

RISK MANAGEMENT IN OUTDOOR BEHAVIORAL HEALTHCARE

WHAT DO THEY MEAN TO ME?



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NOLS OUTWARD BOUND

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OVERVIEW

- Incident Rate Trends in 2012
- Incident Frequencies
- Comparisons to National Data
- Current and future management practices



OUTDOOR BEHAVIORAL HEALTHCARE

The prescriptive use of wilderness experiences provided by mental health professionals to meet the therapeutic needs of clients.





PARTICIPATING PROGRAMS



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CAN YOU KEEP MY CHILD SAFE?



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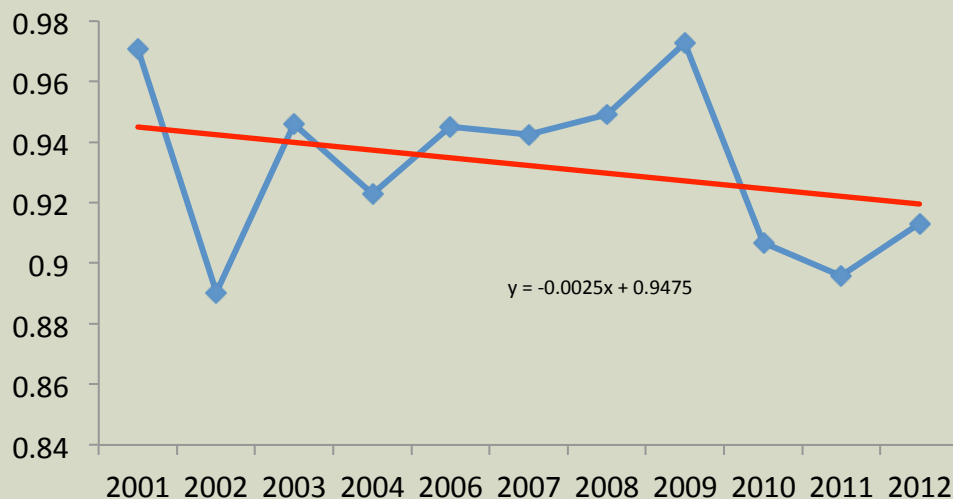
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OBHIC COMPLETION RATE

OBHIC Completion Rate



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

OBHIC INJURY RATE

OBHIC client injuries per thousand field days

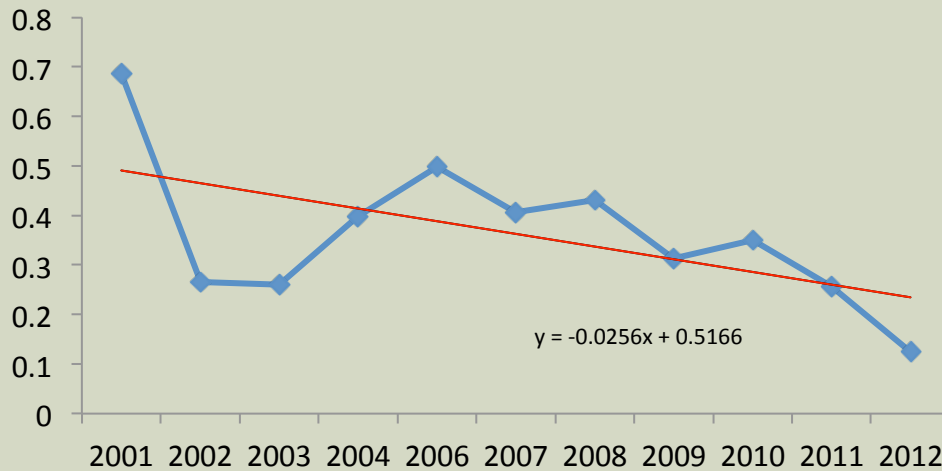


- 13 level 1 injuries
- 2 level 2 injuries
- All-time low injury rate of 0.186 per 1000 client field days

OBHIC ILLNESS RATE



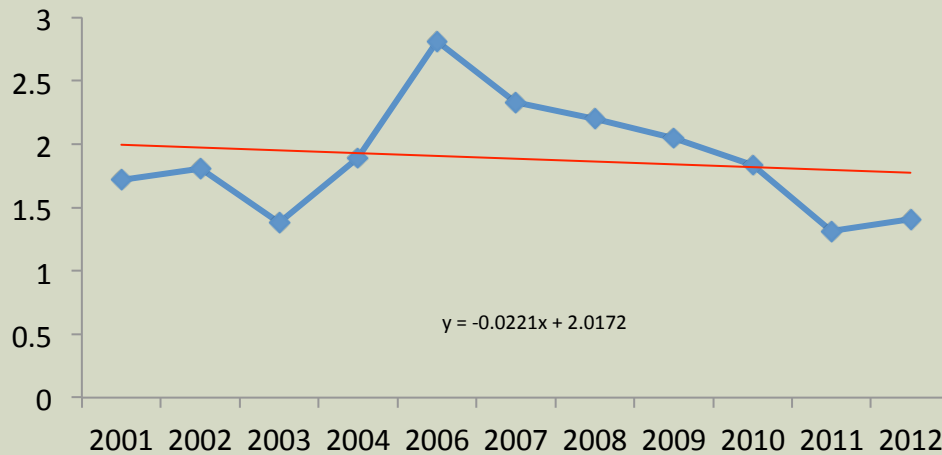
OBHIC client illnesses per thousand field days



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

OBHIC THERAPEUTIC HOLD RATE

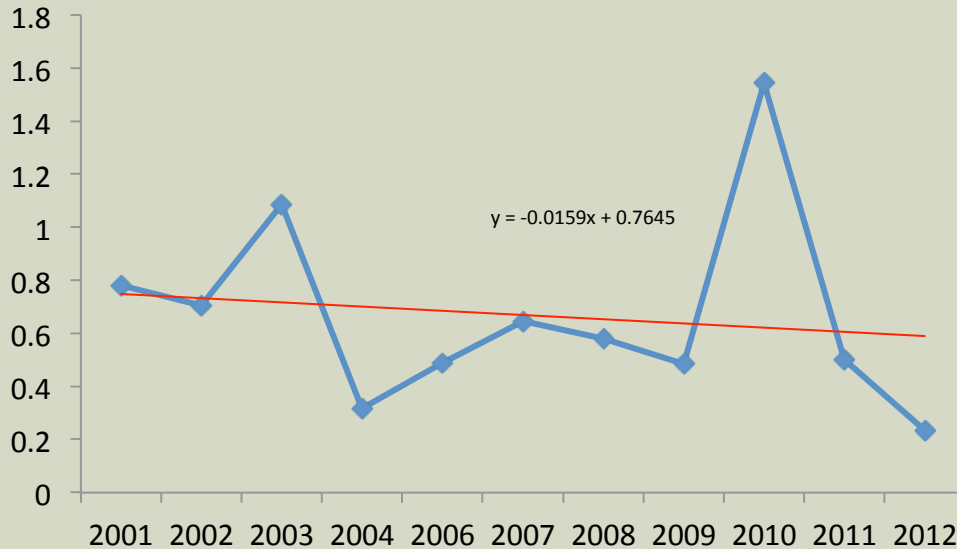
OBHRC therapeutic holds per 1000 field days



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

OBHIC RUNAWAY RATE

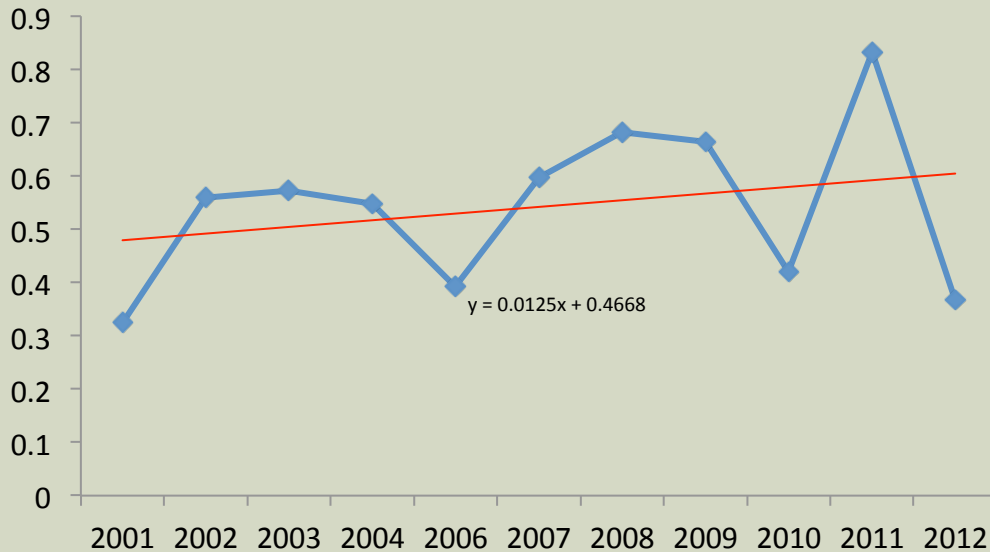
OBHRC runaways per thousand field days



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

OBHIC GUIDE INJURY RATE

OBHRC guide injuries per thousand field days



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

OBHIC GUIDE INJURY RATE

OBHRC guide illnesses per thousand field days



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

WHEN ARE INCIDENTS OCCURRING?



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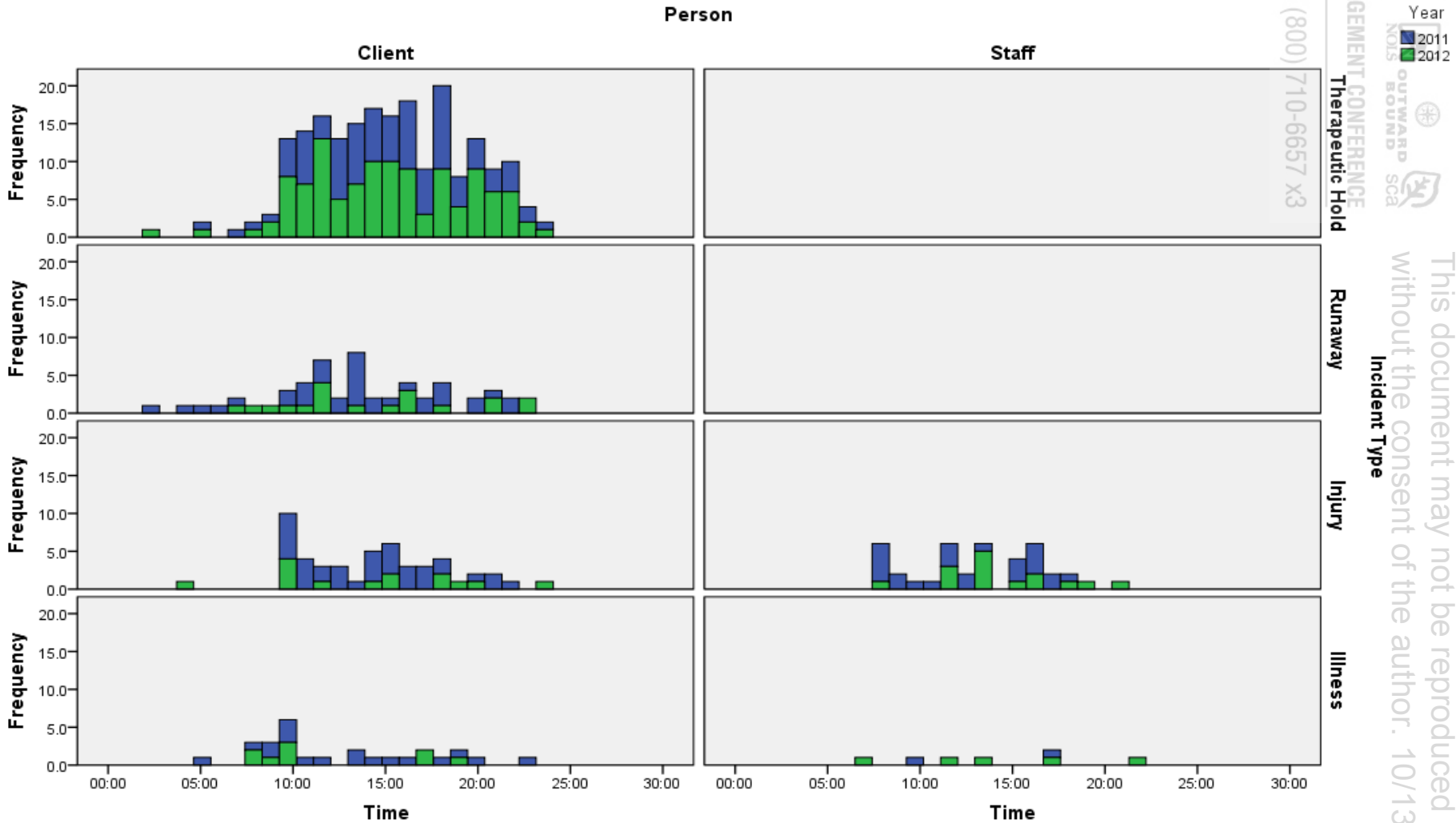
CLIENT INCIDENTS BY ACTIVITY (N = 323)

	1 st	2 nd	3 rd
Therapeutic Holds (n = 193)	Transition Time (35%)	Hiking (11.2%)	In Camp (7.2%)
Runaways (n = 54)	Hiking (22%)	Transition Time (20.4%)	Sleeping (13%)
Injuries (n = 49)	Hiking (46.9%)	Transition Time (22.4%)	Cooking, Group, Using Tool, In Camp (4.1% each)
Illnesses (n = 26)	Hiking (34.6%)	Meal Time (15.4%)	Sleeping, In Camp (11.5% each)

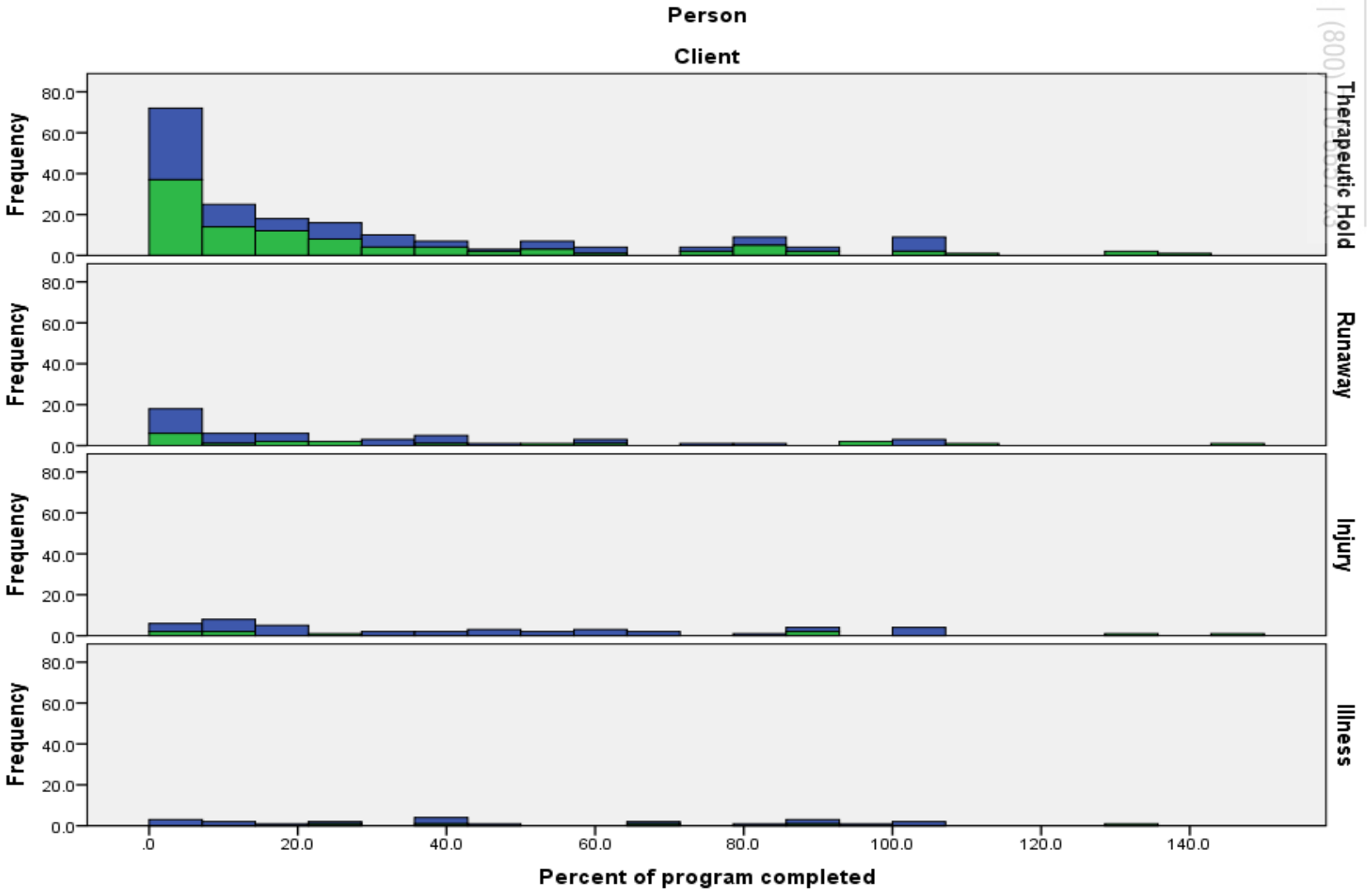
GUIDE INCIDENTS BY ACTIVITY (N=48)

