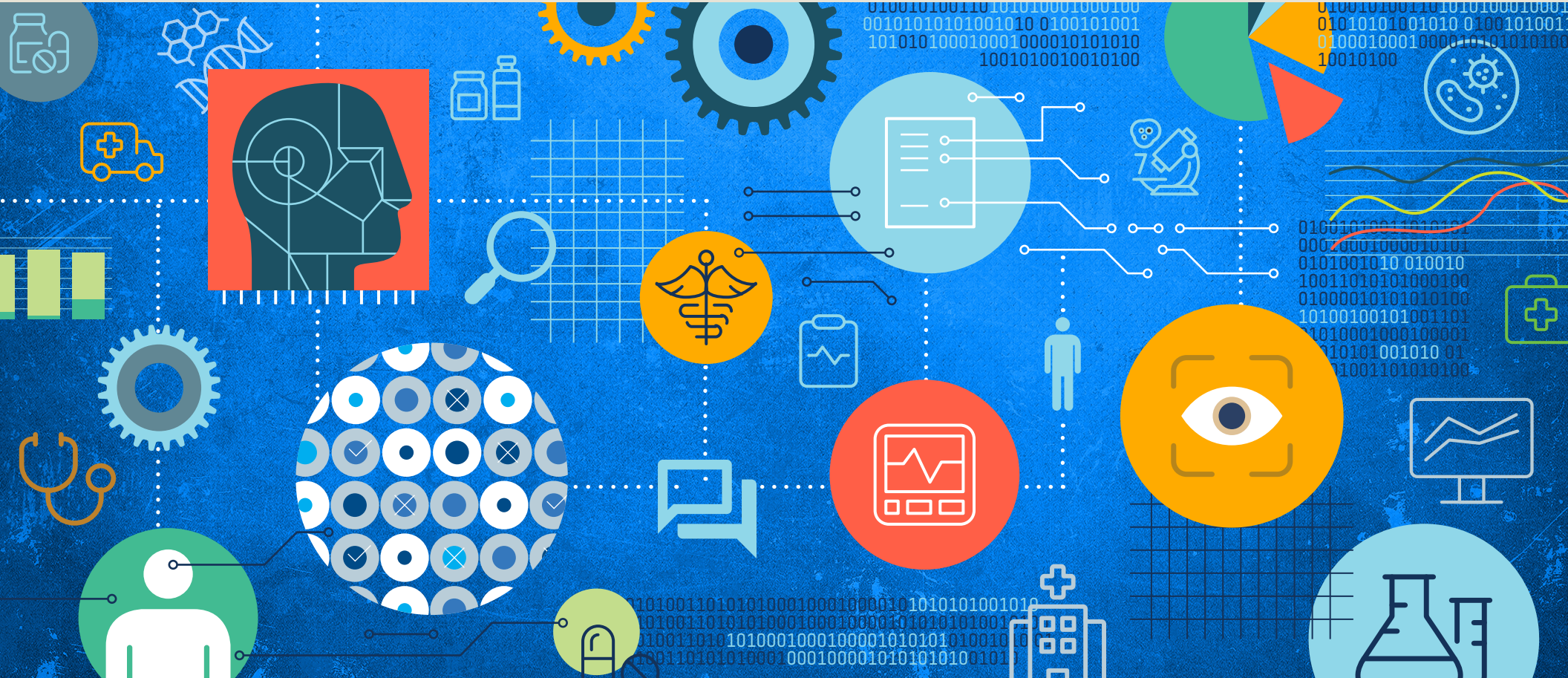
CHPSO

Eliminating preventable harm and improving the quality of health care delivery

Collaborative Healthcare Patient Safety Organization

A DIVISION OF THE HOSPITAL QUALITY INSTITUTE

2023 Annual Report



About Us

CHPSO Mission

Eliminating preventable harm and improving the quality of health care delivery

CHPSO Vision

CHPSO's members will lead the nation in providing the safest and highest quality health care

Participate

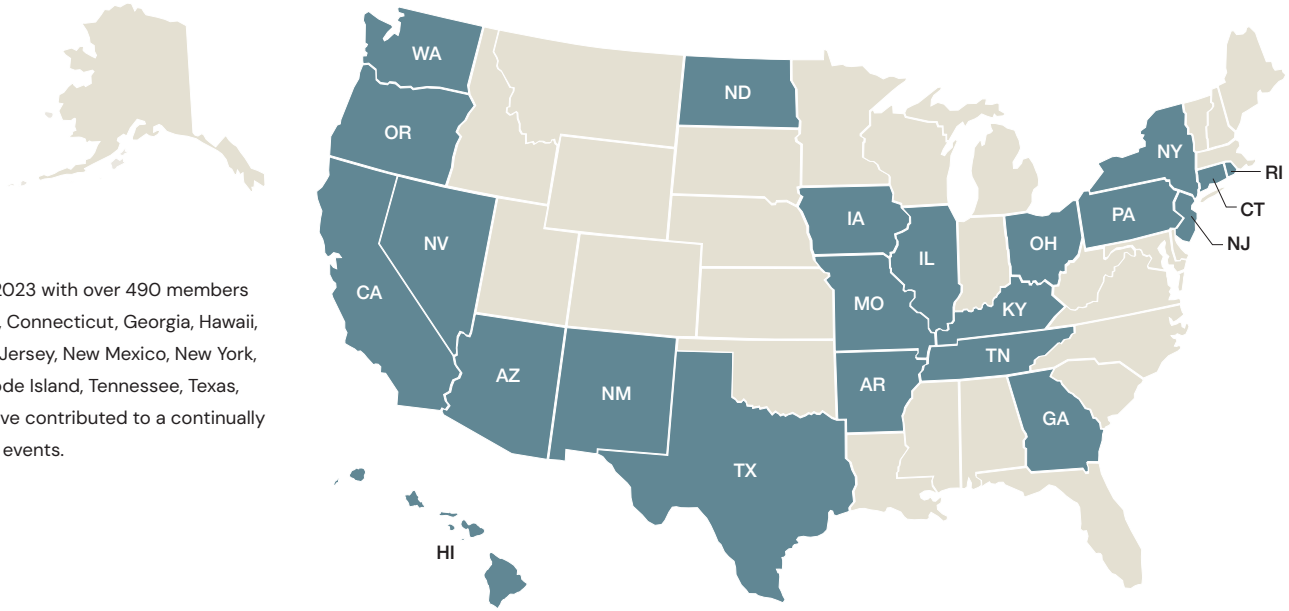
CHPSO collaborates with its members to enhance and simplify the data submission process. The process begins with members creating a spreadsheet based on their local data sources. Subsequently, members can upload their spreadsheets onto our platform, CHPSOData. This platform is the result of our partnership with SpeedTrack and NewVolt and offers dynamic mapping capabilities and incorporates several advanced security features, aimed at improving data organization and enhancing data security measures.

For more information, contact CHPSO at info@chpso.org or visit our website, www.chpso.org.

Benefits

- Patient safety work product privilege
- Collaborate and problem solve with other providers
- Periodic safety event evaluations
- Custom research requests
- Event feedback and consultation
- Educational webinars and safe table forums
- Alerts and quarterly newsletters
- Continuing education credits
- Legal counsel discussion group
- Job board

CHPSO Membership By State



CHPSO membership remained consistent in 2023 with over 490 members across 22 states: Arizona, Arkansas, California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Kentucky, Missouri, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, and Washington. Together, these members have contributed to a continually expanding database of over 4.5 million safety events.

President's Message

Robert Imhoff, President
Hospital Quality Institute

Knowledge is power.

For over 15 years, CHPSO has been dedicated to the elimination of preventable patient harm and improving the quality of health care delivery. We do this using factual, timely data — information to support you as you strive to make your patients safer and healthier.

I'm excited to share the CHPSO Annual Report, which covers activities from Jan. 1 to Dec. 31, 2023. Key highlights include:

- Medication errors kill about 100,000 people in the U.S. each year in health care. A CHPSO analysis looks at causes of errors and prevention strategies and presents actionable insights for patient safety professionals.
- With a resurgence of syphilis posing challenges to health care systems, a CHPSO study focuses on incidents involving syphilis patients, the hazards these incidents pose and highlights areas in need of improvement.
- An overview of the ongoing initiatives by HQI to combat hospital workplace violence through regional roundtables. These meetings, attended by diverse hospital staff, have produced valuable insights into the causes of, and solutions for, workplace violence.
- A recap of Safe Tables and webinars from the past year. Safe Tables are opportunities for members to discuss cases on pre-selected topics in a confidential and privileged setting while webinars provide an opportunity to engage in a collaborative learning environment that is inclusive for non-members.

I encourage you to read this report and share it with your colleagues.

Looking ahead, we are excited to continue our collaboration with members this year and beyond. If you have any questions about the report, CHPSO, or any HQI programs, please reach out to info@chpso.org.

Event Categories

Tim Rehwald
Principal Engineer

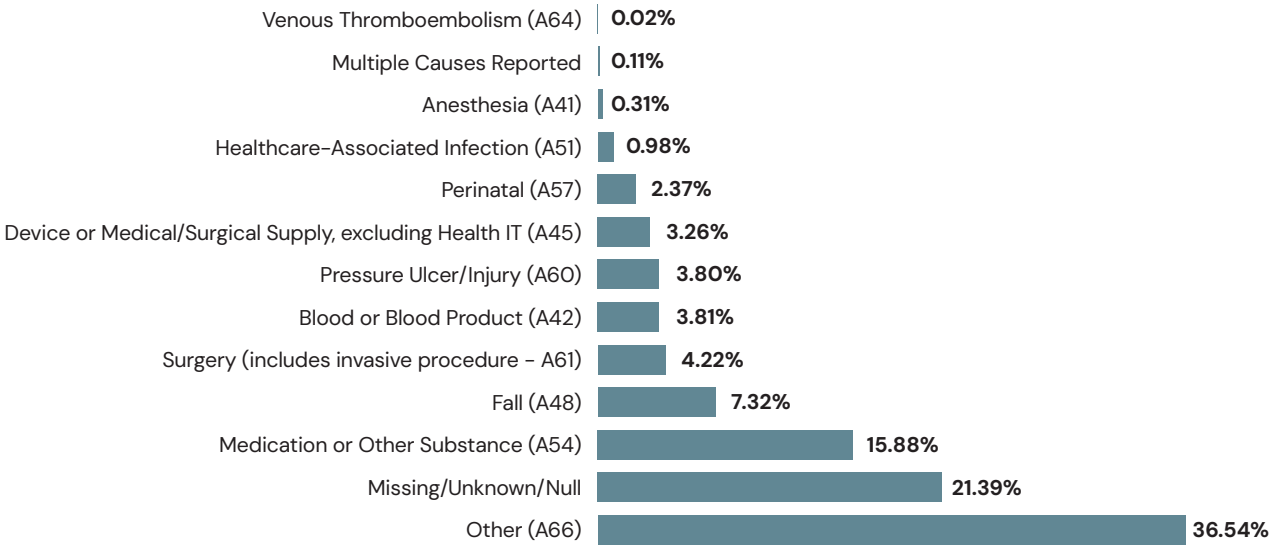
Key Takeaways

- Event category coding of 'Other' is down, but offset by an increase in 'Missing/Unknown/Null'
- CHPSOData adoption pace slowed in 2023; outreach is underway to reverse this
- Progress in reporting race and ethnicity data continues to be slow

