Workplace Violence:  
A Critical Patient and Caregiver Safety Issue

June 21, 2018  
Webinar Month 115

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Welcome

Charles Denham, MD
Chairman, TMIT
TMIT High Performer Webinar
June 21, 2018
Webinar 115
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High Performer Webinar

June 21, 2018, 12:00 pm – 1:30 pm CT / 1:00 pm – 2:30 pm ET

Workplace Violence: A Critical Patient and Caregiver Safety Issue

Session Overview

Workplace violence has become a critical Patient Safety AND Caregiver issue. Our industry has 4-5 times the frequency of other sectors. Chief William Adcox and his colleagues at MD Anderson Cancer Center are global experts in Threat Safety Science that includes workplace violence. He will share the virtual podium with leaders from the healthcare community who will frame the problem and address some of the solutions in the pipeline. Rob Kramer, Director of Government Relations for the Emergency Nurses Association, will address the key issues in their domain.

A panel of patient advocates and experts will react to the presentations.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

The webinar video will be available within five (5) business days after the webinar.

Speaker Slide Set:

The slides will be posted here before the webinar begins.
If you wish to follow us on Twitter, go to: http://twitter.com/TMIT1 or use #safetyleaders hashtag

Also, go to:
www.facebook.com/SafetyLeaders and related sites
TMIT Purpose Statement

Our Purpose:
We will measure our success by how we protect and enrich the lives of families...patients AND caregivers.

Our Mission:
To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.
Disclosure Statement

The following panelists certify: that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

Rob Kramer is the Director of Government Relations for the Emergency Nurses Association, where he works to develop and execute ENA’s government relations strategies on the state and federal levels. Recently, he helped lead an advocacy campaign that resulted in the enactment of one of the ENA’s top legislative priorities and was recognized earlier this year by the American Society of Association Executives (ASAE) with its Gold Circle Award for Advocacy for 2017. At ENA, Rob focuses on issues related to workplace violence, trauma care and the opioid epidemic. Prior to joining the Emergency Nurses Association, Rob held positions with a large patient advocacy organization as well as on Capitol Hill, where he served as a health care aide for a member of the House of Representatives. He has nothing to disclose.

With 37 years in municipal and campus policing, William H. Adcox serves as the Chief of Police and CSO at The University of Texas MD Anderson Cancer Center and The University of Texas Health Science Center. Chief Adcox holds an MBA degree from UTEP and is a graduate of the PERF’s Senior Management Institute for Police and the Wharton School ASIS Program for Security Executives. He is the recipient of the IACLEA’s 2013 Award for Administrative Excellence and was named by Security Magazine as one of the “Most Influential People in Security 2013.” The agency received the IHSS Foundation’s prestigious 2015 Lindberg Bell Distinguished Program Award. Nationally, Chief Adcox received the Campus Safety 2015 Director of the Year Award in Healthcare; and locally he received the Texas Police Chiefs Association’s 2015 Leadership Award. He has nothing to disclose.

During her 30-year career, Inspector Vicki King served 27 years with the Houston Police Department, rising to the rank of Assistant Chief and earning a master's degree in Criminal Justice. As Chief of Detectives, Tactical Support Commander, and Director of Forensic Services, she oversaw some of HPD's highest-profile cases, including serial homicides, corruption, domestic violence, sexual assaults, and gangland slayings. She has nothing to disclose.

Dan Ford, MBA, LFACHE, developed a deep passion for patient safety as a result of medical errors experienced in Illinois by his first wife, Diane, and the treatment he experienced when he started asking logical and genuine questions. The mother of three children (11, 14, and 17 at the time) and age 47, Diane was pursuing her second master's degree, and suffered a morphine-induced respiratory arrest following a hysterectomy. She has permanent brain damage/short-term memory loss and a poor quality of life, and resides in an independent living facility. He has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions and continuing professional education and consumer education. Dr. Denham is a collaborator with Professor Christensen.
Speakers and Reactors

Rob Kramer
William Adcox
Vicki King
Dan Ford
Charles Denham
Voice of Patient and Family

Dan Ford, MBA, LFACHE

Voluntary Patient Safety Advocate
Spectrum Health EPFAC and Hospital Group Board Quality & Safety Committee Member
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

TMIT High Performer Webinar
June 21, 2018
In the News Update and May 2018 Webinar National Survey

Charles Denham, MD
Chairman, TMIT
TMIT High Performer Webinar
June 21, 2018
Webinar 115
Sexual assaults on flights increasing 'at an alarming rate'

FBI investigations into midair sexual assaults increased by 66% from fiscal year 2014 to 2017. The bureau said it had opened 63 investigations into sexual assault on aircraft in 2017, compared with 57 in 2016, 40 in 2015 and 38 in 2014.

FBI Special Agent David Rodski told reporters the number of sexual assaults during flights is increasing "at an alarming rate," and added, "We're not sure why."

Last year, CNN reported it is difficult to determine just how frequently assaults happen on commercial flights because no federal regulatory agency tracks that data nationwide. The FBI doesn't have complete confidence in the official number of midair sexual assaults, because so many cases may go unreported, said Brian Nadeau, assistant special agent in charge with the Baltimore division of the FBI. Investigators believe the numbers are almost certainly much higher.

The Association of Flight Attendants-CWA, one of the world’s largest flight attendant unions, surveyed nearly 2,000 flight attendants in 2016 about their experiences with midair sexual assaults. Among those who responded, 1 out of 5 said they received a report of passenger-on-passenger sexual assault while working a flight. But according to the survey, law enforcement was contacted or met the plane less than half of the time.

