

Date: _____ Hospital Code: _____ (filled in by project staff)

EVALUATION OF HOSPITAL WORKPLACE VIOLENCE PREVENTION PROGRAMS: COMMITTEE CHAIR INTERVIEW

A. COMMITTEE CHAIR INTERVIEWEE INFORMATION

1. What is your job title?

2. How long have you been in your current position? _____

3. How long have you been the committee chair? _____

B. REGULATIONS

1. Are you familiar with the NJ Violence Prevention in Health Care Facilities Regulations?

•01 Yes

•02 No

IF YES:

1a. What do you feel are some of the strengths of the Regulations?

1b. What do you feel are some of the weaknesses of the Regulations?

C. WORKPLACE VIOLENCE PREVENTION PROGRAM

1. Please describe your facilities policies and procedures for workplace violence prevention.

Prompts: Types of violence covered, types of medical and psychological care offered to victims

Prompts: How violent events are reported, how violent events are investigated, whether trends in violent events are examined and how

Prompts: How violence risk assessments of facility are conducted, how often, who conducts them, what's covered

2. What is the title of the person who supervises the workplace violence prevention program in the facility? _____

•99 Unknown

3. Does the local police/Sheriff's department have a role in your workplace violence prevention program? •01 Yes •02 No •99 Unknown

IF YES: What is the department's role:

4. What have been the barriers in developing and/or implementing the plan? • No barriers

5. Which documents or guidelines were used to develop and now maintain the program? (Check all that apply.)

- OSHA Guidelines for Security and Safety of Health Care Workers
- NJ Violence Prevention in Health Care Facilities Regulations

- Other (Specify: _____)
- 99 Unknown

D. TRAINING

1. Please describe the type of training employees receive in workplace violence prevention?

Prompts: Type of training at new hire, who receives training, how training is delivered and by whom, length of training session, training content

Prompts: Type of recurring training, who receives training, how training is delivered and by whom, length of training session, training content

2. What have been the barriers in developing and/or implementing training? • No barriers

E. SECURITY SERVICES

1. How would you describe the organization of the facility's security services?

- 01 In-House (managed by Security Department)
- 02 Contracted to a private agency (Agency Name: _____)
- 88 Other (Describe: _____)

2. Which facilities in your system does the security department respond to:

3. How many security officers do you have: _____

How many are FTEs: _____
How many are part-time: _____
How many are per diem: _____
How many are contract: _____

4. Where are security officers stationed and/or patrol in the facility?

F. VIOLENCE PREVENTION COMMITTEE

1. Does your facility have a violence prevention committee?

•01 Yes

•02 No

•99 Unknown

IF YES:

2. Who serves on the committee?

- Hospital Administrators
- Security Director
- Staff Nurses
- Other (Specify: _____)
- Risk Manager
- Nurse Managers
- Staff Physicians

3. What percentage of the committee engages in direct patient care? _____

4. On average, what percentage of committee members regularly attend the meetings?

5. On average, what percentage of clinical staff regularly attend the meetings? _____

6. The regulations require that committee members have experience or expertise in violence prevention. What does that mean to you?

7. Please describe the functions and responsibilities of the violence prevention committee?

G. FINAL QUESTIONS

1. In your facility, what do you think contributes to the escalation of patient anger or tension?

2. Are there any features of your workplace violence prevention program that you feel are especially helpful in preventing violent events?

3. How good would you say your overall workplace violence prevention program is?

- Excellent
- Very good
- Adequate
- Not very good