



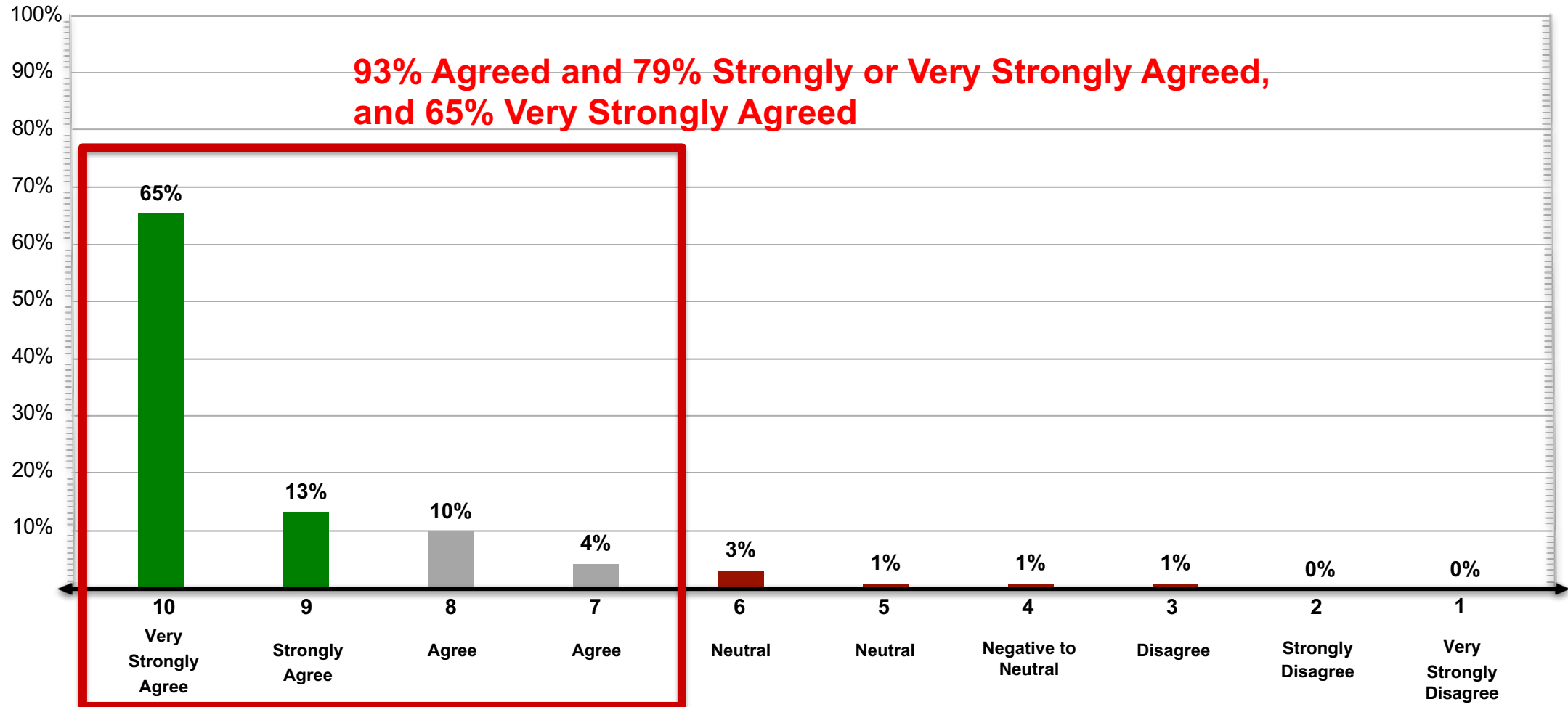
# ***Violence in Healthcare and Keeping Everyone Safe***

December 19, 2019  
Webinar Month 133

For resource downloads go to:  
**[www.safetyleaders.org](http://www.safetyleaders.org)**

# Anonymous Survey Questions

I would like another webinar on  
**WORKPLACE VIOLENCE**



Source: TMIT High Performer Webinar Series; Violence in Healthcare and Keeping Everyone Safe – December 19, 2019

