

### Risk Management Grant Programs

#### Innovative Ideas to Address our Top Risks

– by Suzanne Duni, JD, RN, BSN

"To accomplish great things we must dream, but we must also act." - Anatole France

*Imagine for a moment that as you go about your day-to-day work in the hospital, you observe an event, a process or a system that seems to present a threat to the safety of your patients. Perhaps each time you engage in a certain procedure, prescribe a medication, discharge a patient, you are nagged by the idea that you are about to somehow contribute to a major patient safety event, one that has the potential to bring great harm to a patient— an event that you feel could be avoided. Maybe you simply need resources to conduct research and data collection to confirm a solid patient safety idea and drive change. If only you had more time, more help, and of course, more funding to support your efforts to find a way to prevent this from ever happening, or from happening again. Could you make a life-saving difference? Are you the catalyst to change?*

The Department of Risk Management Loss Prevention Program has been recognizing thought leaders and change agents in our system by providing funding for innovative efforts to reduce liability exposure through education and research projects for more than ten years. Selected projects must be related to professional liability (malpractice) or patient safety efforts and there must be an identified loss prevention benefit resulting from the project. Grant projects are typically implemented over one to three years and have a strong potential for becoming self-sustaining, essentially using grant funding as seed money. Over the past ten years, over 100 employed and affiliated providers have submitted proposals for our various grant programs and there are currently over 40 active projects in process.

Historically, the Department has offered three distinct grant programs. Primarily awarded to physicians who are indemnified through Lifespan Risk Services, or employed by Lifespan, the *Loss Prevention Grant Award* program provides support for new or seasoned investigators to implement projects intended to mitigate areas of known or potential risks and/or to create and enhance systems to improve patient safety. Grants are multi-year and limited to a maximum award of \$200,000. High priority is given to projects that are multi-disciplinary, self-sustaining and have a direct relationship to decreasing professional liability.

Available to all employees, the *Risk Management Grant* program is the Department's longest-standing grant program and over the past ten years has awarded a total of nearly \$1,000,000 to investigators. Goals of this grant program are similar to that of the Loss Prevention Grant program, however, projects funded by this grant are usually short-term, relatively small in scope, and typically focus on improving patient safety within a specific service or unit. Awards are capped at \$125,000, and the average amount of an award is approximately \$30,000.

Our newest program is the *Risk Management Grant for Patient Safety in Nursing*. This \$25,000 grant fund is intended to enhance Nursing professionalism in the workplace by rewarding initiative and creativity, and give Staff Nurses the financial resources they need to identify, design and implement innovative solutions to potential patient safety issues encountered on the floors, units and centers where direct patient care is rendered. Grant Project Managers must be Staff RN's and preference is shown for Nurses who are first-time grant applicants.



# Grant Project Spotlight

## **Behavioral Crisis Training—the “SafetyCare” Grant Project Awarded, 2010 Marge Paccione, PhD Director of Behavioral Education, Bradley Hospital**

On a daily basis healthcare providers throughout Lifespan are challenged to intervene with patients who are exhibiting difficult, disturbing and dangerous behaviors. Stress, worry, fear of the unknown, physical or emotional pain, disease, medication dependency, substance abuse, psychiatric illness and age-related dementia are a few of the issues that can underlie challenging behaviors. Patient behaviors during these critical episodes can include agitation, disorientation, hostility, self-injury, homicidal intent, extreme violence and destruction of property. The management of patients who are in behavioral crisis is one of the most difficult and risky undertakings for clinical and support staff throughout Lifespan. Skills to prevent, minimize or de-escalate a patient’s behavioral crisis are critical competencies for staff at all levels of our organization.



Hasbro ED staff at a Safety Care training session.

In 2009, under the direction of Dr. Paccione, Bradley Hospital developed and adopted a customized version of a nationally recognized crisis model called Safety Care. At the one year mark following project implementation, hospital wide restraint and seclusion was reduced by 17%, patient injuries during restraint interventions were reduced by 78%, parent complaints concerning child restraint or seclusion were eliminated for the full year and the number of staff hours lost from work due to patient handling injury was reduced by 48%. Press-Ganey Inpatient Behavioral Health Report Overall Mean Trend Analysis measures of patient satisfaction continue to trend upward. This quality improvement initiative was honored as the recipient of the 2009 Lifespan Fain Quality Award.

