Reduce Public Safety Use of Force Events

The Problem
During most patient restraint and Code Purple events, Public Safety is called to intervene when patients are violent or eloping. Although officers are trained to de-escalate there are times when they must apply physical force to safely manage the situation.

Aim/Goal
The goal is to prevent volatile patient interactions from arising and when they do occur intervene in a manner that physical force does not have to be applied, to the extent reasonable.

The Team
- Public Safety, Compliance, Legal, ED, Patient Relations, Health Care Quality, HR, Psychiatry, Social Work

The Interventions
- ED triage high risk patients as soon as reasonable
- Patient observers, security stand-by and security one-on-one provided to manage at risk Pts.
- Early contact w/ security before patient acts out.
- Multi-disciplinary safety planning for at risk patients.
- Educate clinicians as to when Pt can and cannot leave against medical advice.
- Security restraint training includes scenarios, teamwork, hands-on & verbal de-escalation.
- Officers wait for sufficient help when only option remaining is to apply physical force.
- Clinical review of event for learning opportunity.

The Results/Progress from FY13 to FY14
- Decrease in restraint calls from 377 to 315
- Decrease in force events from 16 to 9
- Decrease in all injuries from 13 to 1

Lessons Learned
- One department alone not could effect change, it required a multi-disciplinary approach.

Next Steps/What Should Happen Next
- A more in depth review of BIDMC approach to elopement given its prevalence as a factor in events.

For more information, contact:
Christopher Casey, Director of Public Safety
ccasey2@bidmc.harvard.edu