UCSF Medical Center

UCSF Benioff Children's Hospitals

Legislative Update:

California Society for Health Care Risk Management

Susan Penney, JD
Director of Risk Management
UCSF Health

March 11, 2016

Overview

- End-of-Life Option Act
- Health Care Decisions and Patient Rights
- Women & Children
- Confidentiality of Medical Information & Consent
- Allied Health Professionals, Credentialing & Peer Review
- Drugs and Medical Cannabis
- Miscellaneous
- Reminder related to Work Place Violence Plans

UCSF Medical Center

UCSF Benioff Children's Hospitals

End-of-Life and Patient Rights

End of Life Option Act (previously referred to as Physician Assisted Suicide) ABX2 15

- After decades of California rejecting prior legislation and initiatives legalizing physician assisted suicide, the Legislature passed the “End of Life Option Act” in December 2015 during a “Special Session”
- The Act is not effective until 90 days after the end of the special legislative session—Just announced: June 9th
- There is an effort to overturn this thru the Initiative process
- It is a wait and see situation
- CHA & CMA have already prepared a Chapter on this bill.

End of Life Option Act

- Adults with terminal illness and who meet other qualifications may make a request for a drug for the purpose of ending their life
- Qualifications:
  - 18 years of age and Capacity
  - Terminal diagnosis by two physicians (Attending and Consulting): "incurable and irreversible disease ….that will, with within reasonable medical judgment result in death within 6 months
  - California Resident
  - Must not be suffering from mental illness interfering with decision making capacity
  - Must make 2 oral requests separated by 15 days and 1 written request

End of Life Option Act

- Residency: Not difficult: One of the following:
  - Possession of a California Driver license or ID card issued by the State of California
  - Registration to vote in California
  - Evidence that the patient owns, rents or leases property in California
  - The filing of a California tax return for the most recent tax year

End of Life Option Act

- Patient request must be voluntary, not coerced (as determined by the Attending physician)
- The patient must be able to self administer the drug
- There are witnessing requirements for the forms—2 adults who make attestations
- Interpreter requirements set forth competency needed
- Special rules on how the drug prescription is written—prescription form cannot be handed to the patient
- CDPH reporting requirements—must provide forms and “End of Life Option Act Attending Physician Follow up form”

End of Life Option Act—Attending MD

- Attending is defined as the MD who has primary responsibility for the health care of the patient and treatment of the patient's terminal illness (Primary care doctors don't usually take care of cancer?)
- The attending physician's duties are non-delegable and MD must explain all of the patient's end of life options and make many other determinations, including:
  - Terminal disease and 6 month prognosis
  - That the request is voluntary
  - That no coercion is involved (meet separately with patient)
  - That the patient has made an informed decision (statute outlines elements)
  - That the patient has met all the criteria
  - Refer to a consulting physician

End of Life Option Act—Attending MD

- Attending must counsel the patient:
  - Have another person present when meds taken (not in a public place)
  - Notify next of kin (not required to be eligible)
  - Participate in hospice
  - Keep the drug in a safe place until use
  - Make it clear that the patient may withdraw or rescind at any time (even if the patient has lost capacity)
  - Verify before writing the prescription that the patient wants it.
- Attending must complete a mandated checklist
- Attending must refer to mental health specialist if concerns of a mental disorder

End of Life Option Act

- "Consulting Physician" must be "**independent"** from the Attending physician—not defined
  - Similar duties to Attending.
  - Must complete Consulting physician mandated form
- Documentation requirements for Attending and Consulting MD include (see statute):
  - Oral and written requests
  - Patient meets the criteria per the statute
  - Results of mental health evaluation (if done)
  - Offers to withdraw or rescind
  - Note that all requirements met

