Safety Committee Meeting Minutes 11/17/2017

Present: Catharina Lee, Cyndy Singletary, Laveda Bacetti, Aisha Darby, Kevin Kearney, Tonii Gedin, Sean Berry, Kim Riopelle, Lawanda Williams, Katie League, Margaret Flanagan, Taylor Kasky

Agenda:

I. Updates to Charter: Discussed recent safety committee charter changes and asked for feedback from different disciplines regarding highest priorities for patient and staff safety.
II. Safety Committee Feedback on Risk Management Policy and 2018 planning:
- o Housing Services
  - Vehicles generally – GPS holders, shortage of Agency vehicles, de-escalation training when transporting clients, providing extra car covers for bed bug treatment, trainings on how to handle clients possessing drugs (who is culpable)
  - Awareness of security issues for staff entering 421 Fallsway building
  - Infestation protocol, client response protocols, vehicle protocol for bed bugs or other infestations
  - Staff scheduling home visits/issues surrounding home visits
  - Potential for physical violence w/clients
  - Fire hazards during home visits
  - Overall security issues including lack of security on 3rd floor
  - "Hotspots" so staff can know when to double up
    - Option of doubling up for any new home visit
    - Clarifying the guidelines around "doubling-up"
- o Nursing
  - Restricting access to medication room: currently fobbed, but want to add additional protections
  - More drills – active shooter, etc.
- o Clinic Operations
  - Animals in the building and better understanding of this policy
- o Behavioral Health
  - Crosswalk at fallsway
  - Refreshers for staff on being trauma informed
  - Procedure for handling risks and threats from clients – which staff members should be informed of threats made by clients
- o Outreach
  - Transportation of PHI and other sensitive materials between sites
  - Establishing boundaries for sending staff members on outreach
- o Additional Site consideration

- - CAP/DAP procedure – safety of clients and staff off sites (eg CCP bomb threat)
    - Resources not available at CCP for staff (prevents infection control, issues of safety and security within the space)
    - Clients not being held accountable for actions
    - How to respond to destruction of property
  - Medical:
    - Lab tracking – standardizing response for abnormal responses
    - Medication management including storage, administration and prescribing
    - Tracking incidents and near misses to better capture data in order to analyze and create trends surrounding safety concerns

III. Governance, Risk and Compliance System (GRC) Incident Reporting
  - Introduction to the GRC system for Safety committee members to better capture and analyze incidents across HCH sites
  - Goal is to utilize system to organize and provide access to Policies and Procedures for staff
  - Reviewed Incident Reporting module including creating a new incident
  - Questions from Committee:
    - Submitting an incident is not anonymous – staff with certain levels will be able to see who files the report. However, the compliance department is creating a compliance hotline for those who want to report incidents anonymously
    - Anything missing from the "type of incident"?
      - Ethics violation
      - Theft
      - Threat against staff
    - Sites: add off site
      - Home visit/field visit/outreach
      - Sojourner Place
    - Incident reporting connected to policies. If an incident reveals that someone violated a P+P then it becomes an HR issue
    - Questions of whether submitted reports can be edited – would depend on privileges granted to staff member (non-admin/supervisory staff not able to edit)

Follow-ups: The Compliance Team will:

1. Send all members of the committee screenshots from the GRC incident-reporting platform to get feedback on content and layout.
2. Send committee login information to test system once work out internal issues
3. Create timeline for incident reporting within the GRC
4. Take information from teams to develop safety goals for 2018. This will complement the Risk Management Plan and Goals
5. Work with additional sites in order to increase participation and representation

Next meeting: December 20, 2017

Themes: Safety Committee and Risk Management Goals

Staff Training and development	Facilities/Physical Security	Infection Control/Public health	Offsite safety/portable clinical care	Patient safety and confidentiality
de-escalation training when transporting clients	security issues for staff entering 421 Fallsway building + surrounding area (e.g. crosswalk)	Infestations – dealing with within HCH and outside of	Home visits – fire hazards, physical violence	Restricting access to medication room: currently fobbed, but want to add additional protections
trainings on how to handle clients possessing drugs (who is culpable)	Physical violence	Lack of infection control supplies at CCP	Staff awareness of areas that are higher risk	Transportation of PHI and other sensitive materials between sites
Protocols on infestations	Security in areas without security (e.g. 3rd floor Fallsway, Balt. County)	Lack of sinks at CCP	Essential job functions that may impact staff safety (e.g. outreach to certain areas)	Encrypted laptops
Protocols on doubling up when on outreach	More drills – active shooter, etc			Lab tracking – standardizing response for abnormal responses
Animals in the building and better understanding of this policy	Procedure for handling risks and threats from clients – which staff members should be informed of threats made by clients			Tracking incidents and near misses to better capture data in order to analyze and create trends surrounding safety concerns
Refreshers for staff on being trauma informed	CAP procedure consistent across sites			Medication management including storage, administration and prescribing
Procedure for handling risks and threats from clients – which staff members should be informed of threats made by clients	Improved communication about CAP and clients			