	1 st	2 nd	3 rd
Injuries <i>n</i> = 40	Hiking (35%)	Transition Time (12.5%)	Driving (10%)
Illnesses <i>n</i> =8	In Camp (50%)	Hiking (37.5%)	Rock Climbing (12.5%)

INCIDENTS BY TIME OF DAY



INCIDENTS BY PROGRAM COMPLETION



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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



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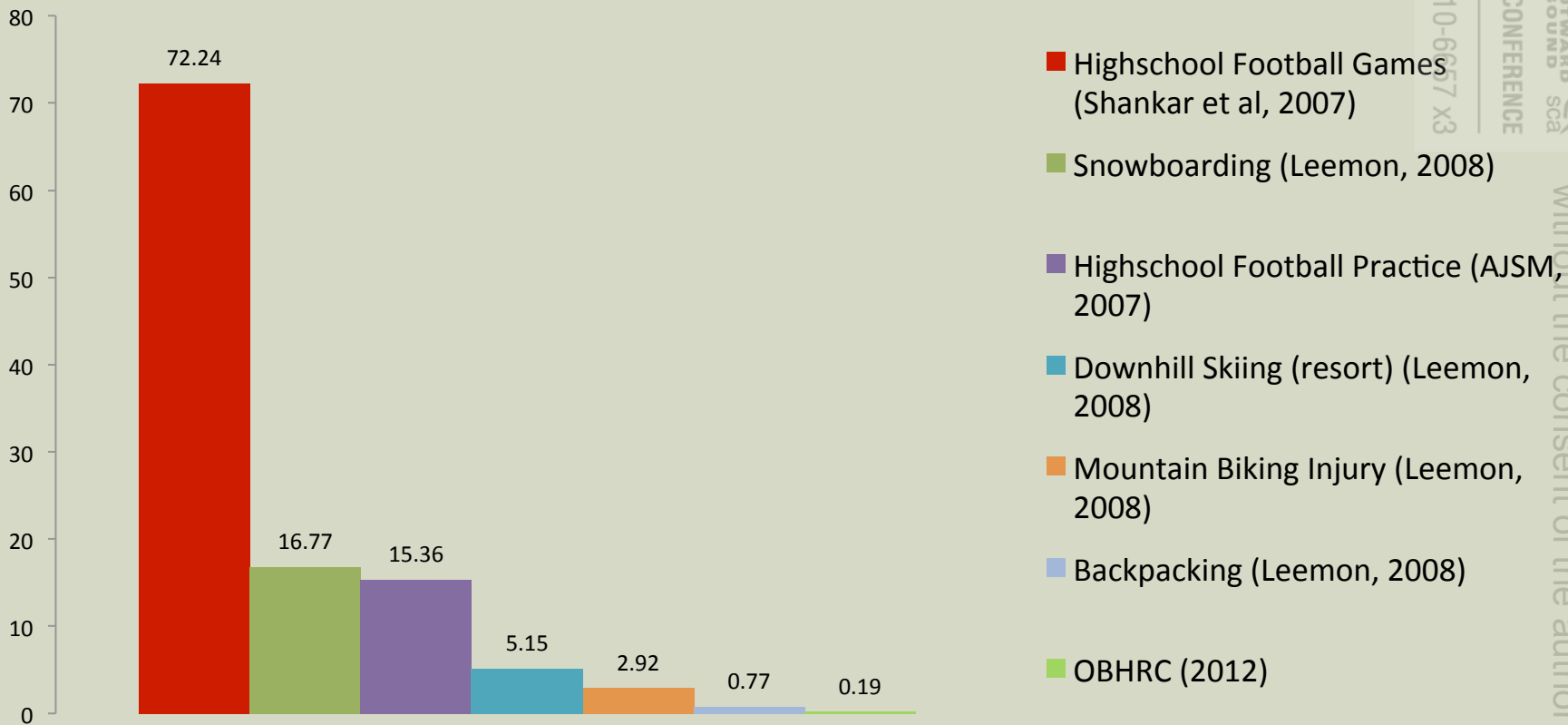


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OBHIC INJURY RATE VS COMMON ACTIVITIES

OBHRC Injuries per 1000 participant days

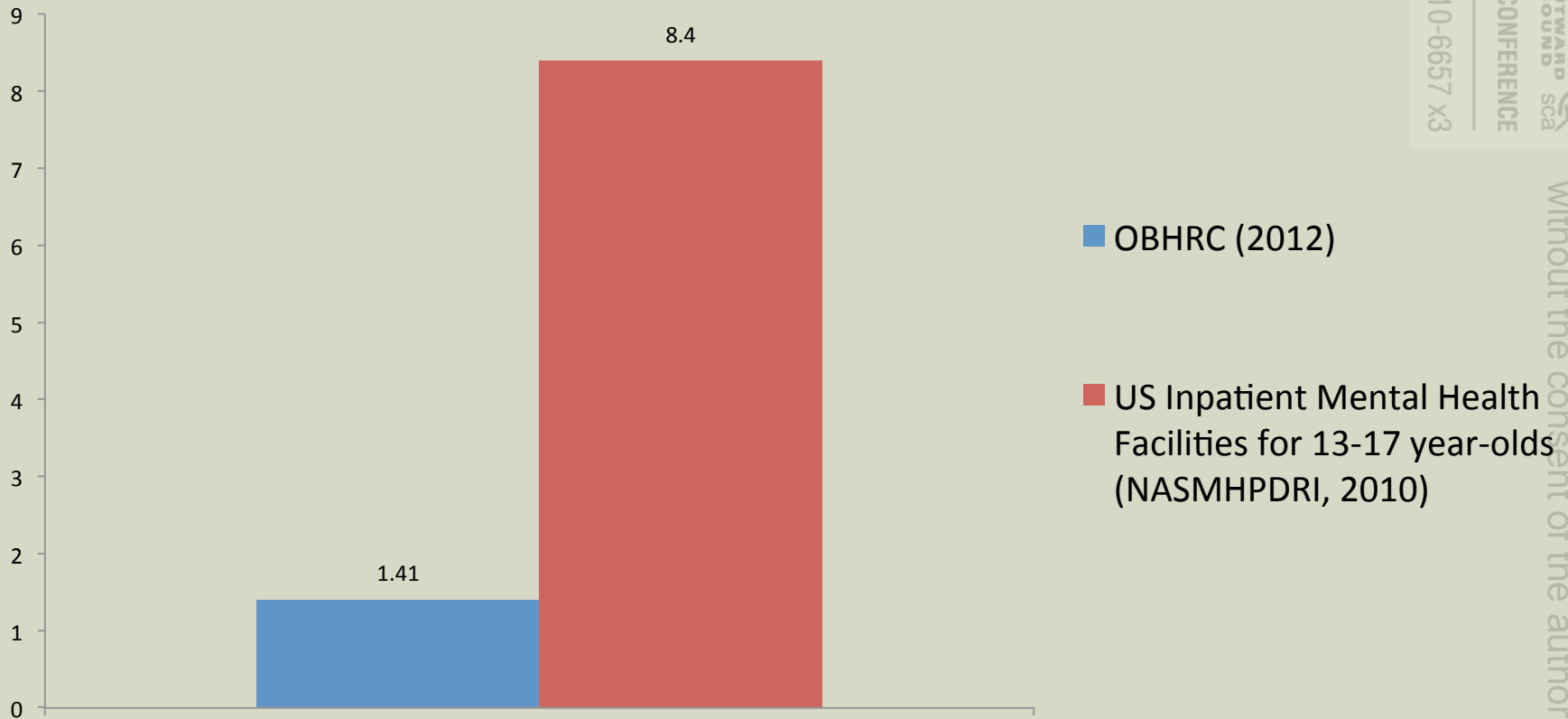


THE TAKE HOME

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

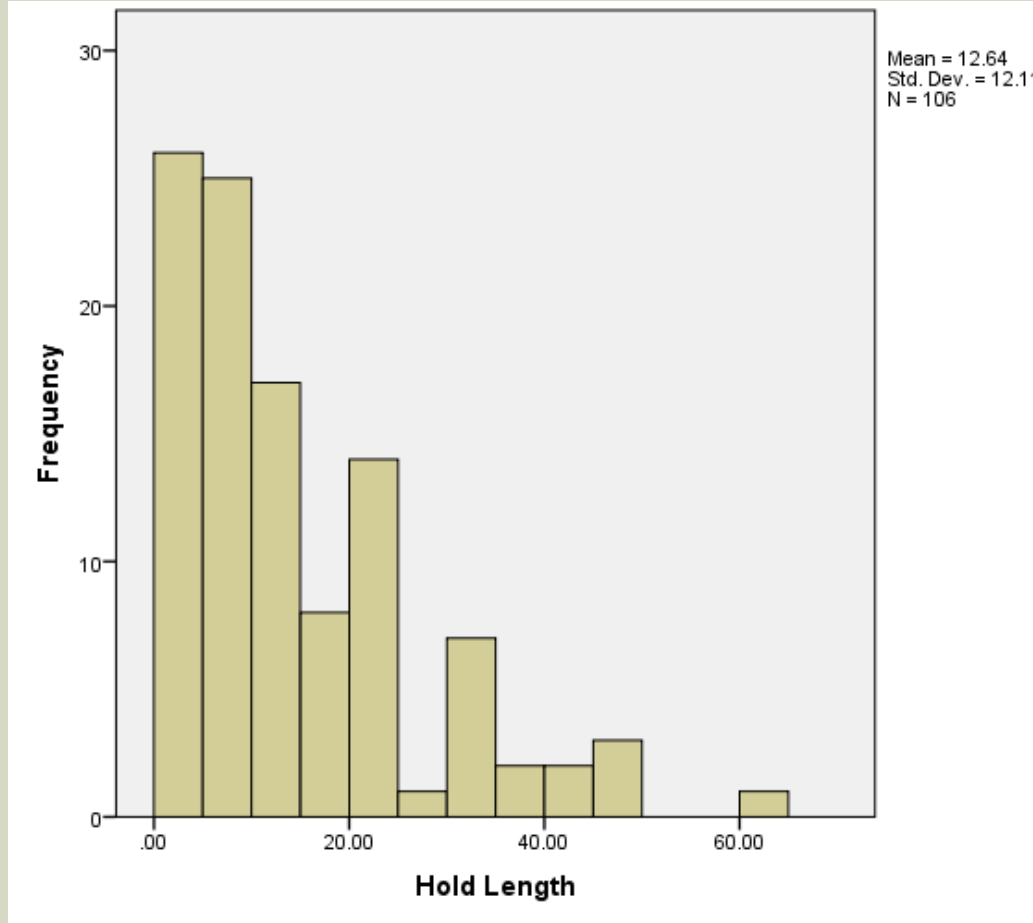
Physical restraints per 1000 client days



NEW INFORMATION IN 2012

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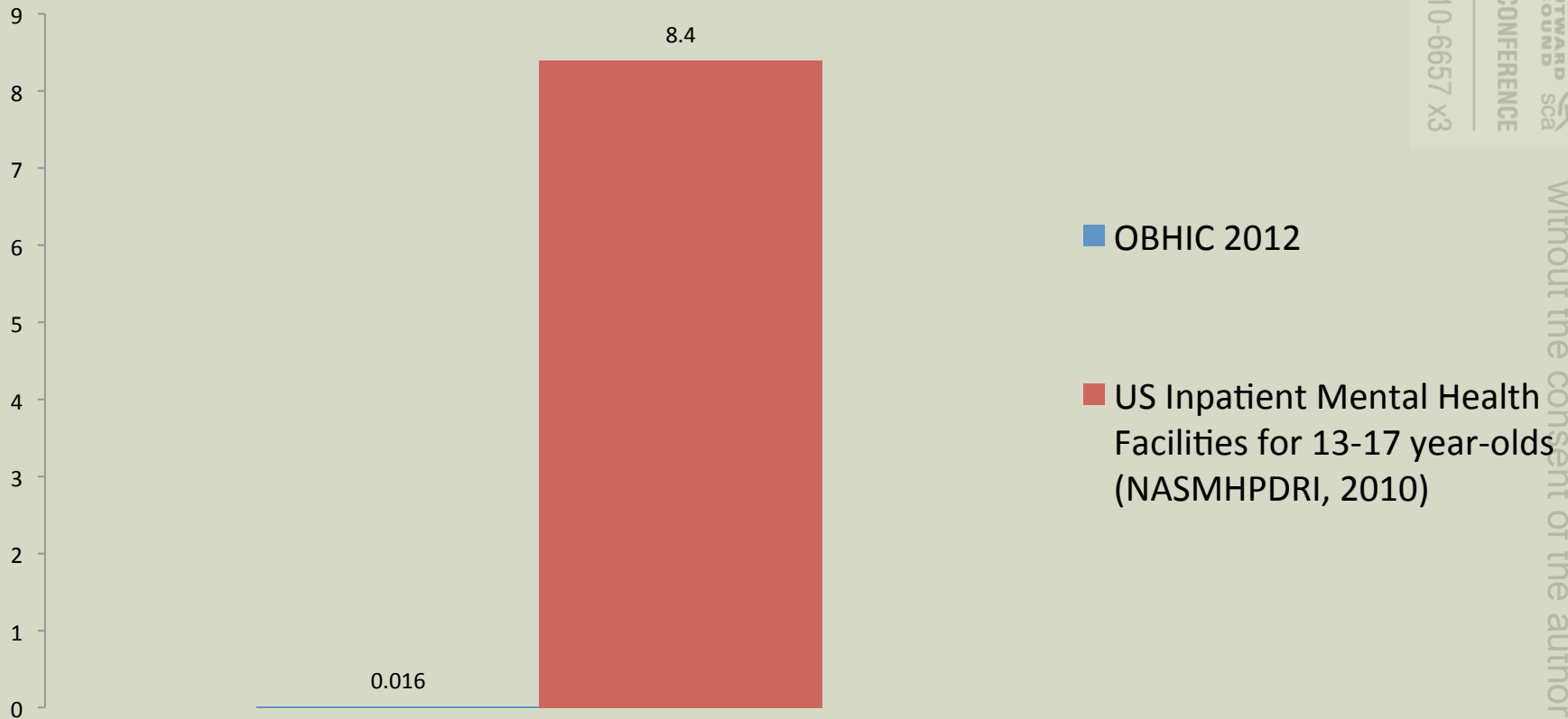
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ACTUAL DIRECT COMPARISON

Therapeutic holds per 1000 client hours



SUMMARY

- 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

DISCUSSION

- 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?



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TRACKING INCIDENTS

- **Dramatic reduction in incident rates after:**
 - Initial incident monitoring started (1998)
 - Incident details reports (2011)



ONLINE INCIDENT REPORTING

- 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](#)

CURRENT STRATEGIES TO REDUCE EXPOSURE TO CLIENT INJURIES

- 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

CURRENT STRATEGIES TO REDUCE EXPOSURE TO CLIENT INJURIES

- Familiarize staff with protocol addressing:
 - Nutrition/hydration
 - Supervision ratios
 - 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

DRAWING ON THE DATA

- 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

DRAWING ON THE DATA

- 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)



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REDUCING EXPOSURE TO ILLNESS

- Client Screening
- Detailed personal hygiene training
- Healthy diet
- Isolating sick staff
- Med/foot checks



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DRAWING FROM THE DATA



- 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:

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