

Risk management: Safety Issues

2/18/2020

Medication management protocols, drug sided effects and interactions need to be addressed

No Medication error policy.

No protocols or trainings for de-escalation, intervention and, 5150 protocols and procedures to respond to residents assaultive behaviors, verbal and physical, and racial attacks on both peers and staff.

No effective Management responses to bullying and false allegations. Staff to staff, resident to resident and any combination thereof.

No Interventions for predatory behaviors.

Environmental risks:

Clients' rooms hazardous, filthy, unsanitary and dilapidated furniture.

No interventions for residents who hoard.

Wheel chair van 20 years old, unsafe.

No Contraband policy and interventions regarding our duty to store toxic, flammables or sharps, drugs on unit.

Protocols for contraband, clients and visitors

Idiosyncratic use of Door alarms, broken fire doors.

Second hand smoke

Management issues:

New employees hired with no experience or discomfort with population, don't know how to chart, do not know how or when to intervene, trained by peers. Poor supervision, favoritism.

Hiring concerns: should have interdisciplinary panel in screening.

Client health: Gravely disabled clients not conserved. Unable to make informed medical decisions. Serious conditions left untreated.

We accept behaviorally challenging clients, stealing, drug use, medically non-compliant, psychiatrically unstable with no accountability.

Unresponsive case management, unclear linkages to program.

Followup:

Met with risk mgmt. and Linda Sims. This was not very productive as RM is mostly to deal with incidents after they happen, rather than fixing our policy/procedure/safety issues. The above issues were not addressed as it is not within the purview of the Department of risk management.

Some issues of note:

RM can do Root Cause analysis for managers to understand how to investigate an incident. They leave it up to managers to correct. The ARF and the RCFE are not really under their purview. They do have lists of reportable occurrences for each license which I have requested. Also per Linda there are 2 separate forms: unusual occurrence and CBH form, for reporting which we have not been trained on. We touched on the culture of blame where we got a citation for an incident which we were in no way to blame.

There was some agreement that remedies to the ARF should extend to the RCFE and the rest of the BHC where applicable.

The above concerns will be reviewed at the next working group meeting.