**NEW YORK**
**STATE OF**
**OPPORTUNITY**

# SELF-ASSESSMENT FOR AN ABUSE FREE ENVIRONMENT

## For programs and facilities licensed or operated by the Office of Mental Health

### January 2016

**NEW YORK | Office of**
**STATE OF | Mental Health**
**OPPORTUNITY**

In 2014, the New York State Justice Center for the Protection of People with Special Needs' Steering Committee formed a cross-agency Prevention of Abuse and Neglect Work Group. The Work Group is comprised of the Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Alcoholism and Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS), State Education Department (SED), and the Justice Center. The Work Group supports the recommendations on preventing abuse and neglect identified in the report by Clarence J. Sundram, The Measure of a Society, April 2012.

## MISSION

The mission of the Prevention of Abuse and Neglect Work Group is to identify durable corrective and preventive actions that address the conditions which cause or contribute to the occurrence of incidents of abuse and neglect.

The *Self-Assessment for an Abuse Free Environment* was developed as an **optional tool** for programs and facilities under the jurisdiction of the New York State Justice Center for the Protection of People with Special Needs (Justice Center). The purpose of the tool is to encourage providers of mental health care to strive in the goal of an abuse free environment of care. The tool will assist you to self-evaluate programs for risk of abuse and to provide resources to mitigate the identified areas of risk. The risk prevention factors for abuse and neglect apply to the program/facility, and interpersonal relationships between service recipients and others.

**This tool is for use within your program or facility and is not meant to be shared with the Justice Center, Office of Mental Health (OMH), or other surveyors.** This tool is meant to assist you in determining which area to focus on in your program/facility's performance improvement projects. OMH and the Justice Center are available to assist in developing or providing resources that would assist your program/facility in abuse prevention.

The tool is adapted from the Nursing Home Abuse Risk Profile and Checklist developed by the National Association of States United on Aging and Disabilities (NASUAD) for the U.S. Administration on Aging, available online at: www.ncea.aoa.gov/Resources/Publication/docs/NursingHomeRisk.pdf.

## COMPLETING THE SELF-ASSESSMENT

In column A ("Check if the item applies to you"), check each item based on observation or evidence verified by others if the risk factor described is present in your program or facility. (If your organization has multiple settings or program sites, check items where the risk factor is found in most of the programs or you could focus on a specific program of interest.) Some of these risk factors are covered under OMH regulations. Rate your program or facility for the current status, not according to licensing or survey results.

In column B ("Rate from 1 to 5 for degree of risk"), rank each of the risk prevention factors using the ratings as follows:

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

See page 14 for scoring and page 16 for strategies for abuse prevention.

Rating the following statements in each Risk Factor area will assist you to determine your level of risk for the occurrence of abuse or neglect. These statements are meant to guide discussions about abuse prevention with administrators, quality assurance staff, direct service staff and individuals who receive services.

## I. PROGRAM/FACILITY RISK PREVENTION FACTORS

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree          2: agree          3: neither agree nor disagree          4: disagree          5: strongly disagree

| A CHECK IF THE ITEM APPLIES TO YOU | B RATE FROM 1 TO 5 FOR DEGREE OF RISK | Risk Factor #1: Abuse Prevention Protocols |
|---|---|---|
| _____ | _____ | A.  The program/facility has an incident management plan that addresses abuse prevention. |
| _____ | _____ | B.  The program/facility's policies underscore the dignity and worth of all recipients. |
| _____ | _____ | C.  Definitions of abuse and neglect are consistent with OMH regulations, Mental Hygiene Law, and the _Protection of People with Special Needs Act_. |
| _____ | _____ | D.  Confidentiality is protected for reporters. |
| _____ | _____ | E.  The procedures to follow in response to an abuse allegation or incident are clear. |
| _____ | _____ | F.  The abuse prevention protocols include specific time frames for responding to abuse allegations. |
| _____ | _____ | G.  The abuse prevention  protocols includes requirements for making reports to (1) Justice Center, (2) OMH via NIMRS, (3) protective services, (4) licensing and certification boards, (5) law enforcement, and (6) others, consistent with federal and state law. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #1**

