



# Welcome to

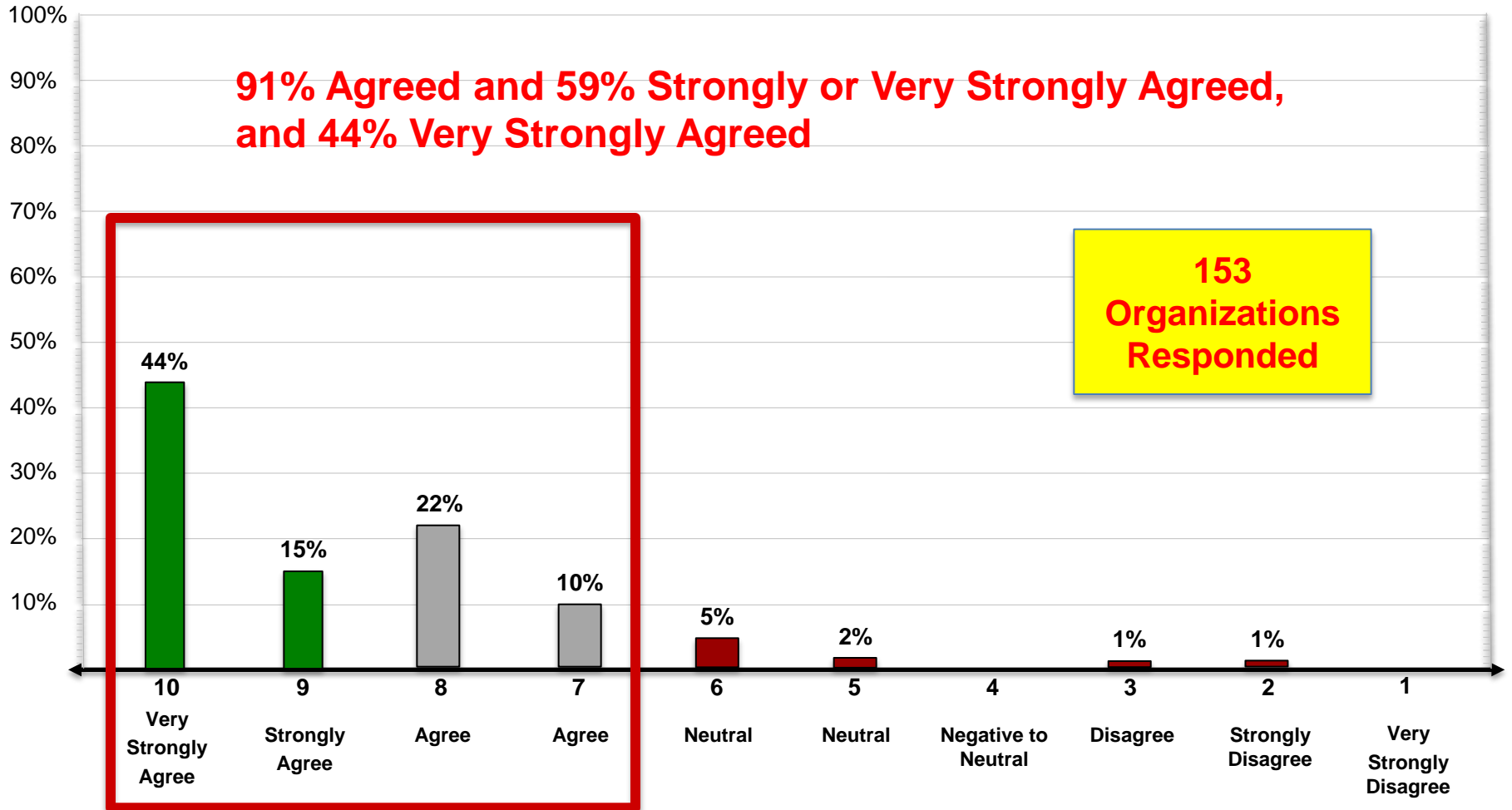
## *Active Shooter Readiness of Health Systems*

### *A New Patient Safety Issue*

For resource downloads go to:  
[www.safetyleaders.org](http://www.safetyleaders.org)

# Anonymous Polling Questions

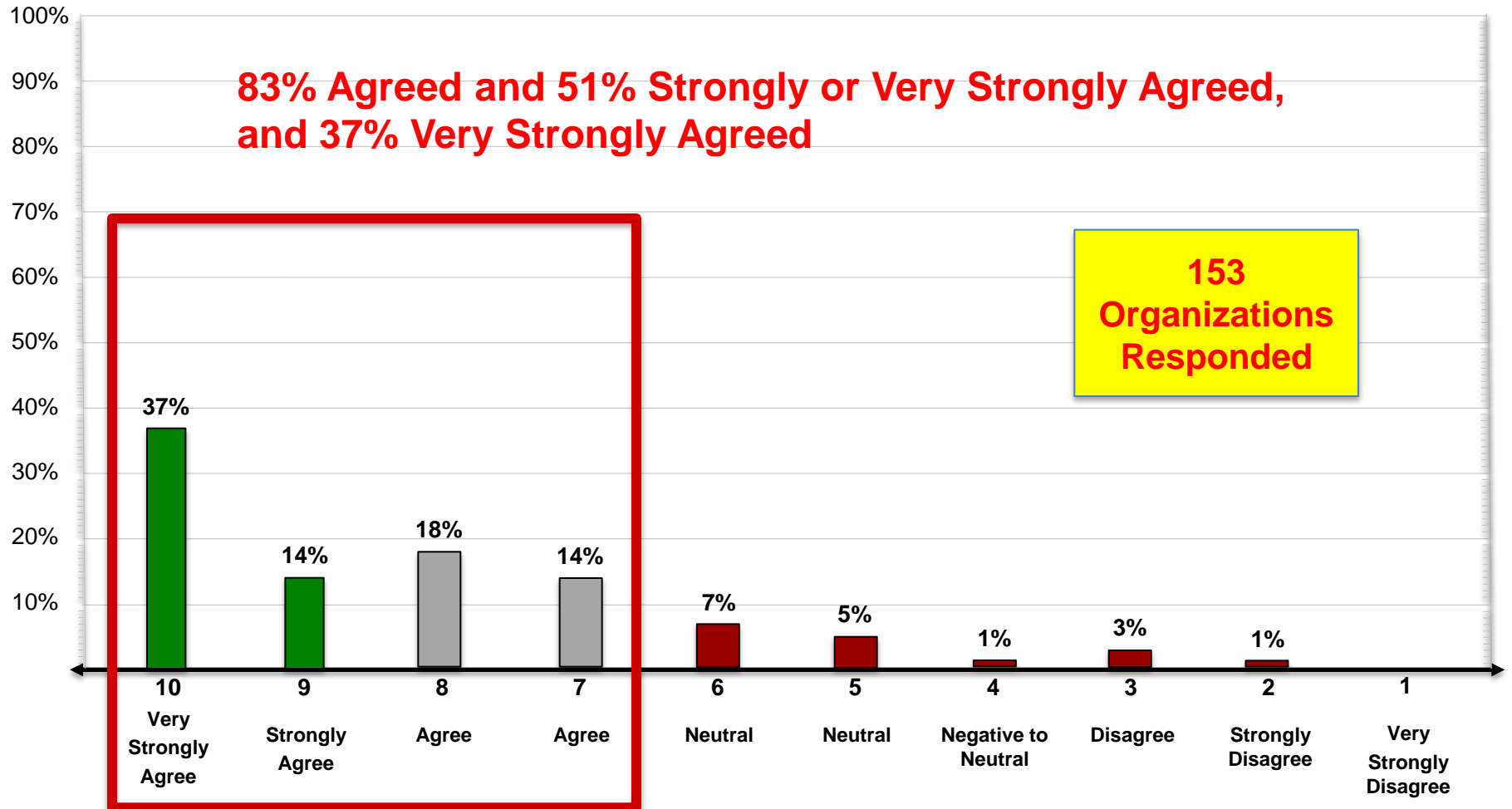
"Would you or your organization like more on Threat Management Best Practices?"



Source: TMIT High Performer Webinar Series; Active Shooter Readiness of Health Systems A New Patient Safety Issue – February 18, 2016

