New England Regional Healthcare Risk Management Conference

Navigating Risk in the Sea of Change

The Power of Safety: Driving Patient and Staff Satisfaction

Disclaimers

- *The opinions, materials, and statements presented are those of the presenters. They are not endorsed by or necessarily represent the views of CSHRM, MSHRM, NNESHRM, ASHRM or its members.*

- *These materials were created for the 2025 New England Regional Healthcare Risk Management Conference. Republication or reuse of the materials without the permission of the primary speaker is prohibited.*

Presenter(s)

Ailish M. Wilkie, MS, CPHRM, CPPS
Director, Patient Safety & Risk Management
Beth Israel Lahey Health Primary Care

Christine Perry, RN, MSN
Risk and Patient Safety Manager
Beth Israel Lahey Health Primary Care

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

Overview

This session will outline the steps BILHPC took when developing our approach to managing challenging and inappropriate patient behaviors.

- Who We Are
- Identifying the Problem
- Standardizing our Approach
- Data Analysis
- Link to Patient and Staff Satisfaction
- The Path Forward

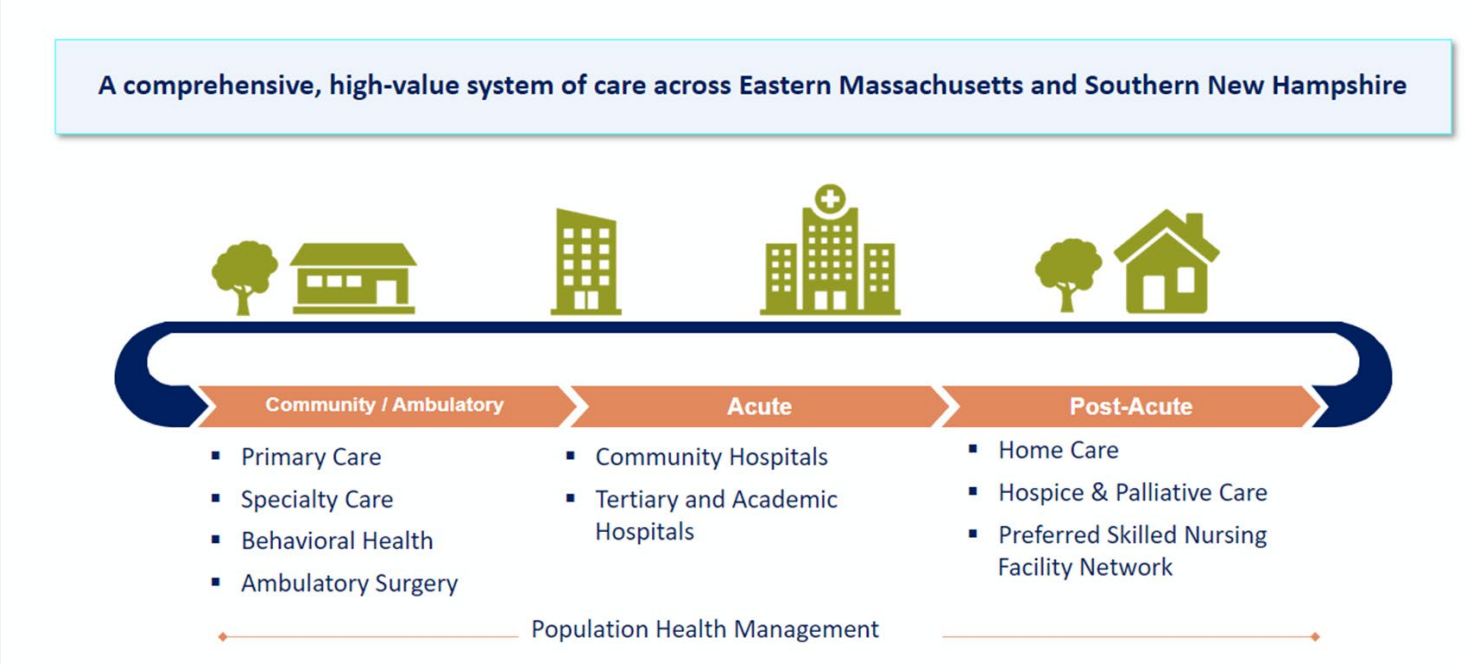
About

Beth Israel Lahey Health system brings together academic medical centers, teaching, community, and specialty hospitals with more than 4,700 physicians and 39,000 employees.

Our shared mission is to expand access to care and advance the science and practice of medicine through groundbreaking research and education. We are helping our patients, their families, our communities, and health care as a whole, be healthier.

Together, as a coordinated system of care, we are doing more than we ever could alone. We are solving more problems. Helping more people. Making more breakthroughs. Making a difference.

Beth Israel Lahey Health



14
Hospitals Working Together

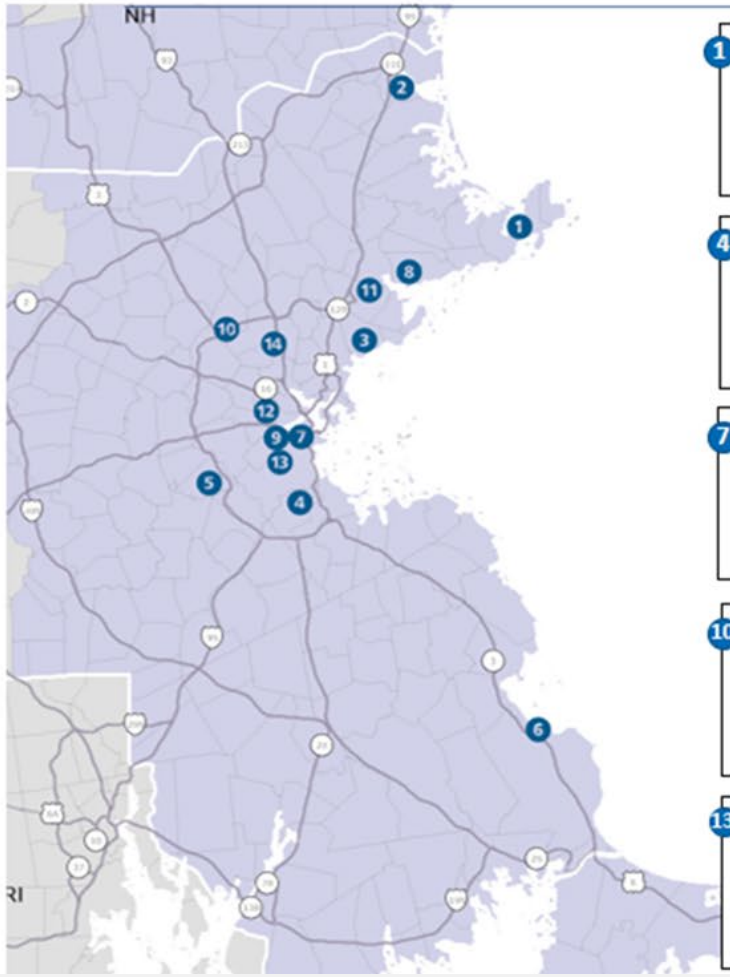
100+
Locations in Massachusetts and New Hampshire

39,000
Team Members Caring for Our Communities

About

Beth Israel Lahey Health

BILH is the region's only large-scale academic health system where the majority of care is delivered in community institutions



1 Addison Gilbert
- 79 beds
- Licensed under Northeast (Beverly)

2 Anna Jaques
- 123 beds
- Level III Trauma Center

3 Bay Ridge
- Psychiatric Hospital w/ 62 beds
- Substance abuse & mental health
- Licensed under Northeast (Beverly)

4 Beth Israel Deaconess - Milton
- 102 beds
- 5,300 discharges

5 Beth Israel Deaconess - Needham
- 58 beds
- 4,000 discharges

6 Beth Israel Deaconess - Plymouth
- 164 beds
- 11,600 discharges

7 Beth Israel Deaconess Med. Center
- Affiliate of Harvard Medical School
- 673 beds

8 Beverly
- 223 beds
- 18,700 discharges

9 Joslin Diabetes Center
- Affiliate of Harvard Medical School
- Largest diabetes institution worldwide

10 Lahey Hospital & Medical Center
- Affiliate of Tufts School of Medicine
- 345 Licensed beds

11 Lahey Medical Center - Peabody
- 10 beds, 5 ORs
- Licensed under Lahey Hospital & Medical Center

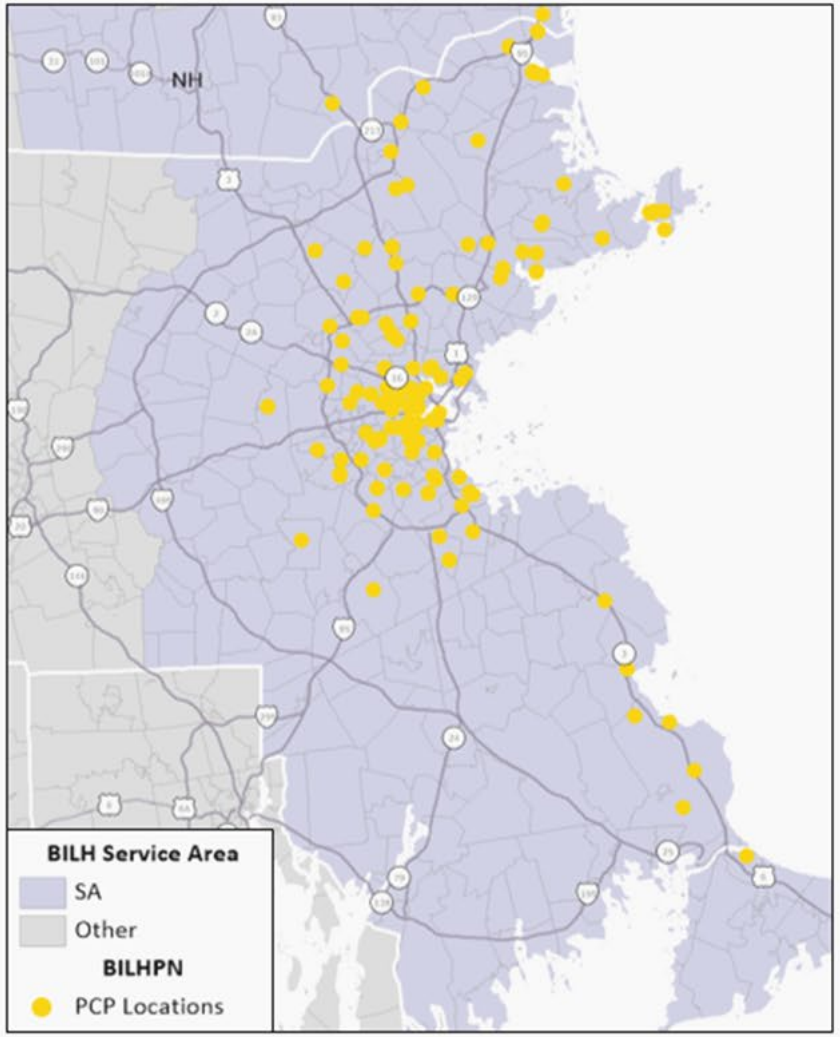
12 Mount Auburn
- Harvard Medical School Teaching Hosp.
- 213 beds

13 New England Baptist
- Premier Orthopedic Hospital
- 118 licensed beds

14 Winchester
- 178 beds
- 14,900 discharges

About

Beth Israel Lahey Health



Primary Care is a signature strength of BILH with an integrated community primary care network

- **760 primary care physicians** (including 660 family medicine and internal medicine physicians)
- BILH cares for **1.6 million patients**
- Primary care providers practice in **over 165 office locations**, spanning from Southern New Hampshire to Cape Cod
- Over 77% of our primary care practices include **embedded behavioral health services**, with a goal of 100% by 2024

About

Beth Israel Lahey Health Primary Care

In 2020 Primary Care was established as a distinct service line comprised of:

- Beth Israel Deaconess Health Care (49 practices)
- Northeast Medical Practices (7 practices)

} Part of initial group of practices

- Mount Auburn Physician Services
- Winchester Physician Associates
- Lahey Physician Care Organization
- Community Group Physicians

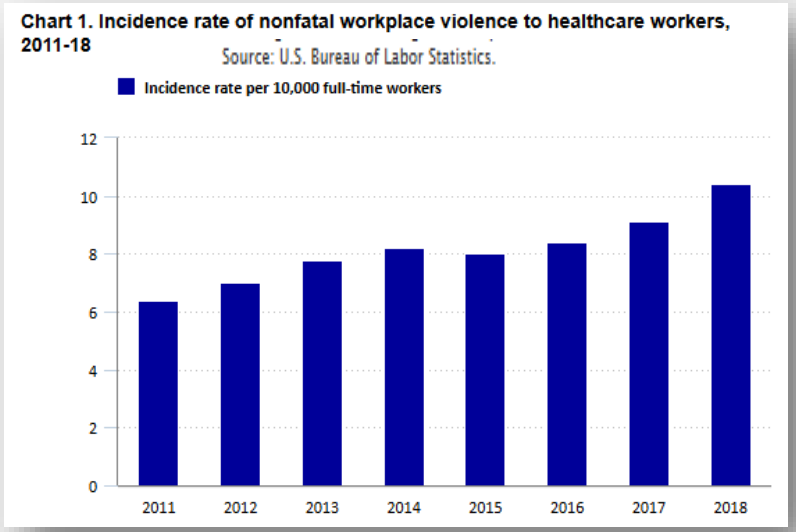
BILHPC Risk Managment and Patient Relations Transition Timeframe

	Q4 2023			Q1 2024			Q2 2024		
Business Unit	October	November	December	January	February	March	April	May	June
Mt. Auburn (14)									
WPA (13)									
LPCO (4)									
CGP (7)									

What is the problem?

OSHA Act of 1970: General Duty Clause

Requires an employer to furnish to its employees "employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to (his) employees."



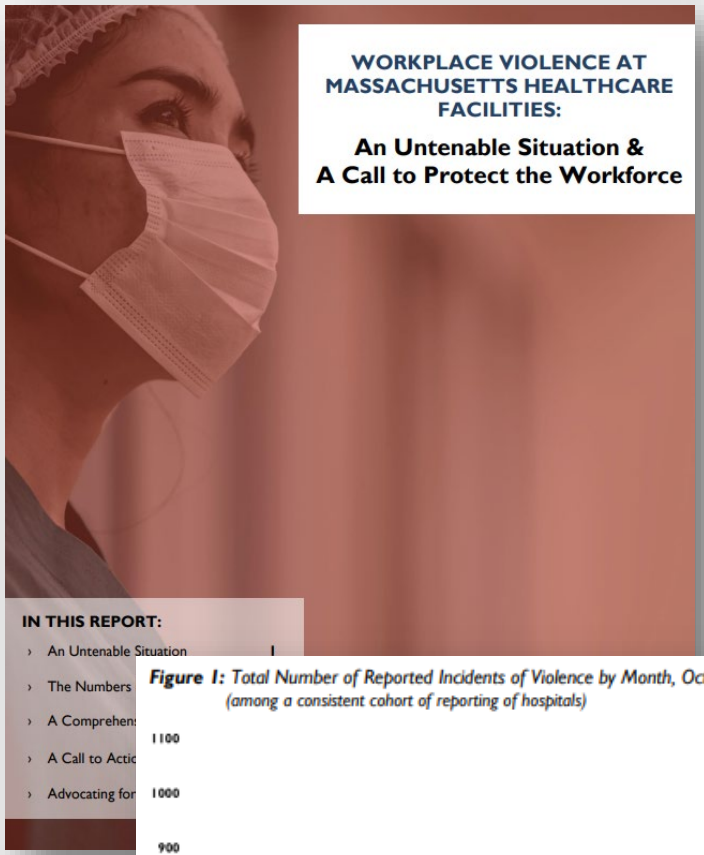
IOM to Err is Human - 1999

Revolutionary report raising awareness about medical errors and need to prioritize safety. It highlighted that errors are common, costly, preventable, and often caused by system failures. Its release led to major changes, including a surge in patient safety research and the development of hospital safety programs focused on measurement, accreditation, and regulation. Research on safety issues grew significantly.

1 in every 10 patients is harmed in healthcare

3 million deaths annually due to unsafe care

What is the Problem?



Every 38 minutes in a Massachusetts healthcare facility, someone – most likely a clinician or employee – is either physically assaulted, endures verbal abuse, or is threatened.

A STEEP CLIMB: *Frequency of abusive incidents at Massachusetts healthcare organizations; 2020-2022*

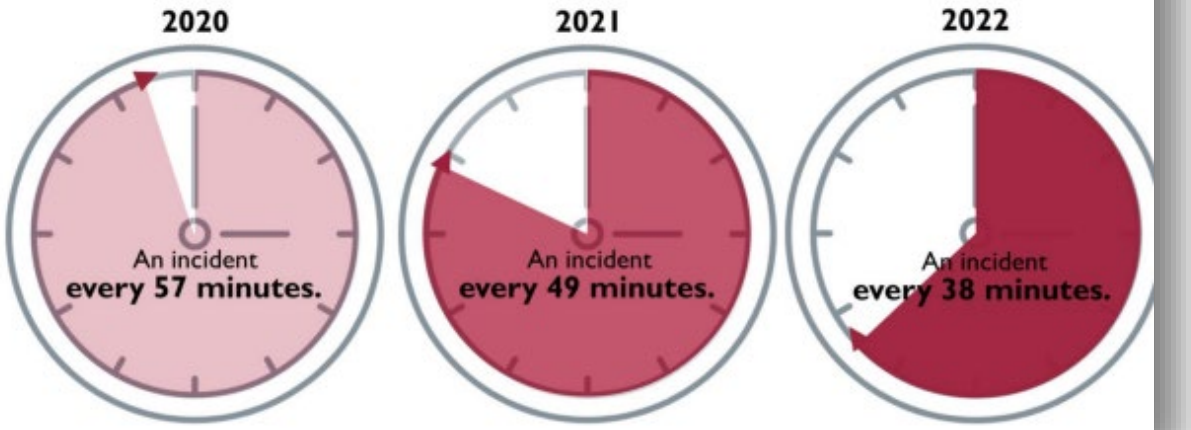
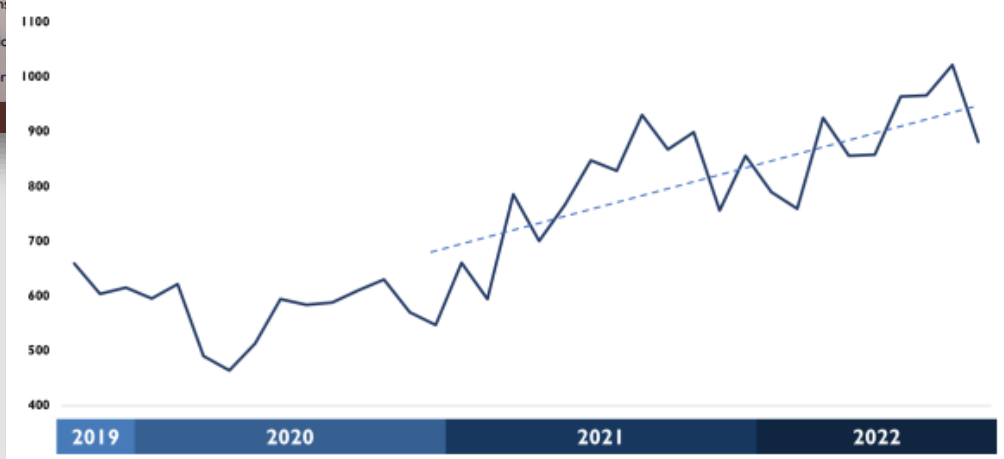
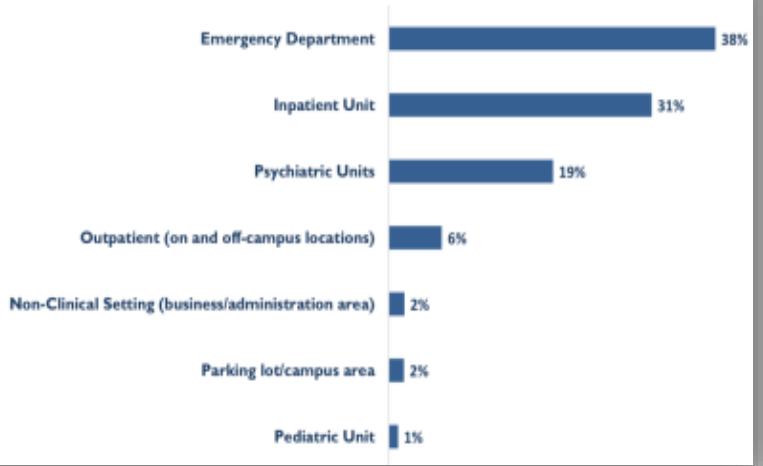


Figure 1: *Total Number of Reported Incidents of Violence by Month, October 2019 to September 2022*
(among a consistent cohort of reporting of hospitals)

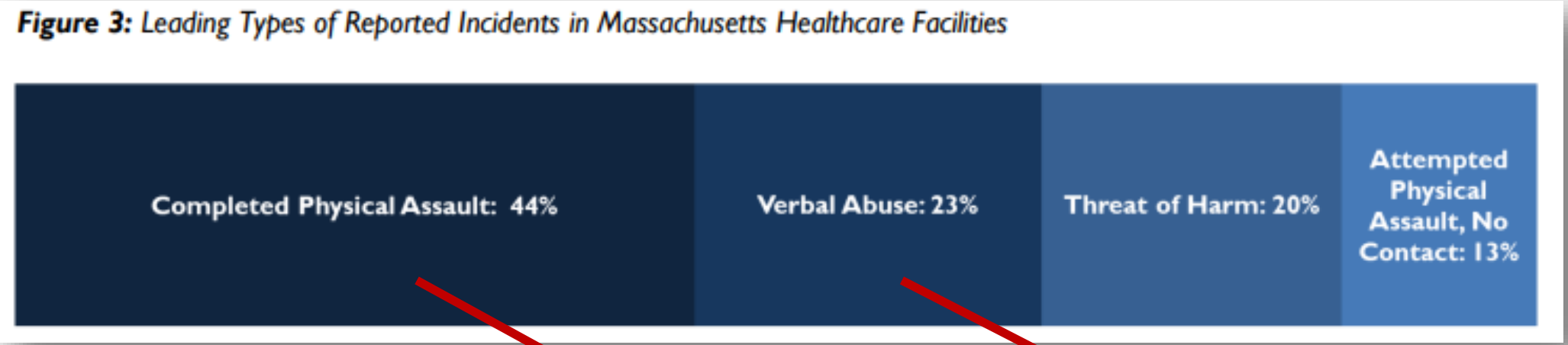


MHA's survey further reveals that the most common location of healthcare violence are hospital emergency departments (38%) followed by inpatient units (31%) and psychiatric units (19%) (*Figure 6*).

Figure 6: *Reported Incident Location Distribution*



Ambulatory Care Settings – We are different



Key Differences: Inpatient Setting

- The majority of WPV events occur in the ED setting
- Nearly half are physical assaults
- Inpatient settings have dedicated security and security measures in place

3%

60%

Challenges

Health Care Industry Vulnerabilities and Challenges

BILHPC Vulnerabilities and Challenges

- What is workplace violence? Most staff are unclear – we need to define it!
- How does BILHPC fit into the overall BILH WPV Program?
- Variability in practice structure, location, security measures
- Need for training (proactive and reactive) around conflict/ violence
- No clear policies and procedures for BILHPC
- Multiple EMRs causing process inconsistency
- Need standard operating procedure for terminations and LOEs
- Balance between staff safety and payor contracts – not always in line
- Need for BILHPC WPV/ Emergency Management expert
- Need for dedicated Safety & Security expert for outpatient settings


WE NEED
A DIFFERENT
APPROACH

Starting Point

- Developed WPS&VP Program
- Developed a WPS&VP Committee
- Clearly Define WPV
- Employee Engagement Survey
- Improved STARS Reporting

Starting Point

Education and Training

- Active Shooter Training
- AVADE Training
- De-Escalation Training
- *Violent patient drills within practices

Violence Prevention & Control

- Develop algorithms for practices to determine next steps in communicating with patient
- Implement the SMART (Strategic Management and Recommendation Team) to handle complex patient situations
- Establish guidelines for management of aggressive/ violent patients
- Develop Principles of Conduct and Safe Environment posters

Documentation & Analysis of Activities

- *Streamline STARS reporting and set expectations for reporting WPV events
- Establish event review criteria for practice managers
- Develop EPIC documentation tips
- Escalation pathway for management of challenging behaviors

Risk Assessment & Hazard Identification

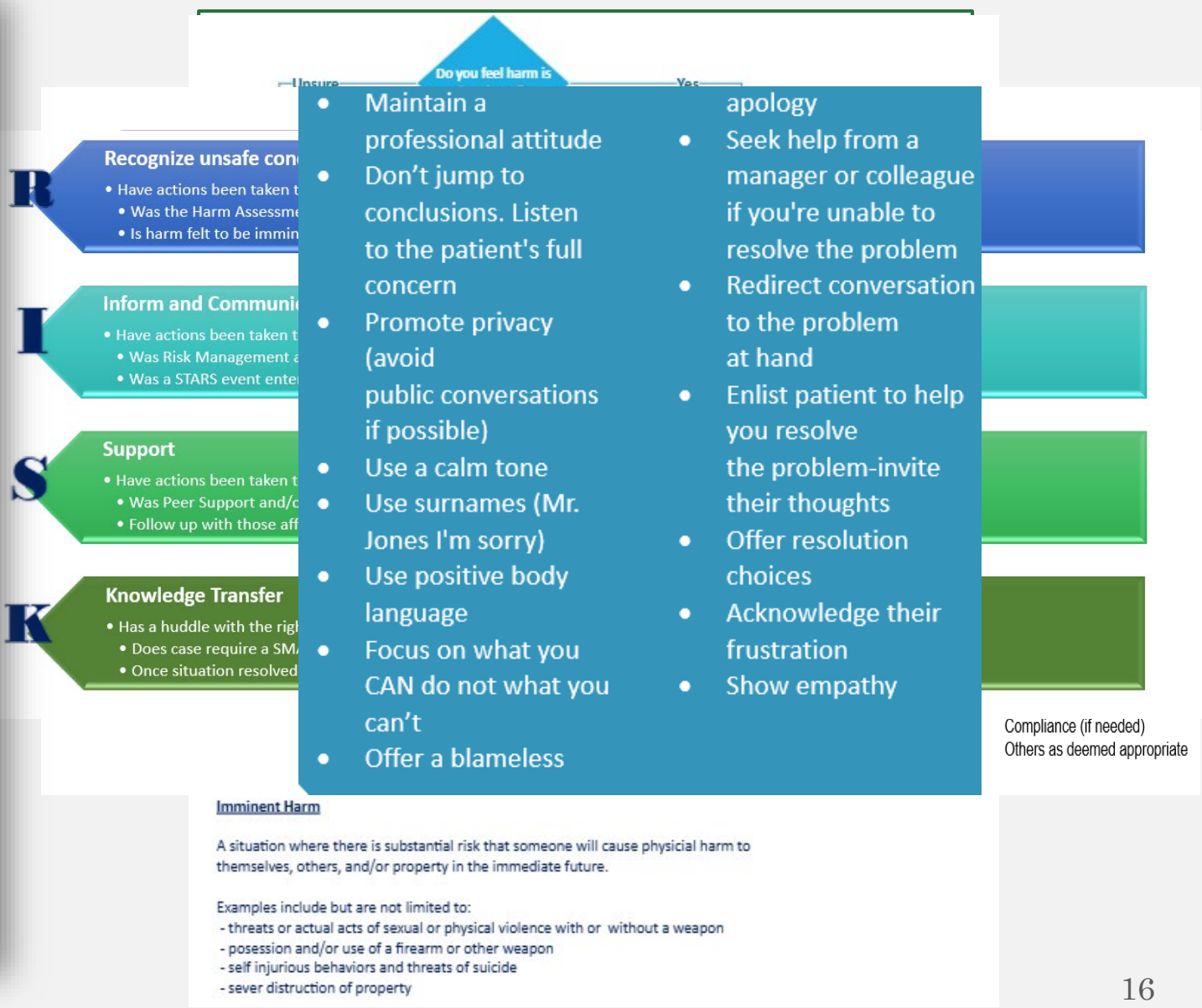
- *Patient engagement survey – identify if staff feel unsafe
- *Ongoing risk assessments
- *Practice rounding
- *Regular drills/ table-top exercises
- *Threat assessment tool for practices
- *Patient identification and flagging

Inappropriate Behaviors Tool Kit

Beth Israel Lahey Health
Primary Care

INAPPROPRIATE BEHAVIORS TOOL KIT

Contents



A safe environment for all

Our priority is providing a safe environment for all.

Courtesy and respect are expected during all interactions: in-person, by phone and electronically via email or patient portal.

People who are aggressive or behave in a violent way may be asked to leave the building immediately.

Aggressive behavior will not be tolerated.

- Loud, abusive, or offensive language
- Sexual or other harassment
- Threats of harm
- Physical assault
- Destruction of property
- Firearms or weapons of any type on the practice premises

Demonstrating any of the above behaviors may be reported to local law enforcement. Patients who engage in these behaviors may not be able to continue to receive care at this practice.

bilh.org

Beth Israel Lahey Health Primary Care

Principles of Conduct

Beth Israel Lahey Health Primary Care

Beth Israel Lahey Health Primary Care (BILHPC) is committed to providing high-quality, efficient care to all of its patients. In order to maintain a safe and respectful environment for our care teams, employees, patients, and visitors at each BILH Primary Care practice, it is vital that all adhere to these Principles of Conduct. Everyone should feel safe within BILHPC practices, whether receiving care, visiting, or working. Your safety is our priority.

To maintain a safe environment, there must be:

- Courtesy and respect during all interactions.
- No weapons or dangerous items of any kind.
- No alcohol, no drugs, and no smoking or vaping.
- No unauthorized photography, videotaping or audio recording.
- No threatening, disrespectful, abusive or discriminatory actions or language.

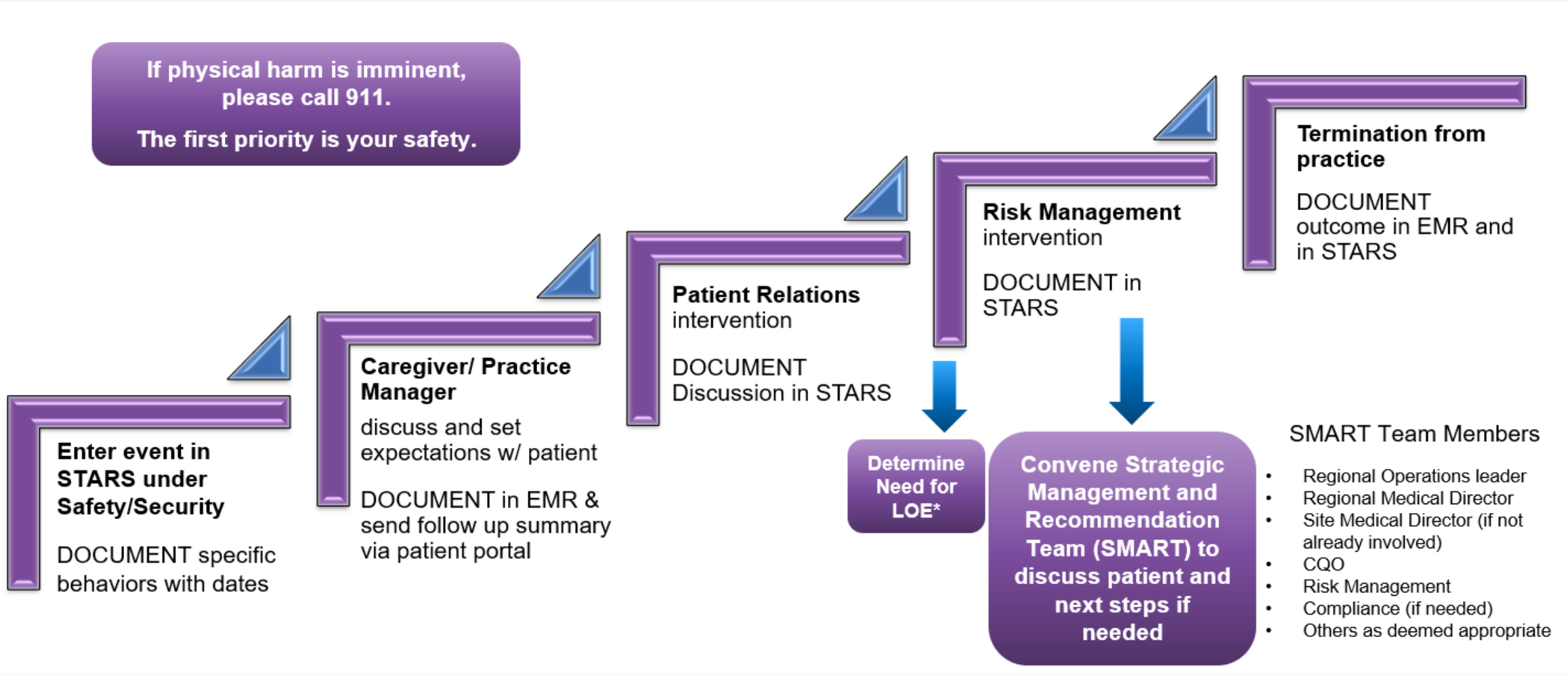
Patients, care team and visitors will:

- Act respectfully toward all staff, other patients, and/or visitors on the telephone, in person, in writing and on any form of social media. Specifically, the following behaviors will not be tolerated:
  - Threats of violence
  - Sexual or vulgar remarks or actions of any nature
  - Acts or attempts of physical violence
  - Spitting, throwing or hitting objects
  - Inappropriate use of the patient portal and/or telephone calls to the practice
- Not use threatening, abusive or inappropriate language, or physical threats or intimidation, including the following:
  - Swearing and/or yelling
  - Making offensive remarks about race, color, religion, nation of origin, ethnicity, sex, gender, gender identity, sexual orientation, age, disability, military status, or immigration status
- Avoid interrupting staff while they are treating other patients, speaking over them while they are talking, or keeping them on the phone for frequent and excessive periods of time; telephone communications with the care team must be focused on specific health need(s).
- Understand the care team works collaboratively to ensure you receive timely, well-coordinated care. This means you may receive communication from someone other than your primary care provider.