CHPSOData Reporting

Figure 1 shows the percentage of patient safety events reported in 2023 as classified by CHPSO members, according to AHRQ Event Category (DE21). The good news is that the infamous "Other" category has dropped from 51% for 2022 to 37% for 2023. The bad news is that this improvement was completely offset by a change from 5% to 21% in the "Missing/Unknown/Null" category. This is not unexpected, as 2023 was the first full year of CHPSOData use and members were working their way up the CHPSOData mapping learning curve. As learning continues, this percentage should go down. The CHPSO Team will continue to assist in this learning as part of its Data Quality initiative. The frequency distribution of the remaining categories was consistent with 2022 results.

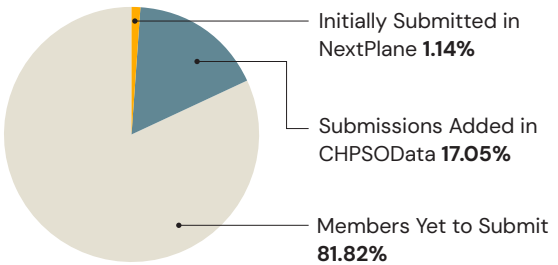
Figure 1. **Percentage of Patient Safety Events in 2023 Classified by AHRQ Event Category**



Status of Transition to CHPSOData

Figure 2 shows the progress you have made in migrating to CHPSOData. Given that submissions for systems are usually handled by only a few people (or one brave one!), the count sums discrete systems and standalone facilities into a single total. This means that a system with 20 facilities would be counted as one. When compared to 2022, the pace of progress has slowed down as we move

Figure 2. **Submission of Race and Ethnicity Data**

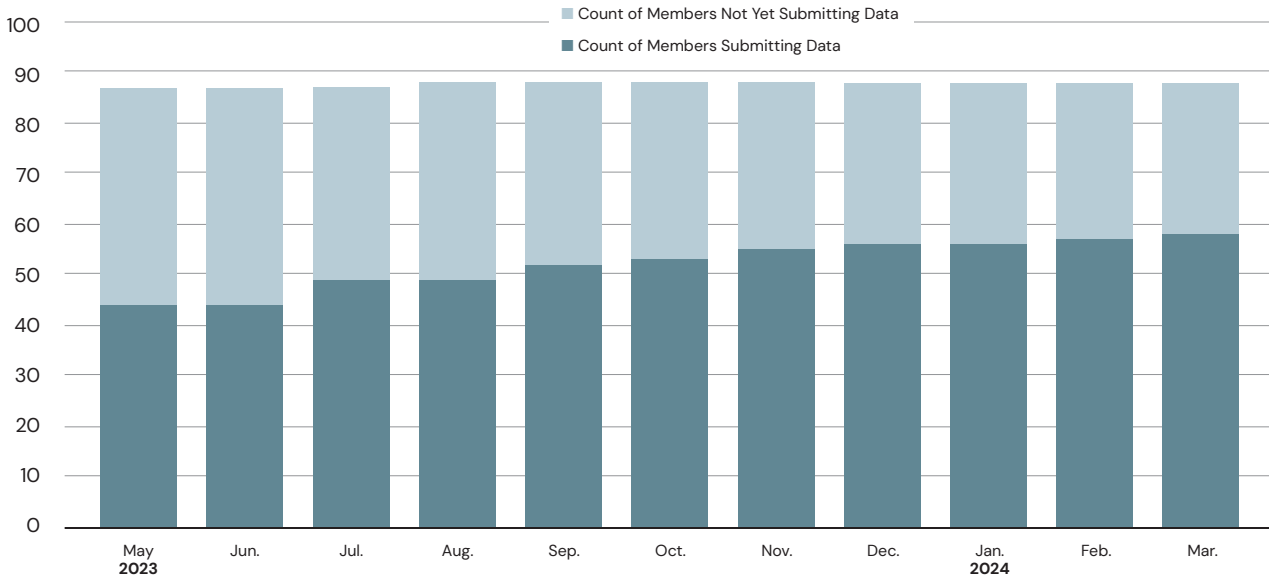


to address organizations that haven't yet onboarded with the new CHPSOData system. For those that have already made submissions part of your regular work, we appreciate your efforts. For those of you who haven't started yet, we will be reaching out to help you start your journey!

Status of Reporting Race And Ethnicity Data

Figure 3 shows the progress you have made in adding race and ethnicity data into your CHPSO platform submissions. The count of organizations submitting these data only increased by four in 2023. For many we contacted about this challenge, the problem lies in collecting and organizing the data upstream. We appreciate the efforts to date, but we do have more work ahead of us to meet looming regulatory requirements for submitting race and ethnicity data to CHPSOData.

Figure 3. **Status of Member Submissions to CHPSOData**



CHPSO Study Looks at Preventing Medication Errors

Kamali Jones, MSN, RN, PHN, AG-ACCNS
Patient Safety and Reliability Clinical Advisor

Key Takeaways

- **Human factors such as fatigue, inattention, and stress were primary contributors to medication errors**
- **Experienced clinicians are crucial in preventing medication errors from harming patients**
- **Clinicians prevented harm by focusing on accurate documentation, clear communication during handoffs, accurate blood sugar management, and addressing delays**

Approximately 100,000 people die each year from medication errors in health care, making it one of the leading causes of death in the United States. Preventing these errors is a central aim of patient safety. In this report, CHPSO focuses on preventing medication-related harm and provides actionable insights for patient safety professionals.

To explore medication administration, CHPSO posed the question, "What kind of critical thinking strategies were employed to prevent harm, and what were the characteristics of the harm avoided?" To address this, CHPSO analyzed safety events where harm was narrowly avoided (near miss) and examined the thought processes that led clinicians to reconsider their actions.

Table 1.

Top Locations
Emergency Department
Inpatient
Pharmacy
Operating Room
Labor and Delivery

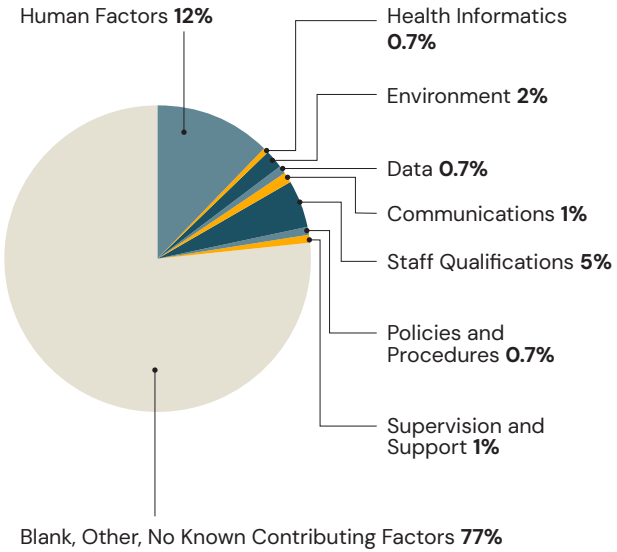
Table 2.

Ages	%
0-18	18
18-34	5
35-64	34
65-up	43

Contributing Factors

Medication errors can arise from many factors and occur at various stages, such as dispensing, compounding, prescribing, ordering, and administering. Unraveling the precise factors contributing to these errors is challenging due to the intricate and multi-team nature of the process. Tables 1 and 2 show the location of where near harm events took place and the age distribution of the patients involved. Figure 1 shows the factors that contributed to these near miss events as categorized by our members using AHRQ Common Formats. Seventy-seven percent of the events had either no data about contributing factors, factors were not specifically identified (other), or were unknown at the time.

Figure 1. **Contributing Factor (AHRQ Taxonomy)**



Remaining 25% of events where contributing factor data were included

Meaningful Reclassification

Table 3 shows CHPSO's supplemental classification of these events into more descriptive categories leveraging CHPSO's automated artificial intelligence and natural language processing algorithms.

Table 3.

Top 1 NLP (CHPSO Taxonomy)
Documentation
Patient Identification
Errors and Omissions or Care Without Orders
Communication
Glycemic Control
Delay or Lack of Response

Greater Insight

Near miss events represent potential risks for harm. Shifting the focus from responses to harm (incident analysis) to risks for harm (near miss analysis) offers valuable lessons to enhance prevention-related safety strategies. To provide greater detail into these near misses or "great catches," in this sampling, CHPSO reviewed these events individually for emerging themes. See Table 4.

Lessons Learned – Themes in Medication Errors

Medication errors often stemmed from instances where dosages appeared excessive based on the clinicians' experience and expertise. Other sources for errors include discrepancies among interdisciplinary team members concerning infusion rates, problems with barcode scanning on medication labels, and

Table 4.

Themes in Medication Errors	Key Example(s)
Labeling Medications	Labeling by manufacturer compromises package integrity when removed
Coordination of Care	Misunderstandings with outside pharmacies, tissue/organ transplant teams, weekend vs. weekday staff or oncoming vs. offgoing staff
Look Alike Sound Alike Medications	Clonazepam vs. Cetirizine, Sodium Chloride vial vs. Potassium Phosphate vial, Nitroprusside vs. Nitroglycerin
Drug Doses	Dose ordered significantly smaller than individual vial requiring substantial waste or vice versa, dose ordered significantly larger than individual vial requiring three or more vials to administer
Patient Identification	Knowledgeable patients recognize staff's nonadherence to two patient identifiers being required prior to giving meds
Communication Problems	Failure to let teams know a patient is on a clinical trial study, patients not telling staff they are taking home medications while hospitalized
EMR Alert Fatigue	Clinicians are ignoring pediatric dosing alerts because they resemble the "false alarm" alerts that appear for adult patients
Barcode Scanning	Barcode on box different from syringe (both scannable into EMR)
Timing	Rx recognized prescribing error for medication that is dependent on monthly cycles
Insulin Drip Protocols	Travel nurse, pharmacy, and charge nurse each had different understanding/ reading of insulin protocol
Drug Routes	Inhaler vs. nasal spray, Rocephin IV push vs. IVPB, Atropine indicated for sublingual but ordered as eye drop, syringe drip vs. bag drip, etc.
Abbreviations	Before meals vs. at night, AC vs. HS vs. ACHS
Reconciling Home Medications	Discontinued meds unintentionally reinstated
Clinical Judgment	Using stated weight vs. actual weight with chemotherapy, nurses recognized that kidney dysfunction impairs drug elimination
Technology Issues	EMR automatically orders 1,000mL Normal Saline infusions as continuous instead of one time administration
Documentation Errors	Infants weight entered as 36kg instead of 3.6kg for a Heparin dose
Automated Dispensing Cabinet Problems (ADC)	Inaccurate counts in ADC cassettes as well as in boxes/containers
Insulin Pens	Correct Insulin pen delivered with wrong patient's medication
Lab Results	Hemolyzed blood draw with false high potassium reading, medications ordered before lab results returned

miscommunication during transitions in care. One prominent theme contributing to unsafe medication use is a lack of alignment among teams in understanding policies and procedures. For instance, health care professionals who interact less frequently — such as organ transplant and inpatient teams, hospitalists, and specialty physicians, as well as weekday verses weekend nursing staff — often harbor misconceptions about the care plan just before initiating drug therapy. Clinicians have also identified risks related to misinterpreting abbreviations, dosage concerns related to stated verses actual patient weights, and prescriptions for medications with uncommon administration routes. This analysis underscores the critical importance of reconciling patients' home medications and ensuring smooth transitions in care, particularly during unit transfers and hospital discharges.

Recommendations to Prevent Medication Errors

- Pharmacy-led medication reconciliation teams
- Optimized EMR alerts
- Standardized, policy-driven, printing and labelling practices across all departments
- Standardized infusion pumps across all departments
- Retention of more experienced nursing staff
- Interventions to reduce interruptions during administration
- EMR interoperability (seamless interfacing between systems such as uniform systems that order, prescribe, dispense, and administer)

SUPPLEMENTAL INFORMATION:
Event Sampling Method

Kamali Jones, MSN, RN, PHN, AG-ACCNS
Patient Safety and Reliability Clinical Advisor

To answer the question, *"In 2023, what kinds of critical thinking strategies were employed to prevent medication associated harm and what were the characteristics of the errors avoided?"* CHPSO queried the database from January 2023 to December 2023, selecting only for "near-miss" report types, and the event category "medication or other substance." There were 8,292 event reports returned. These reports had their free-text description narrative queried for the words "question," "questioned," "questions," "questionable," or "questioning" to facilitate an examination of the clinicians' thought processes or critical thinking that prompted them to stop and question the medication order, thus preventing an error from reaching the patient. Based on these selection criteria, 143 safety events were returned and analyzed.

Unlocking System Failures in Syphilis Care

Vivian Eusebio, RN, PHN, MBA
CHPSO Patient Safety Clinical Advisor

Key Takeaways

- **The resurgence of syphilis has posed challenges to health care systems, emphasizing the need for effective diagnosis and treatment**
- **Systemic breakdowns in lab delays, communication lapses, diagnostic and prescribing errors, fragmented care, and health disparities contributed to patient safety incidents**
- **Unmitigated syphilis care may fuel disease transmission, exacerbate perinatal complications, deepen health inequities, strain health care resources, and increase morbidity and mortality rates**

CHPSO embarked on a deep dive exploration using the text navigation feature integrated in its new platform, CHPSOData, to analyze the linguistic frequency of the key word "syphilis" within the unstructured data of event reports. The objective was to analyze relevant content to identify recurring patterns and isolate factors that appear to be contributing to patient safety incidents. The following methodology, described in the supplement below, documents 466 syphilis-related patient safety events identified in CHPSOData from 2008 to 2023. In this report, CHPSO identifies key areas within the health care continuum that require improvement and offers actionable recommendations for patient safety professionals managing syphilis treatment.

Maternal and Congenital Syphilis

More than half of the syphilis event reports (51%; n = 238) involved a perinatal event. The location distributions as shown in Table 1 indicate that many of these perinatal events were concentrated largely in labor and delivery and special care areas, the two most significantly impacted departments. In all instances, "incidents" consistently ranked as the most prevalent event report type.

Common Patterns

Our examination revealed recurring themes among maternal and congenital event reports, collectively contributing to 93% of missed opportunities for preventing perinatal-associated morbidity and mortality (Figure 1).

Table 1. **Event Report Type Distribution By Location of Syphilis Events**

Location / Event Report Type	Incident	Near Miss	Unsafe Condition	Total
Labor and Delivery	102 (72.3%)	11 (7.8%)	28 (19.9%)	141 (30.3%)
Special Care Area (e.g. ICU CCU NICU)	49 (80.3%)	3 (4.9%)	9 (14.8%)	61 (13.1%)
Inpatient General Care Area (e.g. Medical/Surgical Unit)	44 (77.2%)	6 (10.5%)	7 (12.3%)	57 (12.2%)
Outpatient Care Area	38 (77.6%)	3 (6.1%)	8 (16.3%)	49 (10.5%)
Emergency Department	27 (64.3%)	3 (7.1%)	12 (28.6%)	42 (9.0%)
Null	26 (61.9%)	3 (7.1%)	13 (31.0%)	42 (9.0%)
Laboratory, Including Pathology Department and Blood Bank	25 (65.8%)	5 (13.2%)	8 (21.1%)	38 (8.2%)
Operating Room or Procedure Area	8 (72.7%)	1 (9.1%)	2 (18.2%)	11 (2.4%)
Other Area Within the Facility	5 (55.6%)	3 (33.3%)	1 (11.1%)	9 (1.9%)
Pharmacy	6 (75.0%)	2 (25.0%)	0 (0%)	8 (1.7%)
Other	4 (100%)	0 (0%)	0 (0%)	4 (0.9%)
Radiology/Imaging Department Including Onsite Mobile Units	3 (75.0%)	1 (25.0%)	0 (0%)	4 (0.9%)
Total	**337 (72.3%)**	**41 (8.8%)**	**88 (18.9%)**	**466**

Note: Order of locations based on number of events and percentage of the total.

Laboratory: In high-volume departments such as the laboratory, system breakdowns frequently lead to lab results being delayed, not ordered, or incomplete. Notably, over 32% of lab-related events depicted in Figure 1 were errors of omission or delays. This exposes the significance of addressing issues within laboratory workflows often overlooked in the literature.

Many hospitals, if not the majority, opt to outsource syphilis testing rather than performing in-house due to factors ranging from cost-effectiveness to the need for specialized equipment and expertise. However, relying on external lab facilities introduces third-party challenges and contributes to communication errors, lost specimens, and other potential hand-over issues.

Consequently, undiagnosed maternal syphilis can result in congenital syphilis and the transfer of newborns to the neonatal intensive care unit (NICU) for specialized care.

Prenatal Screening: Syphilis screening during the initial prenatal visit is the standard practice mandated in California and other states. However, it may not identify cases of maternal infection acquired later in pregnancy.[1] Even with the screening requirement in effect, the rate of congenital syphilis in California has risen 511% between 2010-2022 (Figure 2), surpassing the national average.

Multidisciplinary Care: Effectively managing perinatal syphilis care demands a coordinated effort and immediate notification of appropriate personnel, including infectious disease specialists, obstetricians, pediatricians, and other staff. The following case from CHPSOData illustrates the consequences that may arise from inadequate coordination of syphilis cases:

Figure 1. **Recurring Themes Among Perinatal Syphilis Cases**

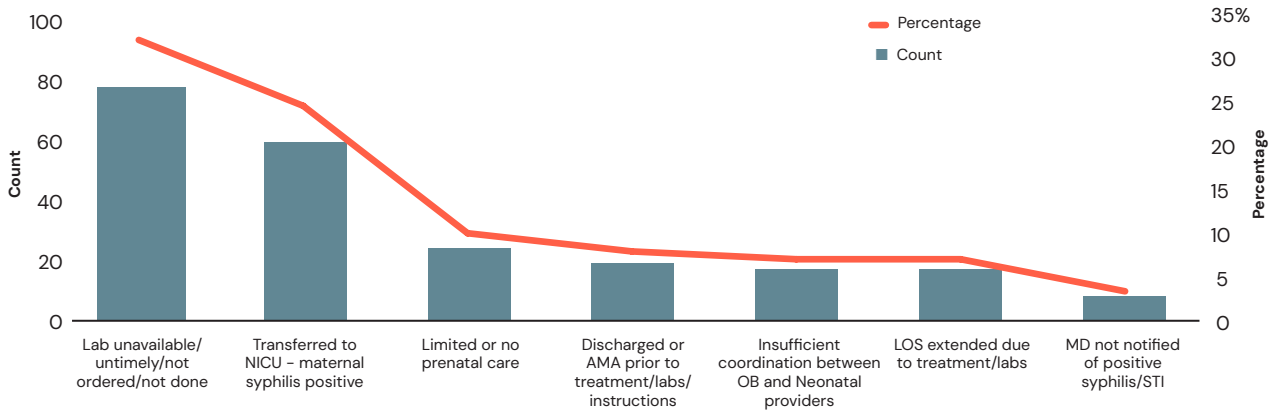
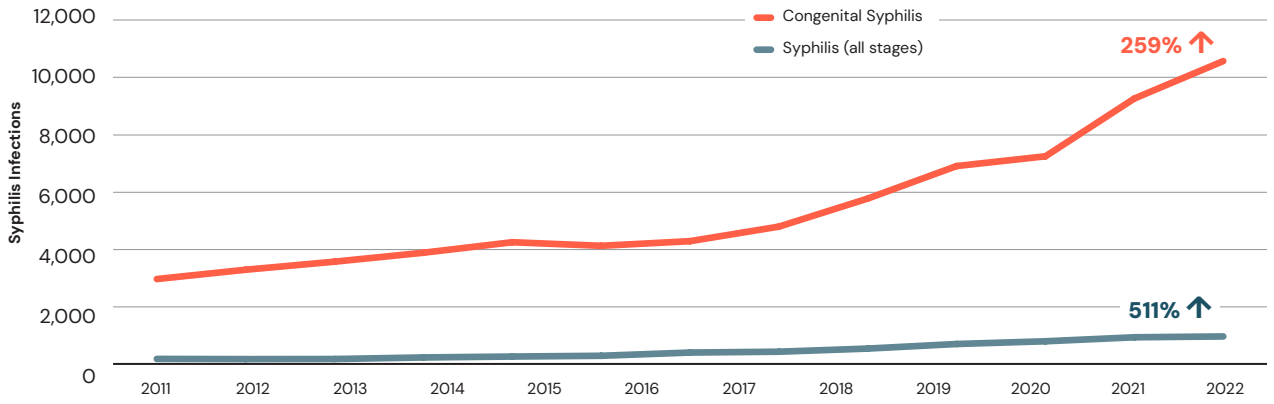


Figure 2. **Syphilis Infection Encounters, CA Hospitals 2010-2022**



Discharge Data Sources: Inpatient, Emergency Department, and Ambulatory Surgery encounters.

- During delivery, a mother's syphilis screening yielded unknown results. However, after delivery, it was discovered that the screening was positive for syphilis. The NICU team was not notified of the positive results, and both the infant and mother were discharged home without treatment. Additionally, the mother was not informed of her syphilis status. It was not until a month later, when the public health department was notified,

1 https://www.sciencedirect.com/science/article/pii/S2214250920302729

that the infant was finally tested for syphilis. Although the infant tested negative for syphilis, the infectious disease physician advised to perform repeat screening at three months of age. The mother was also instructed to seek treatment from her OB/GYN provider. The long-term effects for the infant are unknown.

Other Themes: The remaining themes in Figure 1 are correlated with fragmented care that can potentially escalate expenditures, such as prolonged hospital stays and unnecessary resource utilization to rectify missteps.

Impact of Social Determinants of Health (SDoH)

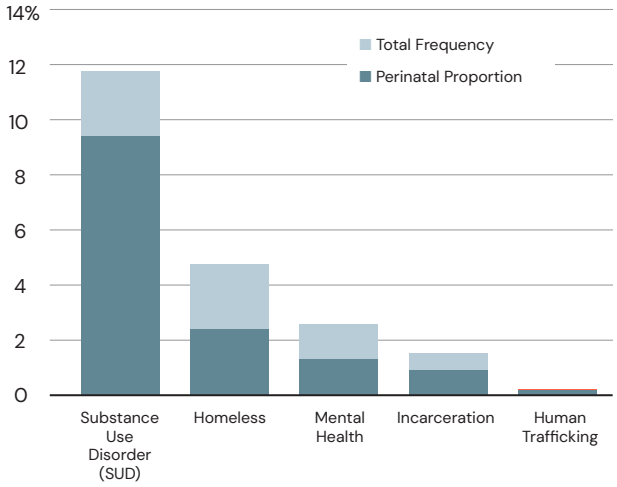
A 2022 Communicable Disease Control Center (CDC) study found that SDoH are associated with disparities in syphilis, particularly congenital syphilis.[2]

Figure 3 illustrates the distribution of socioeconomic risk factors among the maternal/congenital syphilis events versus other syphilis events. For instance, substance use disorder (SUD) constitutes 12% of total identified syphilis events, but 80% of those were perinatal events, rendering the perinatal group four times more likely to have a SUD compared to the non-perinatal group. Likewise, homelessness is present in 5% of cases overall, with 50% being perinatal events.

Diagnostic and Prescribing Errors

Diagnostic Errors: Approximately 5% of the syphilis events involved diagnostic errors, such as failing to communicate a positive syphilis result to the patient for months after the laboratory results were obtained. In one instance, a patient developed ophthalmological

Figure 3. **SDoH Maternal/Congenital Syphilis vs. Other Syphilis**



complications due to delays in care, while another contracted neurosyphilis.

Many diagnostic errors occurred in the emergency department (ED), but there were also cases of missed diagnoses among admitted patients. For example, a patient who presented to the ED with pelvic pain underwent a workup that included syphilis testing. Despite testing positive for syphilis upon admission for pyelonephritis, the focus of care during hospitalization remained on the admitting diagnosis, and the syphilis infection went untreated.

Prescribing Errors: Commonly reported prescribing errors involving penicillin included selecting the wrong type of penicillin, incorrect dosing, or improper frequency of administration. For example, in 5% of reported events, providers incorrectly prescribed Bicillin C-R instead of Bicillin L-A, ordered 1.2 million units (MU) instead of the required 2.4 MU, or administered the total units every six hours instead of the recommended every four hours.

In every instance where such errors reached the patient, the outcome was undertreatment.

Summary

By analyzing the frequency of "syphilis" documented in CHPSO event report narratives, this study pinpointed critical junctures across the health care continuum, shedding light on areas in need of reinforcement and restructuring. These are reflected in the following recommendations to reduce syphilis events:

- Enhance internal laboratory workflows to minimize errors and delays in syphilis testing such as training for staff members to expand testing beyond the typical three days/week schedule, implement robust quality control measures, and consider the feasibility of in-house testing.
- Increase efforts to ensure all pregnant individuals receive timely and comprehensive prenatal care, including syphilis testing during the initial prenatal appointment, the third trimester, and during delivery.[3]
- Foster collaboration among health care providers involved in perinatal care by establishing clear protocols for timely communication of test results and coordination of care.
- Implement measures to reduce diagnostic errors, such as improving communication of positive test results to

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9146036/

3 Recently, the American College of Obstetricians and Gynecologists changed their practice guidelines to recommended that screenings occur at the first prenatal visit, the third trimester, and during delivery for all pregnant individuals.

patients and providers to ensure appropriate follow-up care. Similarly, enhance prescribing practices through education and training to minimize medication errors and prevent undertreatment.

- Prenatal syphilis screening in the ED can be operationalized to reduce diagnostic error and improve communication by executing three tasks: 1) Verifying pregnancy status during triage; 2) If pregnant, confirm if syphilis testing has been done; and 3) If unable to confirm syphilis screening, then proceed with ordering the test.[4]

Preventing transmission and mitigating the consequences of both syphilis and congenital syphilis is not an insurmountable challenge. However, achieving this goal demands additional funding, a key element that will move the needle. By increasing state and local services and implementing these recommendations, health care systems can work towards reducing the burden of syphilis, improving perinatal outcomes, and advancing health equity for vulnerable populations. The ultimate goals are to minimize the sequalae of patient safety errors in diagnosis and treatment and enhance health care outcomes.

Thank you to Aaron Koll for his expert assistance with the statistical correlations analysis of perinatal events and to Emma Goldberg for creating the graph depicting syphilis infection encounters in California hospitals.

4 https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf

SUPPLEMENTAL INFORMATION:

Unlocking System Failures in Syphilis Care

Vivian Eusebio, RN, PHN, MBA
CHPSO Patient Safety Clinical Advisor

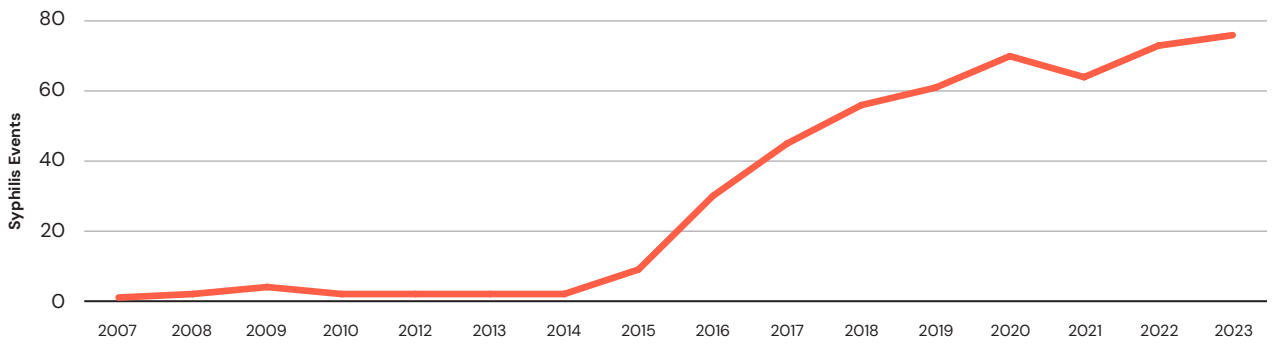
A noticeable increase emerged in the frequency of "syphilis" mentioned in patient safety event reports from 2015 onward.

Sampling Method for Syphilis Events

Utilizing advanced text analytics, 509 patient safety event reports were extracted from CHPSOData by employing a targeted keyword search within our specialized search tool. This tool preprocesses the unstructured data to remove irrelevant information and then tokenizes individual words or phrases to seamlessly facilitate access to event reports featuring the term "syphilis." CHPSO examined these 509 event reports, which ranged from July 2007 to December 2023. In instances where structured data were absent, updates were sourced from other data within the record, ensuring data integrity. Moreover, CHPSO's NLP (Natural Language Processing) driven event labeling underwent refinement by a clinician, with modifications or exclusions to rectify misclassifications. Similar adjustments were made to ensure accuracy in the degree of harm data.

An evident increase in the linguistic usage of "syphilis" was observed, reaching its peak in 2020, followed by a minor decline in 2021, and subsequently resuming an

Figure 1. **CHPSO "Syphilis" Safety Events 2007-2023**



There were no data for 2011. Please be aware that the absence of data for this year does not affect the interpretation of trends shown in the graph.

upward trajectory in 2022 (Figure 1). This trend strikingly mirrors the "Syphilis (All Stages)" line in Figure 2 of the article, which shows syphilis infection encounters in California hospitals.

Data Exclusions

To ensure data completeness and accuracy, we excluded four types of events totaling 43 records from the initial sample of 509:

- Duplicate events
- Grievance-associated events
- Occupational safety events not relevant to the study (e.g., needle sticks)
- Events with insufficient data

These exclusions were based on a thorough review for completeness and "ground truth" to enhance the quality of the data for analysis. The final dataset of 466 events was then normalized and aggregated in preparation for the study.

Statistical Correlations Among Perinatal Events

In our quest to uncover the root causes common among the perinatal syphilis events, we calculated statistical correlations to assess the existence of co-occurring event categories among the events. Though the correlation did not reach conventional levels of statistical significance, likely due to the limited dataset, there nonetheless appeared to be a trend suggesting a plausible connection between heightened reporting of laboratory-related incidents and care delays. This trend is also indirectly supported from numerous studies on pregnancies linked to congenital syphilis, which frequently illuminate a sequence of cascading events triggered by untimely or inadequate testing.[1]

Study Limitations

Voluntary reporting systems such as CHPSOData often suffer from underreporting, as not all events may be reported or captured in the sampling frame. This can result in an incomplete or biased picture of the phenomenon being studied and may underestimate its true prevalence or result in an inaccurate picture of how factors are related. Furthermore, individuals or organizations that choose to participate in voluntary reporting systems may not be representative of the broader population, leading to selection bias. When present, this can skew the characteristics of the reported events and affect the validity of study findings.

While the application of NLP or text mining may streamline the classification process, detecting mislabeled events poses a greater challenge for larger datasets, making it harder to address. Conversely, smaller sample sizes, such as the one used in this study, alleviate many of these concerns by subjecting each record to thorough clinician review. Yet, due to the nature of small samples, the statistical power of the analysis is likely diminished. This was evident in our failed attempt to identify statistically significant correlations of co-occurring event categories among the perinatal events.

Acknowledging the limits and biases inherent in small datasets, as well as the intrinsic constraints in voluntary reporting systems, we nevertheless attempted to supplement our insights with external evidence-based research studies to augment the robustness of our study findings. In doing so, we aimed to provide a more comprehensive understanding of the underlying issues to optimize care and improve patient outcomes.

1 https://www.cdc.gov/mmwr/volumes/72/wr/mm7246e1.htm

Workplace Violence Hospital Roundtables Focus on Impact and Solutions

Boris Kalanj, MSW, LISW
Director of Programs

Key Takeaways

- **Hospitals are mobilizing against a growing issue of workplace violence**
- **Resources and capacities to tackle the issue vary among hospitals**
- **Leaders see benefit in peer-to-peer learning and exchange**

TIME magazine has termed the recent surge in hospital workplace violence an epidemic. In response to this concerning trend, HQI released an analysis paper on hospital workplace violence and implemented a comprehensive series of programs to help member hospitals address the problem. The Community of Practice on Eliminating Hospital Workplace Violence aims to connect individuals working on the issue of workplace violence through a collaborative network designed for peer-to-peer learning and exchange.

As part of the Community of Practice, HQI facilitated regional hospital roundtables on workplace violence across the state. Between September 2023 and April 2024, we held four, in-person, half-day roundtables in Sacramento, Los Angeles, Riverside, and San Diego. Attendees represented 66 HQI-member hospitals and systems and consisted of individuals leading or supporting the efforts to eliminate workplace violence. They included clinical, administrative, and patient safety leaders, risk and accreditation managers, human resources, workplace violence program administrators, security and emergency managers, and employee health and safety leaders, among others.

Roundtable discussions were passionate, dynamic, and substantive. The participating hospitals discussed workplace violence as it currently affects them and their key challenges in managing it. They engaged in peer-to-peer sharing and the exchange of ideas and best practices. Below is a summary of key themes:

- **Workplace violence in hospitals is influenced by the outside community.**
  Participants acknowledged workplace violence is a surging problem in hospitals, in large part due to the lingering effects of the COVID-19 pandemic. Many patients postponed regular health care during the COVID years and hospitals - especially emergency departments – are now often filled beyond capacity. The current mental health and substance use crisis is adding to the pressures. Furthermore, while inpatients today tend to be more acutely ill than in years past, the norms of conduct among the general public seem to have worsened and, as a result, hospitals are witnessing ever more frequent displays of violent behavior. Exacerbating this challenge is the lack of community resources and post-acute placement for people suffering from severe mental illnesses, substance use disorders, or traumatic brain injuries.
- **Individuals who perpetrate workplace violence must be held accountable.**
  Ingrained in the culture of health care is the notion that a certain amount of violence is okay, and to be expected as part of the job. Nurses and other clinical staff are often quick to excuse a patient's violent behavior for various reasons having to do with clinical issues or stress. This is a daily challenge for hospital leaders. Many are working to change this aspect of the culture in their organizations so that workplace violence gets recognized and not tolerated.
- **Screening, assessment, and flagging of patients and visitors who are at risk for violence is essential, but we must guard from stereotyping and unfair stigmatization.**
  There is currently an absence of standardization both in assessing individuals for risk of violence and in the steps to be undertaken when a person scores above a certain threshold level of risk. Some hospitals are using systems that "flag" a patient who has had a history of violent behavior or is showing signs of agitation and

potential for violence in the current episode of care. Several roundtable participants have emphasized it is important that systems guard against stigmatization and stereotyping which can occur with factors such as implicit biases or cross-cultural miscommunication. Moreover, because violent behavior is often tied to a particular situation, it is important for hospitals to have systems in place that can re-evaluate the patient and effectively remove the flag from the patient's record if the patient no longer poses a threat.

- **Staff should be trained and supported to recognize and de-escalate violence.**
  Preparing the staff for a potentially violent patient or visitor lies at the core of effective organizational systems for managing workplace violence. Front-line staff members need training to recognize the warning signs, as well as the skills to de-escalate potentially violent behavior. There is no one-size-fits-all, and staff skills must be specific to the patient's presenting problem, i.e., the issue that is causing the person to escalate (e.g., mental health issue vs. substance use issue vs. traumatic brain injury, etc.).

  Several participants noted that the staff's unchecked communication styles can inadvertently provoke or escalate patient violence, especially if they convey a confrontational tone, dismissive attitudes, or a lack of empathy.

  Debriefing after incidents is an important part of both emotional healing from the event and learning about how to prevent future occurrences. It is best to approach these two types of debriefings separately. Debriefing for information-gathering purposes is routinely done in most hospitals. Some hospitals are also offering emotional support resources for the aftermath of violent events, such as dedicated licensed therapists who work with the affected staff.

- **Security resources and equipment vary among hospitals.**
  All hospitals are working to prevent objects that could be used as weapons from entering the environment, but methods for achieving this vary. Some deploy metal detectors in emergency departments but may be less rigorous in scrutinizing access elsewhere. Hospitals are balancing their efforts to screen and detect weapons with the need to provide uninterrupted access to patients and families and maintain a healing and open environment.

- **Hospitals vary in their data capabilities/capacities specific to workplace violence.**
  Underreporting of workplace violence is consistently highlighted as a significant issue. Most hospitals have internal mechanisms to capture, document, analyze, and learn from workplace violence events. However, a challenge for many is that data on workplace violence are recorded in several sources and formats, which often exist in siloes (e.g., risk management, employee health, hospital security, and others). Harmonizing the data to obtain the full picture is often difficult and labor-intensive. Furthermore, staff may perceive the process of submitting reports to be onerous and time-consuming, and not a priority given the demands of patient care.

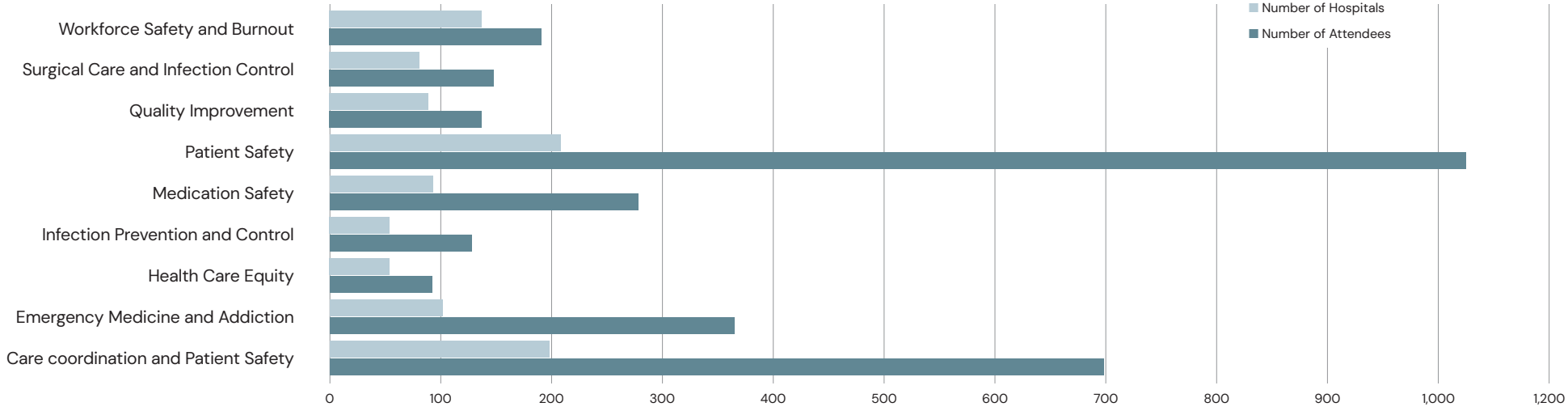
  When a hospital does succeed in increasing its reporting, it also must educate its leaders and staff to the fact that more workplace violence reports should not necessarily be seen as a problem. More reports in the early stages could be a sign of progress indicating improved transparency, a stronger reporting culture and a hospital's proactive approach to identifying and addressing the risk of violence. Similarly to the best practices in addressing patient harm, the hospitals' capacity to curb workplace violence is ultimately grounded in the work of building cultures of safety, continuous improvement, learning, transparency, and accountability.

Two additional roundtables are planned for the remainder of 2024.

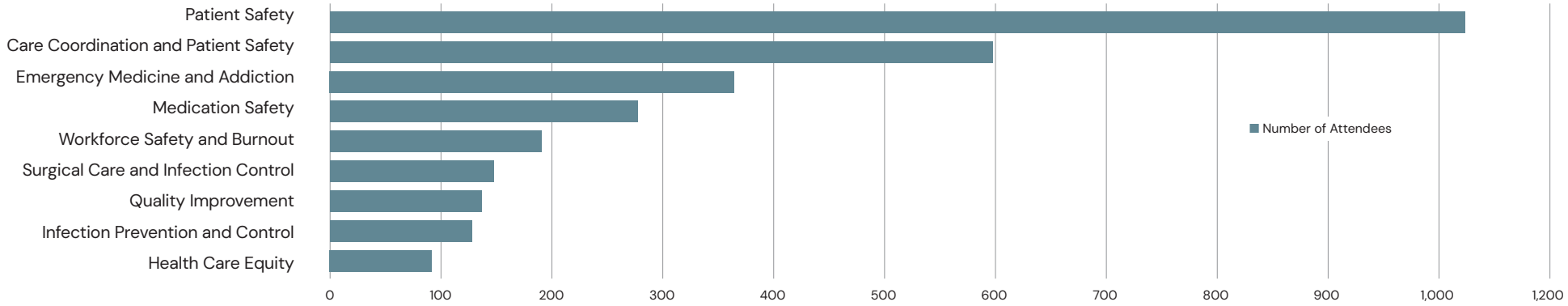
CHPSO Safe Tables and Webinars

Safe Tables provide a confidential and privileged setting for members to discuss cases on pre-selected topics. Additionally, our webinars offer a collaborative learning environment that is inclusive to non-members. These forums are designed to empower attendees to bring back valuable lessons learned and resources to their healthcare organizations. In 2023, patient safety emerged as the leading category of discussion, closely followed by health care equity. Please note that the attendance figures noted below exclude participation in other CHPSO educational events, such as the Root Cause Analysis Innovation Virtual Summit and the HQI Annual Conference.

CHPSO Events 2023



2023 Top Categories



In Their Own Words

"After attending these webinars, I'm equipped with the tools to navigate the ever-evolving landscape of healthcare with confidence."

"The depth of expertise showcased in these webinars was truly remarkable. I feel privileged to have been a part of it."

"This webinar was a well-thought-out presentation, starting with the physiology of the problem being discussed, which was greatly appreciated. The presenter did not assume the audience knew anything, which was refreshing."

"You have the most outstanding programs!"

"Firsthand experiences are always more powerful motivators. This was an extremely powerful motivator for us, as safety professionals, to work harder to achieve zero harms. Well done."

"This was an excellent presentation and so insightful for hospital providers!"

"Such an important topic. I really appreciated the case study to gain more ideas on how to interact and better serve those with opioid use disorder. I'm looking to implement this knowledge into education programs for the community."

"This was one of the best webinars, so much good actionable info. Thank you!"

"One of my facility's committees is looking into providing green spaces, and this seminar was very timely in showing us how to accomplish that goal."

"Thank you so much for this webinar - it really makes one stop and think about what we are doing to protect from cyber attacks."

"Well-presented educational session on a topic that impacts all facilities. The presenter was very dynamic. Thank you!"

"This was one of the very best presentations I've attended - within CHPSO and even compared to others. Kudos to the speaker."

CHPSO Membership Listing

Member	City	State
Adventist Health	Roseville	CA
Adventist Health and Rideout	Marysville	CA
Adventist Health Bakersfield	Bakersfield	CA
Adventist Health Castle	Kailua	HI
Adventist Health Clear Lake	Clearlake	CA
Adventist Health Delano	Delano	CA
Adventist Health Feather River	Paradise	CA
Adventist Health Glendale	Glendale	CA
Adventist Health Hanford	Hanford	CA
Adventist Health Howard Memorial	Willits	CA
Adventist Health Lodi Memorial	Lodi	CA
Adventist Health Mendocino Coast	Fort Bragg	CA
Adventist Health Portland	Portland	OR
Adventist Health Reedley	Reedley	CA
Adventist Health Selma	Selma	CA
Adventist Health Simi Valley	Simi Valley	CA
Adventist Health Sonora	Sonora	CA
Adventist Health St. Helena	Saint Helena	CA
Adventist Health Tehachapi Valley	Tehachapi	CA
Adventist Health Tillamook	Tillamook	WA
Adventist Health Tulare	Tulare	CA
Adventist Health Ukiah Valley	Ukiah	CA
Adventist Health White Memorial	Los Angeles	CA
AHMC Anaheim Regional Medical Center	Anaheim	CA
AHMC Healthcare, Inc.	Alhambra	CA
Alameda Health System	Oakland	CA
Alameda Hospital	Alameda	CA
Alhambra Hospital Medical Center	Alhambra	CA
Alta Bates Summit Medical Center – Alta Bates Campus	Berkeley	CA
Alta Bates Summit Medical Center – Herrick Campus	Berkeley	CA
Alta Bates Summit Medical Center – Summit Campus	Oakland	CA
Alta Bates Summit Medical Center – Summit Campus, Summit	Oakland	CA
Alta Hospital System, LLC	Culver City	CA
Alvarado Hospital Medical Center	San Diego	CA
Anaheim Global Medical Center	Anaheim	CA
Antelope Valley Health Center	Lancaster	CA
Antelope Valley Hospital	Lancaster	CA
Arrowhead Regional Medical Center	Colton	CA
Arroyo Grande Community Hospital	Arroyo Grande	CA
Athletic Rehabilitation Center – Chino	Chino	CA
Athletic Rehabilitation Center – Glendora	Glendora	CA
Athletic Rehabilitation Center – West Covina	West Covina	CA
Bailey-Boushay House & Clinics	Seattle	WA
Bakersfield Behavioral Healthcare Hospital	Bakersfield	CA
Bakersfield Heart Hospital	Bakersfield	CA
Bakersfield Memorial Hospital	Bakersfield	CA
Ballard Rehabilitation Hospital	San Bernardino	CA

Member	City	State
Banner Lassen Medical Center	Susanville	CA
Barlow Respiratory Hospital	Los Angeles	CA
Barton Memorial Hospital	South Lake Tahoe	CA
Bear Valley Community Hospital	Big Bear Lake	CA
Bellflower Health Center	Bellflower	CA
Brazosport Regional Health System (St. Luke's)	Lake Jackson	TX
Burleson St. Joseph Health Center	Caldwell	TX
Burleson St. Joseph Manor – Caldwel	Caldwell	TX
California Cancer Center	Fresno	CA
California Diagnostic Imaging Center	Glendora	CA
California Hospital Medical Center	Los Angeles	CA
California Pacific Medical Center	San Francisco	CA
California Pacific Medical Center – California Campus	San Francisco	CA
California Pacific Medical Center – Davies Campus	San Francisco	CA
California Pacific Medical Center – Mission Bernal Campus	San Francisco	CA
California Pacific Medical Center – Pacific Campus	San Francisco	CA
Catalina Island Medical Center	Avalon	CA
Cedars-Sinai Health System	Los Angeles	CA
Cedars-Sinai Marina Del Rey Hospital	Marina Del Rey	CA
Cedars-Sinai Medical Center	Los Angeles	CA
Centinela Hospital Medical Center	Inglewood	CA
Oracle	Kansas City	MO
Chandler Regional Medical Center	Chandler	AZ
Chapman Global Medical Center	Orange	CA
CHI Memorial Hospital – Chattanooga	Chattanooga	TN
CHI Memorial Hospital – Fort Oglethorpe	Fort Oglethorpe	GA
CHI St. Alexius Health – Bismarck	Bismarck	TX
CHI St. Alexius Health – Garrison	Garrison	TX
CHI St. Alexius Health – Turtle Lake	Turtle Lake	TX
CHI St. Luke's Health Baylor Med Ctr	Houston	TX
CHI St. Vincent – Morrilton	Morrilton	AK
CHI St. Vincent Health Services – Little Rock	Little Rock	AK
CHI St. Vincent Medical Center North	Sherwood	AK
Children's Hospital Los Angeles	Los Angeles	CA
Children's Hospital of Orange County	Orange	CA
Chinese Hospital	San Francisco	CA
Chino Valley Medical Center	Chino	CA
CHOC Children's	Orange	CA
CHOC Children's at Mission Hospital	Orange	CA
City Hospital at White Rock	Dallas	TX
City of Hope	Duarte	CA
Clovis Community Medical Center	Clovis	CA
Coalinga Regional Medical Center	Coalinga	CA
Coast Plaza Hospital	Norwalk	CA
College Medical Center	Long Beach	CA
CommonSpirit Health	Chicago	IL
Community Behavioral Health Center	Clovis	CA

Member	City	State
Community Health Center – Sierra	Fresno	CA
Community Hospital Long Beach	Long Beach	CA
Community Hospital of Huntington Park	Huntington Park	CA
Community Hospital of San Bernardino	San Bernardino	CA
Community Hospital of the Monterey Peninsula	Monterey	CA
Community Medical Centers	Fresno	CA
Community Memorial Health System	Ventura	CA
Community Memorial Hospital	Ventura	CA
Community Regional Medical Center	Fresno	CA
Community Subacute and Transitional Care Center	Fresno	CA
Continuing Care Hospital – SJH	Lexington	KY
Cottage Health System	Santa Barbara	CA
Cottage Rehabilitation Hospital campus of Santa Barbara Cottage Hospital	Santa Barbara	CA
Crozer Chester Medical Center	Upland	PA
Deran Koligian Ambulatory Care Center	Fresno	CA
Desert Valley Hospital	Victorville	CA
Dignity Health	San Francisco	CA
Dignity Health Medical Foundation	San Francisco	CA
Dollarhide Health Center	Compton	CA
Dominican Hospital	Santa Cruz	CA
East Los Angeles Doctors Hospital	Los Angeles	CA
East Orange General Hospital	East Orange	NJ
Eastern Connecticut Health Network	Vernon	CT
Eastern Connecticut Health Network	Manchester	CT
Eden Medical Center	Castro Valley	CA
Edward R. Roybal Comprehensive Health Center	Los Angeles	CA
Eisenhower Medical Center	Rancho Mirage	CA
El Camino Hospital	Mountain View	CA
El Camino Hospital Los Gatos	Santa Clara	CA
El Centro Regional Medical Center	El Centro	CA
El Monte Comprehensive Health Center	El Monte	CA
Emanate Health Hospice and Home Health	West Covina	CA
Emanate Health Medical Center — Inter-Community Campus	Covina	CA
Emanate Health Medical Center — Queen of the Valley Campus	West Covina	CA
Emanate Health Partners	Covina	CA
Encino Hospital Medical Center	Encino	CA
Enloe Medical Center	Chico	CA
Enloe Medical Center – Cohasset Campus	Chico	CA
Enloe Regional Cancer Center	Chico	CA
Enloe Rehabilitation Center	Chico	CA
Fairchild Medical Center	Yreka	CA
Fairmont Campus of Alameda Health System	San Leandro	CA
Flaget Memorial Hospital	Bardstown	KY
Flatiron Health	New York	NY
Flatiron Health, Inc.	New York	NY
Foothill Family Practice Medical Group	Glendora	CA
Foothill Presbyterian Hospital	Glendora	CA
Foothill Regional Medical Center	Tustin	CA
Franciscan Medical Group	Tacoma	WA
Fremont Medical Center campus of Rideout Memorial Hospital	Yuba City	CA
French Hospital Medical Center	San Luis Obispo	CA
Fresno Heart & Surgical Hospital	Fresno	CA
Garden Grove Hospital and Medical Center	Garden Grove	CA

Member	City	State
Garfield Medical Center	Monterey Park	CA
Gateways Hospital and Mental Health Center	Los Angeles	CA
General Hospital Campus of St. Joseph Hospital	Eureka	CA
George L. Mee Memorial Hospital	King City	CA
Glendale Health Center	Glendale	CA
Glendale Memorial Hospital and Health Center	Glendale	CA
Glendora Community Hospital	Glendroa	CA
Glendora Surgery Center	Glendora	CA
Glenn Medical Center	Willows	CA
Goleta Valley Cottage Hospital	Santa Barbara	CA
Good Samaritan Hospital	Bakersfield	CA
Greater El Monte Community Hospital	South El Monte	CA
Grimes St. Joseph Health Center	Navasota	TX
H. Claude Hudson Comprehensive Health Center	Los Angeles	CA
Harbor – UCLA Medical Center	Torrance	CA
Harrison Medical Center dba St. Michael Medical Center	Silverdale	WA
Hazel Hawkins Memorial Hospital	Hollister	CA
Healdsburg Hospital	Healdsburg	CA
Hemet Valley Medical Center	Hemet	CA
Henry Mayo Newhall Memorial Hospital	Valencia	CA
High Desert Regional Health Center	Lancaster	CA
Highland Campus of Alameda Health System	Oakland	CA
Highline Medical Center dba St. Anne Hospital	Burien	WA
Hoag Hospital Irvine campus of Hoag Memorial Hospital Presbyterian	Irvine	CA
Hoag Memorial Hospital Presbyterian	Newport Beach	CA
Hoag Orthopedic Institute	Irvine	CA
Hollywood Presbyterian Medical Center	Los Angeles	CA
Hubert H. Humphrey Comprehensive Health Center	Los Angeles	CA
Huntington Beach Hospital	Huntington Beach	CA
Huntington Hospital	Pasadena	CA
Incline Village Community Hospital	Incline Village	NV
Inland Valley Medical Center Campus of Southwest Healthcare System, Murrieta and Wildomar	Wildomar	CA
Jerold Phelps Community Hospital	Garberville	CA
Joe Arrington Cancer Center	Lubbock	TX
John C. Fremont Healthcare District	Mariposa	CA
John George Psychiatric Pavilion Campus of Alameda Health System	San Leandro	CA
John Muir Behavioral Health Center	Concord	CA
John Muir Medical Center, Concord Campus	Concord	CA
John Muir Medical Center, Walnut Creek Campus	Walnut Creek	CA
Kāhi Mōhala Behavioral Health	Ewa Beach	CA
Kaweah Delta Health Care District	Visalia	CA
Kaweah Delta Medical Center — South Campus	Visalia	CA
Kaweah Delta Mental Health Hospital	Visalia	CA
Kaweah Delta Rehabilitation Hospital	Visalia	CA
Kentfield Rehabilitation & Specialty Hospital	Kentfield	CA
Kern Medical	Bakersfield	CA
Kern Valley Healthcare District	Lake Isabella	CA
Kindred Hospital — Brea	Brea	CA
Kindred Hospital — San Diego	San Diego	CA
Kindred Hospital — San Francisco Bay Area	San Leandro	CA
KPC Healthcare, Inc.	Orange	CA
La Palma Intercommunity Hospital	La Palma	CA
La Puente Health Center	La Puente	CA

Member	City	State
Lake Los Angeles Community Clinic	Lake Los Angeles	CA
Littlerock Community Clinic	Littlerock	CA
Loma Linda University Children's Hospital campus of Loma Linda University Medical Center	Loma Linda	CA
Loma Linda University Medical Center — Murrieta	Murrietta	CI
Lompoc Valley Medical Center	Lompoc	CA
Long Beach Comprehensive Health Center	Long Beach	CA
Long Beach Memorial	Long Beach	CA
Los Angeles Community Hospital at Bellflower	Bellflower	CA
Los Angeles Community Hospital at Los Angeles	Los Angeles	CA
Los Angeles Community Hospital at Norwalk	Norwalk	CA
Los Angeles County Department of Health Services	Los Angeles	CA
Los Angeles General Medical Center (LAGMC)	Los Angeles	CA
Lucile Salter Packard Children's Hospital	Palo Alto	OR
Mad River Hospital	Arcata	CA
Madison St. Joseph Health Center – Madisonville	Madisonville	TX
Mammoth Hospital	Mammoth Lakes	CA
Marian Regional Medical Center	Santa Maria	CA
Marian Regional Medical Center West campus of Marian Regional Medical Center	Santa Maria	CA
Marin General Hospital	Greenbrae	CA
Mark Twain Medical Center	San Andreas	CA
Marshall Medical Cameron Park campus of Marshall Medical Center	Cameron Park	CA
Marshall Medical Center	Placerville	CA
Martin Luther King Jr. Community Hospital	Los Angeles	CA
Martin Luther King, Jr. Outpatient Center	Los Angeles	CA
Mayers Memorial Hospital District	Fall River Mills	CA
Memorial Hospital Los Banos	Los Banos	CA
Memorial Hospital of Gardena	Gardena	CA
Memorial Medical Center	Modesto	TX
Memorial Medical Center – Livingston	Livingston	TX
Memorial Medical Center – San Augustine	San Augustine	TX
Memorial Medical Center of East Texas	Lufkin	TX
Menifee Valley Medical Center	Sun City	CA
Menlo Park Surgical Hospital	Menlo Park	CA
Mercy General Hospital	Sacramento	CA
Mercy Gilbert Medical Center	Gilbert	AZ
Mercy Hospital of Folsom	Folsom	CA
Mercy Hospital Southwest	Bakersfield	CA
Mercy Hospitals of Bakersfield	Bakersfield	CA
Mercy Medical Center Merced	Merced	CA
Mercy Medical Center Mount Shasta	Mount Shasta	CA
Mercy Medical Center Redding	Redding	CA
Mercy Medical Center Roseburg	Roseburg	OR
Mercy Medical Pavilion campus of Mercy Medical Center	Merced	CA
Mercy San Juan Medical Center	Carmichael	CA
Methodist Hospital of Sacramento	Sacramento	CA
Mid Valley Comprehensive Health Center	Van Nuys	CA
Miller Children's Hospital Long Beach	Long Beach	CA
Mills Health Center campus of Mills-Peninsula Health Services	San Mateo	CA
Mills-Peninsula Health Services	Burlingame	CA
Mills-Peninsula Health Services Senior Focus	Burlingame	CA
Mills-Peninsula Medical Center campus of Mills-Peninsula Health Services	Burlingame	CA
Mission Heritage Medical Group	Mission Viejo	CA
Mission Hospital	Mission Viejo	CA

Member	City	State
Modoc Medical Center	Alturas	CA
Montclair Hospital Medical Center	Montclair	CA
Monterey Park Hospital	Monterey Park	CA
Natividad Medical Center	Salinas	CA
NorthBay Healthcare Corporation	Fairfield	CA
NorthBay Medical Center	Fairfield	CA
NorthBay VacaValley Hospital	Vacaville	CA
Northern Inyo Hospital	Bishop	CA
Northridge Hospital Medical Center	Northridge	CA
Novato Community Hospital	Novato	CA
Ojai Valley Community Hospital	Ojai	CA
Olive View – UCLA Medical Center	Sylmar	CA
Olympia Medical Center	Los Angeles	OR
Orange Coast Memorial Medical Center	Fountain Valley	CA
Orange County Global Medical Center	Santa Ana	CA
Orchard Hospital	Gridley	CA
Oroville Hospital	Oroville	CA
Orthopaedic Medical Group – Chino	Chino	CA
Orthopaedic Medical Group – Glendora	Glendora	CA
Orthopaedic Medical Group – West Covina	West Covina	CA
Ose Adams Medical Pavilion	Sacramento	CA
Ose Adams Medical Pavilion	Sacramento	CA
Our Lady of Fatima Hospital	North Providence	RI
Pacific Central Coast Health Centers	San Francisco	CA
Pacific Diagnostic Laboratories	Santa Barbara	CA
Palmdale Regional Medical Center	Palmdale	CA
Palo Alto Medical Foundation	Palo Alto	CA
Palomar Health	Escondido	CA
Palomar Medical Center Downtown Escondido	Escondido	CA
Palomar Medical Center Escondido	Escondido	CA
Palomar Medical Center Poway	Poway	CA
Paradise Valley Hospital	National City	CA
Paradise Valley Hospital – Bayview Behavioral Health Campus	Chula Vista	CA
Parkview Community Hospital Medical Center	Riverside	CA
Petaluma Valley Hospital	Petaluma	CA
PIH Health Good Samaritan Hospital	Los Angeles	CA
PIH Health Hospital – Downey	Downey	CA
PIH Health Hospital – Whittier	Whittier	CA
Pioneers Memorial Healthcare District	Brawley	CA
Pipeline Health	El Segundo	CA
Plumas District Hospital	Quincy	CA
Pomona Valley Hospital Medical Center	Pomona	CA
Prebys Cardiovascular Institute	La Jolla	CA
Providence Cedars-Sinai Tarzana Medical Center	Tarzana	CA
Providence Health & Services — Southern California	Torrance	CA
Providence Holy Cross Medical Center	Mission Hills	CA
Providence Little Company of Mary Medical Center — San Pedro	San Pedro	CA
Providence Little Company of Mary Medical Center — Torrance	Torrance	CA
Providence Little Company Of Mary Subacute Care Center	San Pedro	CA
Providence Little Company Of Mary Transitional Care Center (DP/SNF)	Torrance	CA
Providence Mission Hospital	Laguna Beach	CA
Providence Mission Hospital – Laguna Beach	Laguna Beach	CA
Providence Queen of the Valley Medical Center	Napa	CA