# The topics I wish to have covered in a webinar on WORKPLACE VIOLENCE

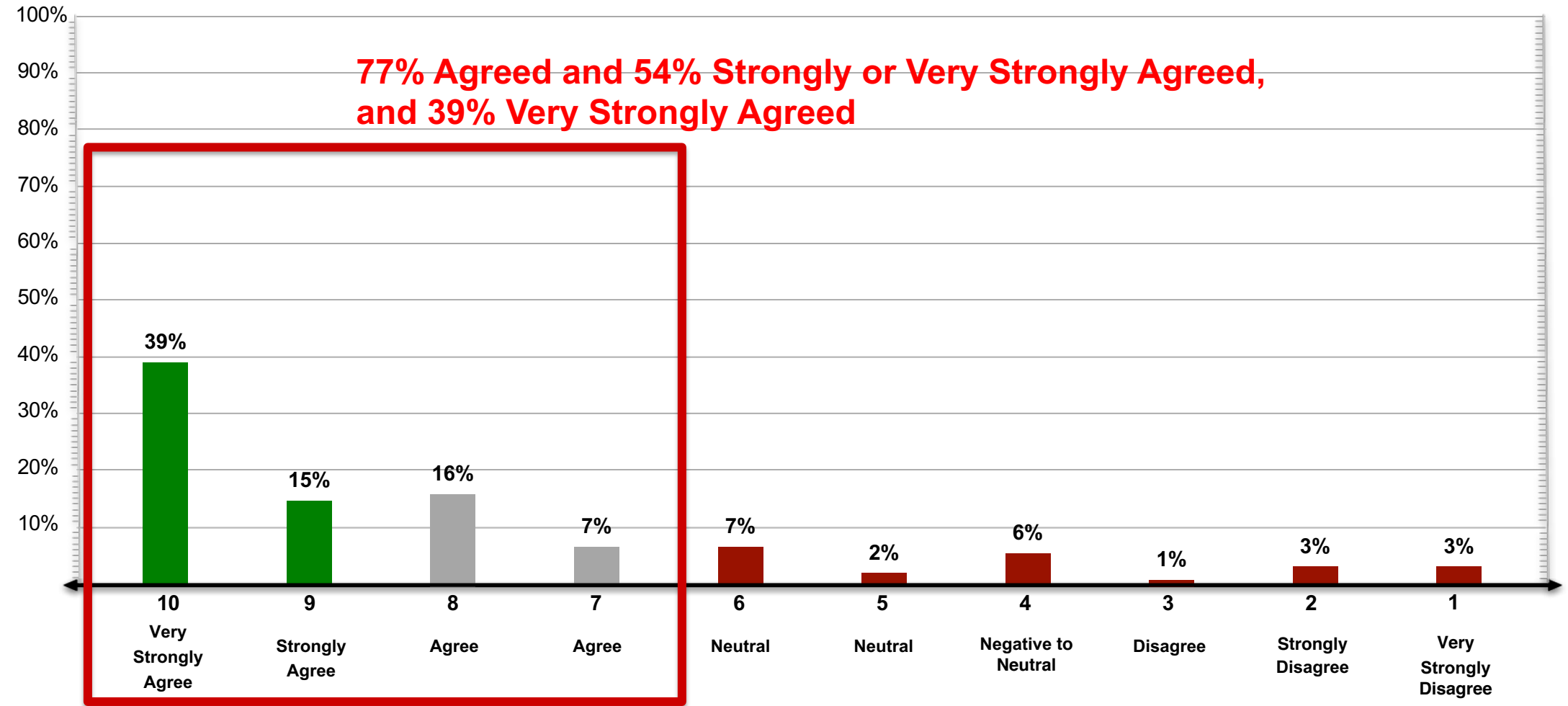
- Actual case studies with outcomes and best practices.
- Ambulatory clinics -tips to de-escalate including a rural areas some are very small and only have 3 staff members present daily.
- Behavioral health practices;
- BERT team set up and implementation
- Bringing together groups working on various pieces of workplace violence within an organization. Definitions of WPV. Recognized categories of WPV.
- Consolidation of staff reporting to make it easier to report and thereby collect data
- Coworker workplace bullying and violence
- Data collection
- De-escalation techniques
- De-escalation techniques; adherent behavior identification
- Domestic violence spill over and the effects on institution or employees.
- Early recognition and preadmit preparation for patients either known to be violent or with a history of being violent.
- Educating staff and notifying public violence is not tolerated
- Facility accountability
- How a patient to staff assault should be reported to the authorities/police.
- How long did implementation take?
- How to avoid VIWP
- How to identify hazards and mitigate them,
- How to initiate a safety program
- How to manage behavioral health patients, those with active addiction needing our care, family member violence
- How to recognize before event occurs
- I would like to see what a huddle would look like/sound like
- Identifying the patient so all workers know they have a history of violence
- Interaction with HR secondary to staff dismissal.
- Legal complications with the use of physical restraints.
- Long-term stay patients, other interventions besides separate unit
- Mobbing in the workplace and employee's stalking another employees
- More about varieties of improvement efforts

