**Appendix C2:**

Nursing Home/Hospital Administrators- Committee Chair Interview

Form Approved

OMB No. 0920-0914

 Exp. Date 01/31/2015

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*

Public reporting burden of this collection of information is estimated to average 60minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0914).

*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 Risk Manager

 Security Director Nurse Managers

 Staff Nurses Staff Physicians

 Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

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**EVALUATION OF NURSING HOME 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? \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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