RISK MANAGEMENT IN OUTDOOR BEHAVIORAL HEALTHCARE

WHAT DO THEY MEAN TO ME?

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OVERVIEW

- Incident Rate Trends in 2012
- Incident Frequencies
- Comparisons to National Data
- Current and future management practices
The prescriptive use of wilderness experiences provided by mental health professionals to meet the therapeutic needs of clients.
CAN YOU KEEP MY CHILD SAFE?
OBHIC COMPLETION RATE

- 1450 total clients
- 1350 completed treatment (91.3%)
- 11 programs
- 80,856 client field days
- 40,870 guide field days

y = -0.0025x + 0.9475
13 level 1 injuries

2 level 2 injuries

All-time low injury rate of 0.186 per 1000 client field days

OBHIC client injuries per thousand field days

y = -0.0021x + 0.5028

OBHIC ILLNESS RATE

- 6 level 1 illnesses
- 4 level 2 illnesses
- All-time low Illness rate of 0.124 per 1000 client field days

y = -0.0256x + 0.5166
OBHIC THERAPEUTIC HOLD RATE

- 74 level 1 holds
- 40 level 2 holds
- Overall hold rate of 1.41 per 1000 client field days

\[ y = -0.0221x + 2.0172 \]
OBHIC RUNAWAY RATE

18 level 1 runaways
1 level 2 runaway
All-time low runaway rate of 0.235 per 1000 client field days

y = -0.0159x + 0.7645

OBHRC runaways per thousand field days
OBHIC GUIDE INJURY RATE

- 13 level 1 injuries
- 2 level 2 injuries
- Guide injury rate of 0.367 per 1000 client field days

y = 0.0125x + 0.4668

OBHRC guide injuries per thousand field days
OBHIC GUIDE INJURY RATE

- 5 level 1 illnesses
- 0 level 2 illnesses
- Guide injury rate of 0.122 per 1000 client field days

![Graph showing OBHRC guide illnesses per thousand field days with a trend line equation: y = -0.0194x + 0.3242]
WHEN ARE INCIDENTS OCCURRING?
<table>
<thead>
<tr>
<th>Category</th>
<th>1st Activity</th>
<th>2nd Activity</th>
<th>3rd Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Holds</td>
<td>Transition Time (35%)</td>
<td>Hiking (11.2%)</td>
<td>In Camp (7.2%)</td>
</tr>
<tr>
<td>(n = 193)</td>
<td></td>
<td></td>
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<tr>
<td>Runaways (n = 54)</td>
<td>Hiking (22%)</td>
<td>Transition Time (20.4%)</td>
<td>Sleeping (13%)</td>
</tr>
<tr>
<td>Injuries (n = 49)</td>
<td>Hiking (46.9%)</td>
<td>Transition Time (22.4%)</td>
<td>Cooking, Group, Using Tool, In Camp (4.1% each)</td>
</tr>
<tr>
<td>Illnesses (n = 26)</td>
<td>Hiking (34.6%)</td>
<td>Meal Time (15.4%)</td>
<td>Sleeping, In Camp (11.5% each)</td>
</tr>
</tbody>
</table>
# GUIDE INCIDENTS BY ACTIVITY (N=48)

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td><strong>n = 40</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hiking (35%)</td>
<td>Transition Time (12.5%)</td>
<td>Driving (10%)</td>
</tr>
<tr>
<td>Illnesses</td>
<td><strong>n = 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In Camp (50%)</td>
<td>Hiking (37.5%)</td>
<td>Rock Climbing (12.5%)</td>
</tr>
</tbody>
</table>
MOST COMMON INJURY/ILLNESS TYPE

Client

- Injury (n = 15)
  - Athletic injury to ankle
- Illness (n = 10)
  - Viral/GI

Guide

- Injury (n = 14)
  - Direct Trauma/athletic injuries
- Illness (5)
  - No pattern yet
OBHIC DATA IN NATIONAL CONTEXT
The chart illustrates the OBHRC Injury Rate vs Common Activities, comparing the number of injuries per 1000 participant days across various activities.

