Navigating Risk in the Sea of Change

Protecting Our Most Vulnerable Patients and their Caregivers

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Presenter(s)

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Please refer to the Presenters' Bios available on the table and online for more information

Who are we?

- UMASS Memorial Medical Center is the only level 1 Trauma center in central Massachusetts (1)
- Home to the Duddie Massad Emergency and Trauma Center and Life Flight, New England's first hospital-based air ambulance (1)

Types of trauma patients

- Gunshot wounds
- Stabbings
- Major impalement injuries
- Crush injuries
- Penetrating injuries
- Amputations
- Major falls
- Burns
- Motor vehicle collisions
- Victims of assault (sexual, physical, etc.)

My role…?

Risk Manager for the Emergency Departments and Intensive Care Units

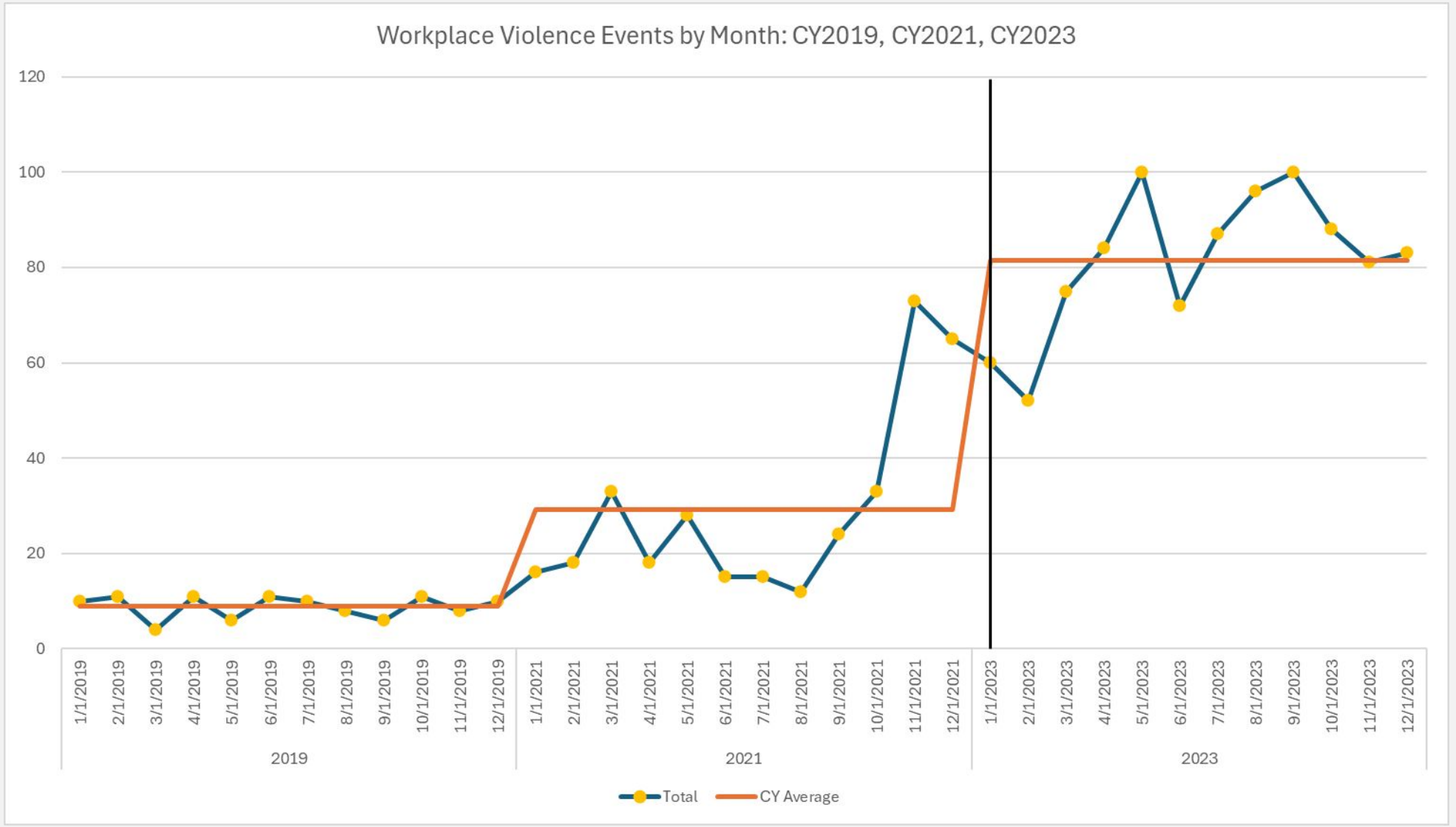
Trauma = Workplace Violence

Workplace violence includes verbal, physical, and psychological abuse (2).

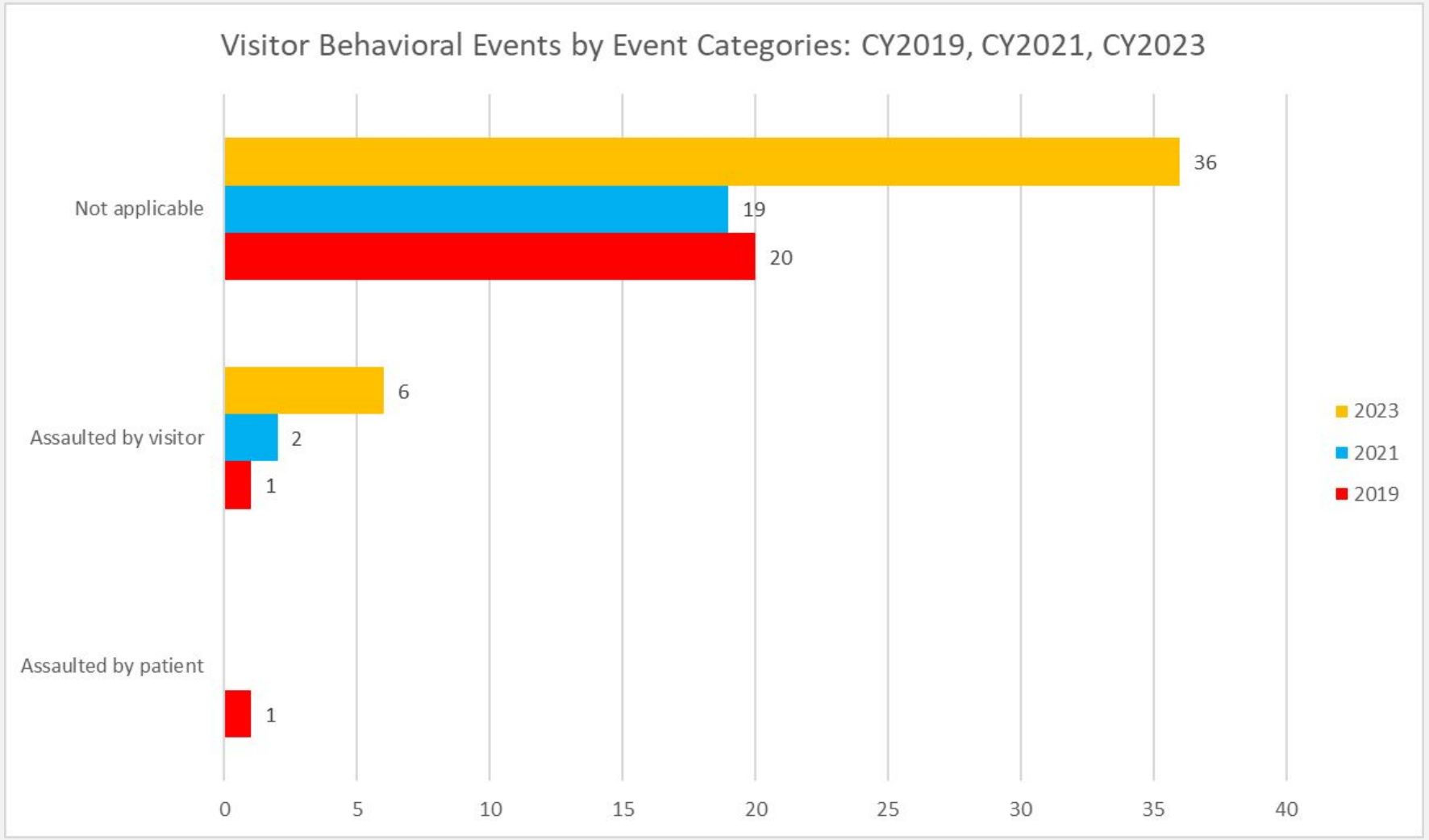
Workplace violence has significant institutional and personal repercussions affecting the quality of care (2).

May result in absenteeism, higher stress perception, low job satisfaction, high employee turnover, and self-medication (2).

Patient Related Events



Visitor related events



What types of incident reports were we seeing?

Case #1

Patient arrived with police as a reported gang related gunshot wound. He had “no visitors” indicated in comment field. This patient was registered as **Confidential**. Multiple visitors were allowed back to visit the patient. This then led to a cascade of visitors demanding to see the patient and ultimately aggressive behaviors toward staff.

Case #2

A **lockout** patient had multiple visitors in the waiting room without visitor stickers. The patient is a victim of gun violence, and their safety is a concern. There is no easily accessible policy or procedure for this situation. Visitor center in the lobby is not accurately screening visitors. Visitors who are not of the 3 approved visitors (with passwords) are gaining access to the 3rd floor ringing the doorbell for the unit.

Case #3

Two visitors were allowed by the front desk staff to go up to the trauma unit to see an **optout** patient. The visitors were very upset that I asked how they got upstairs to see patient.

Case #4

This patient was **starred** out as a **private** patient due to risk for harm from her abuser finding her. The patient's abuser called the ED, and the secretary acknowledged the patient was here and had the them on hold to ask this nurse for an update on the patient.

What is a confidential patient?

A patient that does not want their name listed on the hospital census and needs/wants to have their confidentiality maintained while in the hospital

Now what?

What policies do we currently have in place?

Verbiage from “Policy”

Right to Opt Out of the Patient Hospital Directory-

1.Patient selecting not to be listed in the patient hospital directory will be designated as an opt-out patient. **A patient’s wish to opt out is considered “all or none” and not selective for certain callers or visitors.**

2. Patient wishes will be recorded in the computer system.

3. Patient care area Workforce Members should check the computer system for patient opt-out status.

4. **All information about the patient, their presence, status and condition will be withheld from all callers, visitors, delivery persons and the media.**

Jackie to the rescue!

Our Team

- Risk Management
- Visitor Ambassadors
- Registration
- IT/EPIC support
- Emergency Room leadership
- Office of General Counsel

- Trauma ICU Nurse manager and nurses
- Acute care trauma unit Nurse Manager
- Director of Critical Care Nursing
- Privacy
- Compliance

Issues found….

Lack of Policy or Procedure that addresses this population

Multiple different terms were being used for the patient designation (optout, blackout, confidential, private, starred, lockout)

The HIPAA policy states that no visitors or callers will be allowed

If a visitor presents, the front desk calls the floor to inquire if the patient can have visitors even if they are marked as confidential

Front desk being given a list of certain approved visitors from floors

Visitors were being allowed up to patient rooms

Phone calls being transferred to the nursing staff or patient rooms

Staff are unsure what confidential means, and it is not depicted well in EPIC.

We weren't following our own process!!

Current confidential patients that exist

Person in Custody patient type- hides name from the patient census, displays as confidential

Confidential patient type- hides name from census, displays as confidential

Visit level- Private Encounter- hides name from census, displays as confidential, requires you to log into the patient unit to see the patient's name

Visitor exception patient type- not confidential, used during covid to restrict visitors

Our goals

- What patient populations are we looking to help?: 1) those who request to be confidential, 2) any victim involved in a violent crime, crime with a weapon, or any form of assault.
- Maintain staff and patient safety- decrease workplace violence
- Crowd control in the ED and inpatient unit waiting rooms
- Controlling calls and visitors
- EPIC review and enhancements
- Create a standardized process

What are other entities doing?

