

# ASMS – Assess your Surroundings and Monitor for Safety

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## *Los Angeles County Department of Mental Health Patients' Rights Office*

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### **Slide 2**

#### **3 S'S**

- SAFETY of unit
- SAFETY of patients
- SAFETY of advocates

### **Slide 3**

#### **SAFETY OF UNIT**

### **Slide 4**

#### **PATIENT SAFETY PLAN**

A health facility...shall develop, implement, and comply with a Patient Safety Plan (PSP) for the purpose of improving the health and safety of patients and reducing preventable Patient Safety Events (PSE). Health & Safety 1279.6

### **Slide 5**

#### **PATIENT SAFETY EVENTS**

Shall be defined by the Patient Safety Plan and shall include:

- All Adverse Events
- Potential Adverse Events

Health & Safety 1279.6 (5)(c)

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### **PATIENT SAFETY PLAN**

The Patient Safety Plan shall be developed by the facility, in consultation with the facility's various health care professionals.

Health & Safety 1279.6

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### **PATIENT SAFETY COMMITTEE**

The Patient Safety Committee (PSC) shall be composed of various health care professionals, a multidisciplinary health care provider team, i.e.

- Physicians
- Nurses
- Pharmacists
- Administrators
- Social Workers
- Directors

Health & Safety 1279.6 (1)

## **Slide 8**

### **SAFETY COMMITTEE DUTIES**

- Review and approve the Patient Safety Plan.
- Receive and review reports of Patient Safety Events (Adverse Events).
- Monitor implementation of corrective actions for Patient Safety Events.
- Make recommendations to eliminate future Patient Safety Events.
- Review and revise the PSP, at least once a year, but more often if necessary, to evaluate and update the plan, and to incorporate advancements in patient safety practices.

Health & Safety 1279.6 (1) (A-E)

## **Slide 9**

### **SAFETY COMMITTEE DUTIES (CONT.)**

Develop a reporting system for Patient Safety Events that allows anyone involved, including, but not limited to, health care practitioners, facility employees, patients, and visitors, to make a report of a Patient Safety Event to the health facility.

Health & Safety 1279.6 (2)

## **Slide 10**

### **SAFETY COMMITTEE DUTIES (CONT.)**

- Must develop a process for a team of facility staff to conduct analyses, including but not limited to, root cause analyses of Patient Safety Events.
- The team shall be composed of the facility's various categories of health care professionals, with the appropriate competencies to conduct the required analyses. Health & Safety 1279.6 (2)

## **Slide 11**

### **SAFETY COMMITTEE DUTIES**

- Develop a reporting process that supports and encourages a culture of safety and reporting Patient Safety Events.
- Develop a process for providing ongoing patient safety training for facility personnel and health care practitioners.

Health & Safety 1279.6 (4,5)

## **Slide 12**

### **SAFETY COMPLAINT**

- Once a report is received of an ongoing threat of imminent danger of death or serious bodily injury, the department shall make an onsite inspection or investigation within 48 hours or two business days, whichever is greater.
- Investigation must be complete within 45 days.

Health & Safety Code 1279.2

## **Slide 13**

### **SAFETY OF PATIENTS**

## **Slide 14**

### **OBSERVATION**

- Observe the overall functioning of the unit.
- Pay close attention without appearing to pay close attention.
- Observe staff interactions with all patients.
- Observe activities or lack thereof.
  - Is the activity schedule being adhered to?
  - Are patients wandering aimlessly with nothing to do?

## **Slide 15**

### **OBSERVATION (CONT.)**

- Look in patient rooms as you pass by
- Are patients lying on the floor?
- Do beds have bedding?
- Pillows

## **Slide 16**

### **OBSERVATION (CONT.)**

- Are patients engaged in inappropriate behaviors unbeknownst to staff?
- Observe active Seclusion & Restraint activity from a safe distance
- Was the Least Restrictive method used?

## **Slide 17**

### **MINIMIZE RISK**

Risk can be defined as:

- The possibility that adverse or dangerous events can occur
- The belief that prevention of these events is achievable

## **Slide 18**

### **MINIMIZE RISK**

- Work with administration
- Implement Team approach
- Be proactive
- Identify possible risks
- Take preventive action to resolve and eliminate risks

## **Slide 19**

### **SAFETY OF ADVOCATE**

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### **SAFETY**

Psychological Safety refers to the ability to keep oneself out of harm's way and to rely on one's own ability to self-protect against any outside destructive influences.

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### **PSYCHOLOGICAL SAFETY**

Psychological Safety begins the moment you leave your home en route to a psychiatric facility.

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### **PSYCHOLOGICAL SAFETY**

Before you enter the unit:

- LISTEN for any noises and sounds that indicate an unusual occurrence is on the other side of the door.
- LOOK for signs that a patient is ready to AWOL when you open the door.

## **Slide 23**

### **MEETING WITH CONSUMERS**

- BEFORE meeting with patient review the chart.
- Ask staff if there are any precautions.
- Ask staff to show you who the patient is.
- Identify if there is a need to have staff stand nearby during your meeting with patient.

## **Slide 24**

### **MEETING WITH CONSUMERS**

#### Dangerousness Precautions

If patient has been certified for dangerousness associated with the current hospitalization & has exhibited dangerous behaviors during this current hospitalization BE CAREFUL.

## **Slide 25**

### **KEY SAFETY POINTS**

- Be alert at all times
- Travel lightly – few supplies
- Wear minimal dangling jewelry
- Wear closed toe shoes with grip soles
- Keep a safe distance—at least leg distance from patient
- Stay positioned for easy exit if needed
- Consider not wearing scarves or any clothing that could be used to restrain you

## **Slide 26**

### **BENEFITS OF A SAFE ENVIRONMENT**

- Decrease in physical injuries
- Decrease in restraints
  - Chemical restraints
  - Physical restraints

- Faster patient recovery time
- Decrease in patient hospitalization time

## Slide 27

### Facility Walk-Thru Check List

#### SEE HANDOUT

Facility Name

Advocate

Contact Name

Date

Cleanliness and safety of facility	Y/N	Notes
- Dining room		
- Activity areas		
- Bedrooms		
- Bathroom in patient room		
- Operating payphones		
- Accessible vending machines/canteen		
- Letter and writing materials available		
- Emergency evacuation plan posted		
- Patient's Rights poster displayed		
- Grievance Procedure pamphlets		
- And grievance forms available		
- Supply of Patient's Rights handbooks		
- Secure outdoor area		

## Slide28

### ASMS

ASSESS YOUR  
SURROUNDINGS AND  
MONITOR FOR  
SAFETY

## Slide 29

### RETURN

home to your family the same way you left them in the morning

**SAFE.**