

**2014-2015 Minnesota Rural Flex  
Grant Program**

**Minnesota Department of Health  
Office of Rural Health and Primary Care**

**Sanford Tracy & Westbrook Medical Centers  
Combined Proposal**

**Workplace Violence Prevention – Keeping Our Staff  
and Patients Safe in the Hospital Setting**

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**I. Application Cover Form: 2014-2015 Minnesota Rural Flex Grant Program  
Minnesota Department of Health-Office of Rural Health and Primary Care**

**1. Applicant Organization (entity with which the grant contract is to be executed)**

Legal Name Sanford Health Network dba Sanford Tracy Medical Center

Address 251 Fifth Street East

Tracy, MN 5615

Phone (507) 629-3520

Amount Requested: \$24,983

Federal ID Number: 46-0388596

State Tax ID Number: 3025140

**2. Administrator, Executive Director or CEO of Applicant**

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**4. Contact Person for Further Information on Application**

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Name/Title Sue Swan, PI/Risk Coord.

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Phone (507) 212-4178

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Name/Title Diana Williams, RN

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Phone (507) 274-6812

I certify that the information contained herein is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.

Signature: Stacy Barstad 	Title CEO, Sanford Tracy Medical Center and Sanford Westbrook Medical Center	Date 09/04/14
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## II. Project Abstract

**A. Title of Project:** Workplace Violence Prevention – Keeping Our Staff and Patients Safe While in the hospital setting

### B. Project Summary

Sanford Tracy Medical Center and Sanford Westbrook Medical Center submit this joint application to the Minnesota Rural Flexibility Grant Program and respectfully request \$24,983 in support to develop and implement a workplace safety initiative that will benefit staff, patients, and visitors.

#### 1. Applicant Organizations

Sanford Tracy and Sanford Westbrook medical centers both are Critical Access Hospitals (CAHs) within the Sanford Health Network. The communities are located in southwestern Minnesota's Lyon (Tracy) and Cottonwood (Westbrook) counties.

#### 2. Geographic Area

The service area of Sanford Tracy and Sanford Westbrook includes portions of four SW Minnesota counties including Lyon, Cottonwood, Redwood and Murray counties. All four counties are designated as Health Professional Shortage Areas and Manpower Underserved Areas. <http://quickfacts.census.gov/qfd/states/27000.html>

#### 3. Overall Objective

The overall objective of the project proposed in this narrative is to improve safety and expectation of safety for staff, patients, and visitors at Sanford Tracy and Westbrook medical centers.

#### 4. Brief Summary of Activities

Through this project, Sanford Tracy and Sanford Westbrook will identify gaps in violence prevention plans and use that information to provide specialized training of all "high risk" staff identified across the two facilities. The Sanford Center for Learning will engage two experienced trainers from Emergency and Security departments elsewhere in the Sanford Health system to conduct sessions using the Management of Aggressive Behaviors (MOAB) model. Additionally, this project's Performance Improvement/Risk Management leader will complete online training in the Minnesota Hospital Association's Roadmap for Violence Prevention, and communicate those learnings to department leaders at both facilities.

### **III. Narrative**

#### **A. Organization and Service Area Overview**

This proposal represents a collaboration and efficiency of shared resources between Sanford Tracy Medical Center and Sanford Westbrook Medical Center. The two facilities are part of the Sanford Health Network (SHN) and share executive team staff members, including a common CEO, site-level CFO, DOO, Clinic Director, Human Resources, Marketing/Community Relations, Performance Improvement/Risk Management, CNO, DON, on staff providers to include behavioral health providers, managerial staffing in the areas of radiology, laboratory, home health care, physical therapies and VP at the Network level.

Sanford Tracy Medical Center is a city-owned Critical Access Hospital (CAH) built in 1960 as a municipal hospital. It joined the Sanford Health Network as a leased site in 1998. Sanford Tracy is a Level IV designated facility within Lyon County, with a service area that also includes portions of Lyon and Redwood counties and communities such as Milroy, Currie, Garvin, Amiret, and Lamberton. Sanford Tracy provides satellite clinic services in the neighboring communities of Balaton and Walnut Grove, bringing its service area population to approximately 5,750. Medical provider staff includes two internal medicine physicians, a family practice physician, a certified physician's assistant, a certified nurse practitioner and a second nurse practitioner specializing in behavioral health, a licensed marriage family therapist, and a licensed social worker. Sanford Tracy employs more than 100 individuals and sees an annual average of roughly 17,725 patient visits (based on FY 2013 and FY 2014 data). Tracy and the surrounding area have a significant population of individuals ages 65 and older, as well as a substantial and growing Hmong community.

Sanford Westbrook Medical Center also is a Critical Access Hospital (CAH), owned by the community. A group of residents led successful fundraising efforts to construct the facility in 1950, with the goal of providing their local physician an appropriate setting to treat his patients. Sanford Westbrook is the smallest hospital in the state, with eight beds and just more than 50 paid workers. The facility truly is a safety net for its service area, with a population of more than 3,600. Medical provider staff includes an internal medicine/pediatrics physician and a certified nurse practitioner. This medical center's service area overlaps Tracy's somewhat, as both facilities see patients from Currie and Walnut Grove. Westbrook also serves Dovray, Jeffers, and Storden, with an annual average of approximately 10,600 patient visits (based on FY 2013 and FY 2014 data). Like Tracy, Westbrook's patient population skews older, at roughly 8% higher than the Minnesota state average (<http://quickfacts.census.gov/qfd/states>).

Sanford Tracy and Sanford Westbrook each are located in areas classified by the Health Resources and Services Administration as both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). These designations underscore the vital role the medical centers play in serving their communities.

In addition to a common executive staff, Sanford Tracy and Sanford Westbrook share many provider services. Among these are internal medicine, pediatrics, advance practice providers, and licensed staff in both the therapy and social work disciplines. Outpatient services offered between the two facilities include general surgery, endoscopy, cardiology, orthopedics, nephrology, urology, oncology, allergy and asthma, orthopedics, pulmonology, vascular, adult and child psychiatry and diagnostic services such as colonoscopy, ultrasound, mammography, and sleep studies. Sanford Tracy and Sanford Westbrook each is nearly 100 miles from the nearest tertiary medical center, in Sioux Falls.

As part of the Sanford Health Network (SHN), Sanford Tracy and Sanford Westbrook benefit from certain resources provided to member hospitals, primary care clinics, specialty and rehabilitation centers, and long-term care facilities. All work together to provide the highest quality of care, safety, and convenience for patients, communities and the region. SHN assists its member facilities with training, preferred volume purchasing, and access to specialty services within a referral system of experienced medical professionals. However, each facility is charged to develop and implement innovations that improve service and outcomes, and to budget responsibly to remain financially sustainable.

#### B. Problem Statement

Few people are at their best when they don't feel well. In the midst of a health emergency, hearts race, adrenaline rushes, and it's hard to keep a level head. Patients in pain or under the influence of narcotics don't possess their typical set of critical thinking skills. They may make rash decisions without considering the consequences of their actions. In fact, they might be incapable of rational thought processes as a result of their injury's severity, their degree of medication, their state of consciousness, or any combination of those significant factors. Patients and family members in emergency or inpatient departments might fear the ultimate health outcome, or exhaust themselves thinking through a thousand "what-if" scenarios. For some, simply being in a hospital setting is enough to cause extreme anxiety.

This anxiety is even more heightened in the large population of elderly patients treated at both hospitals. Many of them have early onset dementia or Alzheimer's, and disease processes in the brain cause them to act out in irrational ways. This negatively impacts patient, staff, and family interactions in the hospitals and their Emergency departments, as well as the attached clinics and nearby home care facilities. Language barriers between staff members and non-

English speaking patients are a significant factor in aggressive encounters at Sanford Tracy. Translator availability is extremely limited after hours and in the Emergency department. Misunderstandings and lack of basic communication contribute to staff frustration and patients' increased fears. This combination has, at times, resulted in aggressive or potentially violent behaviors at Sanford Tracy.

The nurses, physicians, patient care technicians and other team members who work within Sanford hold themselves to a high standard of care and personal service. In rural settings, where staffing shortages are felt most strongly, it's not unusual to work long shifts – sometimes back-to-back. Sanford's people push their own capabilities to put their patients first. It's a common theme that runs through those unique individuals called to the helping professions.

But they, too, are only human. They can be hurt while trying to calm a scared accident victim in the Emergency Room, or feel intimidated when an aggressive patient becomes combative. Still, when faced with the decision to remove themselves from a potentially dangerous situation or remain and try to help a patient, their first concern rarely is for themselves.

In 2012, a Minnesota Department of Health study discovered that patient/visitor violence toward staff members was an increasing concern at health care facilities in the state. It's more than mere coincidence that this study was linked to other findings from the Adverse Health Events reporting system: When staff members feel threatened by risk of physical harm or emotional distress, they cannot provide the best quality care to patients. It is a cycle that can lead to higher instances of errors in other measures tracked by the reporting mechanism.

An overwhelming majority of employees at Sanford Tracy and Sanford Westbrook are female, particularly in the nursing and support roles. It's not unusual for them to call upon male coworkers in maintenance or other facility departments for backup, even if only as a visual



deterrent. Neither facility has security staff on site, and employees must rely on law enforcement agencies to respond when situations escalate. The City of Westbrook's police force also covers Storden, making it difficult to respond 24/7. In addition, local law enforcement in Tracy and in Westbrook typically assist local ambulance services in transporting high-risk patients who demonstrate aggressive or combative behaviors. Even at full staff levels, additional emergency responders in rural areas must cover a broader geographic area, resulting in longer response times. Depending on the health care employee, this knowledge could contribute either to anxiety about dealing with potentially risky situations, or to a sense of duty to resolve the issue themselves and not involve others until it is too late.

At both Sanford Tracy and Sanford Westbrook, clinic facilities are directly attached to the Critical Access Hospitals (CAHs). Clinic staff offer behavior health services during regular hours, and underlying conditions within this patient population can elevate the risk for aggressive encounters. Sanford Tracy and Sanford Westbrook each, on occasion, have needed to hold at-risk patients in-house. Neither community has a mental health facility, and growing concerns surround patient transport, once the care team has identified and secured a place at an appropriate facility. Additionally, neither Tracy nor Westbrook is home to a retail pharmacy with after-hours services – making Sanford CAHs the target for an increased number of drug-seeking patients who know the hospitals stock narcotics.

The Minnesota Department of Health designates each site as a Level IV trauma facility. But the limited number of nursing staff (two to three RNs) **not** dedicated exclusively to the Emergency Room ?during after-hours and overnight shifts presents another vulnerability at each hospital. Both have building features that exacerbate this reality. Sanford Tracy has only one ER exit, should staff feel threatened and need to escape the department. Westbrook lacks a video

surveillance system to monitor the ER entrance after hours, and it is difficult to see approaching patients because the ER's nurse station is several yards down the hall.

Workers who feel unsafe face real and possibly long-lasting effects if they remain in such an environment. In this case, perception is reality. An employee who never is injured on the job but who goes to work each day afraid she might be, still has been negatively impacted – and it's likely her performance has suffered. Other workers might reach a breaking point and leave for opportunities elsewhere. In this respect, the potential for violence in the workplace contributes to decreased job satisfaction and lower workforce retention.

