

**Quality and Productivity Commission**  
**32<sup>nd</sup> Annual Productivity and Quality Awards Program**  
**"Innovating for Impact"**

**2018 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: REDUCE PSYCH ER PATIENT TO STAFF ASSAULTS**

**DATE OF IMPLEMENTATION/ADOPTION:** MAY 2017

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

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The initiative for the project stems from an increase in patient-to-staff assaults in Psych ER and an outcry for help in managing these violent/acting out patients. Given patients' high acuity, early releases from jail (AB109), increased patient to staff assaults with major incident in May 2017 and coupled with new regulatory mandate for Health Care Organization's workplace safety program a committee was formed to address these issues.

The aim of the initiative is to reduce the number of patient to staff assaults with harm score >5 to zero by May 2018. Hence a program to (1) Identify patients with propensity for violence; (2) Communicate dangerousness to all disciplines; (3) Intervene to prevent patients/staff assaults and (4) Identify tracking mechanism between units/hospitals/admissions.

Significances are: (1) Promote safer work environment for staff/patients; (2) Improve patient and employee engagement (3) Reduce harm events and (4) Maximize revenue/reduce cost.


**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$282,468		\$	\$282,468	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY (6-8 INJURIES ANNUALLY = \$282,468 - 376,624.00 RESPECTIVELY)

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Emergency Services, Psychiatric Emergency Room. 1987 Marengo Street, Rm#1F417, Los Angeles, CA 90033,	<b>TELEPHONE NUMBER</b> (323) 409-7085
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<b>PROGRAM MANAGER'S NAME</b> Sunday Okundolor, Nurse Manager	<b>TELEPHONE NUMBER</b> (323) 409-7681
	<b>EMAIL</b> solundolor@dhs.lacounty.gov

<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Lisa Finkelstein 	<b>DATE</b> 7/5/18	<b>TELEPHONE NUMBER</b> (213) 288-8104
		<b>EMAIL</b> lfinkelstein@dhs.lacounty.gov

<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Christina R. Ghaly, M.D. 	<b>DATE</b> 7/5/18	<b>TELEPHONE NUMBER</b> (213) 288-8101
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**1<sup>st</sup> FACT SHEET – LIMITED UP TO 3 PAGES ONLY:** Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame**. Use Arial 12 point font.

The project had quick buy in of the champion and executive sponsor, Ms. Sheila Mallett, CNDII, Ms. Florence Ahenkorah, quality Improvement Project leader for the DEM, Alirio Olmedo, Doreen Rivera, NM, Kenneth Huezo, NM, Christina Sanchez, NM, Kathy Garvin, ANM; Ramon Sanchez, Office of Regulatory Compliance, Roberto Avita, Risk Management, EDCOS staff (Mark Hollinger and Michael Pucket), LASD officers lead by Sgt. Kennison, Dr. Robert Cobb, and attention of administrator, Mr. Cecil Clark. Nonetheless, funding was a challenge for the implementation of the needed gap-bridger staff members.

**Solutions:**

Since initiating the committee and project, we have:

- (1) Increased our number of staff drills on handling improved Crisis Prevention Intervention (CPI) methodologies of deescalating and handling violent patients.
- (2) Trained more CPI instructors (from zero to 5 staff not including EDCOS trained staff) to increase the frequency of training/drills.
- (3) Instituted a 'Shift Dose' TeamSteps strategy of improving communication among team members from all disciplines in 11/2017.
- (4) Incorporated a Golden Hand signage in 1/2018, adopted from Ranchos Los Amigo project.
- (5) Researched and implemented a validated violence screening tool, the Modified HCR-20<sup>3</sup> 3/2018.
- (6) Conducted a staff satisfaction survey of the efficacy of the project and benefit/relevance to their practice.
- (7) Explored and ordered protective devices for staff to mitigate severity of injury should any assault occurs.
- (8) Developed a post assault debriefing to evaluate our process, and share lessons learned in Shift Dose to prevent reoccurrence and empower staff.
- (9) Extended Helping Healers Heal support to all staff in case of an assault.

