

Care New England The Providence Center

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INTRODUCTION

This report is at the request of Care New England, Risk Management as part of a routine assessment program. This site has not previously benefitted from a risk assessment.

The Providence Center (TPC) is a service with twenty-six locations in Rhode Island completing over 40,000 encounters in 2023. Other than a crisis stabilization unit, housed at Butler Hospital, services are provided at the Center on North Main Street in Providence, in the community, in residential centers, and in patient/clients homes. Patients/clients served include adults, child and adolescents. The Providence Center works to serve a community of people with behavioral/mental health diseases in a compassionate, non-judgmental, therapeutic manner while maintaining a safe environment for patient/clients and staff.

Services provided include Adult Outpatient, Integrated Community Treatment, Crisis Stabilization, Assertive Community Treatment. Medication management, therapy, individual, group and peer support are provided as well as health and wellness to a population affected by psychiatric illness, psychosocial issues and substance abuse disorders. The Mobile Crisis Team works in conjunction with law enforcement. This reflects a high-level overview of the therapies and other services offered by The Providence Center.

ASSESSMENT PARTICIPANTS

Company	Name	Title/Position
TPC	Jillian Roy, RN	CEO
TPC	Benjamin Isaiah	COO
TPC	Donna Bagdasarian	Senior Manager, QI
TPC	Paul Wallace, MD	Assistant Medical Director
TPC	Luisa Herrera	Program Support
TPC	Gabriella Garza	Director of Care Integration,
CNE	Brian Lacerda	System Director Security & Safety, CNE
CNE	Elizabeth Fecteau, JD, CPHRM	Director of Loss Prevention and the Workers' Compensation Program, CNE Risk Management
CNE	Mary Warburton, M.Ed.	Senior Program Specialist, CNE Risk Management
AEIX	Vicky Rollins, RN	Senior Risk & Patient Safety Consultant

KEY STRENGTHS

- The Providence Center (TPC) enjoys dedicated staff at all levels.
- There is a commitment to deliver quality care to all who are served.
- Leadership rounding is conducted to engage and hear staff.
- TPC has been designated by the State as a Certified Community Behavioral Health Center as of October 1, 2024.
- TPC has strong managers.
- TPC has a large footprint in the community with 26 locations.
- TPC provides clinical supervision as a training site for therapist students to gain licensure.

RISK MANAGEMENT RECOMMENDATIONS

Priority	Enterprise Risk Management Domain-Clinical/Patient Safety
1	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • The Medication sign-out sheet is not being completed. The form asks for specific information, which this consultant believes TPC has determined to be required information and therefore needs to be accurately completed to account for patient's medications. The consultant observed that the medication sheet was missing name of medication, a and dosage information. • <u>Rationale:</u> • Medication safety is a priority for all patients/clients. • The entries on the sign-out sheet are there for tracking, patient/client support and accurate medication management. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Conduct training/education/in-services so that staff responsible for signing out medications understand the importance of accuracy and their individual responsibility. Monitor for a period to determine medication sign-out sheets are being completed fully and accurately.
Priority	Enterprise Risk Management Domain-Clinical/Patient Safety
1	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • Behavioral health goals are a crucial part of recovery efforts because they provide clear direction, enhance motivation, foster a sense of control and allow individuals to track progress • Home/community visits were routinely conducted prior to COVID. During COVID changes were required. Post COVID, some staff have continued to require patients/clients come into the center rather than visiting the patient/client in the home/community. • Tracking progress in the patient's/client's current setting gives the clinician a more accurate understanding of the patient/client status and condition. • <u>Rationale:</u> • To adequately assess patient/client condition and/or level of caring for themselves the patient/client should be visited in the home/community setting. A patient/client can "say" anything however the burden to verify that information falls to TPC staff. • Although each patient/client has a care plan/goal established for the individual, there should be consistency across the clinical staff as to how the patients/clients are evaluated. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Establish (or re-establish) and communicate the expectation that the patient/client population at home /community while being treated are expected to be observed in their homes/community settings. • Review/update/re-train staff on safety precautions, policies, and procedures regarding visiting the patient-in the home/community environment. • If staff is uncomfortable seeing a patient/client alone, provide for a system that allows the staff to request another staff member to accompany them on the visit to increase staff comfort and security. • Resource: "Goal Planning in Mental Health Service Delivery: A Systematic

