

do require accountability. Examples of unsafe behavior include failure to follow hand-hygiene guidelines, not performing the time-out before surgery, or not marking the surgical site.

A maturing safety culture is reflected in the increasing number of patients and families who are highly satisfied with your care and sustained decrease or absence of near misses and all adverse events, including sentinel events.

A culture of safety includes identifying and addressing issues related to systems that lead to unsafe behaviors. At the same time, though, hospitals must maintain accountability by establishing zero tolerance for unsafe behavior. Accountability distinguishes between human error (such as a mix-up), at-risk behavior (for example, taking shortcuts), and unsafe behavior (such as ignoring required safety steps). Establishing and supporting an organizational culture of safety may include committee appointments involving different hospital departments (for example, pharmacy, laboratory, engineering, nursing departments). The appointed committee presents periodic updates to the governing entity to identify issues that impact overall quality and patient safety. Hospital leaders evaluate the culture on a regular basis using a variety of methods, such as formal surveys, focus groups, staff interviews, and data analysis. Hospital leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Hospital leaders must address undesirable behaviors of individuals working at all levels of the hospital, including management, clinical and nonclinical staff, independent health care practitioners, and governing entity members.

Measurable Elements of GLD.07.01

1. Hospital leaders establish and support an organizational culture that encourages reporting and discussion of opportunities for improving culture of safety in the organization. (*See also* Sentinel Event Policy and APR.09.00, ME 1)
2. ⓐ Hospital leaders develop a code of conduct that identifies and corrects behaviors that are unacceptable.
3. Hospital leaders establish regularly scheduled education and provide resources (such as literature and advisories) relevant to the hospital's culture of safety to all individuals who work in the hospital. (*See also* SQE.01.07, ME 3; SQE.07.00, ME 2)
4. Hospital leaders provide an accessible and confidential system for reporting issues relevant to a culture of safety in the hospital.
5. Hospital leaders implement a process to prevent retribution against individuals who report culture of safety issues and ensure that all reports are investigated within a defined time frame. (*See also* GLD.07.00, ME 1)
6. Hospital leaders identify and act on systems issues that lead health care practitioners to engage in unsafe behaviors.

Standard GLD.07.02

The hospital implements a workplace violence prevention program to provide a safe and secure workplace.

Intent of GLD.07.02

A workplace violence prevention program establishes a framework for hospitals to effectively implement and manage workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, and post-incident strategies.

The rate of violence against health care workers has reached epic proportions. What is more, with only an average of 20% to 60% of incidents reported, the full scope of the problem has not yet been realized. *Workplace violence* is defined as “an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving all staff, patients, or visitors.” Violence in the workplace has become an increasingly

common problem in health care organizations. Staff shortages, increased patient acuity, and the misconception that violence does not occur in health care organizations—or if violence does occur, it is part of the job—are just a few of the barriers to acknowledging that workplace violence exists and to developing violence prevention programs.

Designating a leader to be accountable for the hospital's workplace violence prevention program establishes clear lines of accountability. In addition, establishing policies and standardized processes to prevent, respond to, report, and follow up on events or near misses decreases variation in the program. Data collection and simple, accessible reporting structures show commitment to providing a safe and secure work environment. Regularly reporting incidents and trends to the governing body promotes transparency and further establishes accountability for the program. Examples of outcomes that measure a program's success include the following:

- Decrease of incidence of harm from violent behavior
- Employee Engagement Survey results and organizationwide staff reports indicate staff feeling "very safe."
- Patients and families report feeling safe in the health care setting.
- Staff feel comfortable reporting incidents and involving persons of authority.

Measurable Elements of GLD.07.02

1. The workplace violence prevention program is led by a designated individual and developed by an interdisciplinary team.
2. The hospital develops and implements written policies and procedures to prevent and respond to workplace violence. (*See also* FMS.03.00, ME 1; FMS.04.00, ME 7; SQE.02.02, MEs 1 and 3)
3. The hospital implements a process to report incidents in order to analyze incidents and trends. (*See also* FMS.03.00, MEs 3 and 5; FMS.04.00, ME 9)
4. The hospital implements a process for follow-up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary.
5. The hospital implements a process for the reporting of workplace violence incidents to the governing body. (*See also* SQE.02.02, ME 3)

Health Professional Education

Note: For hospitals that meet the eligibility criteria for academic medical center hospital accreditation, GLD.08.00 applies to education provided to nursing students and/or other nonmedical, health professional students. For hospitals that are not academic medical centers, GLD.08.00 applies to education provided to medical students and trainees, nursing students, and/or other health professional students.

Standard GLD.08.00

Health professional education, when provided within the hospital, is guided by the educational parameters defined by the sponsoring academic program and the hospital's leaders.

Intent of GLD.08.00

Frequently, hospitals incorporate a teaching role in their mission and are the clinical setting for portions of medical, nursing, other health care practitioners, and other student training. For example, students and trainees in medicine may spend a few months gaining clinical experience in a community teaching hospital, or a nursing program may be based in the hospital. These hospitals serve an important role; however, they are not considered academic medical centers for the purposes of these standards.

Hospital leaders liaise with the training institution for proper oversight when the hospital participates in any type of training program. As part of this coordination, the hospital does the following: