ForHealth Consulting at
UMass Chan Medical School

Massachusetts Nursing Council on Workforce Sustainability

NursingCouncil@umassmed.edu

Recommendations for Solutions to Address Workplace Violence in Massachusetts Healthcare Facilities

Prepared by the NCWS Workforce Capacity Committee

June 2024

Executive Summary

Healthcare workers are five times more likely to experience workplace violence than any other profession (Jones et al., 2023). Over 80% of nurses have experienced at least one episode of workplace violence (Firth, 2024). This includes being hit, kicked, having objects thrown at them, or being verbally assaulted. Such incidents are not confined to nurses alone.

The increasing violence against healthcare workers is a national crisis. The Joint Commission defines workplace violence 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 staff, licensed practitioners, patients, or visitors” (Joint Commission, 2024). Acts of violence or threats not only cause immediate physical and psychological harm but can also have long-lasting effects that may take years or even a lifetime to heal. Many healthcare professionals may never fully recover, and some are driven to leave their profession altogether as a result of these traumatic experiences.

Building a culture of safety for healthcare providers, staff, and patients is a complex challenge based on many factors and variables, including the growing mental health crisis. Despite these difficulties, the future of the healthcare workforce hinges on our ability to create safe workplaces and effectively address any instances of threatening behavior.

The Workforce Capacity Committee of the Nursing Council on Workforce Sustainability (NCWS) aimed to gain a comprehensive understanding of the scope of workplace violence in Massachusetts healthcare settings. The committee also reviewed evidence-based practices for reducing workplace violence and assessed interventions implemented by various states to address this escalating issue. Additionally, the committee evaluated pending Massachusetts legislation to identify opportunities for strengthening laws against workplace violence in healthcare and enhancing protections for healthcare workers.

The committee swiftly recognized the urgency of the problem and acknowledged the necessity for substantial and prompt interventions. Clear opportunities were identified from both legislative and training perspectives. Although resources and standards for addressing workplace violence are abundant, the lack of a standardized approach and reporting structure leads to underutilization and significant disparities in standards across institutions. Additionally, the mental health aspect of workplace violence must be prioritized, with a focus on innovative, patient-centered models of intervention and support.

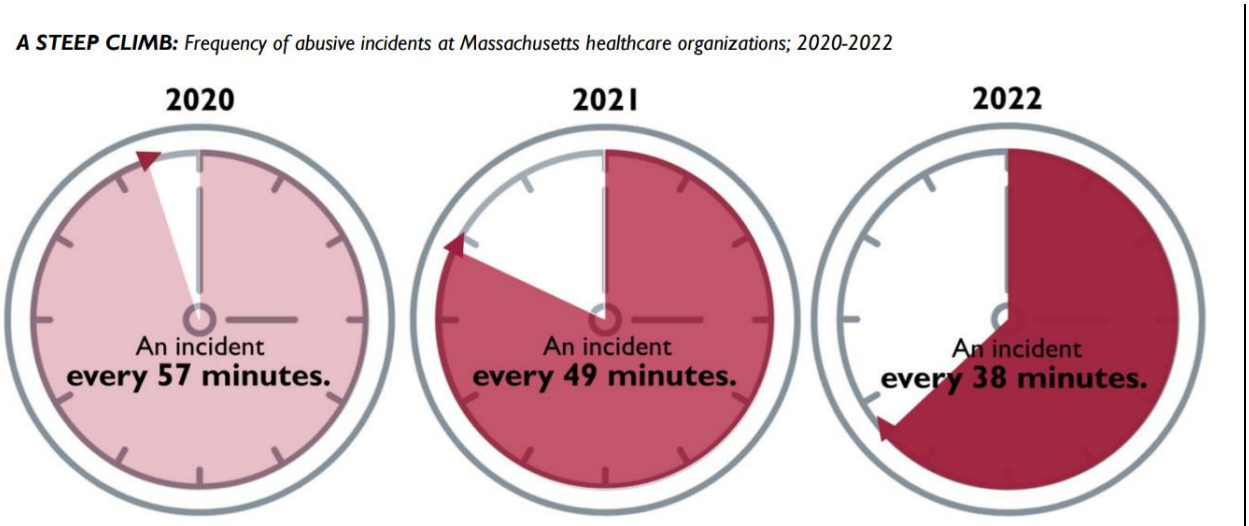
The severity of violence against healthcare workers must not be underestimated. It is essential to implement the evidence-based recommendations from organizations such as the NCWS to support our healthcare workforce. The recommendations in this document are largely in line with those from credible organizations such as The Joint Commission, American Organization for Nursing leadership, Emergency Nurses Association, among others.

Background

After observing a worrisome trend of increased violence against healthcare workers, the Massachusetts Health & Hospital Association (MHA) issued a public call for action in early 2023 to protect healthcare workers from verbal and physical abuse from patients and visitors. This report shared data that MHA had been collecting for three years and outlined a number of recommendations for hospitals and other healthcare facilities, state legislators, and the public to stem this wave of violence.

Data from the MHA report showed that, on average, every 38 minutes in a Massachusetts healthcare facility, someone – most likely a clinician or employee – is either physically assaulted, endures verbal abuse, or is threatened. The individuals committing or threatening assaults are mostly patients (91%) and visitors (4%). Nurses (38%), security officers (27%), and other support staff and clinicians (19%) are typically on the receiving end of these acts.

Figure 1. Every 38 minutes in a Massachusetts healthcare facility, someone- most likely a clinician or employee – is either physically assaulted, endures verbal abuse, or is threatened.



Source: Workplace Violence at Massachusetts Healthcare Facilities: An Untenable Situation & A Call to Protect the Workforce, Massachusetts Health & Hospital Association

National Safety Standards

In 2021, following an increased trend of violence in healthcare organizations, the Joint Commission (TJC), a national accrediting body in healthcare, issued workplace violence prevention standards applicable to all TJC-accredited hospitals, including critical access hospitals. Of note, all acute care hospitals in Massachusetts are accredited by TJC, except for two that are accredited by another organization.

The Joint Commission standards went into effect on January 1, 2022, and require hospitals to comply with the following to maintain their accreditation:

1. Manage safety and security risks through annual worksite analyses related to their workplace violence prevention programs and take action to address findings to improve safety for workers and patients.
2. Collect data and monitor conditions in the environment.
3. Provide ongoing education and training to staff to reduce and mitigate violence.
4. Create and maintain a culture of safety and quality throughout the hospital through organizational leadership.

Embedding Equity in Healthcare Safety and Violence Prevention

An important consideration when building a culture of safety and violence prevention is embedding health equity into the organizational strategy to create a sustainable and safe environment for providers, staff, and patients. Otherwise, healthcare organizations may inadvertently perpetuate systemic inequities that affect patient health outcomes and place everyoneat higher risk for workplace violence. Many studies have demonstrated disparities in the implementation and utilization of various workplace violence prevention and patient

management strategies, such as disproportionate use of restraints, electronic health record flags, and hospital security responses based on racial, ethnic, and gender-based differences.

Similarly, providers have reported experiencing discrimination in healthcare settings. The latest report by the National Commission to Address Racism in Nursing found that 94% of respondents acknowledged racism in nursing, and over 60% either witnessed racism in the workplace or personally experienced it. This indicates a significant need to address implicit and explicit bias in safety and violence prevention training, not only to the benefit of patients but to other providers and healthcare staff as well. Providing specific health equity and trauma-informed educational resources, shared learning opportunities for multidisciplinary teams, and open feedback between providers and organization leaders, as well as implementing policies and procedures to address incidents of bias and discrimination, are key components of embedding equity into workplace safety and violence prevention strategies.

Lastly, the heightened stigma associated with chronic conditions such as behavioral health and substance use disorders, developmental disabilities, autism spectrum disorders, and dementia affects patient care resulting in missed opportunities for additional education and support resources to providers and patients. In particular, stigmatizing language is associated with clinician attitude and may contribute to adverse effects on patient experience, increasing mutual distrust between patients and providers. Patients with specialized needs may require additional resources to support their care particularly if they have cultural, physical, or emotional needs related to their condition. Healthcare organizations can support providers working with these individuals by understanding population-specific needs, allocating specialized support, and devising equitable care procedures in conjunction with providers and patients.

Examples of Successful Hospital Workplace Violence Interventions

Hospitals are already implementing many safeguards to prevent violence and keep both staff and patients safe. Some examples of efforts already in use in many facilities include the following:

- Alarms and monitors (including panic buttons)
- Alerts for repeat offenders
- Restricted access to certain areas
- Present or rounding security personnel
- Signage
- Huddles
- Focused and evolving employee training
- Safety drills
- Exit strategies
- Availability of escorts (e.g., in parking lots or treating high-risk patients)
- Personal protective equipment
- Emergency response teams
- Incident debriefing and peer support

Additionally, hospitals in Massachusetts have a violence prevention policy and applicable staff training in place in compliance with TJC standards. Elements included in many hospital policies include the following:

- Security procedures
- Employee support following incidents of violence
- Employee training
- Data collection and reporting
- Emergency response protocols
- Arrangements with local law enforcement

In 2023, MHA's Board of Trustees unanimously approved a vote to adopt a unified set of principles within their patient and visitor codes of conduct. Many hospitals have expanded upon the unified set of principles and widely publicized the code of conduct to staff, patients, and visitors.

Finally, hospitals across the state participate in MHA's Healthcare Safety and Violence Prevention Workgroup, which meets regularly throughout the year to discuss current challenges and solutions, collect data, contribute to legislative solutions, disseminate best practices, and coordinate an annual in-person education event focused entirely on safety and violence prevention.

Existing Legislation and Enforcement in Massachusetts

The criminal legal system has often been turned to as a last resort effort to enforce legal accountability for instances of workplace violence. After conferring with multiple law enforcement agencies throughout Massachusetts, the consensus is that the existing legislation is not widely enforced. Most offenders are charged with lesser offenses that focus on their disruptive behavior rather than emphasizing the safety of healthcare workers. Law enforcement officers providing security in healthcare facilities also have the discretion to apply charges when an incident occurs.

Multiple political and cultural factors have contributed to hesitancy around law enforcement and criminal legal system involvement. Bias and stigma against Black, Indigenous, and People of Color (BIPOC) communities and individuals with mental illness, substance use disorders, and behavioral needs have led them to be disproportionately targeted by law enforcement and criminal legal systems, to the detriment of the patients. An increase in criminal legal involvement has also proven not to be effective in building a culture of safety and healthcare violence prevention and may instead contribute to increased mistrust and tensions between patients with marginalized identities and their providers. Court proceedings are also lengthy and time-consuming for all parties involved and may often take months to be resolved, thereby adding another layer of complexity for providers and patients alike.

Standardizing the enforcement of existing legislation could help mitigate future occurrences of violence towards healthcare workers and contribute to building a culture of safety. Preventing these types of attacks is vital to retaining the healthcare workforce. It must be noted that relying on law enforcement alone is not an effective workplace violence prevention strategy.

Section 13L of Chapter 265 of Title 1, Part IV of the general laws pertaining to the Commonwealth of Massachusetts specifically mentions assault or assault and battery on an emergency medical technician, ambulance operator, ambulance attendant, or health care provider. It goes on to explain that whoever commits an assault or an assault and battery on an emergency medical technician, an ambulance operator, an ambulance attendant, or a health care provider as defined in section 1 of chapter 111, while the technician, operator, attendant or provider is treating or transporting a person in the line of duty, shall be punished by imprisonment in the house of correction for not less than 90 days nor more than two and one-half years or by a fine of not less than $500 nor more than $5,000, or both.

Section 1 of Chapter 111 defines a "Health care provider" as any doctor of medicine, osteopathy, chiropractic, or dental science, a registered nurse, registered pharmacist, social worker, psychologist licensed under the provisions of Chapter 112, intern, resident, fellow, or medical officer licensed under section 9 of Chapter 112, or a hospital, clinic or nursing home licensed under the provisions of Chapter 111 and its agents and employees, or a public hospital and its agents and employees.

To qualify as an assault, physical contact does not have to occur. The person must only attempt or threaten physical contact. Once physical contact has been made, the act is considered assault and battery. Depending on the severity of the attack and injuries sustained, assault or assault and battery would normally qualify as a misdemeanor charge. In order for the crime to be considered aggravated assault or felony assault, the act would have to involve serious bodily injury.

The first way to commit an assault is by an offer or attempt to commit a battery. In order to be found guilty of this type of assault under Massachusetts criminal law, there must be strong evidence of the following legal elements:

- The defendant must have intended to commit a battery that is harmful or unpermitted touching.
- The defendant must have also taken an overt step toward accomplishing that intent and came reasonably close to doing so.

Workplace Violence Legislation in Massachusetts

There are currently two main bills before the Massachusetts legislature related to workplace violence:

- H.2381/S.1538, An Act requiring health care facilities to develop & implement programs to prevent workplace violence

- H.2330/S.1539, An Act requiring health care employers to develop and implement programs to prevent workplace violence

Ensuring workplace safety is paramount for every healthcare facility in Massachusetts, particularly given the demanding and unpredictable nature of the 24/7 care system. Recent years have seen heightened awareness and dialogue regarding violence within healthcare settings due to notable incidents, underscoring the urgent need for effective prevention measures. The healthcare community has steadfastly championed violence prevention programs aimed at enhancing existing policies and procedures. While our current protocols are robust, ongoing enhancements are imperative to foster a safe and supportive environment for patients, visitors, and staff members alike.

Both legislative proposals offer crucial measures to mitigate the safety challenges confronted by healthcare workers in their daily roles, focusing on the establishment and oversight of new statewide standards aimed at assessing and mitigating these risks. Central components shared by both bills include:

- Standards for training
- Ongoing risk assessments
- Data reporting
- Penalty provisions for violent acts determined to have intent of harm
- Support for victims
- History of criminal legal involvement

Examples of Legislation to Address Workplace Violence in Other States

Thirty-four states with existing workplace violence prevention legislation were analyzed. In some cases, states are revising previous laws to strengthen penalties for offenders. Additionally, certain states are extending workplace violence laws to encompass all departments within hospitals or healthcare settings, while others are broadening the scope to include all hospital employees, not solely nurses. For instance, Georgia's legislation currently focuses on nurses in specific high-risk areas rather than adopting a more comprehensive approach.

Although workplace violence legislation has been enacted in many states, numerous states face difficulties in prosecuting violators or lack full cooperation from law enforcement authorities. To address this issue, some states have intensified penalties to facilitate increased arrests and potential prosecutions. Meanwhile, other states are considering additional strategies, such as granting hospitals the authority to establish law enforcement agencies akin to those found in colleges and universities. North Carolina has mandated the presence of a police officer in every emergency department, while California is considering pending legislation that would mandate the installation of metal detectors in high-risk areas of all hospitals. Some are seeking alternatives, such as establishing strong relationships with local law enforcement to enhance the chances that violations of the law will be taken seriously.

A somewhat different approach was found in New Jersey. Instead of solely imposing jail time, New Jersey also requires violators to participate in anger management programs and perform community service. Additionally, every healthcare organization in New Jersey must prominently display signage detailing the penalties for violence against healthcare workers. Similarly, Alabama also enforces signage requirements, while Wisconsin, following the lead of other states, has devised standardized language addressing violence against healthcare workers for public display. Other tools that states have established include violence councils, data reporting protocols, and toolkits accessible to all healthcare organizations designed to help address and prevent violence against healthcare workers.

It is important to recognize that drafting legislation of any type and scope can be done easily. However, for such legislation to have a meaningful impact, it must be passed, implemented, and enforced effectively.

Federal Workplace Violence Legislation

Beyond individual state legislation, there is a pending bi-partisan bill in the United States Congress, the SAVE Act (HR.7961), that would address workplace violence in healthcare settings. The bill would make it a federal crime to intentionally assault or intimidate a hospital employee and, as a result, interfere with the ability of that employee to perform their duties, much like currently enacted legislation that protects Transportation Security Administration (TSA) employees and other airline workers in airports and airplanes. Additional penalties would be levied against those who use dangerous weapons against healthcare workers or otherwise injure them.

Importantly, the bill would provide funding for violence prevention training programs via a federal grant program administered through the Department of Justice. Funding would also be allocated for healthcare facilities to coordinate with state and local law enforcement offices to modify facilities to improve safety. The American Hospital Association, along with many individual state hospital associations and medical groups, has endorsed this bill and published a public letter of support for it.

Additional Potential Considerations for Massachusetts Legislation

When considering the need to protect healthcare workers across the commonwealth, there are additional potential considerations that should be discussed in implementing legislative efforts at curbing workplace violence.

- Prioritize inclusivity by encompassing all personnel within healthcare facilities, including employees, contractors, and volunteers.
- The potential to expand legislation to include other facilities beyond hospitals that provide healthcare services. Organizations representing such entities should add their voices to provide a better understanding of the specific issues these entities are encountering.
- Strong consideration for the threat of violence or harm being equal to actual acts of violence or harm. In their position statement on workplace violence, the American

Nurses Association (ANA) notes workplace violence to be both physical and psychological, including instances of threats of violence and incivility, and bullying (American Nurses Association, 2015).

- The need for healthcare facilities to conduct a risk assessment and establish a violence prevention plan to include de-escalation training for all employees. The Occupational Safety and Health Administration (OSHA) makes numerous observations and recommendations regarding combatting workplace violence. These recommendations include the need for an established violence prevention plan with ongoing process improvement and the need for regular facility risk assessments. (Occupational Safety and Health Administration, 2016).
- The duty to report instances of healthcare violence.
- Regular public disclosure of aggregate healthcare violence incidents
- Prioritizing trauma-informed care and establishing supportive pathways for employees who have experienced healthcare violence.
- Ensuring employees receive sufficient medical leave (not out of accrued benefit time) if required, along with paid time off for necessary court appearances, legal obligations, or meetings with public safety officials.
- Establish penalties that are robust enough to deter instances of workplace violence effectively while also ensuring that offenders face adequate consequences.
- Offering rehabilitation services and community service as options for offender sentencing.
- Considering the risk and potential implications of perpetuating existent health inequities around the role of law enforcement and criminal legal systems.

Recommendations

Preventing and addressing workplace violence is crucial to the sustainability of the healthcare workforce. As the tension in our society continues, the need for timely and effective violence prevention strategies is paramount.

The NCWS Workforce Capacity Committee conducted a comprehensive review of workplace violence at the state level, incorporating multiple perspectives. Guided by experts from various fields, the committee examined extensive efforts already undertaken within the commonwealth to combat workplace violence and adhered to nationally recognized best practices in formulating its recommendations. The following recommendations are presented with a sense of urgency to ensure the welfare and sustainability of the healthcare workforce.

1. **The First Step in Violence Prevention Must Be Preventative Interventions**
   To effectively address workplace violence, building a culture of safety and consistent prevention should be the first priority. Numerous cost-effective preventative measures can be implemented, such as establishing a healthcare workplace safety commission to identify and mitigate risks as well as provide training opportunities and educational resources in advance of incidents of violence .

Moreover, high-risk areas such as emergency departments and psychiatric units should be prioritized in any prevention strategy. It is also essential to identify and mitigate risk factors that put patients at high risk of violence by employing effective communication, education, and trauma-informed care principles.

Additionally, general communication strategies can be highly effective. Interventions like displaying expected wait times on electronic boards in waiting rooms can help reassure individuals on the verge of a crisis that they will be seen promptly (Crisis Prevention Institute). Implementing a Code of Respect or Conduct, along with proactive signage and messaging, can also help establish clear expectations for visitors and patients.

2. Standardize Guidelines to Prevent Workplace Violence and Support Implementation

Multiple regulatory organizations have both recommended and required interventions to curtail and address workplace violence. These standards require healthcare organizations to manage safety and security risks by establishing processes for continually monitoring, reporting, and investigating incidents related to workplace violence. They also require that staff participate in ongoing education and training and that leaders create and maintain a culture of safety and quality throughout the hospital.

Despite this, instances of workplace violence continue to rise. Inconsistencies in the implementation and evaluation of these standards must be considered. Interventions at the state level need to be implemented in an effort to more effectively address workplace violence.

The recommendation of the NCWS Workforce Capacity Committee is to have fiscal support to implement, expand, and standardize as much as possible the existing national guidelines and requirements established to decrease workplace violence.

3. Provide De-escalation Training to Massachusetts Healthcare Workers

The **CDC Office of Readiness and Response** has six guiding principles for a trauma-informed approach that was designed for implementation in a community emergency. Additionally, there is an online workplace violence prevention course for nurses.

It is critical to consider training and education for all healthcare workers. For nursing, placing a requirement for violence prevention training with MA nursing licensure renewal will ensure compliance. This could also be implemented for other types of licensed personnel. However, unlicensed assistive personnel must also be included to ensure a more comprehensive violence prevention strategy.

4. Promote the Establishment of Behavioral Emergency Response Teams

Behavioral Emergency Response Teams (BERTs) are interdisciplinary teams of healthcare professionals that provide a coordinated and trauma-informed response for situations of tension between patients and providers as well as support for patients with acute behavioral needs. The establishment of such team intervention is especially important given the national rise in behavioral health crises and the number of episodes of workplace violence that are correlated with behavioral health due to many factors such as emergency department overcrowding, behavioral health-related stigmas, and overall capacity challenges.

Many communities have established jail diversion programs that have mental health clinicians who work with law enforcement to prevent unnecessary arrest, raise awareness, and intervene in crises to better support individual needs during crisis. Advocates' Jail Diversion Program partners with fifteen police departments with the pre-arrest co-response model, and recently launched the first of its kind Co-Response Training and Technical Assistance Center (CR-TTAC). The CR-TTAC provides a unique opportunity for police departments to receive Mental Health First Aid for Public Safety training to better serve their community. To learn more about Advocates' Jail Diversion program, visit www.jaildiversion.org. A similar model could be replicated in healthcare organizations.

The committee recommends the establishment of Behavioral Emergency Response Teams. A structure and training could easily be adapted or adopted from one of many federal agencies offering such opportunities. This should be made readily available by the commonwealth at no cost to healthcare organizations for implementation. This could be housed easily in an electronic format on a standardized website.

5. Pass Appropriate Bi-Partisan Legislation Aimed at Decreasing Violence Against Healthcare Workers

The Council recognizes and recommends approaching violence against healthcare workers from multiple standpoints and in a multidisciplinary fashion. However, legal consequences and accountability for individuals committing intentional acts of violence against healthcare workers must be established.

Two legislative bills are currently under consideration in the Commonwealth. The NCWS urges the legislature to act in a bipartisan manner to pass robust legislation that will adequately represent and protect the world-class healthcare provided in Massachusetts. This legislation should include clear, enforceable strategies and hold perpetrators accountable for acts of violence against healthcare workers, categorizing these acts as criminal behaviors.

Simultaneously, strategies to protect and minimize the negative impact of these violent acts on HCW victims must be implemented. Examples include protecting personal information, providing legal representation, and paid time off for recovery and litigation proceedings.

6. Establish a Standardized Reporting Method, Require Reporting, and Publish Data

In addition to required education and training, robust evaluation and reporting structures should be mandated to allow for process improvement and ongoing monitoring of HCW violence in the Commonwealth. Instances of healthcare violence must be documented, reported using an appropriate process, and data reported regularly at the state level. The Commonwealth should establish an electronic reporting portal that would allow incident reporting and data distribution.

Conclusion

Addressing the alarming rise in violence against healthcare workers requires a comprehensive, multifaceted approach. Proposed legislation is a critical step but not the only necessary intervention. We must create safe healthcare organizations through multidisciplinary interventions. Implementation of these measures can help us to protect our healthcare professionals, ensuring they can continue to provide essential care without fear.

It is imperative that policymakers, healthcare institutions, and society as a whole work together to support and safeguard those who dedicate their lives to our well-being. Only through collective action can we stem the tide of violence and create a safe, more secure future for all healthcare workers.

The *Recommendations for Solutions to Address Workplace Violence in Massachusetts Healthcare Facilities* were presented at the NCWS meeting on June 28, 2024. The recommendations were voted on and approved by Council members following the meeting.

References

2019 MHA Workplace Violence Prevention Guidance https://www.patientcarelink.org/wp-content/uploads/2021/02/8-mha-developing-healthcare-safety-violence-prevention-programs-in-hospitals.pdf

A Call to Action - MHA Workplace Violence Report.pdf (informz.net)

AHA Hospitals Against Violence Campaign https://www.aha.org/hospitals-against-violence-havhope

AHA Issue Brief Building a Safe Workplace and Community https://www.aha.org/system/files/media/file/2023/04/Building-a-Safe-Workplace-and-Community-Mitigating-the-Risk-of-Violence.pdf

AHA/IAHSS Creating Safer Workplaces https://www.patientcarelink.org/wp-content/uploads/2021/11/AHA-Creating-Safer-Workplaces-A-Guide-to-Mitigating-Violence-in-healthcare-settings.pdf

American Organization for Nursing Leadership and Emergency Nurses Association. “Mitigating violence in the workplace” 2022. AONL-ENA_workplace_toolkit.pdf

Firth, Shannon (February 5, 2204). Over 80% of nurses face workplace violence, survey finds. MedPage Today. https://www.medpagetoday.com/nursing/nursing/108585

Hassouneh D. (2006). Anti-racist pedagogy: challenges faced by faculty of color in predominantly white schools of nursing. J Nurs Educ. 45(7):255-62. doi: 10.3928/01484834-20060701-04. PMID: 16863105.

Jones, Cheryl B.; Sousane, Zoe; Mossburg, Sarah E. (October 31, 2023). Addressing workplace violence and creating a safer workplace. Patient Safety Network. https://psnet.ahrq.gov/perspective/addressing-workplace-violence-and-creating-safer-workplace

MHA Call to Action WPV Report https://www.patientcarelink.org/mha-members-issue-a-united-call-to-action-on-violence-in-healthcare-facilities/

MHA Caring for the Caregiver “Safety” Section https://www.patientcarelink.org/employee-well-being-mhas-caring-for-the-caregiver/safety/

NIOSH [2013]. Workplace violence prevention for nurses. Morgantown, WV: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2013-155.

Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, 2016. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (osha.gov)

Professional Issues Panel on Incivility, Bullying, and Workplace Violence. American Nurses Association Position Statement on Incivility, Bullying, and Workplace Violence, 2015. https://www.nursingworld.org/~49d6e3/globalassets/practiceandpolicy/nursing-excellence/incivility-bullying-and-workplace-violence--ana-position-statement.pdf

Task Force Background – PatientCareLink

TJC R3 report WPV Standards https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf