2026 Zero Harm Award Program Review

ZERO HARM

Agenda

Welcome

History of the Zero Harm Program

2026 Zero Harm Award Metrics Review

Award Application Online Portal Demo

Closing

Presenting Sponsor

South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association

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Supporting Partners

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

BHDD SOUTH CAROLINA DEPARTMENT of BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE of MENTAL HEALTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Institute for Families in Society at the University of South Carolina

ANTUM RISK

MEMORIAL HERMANN

SOUTH CAROLINA SURGICAL QUALITY COLLABORATIVE

Institute for Healthcare Improvement

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Milestones in the Zero Harm Journey

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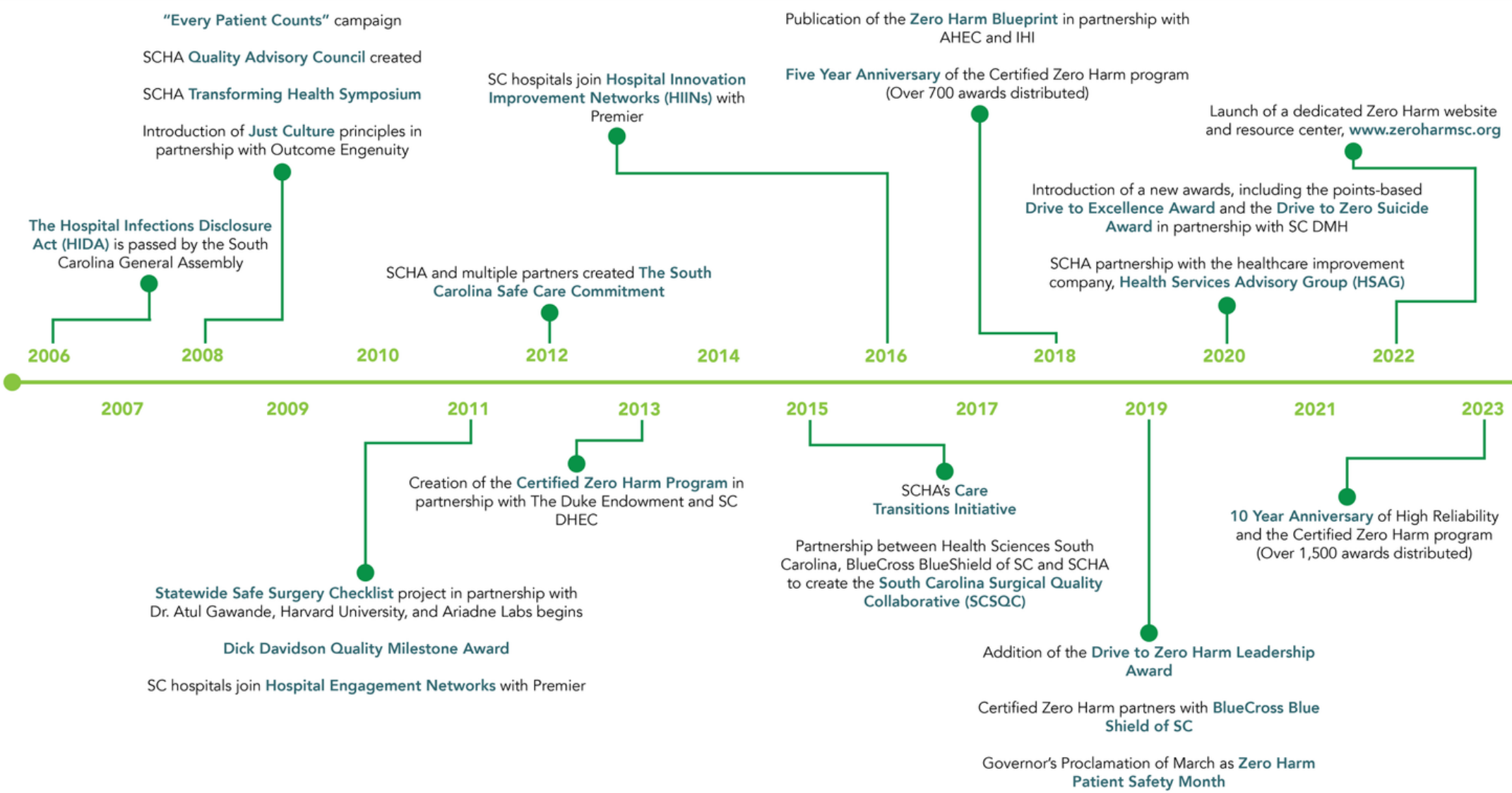