	<p>Integrative Review”, https://pmc.ncbi.nlm.nih.gov/articles/PMC9807176/pdf/fpsyt-13-1057915.pdf</p> <ul style="list-style-type: none"> Resource: “SAMHSA’s Working Definition of Recovery”, https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf
Priority	Enterprise Risk Management Domain-Clinical/Patient Safety
1	<p><u>Findings:</u></p> <ul style="list-style-type: none"> Lack of accountability contributes to the gap between best practices and potential outcomes. Treating clinicians have a role to play in patient/client accountability. Failure to confront patient/client behavior that is unacceptable in any setting by “excusing an established well-known patient/client for any reason (“patient/client having a bad day)”, does not enhance patient/client accountability or assist in recovery efforts. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> Doing what is best for the patient/client is the clinical expectation. By failing to hold the patient/client accountable, staff are not providing care that supports the patient/ client in achieving their full potential. This practice can undermine the therapeutic relationship and may place staff in jeopardy of providing care that does not meet the standard of care. Being held accountable by others (clinical staff, peers) can provide support and motivation during difficult times. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Coach and counsel staff as to why consistent applications of interventions that hold patients/clients accountable to goals are in the patient/client’s best interest to achieve maximum health. Use stories and events to convey how staff interaction or lack of, can influence the patient/client condition. Monitor staff for compliance and implement improvement plans for staff that fail to comply. <p><u>Resources:</u></p> <ul style="list-style-type: none"> Shared Decision Making in Mental Health Care. https://store.samhsa.gov/sites/default/files/sma09-4371.pdf
Priority	Enterprise Risk Management Domain-Clinical/Patient Safety
2	<p><u>Findings:</u></p> <ul style="list-style-type: none"> <u>Many patient/clients are required to visit TPC to obtain medications on a scheduled basis, daily for example.</u> <u>Appointment times are set and the patient/clients checks in at that time.</u> <u>In some circumstances patients/clients are waiting for extended periods of time before being seen.</u> <u>It is unknown if this is due to reprioritization of patients/clients based on an emergent/urgent situation or some other mitigating factor.</u> <u>There is a perception reported that this practice of a set appointment time but extended wait time is intentional by some treating clinicians.</u> <p><u>Rationale:</u></p> <ul style="list-style-type: none"> Patient/client satisfaction is an important aspect of care. Treating this patient/client population requires nonjudgmental care and sensitivity to the individual. While this practice may appear to alleviate treating an emergent/urgent patient/client,

	<p>it has the potential to create dissatisfaction and potential disruptive environment.</p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Investigate as to whether there are valid reasons for extended wait times. • If valid reasons are found for extended wait times, share this information with staff and patients/clients. • Offer to have the patient/client reschedule if the wait is inconvenient. • If it is identified no valid reason exists and this is a consistent practice, coach/counsel staff as to acceptable practices for scheduling patient/clients and monitor for compliance.
Priority	<p>Enterprise Risk Management Domain-Clinical/Patient Safety</p> <p><u>Findings:</u></p> <ul style="list-style-type: none"> • TPC has implemented a flag in EPIC to identify patients/clients that are “violent”. • Staff described the process as once the “violence” flag has been placed the patient/client will be evaluated every month to determine if the threat no longer exist and can be removed. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> • Implementing the flag can provide an alert to staff providing care of demonstrated past patient/client behavior. • When the TPC EPIC system goes online with all CNE, the flag will appear in all practice settings which may lead to bias against the patient/client. <p><u>Recommendations:</u></p> <p>Monitor the process until it is hardwired that the monthly evaluations are occurring and documentation demonstrates keeping or removing the “violence” flag.</p>
Priority	<p>Enterprise Risk Management Domain-Human Capital</p>
1	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • While vacancies continue, newly hired staff with minimal experience, require increased support and training. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> • The staffing shortage in all positions is a situation every healthcare organization in this country faces. • Recently graduated staff are being hired with limited experience in their roles. The staff is needed, however least experienced staff require additional training, mentoring and oversight to develop the individual into an experienced professional. • Placing a new staff into a position without the requisite training and mentoring, places patients/clients at risk and places the employee at risk for mistakes, frustration and burn out. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Review the current training provided to newly hired staff and work with managers and staff to support newly hired staff. <p>TPC may want to train some staff in how to precept/mentor new staff to increase competency and provide the best experience for the mentor and mentee.</p>

