

4-14-2021

## Violence Has No Home in Healthcare

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COLLEGE OF POPULATION HEALTH

# *PopTalk* Webinar Series

## The Safe Hospital Environment: Reducing the Risk of Violence

April 14, 2021 | 12:00-1:00pm ET

Ellen Crowe, MBA, MS

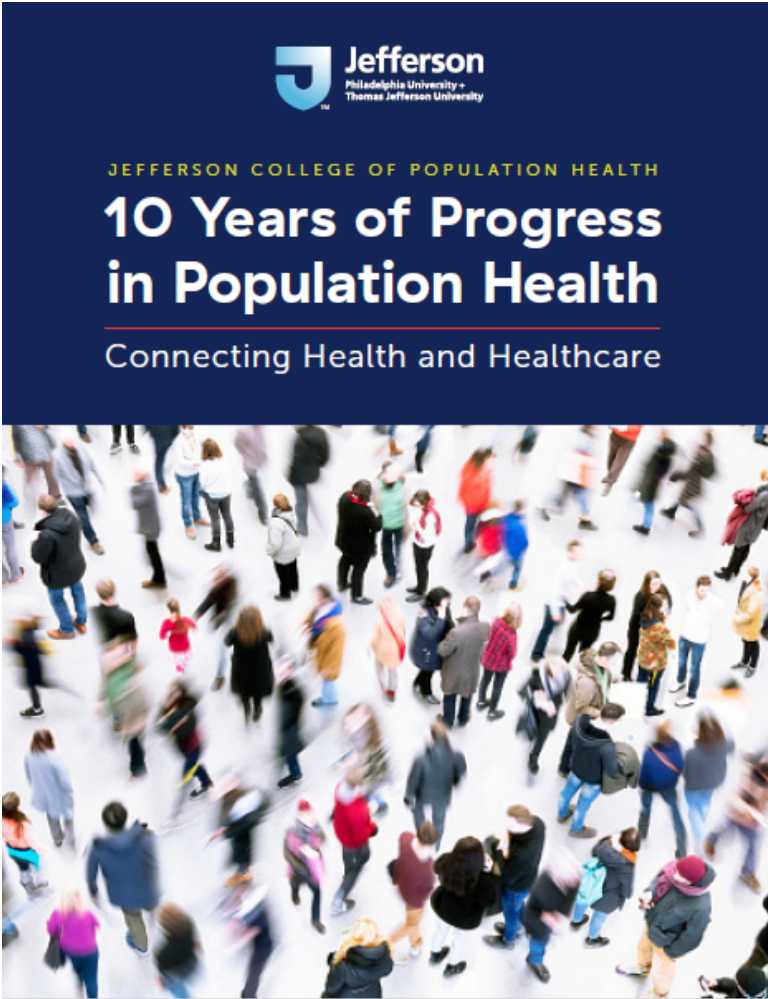
Carl J. Schiessl, JD

Mary Reich Cooper, MD, JD



**Jefferson**  
Thomas Jefferson University

# Jefferson College of Population Health



# The Safe Hospital Environment: *Reducing the Risk of Violence*

## Featuring



**Ellen Crowe, MBA, MS**  
*Director Clinical Excellence & Care Redesign*  
Connecticut Hospital Association



**Carl J. Schiessl, JD**  
*Senior Director, Regulatory Advocacy*  
Connecticut Hospital Association



**Mary Reich Cooper, MD, JD**  
*Program Director, Healthcare Quality  
& Safety and Operational Excellence*  
College of Population Health

# THE SAFE HOSPITAL ENVIRONMENT: REDUCING THE RISK OF VIOLENCE



April 14, 2021

## **NO CONFLICTS OF INTEREST**

No relevant financial or non-financial relationship(s) within the services described, reviewed, evaluated or compared are in this presentation

Objective 1: Demonstrate best practice and innovative strategies designed to decrease the incidence of violence in healthcare utilizing high reliability principles and practices

Objective 2: Identify specific workplace violence strategies that will protect your workforce and the communities they serve both at the macro- and micro-system level



# SAFER HOSPITALS INITIATIVE

The Safer Hospitals Initiative began in 2016 with a goal of creating a safer and more supportive workplace.

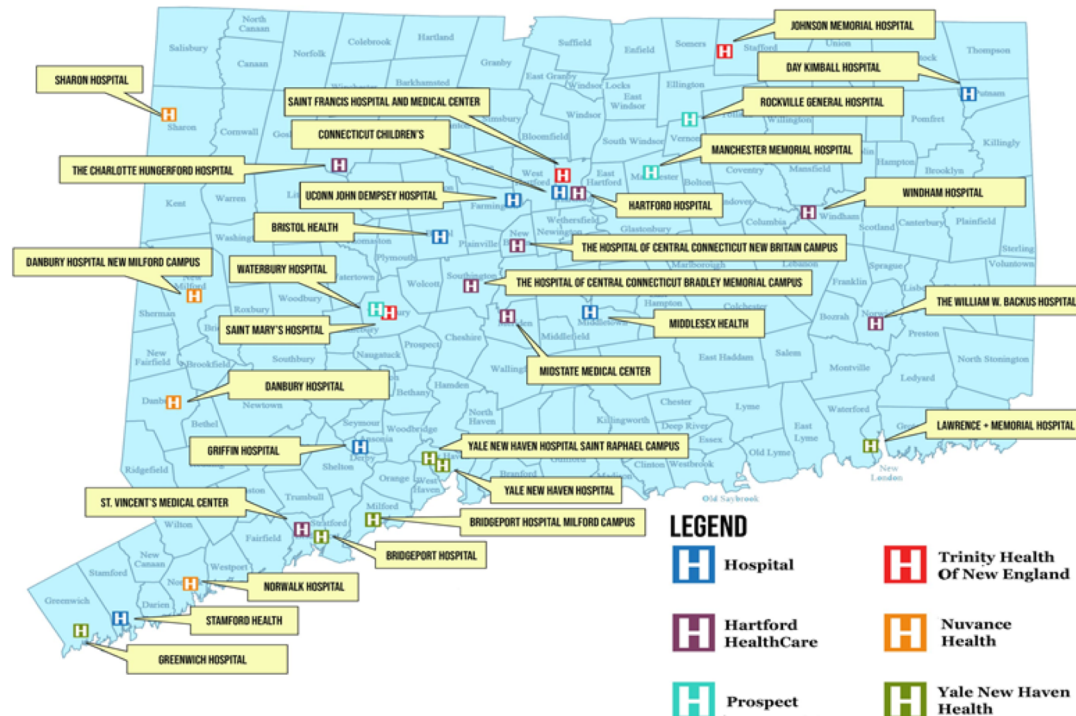
The initiative is led by the Connecticut Hospital Association (CHA), which represents hospitals and health-related organizations. With more than 90 members, CHA is one of the most respected hospital associations in the nation.