Sanford's existing CODE MAN policy falls short in the area of managing aggressive/violent behavior and offers no specialized training for providers or support staff. This contributes to the prevailing attitude that "it's OK" to be verbally abused, threatened, or potentially injured while caring for patients.

Employees deserve to feel protected, as do the patients and visitors who come to Sanford facilities. Sanford recognizes that training and education are vital to keeping staff members safe in their daily work. As a comprehensive system, Sanford has acknowledged the need for greater supports and adopted the Management of Aggressive Behaviors (MOAB) model, proved effective throughout U.S. and Canadian facilities. While some MOAB training topics overlap those described in the Minnesota Hospital Association's Workplace Violence Prevention plan, others are specific to MOAB and designed with input from those working on the front lines of primary and behavioral health care.

### C. Project Description

1. *Goal Statement.* The overall goal of the project proposed in this narrative is to improve safety and expectation of safety providing exceptional, compassionate care for patients

at Sanford Tracy and Westbrook medical centers. Training and education offered through this program will equip employees with the tools they need to feel more confident in their ability to protect themselves and their more vulnerable patients when a patient, visitor, or even coworker shows signs of escalating toward violent behavior. The long-term aim will be to improve care delivery and reduce injuries and other adverse effects that result from aggressive or violent outbursts.

2. *Objectives.* Working collaboratively, nursing leadership and risk prevention staff from both medical centers have outlined key objectives that will guide project implementation at their sites. Those objectives, together with their measures, are described in the table below.

<b>Objectives</b>	<b>Measures</b>
1. Identify best-practice recommendations to develop comprehensive safety training for staff at Sanford Tracy and Sanford Westbrook medical centers	Comparison and assessment of the Minnesota Hospital Association’s Workplace Violence Prevention plan and the Management of Aggressive Behaviors (MOAB) initiative
2. Identify key areas of risk at Sanford Tracy and Sanford Westbrook medical centers	"Prevention of Violence in Healthcare" gap analysis
3. Train all high-risk employees from Tracy and Westbrook in MOAB model	Attendance logs for MOAB sessions
4. Assess employee understanding	Pre- and post-training tests
5. Develop a Workplace Violence Prevention Committee to serve the two facilities	Committee members in place; minimum of two quarterly meetings held during project period

Project objectives center on improved care quality and efficiency as a result of a more secure environment for patients, staff, and visitors. It is expected that proactive training for employees will help staff members meet challenges when they are encountered, feel more confident in their ability to achieve a positive outcome, and be less likely to consider security as a factor in terms of workforce turnover. Additionally, a greater understanding of the elements that contribute to the likelihood of volatile situations will provide context for decision-making in the moment.

Altogether, topics included in the trainings will give staff members a wider range of tools to

access when they find themselves in potentially escalating situations – but still must meet a patient’s health needs to their best ability.

3. *Activities (Methods and Strategies)*. The methods and strategies incorporated within MOAB training align with the Minnesota Hospital Association’s Workplace Violence Prevention plan. Furthermore, this project’s plan for Sanford Tracy and Sanford Westbrook involves ongoing processes for interdisciplinary collaboration. The two facilities have chosen to advance this cause by completing the Minnesota Hospital Association’s Preventing Violence in Healthcare Organizational Commitment Form, thereby declaring workplace violence prevention a priority for Sanford Tracy and Sanford Westbrook.

This grant will support unique educational opportunities for facility staff, offering training that is outside of these employees’ typical roles and duties. This represents a significant investment in additional effort for Sanford Tracy and Sanford Westbrook, whose leadership must staff extra workers to cover shifts while others receive training. Ideally, a much broader range of direct care and support employees from both facilities would receive the expanded education. In addition to the more obvious staff roles (i.e., nurses, certified nursing assistants, interpreters, home health, behavioral health counselors), this project necessarily encompasses a number of cross-functional positions. Included in the high-risk category at Sanford Tracy and Sanford Westbrook are staff who work in maintenance, respiratory therapy, radiology, risk management, and administration, to name a few.

While every staff member between the two facilities could benefit from MOAB training, project team leaders from Tracy and Westbrook have worked to thoughtfully identify the most high-risk staff members. They scaled this grant request appropriately to the scope of the award program itself, after considering three plans:

- Plan A – All staff (156 employees). This proved financially and logistically unrealistic, given the number of employees and scheduling needs to maintain shift minimums at the two facilities.
- Plan B – At-risk staff (122 employees). This plan focused on staff members who are in key patient roles or positions called on for support during tense encounters with potentially aggressive patients/visitors. Project leaders further trimmed this number for Plan C, excluding casual or PRN employees in these roles.
- Plan C – High-risk staff (95 employees). The final, agreed-upon plan further refines the employee list. Ultimately, nearly all non-patient care staff were excluded – with the exception of male workers serving in typically non-patient care roles. For example, rather than recommending all radiology and CT staff attend training, project leaders opted to limit the budget to the two male members from those departments, since they are the first called upon during a CODE MAN alert.

To further maximize the number of high-risk employees able to receive training within the available funds, Sanford Tracy and Sanford Westbrook will cost-share the eight hours of prorated benefits for each worker who takes part. That real expense is not requested as part of this grant proposal.

Experienced trainers from Sioux Falls will conduct three (3), eight-hour MOAB sessions on-site at the two Minnesota facilities. Sanford Tracy, with the greater number of targeted employees, will host two sessions, and Sanford Westbrook will host one session. Project leaders have secured plan approval from the Sanford Center for Learning and from directors who supervise the trainers. This system collaboration is critical, since trainers themselves are taken from their primary roles on the floor in Emergency and Security services at other Sanford sites.