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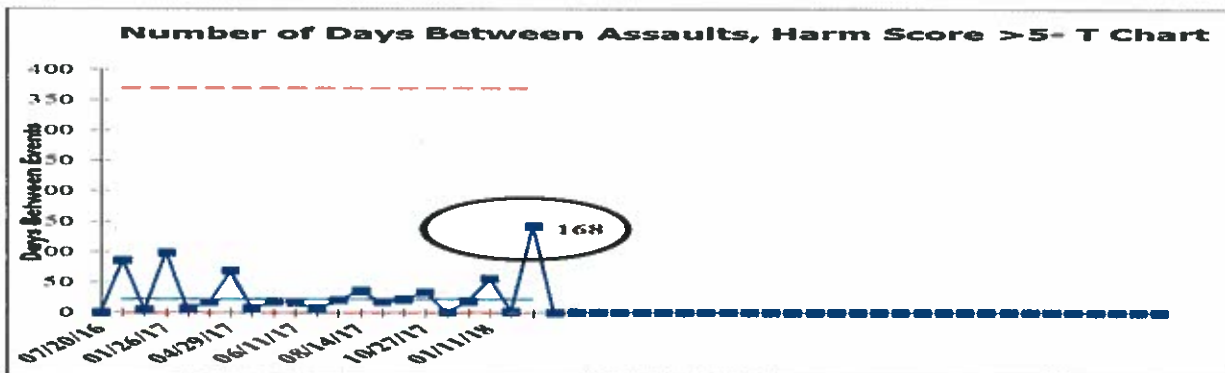
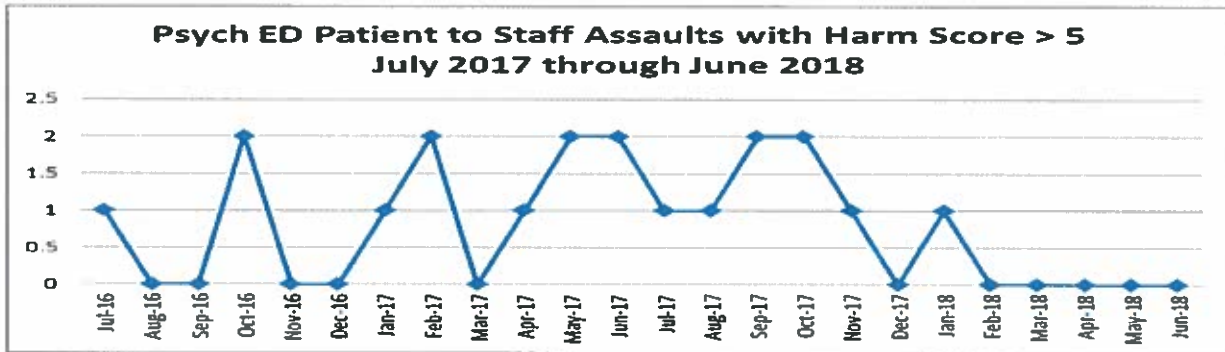
**NAME OF PROJECT: REDUCE PSYCH ER PATIENT TO STAFF ASSAULTS**

Use Arial 12 point font.

**Benefits:**

**Results indicate:**

- (1) A slow reduction in number of assaults with Harm Score >5 with last assault reported in *January 2018*.
- (2) Since January 2018, there has been zero assaults with Harm Score >5 in Psych ER.
- (3) 100% of staff surveyed value the Golden Hand signage as useful cue as well communicating patients' dangerousness to them.
- (4) Compared to our conventional standard "Assaultive Precautions" that was independently triggered, HCR-20 has been shown to focus and flag the seriously violent patients for better resource management and monitoring.
- (5) In addition, survey revealed staff perceived self-efficacy jumped 17% points from 78% to 95%.
- (6) Currently adopted in medical ED North Pod with a plan for LAC+USC hospital-wide adoption.



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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

**Challenges:**

Some of the ongoing challenges now include:

- (1) Tracking/storing the paper HCR-20 audit tool
- (2) Purchasing the license for electronic version of the HCR-20 screening tool to facilitate EMR implementation.
- (3) Universal alert symbol (eg, GH for Golden Hand) on EMR tracks for historically tracking patients with violent episodes.
- (4) Tracking system between hospital units, and admissions
- (5) Funding for additional staff member to bridge identified gap.

The project is directly linked to LAC+USC as well as consistent with LAC strategic goals under 'Our People' pillar, specifically our employee wellness and safety as well as maximizing our resources under same heading. The project will reduce unexpected funds spent on staff injuries amounting to \$94,156 annually for every 2.1 Registered Nurse (Gabel, et al., 2014; LAC DHS 2018 Annual Core Competency). This is in line with 2016-2021 County of Los Angeles Strategic Plan, Goal 111. Realize Tomorrow's Government Today. In particular, Strategy 111.1 – Continually pursue development of our workforce. Also 111.2.3 Prioritize and 111.3.1 maximizing revenue as this project seeks through electronic implementation and injury prevention.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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Annual estimated cost avoidance of \$94,156 per 2 RNs, includes treatment and indemnity costs for nurses injured from assaults, using the Gabel-Speroni, et al., cost of injury model (Gabel-Speroni, et al., 2014). This cost avoidance estimate is based on 8 assaults with harm score >5 in Psych ER for the same time period in the year prior to the study November 2016-June 2017 (\$376,624) reduced to 2 assaults for the study period November 2017-June 2018 (\$94,156) equaling a cost avoidance of \$282,468.

**Reference**

Gabel-Speroni, K., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and Cost of Nurse Workplace violence Perpetrated by hospital Patients or Patient Visitors. *Journal of Emergency Nursing*, 40(3), 218-228.