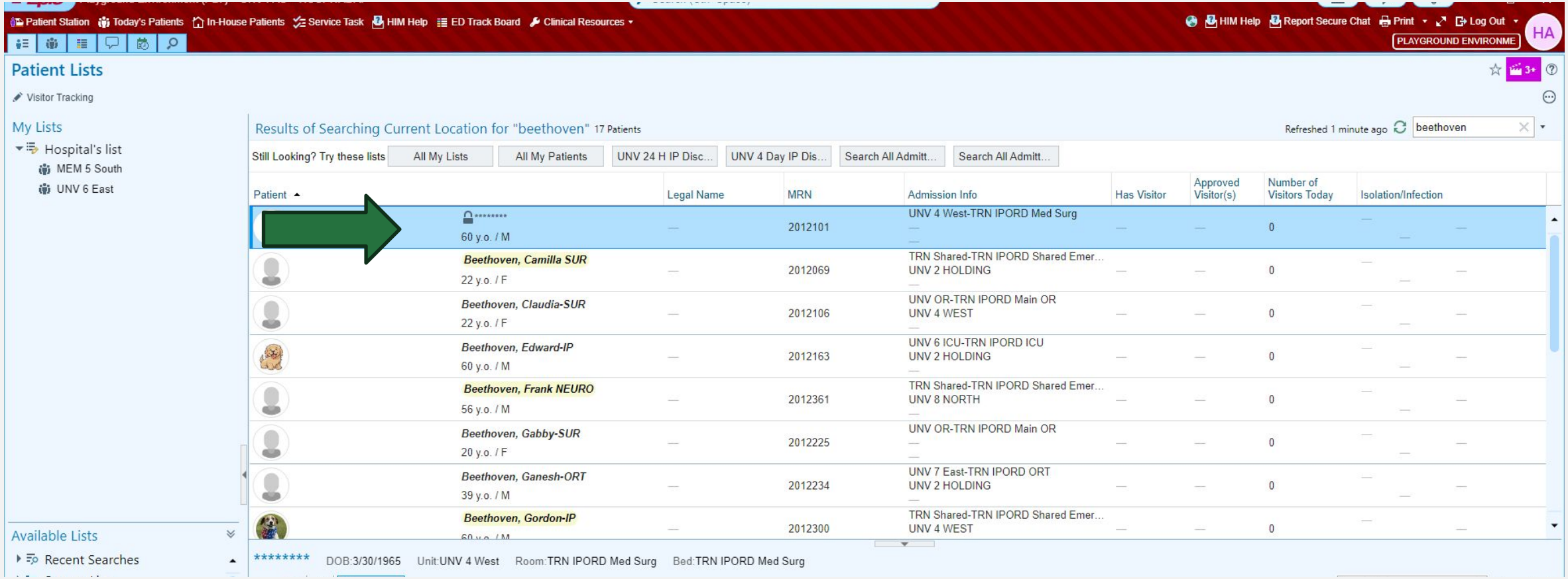
- Assigning some type of Confidential patient status on arrival
- Names are showing differently on patient search screens (stars, fake names, etc.)
- Most are restricting visitors to 1-2 people
- Phone Restrictions
- Most entities have a form they have the patient or family fill out
- Visitor information is being kept in different locations depending on the hospital
- Education to both patient and family- realizing we have 2 audiences
- Public safety/Security/Police involvement

Visitor Ambassadors

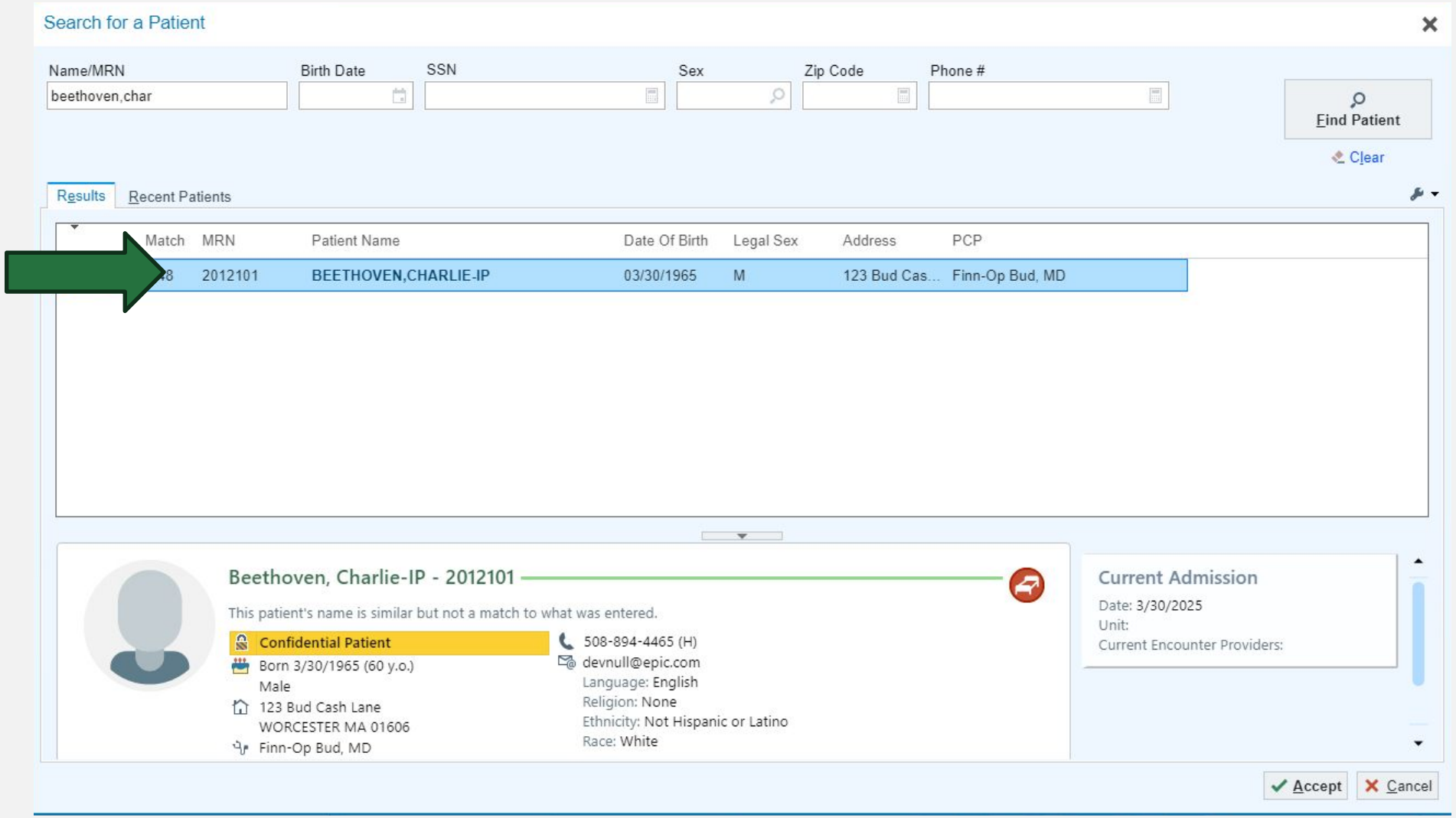
There are 2 different ways they can search for a patient.