# The topics I wish to have covered in a webinar on WORKPLACE VIOLENCE

- More on CIU and new area topics
- more on how to keep staff and patients safe
- Nursing impact and how to keep our nurses safe. Great presentation from Dr. Clements. I think a complementary webinar from the nurse's perspective would be nice.
- Operationalizing "flagging" process for violence and overcoming reluctance to labeling patients as violent
- OSHA response to amount of incidents reported
- Patient contracts, clinical and legal.
- Patient Safety Integration
- pediatrics
- Physician on employee (not just RNs)
- Post violence event debriefing with focus on staff support
- prevention
- Processes for immediate response, ED best practices
- Prosecution of Behavioral Health patients that are boarded in the ED
- psychiatric
- reporting structures and overcoming :this is expected in healthcare"
- risk assessment tools, EHR tools banners, community coalition,
- Environmental risk assessment
- Senior Leadership Buy in
- specific training on dealing with unexpected violence
- strategies for managing behavioral health pts that preserve dignity of PT and safety of staff
- Strategies for smaller, rural hospitals (may not have Security staff)
- Strategies on how to manage behaviors.
- TDO and ECO patients
- Tolerance: Acceptance. The decision about clinical must keep vs behavior unacceptable/unsafe for caretakers
- verbal abuse
- Violence between patient's and their family's and how to help facilitate through the problem.
- Violence prevention from patient family members and visitors
- Virginia laws
- what forms are being used in other violence review committees
- what happens if a Staff who was assaulted retaliates?

# Anonymous Survey Questions

I would like a webinar on HOSPITAL ACQUIRED CONDITIONS  
Known as the HACs



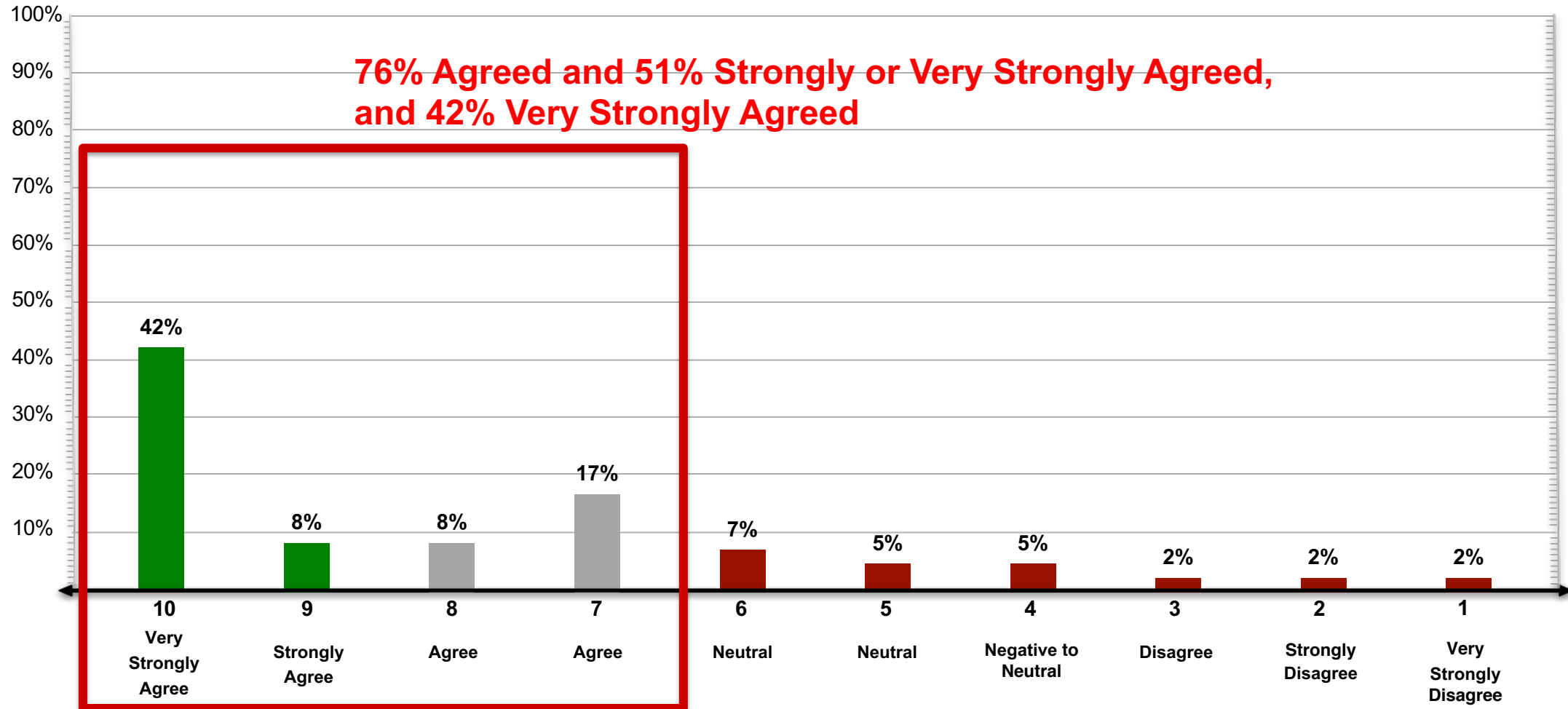
Source: TMIT High Performer Webinar Series; Violence in Healthcare and Keeping Everyone Safe – December 19, 2019

