New and Revised Workplace Violence Prevention Standards for Joint Commission Accredited Home Care (OME) Organization

Recorded: September 2024

(00:01):

Welcome and thank you for joining us for this on-Demand. Pioneers in Quality webinar, new and Vised Workplace Violence Prevention Standards for Joint Commission Accredited Home Care OME organizations. CE Credit is available for this on-demand webinar for six weeks following its release. We encourage healthcare organizations to share the link to this recording and the slides with their staff and colleagues. There is no limit on how many staff can take advantage of this educational webinar. Before we start, we'd like to offer just a few tips about webinar audio. Use your computer speakers ORYX headphones to listen feedback ORYX drop audio are common for streaming video. Refresh your screen if this occurs. You can pause the playback at any time. You can return ORYX. Replay the video by using the same access link from your registration email. We have captioned this recording, and the slides are designed to follow Americans with Disability Act rules.

If you'd like to follow along and take notes, you can access the slides now within the viewing platform. See the left side of this navigation pane and select the icon that looks like a document. A pop-up window will open, and you can select the name of this file. A new browser window will open and from it you can download ORYX. Print the PDF of the slides after the CE period expires. Slides will remain accessible on the Joint Commission's website at the link displayed at the bottom of this screen. CE credit is offered for this webinar. The webinar is approved for one continuing education credit for the entities listed on this slide. Accreditation Council for continuing medical education. American Nurses Credentialing Center, American College of Healthcare Executives, the California Board of Registered Nursing participants receive a Certificate following completion of the webinar and survey. Although we've listed the organizations that accredit Joint Commission to provide CEEs many other professional societies and state boards not listed except credits, ORYX will match credit from the joint commission's educational courses.

To earn CE credit, participants must individually register for this webinar. Participate for the entire recorded webinar, complete the reading activity complete a post-program evaluation attestation. For more information on the joint commission's continuing education policy, visit the link at the bottom of this slide.

Just a few words about how to navigate the CE survey and obtain your CE Certificate. You'll receive the CE survey link two ways. First, the last slide shows a QR Code accessible via most mobile devices. Second in case you miss the Code, you will also receive an automated email that includes the survey link. After you finish the recording, after you access and submit the online evaluation survey, you'll be redirected to A URL from which you can print ORYX download and save A-P-D-F-C-E Certificate in case you miss the popup screen with the Certificate, an automated email will also be sent to deliver the same PF CE Certificate link.

The learning objectives for this session are describe the workplace violence prevention, new and revised requirements, and the rationale for each and locate and use available resources.

These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with ORYX, ownership of organizations that provide grants, consultancies, honoraria, travel, ORYX, other benefits that would impact the presentation of today's webinar content. Jennifer Anderson, Paul Daka, Kathy Kaiser, Beth, Ann Longo, and myself Jessica Woodruff.

I'll now take a moment to introduce the speakers for this webinar. Today's presentation features Jennifer Anderson from the Department of Global Accreditation and Certification product Development, Paul Daka from the Department of Global Accreditation and Certification product Development, Kathy Kaiser from the Standards Interpretation Group and Beth Ann Longo from the Department of Research.

Jennifer, I will now turn it over to you to provide an introduction about the requirements provide.

Thank you so much for attending this on-demand webinar related to the new and revised workplace violence requirements for our home care accredited organizations. My name is Jennifer Anderson, and I am the director of the global Accreditation and Certification Product Development team and I'm excited to provide you with a welcome and introduction into these new requirements.

So why is this important? Workplace violence poses a significant occupational hazard for home care workers. However, the prevalence may be underestimated due to underreporting as incidents are often perceived as minor. Moreover, the lack of action ORYX the normalization of such incidents as part of the job exasperates. The issue inadequate training also contributes to the problem. A survey of home H care workers regarding trainings they received found that 62.5% of those interviewed indicated receiving some sort of training related to workplace violence. In addition, only 48.9% indicated receiving policies and procedures about workplace violence prevention. The researchers found that in the end of an incident, very few people received information regarding seeking medical care and even fewer received information about psychological care. So Joint Commission have noticed that violence related healthcare worker injuries have steadily been increasing. They're often under-reported. We've heard from our customers that this is a very important topic and it's a big issue in the field and we've been identifying our complaint data that identifies opportunities for an improvement in this area.

(06:34):

Research tells the story, so research in home care industry is very limited as compared to other healthcare industries. What is available in the research does help us tell a story. Workplace violence poses a significant occupational hazard for home care workers. There's a range of 18 to 65% of home care workers that experience verbal abuse from patients. As many as 41% of home healthcare workers have reported sexual harassment between 2.5% and 44% of home healthcare workers have reported being physically assaulted. Physical ORYX, verbal threats of violence were associated with providing home care services to patients with a history of violence. ORYX patients with mental illness ORYX, substance use disorders.

according to the blog home healthcare workers, a growing and diverse workforce at HAI risk for workplace violence by the CDC. There are some pretty alarming statistics. According to this blog, 34% of home HealthIT RNs have reported dealing with demanding patients.

Twenty-seven percent have reported that they've dealt with aggressive pets. Twenty-one percent of nurses have reported poor lighting in patient homes making it difficult to deliver care. Neighborhood and violence. Crime was reported by 19% of RNs challenging family members and ORYX patients is reported by 18%. Personal security fears has been reported by 14% according to this study, drug use in patient homes was reported at 13% known firearms in the home was reported at 9% and then 8% of home healthit RNs have reported experiencing racial ORYX ethnic discrimination while performing their job duties. Some of these statistics related to what could be constituted as poor work conditions that were shared with the CDC by home healthit RNs when they were polled. These instances put home HealthIT workers at higher risk for incidences of workplace violence and when you take a look at these numbers, knowing that these are severely under-reported, it's scary to imagine what our workforce is actually facing on a regular basis.

Types of workplace violence in home-based healthcare settings could include physical assault, verbal abuse, intimidation, ORYX harassment. These are just examples of what could be constituted as workplace violence in a home-based setting. We know that these workers tend to enter these homes alone sometimes with multiple family members present, making the situation very intimidating without even one of the scenarios taking place. Given the significant growth of incidences related to workplace violence and these types of scenarios, particularly post covid, it is important now more than ever to protect those who work for us.

Potential staff related safety events could include sexual abuse, ORYX, assault of staff members, a visitor ORYX, a vendor while onsite at the organization, ORYX while providing care, ORYX supervision to patients physical assault which could lead to death, permanent harm, ORYX severe harm of a staff member visitor ORYX vendor while onsite at the organization. ORYX while providing care. ORYX supervision are definitions according to The Joint Commission Sentinel event policy found in the home care manual. On page three of the Sentinel event chapter.

We've identified some contributing factors related to sentinel events that may occur related to workplace violence. There could be communication related factors which include no ORYX inadequate staff communication during handoffs, ORYX transition of care, no ORYX inadequate staff communication of critical information. ORYX information is just not available to the team, related to the patient's home environment.

(10:51):

Other contributing factors could be management ORYX, supervisor related such as policies, ORYX, procedures that are not in place, ORYX available for the staff. Those policies, ORYX procedures, just not being followed. ORYX roles and responsibilities are vague, ORYX unclear when it comes to expectations related to workplace violence, workplace violence, some environment related issues. ORYX contributing factors may include poor visibility, ORYX line of sight.

The new and revised Joint Commission standards provide a framework to guide organizations in developing and implementing an effective workplace violence prevention program. The features of such a program include leadership oversight, policies and procedures, incident reporting systems to collect data processes for analyzing the data, post-incident support for workers and others affected

by workplace violence incidents and training, education for organization staff, all in support of the effort to decrease workplace violence. I'm happy to introduce my colleague, Paul, who is going to work us through each of these requirements in more detail.

Thank you, Jennifer. My name is Paul Daka and I'm a product director in the global accreditation and certification product development team. It is my pleasure to introduce you to the Workplace Violence Prevention Program requirements for accredited home care organizations. The framework that Jennifer introduced is represented in the accreditation standards as two new and one revised elements of performance under the existing leadership environment of care and human resources standards with these requirements, The Joint Commission also introduced a definition of workplace violence.