The MOAB training aligns with many priorities identified by the Minnesota Hospital

Association – including, but not limited to the following –

- Recognizing signs of verbal aggression
- Recognizing signs that an individual is approaching the threshold and moving toward threatening behaviors or statements
- Summarizing common cornering mistakes
- Motivational interviewing and negotiating skills to help defuse tense situations before they escalate into outbursts of threatening behavior or violence.
- Understanding appropriate interventions to both the threat of violence and the occurrence of violence in the workplace

Additionally, the learning objectives of MOAB training include –

- Strategies for controlling and restraining aggressive behavior
- Strategies for managing physical confrontations
- Strategies for de-briefing and self-care, following an aggressive or violent encounter

4. *Timeline.* To achieve the stated objectives, project leaders outlined a workplan that holds accountable key staff members and provides a clear blueprint for activities. See below.

<b>Date</b>	<b>Activity</b>	<b>Responsibility</b>	<b>Outcomes</b>
By Nov. 30, 2014	Complete “Prevention of Violence in Healthcare” gap analysis	Sue Swan, Performance/Risk Management Director at Tracy, in collaboration with Diana Williams, RN/Performance Improvement/Risk Management Manager from Westbrook	<ul style="list-style-type: none"> <li>▪ Risk areas identified for Sanford Tracy and Sanford Westbrook</li> <li>▪ Input generated for MOAB trainers that is specific to staff and patient population needs at these sites</li> </ul>

By Feb. 28, 2015	Engage Sanford Center for Learning	Swan and Williams; Center for Learning MOAB coordinator; Support from administrative personnel	<ul style="list-style-type: none"> <li>▪ Sessions scheduled for Tracy (2) and Westbrook (1)</li> <li>▪ All high-risk staff assigned to a training</li> <li>▪ Develop a plan that assures staffing levels may be maintained at both facilities on MOAB training days</li> </ul>
March 15 – Sept. 30, 2015	Convene advisory group of leaders and other staff members from two sites	Swan and Williams; Director-nominated staff from nursing, risk management, and quality improvement departments	<ul style="list-style-type: none"> <li>▪ Workplace Violence Prevention Committee established</li> <li>▪ Initial meetings (2) held during project period</li> <li>▪ Completion of educational Webinars (2 or more) supported by the MHA coalition</li> </ul>
April 1 – Aug. 31, 2015	Hold three (3) trainings – two (2) in Tracy and one (1) in Westbrook	Swan and Williams; Center for Learning trainers; high-risk staff from Tracy and Westbrook facilities	<ul style="list-style-type: none"> <li>▪ All high-risk staff trained in MOAB model</li> <li>▪ Staff’s pre- and post-session understanding assessed</li> <li>▪ Staff able to demonstrate key tactics (physical, intellectual, emotional) during sessions</li> </ul>
By Sept. 15, 2015	Complete MHA survey	Swan and Williams	<ul style="list-style-type: none"> <li>▪ Help shape the MHA campaign’s next steps by sharing progress and continuing to identify member-hospital needs</li> </ul>

5. *Roles and Capabilities of Individuals and Organizations.* Through this project, Sanford Tracy and Sanford Westbrook kick off a workplace violence prevention initiative, secure MOAB training for all high-risk staff, and begin an ongoing process of assessment, education, and collaboration. The project establishes a multi-disciplinary team led by Risk Management staff from Sanford Tracy and Sanford Westbrook, and including staff from Administration, Operations, and Clinical departments. Medical staff and Human Resources experts will be highly involved, as will the top nursing managers and appropriate patient-care department managers from each

site. This team will lead others in recognizing, preventing, and mitigating the effects of violence in health care environments serving the Tracy and Westbrook areas.

Susan Swan is the Director of Performance/Risk Management in Tracy. She will oversee all in-house project activities, coordinating through Diana Williams, RN, in Westbrook. Swan and Williams together will complete the gap analysis provided by the Minnesota Hospital Association's Workplace Violence Prevention Roadmap. The two will communicate those learning's to department directors across the two facilities. From a logistical standpoint, Swan and Williams will coordinate organization and scheduling of training sessions for high-risk staff members, in collaboration with the Sanford Center for Learning in Sioux Falls. Swan will have ultimate responsibility for ensuring that staff education is delivered and training outcomes are evaluated during the project period.

6. *Evaluation.* Through this project, Sanford Tracy and Sanford Westbrook will host three (3) MOAB training sessions, with two (2) classes offered in Tracy and one (1) class offered in Westbrook. Trainings will take place between April 1 and August 31, 2015. All who receive the training will take a pre- and post- intervention survey to verify the education's effectiveness. Additionally, Risk Management staff will evaluate safety reports made at each site in the year prior to the MOAB training sessions and on an ongoing basis thereafter.



**IV. Budget**

**A. Budget Form**

<b>Categories</b>	<b>State Funding Requested</b>	<b>Funding from Other Sources</b>	<b>Total</b>
Personnel			
Salary	\$24,354	\$0	\$24,354
Fringe	\$285	Sanford: unquantified fringe benefits	\$285 + Sanford portion
Supplies	\$0	\$0	\$0
Travel	\$344	Sanford: meals for trainer staff	\$344
Equipment	\$0	\$0	\$0
Consultants/ Subcontractors	\$0	\$0	\$0
Other	\$0	Sanford facility space (2 sites, 3 dates)	Sanford portion
<b>TOTAL</b>	<b>\$24,983</b>	Sanford: unquantified	<b>\$24,983 + Sanford portion</b>

**B. Budget Justification**

The total project support requested through this grant proposal is \$24,983. Sanford Tracy and Sanford Westbrook commit to provide space to host the trainings on site at their respective facilities, and to cost-share certain staff benefits that are not budgeted in this request.

**Personnel.** The table below details the salary requested for high-risk staff from Sanford Tracy and Sanford Westbrook to receive specialized MOAB training. This educational development is beyond training they would receive in the normal course of fulfilling their duties. Additionally, the intense nature of MAOB training requires an eight-hour time commitment from each participant. Salary support is requested because managers at Tracy and Westbrook

facilities must back-fill to cover shifts and maintain staffing minimums while high-risk individuals complete their training. Fringe benefits for attendees will be cost-shared by their respective operational departments at Sanford. All figures are rounded to the nearest dollar.

<b>High-Risk Staff – to receive training</b>	<b>Salaries</b>	<b>Benefits</b>	<b>Requested</b>
32 RNs (hospital) x 8 hrs each	\$8,213	\$0	\$8,213
3 RNs (clinic) x 8 hrs each	\$586	\$0	\$586
4 RNs (home health) x 8 hrs each	\$1,034	\$0	\$1,034
4 LPNs (hospital) x 8 hrs each	\$626	\$0	\$626
10 LPNs (clinic) x 8 hrs each	\$1,416	\$0	\$1,416
3 CNAs (hospital) x 8 hrs each	\$296	\$0	\$296
5 CNAs (home health) x 8 hrs each	\$496	\$0	\$496
1 Respiratory Therapist x 8 hrs	\$147	\$0	\$147
2 Unit Coordinators x 8 hrs each	\$294	\$0	\$294
2 Registrars x 8 hrs each	\$228	\$0	\$228
3 Maintenance Specialists x 8 hrs each	\$367	\$0	\$367
10 Health Care Providers x 8 hrs each	\$5,969	\$0	\$5,969
2 Behavioral Health Counselors x 8 hrs each	\$424	\$0	\$424
4 Administration Team Members x 8 hrs each	\$1,537	\$0	\$1,537
1 Risk Management Specialist x 8 hrs	\$254	\$0	\$254
6 Outreach Registration Specialists x 8 hrs each	\$810	\$0	\$810
1 Interpreter x 8 hrs	\$141	\$0	\$141
2 X-ray/CT Technicians x 8 hrs each	\$380	\$0	\$380
<b>Total Trainee Time</b>	<b>\$23,218</b>	<b>\$0</b>	<b>\$23,218</b>

The next table describes personnel costs for staff engaged by the Sanford Center for Learning to travel from Sioux Falls to Tracy and Westbrook to deliver the MOAB training. Personnel costs are included because these trainers must be pulled from the floor at Sanford USD Medical Center, where they typically work in the Emergency and Security departments. Their managers must back-fill their time off these unit. Personnel costs are included for class and drive time because these individuals typically offer MOAB training only in Sioux Falls. However, Sanford and its Center for Learning are committed to support safe practices throughout the health system, and have agreed to deliver trainings on-site for greater efficiencies specific to this project. Each eight-hour class will be co-led by a Registered Nurse and a Security Officer. With a maximum class size

of 40, three sessions are needed to accommodate all 95 high-risk employees. The Registered Nurse and Security Officer will co-lead all three classes. For each session, 10 hours are budgeted per trainer. This is to allow for an average of 2 hours of drive/prep time per day, in addition to the 8 hours of instruction time.

<b>Experienced Staff – to deliver training</b>	<b>Salaries</b>	<b>Benefits</b>	<b>Requested</b>
RN (Emergency) x 30 hrs	\$686	\$172	\$858
Security Officer x 30 hrs	\$450	\$113	\$563
<b>Total Trainer Time</b>	<b>\$1,136</b>	<b>\$285</b>	<b>\$1,421</b>

**Travel.** To reduce mileage and drive-time costs for trainers’ travel to Tracy and Westbrook, one pair of trainers will offer two sessions during back-to-back days on the same trip. The remaining trip will be a single day. Lodging is limited to one option in either Tracy or Westbrook, and separate rooms are required because the trainers are opposite genders.

Mileage: 200 miles per round-trip x \$0.56 per mile x 2 trips = \$224

Lodging: 2 rooms x \$60 per room x 1 trip = \$120

*Per diem:* None requested. Sanford Tracy and Sanford Westbrook will provide trainers’ meals on-site at the facilities during the three (3) session days.

**Supplies.** None.

**Contracted Services.** None.

**Equipment.** None.

**Other.** None. Sanford Tracy and Sanford Westbrook will host the trainings on site, contributing facility space in-kind. Sanford Health has a federally negotiated indirect costs rate of 36.5% to help recover facilities and administrative costs necessary to support this project. Sanford Tracy and Sanford Westbrook request no IDC for this program.

## Attachment C: BIOGRAPHICAL SKETCH

### **2014 Minnesota Rural Flex Grant Program Minnesota Department of Health-Office of Rural Health and Primary Care**

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages, if necessary. Follow the same general format for each person.

**Susan Swan, RN, Performance/Risk Management Director**  
NAME TITLE

**ROLE IN PROPOSED PROJECT:** Oversee the in-house team and its activities for the violence prevention project at Sanford Tracy. Complete the recommended training sessions and the on-line updates for the MDH/MHA Roadmap violence prevention program and communicate those learnings and share the resources with the team. Collaborate with the project lead person at the Sanford Westbrook site. Assist with the organization of and the scheduling of staff for the education opportunities from Sanford and/or other resources. See that staff education outcomes are evaluated.