# Anonymous Polling Questions

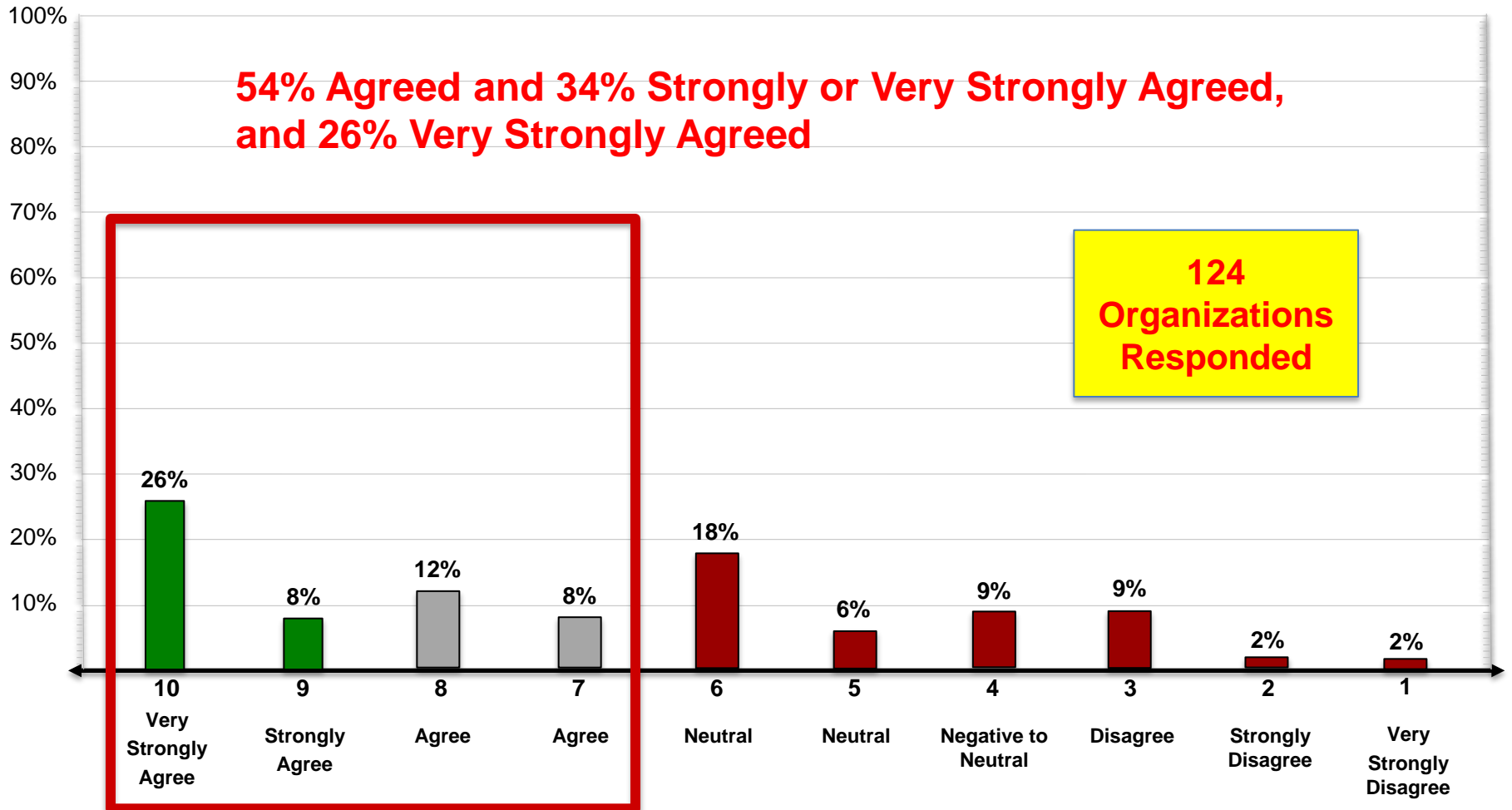
**"Would you like Community of Practice with Monthly Webinars on Threat Management including Active Shooter Readiness?"**



Source: TMIT High Performer Webinar Series; Active Shooter Readiness of Health Systems A New Patient Safety Issue – February 18, 2016