There are numerous definitions of workplace violence in use by different government and private entities, each with slight differences. The Joint Commission recognized the need for a standardized definition that organizations providing healthcare, treatment and services could adopt. A common definition facilitates the collection and analysis of workplace violence data, which can be studied and lead to a greater understanding of the problem and cross setting solutions during our focused customer engagement of these requirements. Our research team learned that this definition was similar to if not the same as what many of our accredited home care organizations have already adopted. The definition reads, workplace violence, an act, ORYX threat, ORYX occurring at the workplace that can include any of the following, verbal, written ORYX, physical aggression, threatening, intimidating, harassing ORYX, humiliating words, ORYX actions, bullying, sabotage, sexual harassment, ORYX, physical assaults involving staff, patients, ORYX visitors. I will now review the requirements in more detail.

The existing leadership standard LD.03.01.01 which mandates that organization leaders create and maintain a culture of safety is an ideal place to incorporate the new element of performance. Nine, which reads the organization has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following, an annual analysis of possible safety and security risks related workplace violence, policies and procedures to prevent and respond to workplace violence, a process to report incidents and to analyze incidents and trains which are then reported to governance. A process for follow-up and support for victims and witnesses affected by workplace violence including trauma and psychological counseling if necessary. Essential features of a program include workplace violence, prevention and response policies and procedures and means for reporting workplace violence incidents and the process for analysis and trending of such incidents. A process for follow-up and support to victims and witnesses. That includes trauma and psychological counseling if necessary, and keeping leadership and governance apprised of workplace violence incidents. Let's break this down a little further.

(15:52):

We have outlined the features that an organized program should include. The standards do not define specifics, allowing organizations to establish a program that best meets their needs. Characteristics such as your physical environment, client population, care, treatment, services provided, and staffing will all influence your program design. Designating a leader for the program demonstrates an organization's awareness that workplace violence is a real possibility and the willingness to devote resources confirms a commitment to the safety and wellbeing of its workforce. MA disciplinary teams will look different in each organization. Consider a team that represents the daily workforce. Policies and procedures, provide staff with direction and guidance supporting them in both implementing the prevention aspects of the program and accessing available support should an incident of violence occur. Organization leaders need information about incidents of workplace violence to determine if the program is effective, ORYX if it needs further resources and commitment to achieve its goals.

The existing care standard eCQI four 11 EP one, which mandates organizations to collect information to monitor conditions in the environment also serves as a suitable place to introduce a requirement for workplace violence prevention.

This inclusion of safety and security incidents, particularly those related to workplace violence in the home care organizations. Monitoring and reporting process is crucial as it demonstrates a commitment to recognizing the risks associated with workplace violence Proactively manages these risks, enables staff protection and support aligns with regulatory compliance. Emphasizes a culture of safety, informs decision-making and contributes to the overall wellbeing of both staff and patients. And this revised element of performance reads the organization establishes, develops and implements a process for continually monitoring, internally reporting, investigating and documenting the following injuries to patients, staff ORYX others within the organization's facilities safety and security incidents, including those related to workplace violence involving patients, staff including staff in the field, ORYX others hazardous materials and waste spills and exposures, fire safety management problems, deficiencies and failures.

Note one reads this bullet on fire Safety management is applicable only for inpatient hospice, ambulatory infusion and facility-based rehabilitation technology, technology, equipment management problems, failures and use errors, utility systems, management problems, failures, ORYX use errors.

not two reads. This bullet on utility systems management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology. Let's break down this requirement and review compliance.

While this requirement appears in the Environment of Care standards, it is important to note that the work site analysis is not limited to those risks paused by just the physical environment. Organizations need to consider other risks such as those that are associated with the care, treatment, and services being provided to the client population. Studying past incident data can lead to identification of trains in causes, locations, persons involved, times of the day, et cetera.

This allows for narrowing down and prioritizing the immediate risks that need to be addressed. Knowing these risks allows for easier research into what others have done to address the same workplace violence safety, and security risks, and mine that information for mitigation strategies that can be adopted or adapted for implementation in your organization.

(20:31):

Workplace violence reduction efforts have a strong people component, so not surprising to see a new requirement for staff education and training on workplace violence prevention. This requirement is not limited to staff, but specially includes leadership and licensed practitioners as all these people can encounter workplace violence. The timing for this training and education is noted in the requirement at HR.01.05.03 staff participate in education and training EP 29, which reads: As part of its workplace violence prevention program, the organization provides training, education and resources (at the time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The organization determines what aspects of training are appropriate for individuals based on their roles and responsibilities.