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Drive to Leadership Award

VISION FOR SAFETY

Commit to develop, communicate and execute an organizational vision of zero harm to patients, families, and the workforce.

TRUST AND RESPECT

Establish organizational behaviors that lead to trust in leadership and respect and inclusion throughout the organization regardless of rank, role or discipline.

BOARD ENGAGEMENT

Develop and engage your board so that it has clear competencies, focus and accountability regarding safety culture.

LEADERSHIP DEVELOPMENT

Educate and develop leaders at all levels of the organization who embody organizational principles and values of safety culture.

JUST CULTURE

Build a culture in which all leaders and the workforce understand basic principles of patient safety science, and encourage the reporting of errors, lapses, near misses and adverse events.

BEHAVIORAL EXPECTATIONS

Create one set of behavior expectations that apply to every individual in the organization and encompass the mission, vision and values of the organization.

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Certified Zero Harm Clinical Awards

- PRESSURE INJURIES
- CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)
- HOSPITAL ONSET METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)
- HOSPITAL ONSET CLOSTRIDIOIDES DIFFICILE (C.DIFF)
- SURGICAL SITE INFECTION (SSI) HIP REPLACEMENT
- SSI COLON SURGERY
- SSI ABDOMINAL HYSTERECTOMY
- SSI KNEE REPLACEMENT

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Clinical Award Validation Questions:

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SCHA Priority Awards

- Behavioral Health
- Workplace Violence
- Maternal Health

ZERO HARM PRIORITY Awards

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ZERO HARM PRIORITY AWARDS

BEHAVIORAL HEALTH

The Behavioral Health Priority Award, part of SCHA's Zero Harm Priority Awards, is given in partnership with the Department of Behavioral Health and Developmental Disabilities, Office of Mental Health (SCOMH) and SC Hospital Association Behavioral Health Committee. Expanding upon the former Zero Harm Suicide Prevention Priority Award, the Zero Harm Behavioral Health Priority Award recognizes facilities who are embracing Zero Harm through the adoption of enhanced behavioral health best practices and strategies beyond the current suicide prevention best practices recommended by SCOMH.

To qualify for the award this year, a facility must attest to adoption of all the metrics in all 5 categories below during January 1, 2025 - December 31, 2025. New award winners (those who have not won a Suicide Prevention Priority Award in the past), will be required to provide documentation for each metric.

Previous winners should attest to improved or enhanced progression of each metric and may be asked to provide additional information. Learn more at zeroharmsc.org.

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TRAINING

Suicide prevention training is provided for all current and newly hired clinical staff as part of new employee onboarding and/or annual employee training. Examples of training modules include Talk Saves Lives, Zero Suicide Academy or CALM Training. Or evidenced based safety planning training, i.e. the Stanley Brown Safety Plan.

POLICY

Formal hospital policies exist regarding suicide prevention/intervention/treatment addressing how to screen patients, training expectations, frequency, and/or care delivery. These policies should be based off frameworks such as Caring Contacts, Postvention, Healing Conversations, Caring for Caregivers (C4C), or Ask the Question. Annual review and revisions (as needed) of formal policies.

SAFETY PLANNING

The Stanley Brown Safety Plan Template, a fill-in-the-blank template for developing a safety plan with a patient at increased risk for a suicide attempt is completed by facility staff for all appropriate patients.