Observations and impressions
Program/Facility policies
Licensing records
OMH regulations
Justice Center data
Recipient and staff grievances
Customer satisfaction survey
NIMRS incident reporting system
Recipient Rights documents

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree        2: agree        3: neither agree nor disagree        4: disagree        5: strongly disagree

| **A** | **B** | |
|---|---|---|
| **CHECK IF THE ITEM APPLIES TO YOU** | **RATE FROM 1 TO 5 FOR DEGREE OF RISK** | |

## Risk Factor #2: Staff Training

_____    _____    A.   Orientation for new staff includes information on recipient rights and how to recognize and report abuse and neglect.

_____    _____    B.   Training on cultural diversity, ethnic differences, and language barriers is provided for all levels of staff to better encourage recipients' active participation and communication.

_____    _____    C.   Staff members are trained to use creative problem solving and conflict resolution techniques to handle aggressive recipient behaviors and other difficult caregiving situations.

_____    _____    D.   Staff are trained in conflict resolution, clear communication and de-escalation techniques and administration has a means of assessing staff competency in these skills.

_____    _____    E.   Supervisors are trained to identify signs of staff stress and burnout.

_____    _____    F.   Staff are trained regarding the Code of Conduct and Mandated Reporting instituted by the Justice Center and sign agreement to adhere to the Code and report allegations of abuse.

_____    _____    G.   Staff are trained to maintain the safety of individual recipients, the program and the community by using the appropriate community resources (Fire, Police, Emergency Departments…).

_____    _____    H.   Employee Handbook, and Human Resource materials are on line and accessible to staff to give and receive information.

_____    _____    I.   Resources, forms, links to OMH or other resources are available to staff on the program's intranet.

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #2**

Observations
Staff development records
Staff performance evaluations
Employee Assistance Program
Bureau of Education and Workforce Development
NYS Governor's Office of Employee Relations (GOER)
Bureau of Cultural Competence
Employee Assistance Program
Benefits plans with mental health resources
Preventing and Managing Crisis Situations (PMCS)

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree      2: agree      3: neither agree nor disagree      4: disagree      5: strongly disagree

| A | B | |
|---|---|---|
| **CHECK IF THE ITEM APPLIES TO YOU** | **RATE FROM 1 TO 5 FOR DEGREE OF RISK** | **Risk Factor #3: Staff Screening** |
| _____ | _____ | A. The program/facility screens all prospective employees to ensure their suitability to work with vulnerable people before they begin work (including checking criminal history background, the State Central Registry, and the Staff Exclusion List). |
| _____ | _____ | B. "Per diem" nurses, volunteers, interns and temporary workers who work in programs/facilities are screened. |
| _____ | _____ | C. Before a job offer, job applicants are screened for prior history of substance abuse or any indications of current substance abuse problems. |

**Information sources for completing risk factor #3**

Criminal background checks/police reports
Statewide Central Register of Child Abuse and Maltreatment (SCR) checks
Staff Exclusion List (SEL) checks
Observation/impressions
Personnel records/staff performance review
Complaint data/grievances

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree          2: agree          3: neither agree nor disagree          4: disagree          5: strongly disagree

| **A** | **B** | |
|---|---|---|
| **CHECK IF THE ITEM APPLIES TO YOU** | **RATE FROM 1 TO 5 FOR DEGREE OF RISK** | ## Risk Factor #4: Staff Stresses/Burnout |
| _____ | _____ | A.  Staff experiencing symptoms of job burnout or other stresses have access to support groups, mental health benefits and/or EAP services. |
| _____ | _____ | B.  Staff support each other within disciplines and across ranks/grades. Units/Programs have a team approach and share responsibility for care of the recipients. |
| _____ | _____ | C.  Staff are given the opportunity to debrief following crises, stressful events or staffing shortages causing mandatory overtime. |
| _____ | _____ | D.  The program/facility monitors the use of/need for overtime. |
| _____ | _____ | E.  Staff, supervisors and administration identify and adhere to appropriate limits for staff to be assigned overtime, in order to assure appropriate care for recipients. |
| _____ | _____ | F.  Direct service workers have the opportunity to contribute ideas and suggestions for improving care. |
| _____ | _____ | G.  Staff are encouraged to manage their own self-care to manage stressors. |
| _____ | _____ | H.  A voluntary Wellness Committee meets to identify methods for staff to de-stress, use grounding techniques for themselves, that are taught to recipients, and are free to staff. |
| _____ | _____ | I.  Staff have a lounge or space available pre and post shift to use for focusing on the transition and getting in the right frame of mind. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #4**

Observation/impressions
Direct supervision
Program/Facility policies
Program/Facility personnel records/staff performance reviews
Licensing records
Complaint data/resident grievances
Customer satisfaction surveys
Time sheets and overtime records

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree      2: agree      3: neither agree nor disagree      4: disagree      5: strongly disagree

| A CHECK IF THE ITEM APPLIES TO YOU | B RATE FROM 1 TO 5 FOR DEGREE OF RISK | Risk Factor #5: Staff Ratios/Turnover |
|---|---|---|
| _____ | _____ | A. The program/facility hires sufficient numbers of qualified staff to meet the care needs of each recipient. |
| _____ | _____ | B. The ratio of qualified staff to recipients meets OMH regulations. |
| _____ | _____ | C. The program/facility is aware of their staff turnover rate. |
| _____ | _____ | D. The program/facility seeks input from disciplines with high turnover rate to address issues contributing to turnover. |
| _____ | _____ | G. The program/facility conducts job satisfaction surveys and identifies areas for improvement, involving staff in the process of making improvements. |
| _____ | _____ | H. Anonymous job satisfaction surveys are collected annually and at exit interview to garner ideas for improvement of work conditions and program. |
| _____ | _____ | I. The program implements initiatives based on feedback from surveys and/or exit interviews to aid retention and avoid burnout. |
| _____ | _____ | J. Where practicable, programs offer flexible work weeks and schedules. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #5**

Observation/impressions
Program/Facility staffing records
Job satisfaction surveys
Licensing records
Complaint data/resident grievances
Customer satisfaction surveys

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree          2: agree          3: neither agree nor disagree          4: disagree          5: strongly disagree

| A<br>CHECK IF THE ITEM APPLIES TO YOU | B<br>RATE FROM 1 TO 5 FOR DEGREE OF RISK | Risk Factor #6:  History of Deficiencies/Complaints |
|---|---|---|
| _____ | _____ | A.  The deficiencies noted in the most recent licensing inspection and other survey reports are responded to and improved. |
| _____ | _____ | B.  All reports of abuse or neglect are reported, investigated and corrections are made as necessary in compliance with NYS Protection of People with Special Needs Act and OMH regulations. |
| _____ | _____ | C.  There have been few substantiated cases of allegations of abuse/neglect. |
| _____ | _____ | D.  Following thorough investigation, any substantiated reports of abuse or neglect are corrected on multiple levels which may include:  program policy and practice, staff training, individual staff supervision, counseling, and administrative or disciplinary action.  Providers ensure that corrective action has been implemented to mitigate risk. |
| _____ | _____ | E.  The program/facility's documentation contains no evidence of abuse, or neglect that has not been reported and investigated. |
| _____ | _____ | F.  Complaints are followed up in a timely manner. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #6**

Observation/impressions
Program/Facility incident reports
Survey reports from CMS, Joint Commission
Program/Facility policy and OMH regulations
Licensing records
Complaint data/resident grievances
Resident charts
Program/Facility/Unit documents
Customer satisfaction surveys
Incident Review Committee