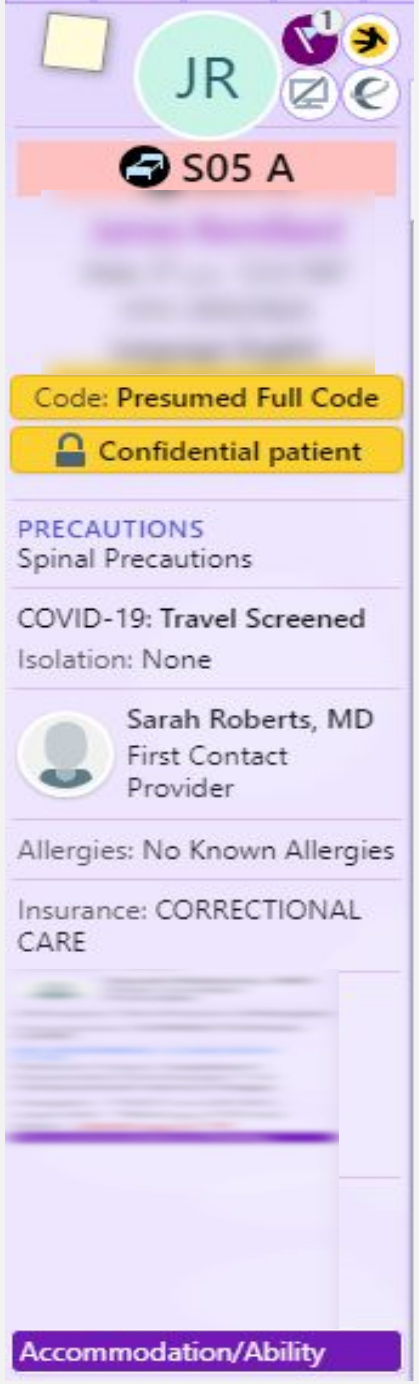
Each view shows the patient name a different way.

EPIC view from Patient Lists



EPIC view from Today's Patient Search



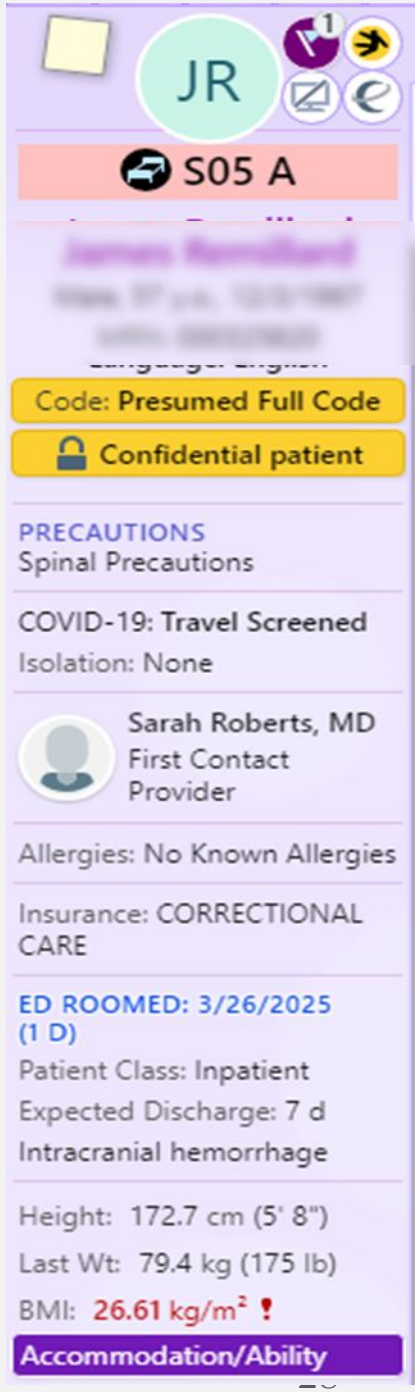


What can nurse and physician staff see?

Finding: Story board displays the Confidential Banner but does not explain what it means.

Prisoners

- Our Prisoner patients were showing as strictly Confidential to our staff. This did not give an adequate explanation on how to treat these patients.
- Prisoners have their own policy and workflow.