In 2010, Dr. Paccione was the recipient of a Risk Management Grant award to fund Safety Care training at three sites in the Lifespan system that had opportunities to improve management of patients with difficult behavior. Implementation of the program exceeded the expectations and goals set, and resulted in improved management of this population in each location. In 2012, additional funds were provided to implement Safety Care training at the Samuels Sinclair Dental Center. The Center provides dental care primarily to patients with a variety of special needs, and servicing this population is re-splendent with high risk behavioral, medical and safety challenges. The combined leadership of Samuels and Dr. Paccione’s team partnered to create a series of learning opportunities for staff that had the effect of decreasing staff injury by patients, and increasing patient safety and satisfaction.

Hoping to expand on the significant success in improving safety of patients and staff of Bradley Hospital's Safety Care program, Dr. Susan Duffy, in collaboration with Dr. Paccione, was approved for funding in 2013 for her project that involved adapting Safety Care crisis management and related staff training for implementation in the Hasbro Children’s Hospital ED. Currently underway, the primary goal of the staff training and implementation of the program is to increase the quality and effectiveness of developmentally appropriate crisis management for children with acute mental health crises and behavioral and developmental disorders, and their families.

The implementation of SafetyCare has given staff the tools they need to safely approach difficult interactions with patients, increase patient satisfaction and is another important step toward showing how Lifespan delivers health *with care*.

For more details visit our website at: <http://www.lifespan.org/grant-program.html>

# Sharing Good Work: Grant Publications & Presentations

More than 20 of our grant recipients have published and presented material related to their grant projects in peer-reviewed journals and at professional society meetings.

## ARTICLES

“Sim Mock Codes” (Awarded 2006 to Leo Kobayashi, MD) Peer reviewed article published in *Resuscitation*, 2010.

Found at: [http://www.resuscitationjournal.com/article/S0300-9572\(10\)00021-3/abstract](http://www.resuscitationjournal.com/article/S0300-9572(10)00021-3/abstract)

“Improving Quality of Care for Patients with Acute Delirium through Occupational Therapy and Nursing Collaboration” (Awarded 2010 to Lynn McNicholl, MD and Karen Joost, RN) Article appearing in nursing professional trade journal.

Found at: <http://nursing.advanceweb.com/Features/Articles/Defeating-Delirium.aspx>

“Behavioral Crisis Management” (Awarded 2010 to Marge Paccione, PhD)

A Crisis Management Quality Improvement Initiative in a Children’s Psychiatric Hospital: Design, Implementation, and Outcome. Paccione-Dyszlewski, M.R., Conelea, CA, Heisler, WC, Vilardi, JC and Sachs III, (2012). *Journal of Psychiatric Practice*, 18 (4), 304-311. Found at: [http://journals.lww.com/practicalpsychiatry/Abstract/2012/07000/A\\_Crisis\\_Management\\_Quality\\_Improvement\\_Initiative.10.aspx](http://journals.lww.com/practicalpsychiatry/Abstract/2012/07000/A_Crisis_Management_Quality_Improvement_Initiative.10.aspx)

“Pediatric Acute Airway Management & Team Training” (Awarded 2004 to Frank Overly, MD) Peer reviewed article published in *Pediatr Emerg Care*. 2014 Mar;30(3):157-60.

Found at: <http://www.ncbi.nlm.nih.gov/pubmed/24583574>

## POSTER PRESENTATIONS



“Improving Chronic Pain Management in the MPCU,” (Awarded 2009 to Mark Fagan, MD) Poster presented at the 2009 and 2012 annual meetings of the Society of General Internal Medicine



“Improving Communication and Quality of Care of Psychiatric Patients Using Standardized Patients and High Fidelity Simulation,” (Awarded 2011 to John Fedo, RN)