# Anonymous Polling Questions

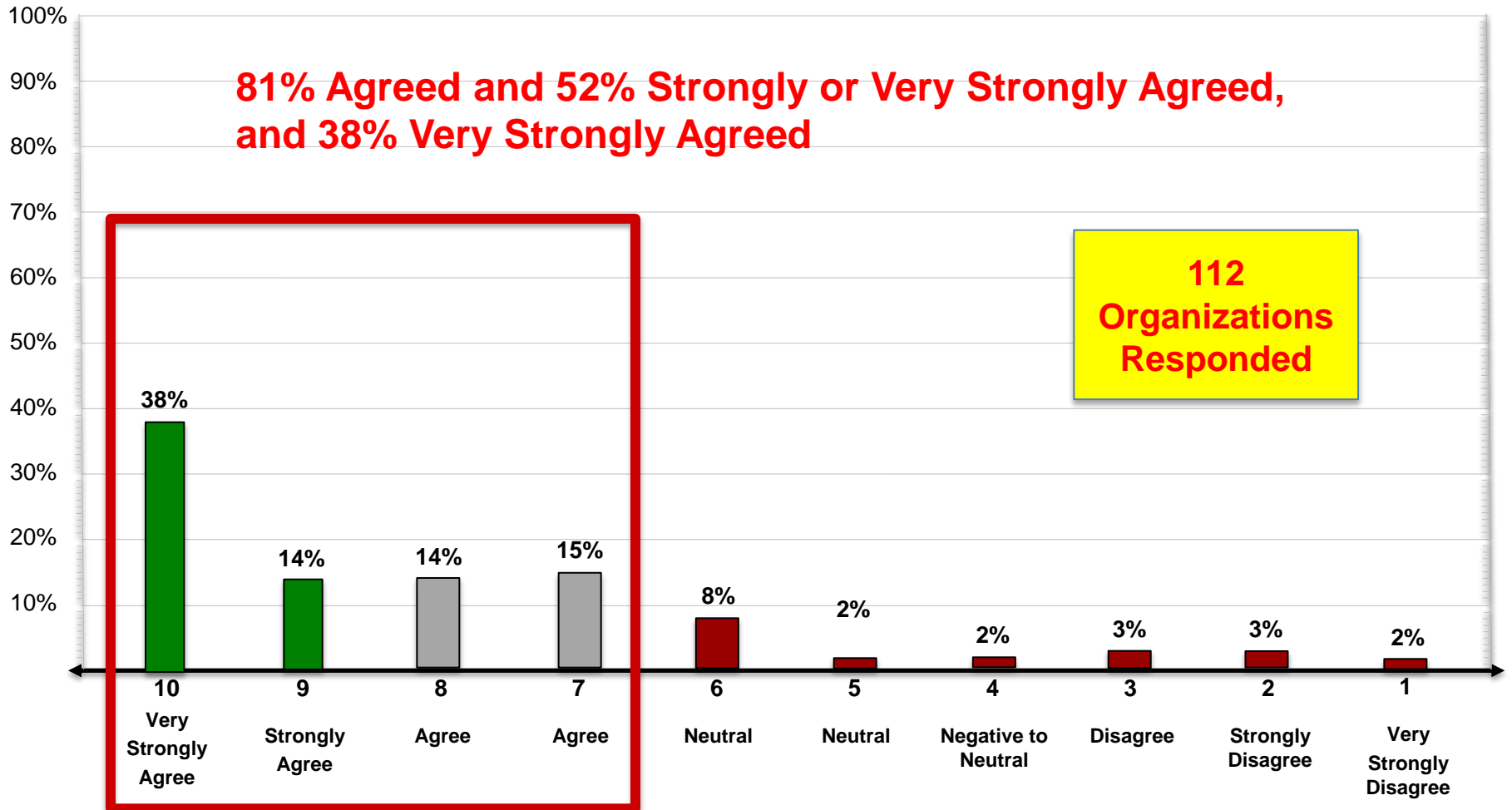
**"Would your organization be interested in Off Site Threat Management Simulation for Teams?"**



Source: TMIT High Performer Webinar Series; Active Shooter Readiness of Health Systems A New Patient Safety Issue – February 18, 2016

# Anonymous Polling Questions

**"Would you like a "Train the Trainer" Program so Best Practices may be brought back to your community?"**



Source: TMIT High Performer Webinar Series; Active Shooter Readiness of Health Systems A New Patient Safety Issue – February 18, 2016

## What training topics would you like in a Threat Management Program?

- Active shooter
- Active shooter workshop
- Active shooter, wpv, threat assessment
- Alice
- Awareness training
- Awareness, de-escalation, preparedness and how this applies to outpatient offices
- Best practice how to handle - best way to communicate - should phones be silenced only or turned off. Thank you.
- Best practices to form the program, implement and oversee the program
- Best-practice with taking care of the safety of patients, being able to lock doors that regulatory agencies say we cannot lock due to life safety
- Bringing awareness to clinicians on behaviors to pick up on
- Care of patients during threats
- Centralized reporting
- Collaboration and team building
- Combative patients and/or family members
- Communication psychiatric help for inpatients
- Conducting threat assessments
- De escalating scenarios
- De-escalation techniques, handling of staff post-traumatic event
- De-escalation and crisis intervention / active shooter drills
- De-escalation of critical situations
- Effective de-escalation methods
- Facing a gunman/gunmen, people showing up with weapons, people who verbally said they will act on attacking,
- Flexible with topics
- How to better protect ourselves plus the patients
- How to deal with problems when stabbing or gunshot victims arrive, and family members/persons involved arrive shortly after.
- How to harden a soft target?
- How to prepare
- How to react/protect
- I am not sure what to ask for.
- Ideas for planning and carrying out an active shooter drill
- Information on developing a program that helps to mitigate threats to patients and employees at my organization.
- Key role training
- Leadership training
- Lock down options for a building