2 Patient Types may be needed

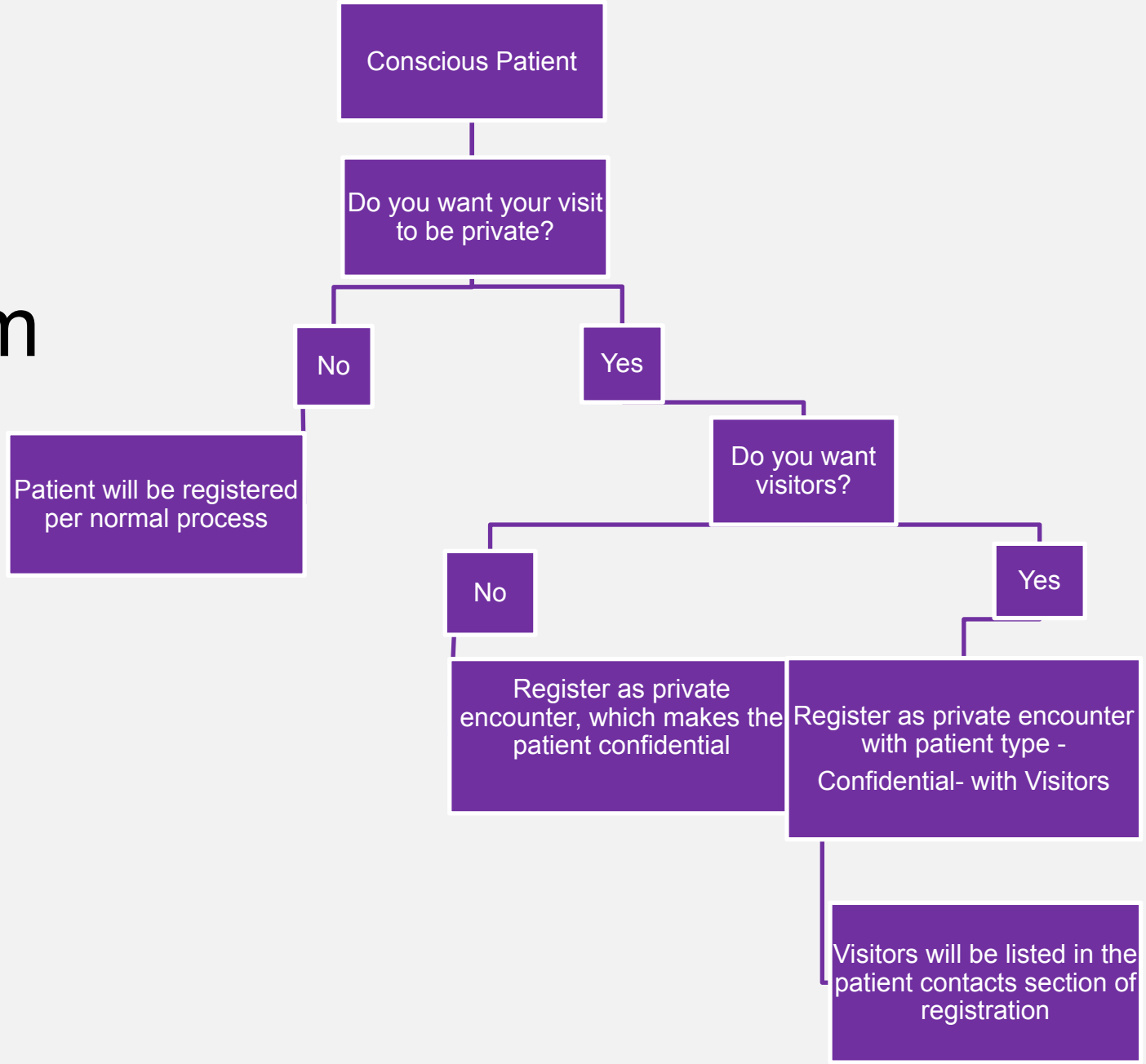
#1 Confidential

- Per patient request-Conscious patient
- No visitors
- No phone calls
- Not on hospital directory

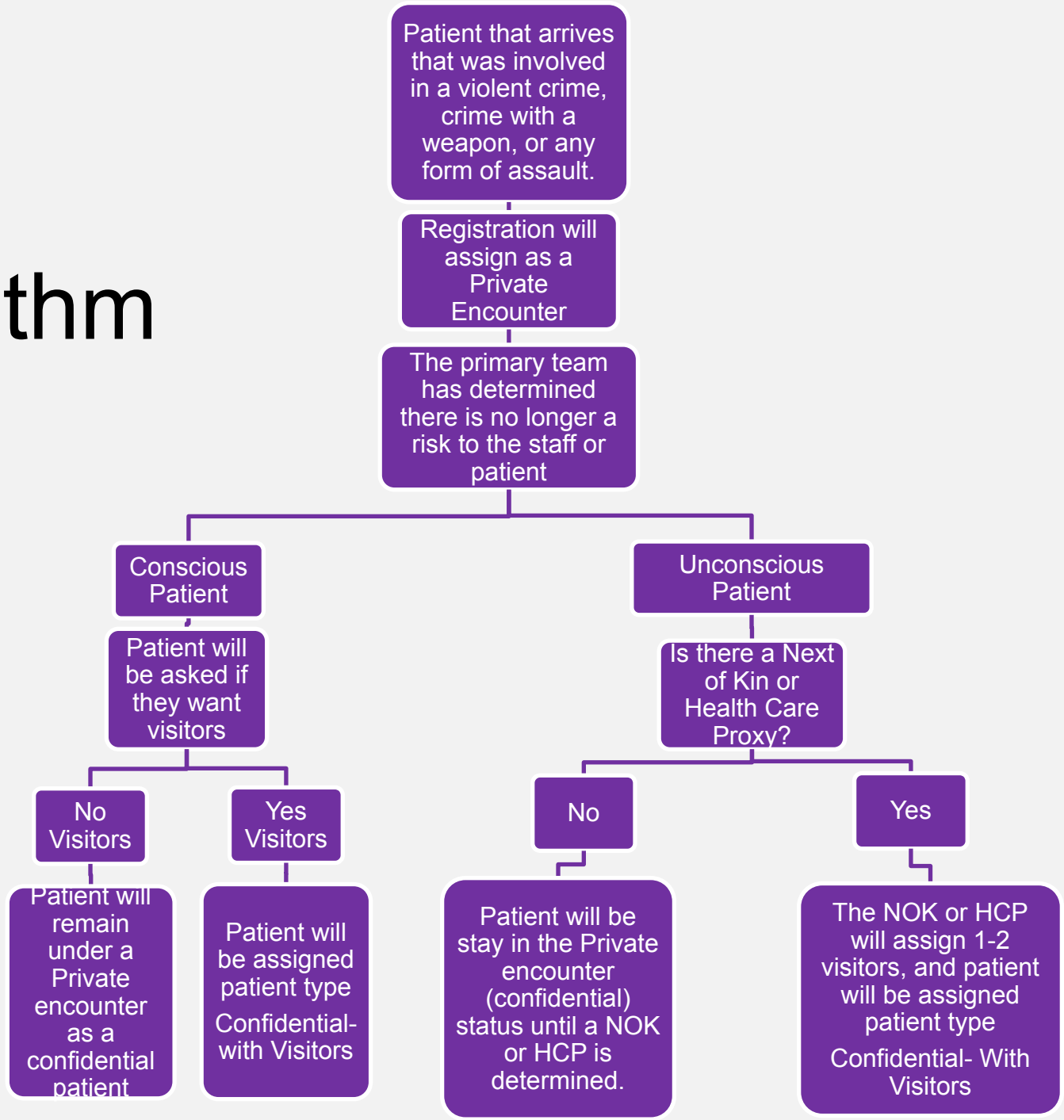
#2 Confidential- With visitors

- Patients have a right to have visitors.
- A restriction is needed for staff and patient safety.
- Will be assigned for any patient any victim involved in a violent crime, crime with a weapon, or any form of assault
- 1-2 visitors will be allowed chosen by the patient or their NOK/HCP if unconscious
- Phone calls and visits from those 1-2 people ONLY!
- Not on hospital directory