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

1: strongly agree          2: agree          3: neither agree nor disagree          4: disagree          5: strongly disagree

| **A**<br>CHECK IF THE ITEM<br>APPLIES TO YOU | **B**<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK | Risk Factor #7: Culture/Development/Management |
|---|---|---|
| _____ | _____ | A. The staff and administration recognize that abuse could occur in the program/facility. |
| _____ | _____ | B. The program/facility has a philosophy of care and respect for all recipients and family members. |
| _____ | _____ | C. Recipients feel they can report problems to the administration without fear of retaliation. |
| _____ | _____ | D. Direct service staff members believe they can tell their supervisor and administrators about care problems they have observed without fear of retaliation. |
| _____ | _____ | E. Administration supports a Continuous Quality Improvement stance which allows for change to the status quo, enhancing person centered care. |
| _____ | _____ | F. Staff feel valued as employees by direct supervisors and administrators. |
| _____ | _____ | G. Staff use skills to negotiate with recipients such that boundaries and policies are flexed for valid clinical reasons, to prevent crisis, restraint, or other negative outcomes. |
| _____ | _____ | H. Staff are empowered to negotiate with and empower recipients seeking win-win opportunities. |
| _____ | _____ | I. Each recipient's care plan is tailored to meet his or her needs. |
| | | J. Staff and recipient satisfaction surveys are used to identify culture issues that need further development or to be managed and maintained. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #7**

Observation/impressions
Discussion with recipients
Discussion with staff
Policy and procedure manuals
Licensing records
Complaint data/resident grievances
Customer satisfaction surveys
Job satisfaction surveys

| A | B | |
|---|---|---|
| **CHECK IF THE ITEM APPLIES TO YOU** | **RATE FROM 1 TO 5 FOR DEGREE OF RISK** | **Risk Factor #8:  Physical Environment** |

_____   _____   A.   Rooms with three or more recipients are uncommon.

_____   _____   B.   Program areas have good visibility with few blind spots.

_____   _____   C.   Inpatient and crisis respite services have suicide resistant features, such as anti-ligature door handles, collapsible hooks, etc., to reduce risk of self-harm.

_____   _____   D.   Maintenance closets and/or examination rooms housing potentially harmful substances and items are kept securely locked.  Recipients do not have access to these spaces without supervision.

_____   _____   E.   The program/facility conducts regularly scheduled safety inspections or environmental rounds.

_____   _____   F.   Basements and garages accessible to recipients are kept free from potentially harmful substances and items.

_____   _____   G.   Lighting is optimized to promote patient and staff safety, e.g., parking lot, building access, hallways and stairwells, therapy rooms, etc…

_____   _____   H.   Emergency numbers are available in readily accessible areas and recipients have access to make calls.

_____   _____   I.   Emergency preparedness protocols are reviewed with staff and up to date.

_____   _____   J.   Recipients are supervised in dining rooms and kitchen areas.

_____   _____   K.   Furniture is arranged in program areas to optimize positive interactions and minimize safety risks.

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #8**

Observation/impressions
Discussion with recipients and staff
Floor plans
New York State Incident Management and Reporting System (NIMRS) data
Material Safety Data Sheets (MSDS)
Complaint data/Recipient grievances

## II. SERVICE RECIPIENT RISK PREVENTION FACTORS

*Note:* Certain behaviors or emotional and cognitive symptoms can increase the risk of abuse if staff exposure to these symptoms is not identified, monitored and addressed to prevent inappropriate reactions to people receiving services. Keep in mind, the intent here is not to "blame the victim", but rather to find the underlying causes of a behavior or symptom, to create a treatment plan personalized to the recipient's needs and to provide an environment for staff to get a break from and/or receive support for managing these stressors in their day to day work functions, when needed. Some programs by the nature of the service they deliver, or the nature of the population they serve, may have higher incidents related to these stressors than others. Consider this section an opportunity to identify, manage and decrease the intensity or frequency of these stressors.

**IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):**

| 1: strongly agree | 2: agree | 3: neither agree nor disagree | 4: disagree | 5: strongly disagree |
|---|---|---|---|---|

| **A**<br>CHECK IF THE ITEM APPLIES TO YOU | **B**<br>RATE FROM 1 TO 5 FOR DEGREE OF RISK | **Risk Factor #9: Unit/Program Service Provision Risk Prevention Factor** |
|---|---|---|
| _____ | _____ | A. The Unit/Program assesses patient history for risk including violence, crime, sexual trauma and suicidality and communicates assessments with direct care staff. |
| _____ | _____ | B. The Unit/Program has a protocol of assessing and re-assessing the acuity of a unit, patient risk and staff stress levels as needed. |
| _____ | _____ | C. The Unit/Program has a plan to address staffing/program needs when acuity is high. |
| _____ | _____ | D. The Unit/Program has a means of assessing and a plan to address risk of violence to maintain safety of staff and people receiving services. |
| _____ | _____ | E. Staff communicate with leadership when they become aware of potential for risk. |
| _____ | _____ | F. People receiving services and staff have the opportunity to debrief after an episode of restraint. |
| _____ | _____ | I. The Unit/Program has a means of identifying patterns and trends within the unit/program for allegations of abuse/neglect, fights, assaults and other incidents and a plan to address identified trends. |
| _____ | _____ | J. Interactions between people receiving services and staff are assessed and addressed to prevent conflicts in an on-going basis. |
| _____ | _____ | K. After a person receiving services undergoes a new stressor or troubling event, staff re-assess the person's status. |
| _____ | _____ | L. Staff participate in PMCS or other OMH approved training and practice de-escalation techniques. |
| _____ | _____ | M. Staff receive orientation and training regarding the nature of the population they serve and the type of program they provide and the potential risks and stressors associated with their job. |
| _____ | _____ | N. Team meetings provide an opportunity for review of trends, acuity and other current factors and allow for members to participate in planning how to address them. |
| _____ | _____ | O. All staff identify areas for improvement in service provision and techniques. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #9**

Observations/impressions of staff and service recipient behaviors
Licensing records
New York State Incident Management and Reporting System (NIMRS) data
Communication logs and shift report notes
Complaint data/resident grievances
Medical reports
Care plans and treatment records
Team meeting minutes
Community meeting minutes

## III. RELATIONSHIP RISK PREVENTION FACTORS

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

| 1: strongly agree | 2: agree | 3: neither agree nor disagree | 4: disagree | 5: strongly disagree |
|---|---|---|---|---|

| **A**<br>**CHECK IF THE ITEM APPLIES TO YOU** | **B**<br>**RATE FROM 1 TO 5 FOR DEGREE OF RISK** | **Risk Factor #10:  Family, Support and Collateral Access** |
|---|---|---|
| _____ | _____ | A.  Recipients are not isolated (e.g., recipients have visitors and regular contact with staff and other recipients). |
| _____ | _____ | B.  Recipients have access to advocates, Peer Specialists, Mental Hygiene Legal Service (MHLS , Justice Center, OMH Customer Relations. |
| _____ | _____ | C.  Each complaint is handled with respect regardless of number of complaints made by a particular recipient or family member. |
| _____ | _____ | D.  Families and significant others have access to support groups. |
| _____ | _____ | E.  Families and significant others are encouraged to participate in treatment and service planning as appropriate. |
| _____ | _____ | F.  Staff and recipients have open communication to share ideas and input on house rules, menus, etc… in various forums such as house/unit meetings, resident councils. |
| _____ | _____ | G.  Program areas have bulletin boards which list resources such as Patient Bill of Rights, Peer and Advocate services, Mental Hygiene Legal Services, as appropriate to the program. |

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #10**

Observations/impressions
Complaint data/resident grievances
Customer satisfaction surveys
Care plans and treatment records
Visitor logs

IN COLUMN B, USE THE FOLLOWING SCALE TO RATE EACH AREA THAT APPLIES (CHECKED OFF IN COLUMN A):

| 1: strongly agree | 2: agree | 3: neither agree nor disagree | 4: disagree | 5: strongly disagree |

| **A**<br>CHECK HERE IF THE<br>ITEM APPLIES TO YOU | **B**<br>RATE FROM 1 TO 5<br>FOR DEGREE OF RISK | |
|---|---|---|

## Risk Factor #11: Recipient and Staff Interaction

| A | _____ | _____ | Care staff work with the same group of recipients consistently, providing continuity of care that allows staff to build relationships so recipients feel secure. |

A. _____ _____ Care staff work with the same group of recipients consistently, providing continuity of care that allows staff to build relationships so recipients feel secure.

B. _____ _____ Staff turnover is low. There are few or no unfilled staff vacancies.

C. _____ _____ When recipients are served food they don't like, their dietary plan is checked and an appropriate substitute is offered if available.

D. _____ _____ If recipients curse or use racially offensive or insulting language toward staff it is not taken personally.

E. _____ _____ Recipients are treated with respect including during episodes of disruptive behavior or refusal of services.

F. _____ _____ Recipients are assured privacy when clinically appropriate.

G. _____ _____ Management or administrative staff conduct unannounced site visits and staff interactions with recipients are appropriate.

H. _____ _____ Peer staff are integrated into the daily program interactions and fostering a positive program environment.

I. _____ _____ Recipients are made aware of their patient rights and how to make reports and to whom about their concerns.

J. _____ _____ Use of language, tone of voice, and volume are appropriate for the population served.

K. _____ _____ Recipient surveys demonstrate they perceive staff as treating them with respect and dignity.

L. _____ _____ Staff are given feedback in supervision regarding how recipients view them to acknowledge behaviors which are viewed positively and correct behaviors viewed negatively.

M. _____ _____ Staff maintain a respectful and approachable demeanor when interacting with recipients including regarding activities of daily living such as mail, money, food, chores, service plan development, medications, social interactions and recreation.

N. _____ _____ Staff and recipients have open communication to share ideas and provide input on house rules, menus and other topics, in various forums such as house/unit meetings, resident councils, etc...

**INFORMATION SOURCES FOR COMPLETING RISK FACTOR #11**

Observations/impressions
Licensing records
Customer satisfaction surveys
Complaint data/resident grievances
Program or log notes/recipients' records
Vulnerable Persons Central Register (VPCR) data
New York State Incident Management and Reporting System (NIMRS) data
NIMRS incident reports and investigation reports
Program/Facility personnel records/staff performance reviews

Resident and family council minutes
Staffing plans and policy
Quality improvement reports

Medical reports
Care plans

## SCORING THE SELF-ASSESSMENT

Once the tool is complete, assess where the risks are most acute. It is not necessary to total the scores; rather, indicate whether there was a frequency in the ranking (e.g., mostly 4s).

A score of **mostly 4s and 5s** (or few 1s and 2s) would indicate there is a high risk that incidents of abuse will occur.

| RISK CATEGORY | # of Items that apply | # of High Risk (4-5 ratings) |
|---|---|---|
| **I. Program/Facility Risk Prevention Factors (Factors 1-8)** | | |
| **II. Service Recipient Risk Prevention Factors (Factor 9)** | | |
| **III. Relationship Risk Prevention Factors (Factors 10 & 11)** | | |

If areas of concern are identified, begin making changes to lessen the risk of possible abuse. Continue to page 16 for recommendations regarding strategies for abuse prevention, and visit www.justicecenter.ny.gov for additional resources. To assist in prioritizing your risk, a prioritization tool is available on page 15.

