

## Active Shooter Facts

This pie chart shows a statistical breakdown of the location categories where the 250 active shooter incidents took place in the U.S. from 2000 - 2017. Those location categories include:

- Areas of commerce: 105 incidents (42%)
- Educational environments: 52 incidents (21%)
- Government property: 25 incidents (10%)
- Open spaces: 35 incidents (14%)
- Residences: 12 incidents (5%)
- Houses of worship: 10 incidents (4%)
- Health care facilities: 10 incidents (4%)



Click anywhere to view pie chart again and continue.

## Preparing for an Active Shooter

- An active shooter is an individual aggressively engaged in killing or attempting to kill in a confined and populated area.
- The situation occurs rapidly and without warning. The shooter's objective may be a specific target such as an estranged spouse or former boss or may just be all persons present. In either case anyone within weapon range is a probable victim.
- Most end in less than 15 minutes so the arrival of Law Enforcement may have little effect on the outcome. The shooter often commits suicide or is looking for "suicide by cop."
- Individuals need to prepare physically and mentally to respond to an active shooter incident.

# Run



## RUN

The first – and best – option is to get out if you possibly can. Encourage others to leave with you, but don't let their indecision keep you from going.

# Run Tactics

## Choose a route carefully

Don't run willy-nilly or blindly, follow a crowd. Pause to look before you enter choke points, such as stairwells, lobbies, and exits, to make sure you can move through them quickly and not get stuck out in the open.

## Think unconventionally

Doors are not the only exits. Open a window; if you have to break it, aim for a corner. See if the drop ceiling conceals a stable hiding place or a way to enter another room. You may even be able to punch through thin drywall between rooms.

## Look down

If you're trapped on the second floor, consider dropping from a window, feet first, ideally onto a soft landing area. (But if you're higher than the second floor, the drop itself could be fatal.)

## Be quiet and stealthy

Try not to attract a shooter's attention. Remember that edges of stairs are less likely to creak than the centers. Stay low and duck when you pass windows both inside and outside the building.

## Hide



### HIDE

If you can't immediately leave a building or room, you want to buy time – time to plan another way out, time to prepare in case the shooter forces their way in, time for the police to arrive.

## Hide Tactics

### Block doors

Don't just lock them, barricade them with desks, chairs, bookcases – anything big and heavy. Wedge objects under them at the farthest points from the hinges. Prop or wedge something under door handles to keep them from turning all the way. Tie hinges and knobs with belts or purse straps. A shooter doesn't want to work hard to enter a room.

### Turn off lights, silence phones

Make sure someone has alerted 911 with as many details as you can about your location and anything you know about the shooter's whereabouts. Cover windows if you have time; if not, make sure you can't be seen through the glass.

### Choose a hiding place

If you know you will hide and stay hidden, don't count on particle board furniture to stop bullets. Get behind something made of thick wood or thick metal if you can, or stack several layers of thinner material. Make yourself as small a target as possible, either curling into a ball or lying flat on the ground.

### Make a plan

Don't just get under a desk and wait. Plan how you will get out or what you and the other people who are with you will do if the shooter gets into the room.

## Fight



### FIGHT

This is the last resort, a dangerous option to be used only if your life is at risk and you are trapped with a gunman. Different situations call for different strategies, but of all these, turn the element of surprise against the shooter.

## Fight Tactics

### Create chaos

Throw books, coffee mugs – anything you can grab. A moving target is much harder to hit than a stationary one. Greg Crane, founder of the ALICE Training Institute, which has worked with nearly 3,000 schools, said that even children can be taught to create chaos by making noise and running away.

### Swarm

Some experts teach a Secret Service-style technique in which people wait beside the door and grab the shooter as they enter. At least one person goes for the gun, one wraps his legs and others push him down. Using their body weight, a group of

### Move the weapon away

Once the gun is separated from the shooter, cover it with something such as a coat or trash can. Don't hold the weapon, because if police storm in, they may think you are the

### Attack

This is last even among last-resort options. The ALICE program doesn't even suggest this for adults, and none recommend it for children. But if you try to fight, choose a weapon and aim for

Click on each of the images above to learn more.

## Run, Hide, Fight – What About Customers?

The key thing to remember is that you cannot help others if you are injured or dead.  
Do not delay getting yourself to safety in order to help someone else.

Things you can do:

- Encourage others to **run** with you if they are ambulatory
- **Hide**: shut doors and turn out the lights in patients areas that may not be able to evacuate
- If your best option is to hide in a customer's room, **barricade** the door and plan how you will **defend** yourself and the customer if the assailant manages to enter

Source: <https://www.readinessrounds.com/blog/active-shooter-part-2-patient-safety>

## After an Event of WPV

Huddle for safety

- Anyone injured should be evaluated
- Assess for necessary resources

Document and notify

- Violence Risk Assessment/Broset
- Notify provider or leaders as needed
- Safety First Reporting

Request a Defusing from your unit leader or the Administrative Manager

- An opportunity for team members to self assess their own psychological well-being and to determine need for other immediate interventions

# Team Member Health and More

We offer:

- Workplace Injury Treatment
- Someone to talk to – call (763) 581-2194



NORTH  
HERSHEY HEALTH

## A HELPING HAND

Everyone faces challenges at times. When you need a place to turn, the employee assistance program (EAP) is the place to start. Experienced EAP counselors are available to listen to your concerns, assess the situation and help you explore your options.

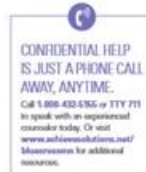
NO PROBLEM IS TOO BIG OR SMALL.  
EAP provides support for all of life's issues, including:

- Child care and elder care services
- Financial matters and counseling
- Legal concerns and counseling
- School/college-related resources
- Marriage and relationship conflicts
- Mental health issues
- Work-related concerns

Any member of your family can call. If speaking on the phone is not an option, you can also communicate with a counselor through the secure website. The website also contains a comprehensive library full of articles, videos, audio files and other helpful resources.

If you're struggling, call EAP today.

do. MN for your health



# Closing Thoughts

- It is Everyone's responsibility to keep our workplace safe
- If You See Something, Say Something
- Remember to Run, Hide, Fight
- Report to Security, Your Supervisor, or any Leader
- If something does occur that you are a part of utilize Safety First and report it after the incident
- Team Member Health Services has great resources if you need them
- For more information on Workplace Violence and efforts to improve safety check out the NMR or MGH intranet pages

**Thank You!**  
**Contact your Workplace Violence**  
**Committee With any questions,**  
**comments or concerns.**

**CLOSE THIS MODULE.**

## Reasonable Suspicion

# Impairment, Reasonable Suspicion & Fitness for Duty

Team Member Session



## Safety is OUR priority

- We are committed to maintaining a safe work environment that is free from impairment and/or the influence of alcohol and/or illegal drugs to protect the health, safety, and well-being of our customers, team members, providers and visitors.
- It is imperative that we engage in supporting a safe workplace by engaging in assessing any type of impairment or other inability to safely and effectively perform job functions.
- When you have a concern about interactions and/or behaviors causing concern for functional inability to reasonably perform the essential functions of their job which may include putting themselves, their co-workers, customers, or visitors at risk of harm, you must report it.



## Safety is OUR priority

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- It is imperative that we “**stop the line**” should safety be jeopardized
- When in doubt or if you have questions, do not hesitate, **immediately reach out and escalate this to leadership.**
- We use the following policies, procedures and tools to guide us in leading this work
  - Drug and Alcohol Testing for Team Members & Providers Policy (C-360)
  - Fitness for Duty (C-360)



## Acronyms

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"**North Memorial system**" or "**We**" refers to any employer or organization of North Memorial Health, including but not limited to North Memorial Health, Maple Grove Hospital and Blaze Health.

"**TMHC**" refers to Team Member Health Center which is a shared service serving all employers

"**HRBP/C**" refers to Human Resources Business Partner or Human Resources Consultant



# Drug & Alcohol Testing for Team Members & Providers

Policy Highlights



## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

We prohibit the use, possession, transfer, manufacture, dispensation, distribution, and sale of alcohol and/or illegal drugs while working, while on all premises owned or operated by the North Memorial System, and while operating any of our vehicle, machinery, or equipment.

It also prohibits reporting for work, and working anywhere on behalf of North Memorial System, under the influence of alcohol and/or illegal drugs. "Illegal drugs" means controlled substances and includes prescription medications that contain a controlled substance and which are used for a purpose or by a person for which they are not prescribed or intended.



## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

- **Voluntary Disclosure:** Any team member with a drug and alcohol problem or concern is encouraged to contact the TMHC or EAP for assistance. They will be supported by existing employee benefits as applicable without fear of discrimination because of the disclosure. A voluntary disclosure does not excuse or exclude team members from potential disciplinary action when there are violations to the above policy statement.
- **Grounds for Testing:** Reasonable suspicion testing for alcohol and/or drugs (meaning a controlled substance as defined by applicable law) will be requested or required when there are objective behaviors identified that would lead one to believe the individual may be under the influence of alcohol and/or illegal drugs. Testing will be performed by an independent lab in accordance with state law. TMHC will be notified of the results of the testing.



## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

A team member/provider may be requested or required to undergo drug and/or alcohol testing if TMHC has referred the team member/provider for **chemical dependency treatment or evaluation** or if the team member/provider is participating in a chemical dependency treatment program under the team member benefit plan. The team member/provider may be requested or required to undergo drug and/or alcohol testing without prior notice during the evaluation or treatment period and for a period of up to two years following completion of a prescribed treatment program.

**Notification:** Before requesting or requiring a team member/provider to undergo drug and/or alcohol testing, Leadership will provide the team member/provider with a copy of the Drug and Alcohol Testing Policy and provide the team member/provider with an opportunity to read and acknowledge the policy in writing.

**Refusal to Undergo Testing:** A team member/provider may refuse to undergo drug and/or alcohol testing. An employed team member/provider who refuses to be tested or whose behavior prevents meaningful completion of drug and/or alcohol testing will be subject to discipline up to and including termination.

- If a team member/provider refuses to undergo drug and/or alcohol testing, **no** test will be administered.

## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

- Pending the results of a test, a team member/provider will be placed on an administrative leave.
- Team Members and providers have certain rights to explain a positive test result and request re-testing of the sample within specified timeframes.
- A **negative test result** means they have satisfactorily completed the test.
  - Fitness for Duty assessments or other follow up may still apply.



## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

### Consequences of a Positive (Fail) Test Result:

- The **first time a team member/provider has produced a confirmed positive** alcohol or drug rehabilitation program ("treatment program") at the team member's /provider's own expense. The type of treatment program in which the team member/provider participates will be determined by TMHC after consultation with a certified chemical use counselor or physician trained in the diagnosis and treatment of chemical dependency. Those team members/providers with licenses/certifications covered by Health Professional Services Program (HPSP) must self-report and agree to successfully complete an HPSP monitoring agreement. If the team member/provider refuses to participate in the treatment program or does not successfully complete the program, as evidenced by his/her withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program, the team member/provider will be subject to discipline up to and including termination.
- The **second time a team member/provider has produced a positive** test result on a confirmatory test for drugs and/or alcohol, they will be subject to disciplinary action up to and including discharge.

## Drug & Alcohol Testing for Team Members & Providers Policy Highlights

**Confidentiality:** Test result reports and other information acquired in the alcohol and/or drug testing process shall be treated as private, confidential information. This information will not be communicated by Employer or TMHC to individuals inside or outside of the organization without the team member's/provider's consent except to those who need to know this information to perform their job functions and as permitted or required by law or regulation.

If there is suspicion of **theft of narcotics**, **escalate to leadership immediately**.  
**Additional investigation and measures will be taken which could result in disciplinary action**



## Fitness for Duty

New Policy Headlines



## Fitness for Duty Policy Highlights

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- We are committed to a safe and healthy environment for our customers, team members, providers and visitors.
- Such an environment is only possible when each team member/provider is able to perform their job duties in a safe, secure and effective manner throughout their entire shift.
- Team members/providers who are not fit for duty may present a safety risk to themselves and to others.



## Fitness for Duty Policy Highlights

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“Fit for duty” means that a team member/provider is physically, mentally and medically fit to perform their assigned duties, sufficiently rested, and unimpaired by drugs or alcohol. We are committed to team member/provider fitness for duty by providing adequate rest opportunities between duty periods, the opportunity for team members/providers to report fitness issues via a positive and confidential TMHC process, and encouragement for team members/providers to seek treatment for substance abuse or any physical and mental health issues that they might face.

No team member/provider should commence work if not fit for duty, and should stop such work if they become unfit. Any team member/provider observing a potentially unfit coworker should also stop that person's work and help them seek assistance. Because this policy does not protect actions contrary to company policy or regulation, reporting an unfit condition before commencing work is always preferred and provides the best protection for all involved.

## Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each Leader is  
responsible for:

Each team member/  
provider is responsible for:

Click on each  
box to learn more



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North Memorial Health will:

Each Leader is  
responsible for:

Each team member/  
provider is responsible for:

- Provide an EAP that allows anonymity for team members/providers seeking help;
- Provide training and education on the importance of reporting, assistance programs and recognition of symptoms of unfitness in themselves and others;
- Encourage self-reporting by team members/providers when they are not fit for duty;
- Encourage coworkers to watch for signs of unfitness and provide an avenue to report concerns, free of retribution, while maintaining the confidentiality of that reporting.

## Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each Leader is responsible for:

Each team member/provider is responsible for:

- Observing attendance, performance and behavior of team members/providers;
- Addressing any fitness for duty concerns observed or brought to their attention;
- Following the appropriate process for completing the Impairment Assessment Tool and reporting fitness for duty concerns;
- Maintaining team member/provider confidentiality.

## Fitness for Duty Policy Highlights

To ensure that our team members/providers are fit for duty and have the support necessary requires a shared responsibility between North Memorial Health, leaders and team members/providers.

North Memorial Health will:

Each Leader is responsible for:

Each team member/provider is responsible for:

- Not reporting for duty if unfit or removing oneself from duty upon becoming unfit;
- Reporting unsafe events or concerns with fitness for duty immediately to management
- Participating actively in training and educational opportunities
- Escalate or stop the line if you feel safety is jeopardized.

## Fitness for Duty Policy Highlights

- A team member/provider **may be required to participate in a fitness for duty evaluation** when there is objective evidence that the team member/provider is unable to perform the essential functions of their job due to a medical or psychological condition or poses a direct threat to themselves or others. Fitness for duty may be completed by their own treating providers however we may require an independent medical exam as directed by TMHC.
- **This policy does not limit employer's ability to take employment action** under normal disciplinary policies. Team members/employed providers who fail to perform their job functions or engage in misconduct may face disciplinary action up to and including termination despite the need for a fitness for duty evaluation.
- To the extent allowed by law, we will **protect the confidentiality** of any team member/provider medical information.



## Safety is our priority

**Example:** A team member comes out the bathroom looking like they were crying. They are disheveled, not making eye contact and eyes are bloodshot. You just heard this morning that the TM had a patient pass away the night before. You walk by and say I'm sorry to hear you had such a rough night. Get some rest today and let me know how I can help you.

***What should have happened?***



[Click here to proceed.](#)



## Safety is our priority

**Example:** A team member comes out the bathroom looking like they were crying. They are disheveled, not making eye contact and eyes are bloodshot. You just heard this morning that the TM had a patient pass away the night before. You walk by and say I'm sorry to hear you had such a rough night. Get some rest today and let me know how I can help you.

### ***What should have happened?***

- Pull your colleague aside or report to leadership. Ask how you can help if they want to talk.
- This could go several ways -
  - You could have smelled alcohol on their breath and reported to the leader before the person got in their car and drove away
  - You could have had determined they needed an opportunity to connect with Critical Stress Consultants or referred them to our Resilience Coach or TMHC



## Safety is our priority

**Example:** You overhear your coworkers talking about another patient care staff who was “out of it and acting funny” while working yesterday. The coworker states that they were worried about whether the person was going to get home safely and shared what they witnessed the day before. This team member is working today and seems fine.

### ***What should have been done:***



Click here to proceed.



## Safety is our priority

**Example:** You overhear your coworkers talking about another patient care staff who was “out of it and acting funny” while working yesterday. The coworker states that they were worried about whether the person was going to get home safely and shared what they witnessed the day before. This team member is working today and seems fine.

***What should have been done:***

- Team member is witnessed as being potentially impaired.
- Team Member escalates to the leader their concerns right away.
- If you become aware after the fact, please report or confirm its been escalated
- The following are all things that are possible that the could happen under these circumstances.
  - Errors in medication ordering and administration
  - Patient fall during repositioning or transferring.
  - Missed medical crisis for the team member.
  - Team member or co-worker injury due to impaired communication or physical ability.

## Safety is our Priority

We are all responsible for safety!

It is imperative that we “**stop the line**” any time safety could be jeopardized

Each of us can set the tone on safety in our environment, these policies are intended to support you in maintaining safety.



*Thank you for leading  
this critical work*

**CLICK THIS BOX**  
to close this  
module and  
return to  
Healthstream.

## Fraud, Waste, and Abuse Prevention

### 2021 Annual Fraud, Waste, and Abuse Prevention Training



**Your role at NMH is critical to preventing Fraud, Waste, and Abuse (FWA).**

- Both federal and state government establish many complex regulations and guidelines to help health care organizations detect, prevent, and respond to fraud.
- Following these regulations and guidelines, as well as NMH internal policies, is critical to maintaining patient safety, demonstrating business integrity, being good stewards of our financial resources, and maintaining NMH's reputation in the community.



## FWA Detection and Prevention

Detecting and preventing FWA is a responsibility of all NMH team members.

The Compliance Department serves as a resource to the organization providing tools and processes to identify and prevent FWA.

Prevention requires collaboration between:

- NMH team members
- Vendors and affiliated health care providers
- State and federal agencies
- Customers (Patients)



## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Fraud is when someone intentionally executes or attempts to execute a scheme to inappropriately obtain money or property from a government health care program (such as Medicare).

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Waste means incurring unnecessary costs under a government health care program as a result of deficient management, practices, systems, or controls.

## Fraud, Waste, and Abuse Defined

To meet the fraud control expectations established by government agencies, we must be able to identify FWA in our health care environment. Click on each term to read their approved definition:

Fraud

Waste

Abuse

Abuse occurs when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any government health care program. Abuse includes any practice that:

- Is inconsistent with providing medically necessary services;
- Provides services that do not meet professionally recognized standards; or
- Provides services that are not fairly priced.

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for goods and services that were never provided to a customer

Click here  
to see an  
example

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Conducting  
excessive office  
visits or writing  
excessive  
prescriptions

Click here  
to see  
another  
example

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Misrepresenting  
the service that  
was provided to a  
customer

Click here  
to see  
another  
example

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a higher level of service than was actually delivered

Click here to see another example

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a level of service than was actually delivered

Incorrectly billing non-covered services or prescriptions as covered items

Click here to see another example

## Examples of FWA

It is impossible to list all types of potential fraud, but the following list provides examples of activities that have been found to be FWA in other organizations:

Billing for a level of service than was actually delivered

Using multiple billing codes instead of one billing code for a drug panel test in order to increase reimbursement ("unbundling")

[Click here to see last example](#)

Which of the following is an example of fraud, waste, and abuse?



- ☐ Billing for services that were not provided to a customer.
- ☐ Using multiple billing codes instead of one billing code in order to increase reimbursement.
- ☐ Billing for services performed by an improperly supervise or unqualified employee.
- ☒ All of the above.

## The Fraud Continuum

Because fraud, waste and abuse are so broadly defined, errors and mistakes can be violations of the law. This is why you need to pay close attention to your duties to avoid errors that could be considered fraud.

The Centers for Medicare and Medicaid (CMS) investigates all causes of improper payments – from unintentional errors to intentional fraud. The next slide explains the fraud continuum.

Not all improper payments are fraud (i.e., intentional misuse of funds). In fact, the vast majority of improper payments are due to unintentional errors. The most common error is lack of clinical documentation to support medical necessity.



Fraud, waste, and abuse violations do not require intentional deception. Unintentional errors and poor internal controls can result in improper Medicare or Medicaid payments.

- ☒ True
- ☐ False

## The Fraud Continuum

Click on each of the boxes below to learn more.



## The Fraud Continuum

Click on each of the boxes below to learn more.



A mistake caused by poor reasoning, carelessness, or insufficient knowledge, and is made without the intent to deceive.

## The Fraud Continuum

Click on each of the boxes below to learn more.



When a workplace fails to prevent undesirable acts from occurring, it is called a poor control environment. This means standard processes are not followed and routine check are not performed to be sure work is done consistently and compliantly. Examples include lack of separation of duties, inadequate documentation to support transactions, no reconciliation processes, incomplete or poor policies and procedures.

## The Fraud Continuum

Click on each of the boxes below to learn more.



Occurs when someone commits an act knowingly and with the intention to deceive.