The training, education and resources address prevention, recognition, response and recording of workplace violence as follows: What constitutes workplace violence, education on the roles and responsibilities of leadership, staff, external law enforcement, and when utilized security personnel. Training in de-escalation, non-physical intervention skills, physical intervention techniques, and response to emergency incidents. The reporting process for workplace violence incidents.

While there are some additional details included in this requirement, how an organization approaches the training, education, and provision of resources is customizable to its needs and circumstances. It is important that Workplace Violence Prevention Program training and education is available to leaders, staff, and licensed practitioners. Determine if there's some record available of training and education that individuals have received, including the topics covered. Determine if those individuals who received training and education are aware of what the organization considers to be workplace violence, and if the topics covered were specific to their role and responsibilities. Are the staff able to describe or demonstrate the incident reporting processes, for example.

In addition to these slides, pre-publication requirements can be found at this link, https:// www.jointcommission.org /standards/prepublication-standards/new-and-revised-workplace-violence-prevention-requirements /. Compliance with these requirements will be evaluated during home care service starting January 1st, 2025.

Later in this webinar, you'll be introduced to the new Workplace Safety and Wellbeing Resource Center, which covers numerous resources to help you develop or enhance your workplace violence prevention program.

At this time, I'd like to hand over the presentation to Kathy Kaiser, who will discuss strategies for implementing and checking your compliance with these requirements.

Thank you, Paul. My name is Kathy Kaiser and I'm an Associate Director in our Home Care Standards Interpretation Group, and also survey in the Home Care Team. So, I'm going to be talking about implementation strategies, implementing this into your organization.

So, as you begin to make sure that you're ready for the new standards, you want to design your workplace violence prevention program based on population. In the home care program, we have everything from home infusion to private duty aid and nursing, hospice, home health, DME equipment, and so your unique population is where you start and the care treatment and services that you offer depending on your program. So, you want to look at your staffing, the type of when you consider your program, especially your training aspects, the disciplines that you have, the number of staff and how you will be accomplishing their involvement in further developing your prevention program. And in your ongoing training program, you want to consider your setting of the physical environment and the location.

(25:33):

We're talking about the patient's homes, we're talking about office locations, we're talking about hospice inpatient locations or the warehouses for the DME. So looking at pharmacy, looking at the different physical environments involved with the aspects of the care that you're providing, and then the risk assessment and actual experience starting the dialogue with the staff about, you know, that honest dialogue as we shared that so much of this goes under-reported in home care is just as it's part of the job. And so, it's important to open up with the staff and give them some ideas to talk about their actual experiences that you may be unaware of as you prepare to meet these standards. And then you want to make sure that it affects the available resources, that it's something, a program that you can maintain financially and with your staffing level. So, you want to develop it to be a realistic program for your type of organization.

So, keep it reasonable and manageable. You likely have many parts of the framework already in recommend that you start by just looking at what you do have. Do you have policies and procedures? Do you have in your reporting processes? Do you have those things already in place? What may need to be built up more? And then to look at the strength that's in your current program. Again, dialogue with your staff and your leaders. What's working, and what do we need to work on?

Some key implementation strategies, as you look at the new standards that Paul reviewed, there's some key things that need to be a part of your workplace violence prevention program to meet these new standards.

The first thing is a formalized annual workplace violence risk assessment. If you haven't done that before, there are many resources. You mentioned our Workplace Violence Resource Center, the CDC has some links, our R3 report has some links and, and we'll provide the links for you in this in-service to those formal tools that you could use for the workplace Violence risk assessment.

Once you complete this, if you've already completed it, it must be done annually. So, part of your implementation strategy, I recommend scheduling it regularly to fit into your ongoing leadership processes at least once a year. You do need policies and procedures and prevention and reporting. So again, taking an inventory of what policies and procedures that you have in place now and pulling those together to make sure that they're adequate or if you need to enhance them.

Next is the ongoing monitoring and reporting and evaluating processes. I would take a look at the incident report that you have now, the form that your staff would be filling out for safety events. Once you have that dialogue with your staff about the risks that they've encountered and you look at the risks that you're going to address in your program, you want to make sure that that reporting tool captures that information for them.

And then staff training is initial and annual. So, at this point, if you have not documented that training to workplace violence for your staff, you want to get that documented, get that program designed and set up, and then establish a method to do it annually. This is one of those annual trainings now that Joint Commission will require for home care organizations.

You'll note in that new HR standard, that it talks about a couple of bullet points on what has to be included in that training. So, as you design your training program, make sure that you're capturing all the pieces that are in that HR standard. For example, it talks about implementing physical and non-physical de-escalation techniques. So, what will that look like in your training, and who would be qualified to conduct that training in your organization? Some examples of physical de-escalation techniques would be body posture, the tone of speech, the rate of speech, physical distance as much as possible in the patient's homes or in an office or warehouse environment when violence begins. And you want to assure that you have processes for follow up and support for victims and witnesses.

(30:13):
So let's talk a little bit about the process for follow up. You'll notice that the new leadership standard talks about this information getting all the way to the governance in a summary. So there needs to be a process to respond to any events, and support the victims and the witnesses, but also then to have that incorporated into your coffee or quality program, the Performance Improvement Model, so that that information gets to governance. To assist with continued planning for your workplace violence prevention program.

Joint Commission has developed what we call an R3 report. If you're not familiar with the R3 report, it stands for requirement, rationale, and Reference. So, with these new standards, they're outlined in this R three report, the link is available in the Resource Center, and we'll review it with you. It includes the new standards that Paul went over, as well as a link to our Workplace Violence Resource Center, and it talks about the rationale and gives you some ideas for implementation as well, that R3 report refers you back to a CDC blog that was addressed earlier and is available with the link in our Resource Center, a Haddon Matrix that talks about workplace violence prevention program addressing prior to the assault, during the assault and after the assault.

So, when we talk about the home care environment, some examples prior to the assault or making sure that any patient history or prior violence is communicated to the team. Remember we talked about our sentinel events related to workplace violence. We've identified that handoffs and making sure that the team has the information that there may be a potentially violent situation is really important and making sure that that's communicated. Encourage adequate lighting in the home, assessing for potential and actual weapons presence in the home. Assessing egress meaning, you know, where's the door options request that pets be confined. Prior to the visit set expectations for the patient family behavior; like please find your pets. Visit pairs or with an escort if there's a known

issue. To be mindful. Different agencies have different plans set up to when you know that there might be a potential violent situation to visit in pairs or with an escort.

Potential patient specific strategies during an assault. The verbal de-escalation, we talked about that as being part of your training that you would do now and annually. Talking about escape techniques, personal alarms, cell phones, increasing the distance between the patient and worker, making sure that you know where the exit opportunities are, again, whether it's the hospice, inpatient or the warehouse or the patient's home, knowing where those exit options are.

And then after the assault, and that's where our leadership standards come in for managing that Workplace violence prevention program that you have the crisis intervention counseling. Remember both for the victims and the witnesses. Mandatory reporting staff debriefing, patient referral to alternate care solutions if the home care environment or hospice inpatient environment is no longer the appropriate location for them based on the safety issue identified. When does law enforcement get involved? And then updating and maintaining a list of environmental community factors. Again, this is the Haddon Matrix, it's available in the CDC blog and we have that link for you in our Resource Center.

So now I'm turning it over to Beth Ann Longo to discuss the Workplace Safety and Wellbeing Resource Center and all the great information that's available to you. Thank you so much.

Welcome to this brief navigational demo for The Joint Commission's Workforce Safety and Wellbeing Resource Center, brought to you by The Joint Commission's Department of Research.

(34:34):

To begin, go to The Joint Commission's website at jointcommission.org. Click on the header labeled our priorities. Then click on the sub header Workforce Safety and Wellbeing, and then click on Resource Center.

Once in the Resource Center, you'll find information about how to use the resource collections. You can sign up to be notified when new resources are added by clicking on the box labeled Sign Up for eAlerts. There are a number of national efforts and strategic affiliations that play a pivotal role in supporting the healthcare workforce and driving change within healthcare systems. We provide links to several of these organizations and encourage you to check out these initiatives that aim to accelerate improvements in worker safety and wellbeing.

The resource center is divided into three sections. You can access each of these sections by clicking on each of the headings, Workplace Violence Prevention, Worker Wellbeing, and Worker Safety. Let's walk through the Workplace Violence Prevention section. Each section introduces the topic and provides a right sidebar with links to the other sections of the Resource Center.

In this section, you have the opportunity to explore resources that have been organized around four topic areas. Each of these topic areas aligned with The Joint Commission Accreditation Requirements, and they include Workplace Violence Prevention Program, Work Site Analysis, Data Collection, and Education and Training.

