

REGIONAL Reflections

February 2017

West Central Georgia Regional Hospital

JOINT COMMISSION SENTINEL EVENT

Preventing Violence in the Health Care Setting

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Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets onto the campuses and through the doors, providing for the safety and security of all patients, visitors and staff within the walls of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers.

Human Resources 3

While there are many different types of crimes and instances of violence that take place in the health care setting, this Sentinel Event Alert specifically addresses assault, rape or homicide of patients and visitors perpetrated by staff, visitors, other patients, and intruders to the institution. The Joint Commission's Sentinel Event Database includes a category of assault, rape and homicide (combined) with 256 reports since 1995 – numbers that are believed to be significantly below the actual number of incidents due to the belief that there is significant under-reporting of violent crimes in health care institutions. While not an accurate measure of incidence, it is noteworthy that the assault, rape and homicide category of sentinel events is consistently among the top 10 types of sentinel events reported to The Joint Commission. Since 2004, the Sentinel Event Database indicates significant increases in reports of assault, rape and homicide, with the greatest number of reports in the last three years: 36 incidents in 2007, 41 in 2008 and 33 in 2009.

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Of the information in the Sentinel Event Database regarding criminal events, **the following contributing causal factors were identified most frequently over the last five years:**

Policy Updates 7

Leadership, noted in 62 percent of the events, most notably problems in the areas of policy and procedure development and implementation.

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Human resources-related factors, noted in 60 percent of the events, such as the increased need for staff education and competency assessment processes.

Assessment, noted in 58 percent of the events, particularly in the areas of flawed patient observation protocols, inadequate assessment tools, and lack of psychiatric assessment.

Communication failures, noted in 53 percent of the events, both among staff and with patients and family.

Physical environment, noted in 36 percent of the events, in terms of deficiencies in general safety of the environment and security procedures and practices.

(Preventing Violence in the Health Care Setting, continued from cover)

□ Problems in care planning, information management and patient education were other causal factors identified less frequently.

The following are suggested actions that health care organizations can take to prevent assault, rape and homicide in the health care setting. Some of these recommendations are detailed in the HRC issue on “Violence in Healthcare Facilities.”

- 1) Work with the security department to audit your facility’s risk of violence. Evaluate environmental and administrative controls throughout the campus, review records and statistics of crime rates in the area surrounding the health care facility, and survey employees on their perceptions of risk.
- 2) Identify strengths and weaknesses and make improvements to the facility’s violence-prevention program. (The HRC issue on “Violence in Healthcare Facilities” includes a self-assessment questionnaire that can help with this.)
- 3) Take extra security precautions in the Emergency Department, especially if the facility is in an area with a high crime rate or gang activity. These precautions can include posting uniformed security officers, and limiting or screening visitors (for example, wandering for weapons or conducting bag checks).
- 4) Work with the HR department to make sure it thoroughly prescreens job applicants, and establishes and follows procedures for conducting background checks of prospective employees and staff. For clinical staff, the HR department also verifies the clinician’s record with appropriate boards of registration. If an organization has access to the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank, check the clinician’s information, which includes professional competence and conduct.
- 5) Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction.
- 6) Require appropriate staff members to undergo training in responding to patients’ family members who are agitated and potentially violent. Include education on procedures for notifying supervisors and security staff.⁴
- 7) Ensure that procedures for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes) are in place and that employees receive instruction on these procedures.
- 8) Encourage employees and other staff to report incidents of violent activity and any perceived threats of violence.
- 9) Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.
- 10) Ensure that counseling programs for employees who become victims of workplace crime or violence are in place.