#### EDUCATION

Graduated from Abbott-Northwestern Hospital School of Nursing, Minneapolis, MN in June of 1973 with a Diploma in Registered Nursing

#### PROFESSIONAL EXPERIENCE

(Starting with present position, list training and experience relevant to the proposed project.)

1989 to present: Director of Performance Improvement/Risk Management at Sanford Tracy Medical Center (formerly known as Sioux Valley Tracy Medical Center); During my time at Tracy I have served also as the Medical Staff Coordinator and for a period of five years was the Infection Control Nurse as well.

1973-1989: Ongoing employment that included acute nursing roles in med-surg; operating room; OB and ED and Long Term Care nursing roles that included 5 yrs. as a Nsg. Director.

Attachment C: BIOGRAPHICAL SKETCH

**2014 Minnesota Rural Flex Grant Program  
Minnesota Department of Health-Office of Rural Health and Primary Care**

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages, if necessary. Follow the same general format for each person.

Diana Williams \_\_\_\_\_ RN, Performance Improvement/Risk Management (PI/RM)  
NAME TITLE

Patient Safety Team Facilitator and oversee the in-house team and its activities for the violence prevention project at Sanford Westbrook and collaborate with the Sanford Tracy project lead.

ROLE IN PROPOSED PROJECT

EDUCATION

Augustana College, Sioux Falls, SD \_\_\_\_\_ Bachelor of Nursing 1981 RN  
INSTITUTION AND LOCATION/DEGREE, YEAR EARNED/PROFESSIONAL FIELD

PROFESSIONAL EXPERIENCE

(Starting with present position, list training and experience relevant to the proposed project.)

Serving as an RN/Patient Safety and Risk Management Coordinator since 1991 my responsibilities are to ensure a safe working environment for our patients and for our staff. It is important to provide training and to utilize the resources that are made available through the MHA/MDH and Sanford initiatives. Combining our efforts with MHA and through Sanford's Management of Aggressive Behavior (MOAB) initiative will provide us with the tools we need to promote a safe environment for staff, patient provider and guests of Sanford Westbrook (and Tracy).

Attachment C: BIOGRAPHICAL SKETCH

**2014 Minnesota Rural Flex Grant Program  
Minnesota Department of Health-Office of Rural Health and Primary Care**

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages, if necessary. Follow the same general format for each person.

Jeri Schons Chief Nursing Officer  
NAME TITLE

Overall director of nursing services  
ROLE IN PROPOSED PROJECT

EDUCATION

University of Minnesota-Morris, Morris MN Pre-nursing  
South Dakota State University, Brookings SD, Bachelor of Science - Nursing  
ACLS, TNCC, CALS  
INSTITUTION AND LOCATION/DEGREE, YEAR EARNED/PROFESSIONAL FIELD

PROFESSIONAL EXPERIENCE

(Starting with present position, list training and experience relevant to the proposed project.)

I have been the Chief Nursing Officer (CNO) for the past 22 years and understand the importance and need for continued employee and patient safety. STMC shows their strong commitment to employee and patient safety by participating in collaborative initiatives, including MDH's Prevention of Violence in Healthcare. We are confident we can significantly improve the safety and security of our health care facility for employees, and create a culture in which violence in health care settings is no longer considered an expected part of daily life for health care professionals. It is part of my responsibility to ensure we offer a safe environment for our patients and staff.

Attachment C: BIOGRAPHICAL SKETCH

**2014 Minnesota Rural Flex Grant Program  
Minnesota Department of Health-Office of Rural Health and Primary Care**

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages, if necessary. Follow the same general format for each person.

Jane Sabinske RN, Director of Nursing  
NAME TITLE

Overall manager of nursing services  
ROLE IN PROPOSED PROJECT

EDUCATION

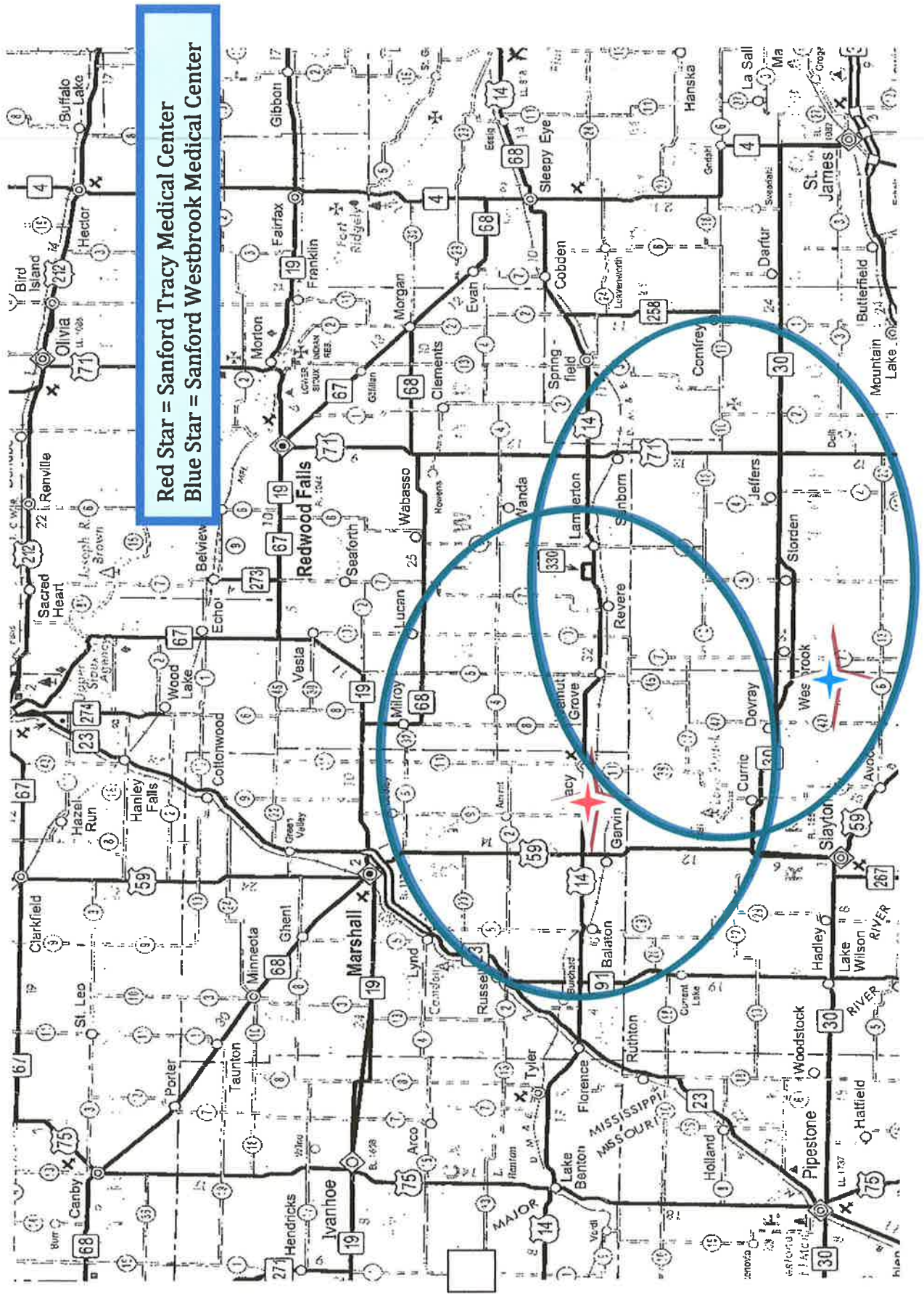
Willmar Community College, Willmar MN Pre-nursing 1991  
University of Minnesota, Mankato, MN Bachelor of Science, Nursing 1994 RN  
University of Phoenix Master of Science – Nursing 2011 RN Director of Nursing  
Certified in: ACLS, CALS  
INSTITUTION AND LOCATION/DEGREE, YEAR EARNED/PROFESSIONAL FIELD

PROFESSIONAL EXPERIENCE

(Starting with present position, list training and experience relevant to the proposed project.)

Serving as an RN for over 20 years and in my role as Director of Nurses, I have a responsibility to provide a safe working environment to my staff while maintaining the integrity and safety of our patients. I know the importance of providing training and utilizing resources made available to us through the MHA/MDH and Sanford initiatives. We are committed to offering a safe environment to our staff while promoting patient safety and satisfaction to our patients. Collaborating our efforts will help ensure our staffs are provided with the necessary training to prevent (potential) violence in our facilities and provide us with the tools keeping staff safe from harm while treating patients.

Attachment B: Map of Service Area







## POLICE DEPARTMENT CITY OF TRACY, MINNESOTA

336 MORGAN STREET  
TRACY, MINNESOTA 56175

Phone: (507) 629-5534  
Fax: (507) 629-5531

Minnesota Department of Health  
Office of Rural Health & Primary Care

August 19<sup>th</sup>, 2014

To whom it may concern,

I ask that you consider this letter of support given concerning the Rural Hospital Flexibility Grant Program being submitted as collaboration between Tracy and Westbrook facilities.

I have served as a police officer for the City of Tracy for over 14 years and held the position of Police Chief for the last 3 years. Throughout that time I or the on duty officers have been called upon many times to help defuse and de-escalate patient behavior in the emergency room. As a small town department we try to be available to the public 24 hours a day but there are times when officers are tied up with other matters, doing transports, or just not able to get to the hospital in the short amount of time needed.

As Chief of Police, I and officers under my direction work closely with Sanford Tracy and am aware this facility has been the recipient of a number of MDH Grants. All had great impact at Sanford Tracy providing them with the ability to maintain a very high level of excellence in patient care. Careful attention to maintaining fiscal responsibility coupled with grant funds has allowed patients in our rural community to expect and receive excellent medical care right here in their home town surroundings.

The grant funds requested through this Rural Hospital Flexibility Grant Program would allow staff to receive the necessary training to serve patients in a manner empowering staff and providing them with the appropriate resources to diffuse aggressive or sometimes violent behavior. Drug seeking patients are increasing and are not limited to our community. As a member of the Tracy community, and as an officer of the law, I believe this training is extremely important. Keeping staff at Tracy Sanford in a safe work environment while they provide patient care is always our goal.

I would like to thank you in advance for your consideration of this grant application.

Sincerely,

Jason Lichty, Chief of Police  
City of Tracy, MN

# Tracy Ambulance Service

105 Center Street • Tracy, MN 56175 • (507) 629-3297  
MN Relay 7-1-1 or 1-800-627-3529 Voice, TTY, ASCII



August 25, 2014

Dear Ms. Bergh,

I write today acting on behalf of the Tracy Ambulance Service in support of the application for grant funds to provide financial assistance to implement the training program needed for management of behavioral health and workplace violence and prevention.

I have served on the Tracy Ambulance as an EMT for 32 years and as the President for 25 years. We have 3 fully equipped Advanced Life Support (ALS) ambulances on call 24/7 and provide services to the counties of Lyon, Murray and Redwood counties. As a service provider working closely with Sanford Tracy, this training is so important for the staff to ensure the highest level of care is available right here in our community. When transporting high risk patients, we ask our local law enforcement officials to assist us with transports. By offering training to hospital staff, it can benefit us by potentially alleviating some of those risks by calming or diffusing a high risk patient prior to transport.

