

The *INNOVATOR*



Agency Spotlight - Department of Behavioral Health & Developmental Services:

Southwestern Virginia Mental Health Institute



Southwestern Virginia Mental Health Institute (SWVMHI), a 179-bed state psychiatric hospital operated by DBHDS, admits about 800 patients a year, with an occupancy rate of above 95% almost all the time. The facility has a long-standing commitment to improve worker safety, which is demonstrated as far back as 2004 as in that year, they were presented with a Safety Star Award from DHRM for “exceptional and innovative efforts towards the safety of employees of the Commonwealth of Virginia.” Despite many challenges and competing priorities, particularly in the last 18 months, Hospital CEO Dr. Cynthia McClaskey and the leaders at SWVMHI believe in the careful collection of data surrounding injuries, detailed review of individual incidents, and trend analysis. These efforts inform improvements in onboarding new employees, training/retraining efforts, new equipment, and revisions to processes and procedures. There are many ways that SWVMHI targets improvement opportunities with the goal to decrease staff injuries.

Data collection starts with the written report of the employee injury. In Section III of the Employee Incident (injury) Report, the supervisor documents a review of the incident. Honed over the years, Section III includes these targeted questions:

- What might be done to prevent a similar incident in the future, besides preventive measures by the employee?
- Does a policy or procedure need to be written, reviewed or revised?
- If a patient was involved, was the treatment plan or other relevant document, such as the After Code Processing Form, reviewed through an interdisciplinary process? If not, please explain.
- To your knowledge, has employee been injured in this manner before? If yes, what can be done to further assist the employee to prevent injuries?
- What preventive measures, if any, were discussed with the employee after the incident?
- Was EAP offered to the employee?
- Have defective equipment repairs been ordered? Date reported and to whom? If yes, describe equipment and location.

This Incident Report is first reviewed by the Human Resource staff and reported as required. A summary of incidents is sent to three SWVMHI Committees that meet monthly. The first two conduct a high-level review to identify additional opportunities

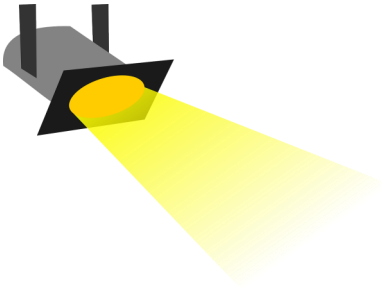
An MC Innovations
Publication



Inside this issue:

Agency Spotlight	1
Accident Reporting Lag-time	3
Fall Safely	4
Fall is not for Falls	5
Tips for Teamwork	7

(Agency Spotlight– continued from page 1)



for improvement: The Quality/Risk Management Committee (composed of the hospital director and the medical, clinical, nursing and training directors among others) and the Safety Committee, chaired by the Administrative Director, which focuses primarily on non-patient incidents.

In addition, the Accident Review and Prevention Committee (ARPC), chaired by an experienced nurse manager, reviews monthly each employee incident in detail to look for local or individual opportunities for improvement. Committee members include the Human Resource Analyst, all the other nurse managers, the Chief of Security, and a member of the medical staff. The aggregate data is also used to identify trends and issues that need to be addressed at a higher level. They review the supervisor's recommended actions and ensure that appropriate action is taken. Several recent examples:

- Employees with less than two years' tenure were being injured at a higher-than-expected rate. Additional training and reminders regarding Seclusion/Restraint (S/R) and safety were implemented during the first year of employment at the four-, eight- and 11-month Performance Review meetings.
- Individuals admitted with a diagnosis of Intellectual Disability were noted to be causing a disproportionate number of staff incidents. Enhanced and on-demand training for this population was developed.

Immediately following the ARPC meeting, a meeting is held with the SWVMHI Quality/Risk Manager to view CCTV footage of select S/R events. Videos are chosen to demonstrate positive outcomes; additionally, others that have opportunities for improvement are discussed for further action.

SWVMHI Staff Development and Training staff are part of the review of incidents, and they recognize that the data informs enhanced training. SWVMHI believes that training and experiential learning should be continually improved. The following enhancements were made to enhance the management of patient behavior as an adjunct to the Therapeutic Options for Virginia (TOVA) program in 2021:

- Added section on clinical boundaries (developed by psychology staff).
- Added section to enhance active listening (developed by psychology staff).
- Enhanced training on de-escalation skills to emphasize prevention and least-restrictive intervention.
- Enhanced section on tips for reducing seclusion and restraint, and for enhancing situational awareness to improve safety/reduce staff injuries.
- Information from committee meetings and/or CCTV video reviews will be used to discuss real ward scenarios in class.
- Added a TOVA skills refresher section to each SWVMHI newsletter to review skills.

SWVMHI new claim volume is declining and annual claim expenditures are trending down. SWVMHI is dedicated to continuing this improvement and has new programs and enhancements planned for FY 2022.