- **Highschool Football Games** (Shankar et al., 2007): 72.24 injuries
- **Snowboarding** (Leemon, 2008): 16.77 injuries
- **Highschool Football Practice** (AJSM, 2007): 15.36 injuries
- **Downhill Skiing (resort)** (Leemon, 2008): 5.15 injuries
- **Mountain Biking Injury** (Leemon, 2008): 2.92 injuries
- **Backpacking** (Leemon, 2008): 0.77 injuries
- **OBHRC (2012)**: 0.19 injuries

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The average US adolescent is more than twice as likely as an OBHIC program participant to visit an emergency room for an injury.
OBHIC THERAPEUTIC HOLDS VS NATIONAL DATA

Physical restraints per 1000 client days

- OBHRC (2012)
- US Inpatient Mental Health Facilities for 13-17 year-olds (NASMHPDRI, 2010)
ACTUAL DIRECT COMPARISON

Therapeutic holds per 1000 client hours

- **OBHIC 2012**: 0.016
- **US Inpatient Mental Health Facilities for 13-17 year-olds (NASMHPDRI, 2010)**: 8.4
All-time low client injury, illness, and runaway rates in 2012

Average US adolescents are more than twice as likely to visit an emergency for an injury as OBHIC program participants

OBHIC clients exposed to 539.5 times less time in therapeutic hold than US adolescents in inpatient treatment

Move to online incident reporting will allow us to link incidents to client outcomes and demographics
Find 3 people around you, and discuss:

Given the data on the relationship between activities, time of day, and percentage of program completion at the time of incidents, what would you do to reduce exposure of clients to holds, injuries, illnesses, and runaways?
HOW ARE PROGRAMS MANAGING RISK?
Dramatic reduction in incident rates after:

- Initial incident monitoring started (1998)
- Incident details reports (2011)
Integration with client management software allows for auto population of relevant information.

- Can be done in real time or delayed
- Link to outcomes research
- Provided by **Outcome Tools**
Educate staff and students about:

- Known correlates of injury occurrence
- Proper equipment use
- Travel technique
- Self Care and nutrition

Involve students in risk-related decision making
Familiarize staff with protocol addressing:

- Nutrition/hydration
- Supervision rations
- Equipment inspection
- Impact of weather/emotional/behavioral status on route selection

It is an injury until a medical professional says otherwise

Progression of challenge to support therapeutic relationship
Increase structure in the morning

Ensure training is consistent with incident trends and across staff members

Include equipment checks as part of morning routine

Track impact of weather/temperature on injury rate

Increase supervision during transition times
REducing runaway attempts

- Staff training
  - Data driven
  - Relationship Building
- Increased structure early on
- Emphasis on group development
REDUCING RUNAWAYS

- Train staff in verbal de-escalation
- Creating double bind statements
- Client screening
- Orientation
- Technology
- Most runaways occur early in the program
  - Increase structure early in program
  - Increase focus on development of therapeutic alliance
  - In-service for field staff on related skills
  - Connect clients with staff ahead of intake
CURRENT STRATEGIES TO REDUCE HOLD USE

- Client Screening
- PCS/CPI Training for staff
- Staff team communication protocol
- Giving students information and choice
- Focus on relationship Building
DRAWING FROM THE DATA

- Greater focus on rapport building early
- Increase focus on verbal aspects of PCS training
- More inclusive intake/hiring processes
- Longer, honest orientation period (escorts)
REDUCING EXPOSURE TO ILLNESS

- Client Screening
- Detailed personal hygiene training
- Healthy diet
- Isolating sick staff
- Med/foot checks
- Hand washing
- Protocol for gear checks/deep cleans
- Accessible medical staff
- It’s an illness until a medical professional says otherwise
THANKS FOR PARTICIPATING

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Powerpoint Slides:
Email me, or go to: