Welcome!
New Employee Orientation
Orientation Requirement

All new employees assigned to work at ZSFG are required to attend orientation.

Separation for >12 months from the organization due to:
- Any type of leave of absences
- Assignment completion.

The topics covered are required by State law and regulatory agencies.
Required for all ZSFG staff
Clinical staffs 1st day of work
Non-clinical staff is required to complete NEO within 30 days of start day.

For Clinical Staff only
Reference page 4 on Handbook
Begins a 8am, same location

Provided quarterly by DET
<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
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</thead>
<tbody>
<tr>
<td>Time</td>
<td>Topics</td>
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<tr>
<td>Welcome and Hospital Overview</td>
<td>Security</td>
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<tr>
<td>True North</td>
<td></td>
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<tr>
<td>ICARE &amp; Cultural Humility</td>
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<tr>
<td><strong>BREAK – 15 mins</strong></td>
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<tr>
<td>Infection Control and Prevention</td>
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<td>Patient Safety</td>
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<td>Privacy/HIPAA</td>
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<tr>
<td>Emergency Response</td>
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<tr>
<td><strong>Session for DPH Staff ONLY - 50 mins.</strong></td>
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<tr>
<td>Deferred Compensation</td>
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<td>Union (SEIU &amp; Local 21)</td>
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<tr>
<td><strong>LUNCH</strong></td>
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</tbody>
</table>
Orientation Handbook

NEW EMPLOYEE ORIENTATION RESOURCE GUIDE

Published by The Department Of Education And Training

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER
1001 Potrero Avenue, San Francisco, CA 94110
Introductions

Please share:

1. Your Name, Role, & Department

2. What are some things that you may be anxious about in this new job or working here at ZSFG?
Transportation

Street parking

Garage

San Bruno Parking Lot – Call 415-206-5784 or zsfgconstruction@sfdph.org

Bike
- High security bike cages and lockers are available
- Ford GoBike

transportation@sfdph.org

Muni:
- 9, 9R, 10, 19, 27, 33, 48, 90
- NextBus predictions
- Pre-tax Commuter Benefits:
  - Wageworks
  - Commuter Check Direct (UCSF)

Walking
- 17 mins.,
- 0.8 miles via 23rd or 24th St.

Shuttles
- ZSFG to 24th & Mission BART
- UCSF to 16th & Mission Bart and to other campuses on 23rd St.
ZSFG Shuttle

New Schedule

**AM**
- 24th BART to ZSFG
- 5:30
- 6:00
- 6:30
- 7:05
- 7:35
- 8:05
- 8:35

**PM**
- ZSFG to 24th BART
- 4:15
- 4:45
- 5:15
- 5:45
- 6:15
- 6:45

Zuckerberg San Francisco General Hospital and Trauma Center
CHN Intranet Resource

www.zuckerbergsanfranciscogeneral.org

Getting Here

Visitor Info

Zuckerberg San Francisco General Hospital and Trauma Center

Address
1001 Potrero Avenue
San Francisco, CA 94110

Phone
(415) 206-8000

Visiting hours
7:00 AM to 8:00 PM

- VIEW CAMPUS MAP
- PLAN YOUR TRIP
- EMPLOYEE TRANSPORTATION OPTIONS

Question?
Call 206-2897
ZSFG ID Badge

LANYARDS are NOT permitted to be worn by any staff, contractor, students, or volunteer at ZSFG.

Refer to the Environment of Care Policy 15.04 via CHN Intranet

Retractable or non-retractable badge clips are allowed.
• ZSFG HR provides you a badge clip
Baby Friendly Hospital Initiative

ZSFG is the only Baby-Friendly Hospital in San Francisco, a designation by UNICEF and the World Health Organization.

Promote the benefits of breastfeeding; assist with breastfeeding efforts; and help mothers and families find support.

We **do not** allow formula advertising in the hospital or clinics.

Pumping rooms are available in H2044 (Building 25, 2nd floor) and GC12 (Ground Floor between Building 5 & 25).

Call 628-206-MILK
ZSFG Cafeteria is located on the 2nd Floor of Bldg. 5

Lucky Café is located near the surface visitors parking lot.

Food Trucks rotate daily and are located at the surface visitors parking lot, near Lucky Café.

Food options within 1 mile of ZSFG

1. The Spice Jar - Asian Fusion
2. Luna’s Coffee House - Coffee & Tea, Sandwiches
3. Two Sons’ Sandwiches – Sandwiches
4. La Paz Restaurant Pupuseria – Mexican
5. ZSFG Cafeteria - Coffee & Tea, Salad, Entrees
6. Deli 23 – Delis
7. Chiotras Grocery – Delis
9. Rose Food Mart – Delis
10. El Metate - Mexican
Activity: Where were you born?
# ZSFG facts & figures

<table>
<thead>
<tr>
<th></th>
<th>PER YEAR</th>
<th>PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients Served</strong></td>
<td>108,850</td>
<td>303</td>
</tr>
<tr>
<td>Unduplicated and unique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inpatient and outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Babies Born</strong></td>
<td>1,157</td>
<td>3</td>
</tr>
<tr>
<td><strong>Emergency Visits</strong></td>
<td>83,246</td>
<td>228</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>76,128</td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatric</strong></td>
<td>7118</td>
<td></td>
</tr>
</tbody>
</table>
Who We Serve

ZSFG Patients by Race & Ethnicity

- African American: 15%
- Hispanics: 36%
- White: 21%
- Asian/Pac Islanders: 1%
- Native Americans: 6%
- Others/Unknown: 1%

Patients by Gender

- MALE: 51%
- FEMALE: 49%

Patients by Age

- AGE <18: 12%
- AGE 18-24: 8%
- AGE 25-44: 32%
- AGE 45-64: 32%
- AGE 65+: 16%
Staff Population

- ZSFG Staff: 3900
- UCSF: 2100
- VOLUNTEERS: 1050

Zuckerberg San Francisco General Hospital and Trauma Center
Why did you choose to work at ZSFG?

ZSFG... an exciting place to work!
State-of-the-art Facility

- 284 acute care beds, 90% private rooms
- Bigger ED with imbedded imaging systems
- Water and energy efficient systems
- Adv. Communication systems between patients and staff
- Natural light in every patient room
- Rooftop garden
Welcome to ZSFG
Leadership Introduction to True North
True North

VISION
To be the best hospital by exceeding patient expectations and advancing community wellness in a patient centered, healing environment.

MISSION
To provide quality healthcare and trauma services with compassion and respect.

VALUES
Joy in our work
Thirst in Learning
Compassionate Care

True North Goals
Equity
Safety
Quality
Care Experience
Developing Our People
Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
Patients are our True North

“I waited 4-5 hours and had no idea what was going on!”

“I was involved in ‘lean’ work and they made me feel my opinion mattered. I’m happy to report there has been a lot of improvement!”

Vicky - ZSFG Patient Advisor
Strategies for Achieving True North

Key Elements:
- Align us to True North
- Problem solve across our systems
- Measure improvement

THE ZSFG WAY
“How we align, improve, and enable”

- The ZSFG Way
- Building Our Future: Optimizing Clinical and Academic Space at ZSFG
- Implementing an Enterprise-Wide Electronic Health Record
ZSFG Way: We Achieve True North Together

**Align Together**
Urgent Care Workshop using observation and data to understand the patient experience

**Enable Together**
Interdisciplinary team using shared problem solving approach (A3 Thinking) to reduce med errors

**Improve Together**
EVS testing how to clean rooms better and improve patient safety and flow

**Care Together**
An ER Team huddle
Welcome to ZSFG!
ICARE: Care Experience
OBJECTIVES

LEARN       Care Experience

CONNECT     Care Experience & True North

PRACTICE    Care Experience at Work
True North

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Equity  Safety  Quality  Care Experience  Developing Our People  Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
Care Experience

Nurturing the spirit that inspires people to this work and contributes to patients’ health and wellbeing across the **continuum of care**

Staff Experience  +  Patient Experience
Biggest Drivers

Imagine you are in an inpatient unit, recovering from a surgery. What are some things that are important for your care?
At one point, I was in a room with 4 patients which was disruptive to my recovery."

"Too many different nurses coming in asking/telling me the same thing."

"MDs could be more sensitive and informative. I felt judged based on my insurance and economic status."

"Please make the food something to look forward to. As is, the food provided was a chore to consume."
We Can Do Better

HCAHPS - COMMUNICATION

2018 GRIEVANCES BY TYPE

- Communication: 3%
- Eligibility/ Costs/ Billing: 14%
- Environmental /Cleanliness: 1%
- Long Wait to Access Services: 11%
- Medical Treatment: 26%
- Rude/ Unprofessional Behavior: 31%
- Property: 10%
- Pain Rx Management: 2%
- Other: 2%
It Can Be Done!

LIKELIHOOD TO RECOMMEND TRENDS
INPATIENT UNITS

Impact of CICARE Model at Stanford
What is ICARE?

ICARE stands for:

Introduce – Provide your name, title & department

Connect – Make eye contact, have an approachable smile, use a greeting

Ask – Offer to help the patient/family member

Respond – Explain next steps

Exit – Exit courteously by asking if there is anything else that is needed and saying thank you.
ICARE applies to all staff members:

1. Behaviors:
   
   i. Organizational Wide
   ii. Nursing Wide
   iii. Unit/Department Specific

2. ICARE Rounds
Questions/ Resources

Care Experience Office
Brandi Frazier, Care Experience Manager
Location : 1001 Potrero Ave, Bldg. 5, Suite 2A10
Phone: 415-206-5132
Email: brandi.frazier@sfdph.org
Cultural Humility

This presentation is the collaborative product of:
DPH HR Office of Diversity, Inclusion, & Workforce Development &
ZSFG Department of Education & Training
OBJECTIVES

LEARN  Cultural Humility

CONNECT  Cultural Humility & True North

PRACTICE  Cultural Humility at Work
ZSFG True North

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Compassionate Care

True North Goals
- Equity
- Safety
- Quality
- Care Experience
- Developing Our People
- Financial Stewardship

Equality  
Equity
ZSFG True North

Equality

Equity
Culture + Humility
What is Culture?

Values
- Comprises ideas about what in life seems important

Institutions
- Comprises of structure of society within which values and norms are transmitted

Norms
- Comprises of expectations of how people will behave in various situations
Culture as Iceberg
Discussion

Have you ever had a wrong first impression of someone who had a different background or came from another culture?

Has someone from a different back-ground or another culture ever had the wrong first impression of you?
Humility

• **Learner**: Having a mindset of a student who craves to understand more and therefore improves.

• **Curious**: Its the gateway drug that allows a person to become a learner in their life.

• **Open minded**: be completely open to any ideas
Cultural Humility
What is Cultural Humility?

- Lifelong learning & critical self-reflection
- Recognizing and challenging power imbalances for respectful partnerships
- Institutional accountability
How can you learn more?

At ZSFG

• Sexual Orientation Gender Identity (SO/GI)
• Trauma Informed Systems (TIS)
• Relationship Centered Communication (RCC)
• Schwartz Rounds
Listen with intent:
Pay attention to patient’s words, and not to what you think you want to hear as an answer to a question. Your body language should display openness and non-judgment.

Reflect on what the patient shares:
Don’t rush to provide answers for patients. Check your biases and assumptions with new information.

Engage in a skilled and sensitive dialogue:
Ask open ended questions using neutral language. Acknowledge clearly if you don’t have an answer to a patient’s question.

Treat each patient as a unique individual:
For hundreds of individuals accessing our health network on a daily basis, we are their only source of healthcare. Each patient is unique in their lived experiences, expectations, conditions and beliefs. Take the time to know your patient so you can compassionately serve them through a greater understanding of their background.

Be an ally for your patients well-being:
Many of our patients come with invisible traumas in addition to physical or mental ailments. Recognize that patient behaviors or words may reflect that trauma, and that your ability to understand that trauma can help transform the patient’s behavior, make you their long-term ally, and thus also improve their care experience at DPH.
Question or Comments?
BASIC INFECTION CONTROL PRACTICES
A Blueprint for Patient Safety
Infection Control Program

Lisa Winston, MD; Co-Chair
Vivek Jain, MD; Infectious Disease Co-Chair
Elaine M. Dekker, RN, CIC; Program Manager
Mariel Lontoc, RN; IC Practitioner
Vacant; Healthcare Analyst
Finding Infection Control Policies

Zuckerberg San Francisco General Hospital

INFECTION CONTROL MANUAL

+CHN
Intranet
Infection Prevention & Control
Building Blocks

• Standard Precautions
• Transmission Based Precautions / Isolation
• Basic Employee Health
Standard Precautions

• The primary strategy for successful control of healthcare associated infections at ZSFG&TC
• Used for the care of all patients, regardless of their diagnosis or presumed infection status
Standard Precautions

Hand Hygiene

#1 Method to Prevent Spread of Infection
3 Steps to Effective ABS Use

1. Verify **no visible soil** present

2. Place enough product in your palm to thoroughly cover hands.

3. Rub hands together briskly until **completely dry**.
Six Steps to Effective Handwashing

1. Wet hands with running water.
2. Apply 3-5 ml of handwashing agent.
3. Vigorously rub hand together for 15-30 seconds, including backs of fingers, in between fingers and under nails.
4. Rinse hands thoroughly to remove residual soap.
5. Dry hands using paper towel.
6. Use dry paper towel to turn off faucet and avoid re-contaminating hands.
Standard Precautions

Respiratory Hygiene
Standard Precautions

Gloves

Gowns

Mask

Eye protection
Standard Precautions

Patient care equipment

Safe Linen Handling
Standard Precautions

Safe Injection Practices

Occupational Health/Bloodborne Pathogens Program
Occupational Exposure to Blood or Body Fluids

Step 1: Clean/Decontaminate
Step 2: Call Needlestick Hotline ASAP
   469-4411
Step 3: Inform your Supervisor
   Required forms
Step 4: Follow up with OHS
   ext. 6-5507
Transmission Based Precautions/Isolation

- Used for the care of patients with either confirmed or suspected presence of infectious microorganism
Method of Transmission: Respiratory

- **HIGH LEVEL RESPIRATORY ISOLATION**
  - **STAFF & VISITORS**
  - **PATIENT**
  - HEPA Filter or High Ventilation Room
  - Close Door and Windows
  - Staff & Visitors Wear N95 Respirator Mask (or equivalent)
  - Patient Wears Isolation Mask to Leave Room

- **LOW LEVEL RESPIRATORY PRECAUTIONS**
  - **STAFF & VISITORS**
  - **PATIENT**
  - Close Door and Windows
  - Staff & Visitors Wear N95 Respirator Mask
  - Patient Wears Isolation Mask to Leave Room

**TB Info**

**Flu**

**No Flu**
Tuberculosis

(Animation taken from: http://www.fw-ac-deptofhealth.com/images/tbanim2.gif)
Influenza
Influenza Immunizations

• Two forms available:
  - Injection (killed)
  - Nasal Spray (weakened)
Method of Transmission: Direct or Indirect Contact

Visitors: Check with Nurse!

SPECIAL CONTACT ISOLATION

- Gown & Glove when entering room
- Remove Gown & Gloves before leaving room
- CLEAN HANDS when leaving
- Use Dedicated Medical Equipment
- Check with Nurse to Transport Patient

STOP!
Required PPE for every room entry

- Gloves
- Gowns

at a minimum
C. difficile or Norovirus
Healthy Habits

Avoid Close Contact

Stay home when sick

Cover your mouth and nose!!

Clean your hands!!

Avoid touching eyes, nose, & mouth

Practice general healthy habits
Quality Management

New Employee Orientation
QM Highlights

Quality Management

- Performance Improvement
- Infection Prevention and Control
- Medical Staff Services
- Patient Safety
- Risk Management
- Regulatory Affairs
What is Health Care Quality?

- The Institute of Medicine (IOM) defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- IOM Quality Domains/Properties -
  - Effective
  - Efficient
  - Equitable
  - Patient Centeredness
  - Safety
  - Timeliness
Your Role in Quality and Patient Safety

• Be engaged
• Report defects
• Participate in improvement activities
• Be a patient advocate

As an organization – WE LEARN FROM YOU!
HOSPITAL MEDICAL ERRORS KILL 98,000 AMERICANS EACH YEAR. -- HEARST NEWS INVESTIGATION
Performance Improvement
Key Objectives

• Support ongoing clinical and operational improvement aligned with True North

• Manage reporting of 175 metrics to regulatory bodies and payers

• Through the Quality Data Center, provide data from hospital information systems for quality and performance improvement
Value Based Care

- Payment is based on performance of quality measures
- >$80 million of SFHN’s payments are tied to value-based programs
A3 and A3 Thinking

A3 - A structured improvement plan on one 11x17 paper

A3 Thinking - A standard discipline and shared language for leaders to define problems, understand causes, explore countermeasures and implement through PDSA

Catchball – Process of sharing and inquiry that improves our thinking and builds consensus

Left: How things currently are and where we want to be

Right: How we will work together to get where we want to be
Title: Daily Performance Huddle Board Standard Work

Trigger: SW needed for running daily huddles

Date (created or last updated): 05/02/16

Performed By: Dept. Leadership

Revised By: Vanessa A

Revision Number: 6

Owner: KPO

Purpose: We huddle to practice daily communication and continuous improvement. It helps us become better problem solvers and value the importance of data. This huddle board is a visual representation of these efforts.

# Major Steps

<table>
<thead>
<tr>
<th>Major Steps</th>
<th>Details (if applicable)</th>
<th>Time</th>
<th>Diagram, Work Time, Picture, Time Grid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tell the team the purpose of the daily huddle.</td>
<td>15'</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Start by reviewing &quot;Work in Progress&quot; - These are your just-do-its and PDSAs relating to moving forward. Indicate a date red ink when next update anticipated to share with the team.</td>
<td>3'30&quot;</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Briefly review PDSAs. If the status indicator is green, acknowledge the work and move on. If the status indicator is red, ask about the barriers, noted date is red for anticipated update.</td>
<td>3'30&quot;</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Review and record any new improvement opportunities identified on improvement opportunity form.</td>
<td>3'30&quot;</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Prioritize opportunities to determine what work will move forward and what work will be left on work waitboard (PiC chart).</td>
<td>30&quot;</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Determine capacity for new work and move forward based on prioritization.</td>
<td>30&quot;</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Assign resources to new work in process and mentor/coach.</td>
<td>30&quot;</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Move to Area Improvement Center. Briefly review PDA's associated with lanes. If the status indicator is green, acknowledge the work and move on. If the status indicator is red, ask the following questions: Any new defects? Adequate resources? Barriers to moving forward?</td>
<td>2&quot;</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Move to celebration. Read any new celebration tags and ask the group if they have anyone who should be celebrated or recognized for good work. Identify reason to celebrate and make the visual. Check [✓] celebration tags to indicate they were read. Include date on celebration card when writing. Find a high note: Accomplishments, thanks, contributions to waste reduction, defect removal.</td>
<td>1'30&quot;</td>
<td></td>
</tr>
</tbody>
</table>
Quality Data Center

- Request data for quality and performance improvement, view reports and dashboards, request data consultations
- Data Request form available through the intranet
Key Objectives:

• 2018 National Patient Safety Goals
• Patient Identification
• Fall Prevention
• “STOP the LINE” for Patient Safety
2018 National Patient Safety Goals

- Improve Accuracy of patient identification
- Improve effectiveness of communication
- Improve safety of using medications
- Reduce harm associated with clinical alarms
- Identify safety risks inherent in patient population
- Reduce Risk of health care associated infections
- Universa l Protocol
- Reduce Risk of health care associated infections
PS/ Patient Identification

- **2 patient identifiers** used to reduce risk
- The two patient identifiers to be used in person, over the phone and when signing into computer
  - Last name, First Name
  - Date of Birth
- Medical Record Number (MRN) IS **NOT** a patient identifier
- Never use the patient’s location or DX to identify a patient.
  - Room 3
  - “The knee”
  - “The Chole”
PS/ Patient Identification

• In Person-
  • Prior to applying the name band, ask the patient if the information on the band is correct, then place it on the patient.
  • While looking at the patient’s ID band ask the patient “for your safety, could you tell me your full name and date of birth?”

• On the phone-
  • When requesting information on a patient over the phone, the requester must disclose the patient’s full name and date of birth. When providing the information to the requester, repeat the patient’s full name and date of birth prior to providing any information about the patient. Identification must be done on both sides of the conversation.

• On the computer-
  • Although you use the medical record number to sign into the patients electronic health record, **it is not a patient identifier**. Once signed in, you must be sure you are signed into the correct patient by verifying the patient full name and date of birth.
PS/ Patient Fall Prevention at the Hospital

- It is everyone’s job to protect our patients.
- Currently, ZSFG has approx 40 falls a month and many of the patients who fall are injured.
- When you are on the nursing units, you are being asked to intervene if you hear a bed exit, or chair exit alarm.
Bed Exit and Chair Exit Alarms

BED EXIT ALARM

Click to play

CHAIR EXIT ALARM

Click to play

BED EXIT LIGHT OUTSIDE PATIENT ROOM

Note: this will be flashing with 3 yellow lights
Chair Exit alarms have different colors/flashes

More often than not, YOU are closer to the alarm than the Primary RN or PCA!
What Can YOU Do?

If you hear a bed or chair exit alarm, check on the patient in that room ...

**Clinical Staff:**
- Redirect the patient to stay seated
- Ask the patient what he/she needs help with
- Assist the patient as needed
- Call for extra help if needed

**Non-Clinical Staff:**
*Your role will vary based on your training and comfort level*
- Consider redirecting patients to stay seated and that help is on the way
- Consider assisting patients if they are struggling to reach for personal belongings. You can give them:
  - Cell Phone
  - Call light
  - Bed Side Table
  - Blankets
- Call for extra help if needed
PS/ “STOP the LINE for Patient Safety

• Supports a culture of safety
• Provides a minimally disruptive method to verify or reinstate the safety of the patient
• Supports the use of SBAR and “CUS” communication
• Inform all staff of their responsibility and authority to speak up and “stop the line” when conditions warrant or to protect the patient from perceived harm or injury
• No retaliation for anyone who “Stops the Line for Safety”
Stop the Line 2 step approach

CUS – Concern, Uncomfortable, Safety

1. Directly Communicate in a Respectful manner to “Stop the Line” and re-evaluate or restore patient safety
   - Could we please “Stop the Line” because I have a concern and want to make sure we are delivering safe care to this patient.”

2. If the response to step one is inadequate to restore patient safety, repeat your request to stop the line:
   - “(Caregiver Name), please stop – I am uncomfortable continuing, we need to review the plan/procedure/situation together before proceeding to make sure we are delivering safe care.”

3. If you are not satisfied with the response after doing the above, contact your immediate supervisor or the AOD. Use your chain of command.
Risk Management
Key Objectives

- Risk Management Basics
- Occurrence/Incident reporting
- Consent Basics
- Emergency Resources
What is Risk Management

To identify, manage, prevent, control, & monitor risks resulting in improved patient safety

- Patients and Visitors
- Providers and Staff
- Organization

Types:
1. Proactive
2. Concurrent
3. Reactive
What is an Unusual Occurrence

• Any event or condition that has or may have an adverse effect on the health and safety of a patient, resident, visitor, or staff

• Any event that is not consistent with the routine care of a particular patient

• An event that is not consistent with normal operations
Why is UO reporting important

- Communicate system issues
- Can’t fix what we don’t know
- Learn from near misses and human error
- Prevent events from happening
- Learn from events that can improve our systems
• Select a patient
• Click on UO
• If it is your first time accessing the UO system, you will be asked to enter your Active Directory account and password.
STEP 1: Event Type/Category

File an Unusual Occurrence

- Aggressive Behavior
- Medication Error
- Patient AWOL
- Patient Fall
- Pressure Ulcer
- Unprofessional Behavior Affecting Patient Care
- Other Category

*To report an adverse drug reaction (ADR) or near-miss event, please select “Other Category.”

[Links for UO Policy Page and AWOL]

[Options: Prev, Save as Draft and Quit, Next]
Completing the UO

- **Who**
  - Patient/visitor information
  - Who were the staff involved
- **What**
  - What happened?
- **When**
  - When did the incident occur
- **Where**
Submission

Once you select the "Submit" button below, an Unusual Occurrence Report Log Number 240 for FRANCIS COE will be filed with Risk Management.
If you are not ready to submit, please select the "Save and Quit" button to save the report as a draft. You will be able to continue working on the report from your worklist.

Submit

[Other buttons: Prev, Save as Draft and Quit, Next]

Cancel
UO: Event Management

**Report**
- Actual Events
- Potential harm/Injury Events
- Reporting information/Data

**Review**
- Screening
  - Reviewing information/Data
  - **Investigation/Event management**
  - RCA/ FMEA

**Analyze**
- Analyzing Data
- Individual vs. Aggregated Analysis
- Root cause Analysis

**Improve**
- PI Initiatives, Process Changes, Implementation

**Evaluate**
- Effectiveness; Are our actions preventing recurrence?
Consent
Consent

**WHY**

- Every adult with capacity has fundamental right of self-determination over his or her body
- Persons unable to exercise this right (adults lacking capacity, minors) have right to be represented by person who will protect the patient’s interest
- No provision in California or federal law permitting two physicians to consent on behalf of patient or in place of a surrogate

**WHAT**

- Nature of procedure
- Known risks and possible complications and expected benefits or effects of procedure
- Any alternatives to the treatment and their respective risks and benefits
Consent: WHO

- Medical Providers, MD/NP
- Staff Nurse
  - Limited to verifying treating physician provided consent and documentation for consent is present
  - Nursing staff may answer general questions, however if there are any significant questions, refer to the treating provider
Special Considerations: Language Proficiency

- Check patients language status
- Two types: Primary and Preferred
- If preferred language is not English, there exist a duty to provider interpreter
Key Objectives

• Basic Overview
  • Agencies/visits
• Role of RA team
• Role of new employee
REGULATORY AFFAIRS

POLICIES

STANDARDS

TRANSPARENCY

REQUIREMENTS

LAW

Compliance
In a typical year.
Accreditation, Licensing & Certification…

- Involves ensuring operational practices, service delivery procedures, privacy and records management are in accordance to requirements and standards.
- Regulatory compliance requirements and industry standards include TJC, CMS, CDPH, and other Federal and State agencies.
- Key compliance strategies are also included in our hospital policies & procedures.
Regulatory Affairs: Assist with surveys, licensing new services, complaint investigations conducted by various regulatory and accreditation agencies

❖ Interview techniques
   ➢ Recommendations on how to answer potential questions, practice through role playing

❖ Case review
   ➢ Unusual Occurrences that are reported to various agencies and/or are highlighted in the media are subject for investigation
   ➢ Review cases with affected unit to anticipate potential questions

❖ Tracers
   ➢ Tracing the hospital stay and provision of care of a patient chosen at random by the organization
Regulatory Affairs Cont...

- California has mandatory reporting requirements for events such as:
  - unexpected deaths
  - wrong site surgery
  - hospital acquired pressure injuries (HAPIs)
  - certain HIPAA violations (privacy breaches)
    - Late reporting of a privacy breach is $100 per day, everyday that it is late.

- Consult to determine if operational practices are in accordance with State and Federal regulations.
- Collaborate with multi-disciplinary teams to ensure compliance when opening a new space or moving locations.
If a surveyor shows up on your unit, perform the following steps:

- **Notify your supervisor and/or manager**
- Ensure the Administrator on Duty (AOD) is notified via page at *(415)327-0259*
- Call the Regulatory Affairs direct line at x62868, if the Director of Regulatory Affairs or AOD cannot be reached.
ABUSE PREVENTION

“Each patient shall be treated with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.”

-Administrative Policy 1.12
7 Types of Abuse

- Physical Abuse
- Verbal Abuse
- Sexual Abuse
- Neglect
- Mental Suffering
- Misappropriation of Patient Property
- Withholding of Comfort Measures
REPORTING ABUSE: As a healthcare professional, we are required ethically and legally to report **ALL** types of abuse.

**Step 1** - Provide an IMMEDIATE response.

**Step 2** - Identify the patient.

**Step 3** - Notify:
- Direct Supervisor or Manager;
- Risk Management;
- and
- Administrator on Duty (AOD).

**Step 4** - Complete an Unusual Occurrence (UO) form.
STEP 1: Provide Immediate Response: must include

• Immediate measures to ensure patient safety.
  ❖ E.g. Separating the involved parties.
  ➢ RN assessment of the patient(s), documentation of findings, and notification of the attending or responsible physician.
STEP 2: Identify the patient

➢ Try to identify the patient to the best of your ability. Try to determine the patient’s name and room number.
Step 3: Notification to Manager

- Notify through the chain of command:
  - Your supervisor and/or charge nurse; and
  - The responsible physician.

- Work with your supervisor and/or charge nurse to determine if Risk Management (ext. 6-6600 and pager (415) 327-9543) and the Administrator on Duty (AOD) also need to be notified.

- For **Long Term Care** settings: In addition to those listed above, notify the Ombudsman and complete an SOC-341 form.
STEP 4: Reporting

➢ Complete an Unusual Occurrence (UO) form.
➢ The UO reporting form is found on the CHN Intranet. Look for this icon:

![UO Reporting Icon]

Administrative Policy 1.12 “Abuse Prevention/Prohibition Program” can be found by: CHN Intranet → SFGH Policies & Procedures → Select a Policy Binder → Drop down arrow to select “All Policy Binders” → Type Abuse Prevention in Search box and hit enter → Select ADMIN: 1.12 Abuse Prevention/Prohibition Program”.
Questions/Resources

Main Line: 415-206-5125
Risk Management Pager 415-327-9543
Course Objectives

• To understand how the privacy laws and regulation affect us and our jobs.

• What information we must protect.

• How to protect confidential information

• How to report privacy breaches
True North

VISION
To be the best hospital by exceeding patient expectations and advancing community wellness in a patient centered, healing environment.

MISSION
To provide quality healthcare and trauma services with compassion and respect.

VALUES
Joy in our work
Thirst in Learning
Compassionate Care

True North Goals
Equity
Safety
Quality
Care Experience
Developing Our People
Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
What is Privacy?

- Protects the privacy of patient information
- Requires “minimum necessary” use and disclosure
- Allows patient the right to access their medical information
- Provides electronic and physical security of PHI?
Privacy Laws

Federal Laws

- Medicare Conditions of Participation promoting patient rights
- Federal Trade Commission protecting consumer privacy
- FERPA protection of student education records

California State Laws

- Confidentiality of medical records
- Title XXII protections of patient records
- Breach notifications
- Lanterman-Petris-Short protections of mental health records

ZSFG Policies and Procedures
How Will Privacy Effect You and Your Job?

- Training
- Rules apply to all
- You are responsible
Protected Health Information (PHI) Identifiers

- Name
- Telephone Numbers
- URL Address
- Social Security Number (SSN)
- Health Plan Beneficiary Numbers
- Biometric identifier (finger & voice prints)
- Postal Address
- Fax Numbers
- IP Address
- All elements of dates, except year
- Device Identifier and their serial number
- Full face photo and other like images
- Account Numbers
- Email Address
- Medical Record #
- License Numbers
- Vehicle identifiers and serial numbers
- Any other unique identifying number, code or characteristic
Who Uses PHI at ZSFG?

- Anyone who works with or may view health, financial, research or confidential information
- Everyone who uses a computer or electronic device which stores and/or transmits this type of information.
- Almost EVERYONE, at one time or another!
Appropriate Use and Disclosure of PHI

T  Treatment
A primary care provider may send a copy of an individual’s medical record to a specialist

P  Payment
A health care provider may disclose PHI about a patient as part of a claim for payment to health plan

O  Operations
We may disclose medical information about the patient for ZSFG operations, such as quality of care and medical staff activities, health sciences education, and other teaching programs.
Disclosure of Special Information

Federal & State laws require specific written patient authorization before disclosing any patient information from:

- Mental Health (Psychotherapy information)
- Substance abuse information
- HIV test results
How Can Privacy Breach Happen
ZSFG/UCSF Privacy Breaches:

Unauthorized Access: $250,000 administrative penalty for each

Theft or Loss of Property: $250,000 administrative penalty

Portable Devices: $250,000 administrative penalty
ZSFG/UCSF Privacy Breaches Cases:

[$1 million administrative penalty; reported to the licensing board]
How Can You Protect Confidential Information

Use only the **minimum necessary** to perform your job.

Use information only when necessary to perform your job.

Follow ZSFG policies and procedures for information on confidentiality and security.

If you find medical records or other documentation with PHI, it is your responsibility to turn it into your supervisor for safe handing.
Fines and Penalties

Individual fines

- Imprisonment
- License revocation
- Termination
- ZSFG corrective and disciplinary action
California Privacy State Law Fines

AB211- Civil Code 56.36/ Health & Safety § 130200

Individual Fines/ Penalties:
• $2,500 - $25,000 per violation
• $250,000- maximum penalty
• Potential misdemeanor, if economic loss or personal injury

SB541- Health & Safety § 1280.15

Institutional Fines:
• $25,000- initial violation (per pt.)
• $17,000- subsequent occurrence
• $250,000- maximum penalty
• $100 per day for late reporting
Best Practice

Give each patient a “DPH Notice of HIPAA Privacy Practices”

Obtain patient’s signature acknowledging receipt of the Notice, except in emergency situations.

For purposes other than TPO, obtain a written authorization from the patient to use, disclose, or access patient information.
Good Computing Practices

Send PHI only via Secure Email, Type **SECURE** in subject line

Protect the information at or around your workstation

Lock your screen when you are not at your workstation

Report and do not respond to suspicious emails

Report security incidents or breaches
Portable Device Security Tips

**Encrypt** portable devices and media

**ZSFG data encryption solution approved**

**Best Practice:** Do not keep confidential data on portable devices unless absolutely necessary. And if necessary, the information must be encrypted.
How to Report Privacy Breaches

Report any known or suspected privacy breaches to the Privacy Office

Privacy Hotline
(855) 729-6040 or Call Maggie Rykowski, Privacy Officer
(628) 206-4294

Importance of immediately alerting known or suspected incidents. State law requires that unauthorized access, use, or disclosure of patient medical information be reported within 5 working days of detection of the breach to the CA Department of Public Health and the affected patient(s).
EMERGENCY RESPONSE
Course Objectives

Understand below topics and appropriate response protocol:

- ZSFG Emergency Response Codes & Procedures
- Stairwell Security and your role
- Power Outage
- Equipment Failure
- Waste Disposal
- Disaster Service Worker (DSW)
True North

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THE ZSFG WAY
“How we align, improve, and enable”
Communication Methods

In the main hospital (Building 5 or 25) you will hear an **overhead page.**

If you are located in the brick buildings you will hear the code over the **designated speakerphone.**

If you have a pager or cell, you will receive a **disaster page/text** with the code activation.

Contact: Director of Emergency Management

**Lann Wilder**

lann.wilder@sfdph.org

Ext. 63397
Emergency Response Reference
Code Blue: Medical Emergencies

Remember to report if a baby or child is part of the code.

Inside the hospital: 6-1122
Red brick buildings: 911
Outside: 911

Refer to Code Blue Policy 3.06 via CHN Intranet
What is the code when an active shooter has been identified on campus?

A. Code Black
B. Code Pink
C. Code Help
D. Code Silver
Code **Red**: Fire Response

To report a fire:

1. Pull the Alarm Box
2. Call 911
**R-A-C-E**

- **Rescue**: Person in immediate danger.
- **Alarm**: Pull alarm (located at every exit) and dial **911**. Provide location.
- **Contain**: Close doors, windows, shut off oxygen sources.
- **Extinguish**: Extinguish fire and/or.
- **Evacuate**: Evacuate if necessary.

Hallways should always be kept clear from obstructions for easy access.

---

Yell "Code Red" to notify others. Do not yell "fire" as this may cause a panic.

Know where your fire extinguishers, pull boxes, alarms and exits are located. Hallways should always be kept clear from obstructions for easy access.
Fire Response: Gas Shut-Off

In an **EMERGENCY**, any **employee** may close a Medical Gas valve.

**NOTIFY** the Unit if it affects patient(s).

Orient yourself to your unit’s Gas Shut-Off procedures and talk to your manager.
### P-A-S-S

Remember P-A-S-S when using a fire extinguisher:

| Pull the pin | Aim the extinguisher nozzle low at base of fire | Squeeze the handle | Sweep the nozzle from side to side at the base of the fire |

Refer to Code Red Fire Drills Policy 8.04 via CHN Intranet
If you discover that an INFANT/CHILD has been abducted, call **6-4911 IMMEDIATELY**.

Report suspicious people to **6-4911**.

Follow departmental Code Pink response plan and search your area.

Report search results within 10 minutes to the Code Pink Command Post at **6-2229 (BABY)**.

*Refer to the Code Pink Missing/Abducted Infant/Child Policy 13.06 via CHN Intranet*
A Code Green is called when an “At-Risk” patient goes AWOL (Absent without leave).

A. True  
B. False
Code Tan

- Overhead page
- Move to Safety
- Avoid the Effected Area
- Assist Others
- Follow Safety Directives
- Civil Disturbances
Stairwell Security

Emergency Exit Stairwells are to be kept clear and safe for use during emergency evacuation only.

Staff’s role during alarm activation:

Deactivate the alarm and contact SFSD dispatch (206-8063) immediately to report the alarm activation.

Charge Nurse:

Inform AOD & perform census check to ensure all patients are present and accounted for.
Have you seen these Red Outlets?
Power Outages

If you experience power loss, contact Facilities 6-8522

In event of a major loss of power all critical patient monitoring and support equipment should be plugged into the Red outlets.

DO NOT connect non-essential equipment to Red outlets.
Equipment Failure

Pull:
Pull the device from service.

Tag:
Attach a Red Tag to the faulty device

Contact

Report:

Look for Control Number Identification sticker on the Device to identify the service department
- Blue Stickers belong to Facilities 6-8522
- Red Stickers belong to Biomed Engineering 6-8726

Complete an Unusual Occurrence (UO) Report if the failure of this device created a risk to a patient.
Equipment Stickers and Tags

“PM” is a preventative maintenance due date.

Biomed Inventory Sticker
6-8726

Facilities Inventory Sticker
6-8522

Biomed Inspection Sticker
(Note “Next PM Due” Date)

Repair Tag
Medical Waste Disposal

There are several different types of Medical Waste.

Each type of medical waste has its own specific waste container and disposal procedures.

Review the ZSFG Medical Waste Segregation Guidelines in your packet AND your departmental policies for appropriate disposal.

Refer to Orientation Handbook for Medical Waste Disposal Guidelines
DSW: Operation Return to Work

Listen to the radio:
(AM band)
- KGO (810)
- KCBS (740)
- KNBR (680)

Stay by a phone

Report when called

Carry Disaster Service Worker ID Badge

Listen to the radio:
(AM band)
- KGO (810)
- KCBS (740)
- KNBR (680)
Disaster Response While At Work

Overhead Page announcing

“The Hospital Incident Command System has been activated.”

Know your unit’s emergency evacuation plan.

For updates during disaster activation, call:
Disaster Info Hotline
628-206-4000

Department Disaster Call Out List.

Follow your unit-based disaster plans.
Jasper Smith
SFDCP Retirement Counselor
(415) 214-0039
jasper.smith@prudential.com

Visit www.sfdcp.org to schedule a session with Jasper.
Security Staffing and Systems

There are a total of 62 San Francisco Sheriff Department employees assigned to Zuckerberg San Francisco General Hospital.

- 34 Deputy Sheriffs
- 28 Sheriff Cadets
- Supervision includes a Unit Commander, Lieutenants, and Watch Commanders
- 1,500 electronic security devices.
- The Department of Public Health has assigned a Director of Security to develop and provide oversight of the security program.
Security Services Provided

➢ Uniformed Patrols and Security Checks
➢ Response to Security Emergencies
➢ 24/7 Dispatch and Security System Monitoring
➢ Personal Safety Escorts
➢ Security Standby Services
➢ Vehicle Patrols and Emergency Responses
➢ Incident Reporting and Investigations
➢ Crisis Prevention and Intervention Training
➢ Management of Aggressive Behavior Training
Employee Security Awareness and Response

- Reporting Crime – Non-Emergency
- Reporting Crime – Emergency
- Preventing Theft in the Workplace
- Personal Safety Escorts
- Emergency Evacuation
- Stairwell Security – Stairwell Alarms
- Forensic Patient Transport
- Active Shooter Response
CHN Intranet

SFGH Trauma Override

Flu Vaccine is Here!

FLU VACCINE IS HERE!
EMPLOYEE FLU STATION

Open to hospital employees, volunteers, students and contractors assigned to the ZSFG campus.

- WHEN: STARTING WEDNESDAY SEPT. 6TH RUNNING UNTIL NOVEMBER 30TH: MON., WED., FRI. 7:00 AM-3:30 PM.
- WHERE: THE FLU STATION IN THE BACK OF THE HOSPITAL CAFETERIA.

Please send your news scrubber postings to Jeff.Burton@sfph.org
Posting requests must come from DPH or UCSF staff. Thank you.
If the icon you are looking for is not found below, please check the Other Webs page.

SECURITY SERVICES DEPARTMENT
ZSFG Workplace Violence Prevention and Nonviolent Crisis Intervention Training
Agenda

I. Introduction and Overview

II. CPI Nonviolent Crisis Intervention Training

- Prevention and Deceleration Strategies
  - The Crisis Development Model
  - Nonverbal Communication
  - The Verbal Escalation Continuum

- Decision Making

- Managing Behavioral Risk Using Disengagement Skills

- Postvention Approaches

III. Closing and Evaluation
Objectives

After participating in the classroom session, learners will be able to:

1. Describe types of Workplace Violence

2. Identify steps for reporting Workplace Violence, and articulate understanding of ZSFG response procedures

3. Utilize CPI strategies and techniques to identify and deescalate, including the Crisis Development Model, Supportive Stance, Verbal Escalation Continuum, Decision-Making Matrix, physical interventions of disengagement skills
What is Workplace Violence?

Workplace violence is any act or threat of:

- Physical Harm
- Harassment
- Intimidation
- Or Other threatening disruptive behavior
- That affects and involves risking the safety of patients, visitors, employees, providers, contractors, volunteers, and students while on the ZSFG premises.

Examples of workplace violence include the following, but are not limited to:

- Abusive language
- Direct or indirect threats
- Bullying
- Aggressive acts
- Unwanted telephone calls
- Intimidation
- Assault of any kind
- Stalking
- Yelling
- Breaches in code of conduct or unprofessional behavior
A Workplace Violence Prevention Plan (WPVP) is a regulatory requirement mandated by CAL/OSHA & Joint Commission. It guides healthcare organization in the following process:

1. Identifying, analyzing, and controlling risks for violence
2. Reporting, responding, and recording violence in the workplace
3. Conducting threat assessments
4. Establishing a threat management team; security awareness; education and training
5. Addressing legal and criminal matters
How to Report Workplace Violence at ZSFG?
Acts or threats of workplace violence need to be reported ASAP

For immediate danger, utilize the duress/panic button in your unit (if available) or call SFSD 64911.

Contact Administrator on Duty (AOD)
Ph. (415)206-3519
Pager (415)327-0259

Tell your manager or supervisor what happened

And fill out an Unusual Occurrence (UO) report ASAP using:
- Aggressive Behavior,
- Unprofessional Behavior Affecting Patient Care Or
- Other Category.

If there has been criminal activity, notify Security immediately.
What to report?

Reports of threat or violence MUST be Specific and Detailed

- What happened?
- What was said?
- Where did it happen?
- Who was involved?
- What are the names of the other individuals who observed the event?
- Who was threatened?
- Who made the threat?

- Know your unit’s response to workplace violence and alarms
- Staff are encouraged to follow-up with their manager/supervisor if you have concerns about the UO/report
Response to Workplace Violence

Response to Workplace Violence is based on the Identified Risk and varies on a Case-by-Case Basis

Threat Management Team (TMT) is responsible for evaluation procedures; reviews and investigates all reports of workplace violence and conducts a risk assessment.

Low Risk: Managers to handle and resolve low risk incidents and submits a report to the Threat Management Team (TMT)

Moderate Risk: TMT to consult with DPH, ZSFG Executive leadership and other resources on the appropriate response.

High Risk: Managed by TMT and San Francisco Sheriff Department (SFSD) at ZSFG.
What Will Happen After A Workplace Violence Event Is Reported?

ZSFG takes all workplace violence very seriously.

An investigation, including witness interviews, will happen after an event. A risk assessment is completed.

Response Plans are developed based on the risk assessment.

ZSFG Executive Leadership review all workplace violence event every 4th Tuesday at 7AM.

The Sheriff Department will take control, if the act or threat of violence involved criminal activity.
What are the values that underpin this course?

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True North Goals
Equity  Safety  Quality  Care Experience  Developing Our People  Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
Prevention & Deceleration Strategies

- 1. The Crisis Development Model
- 2. Nonverbal Communication
- 3. The Verbal Escalation Continuum
The CPI Crisis Development Model

<table>
<thead>
<tr>
<th>Crisis Development/Behavior Levels</th>
<th>Staff Attitudes/Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anxiety</td>
<td>1. Supportive</td>
</tr>
<tr>
<td>2. Defensive</td>
<td>2. Directive</td>
</tr>
<tr>
<td>3. Risk Behavior</td>
<td>3. Physical Intervention</td>
</tr>
<tr>
<td>4. Tension Reduction</td>
<td>4. Therapeutic Rapport</td>
</tr>
</tbody>
</table>
The CPI Crisis Development Model

Integrated Experience = Behaviors And Attitudes Influence Behavior And Attitudes

Crisis Development/Behavior Levels

Staff Attitudes/Approaches
Precipitating factors

EXERCISE
“What are your Triggers?”

Factors That Influence Behavior:
Internal and External causes of behavior that staff have no control over

Understanding these can assist staff to:
- Depersonalize situations
- Address factors that lead to situations &
- Avoid becoming a Precipitating Factors
Rational detachment

- Ability to manage your own behavior and attitude
  - Maintain professionalism
  - Don’t take behaviors of others personally
  - Identify positive outlets to alleviate stress after a crisis
How do you cope with Fear and Anxiety?

1. Acknowledge and accept that fear and anxiety are normal
2. Identify causes of fear and anxiety to develop coping skills
3. Use positive responses to fear and anxiety to your advantage

Unproductive Responses

- Freezing
- Overreacting
- Responding inappropriately

Productive Responses

- Increased speed and strength
- Increased sensory acuity
- Decreased reaction time
Prevention & Deceleration Strategies – Cont.

1. The Crisis Development Model

2. Nonverbal Communication

3. The Verbal Escalation Continuum
Recognize that **personal space** varies with the individual, the setting, and the situation – and can be influenced by an individual’s culture, gender, relationships.

View **personal possessions** as an extension of personal space.

Entering an individual’s personal space can increase anxiety and escalate behavior.

Watch for **nonverbal cues** – body language, gestures, stance, movement.

When appropriate, communicate through touch – hand shaking, high fives.

**ACTIVITY**

To demonstrate **Personal Space** and **Supportive Stance**.
What are three reasons for using the Supportive Stance?

1. Communicates Respect
2. Nonthreatening
3. Maintains Safety
Paraverbal Communication

- Tone
- Volume
- Cadence
Prevention & Deceleration Strategies – Cont.

- 1. The Crisis Development Model
- 2. Nonverbal Communication
- 3. The Verbal Escalation Continuum
**Release**

Verbal and emotional outburst

Allow venting and if possible, remove the audience

**Refusal**

Noncompliance, slight loss of rationality

**Set Limits**

1. Interrupt & redirect “John, you’re yelling. Please speak quietly”
2. When & then “John when you finish yelling, then we can talk”
3. If & then “John if you stop yelling, we can talk. If you don’t then I have to walk away”

**Intimidation**

The individual is verbally and nonverbally threatening staff

- Take the threats seriously
- Seek Assistance

**Questioning**

2. Challenging: Questioning authority, attempting to draw staff into power struggle. Downplay challenge, stick to topic, set limits

**Tension Reduction**

Drop in energy

Establish Therapeutic Rapport. Re-establish communication with the individual

Observer’s Role is to Identify:

- Behaviors displayed by the staff & the person-in-crisis.
- Non-verbal & para-verbal elements in the behavior.
- How above elements impacted the interaction?
The Decision-Making Matrix
Due Care Guidelines

• I will respect other participants
• I am responsible for the safety of others with regard to my actions
• I will not engage in horseplay
• I will not teach other skills
• I will be conscious of the space around me and always consider safety while practicing physical skills. I must remember that there are others who are practicing near me
• During physical activities, the instructor and any participant can ask to stop the activity at any time, for any reason. If, while practicing physical activities, my partner asks me to stop the activity, I will take the request seriously and immediately discontinue the activity.
• I will inform my instructor of any injuries or limitations
• I will report all injuries to my instructor immediately
# The COPING Model

<table>
<thead>
<tr>
<th>Person-in-crisis</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control</strong></td>
<td>Back in physical &amp; emotional control</td>
</tr>
<tr>
<td><strong>Orient</strong></td>
<td>To the basic facts from their perspective (their story)</td>
</tr>
<tr>
<td><strong>Patterns</strong></td>
<td>In past behaviors and look for triggers</td>
</tr>
<tr>
<td><strong>Investigate</strong></td>
<td>Alternatives for future behaviors. Ways to do things differently.</td>
</tr>
<tr>
<td><strong>Negotiate</strong></td>
<td>An agreement or contract for future behaviors</td>
</tr>
<tr>
<td><strong>Give</strong></td>
<td>Responsibility for their behavior back to team</td>
</tr>
</tbody>
</table>
Available Resources

For HR policies contact:
DPH Human Resources (415-557-4800) &
Labor relations: 415-557-4990 or employeerelations@sfgov.org

For self-referral to Employee Assistance Program (EAP) 1-800-795-2351 or 415-554-0610 (M-F 8 AM-5 PM).

ZSFG Threat Management Team determines the support services needed for those persons affected by threats or acts of violence by collaborating with the EAP and the Critical Incident Response Team (CIRT).
Questions
Thank You For Your Participation!

WELCOME

TO

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL

*Please complete evaluation and don’t forget to sign-out before you leave.