Adherence to these principles of conduct is essential to our commitment to high quality care.

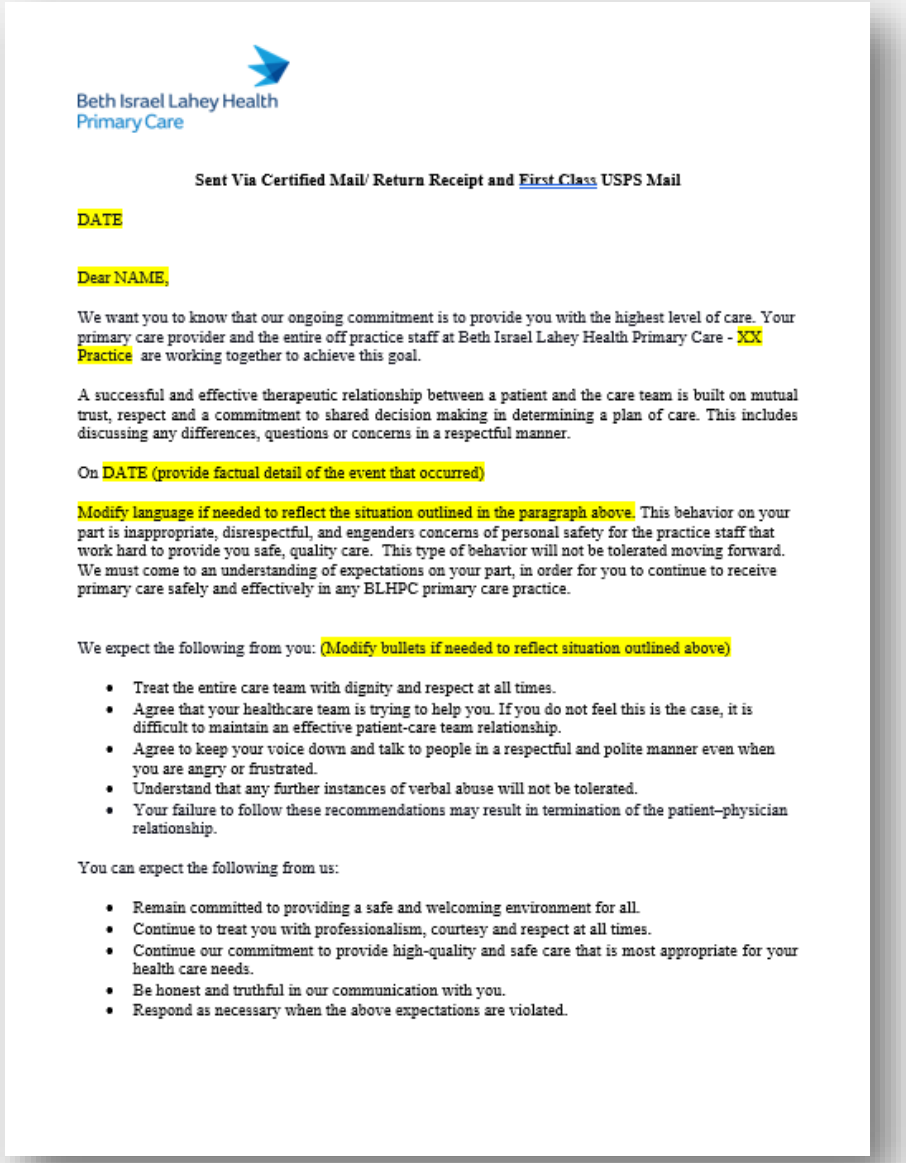
Violations of these Principles of Conduct may result in involvement of security, law enforcement and/or your dismissal from this or any other BILHPC practice. If you are a visitor or family member, you may be asked to leave the premises and may potentially be restricted from future visits.

Inappropriate Behavior Escalation Pathway



Standardized Outreach (LOEs and Terms)

- Facilitated by Risk Management
- Summary of actions
- Behavioral expectations set for both patients and staff
- Attach Principles of Conduct
- Sent via certified and regular mail
- Tracked in STARS



Beth Israel Lahey Health
Primary Care

Sent Via Certified Mail/ Return Receipt and First Class USPS Mail

DATE

Dear NAME,

We want you to know that our ongoing commitment is to provide you with the highest level of care. Your primary care provider and the entire off practice staff at Beth Israel Lahey Health Primary Care - XX Practice are working together to achieve this goal.

A successful and effective therapeutic relationship between a patient and the care team is built on mutual trust, respect and a commitment to shared decision making in determining a plan of care. This includes discussing any differences, questions or concerns in a respectful manner.

On DATE (provide factual detail of the event that occurred)

Modify language if needed to reflect the situation outlined in the paragraph above. This behavior on your part is inappropriate, disrespectful, and engenders concerns of personal safety for the practice staff that work hard to provide you safe, quality care. This type of behavior will not be tolerated moving forward. We must come to an understanding of expectations on your part, in order for you to continue to receive primary care safely and effectively in any BLHPC primary care practice.

We expect the following from you: (Modify bullets if needed to reflect situation outlined above)

- Treat the entire care team with dignity and respect at all times.
- Agree that your healthcare team is trying to help you. If you do not feel this is the case, it is difficult to maintain an effective patient-care team relationship.
- Agree to keep your voice down and talk to people in a respectful and polite manner even when you are angry or frustrated.
- Understand that any further instances of verbal abuse will not be tolerated.
- Your failure to follow these recommendations may result in termination of the patient–physician relationship.

You can expect the following from us:

- Remain committed to providing a safe and welcoming environment for all.
- Continue to treat you with professionalism, courtesy and respect at all times.
- Continue our commitment to provide high-quality and safe care that is most appropriate for your health care needs.
- Be honest and truthful in our communication with you.
- Respond as necessary when the above expectations are violated.

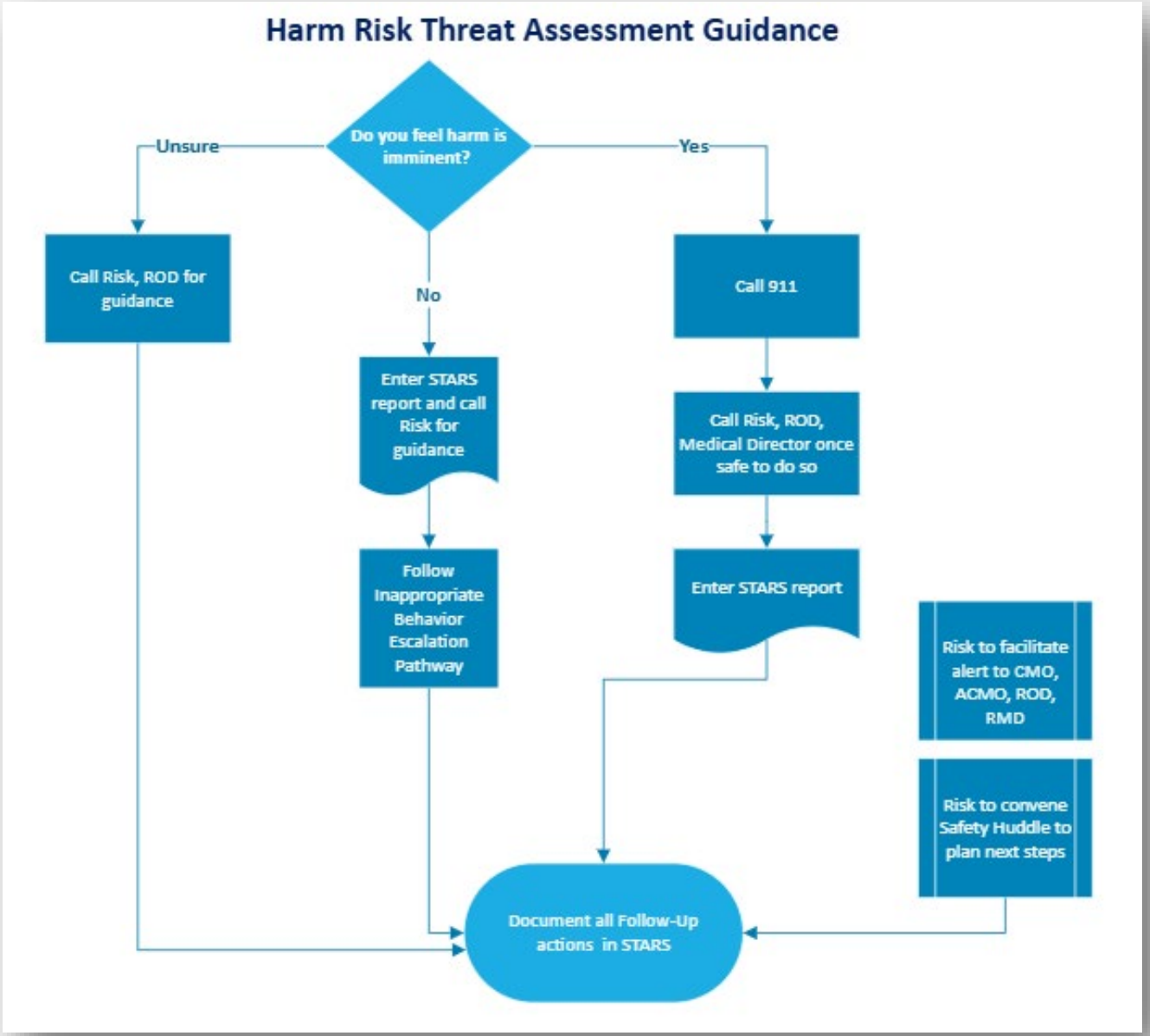
Harm Risk Threat Assessment

Imminent Harm

A situation where there is substantial risk that someone will cause physical harm to themselves, others, and/or property in the immediate future.

Examples include but are not limited to:

- threats or acts of sexual or physical violence with or without a weapon
- possession and/or use of a firearm or other weapon
- self injurious behaviors and threats of suicide
- severe destruction of property



Practice Considerations

R

Recognize unsafe conditions

- Have actions been taken to ensure the practice, staff and patients are safe?
  - Was the Harm Assessment algorithm followed?
  - Is harm felt to be imminent?

I

Inform and Communicate

- Have actions been taken to ensure that risk management and local leadership are informed and involved?
  - Was Risk Management and Practice Leaders notified?
  - Was a STARS event entered?

S

Support

- Have actions been taken to ensure the practice team feels supported?
  - Was Peer Support and/or EAP offered?
  - Follow up with those affected to check-in on them

K

Knowledge Transfer

- Has a huddle with the right team members been set up in a timely manner?
  - Does case require a SMART meeting?
  - Once situation resolved, was team notified of outcome?

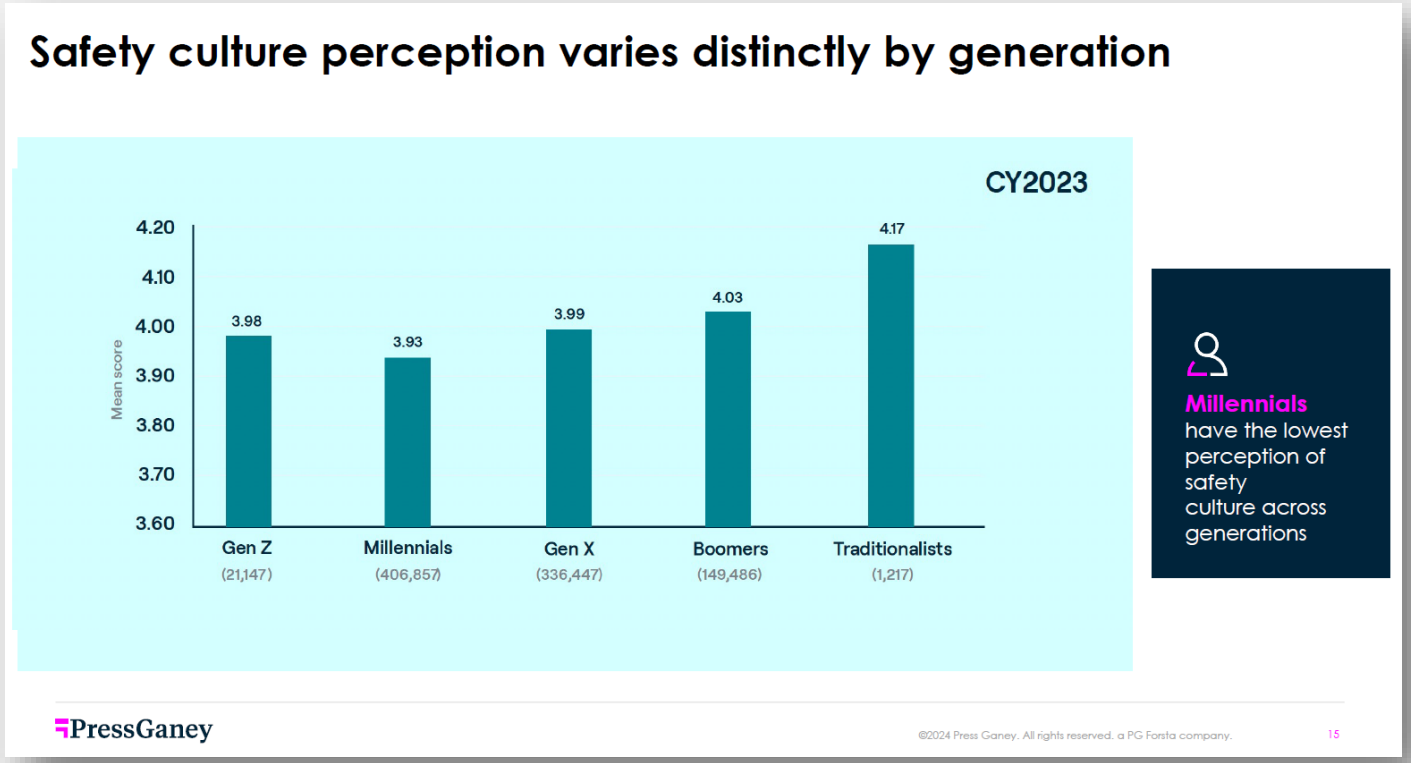
What Do You Think?

WPV, LOEs & Terminations

- What age group/ generation is involved in the most events?
- Is one gender more inclined to be aggressive and disrespectful?
- Where are these events occurring?

Take out your phone
Go to menti.com
Use the code: 8427 4817

Is Generation a Factor?



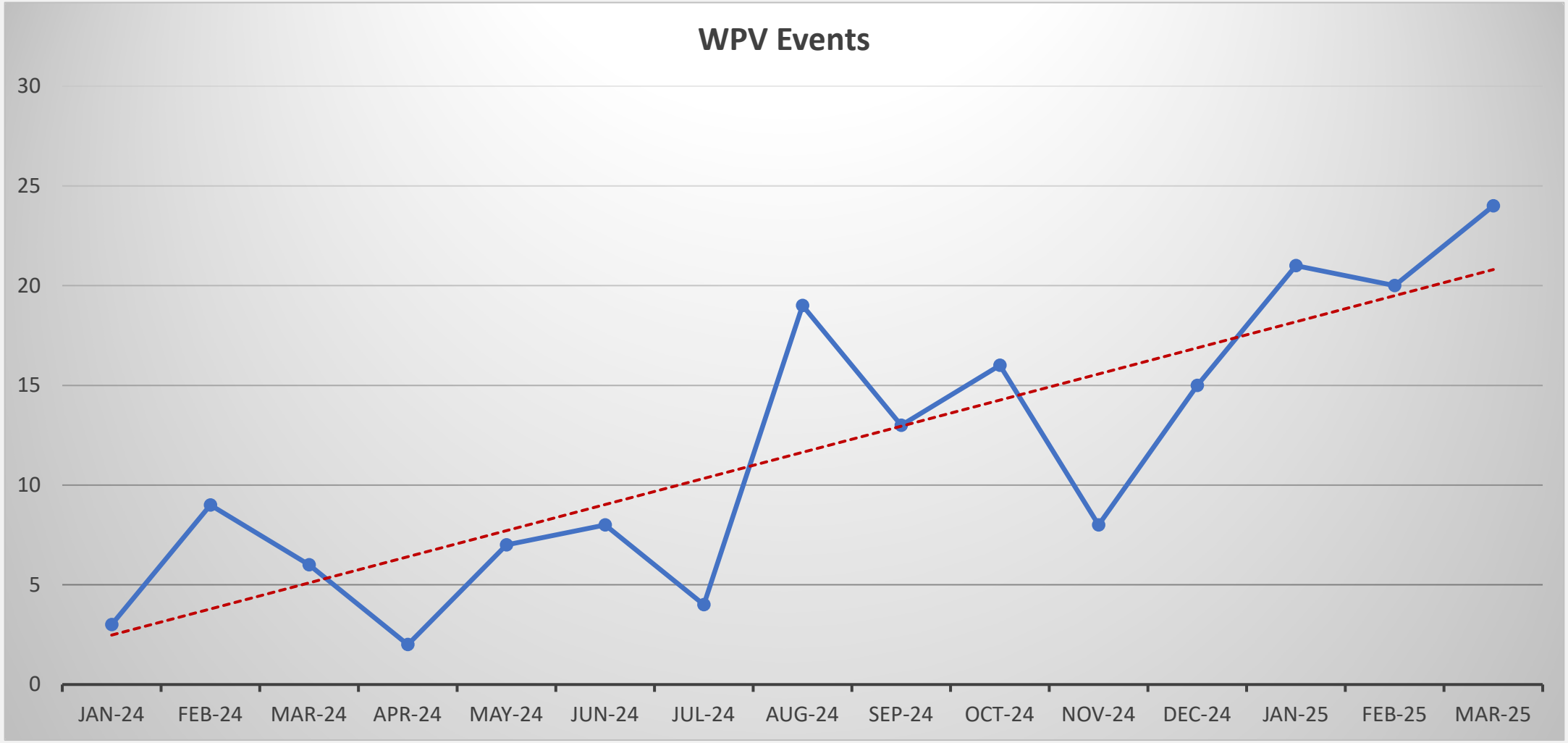
- Healthcare is evolving… so are workforce members and our approach to patient care. Are generational differences driving frustration towards the care team?
- There continue to be perceptions of hierarchy and authority in the healthcare setting.
- How can we empower our staff to address inappropriate patient behaviors that may be driven by generational differences?

Is Gender a Factor?

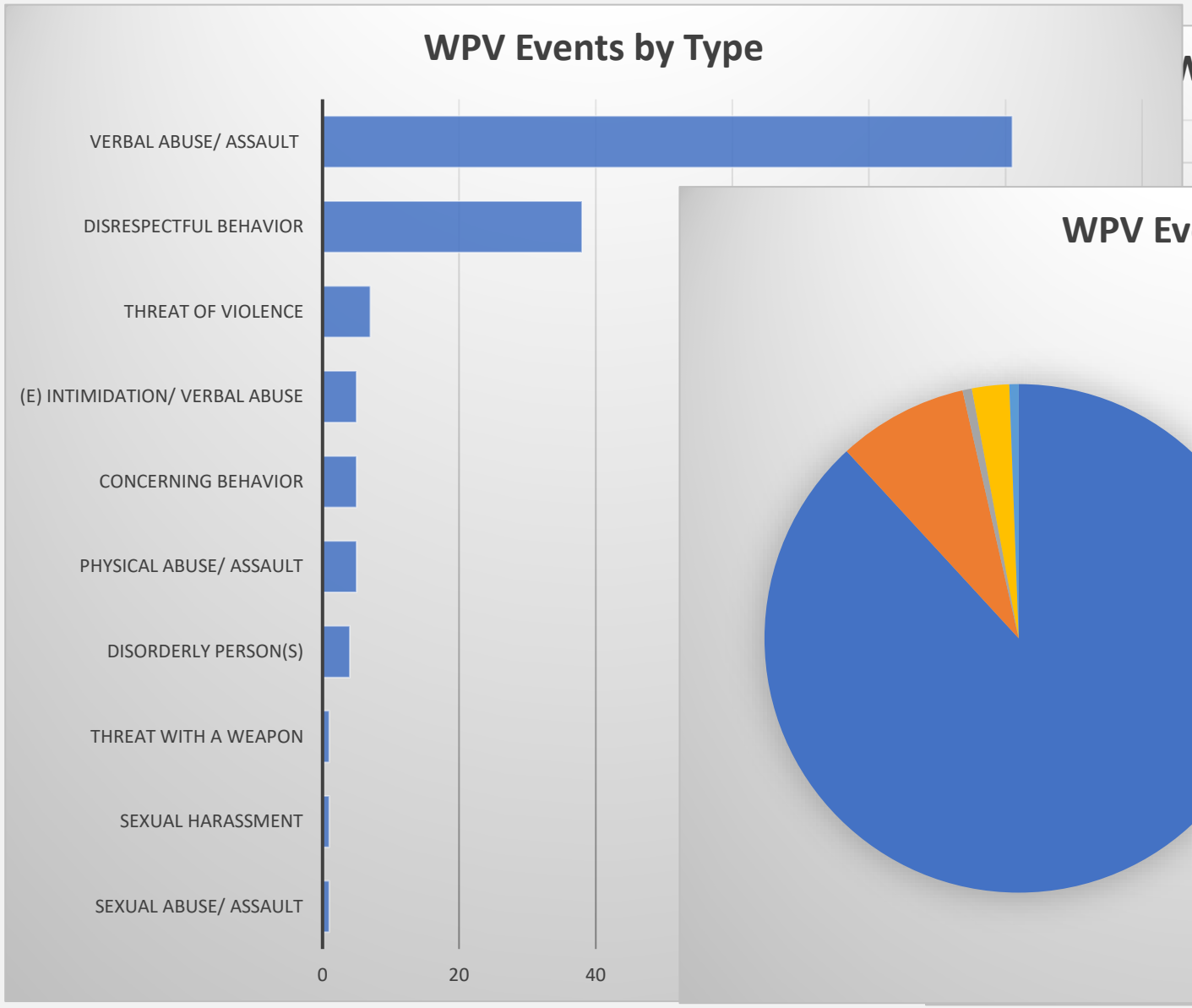
- Research studies show that female employees have significantly lower perceptions of safety culture (Press Ganey)