Procedure algorithm



Procedure algorithm

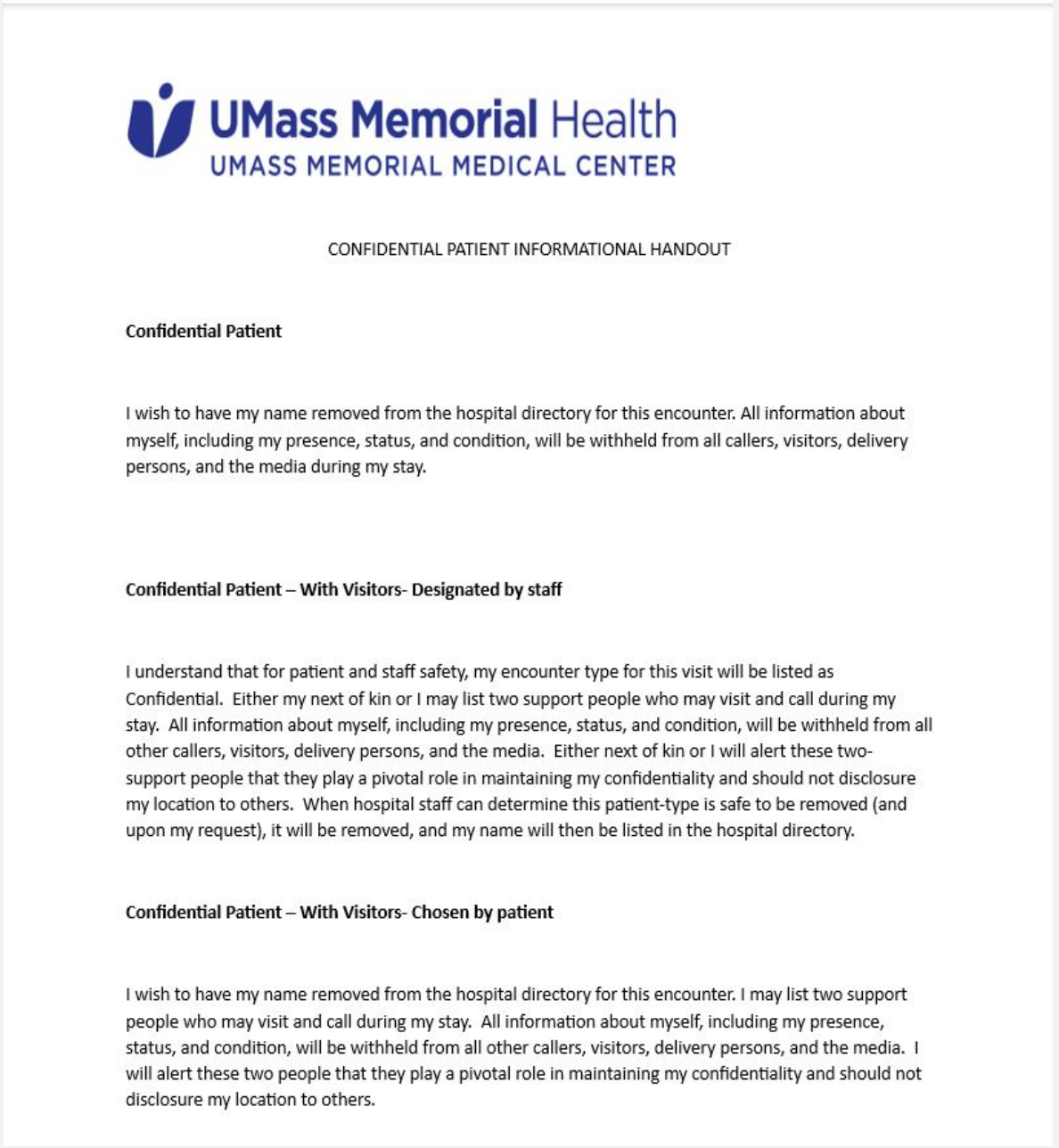


Thoughts on a form

- Who will assist in filling it out?
- Where will it live?
- How will it get in the chart?
- If on paper, how do we edit the form when the patient wants their Private Encounter reversed?

In place of a form..

- A handout will be given to the patient or HCP/NOK that will state the patient type that was chosen.
- This will include information regarding their involvement in keeping their whereabouts safe.



UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

CONFIDENTIAL PATIENT INFORMATIONAL HANDOUT

Confidential Patient

I wish to have my name removed from the hospital directory for this encounter. All information about myself, including my presence, status, and condition, will be withheld from all callers, visitors, delivery persons, and the media during my stay.

Confidential Patient – With Visitors- Designated by staff

I understand that for patient and staff safety, my encounter type for this visit will be listed as Confidential. Either my next of kin or I may list two support people who may visit and call during my stay. All information about myself, including my presence, status, and condition, will be withheld from all other callers, visitors, delivery persons, and the media. Either next of kin or I will alert these two-support people that they play a pivotal role in maintaining my confidentiality and should not disclosure my location to others. When hospital staff can determine this patient-type is safe to be removed (and upon my request), it will be removed, and my name will then be listed in the hospital directory.

Confidential Patient – With Visitors- Chosen by patient

I wish to have my name removed from the hospital directory for this encounter. I may list two support people who may visit and call during my stay. All information about myself, including my presence, status, and condition, will be withheld from all other callers, visitors, delivery persons, and the media. I will alert these two people that they play a pivotal role in maintaining my confidentiality and should not disclosure my location to others.

What about the allotted visitors?