# CONNECTICUT'S JOURNEY

In 2012 Connecticut began an ambitious statewide initiative to eliminate all-cause preventable harm using high reliability science to create a culture of safety





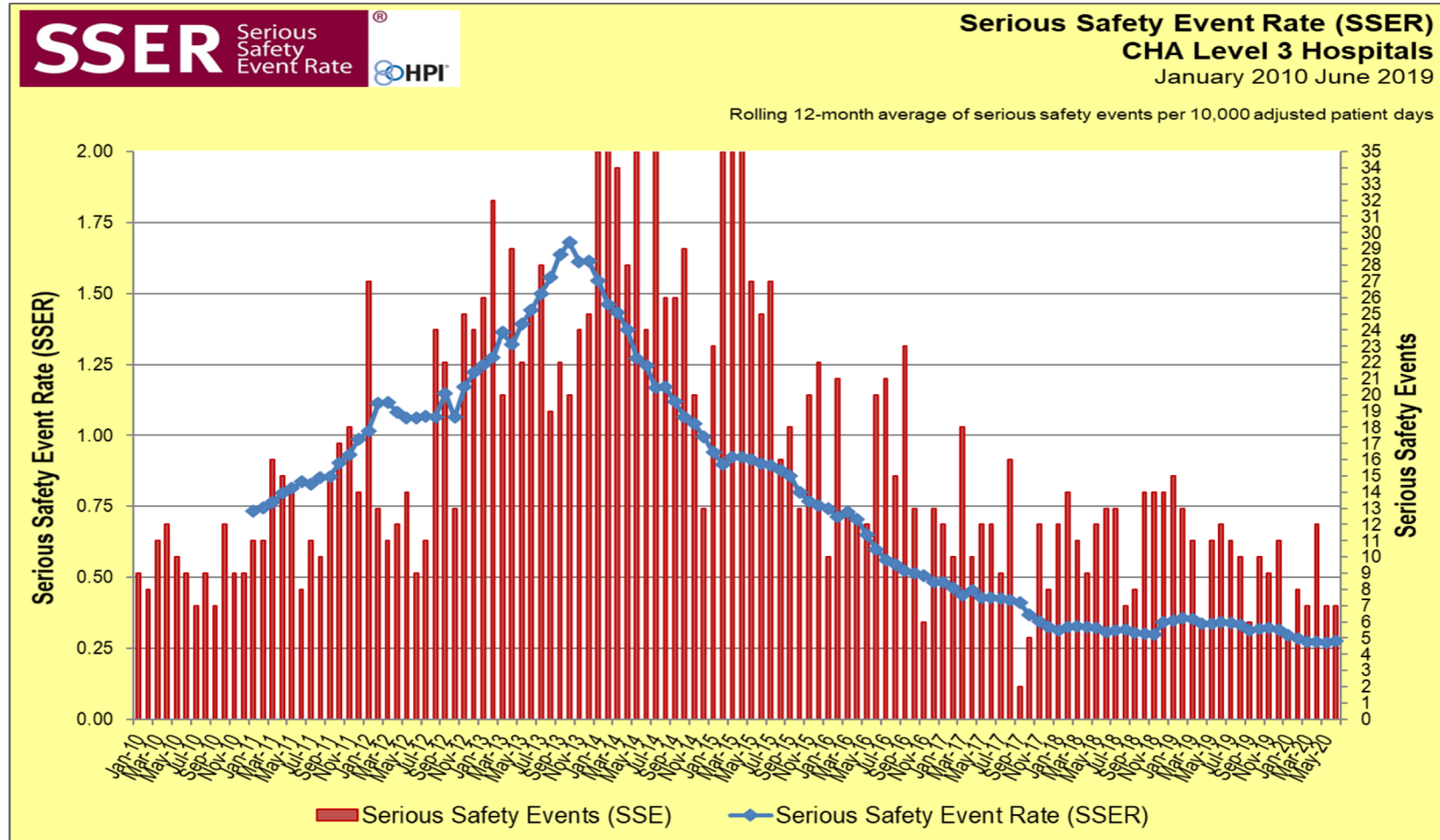
# CONNECTICUT'S JOURNEY

Since the Collaborative began in 2012, more than **60,000** Connecticut hospital leaders, medical staff, and employees have received training in leadership and safety behaviors

**In 2017 Connecticut began another ambitious statewide initiative to eliminate all-cause preventable harm for everyone in the hospital**

# CONNECTICUT DATA

84%  
REDUCTION





# **HOW COMMON IS VIOLENCE IN HEALTHCARE COMPARED TO PRIVATE INDUSTRY ON AVERAGE?**

# NATIONAL PERSPECTIVE

## Healthcare workers are at an increased risk for workplace violence

- From 2002 to 2013, incidents of serious workplace violence were **4 times more common in healthcare than in private industry on average**
- In 2018, the Bureau of Labor Statistics reports that health care and social service workers suffered 73 percent of all workplace violence injuries caused by persons in 2018 and are nearly **5 times as likely to suffer a workplace violence injury than workers overall**
- In 2019, The Bureau of Labor Statistics reported that rates of violence and injury caused by persons in these workplaces ranged from **3.8 times to as high as 82 times the average American work place**
- Between 2001 and 2018, the Bureau of Labor Statistics data show that private sector injury rates of workplace violence in health care and social service sectors **increased by 54 percent**

<https://www.govinfo.gov/content/pkg/BILLS-117hr1195ih/html/BILLS-117hr1195ih.htm>

<https://www.osha.gov/news/newsreleases/trade/12012015#:~:text=From%202002%20to%202013%2C%20incidents,as%20all%20other%20industries%20combined.>

<https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.htm>

# WORKPLACE VIOLENCE REPORTING

According to the Centers for Disease Control and Prevention (CDC), verbal assaults, threats, and assaults that do not cause permanent injuries might not be reported for various reasons, such as:

1. Healthcare workers may accept violence as one of the risks of the job
2. There may be a sense of acceptance of bad behavior due to patients or their families being under extreme levels of stress
3. Reporting structures are either not in place or are prohibitive because they are so complex and time consuming
4. Healthcare workers may fear the possibility of negative effects on their licenses, reputations, and/or employment

## NATIONAL PERSPECTIVE

- 100% of ED nurses reported experiencing verbal assault; 82.1% reported experiencing physical assault in the last year
- According to a survey of 3,500 American emergency physicians conducted by the American College of Emergency Physicians, 47 percent of emergency room doctors have been physically assaulted at work, and 8 in 10 report that this violence is affecting patient care
- 40% of psychiatrists reported experiencing physical assault
- The rate of workplace violence among psychiatric aides is 69X higher than the national rate of workplace violence

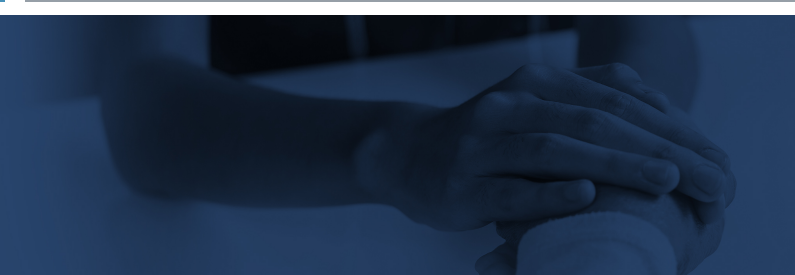
# NATIONAL PERSPECTIVE

- Almost 75% of all workplace assaults between 2011 and 2013 happened in healthcare settings
- 80% of emergency medical workers will experience violence during their careers
- 78% of ED physicians nationwide reported being the target of workplace violence in the past year

<https://pubmed.ncbi.nlm.nih.gov/20133103/>

<https://bulletin.facs.org/2018/07/joint-commission-issues-alert-on-violence-prevention-in-the-health-care-workplace/>





## Top 6 Most Upsetting Events:

1. Providing care to a patient who is a relative or close friend and is dying or in serious condition
2. **Threatened physical assault of self**
3. Multiple trauma with massive bleeding or dismemberment
4. Death of a child
5. Providing care to traumatized patient who resembles yourself or family members in age and appearance
6. Caring for severely burned patients

# LEGISLATIVE FOCUS

## H.R. 1195 Workplace Violence Prevention for Health Care and Social Service Workers Act

- Requires employers to develop plans to prevent and investigate instances of workplace violence
- Mandates training, education, and record-keeping requirements
- Enforcement authority vested in federal Occupational Health and Safety Administration (OSHA)



# CONNECTICUT'S WORKPLACE VIOLENCE PREVENTION LAW



2011 state law mandates:

- Establishment of workplace safety committee
- Risk assessment
- Written workplace violence prevention and response plan
- Record-keeping requirements
- Adjustment of patient care assignments when a patient has threatened or physically abused an employee

# CONNECTICUT'S WORKPLACE VIOLENCE REPORTING LAW



Since 2016, the Connecticut Department of Public Health (DPH) has accepted workplace violence incident reports from licensed healthcare facilities.

The reports must include:

- The number of incidents
- Where such incidents occurred

# INCIDENT LOCATIONS – ACUTE CARE AND CHILDREN’S HOSPITALS

92.5% of incidents reported in 2019 occurred in five locations:

1. Emergency Departments - 37.2%
2. Medical/Surgical Floors - 18.6%
3. Inpatient Behavioral Health Units - 17.6%
4. Other Outpatient Care Areas - 11.8%
5. Outpatient Behavioral Health Units - 7.3%

# CRIMINAL LIABILITY FOR ASSAULTING A HEALTH CARE WORKER

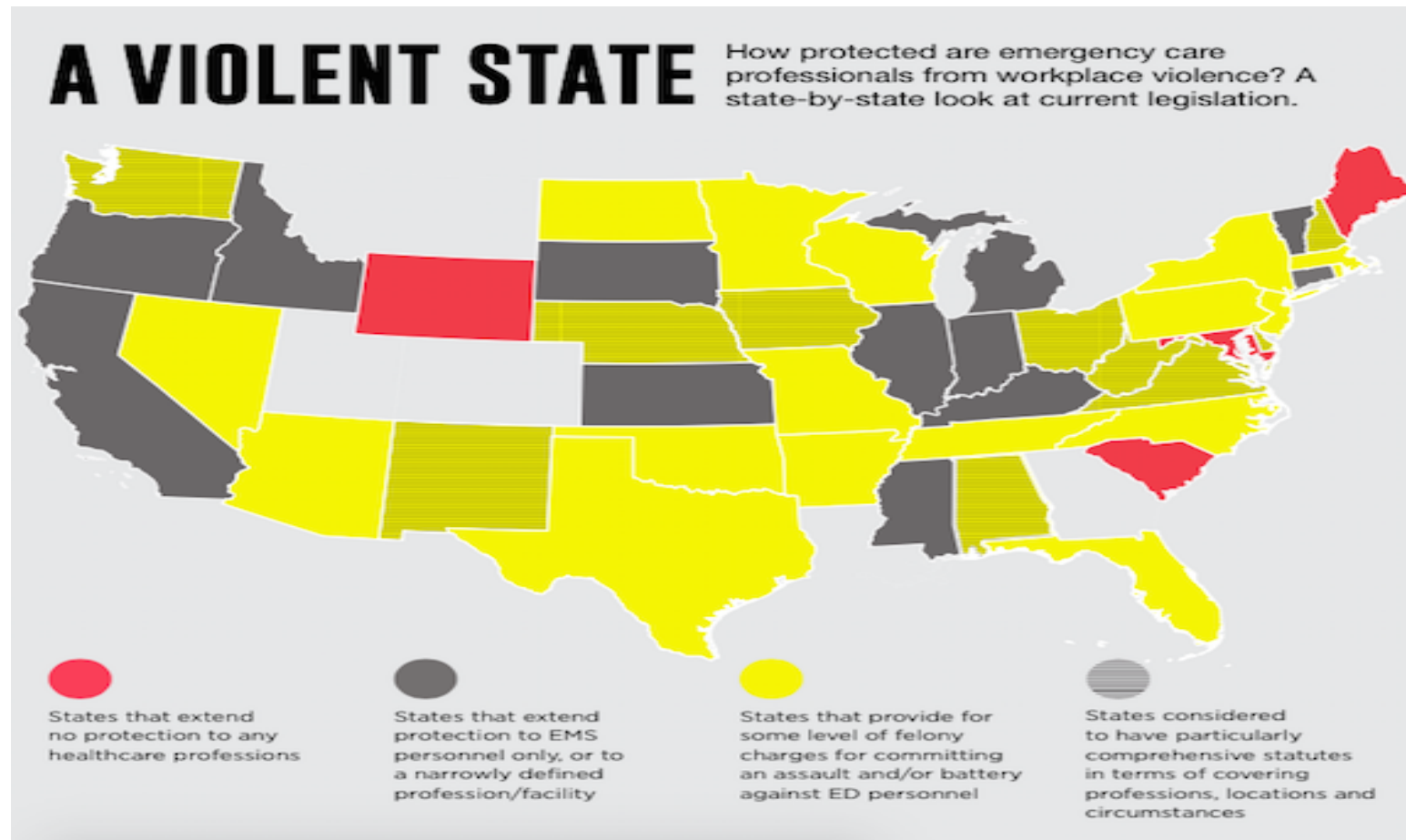


- A Class C felony
  - Fines and imprisonment
- Exception for disabled individuals where conduct was a clear and direct manifestation of the disability



Source: Connecticut General Statutes Section 53a-167c

# LEGISLATIVE PROTECTIONS





## **Sentinel Event Alert Issue 59, April 17, 2018**

- Types of violence
- Who is committing the violence
- Risk factors for violence
- Recommendations for healthcare workers
- Recommendations for healthcare organizations



## Emerging Issues

### – Workplace Violence

#### Requirements for Workplace Violence Prevention in Hospital and Critical Access Hospital Accreditation Programs Field Review

Field Review Start Date: January 5, 2021  
End Date: February 16, 2021

#### LD.03.01.01

145 Leaders create and maintain a culture of safety and quality throughout the hospital.

#### Elements of Performance (EPs) for LD.03.01.01

- 146 1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- 147 2. Leaders prioritize and implement changes identified by the evaluation.
- 148 4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine  
149 a culture of safety.
- 150 5. Leaders create and implement a process for managing behaviors that undermine a culture of  
151 safety.
- 152 **9. The hospital has a workplace violence prevention program led by a designated  
153 individual and developed by a multidisciplinary team that includes the following:**  
154 **- Policies and procedures to prevent and respond to workplace violence**  
155 **- A process to report incidents in order to analyze events and trends**  
156 **- A process for follow up and support to victims and witnesses by workplace**  
157 **violence, including trauma and psychological counseling, if necessary**  
158 **- Reporting of workplace violence incidents to the governing body**  
159 **(See also HR.01.05.03, EP 29)**

#### Glossary:

Workplace violence: An act or threat occurring at the workplace that can include any of the following: verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; or physical assaults involving staff, licensed practitioners, patients, or visitors.

# PATIENT SAFETY AND WORKER SAFETY ARE LINKED

The Joint Commission recommendation: healthcare organizations consider making patient and worker safety a core organizational value and develop a business case for integrating patient and worker safety activities across departments and programs

## Goals:

- Workers' compensation savings
- Lower turnover
- Improved staff morale
- Increased patient satisfaction
- **Fewer patient adverse events**

Sokas R, Braun B, Chenven L, et al. Frontline hospital workers and the worker safety/patient safety nexus. *Jt Comm J Qual Patient Saf.* 2013;39(4):185-192. doi:10.1016/s1553-7250(13)39025-4

*A deviation from Generally Accepted Performance Standards (GAPS) that...*

### **Serious Safety Event**

- Reaches the patient
- Results in moderate to severe harm or death

**Cause Analysis: RCA Required**

### **Precursor Safety Event**

- Reaches the patient
- Results in minimal harm or no detectable harm

**Cause Analysis: ACA, possible RCA**

### **Near Miss Safety Event**

Does not reach the patient – error is caught by a last strong detection barrier designed to prevent event

**Cause Analysis: No formal**



# WORKER SAFETY PYRAMID





# SAFER HOSPITAL INITIATIVE

The Safer Hospitals Initiative will develop strategies to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs for healthcare workers and team members who experience on-the-job trauma

# WHY A SAFER HOSPITALS INITIATIVE?

**Workplace Violence:** Reducing emotional or physical aggression toward hospital staff, which is perpetrated by patients, families, visitors, or peers

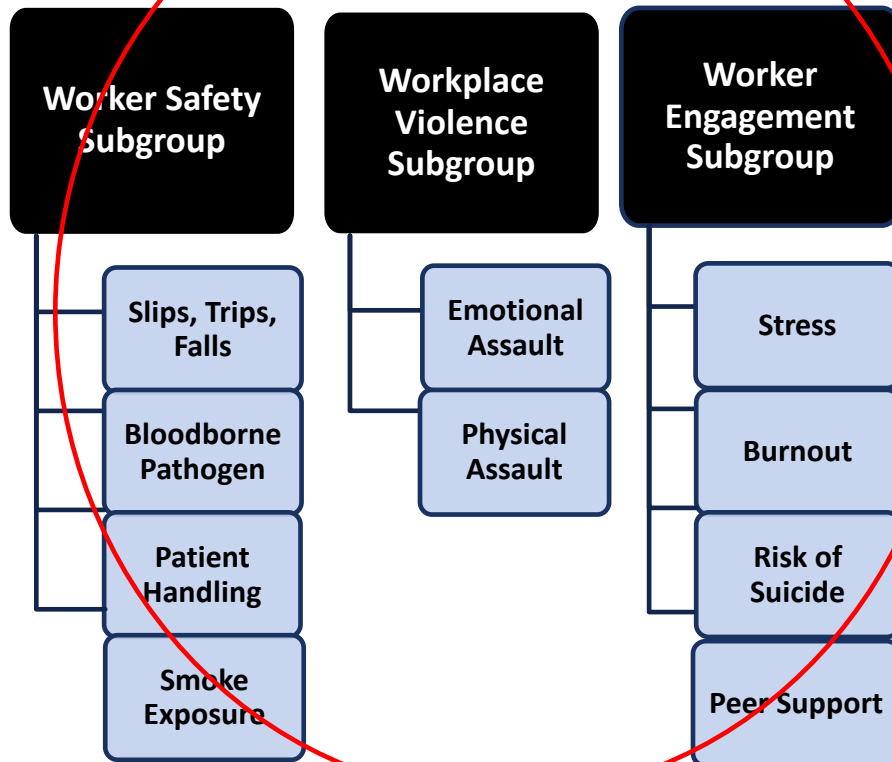
**Worker Safety:** Keeping workers safe from hazards such as lifting and moving patients, biohazards, slips and falls, needle stick injuries

**Worker Support:** Supporting healthcare workers and team members who have experienced a traumatic or extraordinary event to be able to continue to work and thrive in their healthcare careers

# CONNECTICUT'S HIGH RELIABILITY JOURNEY *EVOLVES*

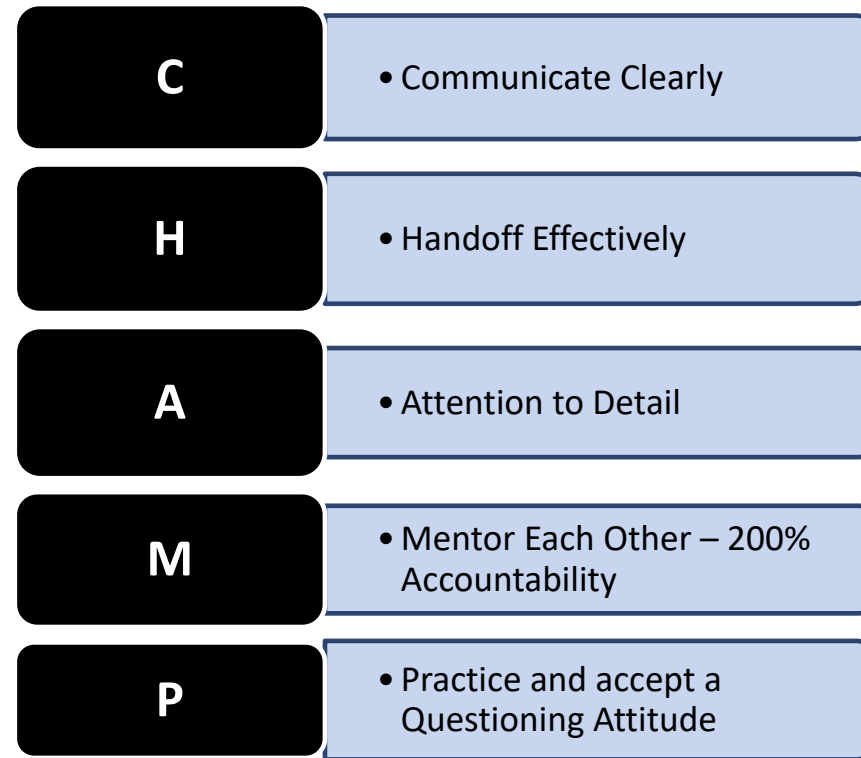
## CHA Safer Hospital's Initiative

### Employee Safety



## CHA Safety Starts With Me

### Patient Safety





# SAFER HOSPITALS RECOMMENDATIONS

## Apply high reliability science to worker safety, workplace violence and peer support

OSHA Reportable Events of Employee Injury will be considered Serious Worker Safety Events, using the Worker Safety Pyramid

Incorporate Fatal and Serious Worker Safety Events in hospital daily and unit-based safety huddles

Perform RCAs on Fatal and Serious Worker Safety Events

## Adopt standard approaches to data collection, submission, and analysis

Analyze data collected on three prevalent worker safety injuries occurring in Connecticut hospitals

Adopt standard definitions of workplace violence

Collect data to identify trends

Develop worker safety and workplace violence standardized reporting

## Develop and implement best practices and outcome improvement programs

Implement a peer-to-peer support program

Develop standardized risk assessment tools and protocols

Address barriers to reporting workplace violence

Share protective equipment practices

Implement comprehensive training

# SAFER HOSPITALS INITIATIVE EDUCATION, MARKETING AND EXTERNAL SUBMISSIONS



## HOW TO BUILD A SAFER HOSPITAL PROGRAM

CHA's Safer Hospitals Initiative provided strategies and tools for members to use as they implemented worker safety efforts in hospitals across Connecticut

The sessions for our Connecticut members focus on the goals of the Initiative: to enhance worker safety, minimize workplace violence, and facilitate the adoption of peer-to-peer support programs for healthcare workers and team members who experience on-the-job trauma



# WORKPLACE VIOLENCE

# WORKPLACE VIOLENCE PREVENTION

1. Hospital Workplace Safety Committee leadership engaged
2. Compendium of applicable state workplace violence laws developed as an internal working tool
3. Protective Equipment Data Collection
4. Standardized Workplace Violence Definition
5. Standardized Locations for Data

# WORKPLACE VIOLENCE PREVENTION

7. Early Identification Tool for Propensity of Violence
8. Train the Trainer
9. De-escalation Training for All Hospital Staff Available to all Connecticut hospitals
10. Workplace Violence Signage
11. Strategy developed for dissemination of resources available to victims of workplace violence resources

# PROTECTIVE DEVICE SURVEY RESULTS

HOSPITAL NAME	FIREARMS	PEPPER SPRAY/FOAM	BATONS	HANDCUFFS	VESTS	DOGS	TRAINING	METAL DETECTORS
Bridgeport	Yes	Yes***	No	Yes***	No	No	CPI	Handheld
Bristol	No	No	No	No	No	No	CPI	Handheld
Connecticut Children's	No	No	No	Yes	No	No	CPI	Handheld
Danbury	No	No	No	No	No	No	CPI	Handheld
Day Kimball	No	Yes	No	No	No	No	CPI/MOAB	Handheld
Greenwich	No	No	No	No	Yes	No	CPI	Handheld
Griffin	No	No	No	No	No	No	CPI/MOAB	Handheld
Hartford	No	Yes	No	Yes	No	No	CPI/MOAB	Handheld
Hospital for Special Care	No	No	No	No	No	No	Sec. Gd Card	No
Johnson Memorial	No	No	No	No	No	No	CPI	Handheld
Lawrence + Memorial	Yes	Yes	Yes	Yes	Yes	Yes	CPI/MOAB	Handheld/Walk Through**
Manchester Memorial	No	No	No	No	No	No	PMT/MOAB	Handheld
Middlesex	No	Yes	Yes	Yes	No	No	MOAB	Handheld
Midstate	No	Yes	No	Yes	No	No	CPI/MOAB	Handheld
Milford	No	No	No	No	No	No	CPI	No
Natchaug	No	No	No	No	No	No	CPI	No
Norwalk	No	No	No	No	No	No	CPI	Handheld
Rockville General	No	No	No	No	No	No	PMT/MOAB	Handheld
St. Francis	No	No	No	Yes***	No	No	CPI	Handheld
St. Mary's	No	No	No	No	No	No	CPI	Handheld^^
St. Vincent's	No	Yes	No	No	No	No	MOAB	Handheld
Stamford	IP*	Yes	Yes	Yes	Yes	No	CPI/MOAB	Handheld
The Charlotte Hungerford	No	Yes	No	No	No	No	CPI	Handheld
The Hospital of Central CT	No	Yes	No	Yes	No	IP*	CPI/MOAB	Handheld
The William W. Backus	No	Yes	No	Yes	No	No	MOAB	Handheld
UConn John Dempsey	Yes^	Yes	Yes	Yes	No	No	CPI	No
Waterbury	No	Yes	No	Yes	No	No	CPI/MOAB	Handheld
Windham	No	Yes	No	Yes	IP*	No	CPI/MOAB	Handheld
Yale New Haven	Yes	Yes	Yes	Yes	No	No	CPI	Handheld/Walk Through**

\*IP = In Progress

\*\*ED Lockdown only

^Sworn ^^ED/BH only

\*\*\*Supervisors Only

# WORKPLACE VIOLENCE DEFINITION

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site

Workplace violence includes the following:

- (A) The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
- (B) An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury

# WORKPLACE VIOLENCE – TYPES

Type	Type 1	Type 2	Type 3	Type 4	Type 5
<b>Category</b>	Criminal Intent	Patient/Provider	Worker to Worker	Domestic Violence	Ideological Violence
<b>Description</b>	Workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime	Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient	Workplace violence against an employee by a present or former employee, supervisor, or manager	Workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee	Workplace violence directed at an organization, its people, and/or property for ideological, religious, political, or other reasons
<b>Examples</b>	Theft, robbery, shoplifting, trespassing	Patients or visitors against providers	Interpersonal, work-related conflicts	Abuse against spouse, former spouse, or paramour.	Active shooter, terrorist, other attacks



# WORKPLACE VIOLENCE – LOCATIONS

- Medical/Surgical
- Intensive Care Unit
- Inpatient Behavioral Health
- Other Inpatient Care Areas
- Emergency Department
- Outpatient Behavioral Health
- Other Outpatient Care Areas
- Non Patient Care Areas

# BRØSET VIOLENCE CHECKLIST (BVC)

- Developed in a Norwegian maximum-security unit in Brøset, Norway to identify behaviors that correlate with imminent patient violence
- Extensively tested out on acute wards, nursing homes and geriatric wards in Norway
- Extensive validation studies in various settings both in the United States as well as internationally

Brøset Violence Checklist includes six variables/behaviors:

1. Confused
2. Irritable
3. Boisterous
4. Physically threatening
5. Verbally threatening
6. Attacking objects

# BRØSET VIOLENCE CHECKLIST SCORING

Sum = 0

Risk of violence is small.

Sum = 1-2

The risk of violence is moderate.  
Preventative measures should be taken.

Sum = > 2

The risk of violence is high.  
Preventative measures should be taken to manage potential attack.

# NONVIOLENT CRISIS INTERVENTION TRAINING

Nonviolent Crisis Intervention Trainings offered in a blended methodology. These offerings are held throughout the year at decreased cost to member hospitals with less time spent in training sessions



# DE-ESCALATION INTERVENTION TECHNIQUES

- CHA Certified Instructors train staff virtually at their workplace
- Focused on verbal and non-verbal skills and tools
- Targeted to staff that are not required to have full certification, but remain at risk for workplace violence

**Safer  
Hospitals  
Initiative**

**De-Escalation  
Intervention  
Techniques**

# SIGNAGE SURVEY

- 31 of 31 hospitals responded to the survey – 100% participation
- 10 hospitals post NO WEAPONS signage
- 1 hospital has a NO WEAPONS sign pending
- 7 hospitals post NO WORKPLACE VIOLENCE signage
- 13 hospitals have either opted against signage, are considering signage, or have not addressed the issue

# TYPICAL SIGNAGE

We are committed to the health and safety of our patients, staff and visitors.

The following is not permitted in the building or on the property:



Smoking or Vaping



Illegal Medications or Substances



Weapons, Concealed or Licensed



Visual or Audio Recording of Any Kind

Property is continually monitored with camera surveillance.

Thank you for your cooperation.

**Waterbury**HEALTH



# NO WORKPLACE VIOLENCE SIGNAGE

**A T T E N T I O N**

Assault on an Emergency Room physician or nurse is a Class C felony, punishable by up to 10 years in prison and a maximum fine of \$10,000. Lawrence & Memorial Hospital will vigorously pursue criminal charges, conviction and maximum penalties for anyone who assaults, threatens or interferes with any of its employees.

**A T E N C I Ó N**

Asalto a un médico o enfermera en la sala de emergencia es un crimen grave de Clase C, sujeto a castigo por la ley hasta 10 años en la prisión y una multa máxima de \$10,000. Lawrence & Memorial Hospital seguirá vigorosamente cargas criminales, la convicción y penas máximas para cualquiera que asalta, amenaza o interviene con cualquiera de sus empleados.

LAWRENCE & MEMORIAL HOSPITAL



**Thank You  
for Treating  
Our Staff  
with Respect**

Respectful behavior lets us focus on providing the best care.

Physical and verbal abuse will not be tolerated.

# NO WORKPLACE VIOLENCE SIGNAGE



Our goal is to promote a **healing and safe environment** for our patients and staff.

**Violence, foul language or abusive behavior are not acceptable.**

Verbal threats or acts of violence **will not be tolerated** and may result in removal from this facility and/or prosecution.

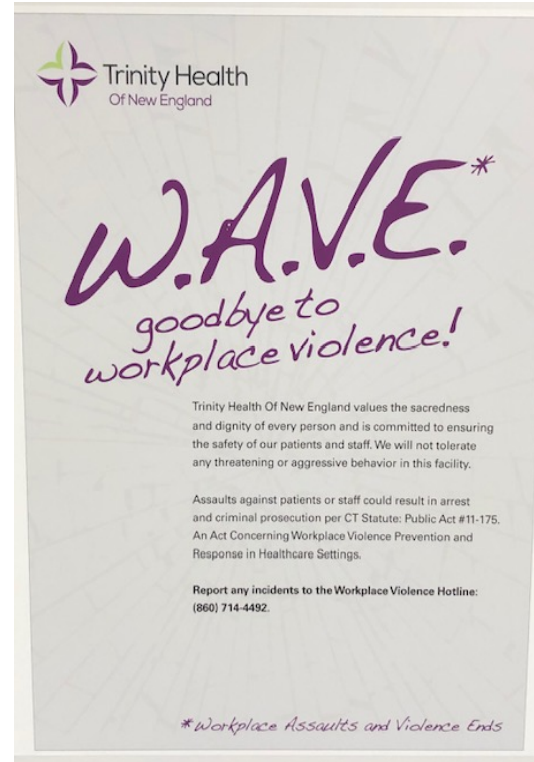
*If you see something, say something.*  
**203-739-7999 (77999)**

 **STAMFORD HOSPITAL**  
**IS A VIOLENCE FREE ENVIRONMENT!**

**WE HAVE ZERO TOLERANCE FOR AGGRESSIVE, THREATENING OR INTIMIDATING BEHAVIOR.**

**CARRYING OR POSSESSING A WEAPON OF ANY KIND IS PROHIBITED.**

**THANK YOU FOR HELPING US ENSURE A SAFE ENVIRONMENT FOR PATIENT CARE.**





# STATE OF CONNECTICUT JUDICIAL BRANCH OFFICE OF VICTIM SERVICES

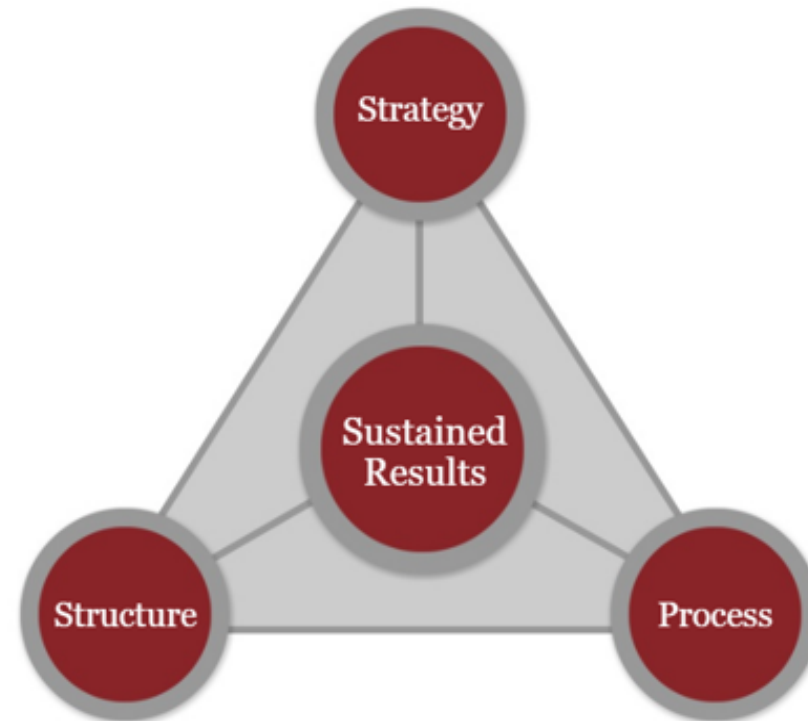


The Connecticut Constitution guarantees certain rights to victims of crime. Incidents of workplace violence may result in criminal investigations and prosecution in a court of law. Hospital administrators should be aware of the resources offered to victims of crime by the State of Connecticut Judicial Branch Office of Victim Services (OVS). These programs and services are available to anyone, including a healthcare worker who may have experienced violence in the workplace that results in a criminal proceeding.

Resource	Description	Contact and Further Information
<b>Victim Notification</b>	Confidential notification programs are intended to keep individuals informed about criminal proceedings, including (a) the status of a criminal court case, (b) when an order of protection is issued, changed, or ends, (c) when an inmate asks for changes to his or her court sentence, (d) registration with the Sex Offender Registry, (e) custody status within the Department of Correction (DOC), and (f) requests made to the Board of Pardons and Paroles. Crime victims or a family member may register with OVS for victim notification.	For more information, see <a href="#">Victim Notification Programs</a>
<b>Victim Advocacy</b>	OVS victim service advocates assist victims of crime by (a) explaining the criminal justice process, (b) advising victims on how to exercise their rights, (c) offering updates on criminal cases, (d) attending court and parole hearings with victims and advocating for their rights, (d) explaining how to write a victim impact statement and helping victims deliver their statement in court, (e) assisting victims with requests for restitution and compensation, and (f) providing referrals to community and social service agencies.	Advocates are also available to assist persons who need help filing a <a href="#">civil protection order</a>
<b>Victim Compensation</b>	This program offers financial assistance to pay for certain expenses related to the crime that are not otherwise covered by insurance or another financial resource. Eligible expenses pertain to physical injury, emotional injury, or survivor benefits, subject to maximum compensation amounts and available funds. Reimbursable expenses include medical and dental expenses, prescription drug costs, lost wages and travel expenses related to court proceedings, and medical and mental health related special needs.	See <a href="#">Compensation Benefits Brochure</a>
<b>Training and Education</b>	OVS offers training and education programs to support the delivery of services to crime victims. These resources include online informational videos designed for victims, service providers, and other professionals who work with crime victims.	To view the videos, please click <a href="#">here</a>
<b>Helpline</b>	OVS offers a helpline for information on crime victim rights, the criminal justice process, victim notification, victim rights, and referrals to state and community agencies.	Helpline staff is available Monday through Friday between 8:00 a.m. and 4:30 p.m. at 1-800-822-8428 or by email at <a href="mailto:OVS@jud.ct.gov">OVS@jud.ct.gov</a>

# KEYS TO SUSTAINABILITY

- Understanding the “Why”
- The “Me and They” Rule
- Eliminate Old Process
- Driven by Results





Ellen Crowe, RN BSN, MBA,  
Director, Clinical Excellence &  
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Connecticut Hospital Association



Carl Schiessl, JD  
Senior Director,  
Regulatory Advocacy  
Connecticut Hospital Association

# Healthcare Quality and Safety

Healthcare Quality and Safety (HQS) is the study and prevention of adverse events, suboptimal care, ineffective treatments, inefficient processes and unnecessary clinical variation in health systems.



Jonathan Swanson, MD, MS-HQS '13

“Through this program I've had the opportunity to advance my career into becoming a Chief Quality Officer for our children's hospital. Knowing what metrics administrators are required to meet from a regulatory standard has opened my eyes to the standards administrators are held to.”

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# *Spread the Science, NOT the Virus*

## Safety Series

January - June 2021 | 3rd Tuesdays at 4:00 pm ET



April 20th

Colorado Combined Hospital Transfer Center

May 18th

Best Practices: Perinatal Care During COVID-19

June 15th

A Safe Environment of Care: Lessons from COVID-19

[Learn More & Register](#)

# PopTalk

## Webinar Series

One-hour webinars featuring experts in population health.



**Next Generation Patient Flow: Innovations to Restructure Hospital Operations to Achieve your Quality, Safety & Financial Goals**  
April 22, 2021 | 12:00-1:00 pm ET

[Register Now](#)

**From Climate Change to COVID-19: Using Entertainment-Education for Public Health**  
May 5, 2021 | 12:00-1:00 pm ET

[Register Now](#)

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Thank You!