



EHSSSENTIALS 2018

Environmental, Health & Safety Symposium for Healthcare

MAY 3, 2018
LOS ANGELES, CALIFORNIA
UCLA



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Workplace Violence Prevention in Healthcare Round Table Discussion



EHSSSENTIALS 2018

Environmental, Health & Safety Symposium for Healthcare

Panel Members

Ingrid Cobb, *Executive Director, Assistant General Counsel*

Torrance Memorial Medical Center

Bob Durand, *CPP, CHEP, HEM, CHSS, Emergency Management Planner*

Kaiser Permanente

Kristie Elton, *MSPT, Systemwide Healthcare Risk and Safety Program Manager*

University of California Office of the President

Calvin Fakkema, *CHSP, CHEP, Manager, Safety & Security*

Children's Hospital of Orange County (CHOC)

Caryn P. Thornburg, *S.E.M.S. Officer (Safety, Emergency Management, Sustainability),*

Stanford Health Care ValleyCare

Program Ownership

- Who owns the program at your hospital?
 - Emergency Management
 - Security
 - Safety Officer

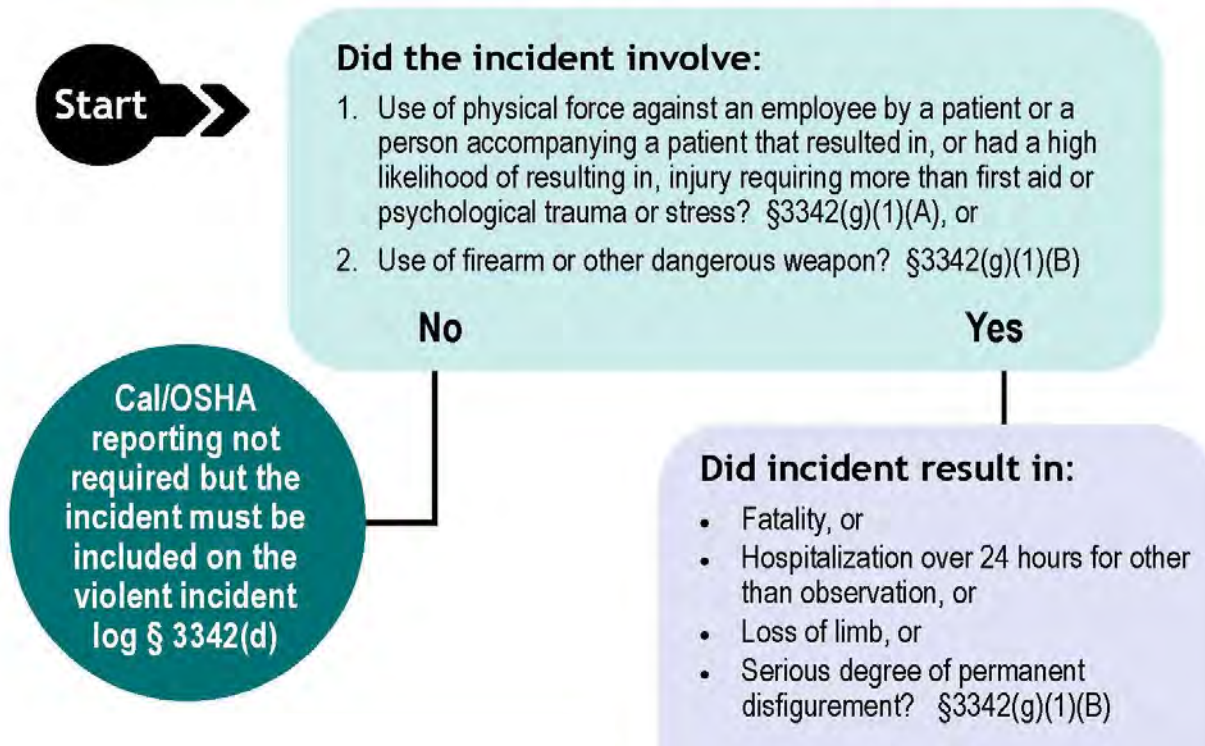
Reporting

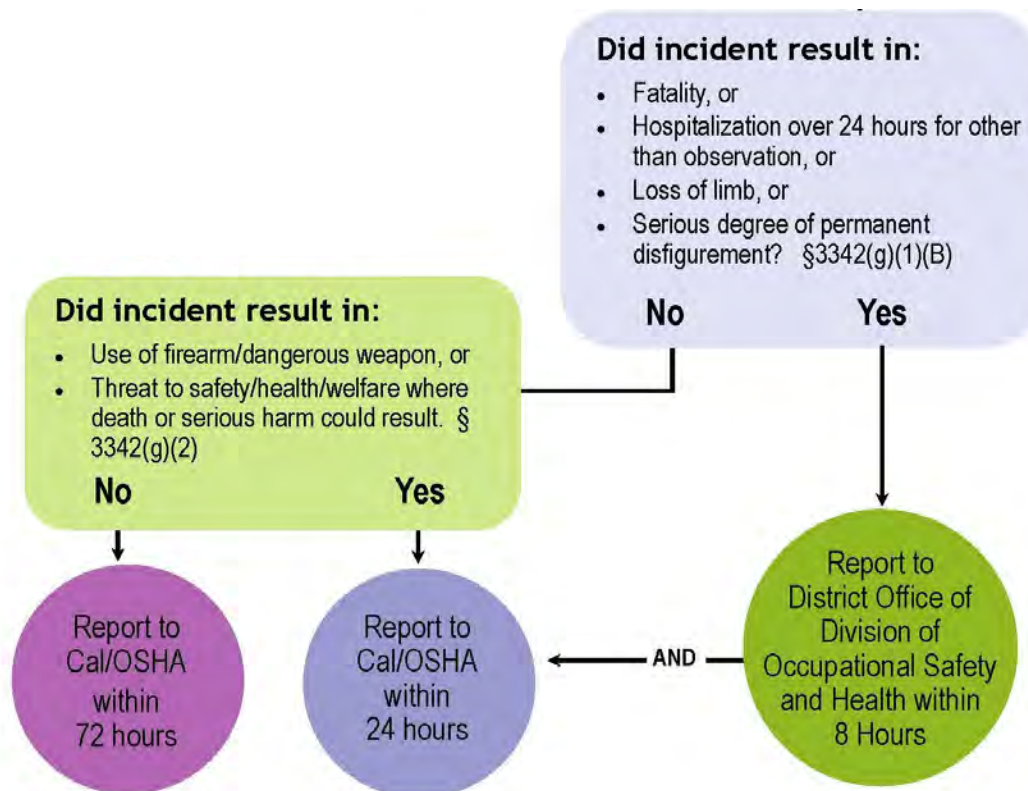
- What is your criteria or threshold for reporting violent incidents to Cal/OSHA?
- How are you defining “likelihood of injury, stress or psychological trauma”?
- What trends are you seeing with the data collection of your Violent Incident Log?
- What systemic changes have you implemented as a result of data collected since 1 April 2017?

Algorithm for Reporting

- Introduce algorithm for reporting

Workplace Violence Reporting Algorithm






Risk Assessments

- How are you conducting your environmental risk assessments?
- How are you assessing patients? How are you communicating high-risk patients to staff?
- How are you assessing visitors and family members?
- What method are you using to show proof of compliance for deficiencies found/corrected through the assessment process?

Communicating Potential for Violence

- Watcher Program
- Orange Dots
- Pumpkins
- Teddy Bears
- Stickers / Name Cards
- Blankets / Gowns
- EMR

Discern: Open Chart - PMTEST, CERTGASTRO (1 of 1)



Behavior Alert

Patient's Mother has a history of disruptive behavior.

Triggers: Decompensation of Patient

Intervention(s): Appointments with Security/ Designee Present, dsffds

Disruptive Behavior

Individual with Disruptive Behavior	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather
	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Home Health Nurse/Caregiver
	<input type="checkbox"/> Surrogate	<input type="checkbox"/> Sister	<input type="checkbox"/> Other:

Previous Disruptive Behavior

Yes No Unavailable

Types of Behaviors

LEVEL 1: Use of foul language, derogatory comments and unwholesome behaviors either in person or by phone or e-mail

LEVEL 2: Physical contact not resulting in physical harm to another person and language or action that threatens, intimidates or causes concern for physical or emotional safety

LEVEL 3: Property damage or destruction or threat of destruction of CHDC property or another person's property

LEVEL 4: Behaviors which may cause physical harm to self or to others

Trigger(s)

<input type="checkbox"/> Decompensation of Patient	<input type="checkbox"/> Disagreement with Care	<input type="checkbox"/> Unsatisfied with Care/Service
<input type="checkbox"/> Delay in Care/Service	<input type="checkbox"/> Error in Care	<input type="checkbox"/> Wait times
<input type="checkbox"/> Denial of Care	<input type="checkbox"/> Financial Obligations	<input type="checkbox"/> Other:

Intervention(s)

<input type="checkbox"/> Appointments with Security/ Designee Present	<input type="checkbox"/> Discharge from specific location (Please Specify)
<input type="checkbox"/> Behavioral contract	<input type="checkbox"/> Visitor Restriction (Please Specify)
<input type="checkbox"/> Change in Provider	<input type="checkbox"/> Other:
<input type="checkbox"/> Discharge from all services	

Specify

Start Date

Renewal Date

EMR - Disruptive Visitor Alert

Training

- What levels of training are you providing? Who is required to take it?
- How are you delivering awareness-level training?
- Who are your designated responders and what level of training are they receiving?
- What additional training are you providing, if any, for this subject that may not be specific to 8 CCR 3342, but provides additional best practice recommendations for violent, aggressive or unpredictable patients?

Managing Events

- How are you managing events?
- What is your follow-up process?
- SWIT Team
- Behavior Contracts

A hand holding a piece of white chalk is shown in the bottom right corner, writing the word "Questions" in a cursive, white chalk font on a black chalkboard. The word is centered on the board and is the main focus of the image.