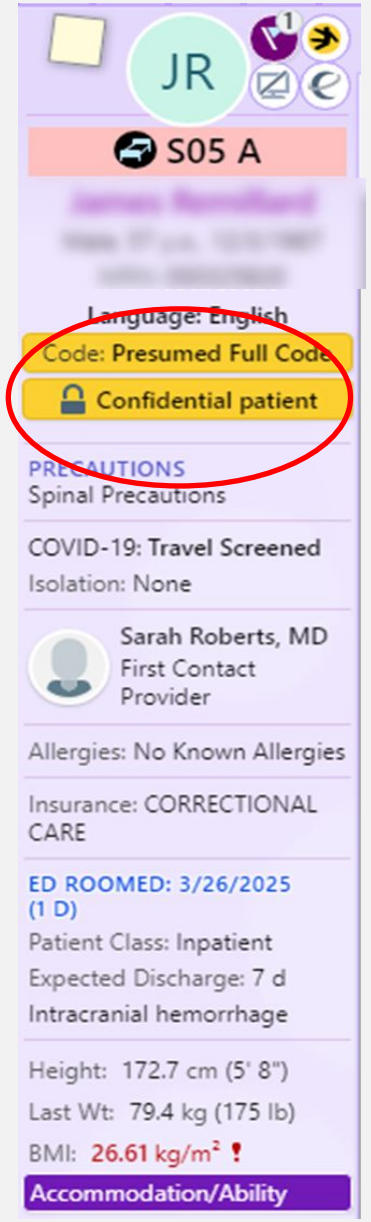
Issue: How are the visitors being removed from the chart? What if the same visitors are not wanted during the next visit?

Solution: This patient type will be routed to a work que that goes to Registration staff who then remove the visitors after discharge.