## PRIORITIZATION

If you would like to further analyze your score to prioritize abuse prevention efforts, consider applying the following table and scales.  For each High Risk rating identified, list the type, then identify the ratings for probability, history and severity.  The higher the total rating identified, the higher the priority to target for abuse prevention efforts.

| PROBABILITY | |
|---|---|
| 1 | Very Unlikely |
| 2 | Unlikely |
| 3 | Possible |
| 4 | Very Possible |

| SEVERITY | |
|---|---|
| 1 | NO EFFECT ON PATIENT SAFETY/ABUSE |
| 2 | LOW IMPACT/HARM |
| 3 | MODERATE IMPACT/HARM |
| 4 | SEVERE IMPACT/HARM |

| HISTORY | |
|---|---|
| 1 | Has not happened in last 5 years. |
| 2 | Limited times in last 5 years. |
| 3 | Multiple times in last 5 years. |
| 4 | Frequently in last 5 years. |

| TYPE | PROBABILITY | HISTORY | SEVERITY | TOTAL RATING | PLAN PRIORITY |
|---|---|---|---|---|---|
| *E.g.: Risk Factor #4: Staff Stress/Burnout:  C. Staff are given the opportunity to debrief following crises, stressful events or staffing shortages causing mandatory overtime:  5* | *4* | *4* | *2* | *10* | *Second* |
| *E.g.: Risk Factor #2 Staff Training: C. Staff members are trained to use creative problem solving and conflict resolution techniques to handle aggressive recipient behaviors: 5* | *4* | *4* | *4* | *12* | *First* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## STRATEGIES FOR ABUSE PREVENTION

Creating safe programs and facilities requires strong leadership from provider agencies and their staff.  The ultimate responsibility remains with leadership; however, prevention has the best chance of success if others are engaged in the process as a partnership.  Partners should represent similar programs, advocacy supports, service recipients, and OMH.  The following are examples of abuse prevention activities.  They are intended to spark thinking and discussion by the team.  For more resources on abuse prevention, please visit www.justicecenter.ny.gov.  Other resources are available on the OMH website.  Please visit www.omh.ny.gov.

**STRATEGIES FOR LEADERSHIP**

**Abuse Prevention Policy**

- Develop protocols on how to care for service recipients with challenging behaviors and provide in-service training to staff on the protocols.

- Create a committee or task force, with representatives from your direct support staff, to study workforce shortages and develop initiatives to address the problem.

**Quality Improvement**

- Use a Continuous Quality Improvement stance, allowing change to the status quo, reducing a rule based culture, and enhancing person centered care. Allowing for an understanding that mistakes will be made but learning will occur.
- Make active use of data to: inform practice; identify areas for performance improvement; identify areas of success to spread these resources to other areas; and caution and to celebrate.

**Cultural Guidance**

- Model for staff the desired behaviors and philosophy and inspire a shared vision for an abuse free environment of care.
- Encourage supervisory staff to attend training on supervision skills and performance evaluation, conflict mediation and team building, as well as leadership skills and empowerment of their teams
- Create opportunities to hear from staff, such as rounds, town meetings, and feed-back lunches.
- Pay attention to language, reducing labels, pejorative, or weakness based communication and identify the unmet needs behind behaviors.
- Empower staff to negotiate with and to empower service recipients, seek win-win opportunities. Foster collaboration and trust, between staff, between staff and administration, and between staff and recipients. Allow use of clinical rationale for breaking a rule and provide training and tools to staff to make good decisions.
- Create a culture of celebration which will carry staff through tough times. Identify staff exemplary performance, give commendation publicly. Encourage communication about what almost went wrong but didn't so learning can be shared and positive outcomes repeated.

