Meeting the Psychosocial Needs of Patients in the Post-Acute setting:
an Essential Part of Rehabilitation

Michelle Gittler MD
Medical Director
Schwab Rehabilitation Hospital

Schwab Rehabilitation Hospital

- Schwab became a rehabilitation hospital in 1967. Offers inpatient & outpatient care for adults and children.

- Accredited by JCAHO

- Extended Services department was established in 2001.

- 90% African-American and Hispanic or Latino

- Absence of multiple social determinants of health in the patient's we serve

- >60% of our patients receive Medicaid benefits.

Extended Services

- "Life Doesn't Stop for a Disability"

- Most of the staff members have sustained a disability

- Extended Services programs began in 1997.

- The department was formally established in 2001.

In My Shoes

- Started in 1997, A peer-led violence prevention intervention led by former patients who have sustained violent injuries as victims or perpetrators of street violence.

- Youth gain a firsthand look at life with an injury due to intentional violence

In My Shoes

- Speakers have reached more than 52,000 youth, juvenile & young adult offenders.

- Unfortunately, most of our grant funding has been lost since 2010

- "People in wheelchairs are the same as people who can walk"

- Participants shared their own stories ("I've had people shoot at me", "I've seen people shot")

- Reasons not to join a gang:
    - You're putting your family in danger
    - You are increasing your chance of getting a disabling injury, being killed, and/or going to jail
    - You have to do bad things
    - You lose your independence
    - People often join for protection, but your fellow gang members won't protect you

- # Discussed making good choices:

  - I will change my own behavior

  - Don't hang out with gang members; it's dangerous

  - Choose your friends wisely

  - Don't give in to peer pressure

  - Don't join a gang.

  - **I will think about the choices I make**

- # Showed insight & appreciation for speakers:

  - Will now respect people who have disabilities

  - Believes the speakers are brave for sharing personal stories

Peer Mentoring

- Designed to meet the needs of patients with new spinal cord injuries (SCI)

- Train and employ past patients with SCI to serve as peer-mentors.

- Mentors and mentees meet weekly to work toward mentee goals and as a form of social support

Peer Mentoring

- Goals met by mentees include:
  - Enrolling in college
  - Learning how to drive with and obtain hand controls
  - Getting a ramp for the home, so s/he can enter and exit independently, and/or moving to a wheelchair accessible apt.
  - Modifying the bathroom, so s/he can enter it and use the home shower for the first time since injury

Peer Mentoring

Comments from mentees include:

- "I enjoy being in the program because [my mentor] helps me get phone numbers [e.g., referrals to community services] and [assistance on how to find low-cost] diapers."

100% of mentees have reported being "very satisfied" with the program for the last 2 years.

Peer Mentoring
People with Brain Injury

Received funding 2007 to expand this program to people with brain injury.

Developed program using a participatory action framework
- Conducted focus groups
- Revised training manual
- Consultants with BI reviewed the manual

2008: Hired & trained 2 mentors
(we train 2 mentors and replace as funding allows)

Education & Employment

- Assist participants in achieving basic life skills, attaining basic literacy, completing a high-school education or its equivalent, determining their career interest, getting a job, or preparing for college enrollment

- Through case management, help participants overcome the obstacles between themselves and their educational & vocational goals

Disability Resource Center

- Serves as a clearinghouse for information for people with disabilities, including information on such issues as accessible housing, transportation, educational, employment, and recreational opportunities.

- Offers information, referrals & informal mentoring

Community Technology Center

- The only fully-accessible computer lab on the west side of Chicago

- Provides free classes and open lab time for people with disabilities

- Goal is to empower people with disabilities to learn computer skills that will help facilitate their educational and employment goals, as well as to increase knowledge of disability-related resources available on the Internet

Community Technology Center

- In addition to course curricula, developed PowerPoint presentations regarding resumes & cover letters, job searches, interviewing, applying to City of Chicago classes, & a career interest inventory.

Summary of Extended Services

- Grant funded programs that are offered to anyone with a disability, free of charge

- Culturally competent staff

- Safe and accessible environment

- Social support

- People with disabilities are employed by the hospital

Steps to Creating
a Similar Program

- Assess needs of your population; ask staff
- Examine hospital data
- Listen to patients
- Develop programs using a participatory action framework
- Find funding / resources
- Mirror staff demographics with clients'
- Build cultural competence
- Create buy-in from administration

Basic Rules to be followed at all times

- The following are grounds for removal from the PAC setting:
  - Disorderly conduct
  - Threatening anyone at any time
  - Possession of, or, exchanging drugs
  - Possession of firearm in the building

Strategies for Addressing Violence in Post-Acute Care Environments

Ken Bowman, CEO
Van Matre HealthSouth
Rehabilitation Hospital
Rockford, Illinois
November 9, 2016

Van Matre HealthSouth Rehabilitation Hospital

1,494 Inpatient Discharges

8,360 Outpatient Visits

228 Employees

Surveys highlight the prevalence of workplace violence among healthcare occupations:

- 21 percent of registered nurses and nursing students reported being physically assaulted—and over 50 percent verbally abused—in a 12-month period (2014 American Nurses Association's Health Risk Appraisal survey of 3,765 registered nurses and nursing students)

- 12 percent of emergency department nurses experienced physical violence—and 59 percent experienced verbal abuse—during a seven-day period (2009–2011 Emergency Nurses Association survey of 7,169 nurses)

- 13 percent of employees in Veterans Health Administration hospitals reported being assaulted in a year (2002 survey of 72,349 workers at 142 facilities)

Data source: Bureau of Labor Statistics, 2013 data.

Episodes of Violence in the Health Care Settings

- The United States has seen a marked increase in reports of episodes of violence in the health care setting according to The Joint Commission.

- The growing number of reported incidents of violence in the workplace is a clear indicator that hospitals need to make a concerted effort to raise their commitment toward eliminating workplace violence.

Rockford Annual Crime

Rockford Crime Rate	Population 149,121

	VIOLENT	PROPERTY	TOTAL
	1,890	6,470	8,360

annual crimes per 1,000 residents

VIOLENT	PROPERTY	TOTAL
12.67	43.39	56.06

Crime Index
5
(100 is safest)

**Safer than 5% of
the cities in the US**

Emergency Preparedness Plans

- Disruptive Behavior Policies To Address

➢ Coordination of emergency response plan that will minimize potential risk

➢ How to report an active threat in or surrounding the hospital

➢ To provide an organized and integrated response from hospital staff in the event of any seriously disruptive behavior of patient, visitor or employee

Crisis Prevention Institute (CPI) Training

CPI — Educating, Empowering, and Enriching
Van Matre HealthSouth has invested in clinical staff training on CPI methods. Training is focused on educating staff on safe behavior management methods that focus on prevention. Staff who have received specialized training are aware of verbal de-escalation nonviolent physical crisis intervention techniques.

CPI educates and empowers professionals to create safe and respectful work environments.

Van Matre HealthSouth's Community Partnerships to Address Violence Prevention Strategies

- Partnerships with acute and post acute organizations on community education

- Sponsoring community violence prevention workshop

- Partnership with local law enforcement on violence risk assessment

HEALTHSOUTH
Violence Prevention Task Force

- ✓ National Director of Risk

- ✓ CEOs

- ✓ Regional Plant Ops Director

- ✓ HR Business Partners

- ✓ Director Therapy Operations

- ✓ Quality Risk Director

- ✓ Regional Home Health Director

HEALTHSOUTH

Violence Prevention White Paper: Recommendations and Resources - 2015

HEALTHSOUTH
Violence Prevention White Paper

Focus Areas:

- ✓ Management commitment and employee involvement in violence prevention
- ✓ Assessment and analysis of the workplace for security hazards
- ✓ Prevention and control of these hazards
- ✓ Training on how to prevent these hazards
- ✓ Evaluation of the plan

Purpose

- The purpose for developing the HEALTHSOUTH Violence prevention White Paper we to serve as a guide to help HealthSouth hospitals recognize the frequency and severity of workplace violence in health care in general, the risk of episodes of health care violence in each hospital specifically, and provide recommendations for how workplace violence prevention programs can be tailored to each **hospital's specific needs.**

HEALTHSOUTH
Violence Prevention White Paper

Management commitment and employee involvement

- In developing an effective violence prevention plan, management must have a demonstrated commitment, including the endorsement and visible involvement of top management, providing the motivation and resources to deal effectively with workplace violence. The partnership with employees is monumental in creating and implementing an effective violence prevention program specific to each individual hospital.

HEALTHSOUTH
Violence Prevention White Paper
Assessment and analysis of the workplace for security hazards

- It is recommended that a workplace violence risk assessment be completed using a cross-functional or multidisciplinary team approach with representatives at all levels of the organization.
- A best practice model includes supervisory staff and frontline clinicians when completing the risk assessment, as these individuals can provide first-hand experiences to help the organization understand actual or potential risks for workplace violence.

HEALTHSOUTH
Violence Prevention White Paper

Prevention and control of these hazards

- Ensure bright & effective lighting - both exterior and interior of hospital.

- Ensure all lighting controls (timers) are correctly programmed.

- Regularly inspect (at a minimum of quarterly) lights to replace burned out light lamps.

- Use panic/duress alarms at receptionist desks, brain injury units and other high risk areas.

- Use surveillance cameras to monitor entrances, patient corridors, pharmacy, parking areas and other high risk areas

- Use card key access in place of keyed locksets on exterior doors. Update code accesses at least quarterly.

- Ensure ALL exterior doors are locked at all times, except for designated entrances.

- Complete a Security Risk Assessment with the Safety Committee to determine potential risks and identify relevant preventive interventions.

- Conduct a periodic survey with staff to determine what concerns they have and what situations they encounter that make them nervous.

- State clearly to patients, visitors, vendors and employees that violence is not permitted or tolerated.

- Establish a liaison with local police.

- Consider periodic inservices on personal safety provided

Training on how to prevent these hazards

- Training and education ensure that all staff are aware of potential security hazards and how to protect themselves and their coworkers through established policies and procedures.
- Every employee should understand the concept of "universal precautions for violence"— that is, that violence should be expected but can be avoided or mitigated through preparation.
- Frequent training also can reduce the likelihood of being assaulted.

Evaluation of the plan

- **An evaluation of the hospital's violence prevention** program is recommended for determining its effectiveness.

The annual evaluation will consist of the following:
- Risk assessment
- Review of injury/illness records/work comp claims related to violence
- Abuse/Assault
- Abduction
- Bomb Threat
- Disorderly Person
- Threat of Violence
- Unauthorized Person/Access/Trespassing
- Weapons on Premises

Building Community Partnerships

- Establishing a relationship with local law enforcement and soliciting their assistance with evaluation your violence prevention plan.

Strategies for Addressing Violence in Post-Acute Care Environments

QUESTIONS?