

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:

- Obtains and accepts the parameters of the sponsoring academic program.
- Obtains the complete record of all students and trainees within the hospital.
- Understands and provides the level of supervision for all trainees.
- Integrates students and trainees into the hospital's orientation, quality and patient safety, infection prevention and control, and other programs.

Measurable Elements of GLD.08.00

1. The hospital provides a mechanism(s) for oversight of the training program(s).
2. Ⓣ The hospital has a complete record of all students and trainees within the hospital.
3. Ⓣ The hospital has documentation of the enrollment status, licensure or certifications achieved, and academic classification of the students and trainees.
4. The hospital provides the required level of supervision for each type and level of student and trainee.
5. The hospital provides an opportunity for students and trainees to evaluate the education program and to receive feedback.

Human Subjects Research

Note: Academic medical centers are required to meet these requirements in addition to the “Human Subjects Research Programs” (HRP) chapter.

Standard GLD.09.00

Human subjects research, when provided within the hospital, is guided by laws, regulations, and hospital leaders.

Intent of GLD.09.00

Human subjects research is a complex and significant endeavor for a hospital. Hospital leaders recognize the required level of commitment and personal involvement required to advance scientific inquiry. With differing local regulations, hospital leaders must protect the patient and respect their rights during research, investigation, and clinical trials.

A hospital's commitment to human subjects research is not separate from its commitment to patient care—commitment is integrated at all levels. Thus, ethical considerations, effective communication, responsible leaders, regulatory compliance, and financial and nonfinancial resources are components of this commitment. One such resource is indemnity insurance to compensate patients for adverse events due to the research protocol. Hospital leaders recognize the obligation to protect patients irrespective of the sponsor of the research.

Individuals from the research or other programs are involved in developing the criteria or protocol. Admission to such programs is documented in the patient's medical record and includes the criteria or protocol conditions under which the patient was admitted.

To comply with local laws and regulations, the hospital establishes a committee or identifies a qualified individual(s) to oversee all research in the hospital involving human subjects. A committee or other mechanism such as a hospital-specific or shared Institutional Review Board (IRB) to provide oversight for all such activities in the hospital is established. The hospital develops a statement of purpose for the oversight activities. Oversight activities include the review process for all research protocols, a process to weigh the relative risks and benefits to the subjects, and processes related to the confidentiality and security of the research information.