Priority	Enterprise Risk Management Domain-Human Capital
2	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • There are a limited number of signs indicating that TPC is a weapon free zone. Some of the signage is in small print at the bottom of other information. • Security staff have taken weapons away from a handful in patient/clients but the concern for patient/client/staff security remains high. • Metal detector wands are available but slows down the process of patient/clients getting to appointments in a timely fashion and staff express that the metal detection wand is contraindicated in a healing therapeutic environment. • Staff have been known to open locked doors to a disruptive/aggressive patient/client exposing self and others eliminating the protection offered by locked doors. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> • Balancing a therapeutic environment with patient/client/staff/visitor safety and security is a fine line that must be thoughtfully considered. • By having signage about TPC being a weapon free zone puts patient/clients/staff/visitors on notice of what is acceptable on the premises. • Although the frequency of weapons on premises is low, the potential severity of an event is high. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Consider revision of the signage to be clearer and more visible and then increase the number of "The Providence Center is a weapon free zone" signs on campus. • Include the fact that TPC is a weapon free zone in patient/client printed materials Include weapon awareness and safety as part of employee orientation. • Train staff on their individual responsibility for safety and security. Conducting drills on a patient/client displaying disruptive and/or aggressive behavior staff response. • Drill during normal business hours. Debrief the drill asking what worked, what didn't work and what needs to be changed for a better response. • Consider a canine weapon/drug sniffing program at TPC. This program is currently being used at Butler Hospital and security leadership reports satisfaction with the canine program. The use of a canine sniffing dog is recommended based on the feedback of the success of this program at Butler Hospital. The dog alerts a security officer if is weapon is detected, and the patient/client can be approached to give up the weapons and/or undergo a second screening. This allows for all patients/clients to undergo a first round screening and provides detection information specifically for follow up by security to the individual identified by the weapon sniffing dog focusing attention where identified, not suspected. • Resources: • Protecting Safety, Preserving Peace: A New Standard in Mental Health Security Screening, https://www.ehstoday.com/safety/article/21919719/protecting-safety-preserving-peace-a-new-standard-in-mental-health-security-screening
Priority	Enterprise Risk Management Domain-Operational
1	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • The adjacent parking garage at the North Main location cannot be locked down and an unhoused patient/client is sleeping in the garage and using it as his home. • An assault of a Pharmacy employee has occurred on premises. • While on tour of the inside and outside of North Main center, lasting 90 minutes, security was not observed either rounding, outside or in designated security

	<p>stations.</p> <ul style="list-style-type: none"> • Stairwells are open to all and do not have cameras. Patients/clients have encountered in the stairwells by staff raising concerns for their security. • The fence between the upper level parking and the actual parking structure has come down providing access to an area that can be accessed by unhoused individuals and a suitcase was seen. • Staff have voiced concerns about using the parking structure and personal safety. • There are various alcoves and entrances that are used by individuals for sleeping and shooting up for example, leading to staff concern for their safety. <p>Rationale:</p> <ul style="list-style-type: none"> • Behavioral health services provide care to clientele that may be in active crisis or unable to exercise impulse control and may act out aggressively. • TPC is “on notice” that assault/altercation occurred on the premises and therefore are obligated to take measures to prevention future events. • In the mental health outpatient setting, “worker safety” primarily refers to protecting staff from potential violence or aggressive behavior from patients/clients which can be achieved in part by maintaining a safe physical environment, recognizing warning signs and ensuring adequate staff support systems are in place. • Mental health workers are at increased risk of burnout and workplace stress based on the patients/clients they serve leading to burnout, staff turnover, difficulty in recruitment and potentially increase in use of sick leave. <p>Recommendations:</p> <ul style="list-style-type: none"> • Increase security rounding during work hours, inside and outside. • Implement security afterhours. If current staffing levels cannot accommodate an increase in hours consider a contract service to patrol the TPC campus including the parking structure. • Install panic alarms in the parking garage. • Install cameras in stairwells or make stairwells badge access only. <p>Resources:</p> <ul style="list-style-type: none"> • Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, https://www.osha.gov/sites/default/files/publications/osha3148.pdf
Priority	Enterprise Risk Management Domain-Operational
2	<p><u>Findings:</u></p> <ul style="list-style-type: none"> • The plexiglass at the Emergency Service registration area has been cracked when a patient/client deliberately hit the plexiglass. Another attack to the cracked plexiglass appears as if it could break completely. • The first floor ambulance entrance Security station has plexiglass that does not cover the entire opening. • The Providence Center has been vandalized, windows along North Main Street intentionally broken. <p><u>Rationale:</u></p> <ul style="list-style-type: none"> • Safety and security are a concern in all healthcare settings. An increase is being seen of weapons in healthcare setting with increased focus by states and OSHA on improving worker safety. Physical barriers can be a deterrent for patients/clients and serve as increased protection for staff safety. • Bulletproof glass, may be referred to as impact-resistant glass, is used to protect staff and patients/clients from potential harm by providing a barrier that can withstand

forceful impacts particularly in situations where a patient/client/visitor **may become** aggressive.

- Patient/client behavior can be unpredictable, and staff may be unable to diffused by verbal de-escalation techniques.
- Repeated replacement of windows is a financial drain on operational expense.

Recommendations:

- Install bulletproof glass at the Emergency Services registration area with microphones and at the 1st floor Security station, to facilitate communication and security of staff.
- Recognizing the financial commitment required for vandalized window replacement, conduct a cost/benefit analysis for replacing North Main facing windows with bulletproof glass when vandalized.

SUMMARY

The Providence Center is servicing thousands of patient/clients with professionalism and caring despite staff shortages. Recently designated a Certified Community Behavioral Health Center comes with additional responsibilities for patients/clients that was gladly accepted. No matter the healthcare setting when being assessed areas for improvement will be found. TPC leadership and assessment participants were open and direct allowing for a robust and meaningful process.

To assist the organization in deciding where to dedicate time and energy for improvements a priority system is recommended as follows:

Priority 1-requires action within the next 90 days (3 months)

Priority 2-requires action within the next 180 days (6 months)

Priority 3- requires actions within the next 270 days (9 months)

NEXT STEPS/FOLLOW UP

There is significant information contained in the report being provided. The organization/service/department will want to begin an effort to address risk management recommendations. A format is provided attached to this report to facilitate the efforts to implement change. Its use is optional however is provided to assist the work to come.

The consultant conducting the service and writing this report has a vested interest in supporting The Providence Center on the path to improving care and mitigating risk. As such, there will be follow up activities, for example, calls or emails, online meetings or revisiting to reassess the risk management recommendations implementation. These undertakings are ongoing support and assistance and will be conducted within 12 months of the service date.

RESOURCES

Considerable research was conducted attempting to locate resources specifically on the balance of a compassionate therapeutic environment with a safe environment. There was not a lot of material found. The articles that may be of benefit are founds at the links below.

How to Approach Workplace Violence Caused by Mental Health Episodes,
<https://www.centegix.com/blog/how-to-approach-workplace-violence-caused-by-mental-health-episodes/>

Unique Challenges for Behavioral Health Providers in Protecting Health Care Workers While Balancing the Needs of Patients,
https://www.hirschlerlaw.com/assets/htmldocuments/20_CONNECTIONS_JULY_Digital.pdf

LIMITATIONS OF THE REPORT

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