

## Hospital Safety and Security: A Case Study at Covenant HealthCare

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EXTRAORDINARY CARE FOR EVERY GENERATION

## History, Expertise and Relevance

“Why should we look to the past in order to prepare for the future?”

Because there is nowhere else to look.”

[James Burke, Connections](#)



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## Purpose

### Provide executive insight into...

- Preparedness
- Resources and Planning
- Incident Management
- Communications
- Staff Support
- Networking



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## Background

### We were prepared, or so we thought...

- Disaster Management Plan and Drills
- Incident Command
- Managing the Mandatories
- Safety and Security Assessment and Implementation Plan
- Dedicated Resources
- Community Resource Support



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## Background (continued)

**We were really prepared, or so we thought...our plan was not just on paper. Based on our Safety and Security Assessment, we implemented **improvements**:**

- CMU (Congress Street) **Fence**
- Parking lot **Lighting** project
- **Emergency Call** lights (Blue Lights)
- Additional **Cameras** (564 lenses) focused on covering all entrances and exits
- Additional **Access Control** (192 card readers)
- Facility exterior **Locks** changed. Master door **Keys** were not given out.



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## Background (continued)

**We implemented **education and training**:**

Starting in 2004 Covenant HealthCare started developing an active shooter policy/procedure and educational plan for staff.

- 5-Minute Focus **Education** 2005
- MTM **Education**
- 2008 to Present Covenant Conducted **Drills**
  - For example, in Rehab and TCU (LTC) – Active Shooter Education and Drills Annually

**Practicing these skills requires investment**



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## Background (continued)

**We implemented **more education and training**:**

- In 2011/2012 our Emergency Care Center added specific **training** and education.
- October 2014 – Critical Incident Management **training** sessions for leadership.
- In 2017 Covenant Healthcare **partnered** with Saginaw Police Department (SPD) for Active Shooter Training for our Main Campus Departments.
- October 2017 - TCU completed **training and drills** with SPD.



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## Background (continued)

**We **partnered** with our community resources:**

On September 7, 2017 Covenant held our first **Meet and Greet** with Covenant Executives:

- ✓ Saginaw City and Saginaw Township Police Departments
- ✓ Saginaw County Fire Chiefs
- ✓ EMS
- ✓ Saginaw County Emergency Management
- ✓ Michigan State Police
- ✓ Saginaw County Sheriff Department
- ✓ Saginaw County Emergency Preparedness Coordinator
- ✓ Region 3 Healthcare Coalition
- ✓ Covenant Executive Team Members
- ✓ Risk Management
- ✓ Covenant Security Leadership
- ✓ Safety/Emergency Management
- ✓ Covenant Facility Services Leadership



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## What Happened? An "Incident" at Covenant

As you hear the incident description, consider your own institution...

- patient paths
- who is a threat
- how will people respond

Please consider...would your plan stand up?



## Immediately Following Incident: Operations, Communication and Support

### Points to highlight regarding communication:

- We initially called a Code Green (situational disturbance).
- Secondly called Code Silver which was inconsistently heard (for example not in Cooper Campus), therefore the building was unaware of the incident on the 3<sup>rd</sup> floor.
- As we called for law enforcement support, communications started both formally and informally. Even before the event concluded, "scanner trolls" posted on Facebook.
- On the administrative "offshift" we had two roles taking primary leadership, the Shift Administrator and Covenant Security Coordinator.



## During/Immediately Following Incident: Operations, Communication and Support

### Points on immediate decisions: Who leads?

Two individuals with MUCH to do...in the first hour alone.

- Formed huddles with staff on the unit to debrief, coordinated by Security and Shift Administrator.
- Contacted administrative leadership.
- Formed a small scale incident command.
- Shift administrator served as hospital lead with security and safety, working with SPD Incident Commander.
- SPD Incident Commander responsible to deem patient "not a threat."
  - 24 hour security was placed outside the patients room



## Immediately Following Incident: Operations, Communication and Support

### Immediate decisions: Who communicates? What is communicated?

- Formed huddles with staff on the unit to debrief, coordinated by Security and Shift Administrator.
- Pastoral Care and Unit Charge Nurse rounded on patients.
- Code Silver all clear called as Michigan State Police and SWAT cleared the scene.
- Incident command was set up in the Nurse Staffing Office with Security Coordinator, Nursing Leadership and Safety.
- Administrator on call updated.
- Media inquiries were being made.



### Immediately Following Incident: Operations, Communication and Support


**Covenant HealthCare Corporate Communication went out via email at 1:15 am.**

*Tonight, there was a Code Silver paged at the hospital.*

*This was an isolated incident that was quickly identified and contained. A patient had a gun and discharged it in the room, police were called and the patient was subdued. No one was injured.*

*The hospital is continuing to work with police as they investigate the incident.*

*Reminder: If you see anything suspicious, always report it by calling security.*





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### Immediately Following Incident: Operations, Communication and Support

**Points on operations: What needs to be done now?**

- First priority is continuing to care for patients and families.
  - Staffing
  - Evaluating fitness for duty
  - Get additional help
- Post incident stress debriefing resources for staff.
  - Resources available near and longer term
- Media inquiries were made. Formal and informal requests for information.
  - Establishing communication plans internal and external





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### Immediately Following Incident: Operations, Communication and Support

**Leadership Safety Huddles**

- Prior to Daily Check-In (DCI) leadership huddled to discuss staff support.
- Second Victims Program was contacted to debrief with employees impacted by the incident.
- Leadership was onsite to meet with their staff and discuss events.
- Public Information Officer (PIO)/Internal Communications sent updated all staff communication out and updated media requests.





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### Immediately Following Incident: Operations, Communication and Support

**Leadership Rounding**

- Sunday evening starting at 7:00 pm, Ed Bruff, CEO, Beth Charlton, CNO, and our Safety Officer, rounded on each inpatient unit and talked with staff.
- Listened, acknowledged, assessed.
- Greatest concern was with communication failure and fear.





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## Staff Incident Management Plan

### Staff Support

- On Monday, personally conducted calls to every employee who responded to the code green as well as all employees on the unit.
- Every employee was provided information on Employee Assistance Program (EAP) and Second Victims Program.
- All employees were invited to an Incident Debrief session on Wednesday evening.
- Involved parties invited to separate session with Social Work, EAP and Second Victims Support.



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## Evaluation

### How did we do?

- Preparedness
- Resources and Planning
- Incident Management
- Communications
- Staff support
- Networking



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## Debrief with E-Team/Directors

Key Discussion Topics

### Now what, so what? Key points of learning.

- Internal communication failures
- Formal incident command setup
- Employee support (EAP) 24/7
- Immediate employee “relief”
- Improving rapid Second Victims response
- Automatic Vocera Alerts for certain Codes to all leadership
- Code Green – reevaluate process



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## Debrief with Full Leadership

Key Discussion Topics

### Key lessons, repeated themes

- Internal communication failures
- Update recovery plan to include Psychological First Aid for employees and patients
- Employee and family support
- Updating recovery plan to include acts of violence
- Code Green – reevaluate process
- Improved employee relief on the unit/department in situations such as an act of violence
- ECC metal detectors



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### Debrief with Night Shift Employees

Key Discussion Topics

#### Key lessons, repeated themes

- Internal communication failures
- Code Green – reevaluate process
- Improved employee notifications of event as it is unfolding
- Improved Psychological First Aid for employees is needed
- Concern over **patient belongings** and what is brought into the hospital
- **More active shooter drills** wanted by staff
- **Crisis Prevention Intervention (CPI) training** for staff



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### After-Action Report : So what, now what?

#### Identify Strengths

**Strength 1:** Staff response on the unit.

**Strength 2:** Security and police response times to unit.

**Strength 3:** Staff members response to roommate, other patients, and one another.



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### After-Action Report



#### Evaluation of Staff Response to the Event

#### Identify Areas for Improvement

**Opportunity 1: Communications** (overhead paging, computer and Vocera) both during and after the event.

**Opportunity 2:** Active shooter **training** for all staff.

**Opportunity 3: Crisis intervention** (EAP and Second Victims) for staff members after the incident.



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### Moving Forward – Post Incident

#### Identify areas for improvement

- Active shooter training
- Video included in MTM
- LEAN event on Patient Belongings
- LEAN event on Code Green response
- Saginaw Police Department Contract
- Immediate change for staff response to escalating patients
- Increasing CPI instructors and overall training including leaders in specific departments
- Evaluate changing what we call codes





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## Moving Forward – Post Incident

### Conclusions/Suggestions

- Planning
- Training
- Practice
- Evaluate your organization for “holes” to close
- Share sound practices
- Network

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MICHIGAN HEALTH CARE  
SAFETY ASSOCIATION

Thank you  
Surveys and certificates