Member	City	State
Providence Redwood Memorial Hospital	Fortuna	CA
Providence Saint Joseph Medical Center	Burbank	CA
Providence Saint Saint John's Health Center	Santa Monica	CA
Providence Santa Rosa Memorial Hospital	Santa Rosa	CA
Providence Santa Rosa Memorial Hospital – Sotoyome	Santa Rosa	CA
Providence St. Joseph Hospital – Eureka	Eureka	CA
Providence St. Joseph Hospital – Orange	Orange	CA
Providence St. Jude Medical Center	Fullerton	CA
Providence St. Mary Medical Center	Apple Valley	CA
Rady Children's Hospital — San Diego	San Diego	CA
Rancho Los Amigos National Rehabilitation Center	Downey	CA
Redlands Community Hospital	Redlands	CA
Riverside University Health System – Medical Center	Moreno Valley	CA
Roger Williams Medical Center	Providence	RI
Saddleback Memorial Medical Center – Laguna Hills	Laguna Hills	CA
Saint Agnes Medical Center	Fresno	CA
Saint Francis Memorial Hospital	San Francisco	CA
Saint Joseph Brea	Brea	KY
Saint Joseph East	Lexington	KY
Saint Joseph Hospital	Lexington	KY
Saint Joseph London	London	KY
Saint Joseph Mt. Sterling	Mount Sterling	KY
Saint Louise Regional Hospital	Gilroy	CA
Salinas Valley Memorial Healthcare System	Salinas	CA
San Antonio Regional Hospital	Upland	CA
San Bernardino Mountains Community Hospital District	Lake Arrowhead	CA
San Dimas Community Hospital	San Dimas	CA
San Fernando Health Center	San Fernando	TX
San Gabriel Valley Medical Center	San Gabriel	CA
San Gorgonio Memorial Hospital	Banning	TX
San Leandro Hospital	San Leandro	CA
San Mateo Medical Center	San Mateo	CA
Santa Barbara Cottage Hospital	Santa Barbara	CA
Santa Clara Valley Medical Center	San Jose	CA
Santa Paula Hospital	Santa Paula	CA
Santa Ynez Valley Cottage Hospital	Solvang	CA
Scripps Green Hospital	La Jolla	CA
Scripps Health	San Diego	CA
Scripps Memorial Hospital East County	El Cajon	CA
Scripps Memorial Hospital Encinitas	Enicintas	CA
Scripps Memorial Hospital La Jolla	La Jolla	CA
Scripps Mercy Hospital	San Diego	CA
Scripps Mercy Hospital Chula Vista campus of Scripps Mercy Hospital	Chula Vista	CA
Sequoia Hospital	Redwood City	CA
Seton Medical Center	Daly City	CA
Seton Medical Center Coastside	Moss Beach	CA
Sharp Chula Vista Medical Center	Chula Vista	CA
Sharp Coronado Hospital and Healthcare Center	Coronado	CA
Sharp Grossmont Hospital	La Mesa	CA
Sharp HealthCare	San Diego	CA
Sharp Mary Birch Hospital for Women & Newborns campus of Sharp Memorial Hospital	San Diego	CA
Sharp McDonald Center campus of Sharp Mesa Vista Hospital	San Diego	CA
Sharp Memorial Hospital	San Diego	CA

Member	City	State
Sharp Mesa Vista Hospital	San Diego	CA
Sharp Rees – Stealy Medical Group	San Diego	CA
Shasta Regional Medical Center	Redding	CA
Sherman Oaks Hospital	Sherman Oaks	CA
Shriners Hospitals for Children Northern California	Sacramento	CA
Sierra Nevada Memorial Hospital	Grass Valley	CA
Sierra View Medical Center	Porterville	CA
Sonoma Valley Hospital	Sonoma	CA
South Coast Global Medical Center	Santa Ana	CA
South Valley Health Center	Palmdale	CA
Springfield Hospital	Springfield	PA
St. Anthony Hospital	Pendleton	OR
St. Anthony Hospital	Gig Harbor	WA
St. Bernardine Medical Center	San Bernardino	CA
St. Clare Hospital	Lakewood	WA
St. Elizabeth Community Hospital	Red Bluff	CA
St. Elizabeth Hospital	Enumclaw	WA
St. Francis Hospital	Federal Way	WA
St. Francis Medical Center	Lynwood	CA
St. John's Pleasant Valley Hospital	Camarillo	CA
St. John's Regional Medical Center	Oxnard	CA
St. Joseph Assisted Living	Bryan	TX
St. Joseph Health	Irvine	CA
St. Joseph Health Center – College Station	College Station	TX
St. Joseph Heritage Medical Group	Irvine	CA
St. Joseph Home Care Network	Sonoma	CA
St. Joseph Home Health Network	Irvine	CA
St. Joseph Hospital Acute Rehabilitation Unit	Eureka	CA
St. Joseph Manor – Bryan	Bryan	TX
St. Joseph Medical Center	Tacoma	WA
St. Joseph Regional Health Center – Bryan	Bryan	TX
St. Joseph's Behavioral Health Center	Stockton	CA
St. Joseph's Hospital and Medical Center	Phoenix	AZ
St. Joseph's Medical Center	Stockton	CA
St. Luke's Hospital at the Vintage	Houston	TX
St. Luke's Lakeside Hospital – Woodlands	The Woodlands	TX
St. Luke's Patients Medical Center – Pasadena	Pasadena	TX
St. Luke's Sugar Land	Sugar Land	TX
St. Luke's Woodlands Hospital	The Woodlands	TX
St. Mary High Desert Medical Group	Victorville	CA
St. Mary Medical Center	Long Beach	CA
St. Mary Medical Center	Apple Valley	CA
St. Mary's Medical Center	San Francisco	CA
St. Rose Dominican Hospitals — Rose de Lima	Henderson	NV
St. Rose Dominican Hospitals — San Martin	Las Vegas	NV
St. Rose Dominican Hospitals — Siena	Henderson	NV
St. Vincent – Hot Springs	Hot Springs	AK
St. Vincent Medical Center	Los Angeles	CA
Stanford Health Care	Palo Alto	CA
Stanford Health Care – ValleyCare-Livermore	Livermore	CA
Stanford Health Care Tri-Valley	Pleasanton	CA
Stanford Health Care Tri-Valley	Livermore	CA
Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA	Los Angeles	CA

Member	City	State
Sulpizio Cardiovascular Center	La Jolla	CA
Sutter Amador Hospital	Jackson	CA
Sutter Auburn Faith Hospital	Auburn	CA
Sutter Care at Home	Emeryville	CA
Sutter Center for Psychiatry	Sacramento	CA
Sutter Coast Hospital	Crescent City	CA
Sutter Davis Hospital	Davis	CA
Sutter Delta Medical Center	Antioch	CA
Sutter East Bay Medical Foundation	Lafayette	CA
Sutter Gould Medical Foundation	Modesto	CA
Sutter Lakeside Hospital	Lakeport	CA
Sutter Maternity and Surgery Center of Santa Cruz	Santa Cruz	CA
Sutter Medical Center — Sacramento	Sacramento	CA
Sutter Medical Center – Sacramento Sutter Center for Psychiatry	Sacramento	CA
Sutter Medical Foundation	Sacramento	CA
Sutter Memorial Hospital campus of Sutter Medical Center — Sacramento	Sacramento	CA
Sutter Pacific Heart Centers	San Francisco	CA
Sutter Physician Services	Sacramento	CA
Sutter Roseville Medical Center	Roseville	CA
Sutter Santa Rosa Regional Hospital	Santa Rosa	CA
Sutter Santa Rosa Regional Hospital — Warrack Campus	Santa Rosa	CA
Sutter Solano Cancer Center campus of Sutter Solano Medical Center	Vallejo	CA
Sutter Solano Medical Center	Vallejo	CA
Sutter Surgery Center Division	Sacramento	CA
Sutter Surgical Hospital	Yuba City	CA
Sutter Tracy Community Hospital	Tracy	CA
Tahoe Forest Hospital District	Truckee	CA
Taylor Hospital	Ridley Park	PA
Torrance Memorial Medical Center	Torrance	CA
Tri-City Healthcare District	Oceanside	CA
Trinity Health System dba Trinity Hospital Holding Co	Steubenville	OH
Trinity Hospital	Weaverville	CA
Trinity Hospital Twin City	Dennison	OH
UC Davis Medical Center, Sacramento	Sacramento	CA
UC Irvine Health, Orange	Orange	CA

Member	City	State
UC San Diego Health – Ambulatory	San Diego	CA
UC San Diego Thornton Hospital	La Jolla	CA
UCLA Medical Center, Santa Monica, Santa Monica	Santa Monica	CA
UCLA, Ronald Reagan UCLA Medical Center, Los Angeles	Los Angeles	CA
UCSD Health – Hillcrest Medical Center, San Diego	San Diego	CA
UCSD Health– Jacobs Medical Center, La Jolla	La Jolla	CA
UCSD Health, San Diego	San Diego	CA
UCSF Benioff Children's Hospital	Oakland	CA
UCSF Children's Hospital, San Francisco	San Francisco	CA
UCSF Medical Center at Mission Bay, San Francisco	San Francisco	CA
UCSF Medical Center at Mount Zion, San Francisco	San Francisco	CA
UCSF Medical Center, San Francisco	San Francisco	CA
University of California, Oakland	Oakland	CA
USC Arcadia Hospital	Arcadia	CA
Valley Children's Healthcare	Madera	CA
Valley Presbyterian Hospital	Van Nuys	CA
Vaughn School Based Health Center	San Fernando	CA
Ventura County Health Care Agency	Ventura	CA
Ventura County Medical Center	Ventura	CA
Verity Health System	Redwood City	CA
Vibra Hospital of Sacramento	Folsom	CA
Vibra Hospital of San Diego	San Diego	CA
Victor Valley Global Medical Center	Victorville	CA
Virginia Mason Medical Center	Seattle	WA
Washington Hospital Healthcare System	Fremont	CA
Waterbury Hospital	Waterbury	CT
Watsonville Community Hospital	Watsonville	CA
West Anaheim Medical Center	Anaheim	CA
Whittier Hospital Medical Center	Whittier	CA
Wilmington Health Center	Wilmington	CA
Woodland Healthcare	Woodland	CA
Yvapai Regional Medical Center East	Prescott Valley	AZ
Yvapai Regional Medical Center West	Prescott	AZ
Zuckerberg San Francisco General Hospital and Trauma Center	San Francisco	CA
Athletic Rehabilitation Center - Chino	Chino	CA

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- **Four** tracks of breakout sessions: artificial intelligence, data, workforce support, general
- **Three** hospital CEOs discussing AI during the opening leadership summit
- **Two** keynotes confirmed, more to come
- **One** great location and networking opportunity

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