The proposed training program is a good fit for our small rural hospital and will in turn benefit our services by having hospital staff trained to assist high risk patients. I support this grant application and assure our full support for the program as it goes forth.

Sincerely,

*Charlie DeSchepper*

Charlie DeSchepper, President and EMT  
Tracy Ambulance Service

Sanford Tracy Medical Center  
251 5th Street E  
Tracy, MN 56175  
Ph: (507) 629-3200  
Fx: (507) 629-3202

Sanford Clinic Tracy  
249 5th Street E  
Tracy, MN 56175  
Ph: (507) 629-3520  
Fx: (507) 212-8260

Sanford Clinic Balaton  
551 E Hwy 14  
Balaton, MN 56115  
Ph: (507) 734-3456  
Fx: (507) 734-3993



Sanford Shetek Home Care  
251 5th Street E  
Tracy, MN 56175  
Ph: (507) 212-4155  
Fx: (507) 629-3202

O'Brien Court  
410 State Street  
Tracy, MN 56175  
Ph: (507) 212-4163  
Fx: (507) 629-3202

Sanford Clinic Walnut Grove  
810 8th Street  
Walnut Grove, MN 56180  
Ph: (507) 859-2157  
Fx: (507) 859-2457

sanfordhealth.org

Office of Rural Health and Primary Care  
Minnesota Department of Health  
St. Paul, MN

8/19/2014

To Whom It May Concern,

I am writing to express my strong support of the grant application from Sanford Tracy and Sanford Westbrook Medical Centers to the Minnesota Rural Hospital Flexibility Grant Program seeking funding to provide Management of Aggressive Behavior training for our staff.

As a staff member working at both Sanford Tracy and Sanford Westbrook Medical Centers, I have experienced first-hand how difficult it can be to manage patients with high levels of anxiety and the potential for aggressive behaviors. Due to the small and rural nature of our facilities, we have limited staff and resources available to provide support and assistance in such circumstances. When the need arises to care for such patients, staff often feels helpless, overwhelmed, and afraid. Our staff is very dedicated to providing the best possible care for all of our patients in all situations. Management of Aggressive Behaviors training will increase our ability to promote positive outcomes for all patients and will increase our level of competence and confidence in our ability to meet each patient's needs. This will not only improve the experience for the individual patient, but also result in improved job satisfaction for our staff.

Thank you for your consideration. If I can be of further assistance, please feel free to contact me directly at 507-212-4152.

Sincerely,

  
Angela Deadrick-Wee, MSW, LICSW

Our Mission:  
Dedicated to the work of  
health and healing

# WESTBROOK POLICE DEPARTMENT

525 1ST AVENUE  
PO BOX 367  
WESTBROOK, MN 56183

PH. 507-274-5400 FAX:507-274-5122

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Minnesota Department of Health  
Office of Rural Health & Primary Care

August 25, 2014

To Judith Bergh,

As a member of this community and as an Officer of the Law, I ask that you consider this letter reflecting my support for the Rural Hospital Flexibility Grant Program being submitted as collaboration between Tracy and Westbrook facilities.

Serving as a City's Chief of Police for the since 1999 and prior to that as a Police Officer since 1988, I have witnessed many changes over years. Keeping our community safe from harm is at the forefront of my duties and I consider keeping staff safe at Sanford Westbrook Medical Center as a part of those duties. There have been times where I or the on duty police officer has been called upon by Sanford Westbrook staff to help diffuse sometimes escalating patient behavior in the emergency room during off hours. We are a small community and in addition to serving Westbrook, we provide services to community of Storden located 6 miles from Westbrook and to Jeffers which is 13.7miles. We are not always readily available due to doing other transports, or dealing with other matters should we receive a call from Sanford staff and mere minutes can make a difference when trying to calm a distressed patient. Support for our businesses and our hospital in this community remains strong and I am one of many supporters especially when it comes to providing services that increase the safety for the hospital staff while providing quality care to the patient.

Receiving monies from Rural Hospital Flexibility Grant Program would provide staff with the appropriate training to serve patients by that display erratic or potentially aggressive behavior. Having Sanford Westbrook staff receive training will provide them with the appropriate tools and a safe and secure workplace free from threats or even intimidation allowing them to treat the patient without fear of harm. I fully support our facilities that want to take steps to protect employees.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Wahl #503". The signature is fluid and cursive, with the number "#503" written in a simpler font at the end.

Alan Wahl, Chief of Police  
City of Westbrook, MN

Office of Rural Health and Primary Care  
Minnesota Department of Health  
St. Paul, MN

8/19/2014

To Whom It May Concern,

I am writing to express my strong support of the grant application from Sanford Tracy and Sanford Westbrook Medical Centers to the Minnesota Rural Hospital Flexibility Grant Program seeking funding to provide Management of Aggressive Behavior training for our staff.

As a staff member working at both Sanford Tracy and Sanford Westbrook Medical Centers, I have experienced first-hand how difficult it can be to manage patients with high levels of anxiety and the potential for aggressive behaviors. Due to the small and rural nature of our facilities, we have limited staff and resources available to provide support and assistance in such circumstances. When the need arises to care for such patients, staff often feels helpless, overwhelmed, and afraid. Our staff is very dedicated to providing the best possible care for all of our patients in all situations. Management of Aggressive Behaviors training will increase our ability to promote positive outcomes for all patients and will increase our level of competence and confidence in our ability to meet each patient's needs. This will not only improve the experience for the individual patient, but also result in improved job satisfaction for our staff.

Thank you for your consideration. If I can be of further assistance, please feel free to contact me directly at 507-212-4152.

Sincerely,

  
Angela Deadrick-Wee, MSW, LICSW