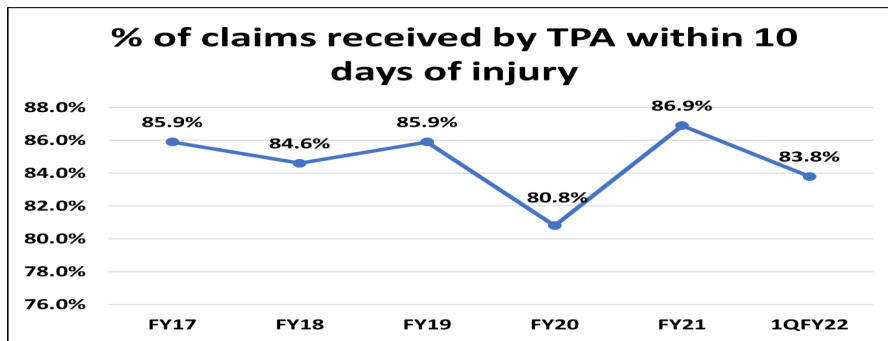


Accident Reporting Lagtime

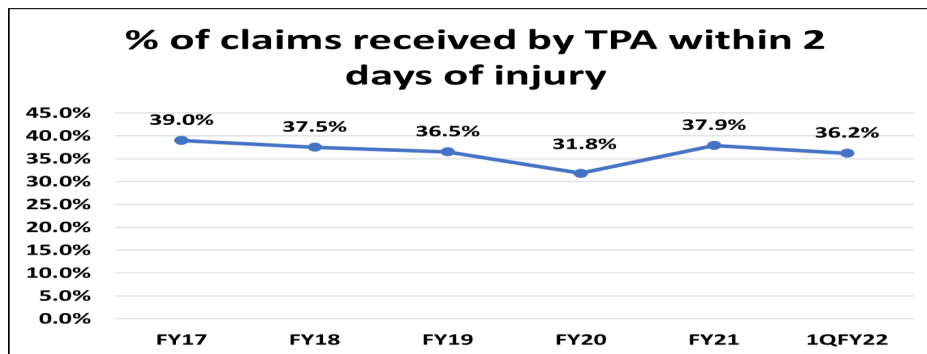
Executive Order 109 (2010) states, in part, that all executive branch departments, agencies, and institutions of higher education shall:

- Submit the First Report of Injury to the State Employee Workers' Compensation Services within 10 days of the injury.

The graph below illustrates the percent of claims MCI receives within 10 days of the date of accident.



Compliance with *minimal claim reporting guidelines*, whether they be those of the Virginia Workers' Compensation Code or Governor's Executive Order is necessary, but does not yield the best outcome for workers' compensation costs or your employees. Through the first quarter of FY22 we only received 36.2% of submitted claims within 2 days of injury. See the graph below for the reporting trend line.



Better outcomes are achieved when the employee and agency *report claims immediately*. Failing to report claims immediately will most likely increase the cost of the claim and damage the employer-employee relationship. Below are possible, if not likely, issues experienced when claims are not reported immediately:

1. Delayed medical treatment which may result in increased lost time from work.
2. Inadequate or incomplete claim investigations that could cause MCI to either accept a claim that wasn't compensable or deny a claim that was compensable.
3. Loss of opportunity to adequately address and investigate subrogation opportunities.
4. Loss of ability to offer a panel of physicians.
5. Delayed assignment of a nurse case manager.
6. Limited ability to use other MCI cost containment partners.



(Accident Reporting Lagtime –continued from page 3)

7. Your injured employee may not feel valued. Trust may be eroded.
8. The injured employee may become disgruntled and lack motivation to return to work.
9. Co-workers may become disenfranchised when they hear a co-worker's claim isn't getting attention, especially when their workload may be increased as a result of the co-workers absence. This may impact a team or department's productivity.
10. It may create an environment in which the injured employee feels it necessary to obtain an attorney.
11. It may cause the employee to have concern and anxiety over financial security.

Insurance studies consistently support that claim costs increase when claims are reported late. Two notable studies include a multi-state study of Fireman Fund claims and the 2004 study by The Hartford.

In the study of Fireman's Fund claims, there was a *15% increase in average claim value* when comparing claims reported between 0-3 days versus claims reported between 4-21 days. If claim reporting time is delayed to 23 days or longer, *costs jump 47%*.

The Hartford study analyzed over 41,000 claims. According to the study, claims for back sprains/strains reported during the first week can save 25% of medical and indemnity costs.

We encourage you to closely analyze your monthly lagtime reports. How is your agency performing in this area? Your assigned Agency Relations Representative will be in touch to go over results with agencies that would benefit from reduced reporting lagtime.

Fall Safety



Fall Safety Tips

Fall is upon us. A lot of cool things are happening. Exceptional weather with cooler temperatures, high school football games to attend, pro and college football to watch on TV, Halloween, Thanksgiving, leaves changing, and leaves to rake.