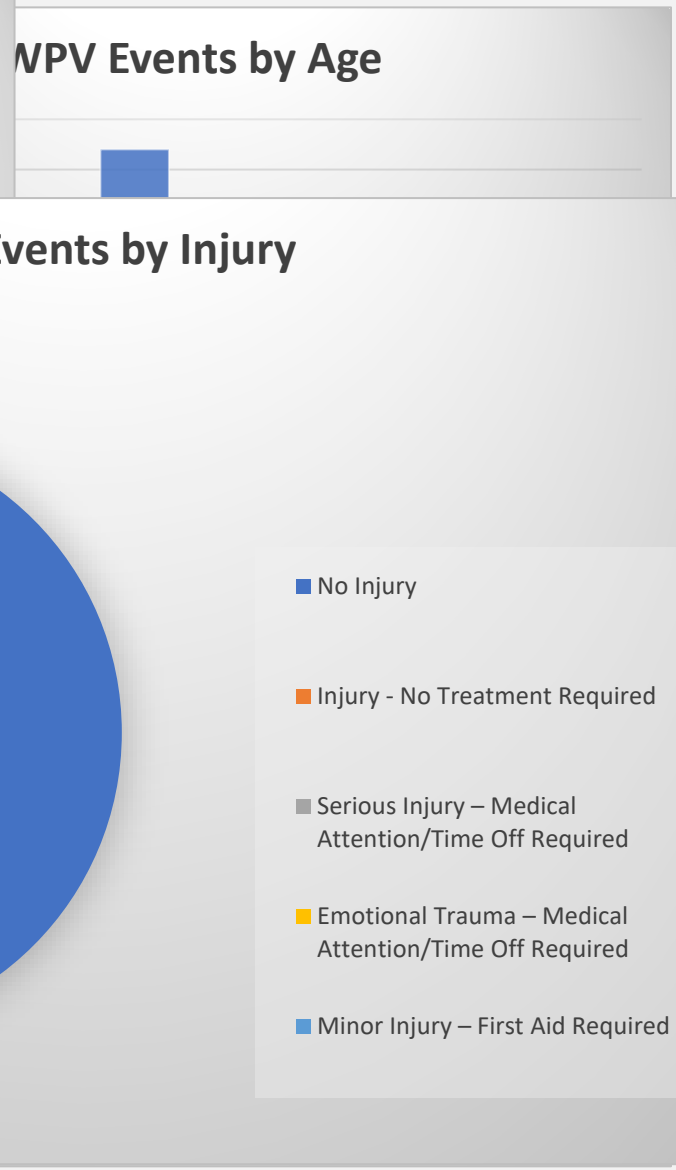
- *"women were more sensitive to threatening stimuli which could result in overestimation of the threat (22, 23, 24). With this in mind, reporting of violence may be higher among women due to an overestimation of the threat compared to the men who, on the contrary, may underestimate the threat-risk which could lead to violence escalation from verbal to physical, and even life-threatening attacks" (Frequency and Forms of Workplace Violence in Primary Health Care, 2019)*

WPV Events - What we are seeing?

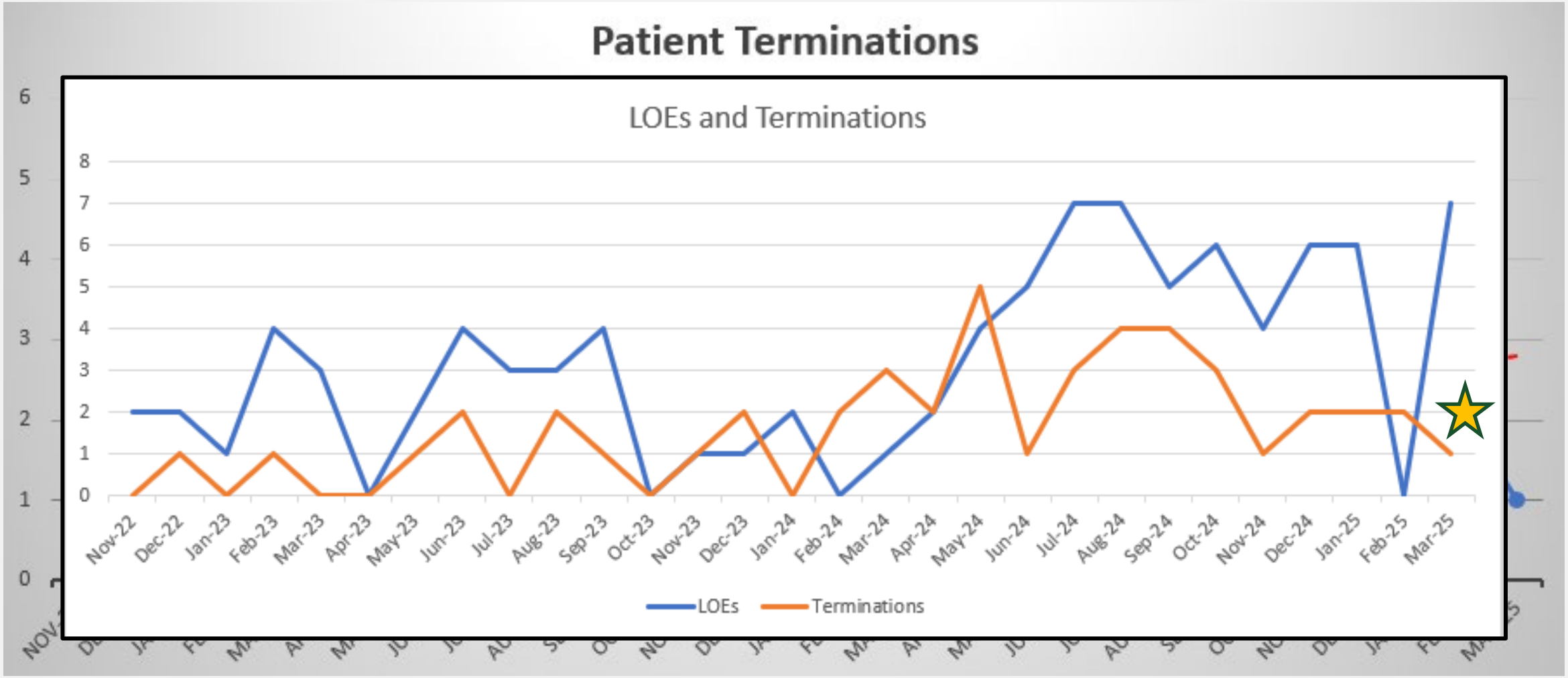


WPV Events – What we are seeing?

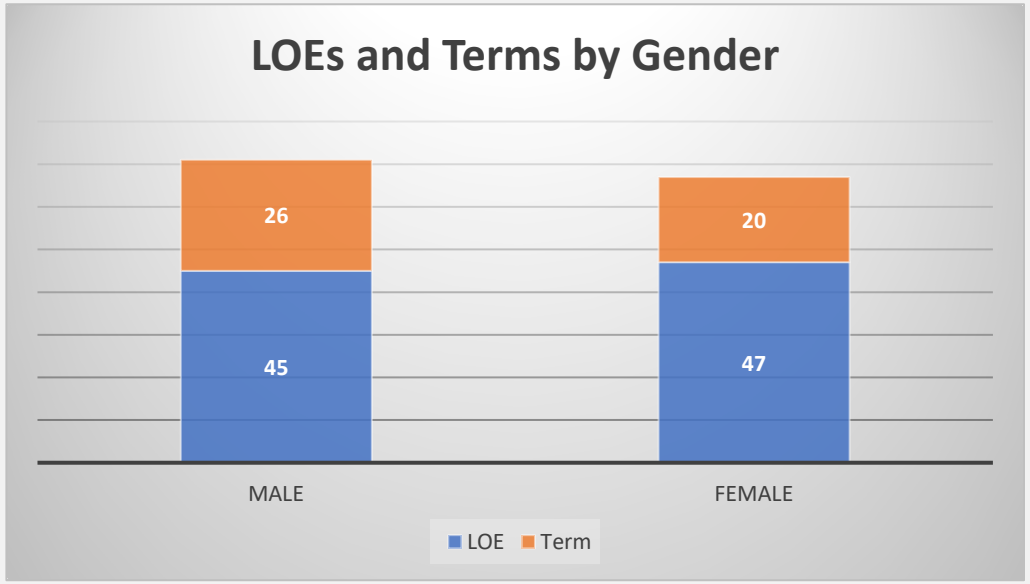


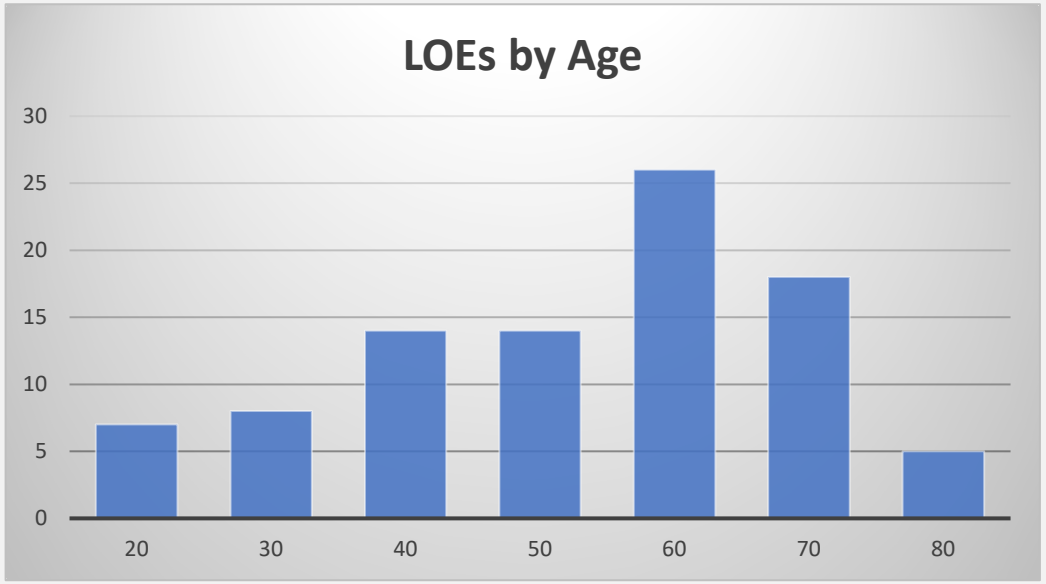


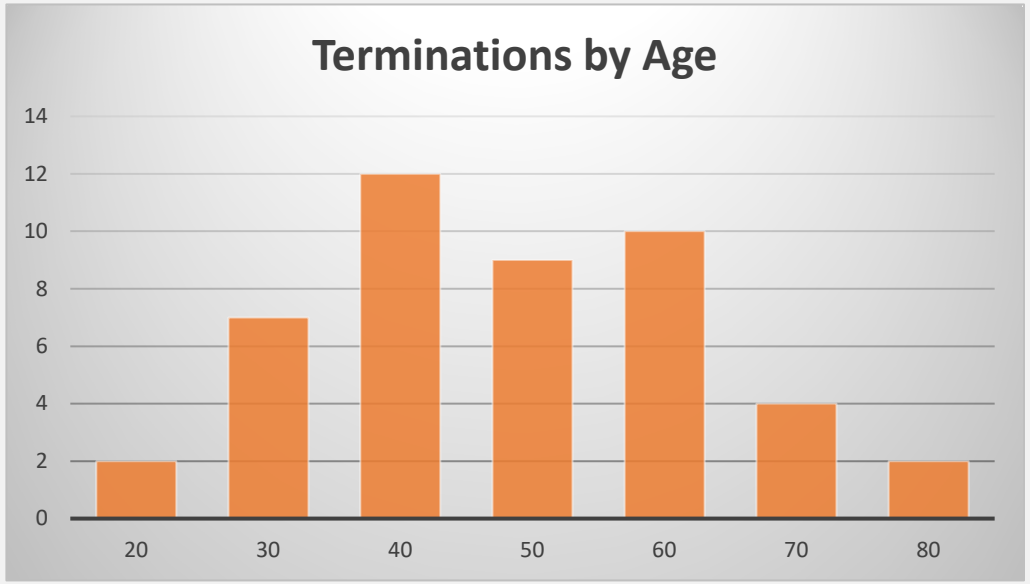
LOEs and Terminations – What are we seeing?

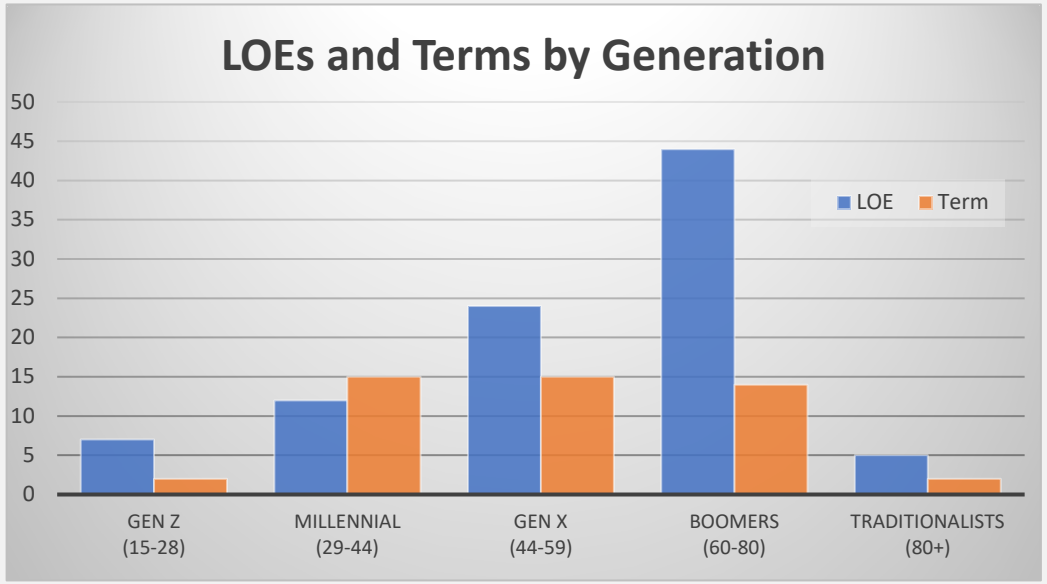


LOEs and Terminations – What are we seeing?

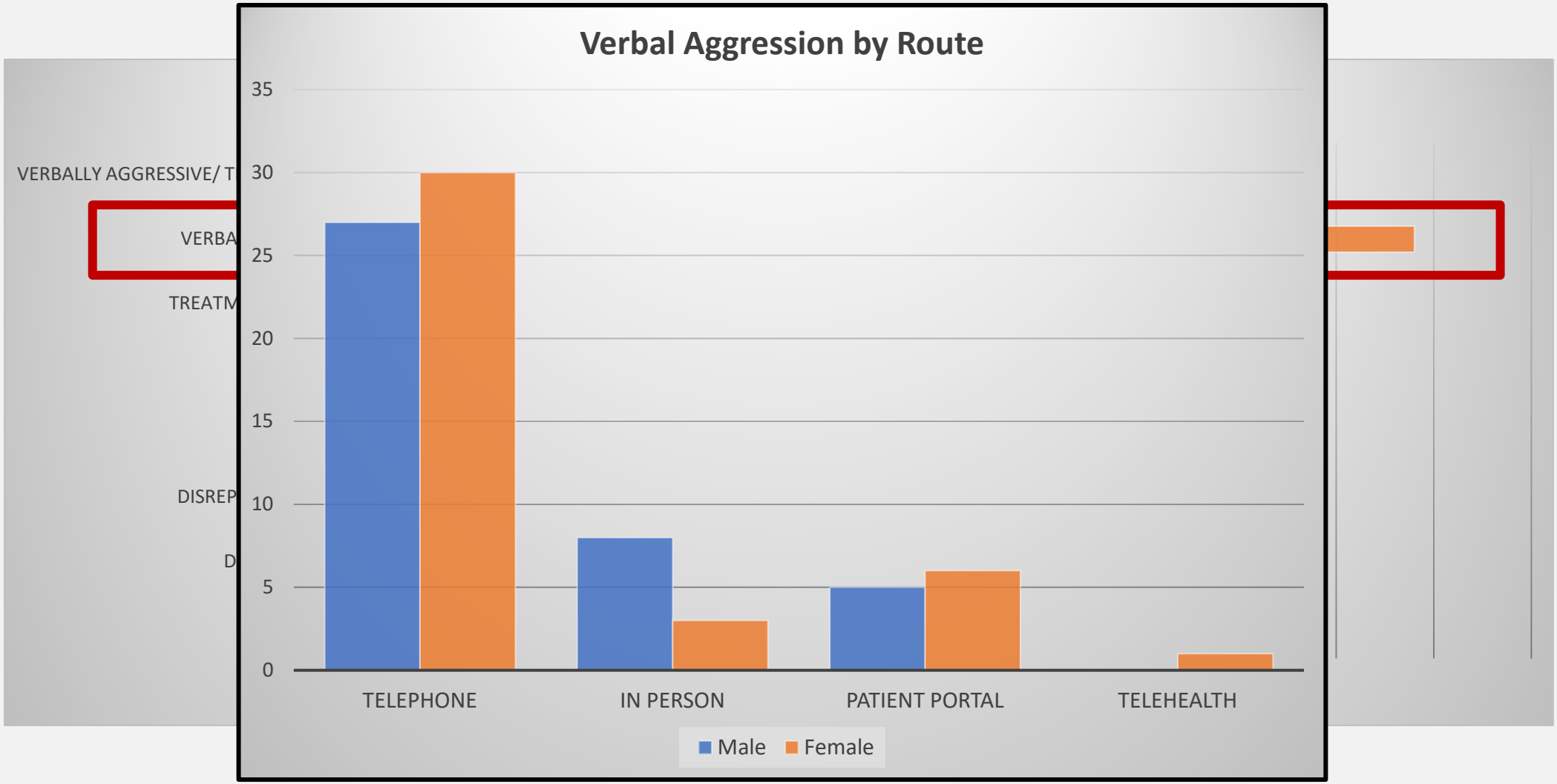




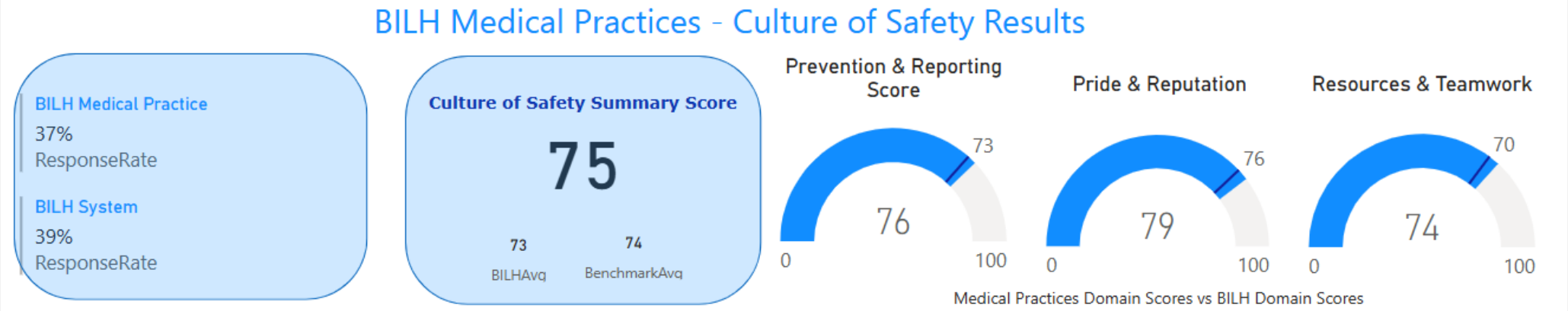




LOEs and Terminations – What are we seeing?



Supporting our Teams



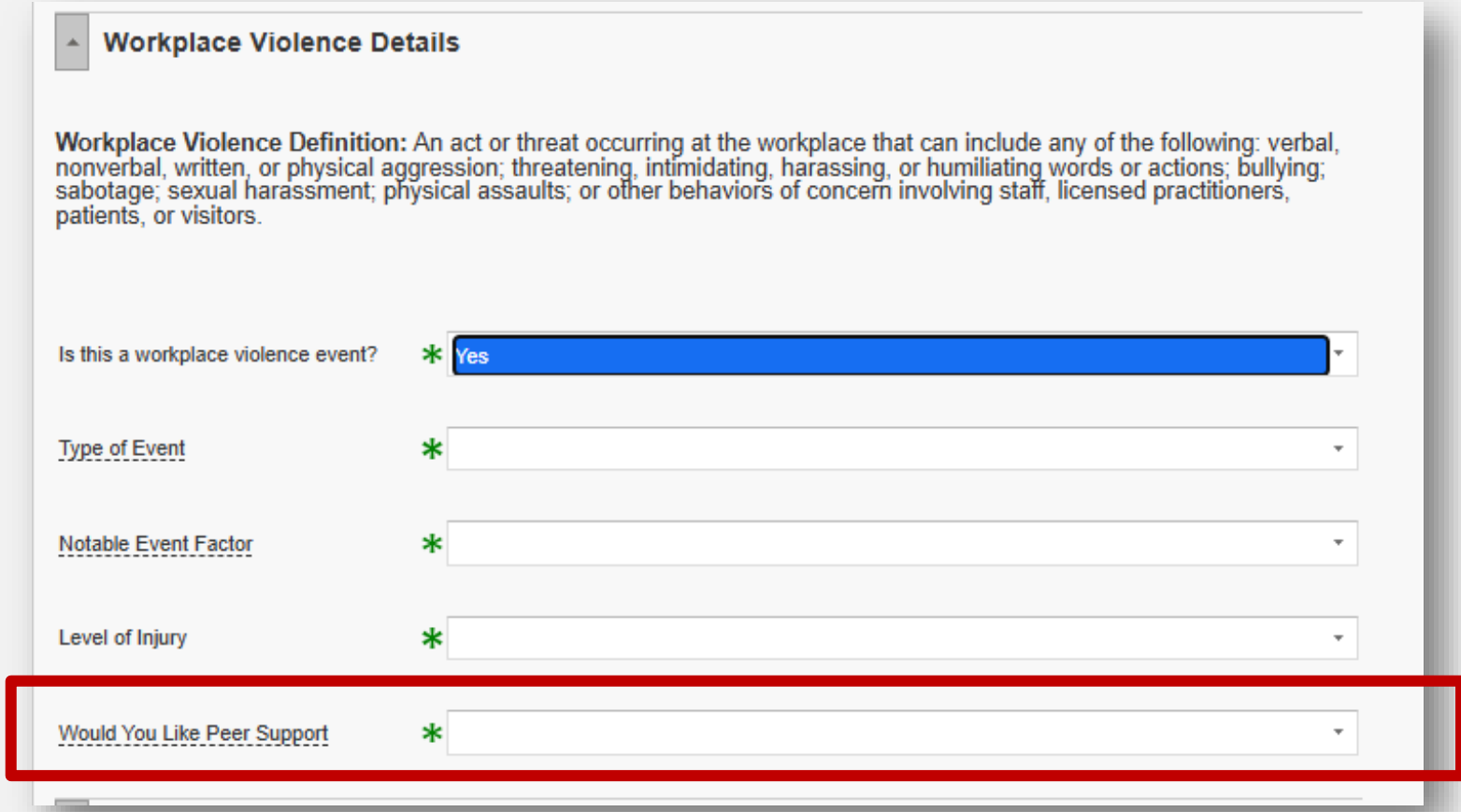
Medical Practice	I feel prepared to handle a situation where workplace violence might occur.
BIDHC-AJH-Seabrook-Operations services	63
BIDHC-Chelsea-Operations services	54
BIDHC-Lexington-Operations services	57
BIDHC-Sharon-Operations services	59
BIDHC-Wayland-Operations services	65
Lahey at Beverly/AGH-Hospital medicine	54
LPCO Billerica PC-Internal medicine	59
LPCO Danvers UC-Urgent care	52
LPCO Lynnfield Multi-Spec-Urgent care	61
MPS 22 Mill St Arlington-Internal medicine	54
MPS 57 Bedford St Lexington-Internal medicine	55
MPS 625 Mount Auburn Cambridge-Internal medicine	54
NMP 100 Cummings Ctr Bev S126A-Internal medicine	65
NMP 298 Washington St Glouc-Internal medicine	39
NMP 30 Tozer Rd Beverly S202-Family practice	65
NMP 480 Maple St Danvers S204A-Internal medicine	54
NMP BILHPC Beverly-Internal medicine	63
WPA 1021 Main St Winchester-Primary care services	65
WPA 203 Main St N Reading-Family practice	54

Medical Practices Score	BILH Score	Diff	High Impact
67	63	4	★
77	75	2	★
80	77	3	★
79	75	4	★
79	76	3	★
76	72	4	★
74	72	2	★
75	74	1	★
74	70	4	★
82	79	3	★
72	71	1	☆
68	70	-2	☆
73	71	2	☆
79	76	3	☆
62	58	4	☆
74	73	1	☆
76	74	2	☆
75	72	3	☆
80	77	3	
80	76	4	

Supporting our Teams

Resources offered to those involved in challenging patient situations and/or workplace violence events.

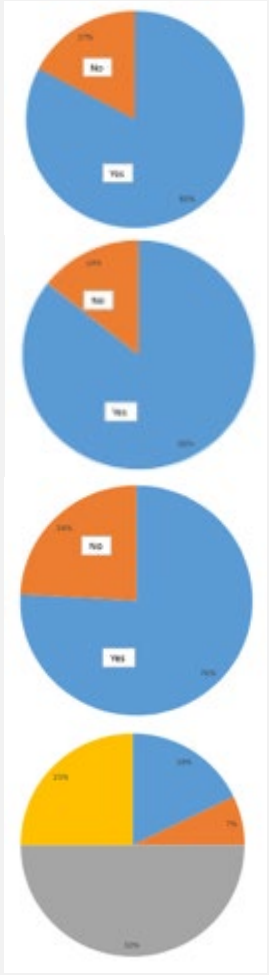
- Employee Health outreach
- EAP
- Post event debriefings
- Peer Support



Supporting our Teams

Response to the Toolkit has been mostly positive

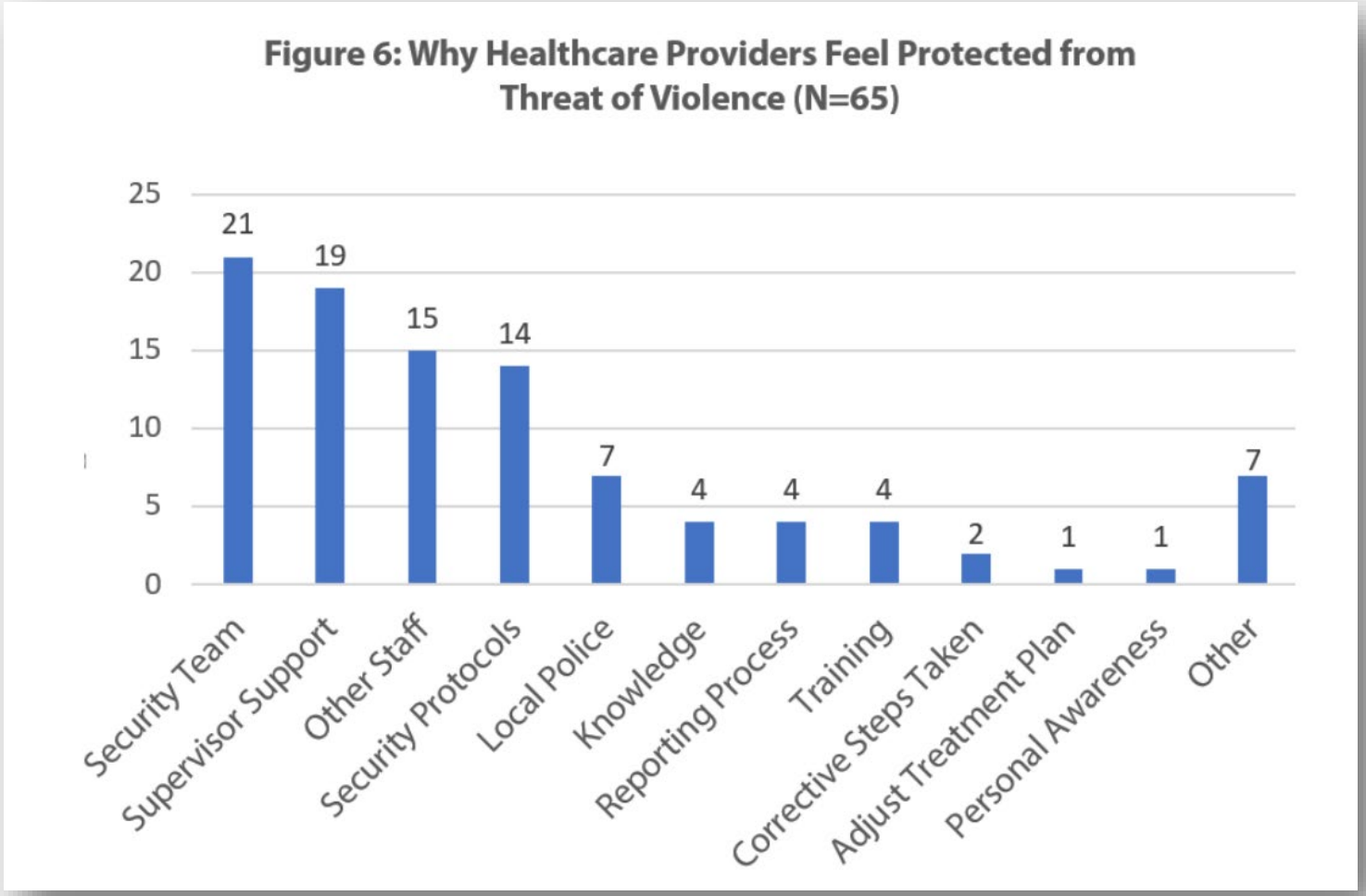
Do you feel this process helps raise awareness around patient behavioral expectations?
Do you feel the Inappropriate Behavior toolkit provides you clear guidance on how to manage inappropriate behaviors?
Do you feel this structured approach to patient intervention leads to positive change?
If a Letter of Expectation was sent to a patient as a result of inappropriate behavior, do you feel the behavior improved?



"I have had to send out several LOEs. I think sometimes is sets the patient off, sometimes they realize their behavior and change. It just depends on the patient. I think having a conversation and discussing the patient is helpful for risk to understand the patient".

"The escalation pathway seems overly complicated. There should be certain behaviors that are just not tolerated and the practice can dismiss without having to jump through hoops – it appears we are not fully supporting our staff when phone calls and letters are the response to their being treated poorly".

Supporting our Teams



Assessing Health Care Worker Exposure to Acts of Violence and Aggression in the Workplace: A Pilot Study (NH Healthcare Violence Prevention Workgroup, 2021)

While we don't have dedicated security teams in Primary Care practices we can work to enhance other areas identified:

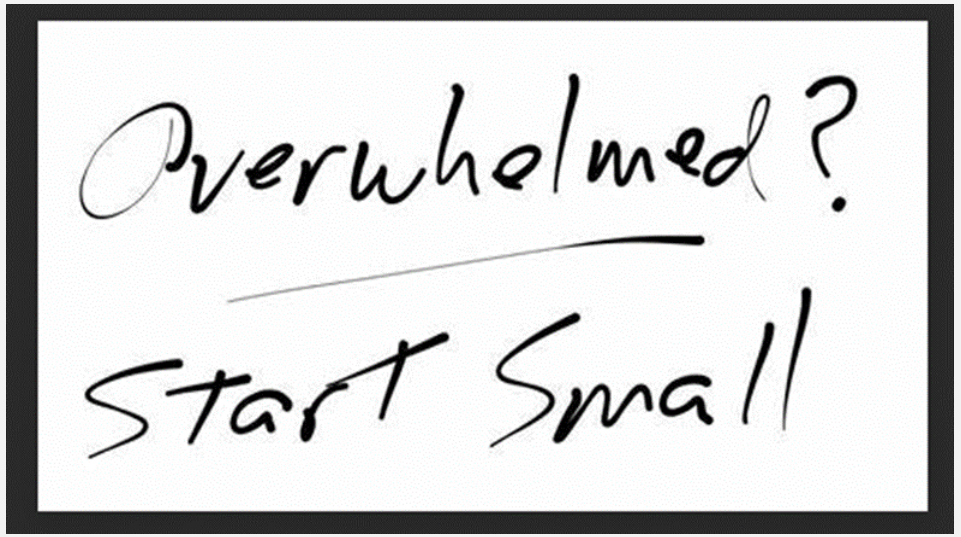
- Supervisor Support
- Security protocols
- Empower colleagues to support each other
- Reinforce that it is ok to call 911

Safety is Safety

"Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams." –NPSF, Lucian Leape Institute. *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care*

The Way Forward

- Imbed total systems safety as an organizational core value
- Streamline reporting and event review/ coding
- Enhanced risk assessments
- Create tip sheets/ materials
  - Huddle and debrief tips
  - Develop process/ script for PMs and PRM to reach out to involved witnesses
- Patient Flags – BILH solution in process; need ambulatory friendly approach
- Population specific de-escalation techniques
  - Cultural competency
  - Generational considerations
  - Clinical diagnosis
    - BH patients
    - Substance Use Disorders
    - Neurodivergent/ Autism Spectrum



Questions/Discussion