The rate of hospital-acquired conditions declined by 8% from 2014 to 2016, saving the industry $2.9 billion and preventing about 8,000 deaths, according to new data from the Agency for Healthcare Research and Quality.

- In a report released Tuesday, AHRQ said preliminary data for 2016 shows there were about 2.69 million hospital-acquired infections (HACs) among all hospital inpatients 18 years and older, down from 2.92 million HACs in 2014.
Declines in Hospital-Acquired Conditions

National efforts to reduce hospital-acquired conditions such as adverse drug events and injuries from falls helped prevent 8,000 deaths and saved $2.9 billion between 2014 and 2016.
AHRQ National Scorecard on Hospital-Acquired Conditions Updated Baseline Rates and Preliminary Results 2014–2016

The new results are on trend with data from AHRQ in 2016, which found that from 2010 to 2014 the rate of HACs decreased by 17%. However, AHRQ did change the baseline rate used for this new analysis, which likely impacts the results from the 2016 report.

- The new rate started at 98 HACs per 1,000 hospital discharges in 2014 and ended at 90 HACs per 1,000 discharges.
- In the 2016 AHRQ report, the 2010 rate was calculated as 145 HACs per 1,000 discharges and the 2014 rate was 121 HACs per 1,000 discharges.

Both reports use the same 28 measures of patient safety events including hospital-acquired infections and adverse drug events.

Improve Patient Safety by engaging Patients and Families

June, 2018

Reduce errors and improve visit efficiency by setting the visit agenda together with Be Prepared To Be Engaged.

Encourage safe medicine practices by Creating a Safe Medicine List Together.

Improve communication and health literacy through Teach-Back.

Support closed-loop and collaborative communication using the Warm Handoff Plus.

To learn more and get started, visit https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/index.html

The downward trend in HACs is in part due to concentrated efforts by the CMS. Since 2011, the agency's Partnership for Patients initiative has encouraged hospitals to make significant strides in infection control and patient safety issues like injuries from falls. The CMS also motivated hospitals to pay attention to HACs through its Hospital-Acquired Condition Reduction Program, which since 2014 penalizes hospitals with a 1% payment reduction based on the HACs reported compared to their peers.

The HHS has set a goal to reduce HACs nationwide by 20% by 2019. AHRQ estimates that if the goal is achieved, it would lead to $19.1 billion in savings and 53,000 fewer deaths from 2015 through 2019.

Achieving the goal of a 20 percent reduction in HACs (going from 98 to 78 HACs per 1,000 discharges) would result in **1.78 million fewer HACs in the years from 2015 to 2019**

### HAC

<table>
<thead>
<tr>
<th>HAC</th>
<th>2014 Baseline per 1,000</th>
<th>2019 Goal (20% Reduction) per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Events (ADEs)</td>
<td>33.4</td>
<td>26.7</td>
</tr>
<tr>
<td>Catheter-Associated Urinary Tract Infections (CAUTIs)</td>
<td>5.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Central Line-Associated Bloodstream Infections (CLABSIs)</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Clostridium difficile Infections</td>
<td>2.9</td>
<td>2.3</td>
</tr>
<tr>
<td>Falls</td>
<td>8.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Obstetric Adverse Events</td>
<td>2.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>21.6</td>
<td>17.3</td>
</tr>
<tr>
<td>Surgical Site Infections (SSIs)</td>
<td>2.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Ventilator-Associated Pneumonias (VAPs)</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Venous Thromboembolisms (VTEs)</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>All Other HACs</td>
<td>19.5</td>
<td>15.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>78</strong></td>
</tr>
</tbody>
</table>

*Source: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/pfp/natlhacratereport-rebaselining2014-2016_0.pdf*
A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.
In The News ...

Autopsy reveals Rice football player died from accidental drug overdose

HOUSTON - An autopsy revealed Blain Padgett died of an accidental drug overdose, according to officials.

Padgett 21 was found dead the morning of March 2 in his apartment.

The autopsy showed he died from the toxic effects of carfentanil.

Carfentanil is a synthetic opioid "10,000 times more potent than morphine and 100 times more potent than fentanyl," according to the Drug Enforcement Administration.

Padgett was a defensive lineman for the Rice University football team.

Rice University issued the following statement:

"The Rice community was deeply saddened by the loss of Blain Padgett. Out of respect for Blain and his family, we will not discuss personal or private matters. His family, teammates and friends continue to have our deepest condolences."

In 2016, the age-adjusted rate of drug overdose deaths in the United States was more than three times the rate in 1999.

- In 2016, there were more than 63,600 drug overdose deaths in the United States.
- The age-adjusted rate of drug overdose deaths increased from 6.1 per 100,000 standard population in 1999 to 19.8 in 2016.

The rates of drug overdose deaths increased from 1999 to 2016 for all age groups studied. Rates in 2016 were highest for persons aged 25–34 (34.6 per 100,000), 35–44 (35.0), and 45–54 (34.5). From 2015 to 2016, the greatest percentage increase in the drug overdose death rates occurred among adults aged 15–24, 25–34, and 35–44 with increases of 28%, 29%, and 24%, respectively. From 2015 to 2016, the drug overdose death rates for adults aged 45–54, 55–64, and 65 and over increased 15%, 17%, and 7% respectively.

In 2016, 22 states and the District of Columbia had drug overdose death rates that were higher than the national rate (19.8 per 100,000); 5 states had rates that were comparable to the national rate; and 23 states had lower rates.

- West Virginia (52.0), Ohio (39.1), New Hampshire (39.0), and Pennsylvania (37.9) were the four states with the highest observed age-adjusted drug overdose death rates. The District of Columbia had a rate of 38.8 per 100,000.
- Iowa (10.6), North Dakota (10.6), Texas (10.1), South Dakota (8.4), and Nebraska (6.4) were the five states with the lowest observed age-adjusted drug overdose death rates.

The rate of drug overdose deaths involving synthetic opioids other than methadone, which include drugs such as fentanyl, fentanyl analogs, and tramadol, increased from 0.3 per 100,000 in 1999 to 1.0 in 2013, 1.8 in 2014, 3.1 in 2015, and 6.2 in 2016.

- The rate increased on average by 18% per year from 1999 to 2006, did not statistically change from 2006 to 2013, then increased by 88% per year from 2013 to 2016.
- The rate of drug overdose deaths involving heroin increased from 0.7 in 1999, to 1.0 in 2010, to 4.9 in 2016. The rate was steady from 1999 to 2005, then increased on average by 10% per year from 2005 to 2010, by 33% per year from 2010 to 2014, and by 19% from 2014 to 2016.

Drug Shortages: A Critical Patient Safety Issue

May 17, 2018
Webinar Month 114

For resource downloads go to:
www.safetyleaders.org
Drug Shortages: A Critical Patient Safety Issue

Gregory H. Botz, MD, FCCM
Professor, Department of Critical Care
Division of Anesthesiology and Critical Care
The University of Texas
MD Anderson Cancer Center
Houston, TX

Drug Shortages: Key Strategies

Adriana Rivera, PharmD, BCPS
Clinical Pharmacy Specialist
Drug Information
The University of Texas
MD Anderson Cancer Center
Houston, TX

TMIT High Performer Webinar May 17, 2018
Brooke - Stage IV Hodgkin’s Lymphoma

- A Southern California 16 year old
- Drug shortage resulted in no last dose of chemo.
- Mom put out the call to action.
- Grace Magedman of CHOC worked behind the scenes as other hospital staff did at other hospitals to find and transfer the last dose to another children’s hospital for Brooke.
- Brooke is currently in remission.

"Please help us bring national attention to the drug shortage problem... we really need help for this critical issue"

Grace Magedman Pharm D

Source: LinkedIn and Personal Correspondance
Anonymous Survey Questions

I am interested in ADDITIONAL INFORMATION on:
Drug Shortage Issues

77% Agreed and 54% Strongly or Very Strongly Agreed, and 38% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; Drug Shortages: A Critical Patient Safety Issue – May 17, 2018
Drug Shortage Issues
Specific Topics I would like covered includes:

- IV fluids
- Opioids
- Has someone addressed expiration dates and use beyond those dates if shortage exists?
- How can we impact the MFTS to engage to prevent shortages and stopping production of critical meds
- Maintaining situational awareness of drug shortages at the bedside
- Alternative agents
- What we can do to help manufacturers understand the safety concerns with drug shortages. What are the "unknowns", just poor planning or a more valid reason
- How smaller institutions are handling; what alternatives are you using i.e. Diltiazem inj, conc kcl, etc
- IV fluids and opioids
- Basic list and reasons for shortage
- What is the recourse when a drug is in a severe shortage
- Different channels used for procuring drug supply for patient needs
- Unsure
- Would speakers be willing to share slides (photos) of some of their solutions?
- What are small communities doing, Midwest
- Collaboration between mid sized health systems for procurement
- Resources for quick access to information on therapeutic alternatives, including alternatives for niche uses of the backordered drug.
- Antibiotics
- Pointers on managing drug shortage communications
- Antibiotics, crystalloids
- Why drug manufacturers cannot supply specifically
- Critical meds
- Anesthesia & cardiothoracic surgery

Source: TMIT High Performer Webinar Series; Drug Shortages: A Critical Patient Safety Issue – May 17, 2018
Anonymous Survey Questions

I am interested in webinar on MEDICATION ERRORS & ADVERSE EVENTS:

90% Agreed and 76% Strongly or Very Strongly Agreed, and 49% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; Drug Shortages: A Critical Patient Safety Issue – May 17, 2018
Specific MEDICATION ERRORS & ADVERSE EVENTS
Topics I would like covered include:

- Accountability without blame
- Error-proofing from a human factors/ergonomics perspective
- Critical care meds
- General number and type of occurrences
- Ketamine PCA in place of Propofol
- Most common, preventable
- Any related to this topic medication errors and adverse events
- Opioids, look alike, sound alike drugs,

- Med errors possibly due to how EHR entries are configured; organizational structures for managing the medications, order sets, etc. in the EHR pharmacy or it centric? Methods of implementing best practices (such as addition of indication for a prescription/order); creating actionable dashboard metrics
- Common medication errors that occurs in the home
- Errors stemming from inaccurate medication history
- Look alike sound alike with new meds and HIV aids meds
- Errors that have happened at other facilities
- Evaluating true adverse events
- Near misses, good catches before reach patient

Source: TMIT High Performer Webinar Series; Drug Shortages: A Critical Patient Safety Issue – May 17, 2018
The Innocence Project, founded in 1992 by Peter Neufeld and Barry Scheck at Cardozo School of Law, exonerates the wrongly convicted through DNA testing and reforms the criminal justice system to prevent future injustice.