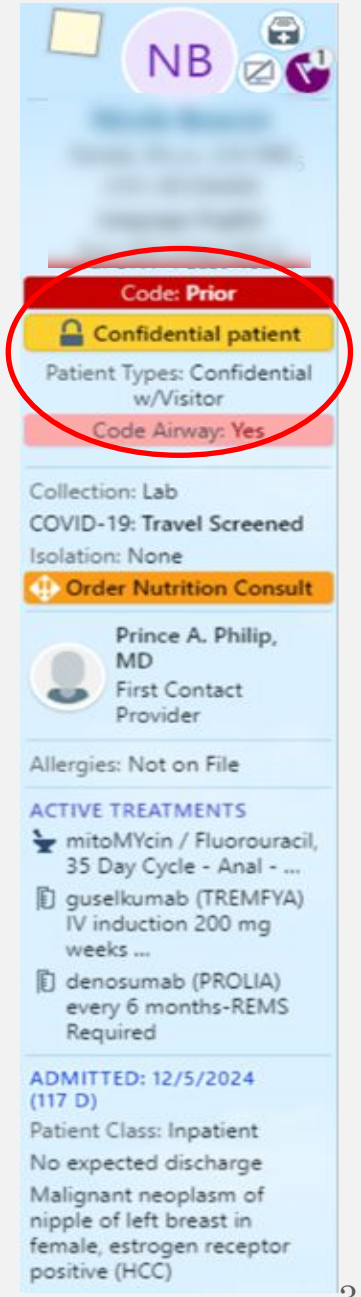
EPIC enhancements

EPIC Enhancements

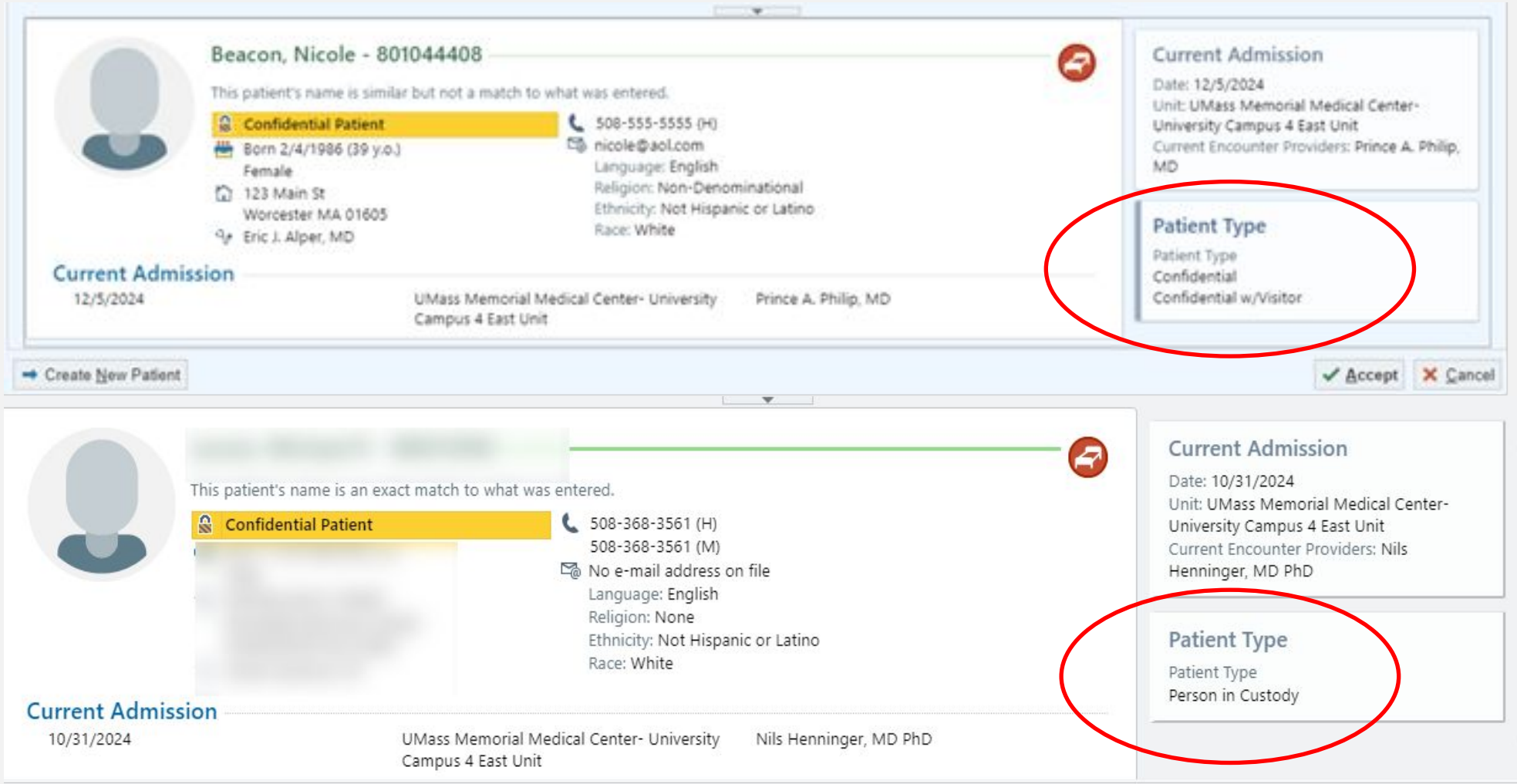
Before



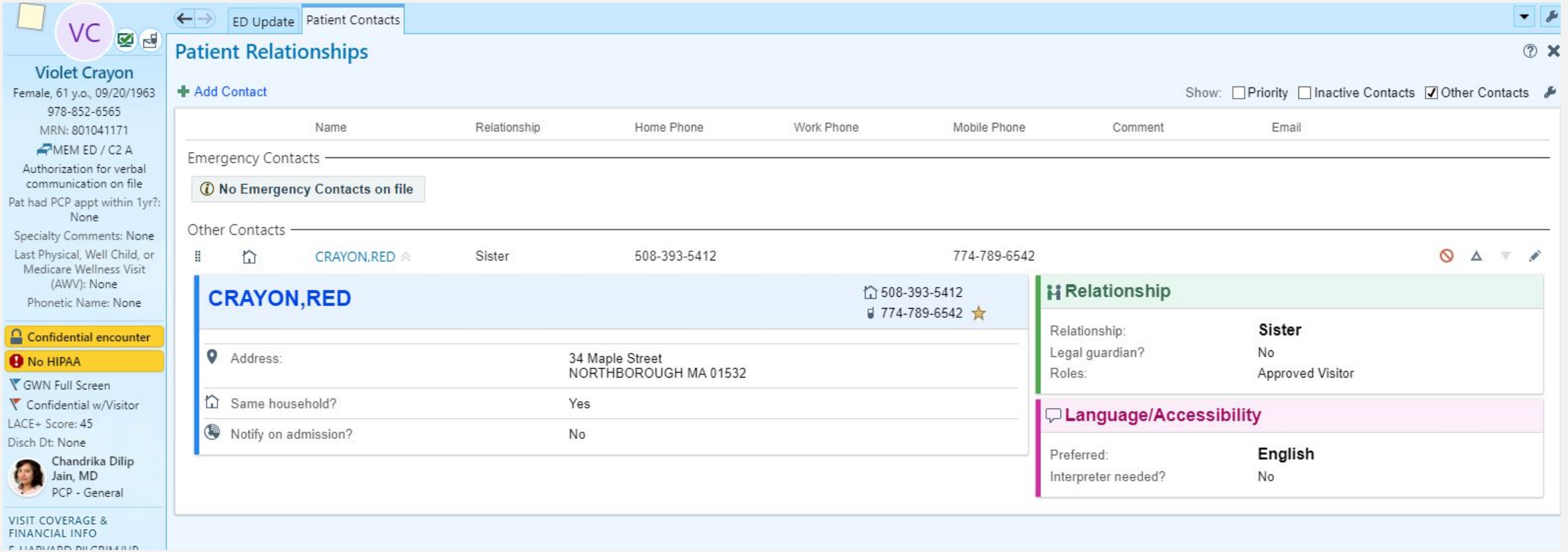
After



EPIC enhancements



Where will the designated visitors live?



Final Product

Confidential Patient Procedure

Private Encounter – Encounter Specific Status

There are 2 ways this encounter type can be assigned:

1. The patient is asked during registration if they would like this visit to be Private.
    - This is a yes or no question.
    - If yes is indicated, the patient visit will become **Confidential.**
2. For any patient we have a reason to believe their admission poses a threat to staff or the patient, the organization will automatically assign a private encounter, which makes the patient **Confidential**. This includes any victim involved in a violent crime, crime with a weapon, or any form of assault.

Confidential

- The patient's name will be removed from the hospital directory for this encounter. All information about the patient, including their presence, status, and condition, will be withheld from all callers, visitors, delivery persons, and the media during their stay (No callers or visitors allowed).
- Private encounter (**Confidential**) may be changed upon the patient's request and/or after the primary team has determined there is no longer a risk to the staff or patient. Risk Management should be called if there are any questions or concerns with removing this patient type.
- The patient will receive a handout outlining the above and their pivotal role in this process.

Confidential - With Visitors

- Works in conjunction with Private Encounter. Does the patient want this visit to be Private (**confidential**). If yes, does the patient want visitors? If the patient indicates yes visitors,
    - The Patient Type of **Confidential with Visitor** will be added to the patient.
    - 1-2 visitors will be allowed for support. For conscious patients, they will choose their visitors.
    - For unconscious patients, decipher who is the next of kin or HCP and have them determine the 1-2 visitors that will be allowed to visit. NOK ((i) spouse (ii) adult children; (iii) parent(s); (iv) adult sibling(s); (v) adult grandchildren; (vi) grandparent(s); (vii) adult great-grandchildren; and (viii) adult niece or nephew.
    - The approved visitors will be captured in the patient contacts of registration.
    - Lists of approved visitors, outside of the 2 designated on the form, will not be accepted. Only the visitors listed in the contacts of registration will be allowed to visit.
    - Phone calls will only be accepted from the 2 persons listed in the contacts of registration.
    - Confidential with Visitor will be removed at discharge

Next steps?

- Heavy education
- EPIC build roll outs
- Create job aids
- Try it out and revisit in 6 months
- Enter incident reports for when the Procedure is not followed

Clinical/Patient Safety

References

- 1. https://www.umassmemorialhub.org/about-us/umass-memorial-health
- 2. Ma PF, Thomas J. Workplace Violence in Healthcare. [Updated 2023 Apr 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK592384/

Questions/Discussion