Ways to reduce lagtime:

- ◆ Train managers & supervisors on the importance of prompt reporting.
- ◆ Develop written policies & procedures on claim reporting.
- ◆ Have multiple employees trained on submitting claims to MCI.
- ◆ Examine your workflow & consider changes aimed at reducing lagtime.
- ◆ Encourage employees to report all claims, no matter how insignificant.
- ◆ Make timely reporting of claims part of your managers' & supervisors' job responsibilities.
- ◆ Ensure the work environment doesn't discourage the reporting of claims.



Commonwealth of Virginia
Office of Workers' Compensation

(Fall Safely-continued from page 4)

Don't let the beauty of fall fool you. It does have its share of hazards, and here are some safety tips to help you be prepared for whatever challenges fall may send your way this season:

Changes in the weather

People like to get out in the fall, whether driving, biking, walking, or boating. When you're out, monitor the weather forecast, be prepared for weather changes as the day goes by. It could be sunny and warm at the beginning of your trip, and then be rainy and cold and or even snowy at the end. Wear layers of clothing, have an emergency kit in your car or bike, keep a small first aid kit with you, a cell phone, bring plenty of water, and never go out alone. If you're out on the water, always wear a personal flotation device. Be aware water temperatures are usually much colder in the fall, and being exposed to cold water can cause hypothermia. You can become debilitated quickly.

Leaf Hazards

Fallen leaves can pose hazards for motorists, especially bicyclists and motorcyclists. Even dry leaves can be slippery. Wet fallen leaves collect on roadways to create very slick conditions. Let them freeze, and you have almost the same conditions as an icy road. Always slow down when driving on leaf-covered roads and bike paths. Fallen leaves can hide potholes and other obstacles, including important road markings. Allow plenty of room for unexpected sudden stops of vehicles in front of you.

Children and dogs love to play or lay in leaf piles. You should never drive through a pile of leaves.

In the Home

You should do some things in your home in the fall to prepare for the colder weather coming this winter.

- Change your smoke and carbon dioxide detector batteries.
- Service your furnace, gas logs, any portable heaters before winter arrives.
- Change air filters.
- Fill oil and propane tanks.
- Have a professional inspect your fireplace, wood stove, and chimney to ensure they're safe to use.
- Use fireplace screens.
- Never use lighter fluid, gasoline, or other petroleum products in your fireplace or woodstove.
- Never leave your fireplace or woodstove unattended.
- Keep a fire extinguisher handy at all times.

There are many more safety tips for fall; however, following these simple tips will allow you to enjoy the beauty and wonder of "Fall Safely."

Ref.

<https://unsplash.com/photos/h6rM92QbeXw>

<https://unsplash.com/s/photos/fall>



Penny Gough, President
 Phone: 804.775.0702
 E-mail:
pgough@mcinnovations.com

Fall is not for Falls

Slip, trip, and fall hazards were the topic of our first segment of the DHRM/MCI Risk Management Special Emphasis project for this fiscal year. Our team visited various agency locations throughout the Commonwealth to point out common workplace hazards that are usually overlooked or put up with every day. Our goal is to bring awareness and eliminate as many of these hazards as practicably possible.

Our visits uncovered countless examples of electrical cords stretched across pathways, uneven walkways, ropes, straps, broken concrete, and several unique hazards that will require budget allotment to correct. However, most hazards would not cost anything to remove and possibly prevent a costly life-altering event.

Let's all take the time to be observant, clean up after ourselves and others, be mindful of cord placement, keep obstacles out of walkways, place warning signs for slippery conditions. We can help put a stop to many of the most common accidents and injuries caused by slips, trips, and falls.

We want to thank all the Safety representatives who open their doors to us to help them reduce workplace injuries related to slip, trip, and fall hazards. Without their cooperation, our efforts will have little success.

Remember to be alert for hazards.

For further information, assistance to schedule a walk-thru, please email DHRMRiskManagement@dhrm.virginia.gov

Photo: <https://unsplash.com/photos/7i3FcJn00BE>



Tips for Teamwork



Looking for Safety Toolbox Talks you can deliver to employee groups? See our current [library](#) of available topics.

Executive Order 109 (2010) states, in part, that all executive branch departments, agencies, and institutions of higher education shall:

- ◆ Ensure that job expectations are clearly defined in the employee work profile to include physical requirements

This information is a critical tool in the management of a lost-time claim. Benefit coordinators and nurse case managers use this information in communicating with the treating physician about job demands and return to work. The quicker we have an accurate Employee Work Profile listing physical requirements, the faster we may be able get an injured worker released to return to work.

Essential Job Requirements (indicate by each: E = essential, M = marginal, or N/A)

Physical Demands and Activities:

E	M	N/A		E	M	N/A		E	M	N/A		E	M	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light lifting < 20 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate lifting 20-50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heavy lifting >50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repetitive motion				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing/pulling				Other _____								



RED FLAG CLAIMS:
While the benefit coordinators at MC Innovations are responsible for investigating new workers' compensation claims and addressing continuing eligibility for benefits, those decisions are best made when collaborating with agency contacts. The presence of anything that you deem to be questionable, suspicious or having an impact on the claim in any way, should be shared with the benefit coordinator.