    For more information, view the video presentation "Leadership Towards Organizational Change and Use of Data to Inform Practice" (February 23, 2011):
    http://www.omh.ny.gov/omhweb/News/2011/pars.html. A PowerPoint presentation is available here:
    http://www.omh.ny.gov/omhweb/dqm/restraint-seclusion/leadership.html.

**STRATEGIES FOR INCREASING SERVICE RECIPIENT/FAMILY INVOLVEMENT**

- Survey service recipients and work with family councils to identify the types of choices service recipients want and make changes in policies and practices, as appropriate.
- Develop a volunteer program to match volunteers with service recipients who don't have regular visitors and ensure that volunteers understand how to report care problems they encounter.
- Utilize Peer Bridger and self-help programs to promote healthy socialization skills and positive social relationships with people from the community where they will return upon completion of goals and services.

**STRATEGIES FOR BUILDING SKILLS AND COMPETENCIES:**
**ABUSE PREVENTION TRAINING/SUPPORT**

- Educate staff on the importance of Trauma Informed Care. OMH has resources available here:
    http://www.omh.ny.gov/omhweb/dqm/restraint-seclusion/trauma.html
- Promote alternatives to restraint and seclusion. OMH has resources available here:
    http://www.omh.ny.gov/omhweb/dqm/restraint-seclusion/
- Evaluate the experience and skill level of staff. Additional education may be necessary to ensure the safety of service recipients.

- Utilize Preventing and Managing Crisis Situations (PMCS) Therapeutic Crisis Intervention (TCI) or other OMH approved training and refreshers, as well as other training resources to continually improve staff skills and resources.
- Offer an in-service training program for direct service staff on how to recognize abuse and the process for reporting complaints. Make time available for staff to attend training.
- Offer a training session on abuse prevention at a conference.
- Develop staff support groups either for a specific program/facility or to support staff from multiple programs/facilities.
- Offer training for staff on conflict resolution techniques and trauma-informed responses. (Note: These are offered by GOER to state employees).
- Provide a comfortable training area. Provide separate trainings for line staff, supervisors, and administrators.
- Provide time for unit-wide training or retreat so staff can focus on their specific service population and tailor training to their needs. Team building and bonding among co-workers create an automatic support group during crisis times on the job.
- Have trainees sign confidentiality agreements to encourage open communication.
- Offer training for administrators and directors on creating culture change in programs/facilities.

**STRATEGIES FOR INCREASING AWARENESS**

- Support programs/facilities' efforts to recognize and support staff by participating in their awards ceremonies or develop a competitive, statewide recognition award for outstanding care by direct service staff.
- Institute a contest to create posters (tee shirts, comic strips, etc.) depicting how to maintain or enhance an abuse free environment. Provide awards to winners. Allow for various categories of winners, most original, most colorful, most humorous, etc. Make contests that are for staff, others for service recipients, and others for anyone to enter.
- Create work groups within programs/facilities to discuss how best to reach their particular population. Empower those groups to participate in policy discussions with administration to share their insights.
- Send e-mail blasts and post on the provider website about abuse prevention, available training and, invite viewers to share and post the announcements.
- Develop Public Service Announcements for radio and television.

**STRATEGIES FOR COLLABORATION**

- Identify programs/units with a high concentration of vulnerable service recipients or those with difficult to manage behaviors; target those programs/units for a mailing or communication on abuse and abuse prevention, and offer training and assistance.
- Identify funding sources for programs/facilities that have an institutional appearance to help them make changes to address abuse risks in the physical environment that exist.
- Identify programs/units with exemplary incident management systems and make the list available to all programs/facilities statewide as a referral source for programs/facilities that have a problem with abuse or want to reduce the risks for abuse.
- Develop a model abuse prevention policy.
- Develop guidelines on staff screening beyond the NYS requirements that programs /facilities may voluntarily adopt.
- Create work groups or think tanks across agencies to work together and share how they were able to be successful, or seek input from others for ideas on difficult situations.

Report Abuse and Neglect at 855-373-2122