The Healthcare Innocence Project builds on the successful model of *The Innocence Project*. Where it used the new technology of DNA 25 years ago, we will use the new technology of electronic records and the digital DNA in the E.H.R. and administrative records to protect the medical identity of patients and the professional identity of caregivers. Both patients and caregivers may be unjustly treated through intentional or unintentional behaviors of insiders or outsiders of healthcare organizations. They include weaponization of HR, sham peer review, discrediting patients and families after healthcare accidents, or unjust harm through outsider cybersecurity issues.
The US has had 57 times as many school shootings as the other major industrialized nations combined.

The scope: G7 countries -- the countries with the largest advanced economies in the world. The countries are Canada, the US, Japan, Germany, Italy, France, the UK. 
The time period: From January 1, 2009 to May 21, 2018.

- Shooting must involve at least one person being shot, Shooting must occur on school grounds, We included gang violence, fights and domestic violence
- We included grades K through college/university level as well as vocational schools
- We included accidental discharge of a firearm as long as the first two parameters are met

What we found:
There have been at least 288 school shootings in the United States since January 1, 2009.
That's 57 times as many shootings as the other six G7 countries combined.
When compared with countries that were mentioned in a few viral social media posts, the US still leads in frequency of school shootings since January 1, 2009.

We're only 20 weeks into 2018, and there have already been 22 school shootings where someone was hurt or killed. That averages out to more than 1 shooting a week.
May 18: Santa Fe, Texas
At least eight people -- and as many as 10 -- were killed in a shooting at Santa Fe High School.

May 11: Palmdale, California
A 14-year-old boy went to Highland High, his former school, and began shooting a semiautomatic rifle shortly before classes were scheduled to begin, officials said. A 15-year-old boy was struck in the shoulder.

April 20: Ocala, Florida
A 17-year-old student at Forest High School was shot in the ankle shortly before students were to walk out as part of a national protest against gun violence. The suspect was a 19-year-old former student.

April 12: Raytown, Missouri
A man was shot in the stomach in the parking lot of Raytown South Middle School during a track meet.

April 9: Gloversville, New York
A student shot another student with a BB gun in Gloversville Middle School.

March 20: Lexington Park, Maryland
An armed student shot two others at Great Mills High School before a school resource officer fired a round at the shooter. The shooter was killed. One of the students, 16-year-old girl Jaelynn Willey, was taken off life support two days later.

March 13: Seaside, California
A teacher accidentally discharged a gun during a public safety class at Seaside High School, injuring a student.

March 8: Mobile, Alabama
One person was hospitalized after a shooting at an apartment building on the campus of the University of South Alabama.

March 7: Birmingham, Alabama
One student was killed and another critically wounded after an accidental shooting during dismissal time at Huffman High School. Police wouldn't elaborate further.

March 7: Jackson, Mississippi
A student was shot inside a dormitory at Jackson State University. His injuries were not life-threatening.

March 2: Mount Pleasant, Michigan
Two people were shot to death at a dormitory on the campus of Central Michigan University. The victims were not students and police think the incident stemmed from a domestic situation.

February 27: Norfolk, Virginia
A student at Norfolk State University was shot from an adjacent dorm room while he was doing homework. He was not seriously injured.

February 27: Itta Bena, Mississippi
A person was shot in a rec center at Mississippi Valley State University. Police said the person was not a student and the injury was not life-threatening.

February 25: Savannah, Georgia
A person was shot on the campus of Savannah State University and taken to a nearby hospital where he later died. Neither the victim nor the shooter were university students, the college said.

February 14: Parkland, Florida
A 19-year-old man gunned down students and staff with a rifle at Marjory Stoneman Douglas High School in Parkland, slaughtering at least 17 unsuspecting students and adults. The shooter, Nikolas Cruz, had been expelled from the high school over disciplinary problems, officials said.

February 9: Nashville
A high school student was shot five times in the parking lot of Pearl-Cohn High School.

February 5: Oxon Hill, Maryland
A high school student was shot in the parking lot of Oxon Hill High. The victim was treated and later released. Police arrested two teens and said they are acquaintances of the victim.

February 1: Los Angeles
A 15-year-old boy was shot in the head and a 15-year-old girl shot in the wrist at Sal Castro Middle School in Los Angeles, officials said. Two other students were grazed by bullets. A 12-year-old girl was booked for negligent discharge of a firearm in that shooting, which was considered "unintentional," Los Angeles police said.

January 31: Philadelphia
A fight led to a shooting in the parking lot of Lincoln High School, fatally wounding a 32-year-old man.

January 23: Benton, Kentucky
A 15-year-old student shot 16 people -- killing two other 15-year-olds -- at Marshall County High School, authorities said. The student faces two charges of murder and 12 counts of first degree assault.

January 22: Italy, Texas
A 15-year-old student was wounded in a shooting at a high school in Italy, Texas, authorities said. The suspect, also 15, was quickly apprehended.

January 20: Winston Salem, North Carolina
A Winston-Salem State University football player, Najee Ali Baker, was shot to death at a party on the campus of Wake Forest University.
His school board approved a plan in November to allow some school staff members to carry guns, joining more than 170 school districts in Texas that have made similar plans. But Santa Fe was still working on it, Norman said. People needed to be trained. Details needed to be worked out, such as that school guns fire only frangible bullets, which break into small pieces and are unlikely to pass through victims, as a way to limit the danger to innocent students.

All of these efforts, Norman said, are “only a way to mitigate what is happening.” The search for red flags about the alleged gunman’s intentions continued Saturday — another familiar hallmark of school shootings. Dimitrios Pagourtzis, the 17-year-old student who police said confessed to the shooting, was being held without bond in a jail in Galveston. Wearing a trench coat, he allegedly opened fire in an art class, moving through the room shooting at teachers and students, and talking to himself. He approached a supply closet where students were barricaded inside, and he shot through the windows saying “surprise,” said Galveston County Sheriff’s Office spokesperson, Brandy Lymans, 15.

The gunman shot a school police officer who approached him, then talked with other officers, offering to surrender. The entire episode lasted a terrifying 30 minutes, according to witnesses and court records.

The Pagourtzis family released a statement Saturday saying they are “shocked and confused” by what happened and that the incident “seems incompatible with the boy we love.”

Nicholas Poehl, the Galveston attorney for Pagourtzis, said his client appeared “pretty dazed” when he met with him Saturday and that it would take time for him to learn what happened. The alleged gunman’s classmates and parents said they saw no signs of trouble before the shooting, though some said he had seemed somewhat depressed in recent months.

Bertha Bland, whose grandson is good friends with Pagourtzis, called him as “an outstanding kid” and a good student.

Scott Pearson, whose son played football with Pagourtzis, described him as a quiet, normal kid. He didn’t talk to him much when he took him home from football practices, but he never got the impression that he was dangerous. He noticed that him much when he took him home from football practices, but he never got the impression that he was dangerous. He noticed that

“Kids do weird stuff,” Pearson said. “I don’t understand when my son wears a hoodie out in 90 degree heat, either.”

Pagourtzis improved as a football player between sophomore and junior years, moving from second to first string as a defensive tackle on the junior varsity squad, according to Rey Montemayor, an 18-year-old senior quarterback.

Pagourtzis spent a lot of time in the weight room. Eventually Pagourtzis, who wore number 69, was doing reps of 185 pounds on the bench press. “He worked hard,” Montemayor said. “Even got stronger than me.”

On the team, Pagourtzis was well liked and respected, even though he mostly kept to himself, ear buds in his ears in the hallways and in the locker room. He was “very normal, cool,” Montemayor said. “He would joke around but was also quiet — not an open book.”

Local and federal officials revealed little new information about the shooting or the investigation on Saturday. So far, investigators have not found any link to terrorism or political extremism in the suspect’s background that would offer a motive for the attack, according to a person close to the investigation.

The evidence recovered in the first day of the probe suggests that the suspect was a disturbed young man without any particular ideology, though it is still early in the investigation and new facts could emerge, the person said.

Authorities here said police reacted as they should have to the shooting incident, praising the initial response, which included two school police officers trying to intervene, though they have not yet provided details of the interaction that led to the teen’s surrender. Galveston County Judge Mark Henry described the quick actions of the school police officers as “very critical.” Santa Fe Independent School District Police Chief Walter Braun said at a news conference that the police officer wounded in the shooting was in “critical but stable condition” at a hospital. He said his officers “did what they were trained to do. They went in immediately.”

Some students, escorted by police, were briefly allowed back on the school campus to retrieve backpacks and their vehicles. But the high school remained cordoned off as a crime scene.

The town did not come to a standstill as it dealt with the aftermath of the shooting. People still ran errands and had yard sales and barbecues. The community library closed “out of respect for the victims,” but organizers of a library benefit sale decided to hold their event as planned in the lobby and parking lot. The Santa Fe High baseball team was still scheduled for a playoff game Saturday night after canceling one on the day of the shooting.

The shooting didn’t seem to rattle beliefs or prompt the calls for change that followed the Parkland shooting. Norman Franzke, 69, whose granddaughter safely escaped Santa Fe High, noted that guns have been part of the culture here for generations. When he attended, students kept shotguns on racks in their pickups, ready for hunting after school.

“I don’t think this will change the mentality of this community,” Franzke said. “There may be some changes in how kids enter and leave school. But even then, he was a student, so he would still have had access.”

At Red Cap restaurant, a popular diner down the road from the high school, the sign outside no longer advertised fried green tomatoes and Boudin balls. It had been changed to read “Prayers for Santa Fe.”

Inside, Tassin, who works at Red Cap, teared up as she thought about all the teens and their parents who stop in there. She considers them family. But she didn’t blame guns for Friday’s shooting. She didn’t blame mental health. She didn’t know where to lay blame. There had been so many school shootings. And now, at Santa Fe High.

Something was going on, she said. But she didn’t know what.
Serious workplace violence is on average four times more common in health care than in other private industries.

Elise Wilson had come to recognize over the course of her four-decade career red flags.

- She had spent 35 years in the ER, where nurses encounter violence from patients or patients' relatives "almost on a daily basis," she said.
- Wilson started entering the patient's vital information into a computer in a triage room. When she turned around, he was looming over her with a knife.
- From there, a normal day at work turned into a fight for survival as Wilson got stabbed in her neck, then nearly a dozen times in her arm. With the other arm, Wilson grabbed her nurses' clogs and banged them on the floor to catch other hospital employees' attention and screamed.

American Nurses Association, which represents 3 million nurses in the U.S., reports that 1 in 4 nurses has been assaulted at work.

36-year-old veteran Albert Wong slipped into the Pathway Home in Yountville and held three staffers hostage before killing them and then himself.

Congressman from California introduced a bill called the Health Care Workplace Violence Prevention Act. “Every hospital needs to have a plan to deal with workplace violence and reduce it,” said Rep. Ro Khanna, D-Calif. “What the bill does is require that hospitals comply with an OSHA standard.”

In The News …

Violence in healthcare settings is measured poorly. Less than half of incidents are recorded—one survey estimated just 19% and official accounting by government agencies such as the Bureau of Labor Statistics, the U.S. Justice Department and the Occupational Safety and Health Administration vary widely.

- From 2014 to 2024, the ranks of registered nurses are projected to grow from 2.75 million to 3.19 million, the Bureau of Labor Statistics has projected.
- The number of jobs for home health aides, totaling about 913,500 in 2014, is on track to grow a whopping 38% over the same period, adding 348,400 jobs.

Source: http://www.modernhealthcare.com/article/20170311/MAGAZINE/303119990
Allysha Shin, who was injured in an incident at Keck Medicine, spoke at an OSHA conference on violence in the workplace in Washington, D.C., in January.

Shin, a neuroscience nurse, was carefully monitoring the patient, a woman in her 20s who’d suffered a hemorrhagic stroke. She’d begun her usual overnight shift accompanied by a sitter, a person who helps supervise or care for high-need patients.

The sitter was called away after two hours to attend to another patient. Later that night, Shin’s patient, whose stroke had likely affected her behavior, grew agitated. She twisted in the restraints that bound her wrists, kicked Shin in the face and punched her. Then, she ripped away the restraints.

Shin yelled for help. It took four nurses, a nurse’s aide and other staff to wrestle the patient into a chair. In the process, she kicked Shin several more times in the chest and stomach. Shin, who works at Keck Medicine at USC in Los Angeles, took the next two nights off, her body aching from the attack.

Source: http://www.modernhealthcare.com/article/20170311/MAGAZINE/303119990
In The News …

WORKPLACE SAFETY AND HEALTH
Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence

March 2016

What GAO Recommends

OSHA agreed with GAO’s recommendations and stated that it would take action to address them.

- Provide inspectors additional information on developing citations
- Follow up on hazard alert letters
- Assess the results of its efforts to determine whether additional action, such as development of a standard, may be needed

OSHA agreed with GAO’s

GAO recommends that OSHA provide additional information to assist inspectors in developing citations, develop a policy for following up on hazard alert letters concerning workplace violence hazards in health care facilities, and assess its current efforts.

Source: https://www.gao.gov/products/GAO-16-11
In The News …

“I’ve been bitten, kicked, punched, pushed, pinched, shoved, scratched, and spat upon,” says Lisa Tenney, RN, of the Maryland Emergency Nurses Association. “I have been bullied and called very ugly names. I’ve had my life, the life of my unborn child, and of my other family members threatened, requiring security escort to my car.”

Situations such as these describe some of the types of violence directed toward health care workers. Workplace violence is not merely the heinous, violent events that make the news; it is also the everyday occurrences, such as verbal abuse, that are often overlooked.

Source: https://www.jointcommission.org/sea_issue_59/
In The News …

Sentinel Event ALERT New Alert Focuses on Violence Against Health Care Workers

Forms of violence to health care workers
- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

What is workplace violence? The CDC National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. The US Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.

Source: https://www.jointcommission.org/sea_issue_59/
Workplace violence is not merely the heinous, violent events that make the news; it is also the Everyday Occurrences, such as Verbal Abuse, that are Often Overlooked.

Statistics on violence against healthcare workers:
- 25 percent of nurses reported being physically assaulted by a patient or a patient’s family member, and about half reported being bullied (ANA)
- Workers in healthcare settings are four times more likely to be victimized than workers in private industry (SIA and IAHSSF)
- Healthcare workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause healthcare workers to take time off from work than other kinds of injuries (BLS)

75 percent of nearly 25,000 workplace assaults reported annually occurred in healthcare and social service settings (OSHA)

Source: https://www.jointcommission.org/sea_issue_59/
According to the OSHA, approximately 75% of nearly 25,000 workplace assaults reported annually.

Violence against health care workers is grossly underreported

Only 30 percent of nurses report incidents of violence

Only 26 percent of emergency department physicians report violent incidents

Health care workers
- think that violence is “part of the job”
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Each episode of violence or credible threat to health care workers warrants notification to leadership, to internal security and, as needed, to law enforcement, as well as the creation of an incident report, which can be used to analyze what happened and to inform actions that need to be taken to minimize risk in the future.

Source: https://www.jointcommission.org/sea_issue_59/
1. Clearly define workplace violence and put systems into place across the organization that enable staff to report workplace violence instances, including verbal abuse.

2. Recognizing that data come from several sources, capture, track, and trend all reports of workplace violence—including verbal abuse and attempted assaults when no harm occurred.

3. Provide appropriate follow-up and support to victims, witnesses, and others affected by workplace violence, including psychological counseling and trauma-informed care if necessary.

4. Review each case of workplace violence to determine contributing factors. Analyze data related to workplace violence, and worksite conditions, to determine priority situations for intervention.

5. Develop quality improvement initiatives to reduce incidents of workplace violence.

6. Train all staff, including security, in de-escalation, self-defense, and response to emergency codes.

7. Evaluate workplace violence reduction initiatives.

Source: https://www.jointcommission.org/sea_issue_59/
Factors associated with perpetrators of violence

- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given "bad news" about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons

Source: https://www.jointcommission.org/sea_issue_59/
Weaponizing HR After an Accident

- Is the barrel defining the “bad apple” to reduce corporate liability?
- Is it “the barrel (policies and systems)” or is it “the apple” that has gone bad?
- 50 Secrets HR does not want you to know – Cynthia Shapiro.
- Is intimidation of employees and whistleblowers through HR is technically workplace violence?
- Weaponizing HR is an “insider threat”.

The Bad Apple or the Barrel
Workplace Violence & Emergency Nurses

Rob Kramer, MPA
Director of Government Relations
Emergency Nurses Association
Washington, DC

TMIT High Performer Webinar
June 21, 2018
Health Care Workplace Violence in the United States

Rob Kramer, Director, Government Relations
Emergency Nurses Association
Health Care Workplace Violence in the U.S.

I. Background
II. Emergency Departments
III. Impact on Emergency Nurses
IV. Current Efforts
Health Care Workplace Violence in the U.S.

Workplace violence in health care is a national epidemic

**GAO (2016)**
- ‘Serious concern’ for health care workers
- 2011 estimate: between 22,000 and 81,000 incidents of workplace violence in health care facilities

**OSHA (2015)**
- 2002-2013: health care workplace violence rate 4X greater than other workers
- 20% of injuries; 50% of assaults
Health Care Workplace Violence in the U.S.

EDs are Particularly Vulnerable

- 24/7 operations
- EMTALA laws
- Emotions high, circumstances unpredictable
- Boarding of patients ongoing problem

AJEM (2013)

- Workers in ED experience violent event at least 6X per year
- Acute stress for RNs in the ED is more common
Health Care Workplace Violence in the U.S.

Impact on Emergency Nurses
- Higher rates of acute stress
- 94% report PTSD symptoms; 17% probable for PTSD
- 1/3 of ENs considered quitting

Institutional barriers to reporting
- Lack of support from employer
- Inconsistent response from law enforcement
- Culture of acceptance
- Difficult to track trends and data
Health Care Workplace Violence in the U.S.

State Efforts
- Raising awareness
- Tougher penalties
- Workplace violence prevention

Federal Efforts
- 2016 OSHA Meeting
- Comment letter
- New Legislation: H.R. 5223
Health Care Workplace Violence in the U.S.

ENA.org
- Talking points and positions

ENA Education
- CNE module available to Members online
- Recognize and mitigate violence
- How to report and implement laws to protect

ENA Toolkit
- Available online
- Department-level focus
- Managing violence and protecting staff
- Currently being updated
Questions to Be Covered
During Reactor Panel
Workplace Violence: Prevention, Preparedness, Protection, and Performance Improvement

William Adcox, MBA
Chief of Police and CSO
The University of Texas MD Anderson Cancer Center/The University of Texas Health Science Center
Houston, TX
TMIT High Performer Webinar
June 21, 2018

Vicki King, MSCJ
Assistant Chief of Police
The University of Texas MD Anderson Cancer Center/The University of Texas Health Science Center
Houston, TX
TMIT High Performer Webinar
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Make it easier to change the pictures:
Use the Selection Pane to temporarily hide a Picture Placeholder. (Home tab, Select, Selection Pane). Click the eye icon to hide or show an object.

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The animation is already done for you; just copy and paste the slide into your existing presentation.

Sample pictures courtesy of Bill Staples.
Complex Environment

Unique Challenges Over Corporate America

- Open Setting
- Leadership Commitment
- Culture
- Types of Violence
High Stress, Vulnerable Population

**Large, vulnerable population;** in FY15:
- Over a million encounters with patients 65 and older
- Almost 73,000 encounters with patients 18 and younger

**Potentially compromised perception/judgment;** in FY15:
- More than 44,000 patients moving through the hospital were undergoing chemotherapy
- Almost 2,000 prescriptions of Goserelin and Leuprolide
  - Studies link these drugs to adverse cognitive effects
- Almost 14,000 scheduled encounters in departments of Neuropsychology, Pediatric Neuropsychiatry, Psychiatry, and Social Work
- One MD Anderson patient stated he voluntarily locks his gun away during chemotherapy sessions
### Workplace Violence Typologies

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type-1</td>
<td>No Affiliation</td>
</tr>
<tr>
<td>Type-2</td>
<td>Customer / Patient</td>
</tr>
<tr>
<td>Type-3</td>
<td>Worker-on-Worker</td>
</tr>
<tr>
<td>Type-4</td>
<td>Personal Relationship</td>
</tr>
<tr>
<td>Type-5</td>
<td>Self-Harm</td>
</tr>
</tbody>
</table>
Threats from Outside

Type 1: Unaffiliated

Aug. 20, 2015 – UT Health School of Nursing

Habitual Offender burglarizing offices attacked a faculty member when challenged. The suspect had multiple aliases and was a career criminal who targeted hospital buildings because of their open access.
An emergency room patient apparently tired of waiting to see a doctor was shot by off-duty sheriff's deputies after he opened fire with a pistol inside the hospital.

Source: Houston Chronicle
Dr. Henry Bello donned his white lab coat and picked up a long cardboard box before entering the Bronx-Lebanon Hospital in New York.

Once on the 16\textsuperscript{th} floor, he asked to speak to a doctor Bello believed was responsible for his recent termination. When the doctor did not arrive, Bello removed an AR-15 from the cardboard box and opened fire, killing one and wounding five others.

Reportedly, Bello attempted to set himself on fire, but the flames were extinguished by the sprinkler system. He fled to the 17\textsuperscript{th} floor where he took his own life with a handgun concealed under his lab coat.
Dr. George Seese, who was walking to his car when he sustained multiple gunshot wounds. He later died inside the hospital.

The shooter, identified as Michael Wood, turned the gun on himself and shot himself dead after shooting Dr. Seese. Police say that the Wood and Seese shared a mutual love interest.