# The topics I wish to have covered in a webinar on HOSPITAL ACQUIRED CONDITIONS (HACs) include:

- Alcohol withdrawal
- All aspects
- All topics and how to get staff on board
- Best practices with PSI 90 especially when volumes are low
- C. Difficile infections
- CDIFF, MRSA
- CLABSI
- Clarity re: definitions.
- Closterium difficile
- Communicable Dr
- Device infection risks
- Drug-resistant
- DVT nosocomial infections
- Fall with injury
- Falls
- Falls with injury, pressure ulcers, surgical lacerations
- Hospital acquired infections
- Influenza
- Latest prevention protocols; updated exceptions to events
- Pressure injuries
- Pressure injury and surgical site infection
- Progress- and how to maintain zero and momentum
- Reduction of surgical site infections (are vendors a part of the problem?)
- SSI, CLABSI, CAUTI
- Staff injury due to workplace violence
- Strategies for reducing MDROS
- UTI, falls, aspiration pneumonia, SSI
- Violence and misbehavior by patients
- What to do daily to try to avoid any HAC's and some of the best trends to follow.

# Anonymous Survey Questions

## I would like a webinar on ADVERSE DRUG EVENTS



Source: TMIT High Performer Webinar Series; Violence in Healthcare and Keeping Everyone Safe – December 19, 2019

# The topics I wish to have covered in a webinar on ADVERSE DRUG EVENTS INCLUDING ANTI-COAGULATION

- Anti COAG ok
- Anti-coagulation & DOACS
- Antipsychotic use especially w/dementia
- Avoiding wrong dose treatment of wrong dose
- Best practice for admin of anti-coagulation meds in hospital
- Definition of adverse drug events & what is counted in monitoring in numerator/denominator; calculating error rates; benchmarks
- Drug diversion
- Drug interactions
- Geriatric patients with multiple medications
- Herbals & their interaction with prescription medications
- High risk MEDSM on DC
- How med rec can reduce the incident of adverse med events and tips on getting providers to complete med recs on hospital admission.
- How to educate staff on common drugs and their adverse events. We have an educational opportunity for nurses being familiar with s/s of hypoxia caused by narcotics/sedatives.
- I would like to see how drug events differ by people being admitted to the emergency room versus those who are patients and have adverse reactions caused by healthcare workers.
- Insulin, seizure medications, and pain relievers.
- Most common
- Most common and mitigating strategies
- Not sure what topics I would want to see,
- Opioids
- Pediatric errors
- Poly pharmacy on admission and prior to d/c
- Potential drug adverse events from drug substitutions due to shortages
- Prevention
- Reporting, investigations, information-sharing, leadership engagement, education and interventions,
- Sedative
- Sentinel events / serious harms from adverse drug
- Use of coumadin in the elderly
- Using trigger drugs for event analysis
- Whatever you have