End of Life Option Act: 5 Forms

- Patient Request for Aid in Dying Drug to End My Life in a Humane and Dignified Manner (H & S Code 443.11 a-b)
- Final Attestation for an Aid in Dying Drug to End My Life in a Humane and Dignified Manner (H & S Code 443.11 c)
- Attending Physician Checklist & Compliance Form (H & S Code 443.22)
- Consulting Physician Compliance Form (H & S Code 443.22)
- Attending Physician Follow-up Form (H & S Code 443.22)

End of Life Option Act

- Institutions and persons have the right to opt out. Requirements set forth in the law:
  - May prohibit physicians and employees from participating while in the course and scope and on premises
  - Cannot control discussion or referral
  - If you opt out, you have no duty to refer the patient to someone who will participate
  - Must give notice to employees of intention to opt out

End of Life Option Act

- Policy Development in institutions is key
  - Decide: Opt in or Out?
  - Implementing the policy is key:
    - Who is involved? Social Work as point of entry?
    - Should you require MD's to be privileged?
    - On the premises or not?
    - MDs present at the time of death?
    - Psych evaluation required?
    - Death Certificate—how is it filled out? Bill is silent
    - Do you want internal reporting for CDPH filing
    - Quality Metrics?

POLST update---NP and PA: AB 637

- Old law: POLST form is signed by a physician
- New law: a POLST may be signed by a Nurse Practitioner or Physician Assistant acting under "the supervision of the physician and under the scope of practice authorized by law"
    - Probate Code section 4780
- Rationale: Since NP's and PA's are talking to patients about end-of-life options, why not let them sign the form?---they can already order drugs and sign medical certificates
- NOTE: What kind of "supervision" is being performed by your physicians?

POLST Pilot e-Registry: SB 19

- The California Emergency Medical Services Authority is to coordinate a pilot (in a single or multiple geographic area)
- Without using public funds, the Authority must work with "stakeholders" to develop guidelines on:
  - How e-registry will operate?
  - How will the POLST be submitted, updated, withdrawn?
  - How will the e-registry verify the users and maintain privacy?
  - How disclosures of POLST will comply with privacy laws
- Question: does anyone know that there is an Advance Directive registry? How do we prevent fraud? How do we account for the fluidity of the POLST?

- Probate Code section 4788

Conservators & Patient Rights AB 1085

- Back in 2014: a new law limiting a conservator's right to limit phone calls, etc. or isolate a conserved person
- New Law: A court may issue an order that grants a conservator the power to enforce the person's rights to receive visitors, telephone calls or personal mail.
- Conservators shall provide notice of death to certain persons
- Advance Directive Agents must also notify persons identified by the patient of the patient's death.
  - Probate Code sections 2351, 2361, 4691
- NOTE: Always obtain the court orders related to the scope of conservator's authority.
- Hollywood Note: Casey Kasem's 2nd wife attempted to limit visitation from his daughters

Family Care Givers and Discharge Planning: SB 675

- Hospitals are required to:
  - Provide inpatient the opportunity to identity a family care giver who may assist in post-hospital care (record in medical record the name or the patient declination of such designation)
  - If patient lacks capacity or unconscious, ask the personal representative to ID family caregiver and/or allow patient to ID after regaining capacity
  - Family Caregivers are to be given notice of discharge or transfer asap or upon issuance of a discharge order –BUT inability to reach the caregiver shall not interfere with or delay care or discharge—attempts to notify must be documented in the medical record

Family Care Givers and Discharge Planning: SB 675

- Patient and caregiver are to be allowed opportunity to participate in discharge planning and instructions about post hospital care, medications, devices—and allow caregiver to ask questions
- Information is to be given in a culturally competent manner and in the language understood by the patient and caregiver
- Family caregivers are defined as: a relative, friend, or neighbor who provides assistance related to an underlying physical or mental disability but who is unpaid for those services
- You must follow the privacy rules on disclosing PHI
    - Health & Safety Code section 1262.5
- Legislative Intent: to recognize and empower family caregivers to help avoid readmission

Language Assistance Policies: Posting on hospital and CDPH websites: AB 389

- Current law: hospitals must update their language assistance services policies yearly and send to CDPH
- Now: hospitals must post their policies on their websites in English and in a maximum of 5 other languages used in the hospital's service area
- CDPH must make these policies available on their website
    - H & S Code section 1259
- Legislative Rationale: Provide greater oversight and enable policymakers and consumers to access information about the legal requirements

5150 Holds: Factors that may be considered: AB 1194

- The bill intends to clarify the factors to be considered in placing a 5150 hold.
- The purpose of the bill is to gain a more even application of the provisions of 5150
- The person placing the hold “shall not be limited to consideration of the danger of imminent harm”. Danger also constitutes a “present risk of harm”
- The determination shall consider available relevant information about the historical course of the person’s mental disorder

5150 Holds: Factors that may be considered: AB 1194

- The 5150 hold application shall state if this historical information was considered in deciding to hold the person
  - Welfare & Institutions Code section 5150
- Sponsored by Law Enforcement
- Supported by California Psychiatric Association, CMA, CHA
- Opposed by Disability Rights California
- Question: Where do they get the historical information?
- Where will they get the mental health treatment?
- Will this increase the 5150 holds in your ED?
- Where is the legislation on more mental health care access?

Prisoners' Rights to a Surrogate: AB 1423

- Like all of us, the prisoner population is aging and the mechanisms for obtaining conservatorship takes months
- Bill reiterates a prisoner's right to make decisions and have surrogates appointed, and moves the capacity determination to the institution (as opposed to the courts)
- Prisoners have the same rights to execute Advance Directives, etc.
- Physicians and Dentists may now file a petition with the Office of Administrative Hearings to have an administrative law judge determine capacity to make health care decisions
- Bill outlines procedural requirements
  - Penal Code Section 2604 (new)

Restraints and Seclusion reporting: AB 918

- Legislative Intent: to reduce or eliminate the use of seclusion and restraints: a way to do this is to have the data publically reported
- Department of Developmental Services will publically report every quarter on its website:
  - The number of incidents of use of physical/chemical restraints by Regional Center vendors, long term care facilities or acute psychiatric hospitals that serve people with developmental disabilities.

Restraints and Seclusion reporting: AB 918

- These facilities must report to “Disability Rights California” each death or serious injury of a person occurring during, or related to the use of seclusion, physical restraint, or chemical restraint, or any combination thereof
- Report due to close of next business day. Must include encrypted identifier of the client, and the name/address/phone # of the facility
  - Welfare & Institutions Code section 4436.5, 4659.2

UCSF Medical Center

UCSF Benioff Children's Hospitals

Women and Children

Vaccines—Elimination of Personal Belief Exemption: SB 277

- Students are no longer granted a immunization Personal Belief Exemption for admission to elementary or secondary school, child care centers, nurseries, family day care homes or development centers
- BUT, if the parent has filed a letter before January 1, 2016, the child can remain enrolled until they hit the next grade span, defined as:
  - Birth to preschool
  - K and grades 1 to 6
  - Grades 7 to 12
- Law does not apply to home-based private schooling and non-classroom independent study

– H & S Code sections 120325 et. seq

Vaccines—Elimination of Personal Belief Exemption: SB 277

- If The Department of Public Health wants to add immunization requirements in the future, those requirements must allow for medical or personal belief exemptions
- Physicians may provide written medical exemption stating:
  - That the immunization isn't safe
  - The specific nature and probable duration of the medical condition or circumstances
  - Any family history that provides the basis for the recommendation (H & S Code section 120370)

Car Seats—Rear Facing for 2 and under: AB 53

- Parents, legal guardians or drivers must secure children under the age of 2 in a rear-facing child passenger restraint system (except if child is 40 pounds or more or 40 inches or more.)
- A new form will be developed to give to parents
- Former law: only addressed children under 8 and did not specify rear-facing.
  - Vehicle Code section 27360
- Legislative Intent: we need this because car accidents are still the leading cause of death in children