Source: WKYC
Lola “Tami” Griffith, 27, used a ligature to kill her 5 yr. old son before using a gun to end her life at Cardon Children’s Hospital. The boy suffered from Dystonic Cerebral Palsy and had been hospitalized for approximately one week. Published reports found multiple refers to the Department of Child Services alleging neglect and unsanitary living conditions. Family members stated that the mother feared losing custody of her son. Source: Phoenix New Times
Prevention – Threat Safety Science

Primary Prevention Efforts

• Gain Institutional Support / Executive Buy-In
  – Create your business case
  – Establish value propositions
  – Provide performance metrics

• Establish a Threat / Risk Protocol
  – Identification of Potential Threats
  – Centralized reporting for triage
  – Assess threat/risk
  – Allocate requisite resources

• Educate and train the community
Complete Risks and Threat Assessment

Get the Complete Picture

Depicts the impact and probability of each risk occurrence.

Risks which penetrate toward the upper right quadrant require the highest priority for handling.

This informed after-action process allows us to strengthen our protective posture on behalf of the community.
Crisis Continuum – Getting Left of Boom

Escalating Threat

Time

You cannot assess or act upon what you do not know

Copy written material: Adcox, King, Gerwitz 2015
Using a Cross-Functional Team Approach

Reports Coming In

EH-W  RISK  Academic Affairs
UTPD  EAP  HR
Hospital Admin.  UTH Chair

Recommendations

HR Generalist  Manager
EAP  TMU  Supervisor

Threat mitigation and root cause analysis promotes positive patient safety outcomes.
Understanding the Root Cause
Preparedness – Train and Educate

Primary Prevention Efforts

Crisis Intervention:
- De-escalation training
- Employee Assistance
- Mental Health Awareness

Behavioral Intervention:
- Behaviors of Concern
- Integrated reporting
- Cross-Functional Intervention Team

WPV Response:
- Restraint training
- Escape, Hide or Fight
Preparedness – Train and Equip

Lifeline Behaviors: The programs train learners to become competent in lifesaving behaviors and skills including:

- CPR, AED use, and 911 Call Communications
- Heimlich Maneuver and Airway Clearing
- Use of Narcan and Opioid Reversal Agents
- Wound Packing, Pressure Bandage, and Tourniquet Use
- Preventing Falls and Gravity Accidents
- Preventing Drive Over Accidents
- Bystander Care of Injured Victims and Scene Safety
Protection – Know How to Respond

Layered Approach: Utilizing multiple systems, infrastructure designs and best practices to produce a Combined Protection Model

- Technology Overlay
- Human Systems
  - Police Presence & Rapid Response
  - Security Personnel Visibility and Intervention
- Outreach
  - Education & Awareness
  - Working Together
- Best Practice Standards
  - Joint Commission
  - Accreditation
Performance Improvement

Continuous Process Improvement
Reinforce Relationships
Dismantle Silos of Information Sources
Recalibrate or Retire Under-Producing Initiatives
Data Visualization

Data Driven Decision
Utilize a Systems Approach

Threats & Risks

Positive Outcomes

Performance Improvement

Combined Protection Model

Preparedness

Prevention

Community Engagement

Agile & Adaptive Risk Posture

Protection
Make it easier to change the pictures:
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Sample pictures courtesy of Bill Staples.

William H. Adcox, Chief of Police and
Vicki King, Assistant Chief
University of Texas Police - Houston
National Survey Questions

I am interested in ADDITIONAL INFORMATION on:

Workplace Violence Issues

Specific Topics I would like covered includes:
National Survey Questions

I am interested in webinar on AN ACTION PLAN AFTER AN ADVERSE EVENT:

10
Very Strongly Agree

9
Strongly Agree

8
Agree

7
Neutral

6
Neutral

5
Negative to Neutral

4
Disagree

3
Strongly Disagree

2
Very Strongly Disagree

Specific Topics on an ACTION PLANS AFTER AN ADVERSE EVENT I would like covered include:
National Survey Questions

I am interested in webinar on BEST HR PRACTICES AFTER AN ADVERSE EVENT:

Specific Topics regarding HR PRACTICES AFTER AN ADVERSE EVENT
I would like covered include:
Speakers and Reactors

Rob Kramer
William Adcox
Vicki King
Dan Ford
Charles Denham
Real Fraud, Ethical Breach, and Crime

Sham Peer Review and Abuse of Power

Editorial:

Tactics Characteristic of Sham Peer Review

Source: Tactics Characteristic of Sham Peer Review - Journal of the American ... by LR Huntoon - 2009
Real Fraud, Ethical Breach, and Crime

Sham Peer Review and Abuse of Power

- Ambush Tactic and Secret Investigations
- Depriving Targeted Caregiver of Records Needed to for Defense
- Guilty Until Proven Innocent
- Numerator-Without-Denominator Tactic
- Misrepresenting the Standard of Care
- Trumped-Up and/or False Charges
- Abuse of the “Disruptive Physician” Label
- Ex-Parte Communications
- Dredging Up Old Cases to Justify Summary Suspension
- Hospital Attorney or Conflicted Attorney Used to Influence the Peer Review Process
- Bias
- Peer Validation Tactics Characteristic of Sham Peer Review

Editorial:

Tactics Characteristic of Sham Peer Review

Source: Tactics Characteristic of Sham Peer Review - Journal of the American ...
by LR Huntoon - 2009
We are here to serve our Porpoise

Caregivers and H.R. Department

Source: Adapted from Ryan Berkley 2007
Voice of Patient and Family

Dan Ford, MBA, LFACHE

Voluntary Patient Safety Advocate
Spectrum Health EPFAC and Hospital Group Board Quality & Safety Committee Member
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

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