
- Proprietary active assailant training program
- Consultant for workplace violence incidents
- Consultant for colleague separation
- Threat assessment
- Site safety assessments
- Development of a public safety training academy
 - Curriculum design
 - Lesson plan goals/objectives
 - Standardized lesson plans

Paula came to Hartford HealthCare after serving over 20 years with the City of New Britain Police Department where she retired at the rank of lieutenant. Her law enforcement career encompassed a wide variety of investigative and leadership roles including response to critical incidents, domestic violence response team, internal affairs investigations, community relations/events, citizen's academy, recruiting, training, and supervising. Her experience has enabled her to bring her expertise in law enforcement into the healthcare industry, supporting colleagues in mitigating workplace violence events and creating standardized training to professionalize healthcare public safety.



Paula J Steck
Retired Police Lieutenant

Hartford HealthCare
Program Manager
Public Safety/Emergency
Management

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Training Objectives



IDENTIFYING AND MITIGATING ORGANIZATIONAL RISKS



UNDERSTANDING STRATEGIES OF GENERATING A CULTURE OF PHYSICAL AND PERSONAL SAFETY



COMPREHENDING BEST PRACTICES FOR PERSONAL SAFETY




IDENTIFYING COST EFFECTIVE SAFETY CONSIDERATIONS




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Workplace Violence in Physical Rehabilitation




- A 2013 study revealed that 95 percent of PTs had experienced at least one incident of physical or non-physical violence committed against them in the past 12 months.
- The most common physical incident was being pushed, grabbed, or shoved, while the most common act of nonphysical violence was being yelled or sworn at.
- **In 2017, researchers surveyed almost 900 PTs and discovered that more than 80 percent of them had experienced some form of sexual harassment from patients (e.g., sexual remarks, indecent exposure, full-blown sexual assault) during their careers, and about half of them had been assaulted in the previous year alone.**

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Effects of Workplace Violence

Negative effects on Colleagues

- Depression
- Anxiety
- PTSD
 - Sleeping disorders
 - Irritability
 - Inability to concentrate

Negative effects on healthcare services

- Decline in quality of care
- Increased absenteeism
- Early retirement/leaving profession



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Risk Factors




Internal Factors

- Healthcare Worker
- Work Conditions

External Factors

- Patients
- Visitors
- Family Members

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Internal Factor-Workspace

- Security measures
- Design of space
- Patient POV

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Hartford HealthCare		Focus Areas		
Door Locks	Surveillance	Policies Procedures	Lighting Visibility	Alarms
Are all door locks consistent? One key for all locks? Are they auto locks?	Is there onsite surveillance? Are the cameras in the right spots? Do they cameras face the best direction?	911 contact list? When do you call 911? Active Assailant training Does the employee feel like they know what to do in an emergency?	Parking lot visibility Shades/Blinds in rooms	Panic Alarms Door Alarms

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Site Information:	What are the hazards?	Risk Level	What is the concern?	Potential Solutions	Cost
Building Name: HHC Rehabilitation Network Address: Date of Visit: 03/02/2023 Contact: Phone Number: Type of Location: Rehab Network	Lack of handicap parking in lot	High	Many clients have mobility issues and there is not adequate handicap parking	Add more handicap access parking	Moderate
	No surveillance on building	Moderate	No cameras	Add cameras to cover the entrance to the building and the entrance to the office at a minimum	Moderate
	No panic buttons	Moderate	No emergency panic buttons	Add a panic button to call local law enforcement	Moderate
	Only one exit	High	Staff needs options for lockdown as there is only one exit and one office that locks within the space	More lockdown areas inside the space	Moderate
Recommendations: Strongly recommended: - Surveillance cameras - Panic button					

Brief Summary:
 This is a first floor office in a multi story multi-use office/medical building. The waiting area is a shared space off the entry to the building and reception has a window into this area. There is only one entrance/exit into the rehab space and only one office door locks. The addition of other locked spaces as well as a panic button and cameras would make the staff feel safer if there were an emergency. There is also a lack of adequate handicap parking spaces for patients which may be a liability issue as some patients are not very mobile. There is also concern that the main door to the facility is unlocked on Saturdays for the Quest office and people coming in have full access to the building.

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Internal Factors - Colleagues

- ✓
Relevant, consistent training
- ☑
Standard safety protocols
- 🤝
Professional boundaries
- 💬
Communication and active listening

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External Factors

Patients, Family Members, Visitors

- Expectations
- Wait times
- Intense Emotional Charge
- Lack of Knowledge


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H3W Leadership Behaviors




H3W Leadership Behaviors

A Commitment to Continuous Improvement

1. Be In The Moment
2. Be Authentic & Humanistic
3. Volunteer Discretionary Effort Constantly
4. Model High Performance - Desired Behaviors that Drive Desired Results
5. Respect & Leverage Separate Realities
6. Be Curious vs. Judgmental
7. Look in the Mirror First - Be Accountable
8. Have Courageous Conversations
9. Provide Timely, Clear & Specific Performance Expectations & Feedback
10. Teach, Coach & Mentor - Spend at Least Half of Your Time Developing Others

Remember, "It's about progress, not perfection!"

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Look in the Mirror First - Be Accountable

Key Questions to Ask Yourself Everyday

- A** What more can I do right now to be a role model for those around me?
- B** What more can I do right now to achieve the outcome I/we desire?
- C** What more can I do right now to prevent something undesired from occurring?
- D** What expectations or feedback can I deliver right now to make a positive difference in individual or team performance?
- E** What more can I do right now to seek or provide the clarity that I think doesn't exist?
- F** What more can I do right now to make this meeting more productive?
- G** What more can I do right now to say what needs to be said that no one else is saying?
- H** When someone or some outcome has not met my expectations ask, "How did I contribute to that?" and "What more will I do next time to make it successful?"

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Purpose:
To support the health and wellness of our customers and colleagues by fostering a culture of mutual care and mutual respect.

- **Mutual Care/Mutual Respect is the presence of a positive, interactive relationship between people.** "People" includes patients, customers, physicians, caregivers and colleagues.
- **From a colleague perspective,** we each own the quality of our relationships with each other.
- **From a patient perspective,** excellent care is a shared responsibility among the patient, their family and our colleagues and providers.

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General Workplace Violence Training

Programs should include:

- Workplace Violence definition/statistics
- Emotional Intelligence
- Situational Awareness
- Signs of Escalation
- De-escalation Strategies
- Reporting procedures



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Tailored Workplace Violence Programs



- Inpatient setting
- Pre/post acute
- Homecare

Each setting contains variables which affect the type of workplace violence as well as the available resources.

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Inpatient Setting

Added risks:



- Visitors/family members
- Influx of people
- Patient may be more easily frustrated

Benefits

- More colleagues available
- Areas of refuge
- Public safety resources
- Access control

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Pre/Post Acute

Added Risks:



- Stand alone facility
- Limited resources
- Areas of refuge
- Uncontrolled surroundings

Training:

- List of emergency numbers
- Protocols for emergencies
- Lock down procedures
- Evacuation plans
- Safe phrases-team atmosphere
- Surrounding community

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Homecare Setting



Added Risks:

- Alone
- Uncontrolled environment
- Exposed to elements/environment
- Driving hazards
- Limited resources


Training:

- Pre-screening
- Pre-planning
- 10 second scan
- Situational Awareness
- Exit strategies



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Reporting Incidents



Highly Unreported

- Staff does not recognize violence
- Feels it is part of their job
- Feels nothing will be done/unsupported
- Time consuming reporting system
- Lack of strong policies, procedures, training
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So Now What?

Have protocols in place

- Designee to follow up with colleague
- Designee to contact patient
- Flagging system for behavioral issues
- Consequences

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Safety is a Personal Choice

- Being situationally aware
- Having a plan
- Practicing emotional intelligence



NO ONE CAN DO THIS FOR YOU!

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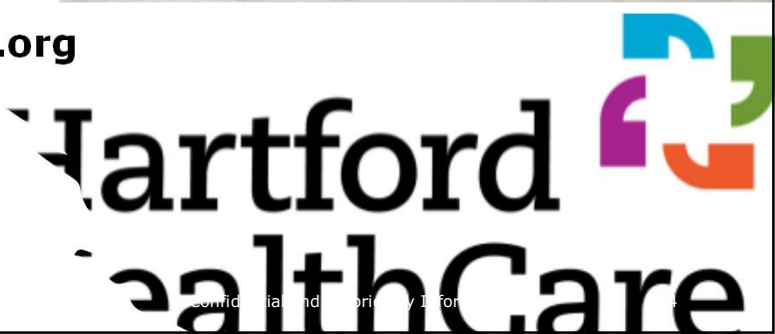
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Contact

Paula Steck
860-214-8210 (Cell)
Paula.Steck@hhchealth.org



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