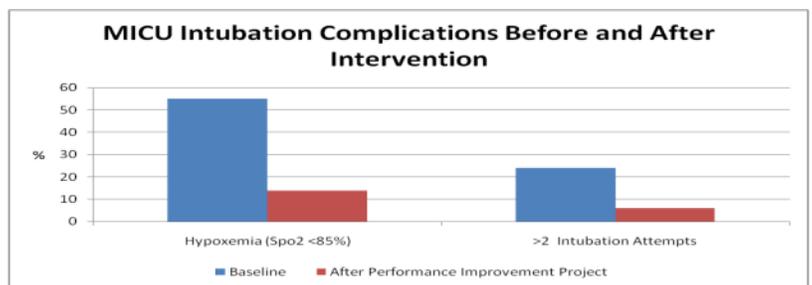
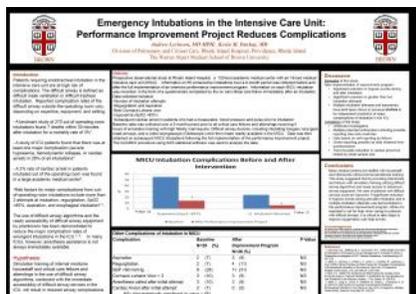
Poster presented at the 2012 Quality & Safety Education for Nurses National Forum

### Communication Leading to Excellence and Ameliorating Risk



“Project CLEAR” (Awarded 2011 to Lynn Sweeney, MD and David Lindquist, MD)

Presented at the International Meeting on Simulation in Healthcare held in San Diego in January, 2012.



“Decreasing Airway Complications in the Remote Hospital Location—Difficult Airway Training,” Awarded 2010 to Andrew Levinson, MD and Kevin Dushay, MD) Poster presented at the Society of Critical Care Medicine Conference in San Diego in January, 2011.

# FOCUS on Nursing - A Simple, Important Solution

The purpose of this section is to share summaries of closed cases that have occurred in the New England area and represent real life issues that provide proactive risk management educational opportunities. The cases used may come from Lifespan affiliates, or other institutions or practices, or may be composites of several cases with very similar fact patterns. We present these cases because we believe they have some relevance to situations that you may encounter.

## Relying on Memory

**ISSUE:** Orders to turn a patient every two hours rely upon the nurse remembering to (1) turn the patient and (2) document implementation of the order in the patient's record.

### FACTS:

- ◆ Mrs. P was an 88 year old woman, admitted to the hospital from an outside ER following a fall with a 1.5 cm pink abrasion on her buttocks. She was assessed by a skin care consultant and placed on a pressure reducing mattress and Q2 hour turning protocol. Four days later, Mrs. P underwent spinal surgery. At that time it was noted that she developed decubiti to both heels and her sacrum, which were treated with sterile dressings. On postop day #4, the wound care specialist consulted on Mrs. P's sacral ulcer, but was unable to observe the freshly-dressed sacral decubitus. It is important to note—the nursing notes contained, at best, sporadic documentation of Mrs. P having been turned every two hours as ordered on the orthopedic floor.
- ◆ 13 days after admission, Mrs. P was transferred to a medical floor, where she was placed on a static overlay mattress and Q shift turning protocol. After the initial consultation, Mrs. P was not seen by the wound nurse for another fourteen days. Nursing documentation related to successful implementation of the turning protocol again was sporadic.
- ◆ By the time Mrs. P was placed on a pressure reducing mattress, her 1.5 cm sacral ulcer had evolved to a Stage IV necrotic decubitus. She had an excision of the ulcer with flap closure and was discharged to a nursing home the following day. One month later, Mrs. P was found unresponsive in her nursing home bed, and died in the hospital a few days later. Mrs. P's cause of death was related to sepsis and an infected decubitus ulcer.
- ◆ Her family brought suit against the hospital and nursing staff, alleging failure to turn the patient to keep pressure off of the sacral wound among other allegations of failure to adequately treat the patient.
- ◆ Wound care experts were unanimously critical of the nursing care with regard to (1) implementation of the turning protocol, and (2) documentation to support the patient had been adequately repositioned. In addition, the case turned on the opinion of a physician expert who was able to establish a tenuous link between the patient's death and her evolving, infected sacral ulcer.
- ◆ The case settled in the mid-range.



**SOLUTION:** "Timers Prevent HAPU's," Awarded in 2012 to John Pilcher, RN and Kelly Collins, RN

The intent of this ongoing, no-nonsense research project is to utilize a brand of timers that clip to the bedside chart and beep quietly for a short time as a simple reminder that the at-risk for HAPU patient needs to be turned. This provides a clear prompt to the RN or nursing assistant that the patient needs to be repositioned. In order to measure the effectiveness of this intervention, pre- and post-data was gathered from surveys, HCAPS, NDNQI, SCIhealth data, and educational materials from NPPR. Although the data has not been validated, the PI reports that this research project, along with other hospital-wide efforts to reduce pressure ulcers, has anecdotally resulted in a reduction in pressure ulcers, decreased length of stay, decreased falls, increased patient/family satisfaction, and increased communication between nursing and CNA staff.

*Special Pull-Out Section*  
System-Wide **New**  
**Personal Vehicle Policy FAQs**

## **What is the Personal Vehicle Policy?**

- ◆ A new Risk Management system-wide policy and procedure that provides guidance & standards for Lifespan employees while operating a personal vehicle on company business.
- ◆ It's entitled "Personal Vehicle Policy", and is located on the Lifespan Intranet in the Policies section under Lifespan Corporate Services, Risk Management.
- ◆ The policy has been rolled out in phases & is posted on the Intranet with applicable attachments, alongside its existing companion policy, "Fleet Risk Control Policy".

## **How does the Personal Vehicle Policy differ from the Fleet Policy?**

- ◆ The "Fleet Risk Control Policy" applies to all Lifespan employees authorized to drive a Lifespan vehicle (owned, leased, or rented).
- ◆ The Personal Vehicle Policy applies to all Lifespan employees while they are operating a personal vehicle on company business.

## **Why was the policy written?**

- ◆ Because operating a personal vehicle on Lifespan business is an important responsibility and we want to:

<i>Ensure the safety of our patients, employees &amp; the general public</i>	<i>Protect Lifespan's financial assets</i>
<i>Protect Lifespan's reputation &amp; avoid negative publicity</i>	<i>Protect Lifespan's insurance coverage and comply with commercial auto insurance requirements</i>
<b>And most importantly, it's the right thing to do.</b>	

## System-Wide *New* Personal Vehicle Policy FAQs (cont'd)

### **Who does the Personal Vehicle Policy apply to?**

- ◆ The policy applies to anyone who drives a personal vehicle on Lifespan business, but there are different driver types with different requirements.

Type 1 driver: Those who, in general, do not drive with any great frequency or distance, such as driving to affiliates or off-site Lifespan locations for meetings, etc.

Type 2 driver: Those who drive on a routine basis in the performance of job duties, such as home visits. Consider that "routine" may mean frequency or distance. Lifespan Risk Services (LRS) suggests a threshold of 150 miles/month or >.

Type 3 driver: Those whose job requires transporting Lifespan patients — even if only once a year.

### **What are the main policy/procedure requirements?**

- ◆ All Lifespan employees who operate a personal vehicle on company business must read and abide by the applicable portions of the policy. This includes all 3 driver types.
- ◆ In addition, Type 2 & 3 drivers must:
  - 1)Undergo driver education: The education is an on-line program that takes about 15 minutes to complete — similar to a Lifespan Computer-Based-Learning annual competency.
  - 2)Undergo a Motor Vehicle Record check: Lifespan wants to ensure that employees who operate a personal vehicle on company business exhibit safe driving behaviors.

### **What are some other policy highlights?**

- ◆ Loss prevention strategies & safe driving rules
- ◆ How to obtain supervisor authorization to drive (Type 2 & 3 drivers)
- ◆ What to do in the event of an accident
- ◆ Explanation of how the MVR Point System works
- ◆ Driver & supervisor responsibilities
- ◆ And much more. All Lifespan employees who operate a personal vehicle on company business must read & comply with the policy.

### **Where can I find more information?**

- ◆ The policy is located on the Lifespan Intranet under the Administrative tab. Go to Lifespan Policies Page, then Lifespan Corporate Services and open the Risk Management folder. Both the Fleet and Personal Vehicle policies and their attachments are located there.
- ◆ For questions, please call Lifespan Risk Services at 444-8273.