SCREENING

- The Columbia-Suicide Severity Rating Scale, Patient Health Questionnaire 9 (PHQ-9) Depression Scale or another evidence-based screening tool, has been adopted into practice for use with all appropriate patients. Universal Screening Requirement: The facility conducts suicide risk screening for all patients using a validated screening tool at intake and at clinically indicated intervals.
  - **NEW**: Enhanced Screening for Postpartum Patients: Although screening for all patients is critical for early detection of suicide risk, extra attention and sensitivity should be dedicated to strengthening detection of the elevated suicide risk during the postpartum period. The facility has implemented staff awareness/readiness and the need for an enhanced screening protocol for any patient who has been pregnant within the past 365 days, paying special attention to the sensitive nature of the newly post-partum person. This includes individuals with elective or spontaneous abortion, fetal demise, or live birth.
  - **NEW**: For Acute Facilities with Emergency Departments Only: Facility has explored a process or tool to quickly determine medical stability of patients arriving in emergency departments in behavioral health crisis in order to avoid unnecessary testing and expense for patients, reduce stress for patience and accelerate door to psychiatric consult time. EMR-integrated validated tools, such as SMART and Hack's Impairment Index (HII), are examples of tools that can be used to streamline medical-stability determination process for low risk patients.

REFERRAL

A formal and well-coordinated referral process with a local community mental health center or a local provider (warm hand-off) is established and is being used for all appropriate discharged patients. Use of the Best Practices in Care Transitions report, and/or use of the Best Practices in Care Transitions Infographic.

ZERO HARM PRIORITY AWARDS
BEHAVIORAL HEALTH

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New Metrics for Behavioral Health Priority Award

- **Enhanced Screening for Postpartum Patients:** Although screening for all patients is critical for early detection of suicide risk, extra attention and sensitivity should be dedicated to strengthening detection of the elevated suicide risk during the postpartum period. The facility has implemented staff awareness/readiness and the need for an enhanced screening protocol for any patient who has been pregnant within the past 365 days, paying special attention to the sensitive nature of the newly post-partum person. This includes individuals with elective or spontaneous abortion, fetal demise, or live birth.

- **For Acute Facilities with Emergency Departments Only:** Facility has explored a process or tool to quickly determine medical stability of patients arriving in emergency departments in behavioral health crisis in order to avoid unnecessary testing and expense for patients, reduce stress for patience and accelerate door to psychiatric consult time. EMR-integrated validated tools, such as SMART and Hack's Impairment Index (HII), are examples of tools that can be used to streamline medical-stability determination process for low-risk patients.

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ZERO HARM PRIORITY AWARDS
WORKPLACE VIOLENCE

The Workplace Violence Priority Award, part of SCHA's Zero Harm Priority Awards, is given in partnership with Antum Risk and recognizes facilities that embrace Zero Harm through the adoption of specific Workplace Violence prevention strategies during January 1, 2025 – December 31, 2025.

Please note: All attested information will be reviewed and validated. You may be asked to provide additional information.

If your hospital has never won a Workplace Violence Priority Award, you must attest to all components of at least four categories. If your hospital has previously won the Workplace Violence Priority Award, you must attest to all components of all five categories.

Learn more at www.zeroharmsc.org/awards

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COLLABORATION

- Participation in the SC Workplace Violence Collaborative, to include annual completion of the Organizational Assessment and submission of all workplace violence incident data
- Development of a hospital/health system Workplace Violence committee or designated group that meets regularly to review incidents and discuss on-going workplace violence efforts
- Partnership with local law enforcement (such as participation in annual training drills, regular meetings)

WRITTEN PROGRAM

- Comprehensive written workplace violence program
- Annual review of written workplace violence program
- Written workplace violence program includes criteria for inclusion of an after-action review for incidents

TRAINING

- Workplace violence drills are conducted annually and involve staff from all levels of the organization
- Mandatory staff education on the workplace violence program upon hire and annually
- Staff in high-risk areas receive additional annual workplace violence training above what general employees receive

RESPONSE

- Designated group of responders to provide assistance and support in de-escalation and physical safety
- Designated group to provide medical care and counseling for affected staff
- Outstanding items in the after-action report are tracked to completion

PATIENT EVALUATION

- Patients with a history of staff assault are identified and communicated to appropriate staff
- Established protocols for the application of restraints (chemical, manual, and device)
- All patients assessed for agitation level (such as interviewing, screening tool)

ZERO HARM PRIORITY AWARDS
WORKPLACE VIOLENCE

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ZERO HARM PRIORITY AWARDS
MATERNAL HEALTH

The Maternal Health Priority Award, part of SCHA's Zero Harm Priority Awards, given in partnership with the South Carolina Department of Health and Human Services (SCDHHS) and USC Institute for Families in Society (IFS) recognizes facilities that are working to reduce maternal deaths through the efforts of the Statewide AIM Collaborative (Alliance for Innovation on Maternal Health). The overall goal of this award is to fully recognize SC birthing facilities that are seeing improvements in their severe maternal morbidity outcomes and following best practices as defined by the AIM collaborative.

All SC birthing facilities are eligible to receive this award. Hospitals do not need to complete an application for this award. All SC birthing facilities will be automatically reviewed and validated by our third-party partners (SCDHHS and IFS) to receive this award. Hospitals must meet the requirements of both Part 1 and 2 to qualify. In other words, hospitals must be assessed to be fully engaged in AIM & have outcome data criteria met to receive the award.

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PART 1: Hospital is identified as fully engaged in AIM (hospital fulfilled all requirements)

In May 2019, SC officially became an Alliance for Innovation on Maternal Health (AIM) state. Over the years, hospitals have had various avenues in which they can inform and involve themselves in the AIM program and its patient safety bundles. Approved hospital users can access the SCBOI dashboard to track bundle outcome measures. Staff and AIM Champions can also attend the Quality and Patient Safety (QPS) meetings to learn more about best practices for bundle implementation. In addition, they can promptly complete AIM surveys to track bundle process and structure measure progress.

The following definitions are used to determine when a hospital was identified as fully engaged in AIM:

1. SCBOI Dashboard Portal - Having a portal user (either general or AIM Champion) AND having logged in within the 6-month period from August 1, 2025 to January 31, 2026.
2. QPS - Two quarters worth of Quality and Patient Safety meetings marked as "Yes". (Q1, 2025, Q2, 2025, Q3 2025, Q4, 2025)
3. Survey – Either AIM Survey June 2025 OR September 2025 completion marked as "Yes"

PART 2: Hospital meets all the criteria on one of four maternal outcomes

Maternal outcomes:

1. Severe Maternal Morbidity (SMM)
2. SMM/Severe Hypertension
3. SMM/Obstetric Hemorrhage
4. Potentially Avoidable Cesarean Outcome data

Criteria to meet in one of the above outcomes:

1. Quartile Ranking: Hospital State Fiscal Year (SFY) 2025 outcome rates for both all payer and Medicaid are in the lowest (best) quartile.
2. Three-Year Trend: Both three-year outcome trends (SFY 2023-2025; all payer and Medicaid) must have significantly decreased or been maintained.

ZERO HARM PRIORITY AWARDS
MATERNAL HEALTH

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New for 2026

- Application Portal Dates
- New SCHA Priority Award: Behavioral Health
- SCHA Priority Award metrics
- Awards Distribution: Better State of Health Annual Meeting (December 9, 2026)

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Zero Harm Awards Portal

- Application portal dates: August 12 - September 11
- Multiple users allowed to apply from each facility for different award categories
- Save and create account option
- Multiple email confirmations/application copies can be sent
- Online application demo

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Priority Award Questions/Presenter Information

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Questions?

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Certified ZERO HARM Award

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