# What training topics would you like in a Threat Management Program?

- Organize the correct sequence in a reaction to the situation.
- Patient and employee safety
- Patient restraint,
- People with severe depression
- Prevention
- Protocols involving different scenarios, drills
- Recognition of threatening situations. De-escalation for nurses
- Recognizing signs that an officer disarming is being considered
- Recognizing threats - establishing escape routes
- Response to active shooter
- Safety of staff in the public health arena.
- Safety of the bedside care providers
- Simulation environment for training- yes; proactive assessment and intervention strategies for tmu
- Staff response
- Symptoms, resources
- The information that was presented here.
- Threat management teams/plans
- Threat management in an outpatient clinic setting
- Unified command hands-op mitigation training--train-the-trainer would be great due to staffing issues.
- Videos that we can distribute to our entire team
- Violence typology
- Violet acts against health care workers from patients
- We are going to do allice training with local pd
- What to do for various weapons
- What to do if we were to come in contact with active shooter""
- What to expect of security officers when Ilea arrives
- Managing verbal threats on the phone and how best to respond.
- Medication management
- More explanation & description of tmu re: community education
- "not sure "
- Organize the correct sequence in a reaction to the situation.

# "What are challenges or issues to Quality or Safety Leaders taking on Threat Management?"

- Balancing daily Work and quality
- Changing the culture that violence against a healthcare worker is not acceptable. Healthcare workers seem to accept being assaulted by a patient as part of the job"
- Communication to leadership - staff.
- Community involvement
- Cost -
- Cost for Training, Training logistics
- Crowd Control, Safety for others.
- De-escalation practices
- Denial approach by any individual could not happen here" AND priority-Time-Management"
- Diffusing potential escalation
- Drills and Practice
- Enough time and resources to prepare staff
- Finance; Secure Areas; an unsecure campus; minimal staffing
- Getting staff to take the topic seriously
- Guns control
- Having staff take the threats seriously
- Healthcare worker reactions, perception of unsafe situations
- How to deal with someone entering the facility with a weapon or is presumed to have a weapon as he was carrying a rifle case over his shoulder
- Human unpredictable factors
- In process of rolling out policy and education around armed and dangerous/active shooter at our hospital.
- Intervention, communication
- It all comes back to \$\$\$\$ . Budgets are very tight.
- LACK OF PEOPLE TAKING THIS SERIOUS TIL IT REALLY HAPPENS; COST
- Limited and sometimes inconsistent information is out there. Need industry best practices summarized and available with success stories to help us be better prepared
- Living in a rural community without access to meetings. Online webinars work best.
- Locking of unit doors to prevent shooter from entering the unit
- Multi problems
- N/a
- No established guidelines of reports (and verbiage used) descriptions are at times very unique to the reporter.
- Not Sure
- Old facilities that don't have overhead speakers or have only one way in and one way out of the clinic.
- Organization-where to start; how to organize, etc...
- Overcoming the thought of it won't happen here". Very remote geographical location from Houston/San Antonio. Makes it tough for train the trainer classes and Threat Mgmt. simulations."

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# "What are challenges or issues to Quality or Safety Leaders taking on Threat Management?"

- Panic buttons keeping an eye
- Preparedness
- Privacy issues?
- Public Health is open to the public and there is minimal security for clients and staff.
- Raising awareness of employees, not to take passive approach to threats
- Resources
- Resources, knowledge and top leadership support
- Safety for staff and patient
- Scheduling for training needing to be 6 weeks out in order to provide a class to medical providers. Training facilities here need to be coordinated with other facilities in order to get training areas for classes.
- Scheduling training time. Cost of Overtime. Covering the department while others are at training.  
Traveler/temporary workers: getting them trained timely.
- Small hospital cardiac specialty drug dependent patients needing open heart surgery (valve)
- Staff sharing intimate details of their lives and their fear of how it will impact their reputation in the workplace. I do believe that stranger/family of patient shooters and staff/family shooters are very different in terms of preventative steps.
- Staffing to train, known best practices.
- The perception of people when we have certain items in place for safety
- Threat management can be very complex and the more information you can gather
- Time
- Time and attention of staff.
- Time and Resource limitations; competing priorities.
- Time and resources
- Time to train
- Time, money,
- We have not discussed much about this. First step is to improve awareness
- Working with the police depts.--ex officers disable holster safety mechanisms etc.
- Workplace violence
- You cannot prepare for every situation. How do you prioritize?