Foster Children: Oversight of Psychotropic drugs by public health nurses: AB 319

- Legislative intent: Better oversight of this drug use is needed: 1 in 4 foster children and 56% of children in group homes are receiving psychotropic medication----Are they being used appropriately?
- The duties of the foster care public health nurse are expanded to include monitoring and oversight of this medication
- Health care providers are authorized to disclose medical information to these nurses to coordinate care for foster children or dependents and wards of the court

Expanded Definition of Child Abuse: SB 794

- Acts that constitute “child abuse” include commercial sexual exploitation, defined as:
  - ‘Sexual trafficking of a child, or providing food/shelter/payment to a child for sex”
    - Penal Code Section 11165.1

Reproductive FACT Act: AB 775

- FACT = “Freedom, Accountability, Comprehensive Care and Transparency”
- Legislative Intent: poor women need to know about public programs for family planning, prenatal care and abortion
- Law applies to clinics licensed under H & S code section 1206: a primary care community or free clinic and that is operated on separate premises from the licensed clinic and is only open for limited services of no more than 20 hours a week. They must post the following language:
  - “California has public programs that provide immediate free or low-cost access to comprehensive family planning services (including FDA approved methods of contraception), prenatal care, and abortion for eligible women. To determine whether you qualify, contact the county social services office at ____(phone number)”

Assisted Reproduction: Intent to Parent: AB 960—Alert Your Infertility Clinics

- When a woman conceives through assisted reproduction with semen or ova or both donated by someone NOT her spouse, with the consent of another intended parent, that intended parent is treated as the natural parent
- Sperm donors are NOT considered the natural parent unless otherwise agreed to in writing
- The intended parent may, but is not required to, **use a new form** to demonstrate the intent to be a legal parent of a child conceived through assisted reproduction
- Legislative Intent: For couples using assisted reproduction to conceive, this bill seeks to clarify and simplify the rules to ensure that intended parents, as well as sperm and egg donors who do not intend to parent are recognized as such

---

- Family Code section 7613, 7613.5

UCSF Medical Center

UCSF Benioff Children's Hospitals

Confidentiality and Consent

Pre-Litigation Attorney Requests for Medical Records: AB 1337

- Legislative History: The author of this bill asserted that provider specific forms cause undue burden and delay in getting medical records.
- This law amends Evidence Code section 1158 and provides:
  - When attorneys or their representatives ask for records before the filing of a lawsuit, providers must accept use a standardized form –see sample form in Consent Manual
  - If the records are kept electronically, electronic production of the record is required in the form requested. If not available in that form, then a mutually agreed to format
  - Remember: records must be provided within 5 days

– Sponsored by Trial attorneys

Emergency Medical Services: providing medical information to them AB 503

- HIPAA allows for the release of information to EMS; CMIA does not
- Public policy supports assisting EMS in doing quality reviews of its services
- This new law allows a health facility to release patient identifiable information to an EMS provider related to a patient who was treated or transported to the hospital by EMS
  - Minimum necessary applies
  - Hospital is not mandated to provide such information
    - Health & Safety Code section 1797.122

Tele-health Consent: AB 250

- Expands the definition of “health care provider” to include a marriage and family therapist intern or trainee
- These interns and trainees may provide services via tele-health within the scope authorized and in accordance with tele-health regulations.
    - Business & Professions Code section 2290.5, 4980.43
- NOTE: Clarifies existing law that allows MFT interns and trainees to do Tele-health

Breach Reporting: Encryption Defined AB 964

- Watered Down Bill: Simply confirms the definition of “encrypted” to the HIPAA standard:
  - Encrypted: rendered unusable, unreadable, or indecipherable to an unauthorized person through a security technology or methodology generally accepted in the field of information security
    - Civil Code section 1798.29

UCSF Medical Center

UCSF Benioff Children's Hospitals

Credentialing, AHP Supervision and Peer Review

Evidence Code Section 1157 now applies to Pharmacists: SB 672

- Evidence Code section 1157 provides an exemption from discovery the activities of Medical Staff committees related to quality, patient safety peer review
- This bill adds “pharmacists” to the list of providers who enjoy this exemption from discovery

  – Evidence Code section 1157

Supervision of Physician Assistants: SB 337

- Provides more options for meeting supervision requirement
- Old law: Supervising MD must review, countersign and date a sample of at least 5% of a PA's cases within 30 days of treatment—with the new law, this option remains.
- New law: provides an alternative method for meeting the supervision requirement: MD and PA may meet (either in person or electronically) at least 10 months of the year and review at least 10 medical records which must be jointly signed and dated
  - Business & Professions Code section 3501, 3502, 2502.5

Supervision of Physician Assistants: SB 337

- Schedule II drug review: MD may review, countersign and date, within 7 days, a sample of at least 20% of cases where Schedule II drug order carried out;
- PA must complete certain continuing education courses
- Cases selected for review must be those that present the most significant risk to the patient re: diagnosis, problem, treatment or procedure
  - Business & Profession Code section 3501, et. Seq.
- Question: Have you recently verified whether NP or PA supervision requirements are being met?

Ambulatory Surgery Centers & Outpatient Settings —Credentialing and Inspections: SB 396

- Legislative Intent: since more and more surgery is being done at ASC's, more oversight is needed
- Peer Review details more specifically defined: Each licensee is to be peer reviewed every 2 years, with standard elements of review, done by qualified peers, reported to the governing body
- Inspections: Old rule was that inspections were done no less than once every 3 years
- Inspections: New law: Can be unannounced with a notice that an inspection will occur within 60 days.
  - Business & Professions Code 805.5, Government Code section 12529.7, Health & Safety Code section 1248.35

UCSF Medical Center

UCSF Benioff Children's Hospitals

Drugs and Medical Cannabis

CURES Extension: AB 679

- Prior legislation required Schedule II--IV drug prescribers to register with CURES---(Controlled Substance Utilization Review and Evaluation System) by January 1, 2016
- It became apparent that the updated version of CURES was not fully operational……SO
- This Bill extends the time to register with CURES to July 1, 2016
    - Health and Safety Code section 11165.1

Organ Transplant Eligibility for Medical Marijuana Users: AB 258

- Compassionate Use Act of 1996 allows the use of marijuana for medical purposes—ID cards are issued
- The author of this bill asserts that “arcane public health policies” treat medical marijuana users as “drug abusers”
- This law provides that hospitals, physicians, procurement organizations and others shall not deem a patient ineligible for an organ based SOLELY on:
  - Being a qualified medical marijuana user
  - Testing positive for medical marijuana
- Cases must be evaluated on a case by case basis and the physician may evaluate if use of MM is medically significant to the provision of the organ

- H & S Code section 7151.36

Medical Marijuana and the Medical Board: SB 643

- The legislative history of this bill discusses the inconsistency between State and Federal law and the confusion that has resulted
- It reiterates the illegality of Marijuana
- It sets forth new Business and Profession Code requirements related to Physician recommendation of Medical Marijuana
- It can only be viewed as a “crack down”
- The Bill also sets forth standards for cultivation and selling of MM
  - Business & Professions Codes section 2220.05, 2525 et. Seq.

Medical Marijuana and the Medical Board: SB 643

- Business & Profession Codes related to the Medical Board's authority:
  - Repeated acts of excessively recommending cannabis and recommending without a good faith prior examination and medical reason is now added to the Prioritization list—it is #4 (cannabis was previously not on the list)
  - The Medical Board can take action against a physician for recommending medical cannabis
  - Recommending medical cannabis to a patient for a medical purpose without an appropriate prior examination and a medical indication constitutes unprofessional conduct (not on the list before)

Medical Marijuana and the Medical Board: SB 643

- Physicians cannot receive, solicit, accept or offer remuneration from a cannabis facility
- If a physician decides to advertise that they will make recommendations for cannabis, they must include in the advertisement the following language:
  - **NOTICE TO CONSUMERS: The Compassionate Use Act of 1996 ensures that seriously ill Californians have the right to obtain and use cannabis for medical purposes where medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of medical cannabis. Recommendations must come from an attending physician as defined in Section 11362.7 of the Health and Safety Code. Cannabis is a Schedule I drug according to the federal Controlled Substances Act. Activity related to cannabis use is subject to federal prosecution, regardless of the protections provided by state law**

UCSF Medical Center

UCSF Benioff Children's Hospitals

Miscellaneous

Antimicrobial Stewardship: SNFs are now invited to the party: SB 361

- Joining their hospital colleagues, by January 1, 2017 SNFs must:
  - implement an antimicrobial stewardship policy per federal guidelines—
    - Policies to monitor judicious use
    - Workgroup or committee must be physician supervised (with requisite background)
    - Must report in quality data

H & S section 1275.4

- Bonus: Veterinarians: starting January 1, 2018, Vets must complete 1 hour of continuing education on the "judicious use of antimicrobial drugs" every 4 years

Epidural and Enteral Feeding Connectors: AB 444

- Legislative intent: concern related to misconnections of devices and lines related to “connection between unrelated delivery systems”
- The industry had a deadline for developing the appropriate connectors--they didn’t meet the deadline because of “complications” between the manufacturers and distributors have delayed the ability of the industry to adequately fill the supply chain
- Thus, the deadline for implementation of the prohibition from using certain intravenous connectors is extended to July 1, 2016
- Thus, the deadline for implementation of the prohibition from using certain epidural connectors is January 1, 2017.

- Health & Safety Code section 1279.7

CDPH "Streamlined" Administrative Process: AB 614

- This bill authorizes a streamlined process to update regulations to reflect updated state or national standards: process:
  - Posting of Department's proposed adoption of the standard with notification to "stakeholders" –45 days
  - Posting on California Regulatory Notice Registry
  - Accept public comment for at least 30 days after 45 day posting; Department not required to provide written responses to public comments
  - Public hearing can be requested by public
  - If public comments oppose adoption, then usual regulatory process is followed; if no opposition, Department updates approval on its website

– Health & Safety Code section 1275

Primary Care Clinics—Written Transfer Agreements: AB 1177

- Former law required a primary care clinic to have written transfer agreements with hospitals as a condition of licensure
- New: this requirement (and thus the associated Regulations) is now eliminated
- When transferring a patient, clinics are required to send with the patient all medical records relevant to the transfer (as soon as possible if it is an emergency)
- However, alternative birth centers are still required to have such agreements
  - Health & Safety Code section 1204.2

UCSF Medical Center

UCSF Benioff Children's Hospitals

Reminder: Work Place Violence Prevention Plan

Reminder: Workplace Violence Prevention Plans: SB 1299- Overview

- Current law: Hospitals are currently required to have programs to reduce workplace injuries referred to as Injury and Illness Prevention Programs (IIPP).
- Approved by Governor 9-29-14—Hospitals now must adopt a Workplace Violence Prevention Plan to protect workers and other facility personnel from aggressive and violent behavior
- Cal/OSHA must issue regulations by July 1, 2016

Scope of Proposed Standard

- Medical Centers, outpatient clinics, paramedic and emergency medical services, mobile clinics, medical outreach, ancillary health care
- General acute care, acute psychiatric and specialty hospitals
- Note: The training requirements extend to ALL employees and people on our premises (temporary employees, physicians included)
  - General Training (via AST)
  - Department Specific Training (Instructor led)
  - Responder specific Training (Instructor led)

What is workplace violence

Definition:

- Use of physical force against a hospital employee by a patient or visitor that causes or has a high likelihood of causing, injury, psychological trauma or stress regardless of whether the employee sustains injury.
- Incident involving the use of a firearm or other dangerous weapon, regardless of whether employee sustains an injury.
- Four Types……

Types of Workplace Violence

- Type 1: Violence with Criminal Intent
- Type 2: Violence directed at employees by customers, clients, patients, students, inmates or others who are served
- Type 3: Violence against coworkers, supervisors, or managers by a present or former employee
- Type 4: Violence committed by someone who doesn't work here but has a personal relationship with an employee

Major Requirements

- Policy & Department/Unit Specific Plans
  - Physical Assessment and potential for Capital Improvements
- Initial and Annual Training Program
- Violent Incident Log
- State Reporting: All IRs require reporting to CAL/OSHA regardless of whether an employee(s) sustains an injury(ies).

Reporting?

Think about the following situations which occur almost ***daily:***

- A patient who is delusional who swings at a nurse
- A patient who throws a urinal but misses a nurse
- A patient who is verbally abusive to the staff, causing stress

Policy & Department/Unit Specific Plans

1. Written document, reviewed annually
2. Available to employees at all times
3. Employees and representatives must be involved in the planning and assessment, implementing, and reviewing the plan including participation in correcting workplace violence hazards
4. Procedures to communicate with employees regarding WPV matters
5. Methods to implement and ensure compliance
6. Interactive Training that allows employee participation
7. Procedures to identify environmental factors (staffing, security systems, job design, equipment and facilities)
8. Procedures to identify patient specific risk
9. Procedures for post-incident investigation and F/U

Initial and Annual Training Program (General)

- WPV Policy and appropriate Departmental/Unit Plans
- Recognize potential for violence and how to seek assistance and respond (Employee compliance with plan and policy is key, EEs need to be held accountable)
- Strategies to avoid harm
- How to report within facility and to law enforcement
- Availability of coping resources
- Tools to identify and assess potential violent situations involving patients, visitors or other persons who display disruptive behavior or otherwise pose a risk

Initial and Annual Training Program (Responder)

- Aggression and violence predicting factors
- The assault cycle
- Characteristics of aggressive and violent patients and victims
- Verbal and physical maneuvers to defuse and prevent violent behavior
- Strategies to prevent physical harm
- Restraining techniques
- Appropriate use of chemical restraints
- An opportunity to practice the maneuvers and techniques

On Line training can't provide this…...



Violent Incident Log

- Employer shall record every incident, post-incident response and workplace violence injury investigation in a log
  - Incident facts
  - Employee's account of incident
  - Consequences and outcome
  - Name of person completing the entry
- Used in Annual Evaluation of program and all departmental plans.

State Reporting

- Hospitals will have to report workplace violence incidents as of January 1, 2017 to Cal-OSHA (Cal-OSHA must post data on its website per SB 1299).
- Must report violent incidents to Cal/OSHA within 72 hours, but must report within 24 hours if incident:
  - results in injury
  - Involves use of firearm or other dangerous weapon
  - Presents urgent/emergent threat to welfare, health or safety of personnel
  - Note: what triggers the reporting: The event? The notice to Manager or hospital? How will OSHA interpret?

How are we Preparing

- Stakeholders:

- *Executive Leadership*
- *Security*
- *EH&S*
- *Nursing*
- *Risk Management*
- *HR*
- *Labor*
- *Practice managers*
- *Physicians*
- *Psych*
- *Threat Management Team*

Challenges

- Oversight Model (Who's in charge?)
- Current relationship with unions
- Standardization across enterprise
- $$$$$$ (Exam redesign, panic alarms, Training, FTE…etc.)
- Patients and Family Demographics (plans of correction are hard to develop)
- Employee accountability & compliance
- Culture Change….Safety & Security is everyone's responsibility

What Will You Need?

- Executive Sponsor(s) to ensure barriers to the work are removed
- Interim Project Management Resource
- Future Workplace Violence Prevention Coordinator
- Employee Support resource
- Behavior Rapid Response Team (?)
- Increase in Security Force (#s)
- Third party training resource TBD
- Staff will require time for departmental and responder level training. Responder level training could be between 2 – 8 hrs annually.
- Capital Improvements (i.e. panic alarms, barriers, space re-design)