Let's say you're interested in resources to help your organization develop a Violence Prevention Program. Click on the header labeled Workplace Violence Prevention Program. We provide the standard and Element of Performance for hospital and critical access hospital programs, LD.03.01.01, EP 9 and the Behavioral Healthcare and Human Services Program, LD.03.01.01 EP 9. Click on each of these headers for the Standard and Element of Performance text to be displayed. Requirements for other programs will be coming soon.

Tips are provided on this page to help you develop a Workplace Violence Prevention Plan or strengthen an existing plan. You can refine your search for resources by filtering them by healthcare setting. For example, if you tick the box to the left of the hospital label, links to resources about a Workplace Violence Prevention Program relevant to the hospital setting will populate on the page.

Now, as I mentioned, there are three sections to the resource center, which are organized similarly. However, the worker wellbeing and worker safety sections do not have related standards or Elements of Performance, so they are organized by action steps or topic areas. For example, if your organization is interested in assessing the wellbeing of the workforce, you would first click on the link labeled Worker Wellbeing in the navigational sidebar. And then click on the link labeled Assess wellbeing. This section is organized around five action steps. Again, you can filter by healthcare setting to find assessment tools relevant to your organization.

Now, let's check out the final section of the Resource Center, Worker Safety. by clicking on the label worker safety. Again, this section is organized similarly, but because there are no standards and Elements of Performance, we've organized this section by topic. In this case, Hazard Types. You can click on each of the headers labeled Biological Hazards, Chemical Hazards, and Viral Mechanical Hazards and Physical Hazards to narrow your search for resources. For example, if you wanted resources related to Chemical Hazards, you would click on that header and again, we would introduce the topic. You will find tips and actionable strategies, and you can filter here by topic and by healthcare setting to narrow your search for resources.

This concludes the brief navigational demo of The Joint Commission's Workforce Safety and Wellbeing Resource Center. Thank you for your time.

Thanks Beth Ann for demonstrating the Resource Center navigation. We wanted to just take a few moments to inform the audience about how to ask questions regarding today's webinar content. To ask questions about the standards or resources, please use the inquiry form at this address, dssminquiries.jointcommission.org.

Please note, The Joint Commission staff closely monitors this portal; for questions regarding webinar operations or CEs, please submit them via email to pioneersinquality@jointcommisson.org

(39:36):

We've included an additional resource slide and provided links to direct you to.

-CDC Home Healthcare Workers Blog, a Growing and Diverse Workforce at High Risk for Workplace Violence

https://blogs.cdc.gov/niosh-science-blog/2021/09/02/hhc-violence/ .

-R3 Report, Workplace Violence Prevention and Home Care Settings https://www.jointcommission.org/standards/r3-report/r3-report-issue-45-workplace-violence-prevention-in-home-care-settings .

-The Workplace Safety and Wellbeing Resource Center, www.jointcommision.org .org/our-priorities/workforce

https://www.jointcommission.org/our-priorities/workforce-safety-and-well-being/resource-center/.

-In Workplace violence prevention for OME Organizations, pre-publication standards All Pioneers.

New and Revised Workplace Violence Prevention Requirements for OME Organizations | The Joint Commission

All Pioneers in Quality webinar, recording links, slides, transcripts, and Q&A documents can be accessed on The Joint Commission's webpage via this link, https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/#sort=%40resourcedate%20descending

After this webinar is no longer available for CE credit, the recording and materials will remain accessible at that link.

Before this webinar concludes a few words about the CE survey, we use your feedback to inform future content and assess the quality of our educational programs. As explained earlier in the webinar, a QR code is shown on the last slide. If you prefer to take the CE survey later, an automated email also delivers the link to the survey. At the end of the survey. When you click submit, you'll be redirected to a page from which you can print or download a PDF CE certificate. In case you log off without downloading or printing your certificate, an automated email will also be sent to you that includes the link. This email is sent to the email that you provide within the CE survey.

Thank you Jennifer, Paul, Kathy, and Beth Ann for developing and presenting the content for this webinar. And thanks to all of you that attended this On Demand webinar, we will pause on this slide for several moments to permit those that wish to use the QR code to scan it with their mobile devices. Thank you and have a great day.