Should an act of violence occur at your facility – whether assault, rape, homicide or a lesser offense – follow-up with appropriate response that includes:

- 11) Reporting the crime to appropriate law enforcement officers.
- 12) Recommending counseling and other support to patients and visitors to your facility who were affected by the violent act.
- 13) Reviewing the event and making changes to prevent future occurrences.

thank
you

Faithful Service Awards

5 Years:

Peri V. Johnson
Tamaria D. Babb-Chukwu

February Birthdays



2/1	Scott, Allison J	2/10	Holtzclaw, Joey L	2/21	Piliporlor, Yaritha
2/1	Russaw, Teresa D	2/11	Bettes, Stephen F.	2/21	Sherrill, Denita E
2/2	Dent, Eric L	2/11	Brown, Lakesha S.	2/22	Tanner, Kathleen J.
2/2	Banks, Keante' S.	2/12	Argo, Christopher David	2/22	Johnson, Ronald M
2/2	Clarke, Mary G	2/13	Coker, Funke Sowemimo	2/22	Tshiupula, Yvette K
2/4	Sparks, Valerie A	2/13	Lewis, Latravia D	2/22	Taylor, Iya Joshua
2/6	Merritt, Annette	2/14	Penick, Brandi L	2/23	Hurlbut, Elizabeth M
2/6	Hicks, Sally D.	2/15	Barker, Ladaryl J.	2/23	Ford, Tiawanna
2/6	Deloatch, Alice Mae M.			2/23	Tolliver JR, Horace James
2/6	Caulton-Dixon, Gwendolyn	2/17	Robinson, Craig A	2/25	Welch, Vernell
2/6	Haines, Evelyn C	2/18	Harris, Wykanda H	2/25	Buckner, Daphena L.
2/6	Estrella, Victor R	2/18	Spurs, Keosha D.	2/26	Walker, Cherise M
2/6	Pizarro, Nestor	2/18	Donnelly, Debbie	2/26	Devlin, Jennifer B
2/7	Watkins, Shante D	2/20	Leaman, Leona F	2/27	McCorkle, Stacey A.
2/9	Johnson, China K	2/20	Mason, Cherrie L	2/27	Branon, Linda A.
2/10	Dunham, Marisha D	2/20	Williams, Gail D	2/28	Allen, Delores A.
2/10	Luttrell, Kimberly P.	2/20	White, Jeffery	2/28	Thomas, Jeremy B

IMPORTANT

Reminders from Security:

- (1) Make sure to display your parking decal in your vehicle.
- (2) Parking along the side walk in front of building 1 is prohibited. Do not park in a handicapped parking space unless you have and display a handicap parking permit that is issued in your name. Avoid parking behind the RHA or blocking anyone in.
- (3) Pedestrians have the right of way on the hospital grounds.
- (4) Follow all posted streets signs, specially speed limits.

Important Dates:

Pay Days:

February 15th and 28th

Kronos:

Manager Approval days: February 2nd and 17th (subject to change). Please reconcile and move all FSLA to OT premium.

Orientation:

Feb. 1st and 16th | 1 PM to 5 PM
HR Conference Room

Holidays:

N/A

New Hires: Welcome to WCGRH!



Front (L to R) John Robertson, RHA; Christine Wreyford, Forensics Program Associate; Tyrecse Daniels, FST; Cadeshia Brown, FST; Jerrisha Nance, Food Service; Mbali Kaba, HCW ; **Back (L to R)** Jeffery Raney, HCW; Robert Brown III, Food Service; Debbie Walker, RN; Ulrike Williams, Dental Assistant



Front (L to R) Gladys Anchu, Activity Therapist; Quinetria Roberson, Housekeeper; Paul Morris, Assoc. Nurse Exec. ; Ronald Watson, Recruiter (I think he goes by Ron); Amber Stone, Housekeeper; Kwan Harvey, Housekeeper; **Back (L to R)** Tameika Jones, HCW; Stacey Jones, FST I; Eric Dent, FST I; David Moore, Housekeeping; Cecilia Glover, RN

STAFF DEVELOPMENT NEWS

Block Schedule for Annual Updates

February

Block 1:

Mon, Feb 6: 8:00-10:00 Infection Control / Incident
10:00-12:00 Seizure,
1:00-3:00 PNS

Tues, Feb 7: 8:00 CPR and First Aid

Wed, Feb 8: 8:00 Safety Care Recert

Block 2:

Mon, Feb 13: 8:00 Safety Care Recert

Tues, Feb 14: 8:00 CPR and First Aid

Wed, Feb 15: 8:00-10:00 Infection Control / Incident Management
10:00-12:00 Seizure, 1:00-3:00 PNS

Block 3:

Tues, Feb 21: 8:00-10:00 Infection Control / Incident Management
10:00-12:00 Seizure, 1:00-3:00 PNS

Wed, Feb 22 : 8:00 CPR and First Aid

Thurs, Feb 23: 8:00 Safety Care Recert

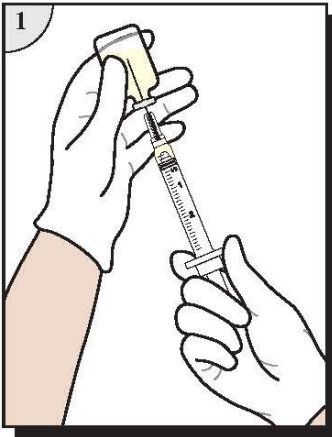
Safety Care Initial Dates: February 3-6 and February 20-21

Staff Development would like to remind everyone to periodically check to make sure they are up to date with their online trainings. If you have any questions about this or the LMS, please contact Carrie Ann Pizarro at 706.565.3527.

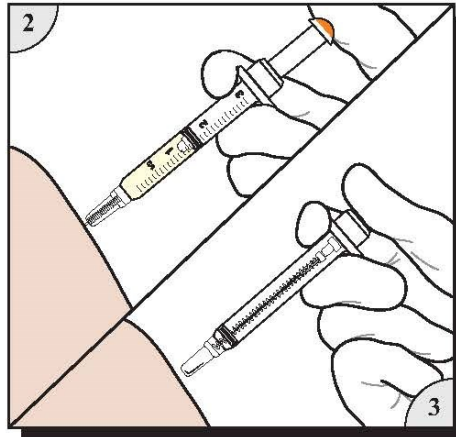


VANISHpoint® Syringe

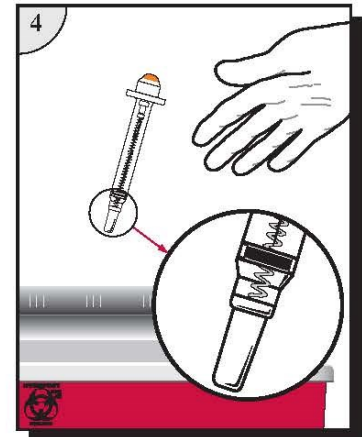
Standard Draw Procedure



In-Patient, Automated Retraction



Non-Reusable



Product Usage Information:

1. Prepare and give injection using aseptic technique according to institutional policy.
2. For injection into patients, continue depressing plunger to activate automatic needle retraction **while needle is still in patient**. For injection into IV ports, continue depressing plunger to activate automatic needle retraction and **immediately remove needle from port**. **Full dose is administered only when needle retraction is activated.**
3. Needle will automatically retract into syringe, preventing exposure to contaminated needle and rendering syringe non-reusable. In the event that needle retraction mechanism does not activate, discard syringe in an appropriate sharps container per protocol of institution. Do not recap contaminated needles.
4. Dispose of VanishPoint® syringe in an appropriate sharps container per protocol of institution.

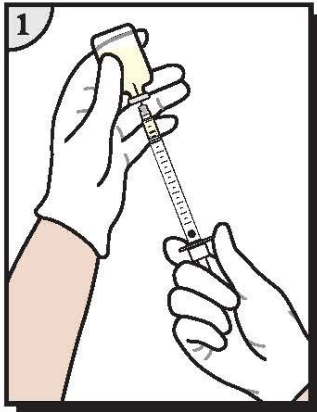
Precautions:

- Single use only. Reuse of this device may result in exposure to bloodborne pathogens, including Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- Contents are sterile, non-toxic, and non-pyrogenic. Do not use if product or package is damaged.
- Not made with natural rubber latex.
- Use only with attached needle. Needle cannot be changed.
- Automated needle retraction occurs only when barrel is emptied and plunger is fully depressed.
- For applications where full dose is not administered, expel remaining contents according to institutional policy and activate needle retraction.
- U.S. Federal Law restricts this device to sale by or on the order of a physician.

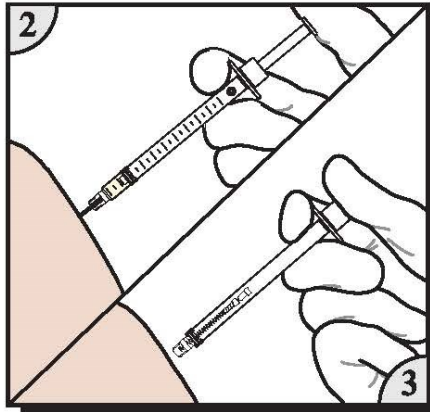


U-100 Insulin Syringe

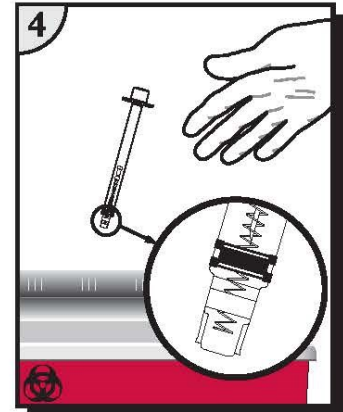
Standard Draw Procedure



In-Patient, Automatic Retraction



Non-Reusable



Product Usage Information:

1. Prepare and give injection using aseptic technique according to institutional policy.
2. For injection into patients, continue depressing plunger to activate automatic needle retraction *while needle is still in patient. Full dose is administered only when needle retraction is activated.*
3. Needle will automatically retract into syringe, preventing exposure to contaminated needle and rendering syringe non-reusable. In the event that needle retraction mechanism does not activate, discard syringe in an appropriate sharps container per protocol of institution. Do not recap contaminated needles.
4. Dispose of VanishPoint® syringe in an appropriate sharps container per protocol of institution.

Precautions:

- Use U-100 Insulin only.
- Single use only. Reuse of this device may result in exposure to bloodborne pathogens, including Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
- Contents are sterile, non-toxic, and non-pyrogenic. Do not use if product or package is damaged.
- Not made with natural rubber latex.
- Use only with attached needle. Needle cannot be changed.
- Automated needle retraction occurs only when barrel is emptied and plunger is fully depressed.
- U.S. Federal Law restricts this device to sale by or on the order of a physician.



Join the WCGRH Foundation today!

Make checks payable to WCGRH Foundation, Inc.

Your *tax-deductible, charitable contribution* to the West Central Georgia Regional Hospital Foundation helps to provide for the special needs of our clients that may not be covered by other funding sources. The Foundation Board, Hospital Staff, and Clients greatly appreciate your continued support of our efforts. For more info on how to join, contact Kayra Velez at 706.568.5207.



Team Facilitator Spotlight: Lindsey Jones

A native to Columbus, GA, I completed a Bachelor of Arts in Psychology and Bachelor of Science in Criminal Justice from Columbus State University. During that time, I worked with several attorneys and debated going to law school. However, after graduation I moved to Atlanta, where I received a Master of Arts in Community Counseling from Argosy University. During the last year of my graduate studies, I moved back to Columbus to be near family, complete my internship and have my amazing daughter. I took a job working in Developmental Disabilities through the local Community Service Board in Columbus, directing a department dedicated to Community

Access Services. Following that, I secured a position managing a private Residential Provider for Developmental Disabilities in the Columbus area. I remained there for a number of years before being employed with WCGRH as a Team Facilitator in 2014. Psychology has always been an intriguing field to me and that intrigue is what has guided my education and career path thus far.

A Very Special Birthday

On January 31st, our hospital RHA John Robertson had a very special birthday. To celebrate, some of our individuals decided to pay him a visit in Building I. They gathered around him to sing happy birthday, do a little southern-style jig, and even presented him with a special handmade card.



Regional Reflections is published monthly. The mission of the newsletter is to provide a forum to educate and inform its readership on issues in behavioral health, strengthen teamwork, and archive hospital events and activities. Regional Reflections staff welcomes items including articles, news items, and photos submitted for publication. However, all items are subject to editorial discretion and will be published on a "space available" basis. Please contact the editor if you have any questions or concerns regarding the newsletter. Thank you for your support.

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